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# CANADA

# MEDICAL JOURNAL

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## ORIGINAL COMMUNICATIONS.

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*Case of Dislocation of the Head of the Radius—Formation of a large Exostosis—Excision of the Joint.* Under the care of G. W. CAMPBELL, A.M., M.D., Professor of Surgery McGill University and Dean of the Medical Faculty. Reported by GEORGE ROSS, A.M., M.D., House Apothecary to the Montreal General Hospital.

Alexander McDonald, <sup>at</sup> 23, was admitted into the Montreal General Hospital on the 9th November, 1867.

On the 18th April last, while endeavouring to restrain a vicious horse, he received a severe kick upon the arm; the blow fell upon the upper part of the back of the forearm; the limb immediately fell powerless but there was not much pain, the elbow was stiff and could not be bent to a right angle. He sent for a doctor, who put up the arm in splints, saying that it was broken in the middle of the forearm; these remained on for some weeks, and on removing them he found that the immobility of the elbow still remained. He therefore consulted other medical men, by whom he was etherized and forcible attempts at flexion and extension were made, the case being regarded as one of ankylosis:—this process was repeated on three occasions, with intervals of about one week. He now sought advice in Montreal; he applied to Dr. Campbell, by whom he was told that there was a dislocation of the elbow, and that it would be advisable for him to be operated upon in Hospital.

Upon admission, the condition of the arm was as follows:—the forearm was permanently extended, and when at rest remained in a position between pronation and supination; it could not be moved through an arc of a circle covering more than at most 15°. On attempting to bend the forearm, the limb was brought up with such a sudden, harsh jerk as to lead to the conviction that it was produced by the collision of one bone

against another;—pronation and supination could be almost perfectly performed. The biceps was somewhat wasted from want of action, but the forearm was well developed, the action of its muscles being scarcely at all interfered with. There was a very considerable firm prominence on the front of the external condyle, but on rotation of the arm the head of the radius could not be felt rotating in this situation, although just below this the bone could be distinctly felt to move. The olecranon and the two condyles of the humerus could be felt, apparently in their normal relative position. The *diagnosis*, therefore, was dislocation forwards of the superior extremity of the radius alone. For various reasons, and especially the probable changes which had taken place in the joint owing to the active interference since the accident, it was determined to resect the joint rather than attempt excision of the displaced head of the bone.

Accordingly on the 10th November, the elbow was resected by Dr. Campbell, the H-shaped incision having been used. A light wooden internal rectangular splint was applied, fastened only at either extremity by a few turns of flannel bandage, and the arm rested on a pillow. Some arterial bleeding occurred towards evening, but was checked by iced water.

Nov. 11th.—Wound to be dressed with a lotion of carbolic acid 3 ss  
Aqua. Oj.

Nov. 12th.—Splint removed.

Nov. 20th.—Ligatures all came away; wound in great part united by first intention; moderate discharge of healthy pus from the dependent opening left. Began passive motion; cold water only to be applied.

Nov. 25th.—Sat up to-day with the arm in a sling.

Dec. 1.—Wound entirely closed except the lower opening, from which comes a small quantity of matter daily, and a small orifice at the superior angle of the transverse incision which communicates with a short superficial sinus. Free motions are daily made in all directions.



Fig. 1.



Fig. 2.

The following are the appearances of the ends of the bones which are at present in the Museum of McGill University. The olecranon is in its

normal position, the head of the radius is completely natural in appearance, but is displaced forwards on the anterior aspect of the external condyle of the humerus; covering the head of the dislocated bone, and forming an entirely new socket for it, is a large mass of adventitious bone from one-eighth to one-quarter inch thick. It is rough and irregular on its external aspect, and presents one moderate-sized fenestra from imperfect development; it is about one and a half inch in width, and extends from the extreme margin of the condyle to about the middle of the trochlea of the humerus, just allowing space for the coronoid process of the ulna to lie beneath it. (Vide Figs. I and 2.) At its base is seen the pit or excavation about three-fourths of an inch deep in which lies the head of the radius. The inferior aspect is broad, and it gradually bevels upwards, approaching the humerus, until about one and a half inch above the trochlea, it terminates against the anterior surface of the shaft of that bone.

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*Staphylorrhaphy in a case of Congenital Fissure of the Hard and Soft Palate.* By R. P. HOWARD, M. D., L. R. C. S. E., etc., Professor of Medicine, McGill College. Reported by JOHN BELL, M. A., M. D., House Apothecary Montreal General Hospital.

The success of the following operation is due to the untiring perseverance of the surgeon in performing it and the admirable fortitude of the patient James Rowen, who submitted to it. He is a young man from the country, nineteen years of age, healthy and robust.

He was admitted into the wards of the Montreal General Hospital on the 14th of March, 1867, and allowed to remain for several days before the operation was performed, to accustom him somewhat to the hospital air, and by digital manipulation to render the mouth and pharynx less irritable when touched.

The cleft was quite symmetrical. It commenced within half an inch of the incisor teeth and extended back through the hard and soft palates dividing the uvula longitudinally to its very end. The width of the fissure was about a third of the space between the molar teeth.

On Friday, 22nd March, Dr. Howard performed the operation, the patient sitting and without chloroform. The operation consisted in dividing the *levator* and *tensor palati* muscles midway between the hamular process and the edge of the cleft, then paring the edges of the cleft in the soft palate and bringing them together with fine silk sutures of which six were used.

Passing these sutures through the edges of the cleft formed the most difficult part of the operation. On one side they were introduced by means of short curved needles fixed in a *porte-aiguille*; after being loosened from this instrument the needles were drawn through by means of a pair of long forceps. On the other side of the cleft some of the sutures were introduced by means of fish-hook needles whose eyes were near the blunt end, and others by means of a needle curved like a fish hook near its point, close to which also was its eye, and furnished with a long handle, (originally used for closing a vesico-vaginal fistula.)

By Monday the parts were somewhat inflamed and the sutures covered with lymphic pus. On Wednesday one suture was removed to relieve the tension of the parts, on Thursday two more were removed, on Friday a week from the date of the operation another, and on Saturday the last suture was taken out, leaving more than two-thirds of the part which had been pared, or about one half of the cleft, firmly united. The inflammatory blush had now almost entirely gone and the parts resumed a very natural colour and appearance. The uvula and portion of soft palate portion closed brought together by four stitches united, that by the remaining two, next the hard palate, did not unite either from its extreme tension or from not being brought quite into contact.

For nine days after the operation the patient was not allowed to speak and his diet consisted entirely of fluids. The fissure in the soft palate, was thus closed leaving an oval opening through the hard still to be filled up. On the 4th of April the patient was sent home to the country to allow the tissue to become thoroughly organized and strengthened before any attempt would be made to close the remainder of the fissure.

In a fortnight after his discharge he returned to the Hospital, the object for which he was sent home being now well accomplished. In articulation there was little or no improvement, and the voice had still a sniffling nasal character. April 20th; To-day, Dr. Howard completed the operation in the following manner. The edges of the opening through the the hard palate were pared, an incision was made on each side of the roof of mouth parallel with the edge of the fissure, and close to the alveolar ridge and the strap of tissue consisting of the mucous membrane, submucous tissue, and periosteum raised completely from the bone by means of a strong laterally curved dull knife. The edges of this strap of tissue which had been previously made raw were now brought together with silk sutures, and cotton wool was inserted into the lateral incisions. Considerable tension was required to bring the edges of the straps of tissue together at the point of union between the soft and hard palate and it was feared that here there would be sloughing.

In this as in the former part of the operation the stitches on one side were introduced by means of a short curved needle fixed in a holder. On the opposite side the difficulty was to get the sutures through from above downwards. This was accomplished by threading a needle of the same kind with the loop end of a doubled thread, passing the needle through the membrane, removing the needle, inserting the upper end of the first suture through the loop and drawing this back through the membrane. All the sutures were introduced before any were tied. A running knot was first tied which was slipped up to the required tightness and on this a common knot was then made.

*Wednesday, 24th April.*—Some of the sutures were removed to-day. The two sides have firmly united with the exception of a small space adjoining the soft palate. The cotton still adheres in the wounds. *Friday*—More stitches and the cotton removed. The wounds to be syringed with a weak solution of permanganate of potash. The straps are quite adherent to the bony roof of the mouth. *Monday*—One stitch only remaining. The opening between the soft and hard palate is just large enough to allow a small pea to pass through.

The patient has not spoken since the operation and he has been fed wholly on fluids.

He was now again discharged, Dr. Howard intending at some future period to close up the remaining hole in the palate.

*February, 24th, 1868*—Rowan to-day presented himself at the Hospital for inspection. The aperture left between the portions closed at the two operations is completely filled up, a firm whitish cicatrix, somewhat in the form of a cross, marking the place where it had been. Two raphelike cicatrices remain in the sites of the lateral incisions, but so nicely have the edges of the cleft coalesced that the line of union can scarcely be pointed out. In articulating, his words have still a very marked nasal sound, to remove which, months, or years even, of vocal gymnastics may be required.

Montreal General Hospital, February 29th, 1868.

*De la Syphilis Vaccinale*, par E. LEMIRE, M.D., gradué de l'Université du Collège Victoria.

*MM. les Rédacteurs* :—A défaut d'organe médical français et quoique j'aurais pu faire les observations qui suivent dans la langue anglaise, je m'adresse en français pour deux raisons. La première c'est pour répondre au généreux appel que vous avez déjà fait dans votre journal à tout le corps médical, d'accepter la collaboration de chacun dans sa propre langue

et de faire de votre journal l'expression de la médecine en ce pays ; la seconde c'est que je désire que ceux qui comprennent le besoin d'un journal médical français et qui y ont déjà concouru amplement, sachent que vous êtes prêts à recevoir le fruit de leurs études, de leurs observations et de le livrer à la publicité dans l'intérêt de tous. Certes, au moment où les différentes nationalités s'effacent pour s'embrasser sous un même drapeau et ne former qu'une seule nation ; à mesure que l'horizon politique, nationale s'élargit, les aspirations de chacun doivent le suivre et s'élever au dessus des petites difficultés intestines qui existent dans le corps médical, difficultés qui ont généralement pour base une question de race et pour mobile la jalousie. Est-ce que le médecin doit s'enquérir de la nationalité, de la couleur politique de son patient ? Certes non, quelqu'il soit, c'est un frère, un être humain dont la santé, la vie, lui sont confiées et dont il doit répondre consciencieusement. J'espère que l'*Association médicale canadienne* qui vient de naître et qui a vu réunis autour de son berceau, tous les médecins des différentes parties du pays, sans distinction d'origine, sera une garantie que l'intérêt de la médecine comme ses devoirs envers la société seront bien compris et mis à exécution.

Avec ces quelques remarques, MM. les rédacteurs, j'entre en matière. Il est une question qui depuis quelques années en Europe attire l'attention du monde médical, soulève des discussions jusqu'au sein de l'académie de médecine de Paris et qui est du plus haut intérêt, tant au point de vue de la science que de la société en général ; question qui, si on arrive à des résultats probants, devra avoir les conséquences les plus graves. Je veux parler de la transmissibilité de la syphilis par le virus vaccin. Quand Jenner donnait au monde la vaccine, ce fut certes une des plus belles découvertes dont la médecine se soit enrichie et Jenner lui-même n'aurait pas cru que cette vaccine portait en elle-même sa propre destruction et qu'en fille ingrate elle devrait un jour lui reprocher sa naissance ; qu'au lieu de l'innocuité qu'il lui reconnaissait, elle renfermait au contraire le germe d'une maladie encore bien plus désastreuse et plus effroyable que celle dont elle était appelée à protéger l'humanité. Si l'on étudie la marche de la vaccine, ses résultats depuis déjà assez longtemps, on est tenté de croire à son inutilité dans bien des cas et à une extrême incertitude quant à son innocuité ; innocuité que des expériences récentes rendent plus que douteuse et contre laquelle se rangent un grand nombre de célébrités médicales, entre autres Mr. Depaul, directeur de la vaccine en France. Si donc pendant longtemps on a pu croire que le virus vaccin ne pouvait produire que la vaccine, qu'il possédait une telle puissance transformatrice de manière à pouvoir modifier dans son sens toutes les humeurs du vacciné, et leur ôter ainsi toutes leurs propriétés organiques particulières et

propres à l'individu vaccinifère, l'observation et l'expérience sont venues semer le doute et des recherches ultérieures sont appelées à le confirmer. C'est donc une question du plus haut intérêt pour la société qui a droit de demander si le vaccin ne peut donner que la vaccine, ou si le père, en demandant l'inoculation pour son enfant dans le but de le prémunir contre une maladie dangereuse en soi, il est vrai, mais non constitutionnelle, héréditaire, court le risque de lui voir introduire dans le sang une maladie constitutionnelle plus horrible dans ses résultats que la variole; la syphilis enfin. Si donc la vaccine peut transmettre la syphilis, ce que semblent démontrer de récentes observations, la réponse est très-grave; grave pour le médecin vaccinateur sur qui pèse une plus grande responsabilité, y eut-il défectuosité dans le mode de vaccination ou le virus vaccin fut-il mauvais; grave vis-à-vis la société, car au lieu de prémunir ses enfants contre les atteintes de la petite vérole, le père de famille voit sa progéniture s'étioler, maigrir, et apprend trop tard, que dans ses veines coule un sang empoisonné pouvant déterminer des manifestations morbides dans un temps plus ou moins éloigné, incertain, et dont les conséquences sont incalculables. Car qui peut dire en effet où finit la syphilis? Un symptôme se présente, un second lui succède, un troisième, et ceci à des intervalles impossibles à déterminer et malgré les meilleures conditions hygiéniques possibles dont soit entouré le malade, on ne connaît donc pas plus la fin de la vérole que son origine, malgré le progrès de nos jours. La question de la transmissibilité de la syphilis par le vaccin est à l'ordre du jour; la discussion est engagée et des deux côtés combattent des hommes d'expérience tels que Ricord, J. Guérin, Depaul et plusieurs autres. Si le résultat de ces discussions peut établir le caractère inoffensif du vaccin, il peut être donné à quelque période que ce soit de son évolution sans danger; si au contraire il peut transmettre les humeurs du sujet vaccinifère, la scrofule, la syphilis, (ce qui devient probable) il nous reste à savoir s'il ne serait pas mieux de réintroduire le *cow pox*. En attendant que les savants de l'académie de médecine se soient prononcés, je n'ai certes pas la prétention de vouloir donner mon opinion dans cette matière, et le voudrais-je, je n'ai pas l'expérience nécessaire et le champ restreint d'observations que j'ai à parcourir ne m'en offre pas l'avantage; cependant, je viens d'être témoin d'un cas à l'appui de la syphilis vaccinale que je ne saurais laisser passer sans donner l'éveil et encourager les médecins à observer attentivement les résultats de leurs vaccinations, surtout les médecins vaccinateurs de cette ville qui ont l'avantage d'inoculer beaucoup et dans toutes les conditions d'existence sociale possible. Le 15 Février dernier je fus appelé dans une famille pour deux enfants malades de la rougeole; après les avoir examinés, la mère me montra un troisième enfant âgé de 18 mois



me demandant ce que je pensais de lui. Elle me dit qu'il était malade depuis qu'il avait été vacciné, c'est-à-dire à peu près un mois, et depuis cette époque il souffrait continuellement. En effet je vis un enfant maigre, chétif, couvert d'une éruption squameuse avec un engorgement des ganglions sous maxillaires et cervicaux, le bras offrait au lieu du vaccin un ulcère profond, pouvant contenir la pulpe du doigt, à bords durs; il y avait en même temps sur le dos ce que la mère appelait *un grain de picote* qui n'était autre chose qu'un Ectyma syphilitique. Au bout de quelques jours les ganglions cervicaux s'ulcérèrent et laissèrent une plaie de la grandeur d'une piastre française offrant les mêmes caractères que l'ulcère du bras; je crus reconnaître une syphilis constitutionnelle dûe à la vaccine, et priai un de mes confrères de cette ville de venir voir mon petit malade, mais malheureusement l'enfant était mort avant qu'il ait eu le temps de le voir. Voilà donc un cas qui, à mon sens, ne laisse aucun doute quant à la présence de la syphilis, suite de la vaccine, chez un enfant sain jusqu'alors et issu de parents forts; les deux autres enfants jouissent d'une santé excellente et ne présentent aucun symptôme d'affection syphilitique. Sans être alarmiste, je crois à la possibilité de la transmission de la syphilis par le virus vaccin et je considère que le médecin encourt une grave responsabilité s'il opère sans connaître *intimement le sujet vaccinifère*.

Montreal 15 Mars 1868.

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*Cases of Delirium Tremens, treated by Pulv. Capsici.* Contributed by  
ROBERT W. JACKSON, F. R. C. S. I., Surgeon 100th Royal Canadian Regiment.

Attention has lately been directed to the employment of Cayenne pepper in delirium tremens by Doctor Lyons, an eminent physician in Dublin. As its use in the subjoined cases seemed attended with beneficial results the following abstracts are submitted.

J. M., age 37 years.—Has taken spirits in excess for a considerable time; reported himself sick on the 27th January 1868, with slight erysipelas of face; was detained for the day, had warm fomentations to face, and an aperient draught; as he was no better at the evening visit, he was kept in hospital, his pulse was 80, and temperature 100.

January 28. Had a bad night, raved, face now is more swollen, tongue furred, pulse and temperature same as yesterday. Mixture of Chlorate of Potass and infusion of Cinchona; continue fomentations, and the patient to be carefully watched.

January 29th, was restless and noisy all night, disturbed the other pa-

tients; he thought he was drilling a squad and carrying on other details of duty, the delirium tremens well marked, saw rats creeping over his bed, clammy sweat, expression of face wild; it required four men occasionally to prevent his doing mischief. Cuticle of face desquamating, right ear much swollen.

January 30th, violent and noisy all night, pulse above 120, weak, and compressible, sweating profusely, has taken scarcely any nourishment since admission; as the general symptoms of debility were marked, a form of nutriment frequently prescribed by my predecessor Dr. Chartres and which I find very useful, composed of 2 pints beef tea, Soz. brandy and 3 eggs, was ordered to be given to the patient in small quantities, 3j, Pulv. Capsici to be added to the 1st. dose, the capsicum to be repeated in the evening; he took most kindly to this stimulating compound; when seen in the evening he had taken both doses of Cayenne, had no uneasiness or irritability of stomach, was still restless but less noisy.

January 31st. Continued sleepless and uneasy during the night, fell a sleep at 7. A.M., and continued to sleep till 11.30. A.M. In the evening he was sensible, the erysipelas had extended to both ears and over back of scalp, the parts affected being very painful. Tongue cleaning, pulse 108 soft. To have chicken diet and porter and citrate of iron and quinine in five grain doses. He slowly recovered his strength and was discharged to duty on 24th February.

H. P., age 26 years.—Has been but 4 times in hospital since enlistment; although he has not the character of a drunkard, it appears he has been for a long time in the habit of drinking spirits to excess. Had a fit in barracks and was brought to hospital in a sleigh at 4. A.M., the morning of the 28th January last; as he remained insensible and the convulsions continued, I was sent for and saw him at 6. A.M., the struggles which were very violent at first were now much feebler, the right side being alone affected, the limbs on left side partially paralysed. Pulse 110, face livid, pupils natural, bladder empty, he remained in this state during the forenoon, and at 2. P.M. had a return of the severe epileptiform convulsions. In the evening he became sensible and answered questions rationally, his temperature 100. He had at the same time a wild expression of eye and kept constantly casting suspicious glances around.

January 29, was noisy and restless all night and was kept in bed with great difficulty, complained that rats, snakes &c., were crawling over the bed clothes, in fact this patient and J. M. who suffered from similar hallucinations at the same time, and in the same ward, carried on spirited battue against noxious reptiles, hour after hour. H. P. having suffered on a previous occasion from tape worm, it was thought the epileptiform fit

might depend on the presence of the animal, a dose of castor oil and turpentine was ordered; he spat it in the face of the attendant; since his admission he has steadily refused food and medicine.

January 30th. Slept none, is less noisy, when he leaves his bed, he falls, the left arm and leg being paralysed; he took some milk during the night, but refuses nourishment in any other shape, is constantly picking the bed clothes. Face uneasy and suspicious, skin moist. Pulse 108. Thermometer cannot be used he is so violent.

January 31st. Sleepless last night, pulse 72 soft. Tongue covered with greyish fur, bowels have been very costive since admission; to have a rhubarb draught with ʒij Tinct Capsici added; he appeared to relish a small quantity of the beef tea, brandy and egg mixture J. M. was taking. At the evening visit H. P. was found much weaker. Voice indistinct and low delirium present, the aperient had not acted. Two doses of Pulv. Capsici gr. XXX each were ordered to be given him before night in the beef tea and brandy mixture.

February 1st. Slept a great part of last night, was asleep at the morning visit, bowels well cleared. Ate a good dinner but still rambles in speech.

February 2nd. Improving in every respect.

February 3rd. Had a slight return of the raving; mended steadily to February 6th, on which day he was marked for discharge; while waiting in hospital during the day he had an attack of partial paralysis of fingers of left hand and of left leg, the fingers being semiflexed with muscular twitchings, and the muscles of back of leg attacked with cramp, an intelligent orderly remarked that the cramps were like those he had seen in cholera.

H. P., manner at the time was strange, with wild expression of countenance, temperature 100.

February 7. The cramps have altogether ceased, he is quite rational, and he continued to improve and was discharged to duty on February, 10.

REMARKS.—From the results following the capsicum treatment in the above cases, I should certainly be disposed to try its effects again, the previous habits as well as the complications existing in each case afforded a presumption that the delirium tremens would be severe. Dr. Girdwood late of the Grenadier Guards saw these cases on the 31st January with my colleague Dr. Thompson, 100th Regt, and I am sure they will pronounce them typical cases of delirium tremens.

As we were of opinion that opium was contraindicated in both instances, in J. M.'s case from the tendency to cerebral congestion due to

the erysipelas of head, and in H. P.'s case in consequence of the probable existence of a rachnitis with effusion denoted by the epileptiform convulsion affecting one side with the increased temperature (100), it was suggested by Dr. Thompson that the capsicum treatment would prove beneficial.

I did not recollect at the moment the doses of capsicum Dr. Lyons had recommended, and I found after on reading his paper that in J. M.'s case I had given on each occasion double doses, however, no uneasiness or irritability of stomach resulted and with both patients sleep came on the night after the administration of the capsicum.

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### REVIEWS AND NOTICES OF BOOKS.

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*The Principles and Practice of Obstetrics.* By GUNNING S. BEDFORD; A.M., M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics, in the University of New York; author of "Clinical Lectures on the Diseases of Women and Children." Illustrated by four coloured Lithographic Plates and ninety-nine Wood Engravings. Fourth edition, carefully revised and enlarged, 8 vo., pp. 763. New York: William Wood & Co.

We have received a copy of this work from the author, for which we tender our thanks.

Of the merits of the work itself, we regard it as a standard volume on the subject of obstetrics. The present edition has received at the author's hands a thorough revision, and some important additions have been made. Much valuable and important information will be found under the heading of Anæsthetics. Although we think that this subject is of too great importance to be dismissed in a little over eight pages, still, perhaps, the reader may consider the subject as sufficiently referred to, in a work on obstetrics. The author has abandoned the use of chloroform, and has recourse exclusively to sulphuric ether, which he has always found safe and reliable. Our own experience is in favour of chloroform, which we consider safe if employed with care. It certainly acts more rapidly than ether, but its application should be entrusted to a competent person who will devote his whole and sole attention to the administration of the anæsthetic:

"In reference to the particular circumstances justifying the use of anæsthesia in the lying-in room, there is no concurrence of opinion among

accoucheurs; on the contrary, there is much diversity of sentiment. With some it is the universal habit in every case of labour, no matter how natural and auspicious it may promise to be, to resort at once either to sulphuric ether or chloroform. This, it seems to me, is really abusing a good thing. Labour is unquestionably a natural process—it is, indeed, entitled to be designated in strict physiological language a function. If this be so, is it right to interfere with a function, properly so called, as long as its exercise is normal, and within the true record of nature? I think not. Again, there is another argument, which has always struck me with force, why anæsthesia should not be employed in a natural parturition, and it is this—the female, at the most interesting period of her life—the time of labour, should, all other things being equal, have her mind unclouded, her intellect undisturbed, her judgment fully adequate to realize and appreciate the advent of a new and important era in her existence—the birth of her child. Therefore, I shall advise you not to resort to anæsthetics in natural and ordinary labours, except in the event of certain contingencies which, in the judgment of the accoucheur, would justify their administration. The employment of these agents will be proper in cases of operative midwifery, whether instrumental or manual; in cases of unusual pain accompanying the labour; in instances of rigidity or an unyielding condition of the mouth of the womb, vagina, or perineum; in a womb of excessive nervous irritability; in certain cases of irregular contraction of the uterus, in which the strength of the mother is severely tested without a corresponding progress in the delivery; in many cases of puerperal convulsions, provided there is no tendency to cerebral congestion; in spasmodic contraction of the uterus before the birth of the child, and subsequently to the birth, the placenta being retained by the spasm of the organ. In some conditions of pregnancy—for example, where there is a degree of undue irritability of system, or the hysteric manifestation, or where it becomes necessary to extract a tooth; and I may remind you that I have on several occasions derived marked benefit from the administration of sulphuric ether in cases of rebellious dysmenorrhœa. Let me here add that, in the irritability and convulsions of children, etherization will oftentimes exhibit the happiest results.”

We cannot altogether agree with the author in the argument here advanced. It is a natural process for a tooth to ache when there is disease of the fang or where from caries the extremity of the nerve is exposed, but because it is a natural process for a nerve to give evidence of its presence when pressed upon, is no argument against using the means which nature's god has permitted us to discover for its relief.

In our experience, we have never yet seen the woman who could give birth to her child with "unclouded intellect," or whose judgment was undisturbed throughout parturition. The author does not mention a most undoubted effect of the use of anæsthetics during the parturient stage, and that is the tendency to *post-partum* hæmorrhage. The attention of the profession was first drawn to this subject by Dr. Kidd of Dublin, in a paper which appeared in the *Dublin Medical Press*. We have frequently had an opportunity of witnessing the effect of chloroform in producing a species of muscular inertia subsequently to the birth of the child, and are opinion, that if long continued, chloroform does occasion a tendency to *post-partum* hæmorrhage. So that all cases in which we have administered the anæsthetic during labour, we have followed it up by a good dose of ergot prior to the removal of the placenta. Indeed in several cases we noticed most persistent and alarming hæmorrhage, apparently caused by a want of muscular tonicity, the uterus remaining placid and without action or tendency to contract.

The work is illustrated by four beautifully executed coloured lithographs, shewing the appearance of the areola of the breast at various periods of gestation, and also by ninety-nine wood engravings. The paper is excellent, and the type well impressed; altogether the work is most creditably got up by the publishers.

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*Pennsylvania Hospital Reports*, Vol. 1, 1868. Philadelphia: Lindsay & Blakiston. Montreal: Dawson Brothers.

After an existence of one hundred and twelve years, the Pennsylvania Hospital, founded in 1755, its corner stone being laid by the hands of Franklin, has issued its first volume of reports, and an exceedingly creditable production it is. It contains many papers of great merit, and of a practical character, most of which we have read with much interest. The volume opens with a short paper on "The Pennsylvania Hospital and Reminiscences of the Physicians and Surgeons, who have served it," from the pen of the well known and venerable Charles D. Meigs, M.D. A brief allusion is made to the most prominent men who have been connected with the hospital, among them the names of Drs. Physick and Rush are mentioned, and several anecdotes are given to illustrate, not only personal traits of character, but peculiar modes of treatment then in vogue. The style adopted in this article many will perhaps be inclined to find fault with as at times bordering on what we may call the free and easy, but the venerable professor seems more at home in this method, as all who have read his work on "The Diseases of Women,"

can testify. There is a difference of opinion as to the desirableness of this style in a purely professional work, but if allowable at all in anything pertaining to our profession, it is in a sketch such as opens the first volume of the Pennsylvania Hospital Reports.

The first really professional paper is on "Laceration of the Female Perineum," its history and treatment by D. Hayes Agnew, M.D., who in about forty pages gives a very excellent *resumé* of the literature of the subject. He, at the same time, publishes ten cases which he treated in hospital, with very marked success, after the method peculiarly his own, which he describes in the following words :

*Agnew's Operation.*—In every operation our aim should be to render it as simple as may be consistent with efficiency; and therefore the question comes up, can any part of the Brown method be omitted without diminishing the value of the operation? In support of the affirmative, I submit the plan pursued by myself, and illustrated by a sufficient number of cases to give it some claim to public confidence.

*Preparatory Treatment.*—This is pursued in accordance with that already laid down, except in the matter of opening the bowels with a gentle cathartic, which I prefer being given two days rather than one before the operation, and followed by one grain of opium, so that everything shall be quiet when the period comes round.

*Position.*—The position on the back, or the lithotomy position, is the one always preferred. The hips should be brought over the edge of the bed, and the limbs, flexed, should be supported by an assistant on either side.

*Operation.*—The operator takes his position, either sitting or kneeling, in front of the perineum, and seizing one side of the laceration, commences the denudation from behind forward, including a little of the labium. In breadth it should extend inward, so as to include a little of the vaginal mucous membrane, and outward towards the buttock. The paring should not extend deep, and, when completed, should be one inch broad. The opposite side is to be treated in the same manner, the raw surfaces in form and extent being as near alike as possible; next, let the assistants supporting the limbs, take hold of the parts on either side, and make the recto-vaginal septum tense, in which condition its surface can be freshened, without difficulty, to the extent of three-quarters of an inch. Let every attention be given to ascertain no portion escapes the knife. The bleeding is usually free, but it will be seldom necessary to apply a ligature. Should it not cease under the application of ice-water, a stream from the nozzle of a syringe, applied steadily for some time, will rarely fail. Should both fail, introduce the sutures, and rely on the adjustment.

*Sutures, and their Introduction.*—The approximation is to be effected by the interrupted suture—one series termed the *deep*, and the other the *superficial*—the materials composing the thread being silver wire. The deep ones are to be first introduced, commencing with the posterior or one next to the rectum. Three or four of these will generally suffice, even in extensive cases. The superficial ones are to be inserted intermediate to the others.

The needle, being threaded, is made to penetrate one side, entering one inch exterior to the denuded border, and coming out on the mucous membrane of the vagina. It is then unthreaded, and the needle withdrawn, and the same end of the wire again passed through its eye, when it is made to penetrate the opposite side at points corresponding with the first. After this manner the other deep sutures are to be inserted.

*Adjustment.*—The blood being carefully sponged away, the nates are to be pressed toward each other by the assistants, and the ends of the suture first introduced (the one nearest to the anus) are to be passed through the whole in the adjuster, at the end of the forceps, and being strongly drawn upon as the latter is carried down, the parts are brought together with great accuracy. To maintain and secure the approximation, a perforated shot is next run down over the wires, and firmly clamped between the jaws of the compressor. After the treatment of the other sutures in a similar manner, the operator proceeds to deposit the superficial threads. These must be placed between the others, to effect which a good-sized curved needle, armed with silver wire, is entered three-eighths of an inch from the edge, on one side, made to penetrate the skin and some little into the cellular tissue, and emerge an equal distance from the edge on the opposite side. These may be secured by twisting the ends about each other. This done, the sutures are to be cut off—the superficial ones at the twist, and the deep ones on a level with the shot.

A strip of adhesive plaster, two and a half inches wide and twelve or fourteen inches long, may now be placed across the nates, to give additional support, and the woman put to bed, with the knees bound together with a roller, taking care to interpose a napkin between, to prevent excoriation. The position to be maintained is either on the back, or the side, the patient not being rigidly confined to either."

The treatment after Dr. Agnew's operation is much the same as after other methods, except that he removes the sutures on the third day, taking them out in the same order as their introduction and immediately after has a stream of tepid water containing a small quantity of the permanganate of potash thrown upon the parts. If all goes well, he allows his patients to sit up on the sixteenth or seventeenth day. Dr.



Addinell Hewson, contributes a short, but exceedingly valuable paper on the still much vexed question of "Accupressure," of which method for arresting hæmorrhage, he is an enthusiastic admirer. He says, "I have now had an opportunity of testing it on all large vessels of the extremities, and with me its employment, has always been pre-eminently satisfactory. In parts where the ligature has often proved so unsatisfactory as to make some more effectual means of permanently closing the bleeding orifice, a great desideratum, as in the axillary artery, palmar, plantar arches, or in other parts where the vessels give off branches close above the point, at which it is desirable to effect the obliteration of the calibre, this method has been found by me all that could be wished for." Two cases are reported, where accupressure was used, and the patients having died, an opportunity was afforded of examining the condition of the part. In one, a man aged 40, a hard drinker, with distinct traces of ossific degeneration in all the large vessels, amputation of the lower third of the arm was performed. But one pin was used, applied to the brachial to control hæmorrhage; this was removed fifty-two hours after its introduction, not the slightest oozing following. The patient did not do well, having died on the twenty-fourth day after the operation. At the autopsy the pin was found to have compressed the brachial, just above its division, and its closure was complete. The adhesions of the outer surface of both the internal and middle coats was both firm and strong. Altogether this case, the patient having become delirious soon after the operation, was a very trying one for accupressure, but it stood the test most thoroughly. We are sure Professor Simpson will gladly welcome this able contribution on accupressure.

Dr. J. M. Da Costa, furnishes a few observations on the action of Narcein, accompanied by ten cases in which he administered it. This drug it is claimed, relieves pain, and produces sleep, without the sickness and headache or constipation which so usually follows the employment of opiates. The value of such an article could scarcely be overated, but from what we gather from Dr. Da Costa's experience, accompanied by some slight experience of our own, we fear that its merits has been overated. Dr. Da Costa says, it does not as a rule cause vomiting, headache or constipation, but it does sometimes, and in doses equal to morphia it has not the slightest anodyne effect. In large doses it is uncertain, often inert.

We cannot speak too highly for the way the publishers have done their work, for it is one of the best printed, and handsomest volumes which has lain on our table for sometime.

## PERISCOPIC DEPARTMENT.

## Surgery.

## THE OPERATION FOR THE CURE OF DOUBLE HARE LIP, BY A NEW AND IMPROVED METHOD :

BY A HAMMER, M. D.

The section on the Surgery, of the American Medical Association at its meetings in Cincinnati, in May last, having honored me by the request that I should prepare a full report on the progress in surgery, concerning the treatment of Hare-lip, to be presented at its next meeting, to be held in Washington, in May, 1868, it does not now become me to treat at length on this subject in our Journal. I will therefore confine myself solely to the description of the method, which I have, for the last five years, adopted in all cases of double hare-lip with fissure of the palate.

During a quarter of a century I have had frequent occasion to operate for hare-lip, in all its various forms, single, double and complicated; and I freely confess that for twenty years I was never satisfied with the results obtained, though mine were, on the average, not worse than those of other surgeons. I was frequently amused by looking at plates, where cases of hare-lip were pictured, before and after operation, showing beautiful and perfect results, whereas a comparison between the copy and the original would not have given a very flattering impression as to the ability or truthfulness of the artist.

The unsatisfactory results obtained in my own former practice, and present practice of other surgeons, did not, and do not depend so much on the want of individual skill, as upon the intrinsic difficulties inherent to the nature of the lesion itself, and the deficiencies of the means employed to correct the deformity. The main points to which the frequent failures in double hare-lip with fissure of palate must be attributed are: The rarity of union by first intention in the soft parts, or union of one portion with non-union or connection by ligamentous mass of the remainder; the infrequency of firm union of the intermaxillary bones with the lateral alveolar arches, and the resulting unevenness by lack of proper adaptation with regard to the convexity of the entire superior alveolar arch; the frequent mutilation of the nares, either by closing them up, or leaving them widely separated, the flat nose in the superlative.

Nearly all the difficulties with which the surgeon has to contend, can be overcome by following the method of operating which I have adopted.

The operative procedure consists of two steps: First, to bring the

maldirected intermaxillary bones into proper position and to make them fit exactly the opening left in the middle of the alveolar arch. This I accomplish by excising a triangular piece of the septum of the nose, of such an angle as to correspond to the angle made by the projecting intermaxillary bones with the arch. After it has gently been removed downwards and backwards, the surgeon can judge how much or how little is to be cut off on one side or both, that the gap may be exactly closed. I give preference to this method of changing direction over all others.

Second: To separate, as may be required, the middle lobe from the intermaxillary bones, then to freshen its edges as well as the margins of the lateral parts of the lip, resorting if necessary to auxiliary incisions, in various directions according to the peculiarities of the shortening in the soft parts, accompanied by free and extensive incisions over the underlying bone so as to allow of great mobility of the lip. This being done, and the hæmorrhage arrested, I apply a sustaining suture, which is in fact a quill-wire-suture, at a proper distance from the edges, to be united. Two pieces of common, smooth lead pencil, from one and a-half to one and three-fourths of an inch in length, and a strong needle armed with a double wire of a size larger than is ordinarily employed in the usual wire suture, are all that will be required. The needle is passed through the entire thickness of the upper lip on a transverse line striking the point of union between the septum and intermaxillary bones. The needle is made to transfix the integument from without inwards on one side, at a point half an inch posterior or outwards from the nostril, and through a corresponding point, but from within outwards, on the opposite side, and now the two pieces of pencil, one on either side of the face externally, are fastened by the double wire. Another similar suture is applied in the same manner and attached to the same pieces of pencil, about half an inch below the first, more near or remote according to the length of the intermaxillary bones, over which, that is to say in front of which, both wires must pass. By this means we accomplish a complete relaxation of the soft parts, and all tension of the muscles being overcome, the corresponding portions of the cut edges can now be readily approximated, to do which I employ the common wire suture the wire being very small,—finding it less irritating than silk. Thus the operation is completed, no dressing being required except the occasional application of a little glycerine by means of a camel's hair pencil, upon the united wounds. The wire sutures should be removed at the end of three days' union by first intention having then taken place, while the sustaining suture may be allowed to remain to the sixth, seventh, eight or ninth day. The wires of the latter in course of time cut somewhat the soft parts, producing four small, transverse, slightly suppurating wounds, which, however, heal without leaving any marked scar behind.

The advantages of the above plan of procedure are so obvious that I need scarcely refer to them, but in brief they are the following:

First, The intermaxillary bones are kept in close contact with the parts with which it is desirable they should unite, by the wires of the sustaining suture.

Second, All strain on the lips being removed the soft parts must unite by first intention, it cannot be otherwise provided all chemical or mechanical irritants are wiped from the wounds, which can so readily be done by a hair pencil.

Third, The degree of relaxation necessary to properly control and modify the future shape of the nares is entirely at the command of the surgeon.

Fourth, The absence of all dressing which would interfere with free respiration and thereby endanger life.

Fifth, The operation is complete at one session, and comparatively speaking, a very brief space of time is required for complete and permanent union.

Sixth, The surgeon is relieved from an immense deal of trouble and constant attention, which is so necessary when other operative plans of treatment are adopted.

Seventh, The results are admirable, thereby not saying too much.

This method is not altogether new, as it has been resorted to, but only partially and for a different object, by Prof. Bruns, of Tubingen. Many years ago he applied a sort of quill suture, passing out one such beneath the nostrils through the septum narium to prevent too great narrowing of the nares, and in one instance he again applied a single quill suture near the free margin of the lip, in an unmanageable child, lest the lower suture when removed might be followed by rupture of the united wound. His fear in this last instance was certainly to some extent groundless, for in five cases out of six the rupture occurs, not near the free margin, but in the neighborhood of the nares.

The actions mainly of two muscles, viz: the levator labii superioris aequae nasi and the levator labii superioris proprius, has to be overcome. The zygomatici and the levator anguli oris are little to be feared, as any one can convince himself by applying his index fingers to the two sides of his lips, imitating my sustaining suture.

Though the meritorious and highly distinguished, Prof. Bruns did not apply the quill suture either in the same manner or for the same purpose, yet I thought it my duty to show that I was acquainted with the fact though irrelevant.

I earnestly desire the profession to give my *modus operandi* a trial,

being assured it will meet with their approval. Of myself I can, without boasting, affirm that I am not now fearful of any form of complicated hare-lip no matter how extreme the case may be, and that I now with pleasure and satisfaction perform an operation which formerly caused me more disappointment than any other one.

Five cases of double hare-lip and double fissure of the palate on which I have successfully operated according to the above plan I will minutely detail in my report to the American Medical Association.—*Humboldt Medical Archives.*

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#### FOREIGN BODIES IN THE EAR.

BY HENRY L. SHAW, M.D., (Communicated for the Boston Medical and Surgical Journal.)

A FOREIGN body in the ear is always a source of anxiety to the friends of patients; and although its removal, if accomplished in season, is quite easy, it is often by delay rendered very difficult. Most of the foreign bodies met with in the ears of children are put in while at play, and are often forgotten. With adults their introduction is almost invariably due to the use of extemporaneous ear picks for the relief of the intolerable itching in chronic inflammation of the dermoid layer of the external auditory canal.

The ear is more tolerant of foreign bodies than is generally supposed. Cotton, which, from a belief in its virtues, is frequently introduced into the meatus, would often remain for an indefinite time, if the patient was not admonished by the increasing deafness to seek relief. Toynebe speaks of a dissection where cotton, which had probably been in the ear for years, produced absorption of the bony meatus. We can recall several cases where it remained for many years, unknown to the patients. Other foreign substances may be carried the same length of time. In a late number of the *Lancet* is the report of a case, where a piece of slate pencil was left in the ear for over forty years. In one of our own cases, a stone, the size of a pea, remained in the canal for years before trouble was produced, and it was then caused by attempts at removal. Still another case was that of a playmate, who carried a bean in his ear for twenty years, with no bad effect, except slight deafness.

In our own experience the following substances have been met with; beans, cotton, slate pencils, peas, maggots, cockroaches, beads, glass, crockery, shells, paper, pins, ivory, teeth of combs, stones and seeds.

The amount of trouble produced by foreign bodies in the ear depends upon their nature, position and size. Hard, smooth substances, and

those not easily affected by moisture, produce far less trouble than those of softer material, which are readily expanded.

At about the middle of the external auditory meatus the canal is angular. This change in its course serves somewhat as a check to the passage of foreign bodies. It is in this part of the canal that they are apt to lodge, and may remain for years before producing any injury. In works on anatomy the external meatus is described as being narrowest at the middle. The meatus, just before it reaches the membrana tympani, is somewhat expanded, as is also the entrance. With the exception of this dilatation at the ends, its diameter is quite uniform. A casual glance might lead one to suppose that there was considerable narrowing at the angle, but on straightening the meatus this apparent narrowing will disappear. An examination of the casts at the Warren Museum, taken by Dr. R. M. Hodge, confirms the above statement.

The symptoms caused by the presence of a foreign body, depend very much upon its position. When imbedded in wax, as is often the case, or fixed on the walls of the meatus, it will not be likely to cause serious trouble. Not, so, however, if it is at the bottom of the canal, in contact with the membrana tympani, or pressing upon it. Such a case is usually attended with giddiness, and a feeling of fullness of the head; which, if the foreign substances, allowed to remain, may be followed by convulsions and even a fatal result. One would suppose, from the fact that casts of hardened cerumen are occasionally taken from the lower half of the canal, that the membrana tympani would readily tolerate the presence of a foreign body. When pressure is applied over that portion against which the handle of the malleus rests, it is attended with pain and marked cerebral disturbance. The same is true of the rest of the drum, but in a less degree. Besides the injurious effects above alluded to, the pressure of a foreign body on the membrana tympani is very likely to be followed by ulceration and perforation of that membrane, and organic changes in the tympanic cavity, which will seriously affect its integrity. Many cases of internal otitis owe their origin to this cause. We can recall two cases of the kind; in one of which the suppurative process was arrested by the removal of a piece of slate pencil, which protruded into the tympanum; in the other, the suppuration was undoubtedly prolonged from the presence of a glass bead in the tympanum.

When a foreign body is so large as to fill the whole diameter of the auditory canal, and press with considerable force upon its walls, it will almost invariably excite acute inflammation. In some of these cases the swelling is so great as to completely close the entrance of the meatus; rendering even an exploration impossible. When in this inflamed con-

dition, the ear will be found to be very sensitive. The use of the speculum auris at this time will give rise to excruciating pain, and will be likely to be followed by considerable hæmorrhage. Under these circumstances all attempts at removal should be deferred, until the acute symptoms have subsided. Great relief will often be afforded by the application of leeches in front and below the external meatus, warm fomentations, etc. Occasionally, when suppuration begins, there will be a spontaneous discharge of the foreign substance.

In most cases foreign bodies are lodged in the angular portion of the canal; the exceptional cases being those where, from unsuccessful attempts at removal, they have been pushed through the membrana tympani, or where that membrane, from previous inflammation, or ulceration induced at the time by the pressure of the foreign bodies, has been perforated and has allowed them to pass beyond it. One would suppose that that it would be impossible for a judicious practitioner to produce this result. This accident is, however, not uncommon, and can doubtless in most cases be traced to attempts at removal with instruments when the ear was poorly illuminated.

It is rare for foreign bodies to remain long in the tympanic cavity without producing serious symptoms. These will be modified somewhat by the nature of the substance, and the condition of the tympanum. If this has been previously disorganized by inflammation, as in most cases of otitis interna, less trouble will probably ensue, than when it is in its normal condition. Beans and peas, the foreign bodies most frequently met with in the ear, are, from the facility with which they swell, most likely to produce fatal results. Undoubtedly in some cases the fatal result is due to the violent manipulations to which the ears have been subjected by the friends of patients, or to their not having consulted the surgeon, until inflammation and swelling have ensued, which rendered their removal extremely difficult or perhaps impossible.

When a patient is presented with a suspected foreign body in the ear, it is of great importance to examine thoroughly the auditory canal: much useless syringing may thus be avoided. By the improved method of Troeltsch this examination is possible at all times, and brings to view the whole of the meatus, and if necessary the tympanum.

Too much cannot be said in favor of the syringe for the removal of foreign bodies, of whatever kind, from the ear. As a rule it will be found successful; the exceptional cases are indeed very rare. Most authors agree as to its great advantages over all other instruments. Yet, to judge from the cases presented at the Infirmary, one is led to believe that practically it is not much relied upon by the profession. With the syringe,

accidents which sometimes attend the use of other instruments are avoided, as it is almost impossible with it to injure the surrounding parts. When the ear is well illuminated a foreign body may often be removed with instruments much more quickly than with the syringe, yet there is more risk; and the attempt, if unsuccessful, may, by injuring the walls of the canal, render removal of the substance by the syringe more difficult.

In this connection it may be well to speak of the manner of syringing an ear. Although generally considered an easy matter, it is often, from the non-observance of certain precautions, very ineffectual. The most important precaution is to straighten the canal, which, as is well known, is readily effected by pulling the external ear upward and backward with the left hand, while the right is free to use the syringe. By so doing we avoid putting the nozzle of the syringe into the external meatus, and thus frequently save the patient much pain, at the same time are enabled to act directly upon the foreign substance. The choice of a syringe is a matter of less importance; any one having a tightly adapted piston will usually succeed very well. The small two ounce rubber syringes, the pistons of which are generally accurately fitted, will be found the most reliable and convenient. The water used (which should be quite warm and pure) ought to be injected with very slight force at first, afterward the force may need to be considerably increased. The bursting of bubbles of air in the external meatus gives rise to very unpleasant sensations. This can generally be avoided by using a good syringe, and taking the precaution to fill it very slowly, so that no air shall be sucked up.

The facility with which a foreign body can be syringed from the ear depends somewhat upon its position, and very much upon the material. If it has passed but a short distance into the passage, a few syringesful will often be sufficient. Not so, however, if it is at the bottom of the canal, or impacted. Then the syringe may require to be used many minutes. Hard, smooth substances, as stones, beans, etc., are dislodged more readily than those of softer material, as paper, cotton, etc.

Foreign bodies sometimes become quite firmly attached to the walls of the canal, as in the interesting case reported by Dr. E. H. Clarke, where a bullet fixed in the bony meatus was removed by pressing upon it a strip of adhesive plaster, and then heating it by means of a convex lens until it adhered to the bullet. Should the symptoms admit of delay in these cases, the removal of foreign bodies may well be deferred, the passage being frequently filled with tepid water, until they are sufficiently loosened to allow their easy removal with the syringe.

Sometimes the foreign substance so completely plugs the meatus as



not to allow the water to pass behind it. This, however, can only be ascertained by trial with the syringe. Many cases when examined by the speculum appear to be in this condition, but on using the syringe the foreign bodies are readily discharged. If, after continued syringing, the foreign substance is not removed, its position can sometimes be changed by the pointed end of a curette, or probe, when the syringe can again be used with greater probability of success. Only a very slight change in the position of a body is usually sufficient to ensure its removal with the syringe. Sometimes, however, the syringing has to be continued for a long time before it is successful.

With infants and young children great difficulty is often experienced in preventing violent movements of the head during the attempt at removal. An effort to straighten the canal even may be followed by a change in the position of the patient's head. When the passage is inflamed, the pain attending the removal may be very severe. Under these circumstances the use of ether will be found not only of great advantage, but frequently indispensable.

Cases requiring the exclusive use of instruments, are very rare. A most thorough trial of the syringe should always be made first. Instruments are, however, occasionally of great assistance, and sometimes absolutely necessary. To use them with safety the external auditory passage requires to be thoroughly illuminated; unless this can be effected, there is danger of producing more injury than might result from allowing the body to remain. A pair of rectangular forceps furnished with teeth will be found of great service for the removal of substances which admit of being grasped, as paper, cotton, etc. The principal risk in their use is the danger of pushing the body further into the canal. This can be avoided generally by fixing it with the pointed end of the curette, before grasping it with the forceps.

The curette and other instruments are sometimes used as levers, by making a fulcrum of the walls of the canal. This method of procedure should always be avoided. If the body is but a short distance in the meatus it can be removed more easily and with less risk than by this method. If the body is well advanced in the canal such a course can do no good, and may be of positive injury to the soft parts. Cases which seem to require the use of instruments in this manner, can be best treated by fixing the body with the curette, and then grasping it with the forceps as above described.

After the removal of foreign bodies there is generally considerable vascularity not only of the meatus, but of the membrana tympani. This is often due to the irritation produced by the foreign substances, but it is

usually attributable to the efforts at removal. It is, however, of short duration, lasting frequently less than a day.

But little after-treatment will generally be required. In cases accompanied with considerable inflammation of the meatus, it may be necessary to use injections of tepid water. Should it show a tendency to become chronic in its character, the addition of a few grains of acetate of lead to the ounce of water will generally be found sufficient to arrest it.—*Boston Medical and Surgical Journal*.

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#### TRAUMATIC DESTRUCTION OF THE POSTERIOR PORTION OF URETHRA, SLOUGHING OF SCROTUM AND RESTORATION OF PARTS:

BY GEORGE WILSON, M. D., NEW YORK.

The case was one of traumatic destruction of the posterior portion of the urethra of some ten inches in extent, with sloughing of a large portion of the scrotum, so that both testes were freely exposed to view, with restoration of the continuity of the parts. A young man about twenty years of age, a painter by occupation, was engaged on a warm day in June, in painting the front part of a three-story house. At the time of the accident, he was standing on the window-sill of the second-story painting the outside sash; on raising his hand up to push down the top sash, he lost his balance, turned a somerset as he fell, and landed astride the iron railing in front of the area, which was slightly bent by the weight of his fall. He was conveyed to his house; and on examination I found a fracture of the pelvis on the right side through the pubic portion—with laceration of the lower portion of the penis involving the spongy, and as I afterwards thought, the bulbous portion of the urethra, with severe contusion of the scrotum and testes, so that through the wound there was a strong seminal odor, which at the same time caused me considerable uneasiness for fear of loss of one or both testes. After bringing about reaction which was very slow, however, the nervous shock being so great, the first thing he complained of was a feeling of fulness in the region of the bladder, with a desire to urinate, and an inability to do so. After some difficulty I succeeded in introducing the catheter, and drew of a large quantity of blood, which, from the heat of the body and the weather was inclined to coagulate, and which added greatly to the difficulty of getting it to flow through the catheter. I judged from the hæmorrhage, that the bulbous portion of the urethra was involved in the laceration, and that the hæmorrhage came from the artery of the bulb. In the course of a couple of hours I again introduced the catheter, and found that the hæmorrhage still continued, and

drew off a considerable quantity more of blood. I then surrounded the scrotum and hypogastric region with pounded ice, and allowed the catheter to remain in the bladder, and in this way I finally succeeded in arresting the hæmorrhage. At the same time I kept giving him stimulants, and in that way managed to keep life in him, which at times seemed to be fast ebbing away. The next morning, I was suddenly called to see him, as his attendant thought that he was dying, and I do assure you he was very near it. I was by his bedside, and gave him carb. ammonia dissolved in brandy and water until he gradually rallied; he had one more sinking turn, and after that he went along and made very fair progress towards recovery. The contused parts went on sloughing, so that finally the catheter was exposed for some two inches in extent; then followed purulent infiltrations in the scrotum, which were relieved by free incisions; then came sloughing of the scrotum in which both testes were freely exposed, so that as the scrotum lay upon a cushion which supported it you could take them between your fingers. The catheter I kept constantly in the bladder, removing it about once in twenty-four hours, as at the end of this time there was considerable deposit of earthy phosphates upon the end of it, which caused considerable distress to the patient on withdrawing it and also retarded very much the healing process, owing to the rough accumulation lacerating the parts on its withdrawal, and undoing all that I had done in getting the parts to heal. But by steady perseverance day by day, we gained little by little; the parts began to heal kindly, the deposit on the catheter grew less and less, and still keeping the catheter in the bladder until the parts had all grown over it, and by drawing the scrotum together, we succeeded in getting that to heal also with nothing to open; so that to all appearances he was as good as ever, as far as practical purposes were required. The testes gave me no trouble, and I presume that they were in their normal condition. He got married afterwards, but whether he ever had children or not, I do not know. The fracture of the pelvis I treated with a broad leather belt, which was made to buckle snug around, and which answered all the purpose for which it was required. I attributed the recovery in this case in a great measure to the patient himself. At the time of the accident his system was in a very good condition; he possessed a great deal of nerve, very sanguine and buoyant in his temperament; he had a good deal of what is called *vis vitæ* or tenacity of life. Had he not possessed this physical organization he would most undoubtedly have sunk; but possessing it, he rallied, clung to life, and recovered.—*Medical Record.*

## Medicine.

## THE TREATMENT OF CHOREA BY THE SULPHATE OF ZINC, WITH A REPORT OF FOUR CASES.

By E. S. DUNSTER, M. D., Physician to the Out-door Department of Bellevue Hospital.

The publication, by Dr. Hammond, in the *Gazette* of Nov. 2, of two cases of chorea successfully treated by the sulphate of manganese, induces me to present the following cases, in which a cure was effected by another mineral tonic, viz., the sulphate of zinc. In all of these cases, no medication whatsoever, beyond the zinc, was employed; there was, therefore, no perturbing element to be allowed for in estimating the efficacy of the remedy. The hygienic treatment of the patients, however, was most rigidly enforced, and it is to this element in the treatment that I desire to call especial attention, for my belief is that almost any analeptic medication will suffice to cure this troublesome affection, provided the strength and vigour of the system be maintained by proper hygienic and nutrient means. Indeed, very many cases, left to themselves, will recover without medication, if the patient be put through a course of nourishing food, well-regulated exercise, careful cleanliness, abundance of fresh air, frequent change of surroundings, proper moral influences, etc.; or in other words, if due attention be paid to the rational and hygienic treatment. The very success of so many different remedies which have been so largely extolled by various authors, substantiates this view; for, in general, it may be assumed that where, in the treatment of any given disease, a large number of remedies is found to be successful, there is an intrinsic tendency in that disease to recovery. I do not, therefore, claim for the zinc any special advantage over the other remedies which have been used as specifics in this disease, and would especially caution against too great a reliance upon such. The rational treatment of each case should be a study in itself, and should never be overlooked.

One or two points in the three cases are worthy of notice.

1st. No amendment was observed until the dose of the sulphate had reached some eight or ten grains; but it must be borne in mind that a certain length of time is necessary for the effects of the rational treatment to be noticeable, the question therefore naturally arises to which element in the treatment was the success due. My own opinion (as may be inferred from the above remarks) is, that the two mutually aid and accelerate each other, and that either part of the treatment, by itself, would not prove as speedily or thoroughly successful as when the two are combined.

2nd. The connection of chorea with rheumatism, as first pointed out by

Dr. Copeland, and subsequently confirmed by the observations of Bright, Begbie, M. See, and others, is seen in two of these cases.

3rd. In two of the four cases the choreic movements were unilateral, one of the right, and the other of the left side. A large series of cases would not probably show so great a proportion of unialteral cases. The weight of testimony to be gathered from the books being that, while in the earlier stages the movements are more marked on one side than the other, subsequently, the whole body is apt to become affected.

Lastly, there is to be observed the readiness with which the stomach accustoms itself to large and emetic doses of the zinc.

Daniel Sheehan, æt. 11 years, came under my observation December 28th, 1866. There was no positive history of any previous acute disease, but the boy had suffered during the winter and spring preceding from some of the symptoms of rheumatism. The irregular muscular movements came on very gradually, and were exclusively confined to the right side. They had existed in such degree as to attract the attention of the parents only for four months past. The movements were not unusually violent, and the case did not appear to be a formidable one as the lad was as well developed as could be expected in the condition of life to which he was subject. The bowels were not constipated but somewhat irregular; appetite fair but variable; heart beating heavily and somewhat tumultuously; apex displaced to the left, and the breadth of the organ increased one-half or three-quarters of an inch; sounds normal, except that the first was very much subdued; the movements cease during sleep.

The most explicit instructions were given as to the care of the patient, the regulation of his diet, exercise and habits, in a word, his whole plan of life, and I have reason to believe they were carried out as completely as could be under the circumstances. The sulphate of zinc was administered internally, commencing with one grain three times daily. This was increased gradually until the dose had reached ten grains, when decided amendment took place. The dose was once more increased to twelve grains, three times daily, at which point it was continued for a week, and the medication was then gradually but rapidly diminished. February 15th, although the patient was still under treatment, there was no indication of the disease, and on the 25th, he was discharged. The heart's condition remained unchanged.

Albert Smith, New York, æt. five years, was first seen by me February 1. He had then well-marked general chorea. No antecedent disease. The patient is a bright-eyed, intelligent, well-nourished lad. The functions of the bowels, skin, and kidneys, are well performed. No indication of any cardiac disease, either functional or organic. The parents were inclined to

think that much of his disability was due to habit, and my observations subsequently led me to the same opinion, as the lad could easily control the movements by an effort of the will. The movements were wholly confined to the muscles of the arms and face, the eyes especially taking on a singularly mischievous appearance from the peculiar twinkling motion of the lids.

General treatment as in Case 1. The zinc was also administered internally, viz.: Feb. 4, 2 grains; 6th, 3 grains; 8th, 4 grains; 10th, 6 grains; 15th, 8 grains, per dose. At this time there was marked improvement, and in the course of the following week, no movements were perceptible which the child would not readily control. The medication was then stopped abruptly, but the disease returned, and during March the whole plan of treatment had to be again gone over. The amount of zinc was now pushed to 12 grains three times daily (March 20th to 25th), and withdrawn gradually. April 4th, the amount was 4 grains in each dose. April 10th, medication discontinued and patient discharged cured.

Eliza Kinney, N. Y., æt. nine years, was brought to me Feb. 5, 1867, suffering from general chorea of a very aggravated character. The case was acute, being of only two weeks' duration, and had followed an attack of inflammatory rheumatism. The movements were violent and very irregular; indeed, so excessive were they that the little patient could neither walk or talk. The arms were thrown about in the wildest confusion: nothing could be held in the hand; the legs were flexed, extended or crossed in the most absurdly erratic manner; the tongue would be protruded and suddenly withdrawn; the jaws would open and close with a vicious snap, and even the large muscles of the trunk participated in the movements. Distinct articulation was impossible, and only liquid food could be swallowed, and the patient, from loss of sleep and want of proper food, was rapidly losing strength. Altogether the case was the most violent one I have ever witnessed. Auscultation of the heart was unsatisfactory, as the excessive contortive movements interfered with the proper examination in this way.

The same general plan of treatment was adopted as in the previous cases, and the directions as to the care of the patient were necessarily explicit on account of the gravity of the case, and yet from its rapid development it was fair to infer that so soon as an impression was made on the disease it would yield quite rapidly. And such proved to be the fact. The sulphate was carried only to 6 grains per dose in about 14 days, when there was a manifest amelioration of the symptoms. The amount was increased then to 8 grains per dose, at which point it was continued until the 25th of March, and then rapidly withdrawn, as the

patient was entirely free from every evidence of the disease. I saw this patient again in October; there had been no return of the difficulty, and the patient was hardly recognizable, so great had been the change in her appearance and condition. She had regained her flesh and strength and colour; articulation was perfect and all her functions were naturally performed.

Emma Witmeier, N. Y., æt. nine years, was brought to the Hospital Dec. 2. She had chorea confined to the left side, and not extreme in its character. One year previously she had typhus fever, and during convalescence from this there was a slight attack of chorea, which yielded readily to treatment, the nature of which was unknown to the mother. Three months previously the mother reports that she had pneumonia, though from an examination of the symptoms from which she suffered at that time I am disposed to question the correctness of this statement. Immediately following this illness the chorea manifested itself. The appetite was variable; digestion fairly well performed; bowels very irregular, but not much constipated.

The treatment was commenced as in the other cases, but after a few days the patient discontinued her visits. The result, therefore, cannot be ascertained.

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#### ON THE USE OF NITRITE OF AMYL IN ANGINA PECTORIS.

By T. Lauder Burnton, B. S. C., M. B.

Nitrite of amyl was discovered by Balard, and further investigated by Guthrie, who noticed its property of causing flushing of the face, throbbing of the carotids, acceleration of the heart's action, and proposed it as a resuscitative in drowning, suffocation, and protracted fainting.

Little attention, however, was paid to it for some years, till it was again taken up by Dr. B. W. Richardson, who found that it caused paralysis of the nerves from the periphery inwards, diminishing the contractility of muscles, and caused dilation of the capillaries, as seen in the web of the frog's foot.

Dr. Arthur Gamgee, in an unpublished series of experiments, both with the sphygmograph and hæmadynamometer, has found that it greatly lessens the arterial tensions both in animals and man; and it was these experiments—some of which I was fortunate enough to witness—which led me to try it in angina pectoris.

During the past winter there has been in the clinical wards one case in which the anginal pain was very severe, lasted from an hour to an hour and a half, and recurred every night, generally between 2 and 4

A. M., besides several others, in whom the affection, though present, was less frequent and less severe. Digitalis, aconite, and lobelia inflata were given in the intervals, without producing any benefit; and brandy and other diffusible stimulants during the fit produced little or no relief. When chloroform was given so as to produce partial stupefaction, it relieved the pain for the time; but whenever the senses again became clear, the pain was as bad as before. Small bleedings of three or four ounces, whether by cupping or venesection; were, however, always beneficial; the pain being completely absent for one night after the operation but generally returning on the second. As I believed the relief produced by the bleeding to be due to the diminution it occasioned in the arterial tension, it occurred to me that a substance which possesses the power of lessening it in such an eminent degree as nitrite of amyl would probably produce the same effect, and might be repeated as often as necessary without detriment to the patient's health. On application to my friend Dr. Gamgee, he kindly furnished me with a supply of pure nitrite which he himself had made; and on proceeding to try it in the wards, with the sanction of the visiting physician, Dr. J. Hughes Bennett, my hopes were completely fulfilled. On pouring from five to ten drops of the nitrite on a cloth and giving it to the patient to inhale, the physiological action took place in from thirty to fifty seconds; and simultaneously with the flushing of the face the pain completely disappeared, and generally did not return till its wonted time next night. Occasionally it began to return about five minutes after its first disappearance; but on giving a few drops more it again disappeared, and did not return. On a few occasions I have found that while the pain disappeared from every other part of the chest, it remained persistent at a spot about two inches to the inside of the right nipple, and the action of the remedy had to be kept up for several minutes before this completely subsided. In almost all the other cases in which I have given it, as well as in those in which it has been tried by my friends, the pain has at once completely disappeared. In cases of aneurism, where the pain was constant, inhalation of the nitrite gave no relief, but where it was spasmodic or subject to occasional exacerbations, it either completely removed or greatly relieved it. It may be as well to note that in those cases in which it failed, small bleedings were likewise useless.

From observations during the attack, and from an examination of the numerous sphygmographic tracings taken while the patients were free from pain, while it was coming on, at its height, passing off under the influence of amyl, and again completely gone, I find that when the attack comes on gradually the pulse becomes smaller, and the arterial ten-



sion greater as the pain increases in severity. During the attack the breathing is quick, the pulse small and rapid, and the arterial tension high, owing, I believe, to contraction of the systemic capillaries. As the nitrite is inhaled the pulse becomes slower and fuller, the tension diminished, and the breathing less hurried. On those occasions when the pain returned after an interval of a few minutes, the pulse, though showing small tension remained small in volume, and not till the volume as well as the tension of the pulse, became normal, did I feel sure that the pain would not return.

As patients who suffer from angina are apt to become plethoric and greater relaxation of the vessels is then required before the tension is sufficiently lowered, I think it is advisable to take away a few ounces of blood every few weeks. When the remedy is used for a long time, the dose requires to be increased before the effect is produced. A less quantity is sufficient when it is used with a cone of blotting-paper, as recommended by Dr. Ricardson, and when it is poured on a large cloth. From its power of paralyzing both nerves and muscles, Dr. Richardson thinks it may prove useful in tetanus; and I believe that, by relaxing the spasm of the bronchial tubes, it might be very beneficial in spasmodic asthma. I have tried it in a case of epilepsy, but the duration of the fit seemed little affected by it. It produces relief in some kinds of headache, and in one of neuralgia of the scalp it relieved the severe shooting pain, though an aching feeling still remained.—*Lancet*.

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#### ON THE USE OF SULPHITE OF SODA IN THE TREATMENT OF ERY- SIPELAS.

Dr. Addinell Hewson, of Philadelphia, stated that he had been using the solution of sulphite of soda as a local application in erysipelas, since February, 1864, and had obtained results from it, in the various forms of that disease, which were to him both interesting and surprising. He had been induced to try it from the representation made by Prof. Polli of its influence in destroying all disease of a cryptogamic or animalcular origin—a source to which recent researches would lead us to suppose erysipelas was due. At first he administered it internally, in doses of ten grains every two hours, as well as applied it locally; but the effects of the local use were so prompt and decided, that he has now abandoned its internal administration altogether. In extensive trials of this remedy, both in hospital and private practice, he has never seen it fail when thoroughly applied before the deep planes of cellular tissue had been invaded by the disease. Under the latter circumstance, no positive curative re-

sults were of course to be expected from its mere external use. But before such parts had become affected, a solution of ten grains of this salt to the ounce of water, when thoroughly applied on lint all over the surface affected, and to a considerable distance beyond it, and covered with oiled silk to prevent the evaporation of the solution, had not only produced a decided bleaching effect on the discolored surface in every such instance, in the first twenty-four hours of its use, but had invariably destroyed all traces of the disease in forty-eight hours from its first application. The result was the same, whether the application was made in the traumatic or idiopathic form of the disease. He had thus cured twenty-seven cases, seven of which were of idiopathic erysipelas. Even in the cases where the deep planes of cellular tissue were involved, as well as the surface, the disease on the surface was always apparently affected by the application. It was most positively bleached in all instances, and in many was evidently destroyed, within the period above stated, even whilst that in the deeper parts proceeded on steadily to suppuration.—*Trans. Coll. of Phys. of Philadelphia.*

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## Midwifery and Diseases of Women and Children.

### CASE OF PURPURA HÆMORRHAGICA PRECEDING AND FOLLOWING LABOUR.

By J. A. BYRNE, M. B., Professor of Midwifery in the Catholic University, Dublin; etc.

Read before the British Medical Association in August, 1867.

I had no intention until yesterday of reading any paper before the Obstetrical Section of the Association, as there appeared on the list so many interesting and important papers by many of our distinguished visitors, as well as by some of our residents; and as the discussion upon the several papers of necessity involved a good deal of delay, and was the means of eliciting considerable information. Dr. Barnes, however happening to speak to me of a recent case in which he had seen purpuric spots make their appearance soon after a labour in which the patient died, I thought that perhaps some of our visitors might have no objection to hear the history of a very rare case which occurred to me a few years since, in which purpura hæmorrhagica made its appearance some time before the termination of pregnancy, and continued up to the end of it, and finally caused the death of the patient.

CASE. Mrs. K., aged 30, married to her second husband, and having had previously, eight years before, one child, became pregnant, and en-

gaged me to attend upon her in her confinement, which she expected to take place in February, 1864. She had always enjoyed good health, although belonging to a delicate family, until shortly before she consulted me. She was then between seven and eight months advanced in pregnancy. She now began to suffer from debility, night-perspirations and an irritating cough. On examination, I could not discover any sign of phthisis; but I remarked some old cicatrices in the neck, evidently the remains of extensive cervical abscesses.

The lady lived about two miles from the city. I ordered her to the sea-side at Dalkey, and she soon recovered from the symptoms which I have mentioned. Contrary to my advice, however, she returned to town; and, on January 3rd, she told me that on the previous day an eruption had made its appearance over the body; that for a few days she had experienced slight febrile symptoms; and that then this eruption had appeared. On examining her, I perceived that all her chest, arms, and legs were covered with the well known spots of purpura, varying in size from a pin's point to a pea. She had also bleeding from the gums, which were very soft and spongy. I told her the nature of the ailment, and ordered her lime-juice, and put her upon a course of treatment and regimen suitable to this condition.

From this to January 14th, I saw her every day, and each day fresh eruptions of spots continued to appear; and the bleeding from the gums became very profuse. During the night, her mouth would become filled with blood; and this kept her constantly awake, as she feared to become suffocated. At this time, the appearance of the body was truly remarkable, being one mass of spots, of variable size and many shapes. Mr. John Hamilton saw her in consultation with me at this time; and on January 14th she was attacked by violent epistaxis, which reduced her strength so much, that the nares were obliged to be plugged. However, this appeared to turn the stream in another direction; for, on the following day, she began to pass blood from the bladder; and the quantity passed in this manner was enormous: in fact, the chamber utensil appeared to contain nothing but blood.

To restrain the hæmorrhage from the gums and kidneys, local application of gallic acid, ice, Ruspini's styptic, etc., were kept in constant use, whilst at the same time internal styptics and suitable regimen were given. After some days, the alarming hæmorrhage from the kidneys ceased; and although the gums still were tender and bled and the purpuric spots remained (not to so great an extent, however), she began to recover her strength to a considerable degree, and I ceased to see her for some days.

On February 5th, labour-pains set in, and she was delivered of a fe

male child, after a short and easy labour. I need scarcely say to the gentlemen here assembled, that I took every precaution to guard against hæmorrhage, and was happy in my efforts, as she had none whatever from the commencement of her delivery to completion. She had no *post partum* hæmorrhage. The uterus contracted well, and remained so. She appeared to be gaining strength daily, and was to all appearance going on very well, when, on the 18th February—viz., on the thirteenth day after delivery—a discharge of blood took place from the vagina. At first, it was small; but soon the quantity increased, and, notwithstanding the administration of ergot, gallic acid, pressure applied to the region of the uterus, cold enemata, the tampon soaked in astringents, solution of pernitrate of iron, and ice, it continued; and the urine began at the time to exhibit a quantity of blood.

On February 23rd, Dr. Lyons saw her in consultation. Her condition was then the following. She lay in bed, prostrate; some fresh purpuric spots had come out upon the body; her gums discharged constantly and freely quantities of blood. The urine contained some blood, but not to so great an extent; and the discharge from the uterus was nearly abated. It was manifest now, however, that she must succumb to this long continued drain upon her system; she could not eat or drink anything, the taste of the blood secreted by the gums was so disagreeable; and, in fact, at this time she was so low that we were obliged to support her largely by brandy and nutritive enemata. Her pulse was scarcely perceptible; and she, in fact, presented all the symptoms and appearances of a person dying from gradual and continued bleeding.

Drs. Churchill and Lyons and Mr. Hamilton saw her repeatedly with me in consultation; but, notwithstanding all the skill and well directed efforts of these eminent physicians, she finally sank and died on the 29th February, fifty-five days from the first appearance of the purpuric spots.  
—*British Medical Journal*.

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#### TREATMENT OF CROUP.

Dr. E. WATSON, of Glasgow, has an article on the treatment of the advanced stages of croup, in the *Glasgow Medical Journal*, from which we make the following extract:

“The topical application of solutions of the nitrate of silver, of gradually increasing strength, is a powerful reducer of the irritability of the glottis, but it requires far too much time for its action, even if it were otherwise suitable to cases of exudative inflammation, which I believe it is not. Emetics do certainly act on the glottis, and are such great helps in relaxing it, that they can never be dispensed with, but their operation

is only short-lived, and the patient would soon be exhausted by their very frequent employment. The inhalation of chloroform is perhaps the most speedy and powerful relaxer of the glottis at present known, and it may with caution be used in the cases to which I am now referring. It has this advantage, likewise, that its action may be maintained for a much longer time than that of those previously mentioned.

“A few weeks ago, a child of two years old was brought into one of my wards in the Infirmary, in the advanced stage of exudation croup. I thought he was suffering especially from spasm of the glottis, and had him put under the influence of chloroform, in which state his breathing became much fuller and more satisfactory, while both color and heat greatly improved. But the mother, terrified at some mention that had been made of an operation, would not consent to his remaining in the house, and in spite of all our remonstrances, took the child home that same day, I suppose to die. Another good relaxer of the glottis is hot water, with which the *vinum belladonnæ* may, I think, be usefully mixed, and the best way for applying it is by SIEGLE'S atomizer. In this way the patient is made to inhale the mixture as a spray; and even if he be an infant, the air in his neighborhood may be so impregnated with the vapor that he cannot escape its action. I have seen much advantage from this appliance, both in croup and in other laryngeal states allied to it.

“These agents for relaxing the glottis have a double advantage; for they both gain time, which is so precious in these cases, and they may be alternated with other means, such as emetics, for the expulsion of the false membrane. They are the only relaxers of the glottis, of which I can at present speak from experience; but I do not doubt that when attention is fairly drawn to the subject, other agents will be discovered still more appropriate to the fulfilment of this important end. At all events, that is the direction in which our endeavors ought to point, if we are ever to be able to overcome this formidable feature of advanced croup.

“In those cases of the disease in which suffocation becomes imminent from the supervention of œdema of the aryteno-epiglottidean folds, tracheotomy is often performed, and were it not for the unsound state of the trachea, this would be a successful operation. Indeed, it will be found on a careful examination, that the most of those cases which are reported as successful performances of tracheotomy in croup are cases of œdema glottidis, often without a symptom of exudation at all, or in which the false membrane has been previously expelled, for œdema is apt to occur in the disease after the patient has struggled through its exudation stage. In such circumstances, the obstruction to respiration being at the glottis, tracheotomy relieves with certainty; but I repeat, that if the operation

be performed during the exudative inflammation of the trachea, the natural and ordinary result is aggravation of the morbid action, too often to a fatal extent. I also assert, with some confidence, that, in the vast majority of cases, œdema glottidis may be reduced without tracheotomy, by the timely employment of what I think more rational, and certainly much safer measures.

“ Thus, for instance, I have in a good many cases of this kind successfully applied a strong solution of nitrate of silver to the œdematous swellings by means of laryngeal sponge-probing, and, whenever this is rightly done, it will be found that there is an almost immediate transudation of serum from the tumor, whereby its bulk is diminished, and the air permitted to pass more easily through the glottis.

“ If, however, the swelling does not yield to this application, or not with sufficient rapidity for the urgency of the case, there is another procedure of more speedy efficacy which should then be practiced. I refer to pricking or incising the œdematous parts with the laryngeal lancet; —a measure which I can thoroughly recommend in suitable cases. In the performance of this little and almost bloodless operation the laryngoscope is not always available, either owing to the age or irritability of the patient; and, perhaps, in all cases, the best and safest way of performing it is to steady the tumor with the forefinger of the left hand, and then putting in the lancet, with its blade concealed till it touches the tip of the finger, to protrude the blade by means of the spring in the handle, and so to prick or incise the part as desired. This is not a difficult operation, and I am certain from my experience of it, that it gives relief to the breathing, both speedily and effectually, without incurring any of the dangers of tracheotomy.

“ When this operation is required during the exudative stage of croup, I find it useful to follow it with an emetic, by which means all the loosened exudation is expelled, and the full amount of benefit ensured. Much has been said and written of the advantages of particular emetic medicines in croup. But I suppose that the essential quality, desirable in such cases, is speedy action, with as little as possible of depressing effect; and this is abundantly fulfilled by a combination of ipecacuanha powder with sulphate of zinc. In my practice I never prescribe the tartrate of antimony alone as a vomit, especially to a child, but I find that drug useful in cases of croup in almost every stage, when given in small doses, of the wine for instance. I think its effect when thus administered, is chiefly that of soothing, and calling forth a natural moisture upon the lining of the wind-pipe. Since, moreover, the antimony is not used in these advanced cases for its depressing effect, it is not inconsistent to employ it

as I have described, while at the same time it may be necessary to support the patient's strength with soups, or even with wine. The inhalation of a spray of warm water from SIEGLE'S atomizer, is often of essential service after lancing the œdematous aryteno-epiglottidean folds. The vapor just acts as a fomentation does to external parts, by soothing its irritability, and reducing congestion.

"In conclusion, I think I may re-state in brief terms, the practical results which, in my opinion, flow from the preceding consideration of this subject.

"1. Tracheotomy should on no account be performed during the exudative stage of croup; for it is either useless in the worst cases, or positively hurtful in those where there is any hope of recovery.

"2. In those cases of advanced croup, in which the spasmodically constricted glottis is the cause of immediate danger, our efforts should be directed towards its relaxation, for which purpose no very satisfactory means are as yet known to us, but perhaps the best are the inhalation of chloroform and the use of SIEGLE'S atomizer, interrupted occasionally by the employment of an emetic.

"3. In those cases in which œdema of the aryteno-epiglottidean folds is the proximate cause of impending apnoea, the swellings should be reduced by the topical application of strong solutions of nitrate of silver, or by the laryngeal lancet.

"4. And lastly, the expulsion of the false membrane from the wind pipe, the performance of tracheotomy will very seldom be necessary; but if it is required from obstinate disease of the larynx, it will generally prove successful, in striking contrast to the sad results of the operation, when performed while the trachea is lined with exudation."—*Glasgow Medical Journal*.

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#### PHOSPHATE OF SODA IN THE INTESTINAL TROUBLE OF CHILDREN.

Dr. WILLIAM STEPHENSON, Extra Physician to the Royal Hospital for Sick Children, reports in the *Edinburgh Journal* his success in using phosphate of soda in small doses in intestinal trouble. After a report of several cases, including jaundice, diarrhœa, dyspepsia etc., he concludes:

"In the selection of cases I trust I have shown that in this simple, inexpensive, and easily administered medicine, we have a remedy of much value. It may be given continuously to the youngest and most delicate children with perfect safety; and in so prescribing it, we are giving a salt of the greatest importance to the general economy when absorbed. It promotes a healthy secretion of bile, and of itself can aid in the assimila-

tion of fatty matter. In regarding the cases where it is indicated, one cannot but be struck by the similarity which exists between its action and that often sought by the administration of gray powder "In alterative doses." As a rule for its prescription, I am in the habit of telling my students that whenever their minds suggest the ordering of hydrargyrum c. creta as an alterative, they should try first the phosphate of soda. The advantage of the latter over the former, where it has to be continued for some time, is patent to every one. Where the purgative effect, however, is desired, the former is to be preferred, I hope therefore, that soon the use of the phosphate will displace in many cases the frequent and often long-continued use of the dangerous remedy.

"The cases in which I now recommend it are chiefly the following:

"In infants who are being artificially reared, and who are liable to frequent derangement of the bowels; also when the phosphatic elements in the food seem deficient, or when articles of food rich in phosphates, such as oat-meal, disagree; where from the character of the motions there is a deficient or defective secretion of bile. It is thus of service in cases of chalky stools or white fluid motions. I have also found it of service in many cases of green-stools. In diarrhœa generally, it is more difficult to distinguish the class of cases. In simple diarrhœa, such as we frequently meet with in the summer months, I have not found it of much service alone, although it may be of use when given in combination with other remedies. It is chiefly in that class of cases which are more properly termed duodenal dyspepsia that it is of benefit. Diarrhœa after weaning is generally of this nature, and the cases are often chronic, or of some weeks' standing, the mother generally having exhausted her own and the nearest druggist's resources before applying for advice. It is also of service in some cases where the diarrhœa is due to some general cachexia."

He also uses it with adults in some cases of constipation, and in cases of duodenal dyspepsia. He likens its action in phthisis to that of the hypophosphites of soda.

The dose for children is four to ten grains in the food, for adults, twenty to forty grains in water, and taken after meals.

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CAVIALE'S COLLECTION OF CALCULI.—Not long before his death Caviale exhibited to the French Academy, his collection of urinary calculi, from 2700 patients operated on by him during the 43 years of his professional career. In 1600 of the number he had performed his favourite operation of Lithotrixy.—*Pacific Med. and Surg. Journal.*



# Canada Medical Journal.

MONTREAL, APRIL, 1868.

## SIR J. Y. SIMPSON ON THE LATE SIR DAVID BREWSTER.

We publish below a report of a meeting of the Royal Society of Edinburgh, taken from the *Scotsman*, in which will be found a most touching sketch of the life and untiring work of the late Sir David Brewster. It is worthy of careful perusal and will be found full of interest. We trust this memoir may stimulate those amongst us to follow in the wake of that great and good man. It is a duty of every scientific man to give to the world the results of his observations. We have the evidence before us that it was Sir David's habit to publish all observations of any value just as they occurred to him. From early life to the very last he was an observer, and even during failing health, at an advanced age, he made observations and had them recorded as they occurred.

His firm belief was in a future of unending happiness; his death bed was one of serenity and peace; and the song of the Royal psalmist seems to have been in him fulfilled, as he rested with child-like faith on the rod and staff which, in passing through the valley of the shadow of death, were to him comfort. Indeed we could almost imagine the visible presence of the Saviour of mankind at that last closing scene, pronouncing the sentence, "Well done, good and faithful servant, thou has been faithful over few things.....enter thou into the joy of thy Lord."

The sixth ordinary meeting of the Royal Society was held last night in the Royal Institution—Professor Lyon Playfair, C. B., vice-president of the Society occupied the chair.

The CHAIRMAN said—Gentlemen, before beginning the business of this meeting, I wish to refer to the lamented death of two of the office-bearers of this Society. Dr. Burt, a member of our Council, was well known as a public spirited citizen, who has long usefully devoted himself to the development of our institutions, and who, by his genial disposition and honesty of character, endeared himself to all those who enjoyed his acquaintance. The other loss has had a more marked

relation to us, because in the death of Sir David Brewster this Society has lost its president, and this country one of her most distinguished philosophers. This is not the time to refer to the benefits which Sir David Brewster has bestowed upon science. These have been so numerous and important that we may expect a special evening to be devoted to their consideration. If Professor Tait, who is so capable to do justice to the merits of his deceased friend, were to undertake this subject, I am sure the Royal Society would hail with pleasure the announcement of his intention. Such a record of the achievements of a great philosopher has a much higher purpose than that of an eulogy, for while they become landmarks in the progress of science over new and untrodden paths, they indicate the methods by which future progress is to be attained. Sir David Brewster entered this Society as long ago as 1808, and has been a constant contributor to its transactions. In announcing to us at the opening of the session the death of Faraday, he then said that there was only one person living who had, like Faraday, taken all the medals of the Royal Society of London—the Copley, the Rumford and Royal Medals. There is no one living now to claim this high honour, for the “one” so modestly hinted at was himself. In Brewster and Faraday the nation has suffered a heavy loss. Both were great philosophers and ardent Christians. We point to them as conclusive proofs that science and infidelity are not akin. I dare not trust myself to speak of the last days of Brewster. The perfect calmness and kindly consideration with which he wrote farewell letters to the public bodies, which had honoured themselves by honouring him during life, were perhaps to have been looked for in one who viewed death as a means of attaining a higher and purer knowledge of God and of His works. But it is given to few men to possess their mental faculties unclouded to the last. A week before his death I had a long letter in his own handwriting, showing the liveliest interest in the affairs of the University, and in some optical discoveries regarding which he frequently corresponded with me. A few days after, while his mind was still clear, but his bodily frame weaker, he dictated a letter to the Council of this Society, in which he took a touching leave of his old associates, and of the Society itself, and left to it, as a precious legacy, a research nearly completed, and which formed the death bed study of the old philosopher. I am sure that the Society would not have wished to commence the business of this evening without some allusion to the death of their venerated president, and without some expression of sympathy to his widow and family. I therefore invite, from the body of the Society, a resolution which will record the sense of our own sorrow, and of our

strong sympathy with that deeper personal affliction which is felt by the widow and children of so great and good a man.

Professor Sir JAMES SIMPSON—It happens that I was the last Fellow of the Royal Society who conversed with Sir David Brewster before his death. Specially, I believe, on this account, I have been requested by the council to move a minute with reference to him. Most willingly do I comply with that request, and I beg therefore to move the following resolution of admiration for his genius and regret for his loss :—

The Royal Society of Edinburgh hereby record their deep sense of the great loss which the Society has sustained by the death of their late venerable and esteemed President, Sir David Brewster.

Early in life an earnest worker and a happy discoverer in some of the most recondite fields of physical knowledge, Sir David Brewster has, during the last sixty and more years, continued with ceaseless energy to pour into the contemporary stream of science and literature a series of contributions of rare excellence and originality. At last he has passed from among us as ripe in fame as in years; for he has reaped all the highest academic and other distinctions, both domestic and foreign, which a British philosopher can possibly win, and in his chosen departments of research he has left behind him no name more illustrious than his own.

The Society further resolve to send a copy of this minute to Lady Brewster and the other members of Sir David Brewster's family, at the same time expressing their sincere sympathy with them in their late bereavement.

Perhaps the Society will kindly bear with me while I venture to add to these resolutions a very few remarks. With you, Mr. President, I hope our colleague Professor Tait, will, at some early meeting, give us a full *resumé* of all the wondrous discoveries and inventions in science, and specially in optical science, which we owe to the genius and researches of Sir David Brewster. But permit me to make one or two observations on other matters, not scientific. As early as the age of twelve, Sir David became a student at the University, and he was still a student in every true sense of the term for the subsequent seventy-five years of his life. While yet only ten years old, he constructed a telescope (with his friend Mr. Veitch), significant of the chief future bent of his work and genius. Few men, we all know, have ever been more successful in unfolding and revealing some of the most hidden and obscure laws of science. His self-imposed task only ended with his life. And on the subject it seems to me that I carry almost a mission from him to us— from the dead to the living; for when I last visited him at Allerly, when he was within a few hours of death, when he was already pulseless, his mind was perfectly entire, and perfectly composed; and on asking him, among other matters, if he wished any particular scientific friend to take charge of his remaining scientific papers and notes, he answered me,

“No, I have done what every scientific man should do—viz., published almost all my observations of any value; just as they have occurred.” He then explained that he had left one paper on “Films” for the Society and then went on to express an earnest regret that he had not had time to write to the Society another description of the optical phenomena which he had latterly observed in his own field of vision, where there was a partial degree of increasing amaurosis, which, he thought, might be yet found a common form of failure in the eyes of the aged. He described the appearance of this partial amaurosis minutely and energetically, telling me for your hearing that “the print of the *Times* newspaper had begun for a year or two past to look at one part in the field of vision as if the white interstices between the letters were lightly peppered over with minute dark powder;” and this amaurotic point was, he observed, latterly extending like the faint extending circle around a recent ink blot on blotting-paper. The clearness, vigour, and energy with which he detailed all this and more were amazing in one already so very weak, and so very near the last ebb of the tide of life. Then let me say further in relation to him as a philosopher that his death has broken several curious links with the past. For example, as I was told when down in that part of the country, he was the last of the stars that forty years ago dwelt on the banks of the Tweed, and formed the constellation of friends that clustered there round the Great Wizard of the North at Abbotsford. In the first years of this century—1802-1803—he was much with Cavendish, connecting us thus with the grand band of philosophers who lived in the metropolis of England. Married to a daughter of Macpherson, he connected us with the time, more than a hundred years ago, when Johnson, Blair, Home, and others, disputed so acrimoniously as to whether Ossian’s poems were true or not. I would make only one remark more. Professor Fraser told me this day what I have heard before with regard to his great precision, energy, and determination of thought—that during the seven years that he (Professor Fraser) was editor of the *North British Review*, Sir David Brewster contributed an article to every number; and that he did far more—that he stated the day when his first slip of paper would come, and the day when it would be finished. His manuscripts came as they were written—day after day, and sheet after sheet—and without the necessity of the revisal of those preceding. He thus worked with the precision and regularity of a mechanical rather than a mental machine. Sir David Brewster must have been originally endowed with a robust and iron constitution. Few men ever reached the age of eighty-seven with an intellect so unimpaired and an ear so acute. In later years, however, he had

repeated attacks of serious illness. But since he attended the meeting of the British Association at Dundee in Autumn last, where he was carried out from one of its crowded meetings in a state of syncope, his health has rapidly declined. He died, ultimately, of an attack of pneumonia and bronchitis. A rigour, ushering in the fatal illness, occurred eight days previous to death. From the date of its occurrence he felt and stated that the grasp of the hand of death was now fixed upon him. Yet, though feeble and weak, he insisted on being allowed to rise and work for a few hours daily. Three days before he died, he insisted on dressing and going into his study, where he dictated several farewell letters, and amongst others, one to our secretary, Dr. Balfour. "Permit me," he pled with those around him, "permit me to rise once more, for I have work to do." "I know," he added, "it is the last time I shall ever be in my study." Towards the end of that day's work his friend and pastor, Mr. Cousin, visited him. "My race," said he to Mr. Cousin, "is now quite run. I am now no longer of use either to myself or to others, and I have no wish to linger longer here," "Yet," he added after a while, "Yet it is not without a wrench that one parts from all those he has loved so dearly," To Mr. Phin, and other clerical friends, he freely expressed in these his last days the unbounded and undoubting faith of a very humble and very happy Christian. No shadow of dubiety ever once seemed to cloud his mind. Like my former dear friend and old school companion, Professor John Reid, he seemed to be impressed with the idea that one of the great joys and glories of Heaven would consist in the revelation of all the marvels and mysteries of creation and science by Him by whom "all things were made," and who, as Professor George Wilson held it, was not only the Head of the Church, but the Head and origin and source of all science. "I have," he remarked to me, "been infinitely happy here; but I soon shall be infinitely happier with my Saviour and Creator." As death drew more and more nigh, the one idea of his Saviour, and of his being speedily and eternally with Him, grew stronger and more absorbing. A near connection but not a relative, who in former years often lived in his house, and latterly formed one of the loving watchers by his death-bed, mentions this characteristic and striking anecdote:—"When we were living in his house at St. Andrew's twelve years ago, he was much occupied with the microscope, and, as was his custom always, he used to sit up studying it after the rest of the household had gone to bed. I often crept back into the room on the pretence of having letters to write or something to finish, but just to watch him. After a little he would forget that I was there, and I have often seen him suddenly throw himself

back in his chair, lift up his hands, and exclaim, ' Good God! Good God! how marvellous are thy works.' ” On Sunday morning I said to him that it had been given to him to show forth much of God's great and marvellous works; and he answered, “ Yes, and I have found them to be great and marvellous, and I have felt them to be His.” As a physician, I have often watched by the dying; but I have never seen a deathbed scene more full of pure love and faith than our late President's was. His deathbed was indeed a sermon of unapproachable eloquence and pathos. For there lay this grand and gifted old philosopher, this hoary, loving votary, and arch-priest of science, passing fearlessly through the valley of death, sustained and gladdened with the all-simple and all-sufficient faith of a very child, and looking forward with unclouded intellect and bright and happy prospects to the mighty change that was about to carry him from time to eternity. I hope the Society will kindly excuse me if I have dwelt too long on the task which the Council have imposed upon me. May I be permitted to add one single remark more, Sir David Brewster appears to have left for us all a strong and touching and marvellous lesson alike in his life and in his death. In his life he has shown us what a gifted and gigantic intellect can effect, when conjoined with industry and energy, in the way of uncoiling and unfolding the secret laws and phenomena of nature. In his death he has shown us that one possessing an intellect so gifted and so gigantic could possess and lean upon the faith of a pure and simple hearted Christian. That faith made to him the dreaded darkness of the valley of death a serene scene of beauty and brightness. May God grant that it do so to every one of us. His spirit even now seems to me to be beckoning on the votaries of literature and science, here and elsewhere, along that path which he has so gloriously trod, upwards and heavenwards and Christwards.

MR. DAVID STEVENSON, civil engineer, said—In common, I am sure with all now present, I have listened with great satisfaction to Sir James Simpson's beautiful notice of the late distinguished Principal of our University and President of our Society, whose numerous and valuable contributions to science and literature, during a lifetime remarkably prolonged, call not only for special acknowledgment in this Society, but demand the substantial recognition of his fellow countrymen. I most cordially concur in the sentiments that have been uttered, and especially in the feeling of sympathy that has been expressed for Lady Brewster and the other members of the family, in the bereavement which has taken place; and I have therefore to thank the Council of the Society for their considerate kindness in affording me the opportunity, which I cheerfully embrace, of seconding the motion which Sir James

has submitted to the meeting in terms at once so eloquent and so appropriate to the circumstances in which we are met together this evening. I am well aware that this is neither the time nor the place to refer to matters of a personal nature. But I am sure the Society will not accuse me of transgressing the bounds of strict propriety if I venture, in a single sentence, to add that, for myself and other members of my family who have, unfortunately, had occasion to differ from Sir David Brewster, it is my own, as I know it is their sincere desire, that in the grave which has closed over the veteran philosopher, all past animosities may not only be buried, but for ever forgotten. (Applause).

The resolution was unanimously adopted.—*The Scotsman, February 18th.*

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#### THE CANADA JOURNAL OF DENTAL SCIENCE.

We have received a prospectus of a journal which is intended to be the organ of Dental Science and Art in Canada, and are gratified to observe a desire on the part of the dentists to establish a journal worthy of themselves and of their profession. There can be little doubt, that dentistry is a most important branch of the healing art. So much so that many of the schools in Great Britain are attaching to their corps of instruction teachers on this speciality.

The dentists of the Province of Ontario have recently formed themselves into an association, and obtained an act of incorporation from the Local Legislature. This association holds regular meetings and discusses subjects of practical interest to the profession. With a view of supplementing this important movement the projectors of the "Canada Journal of Dental Science" are desirous of supplying a means of inter-communication which no foreign journal can be expected to supply. We trust this worthy undertaking will be well sustained, and that the Canada Journal of Dental Science will take rank amongst the leading periodical literature of the Dominion. The journal is to be under the editorial management of J. Stuart Scott, M. D., Cobourg, P. O., and of W. George Beers Esq., Montreal.

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#### *Campbell's Cod Liver Oil in combination with the Hypophosphites of Lime and Soda.*

Dr. Francis Churchill proposed various preparations of Phosphorus with Lime and Soda as a remedy for tuberculous affections. The results of his observations were made known to the Imperial Academy of Paris as early as 1857 and are as follow :

1. The immediate cause, or at least an essential condition, of tubercular diathesis, is the diminution in the system of phosphorus in an oxydizable state.

2. The specific remedy for this disease is a preparation of phosphorus, easily absorbed and assimilated, and at the lowest possible degree of oxydation.

3. That preparation is found in the Hypophosphites, which are soluble and easily administered.

Messrs. Kenneth Campbell & Company of the Medical Hall Great St. James Street have succeeded in combining these remedies with pure Cod Liver Oil, in such a form as to be agreeable and easily taken. Each tablespoonful contains six grains of the combined salts. We would recommend a trial of this preparation in appropriate cases, as we have seen undoubted benefit derived from the use of the Hypophosphites, and the well known effects of Cod Liver Oil need no comment.

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*Messrs. Kenneth Campbell & Co. Elixir of Calisaya, Iron and Bismuth.*

We have received a specimen of this most elegant preparation from Messrs. Kenneth Campbell & Co., of the Medical Hall, Great St. James Street. It is a sufficient warranty of care in its preparation to know it hails from this old establishment: to our mind it is superior to the best of similarly prepared Elixir of Calisaya, which are so common just now. We recommend to our readers a trial of this elegant preparation; the dose is a teaspoonful three times a day.

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*Compound Elixir of the Phosphates of Iron and Lime.*

Messrs. John Rogers and Co., chemists and druggists, Great St. James Street, have forwarded to us a sample of their compound Elixir of the phosphates of Iron and Lime; a new preparation which they are just now introducing to the notice of the profession. It is an exceedingly elegant preparation, and in all cases of a scrofulous tendency much benefit may we believe be derived from its administration; indeed it has been already used with excellent results by several of the profession in Montreal. The introduction of the phosphate of lime renders it doubly valuable; for with the exception of the chemical food we have no feruginous remedy which contains it. We believe that upon trial it will answer every expectation.



## AMERICAN MEDICAL ASSOCIATION.

*Office of Permanent Secretary. W. B. Atkinson, M.D., S. W. Corner Broad and Pine Sts., Philadelphia.*

The Nineteenth Annual Meeting of the American Medical Association will be held in Washington, on Tuesday, May 5th, 1868, at 11 o'clock A. M.; the following Committees are expected to report:—On Ophthalmology, Dr. Jos. S. Hildreth, Illinois, Chairman; on Cultivation of the Cinchona Tree, Dr. J. M. Toner, D. C., Chairman. On Surgical Diseases of Women, Dr. Theophilus Parvin, Ind., Chairman. On Rank of Medical Men in the Navy, Dr. N. S. Davis, Ill., Chairman. On Insanity, Dr. C. A. Lee, N. Y., Chairman. On American Medical Neurology, Dr. C. C. Cox, Md., Chairman. On Leakage of Gas-Pipes, Dr. J. C. Draper, N. Y., Chairman. On Medical Ethics, Chairman. On Plan or Organization, Dr. C. C. Cox, Md., Chairman. On Provision for the Insane, Dr. C. A. Lee, N. Y., Chairman. On the Climatology and Epidemics of Maine, Dr. J. C. Weston, of New Hampshire, Dr. P. A. Stackpole; Vermont, Dr. Henry Janes; Massachusetts, Dr. Alfred C. Garratt; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. E. K. Hunt; New York, Dr. W. F. Thoms; New Jersey, Dr. Ezra M. Hunt; Pennsylvania, Dr. D. F. Condie; Maryland, Dr. O. S. Mahon; Georgia, Juriah Harriss; Missouri, Dr. Geo. Engelman; Alabama, Dr. R. Miller; Texas, Dr. T. J. Heard; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. Antisell; Iowa, Dr. J. W. H. Baker; Michigan, Dr. Abm. Sager; Ohio, Dr. J. W. Russell; California, Dr. F. W. Hatch; Tennessee, Dr. Joseph Jones; West Virginia, Dr. E. A. Hildreth; Minnesota, Dr. Samuel Willey. On Clinical Thermometry in Diphtheria, Dr. Jos. G. Richardson, N. Y., Chairman. On the Treatment of Disease by Atomized Substances, Dr. A. G. Field, Iowa, Chairman. On the Ligation of Arteries, Dr. Benj. Howard, N. Y., Chairman. On the Treatment of Club-Foot without Tenotomy L. A. Sayer, N. Y., Chairman. On the Radical Cure of Hernia, Dr. G. C. Blackman, Ohio, Chairman. On Operations for Hare-Lip, Dr. Hammer, Mo., Chairman. On Errors of Diagnosis in Abdominal Tumors, Dr. G. C. E. Weber, Ohio, Chairman. On Prize Essays, Dr. Chas. Woodward, Ohio, Chairman. On Medical Education, Dr. A. B. Palmer, Mich., Chairman. On Medical Literature, Dr. Geo. Mendenhall, Ohio, Chairman. Secretaries of all medical organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent Secretary, W. B. Atkinson.