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# Canadian Journal of Medical Science.

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## Selections: Medicine.

### THE PRESENT AND PERMANENT TREATMENT OF DISEASE.

BY J. MILNER FOTHERGILL, M.D.

When the general practitioner is called in to see a new patient, he finds it expedient to provide immediate relief, if possible. If the case were one of his patients with whom he has become fairly well known, and whose confidence he had previously gained, his practice would perhaps be somewhat different and would be directed to the permanent interests of the patient, rather than the immediate present. Say he is called in to see a case of early phthisis where the cough is troublesome, causing the patient much discomfort; and yet the cough is fruitless as to any removal of the exciting cause of the cough, viz., the new products in the lung. The first impulse is probably to give some preparation of morphia or opium—say paregoric with some spirits of chloroform, given to make it more agreeable in mint water. Probably most of us would regard this as the most appropriate thing to be done, and our proceeding would in all likelihood be followed by the relief of the patient's sufferings, the gratitude of the friends, and an increment of reputation to the practitioner for his skill and capacity. Yet it may be questioned whether this treatment may not be directly injurious to the patient's true interests; especially if continued. As to the expediency of it at the time, probably no two opinions exist. But the danger lies in the very fact that relief is so afforded; and that the patient in consequence has a decided liking for the medicine, and is indisposed to give it up for

something else, the good effects of which are not so quickly manifest. The practitioner is conscious that while the opium allays the cough, it also exercises its effects upon the stomach; by blunting the terminal ends of the gastric nerves the sensation of appetite is lessened, and the inclination to take food diminished. It also influences the nerve-ganglia along the intestinal canal, and in doing so checks the peristaltic movements; and thus locks up the bowels. It thus strikes directly at one of the most important matters in pulmonary phthisis, namely, the keeping up the nutrition. Further, opium excites the action of the sudoriferous glands, and so adds to the exhausting night sweats which the patient probably has. Profuse sweating is justly dreaded in phthisis; whatever else it may, or may not do, it certainly drains away the salts of the body, whose loss is injurious. Those who have watched carefully the progress of phthisis must be painfully aware of the exhaustion which profuse night sweats occasion; and of the return of appetite which usually results almost immediately from their arrest. So long as they continue it is of little avail to give meat juice, milk, preparations of phosphorous, or other salts; for as fast as they are furnished to the system, they drain out in the pernicious night sweats. Now, if these effects of opium upon parts which we do not wish to influence, and which are directly injurious, are not got rid of, the line of treatment to be adopted on first seeing a phthisical patient may, and probably will, do as much harm as good; possibly more harm ultimately. If, as has been recently suggested, the effects of opium upon the sudoriferous glands be antagonized by the co-administration of belladonna, and its action

on the intestinal canal, met by giving it in a laxative vehicle, as a little compound colocynth pill, then its good effects are largely secured, while its evil consequences are eliminated; and the minimum of evil and the maximum of good are attained.

The same holds good in bronchitis where there is much cough, due to the irritability of the dry, swollen bronchial mucous membrane in the first stage of bronchitis. Here, again, the general practitioner is tempted to give paregoric, or its equivalent in some form, and immediate relief is given to the troublesome cough. But the treatment is neither rational nor is it successful; it is not the following out of the natural processes, but the traversing of them.

The stage of vascular turgescence precedes and is followed by that of free secretion; and the first stage is kept up, the longer the case goes on without recovery. The opium checks secretion, and thus retards the oncome of the second stage; while it relieves the cough. A dose of opium at bed-time, with a few grains of James' powder, so as to procure free perspiration, is admissable enough; and often attains the desired end of lowering the vascular tension and thus procuring a condition favourable to free secretion. But this desirable end is not always attained, and if opium be given in the day medicine, success is somewhat problematical. The day medicine should contain ipecacuanha with iodide of potassium, and the patient encouraged to inhale steam; and then the first stage will usually be effectually abbreviated. This treatment, however, is much more troublesome, and not nearly so striking in its immediate effects, as the plan of prescribing opiates. When the irritative cough is very troublesome, some bromide of potassium will probably be found useful in allaying the reflex action cough; while it is largely free from the drawbacks which attach to the exhibition of opium or morphia. There is, too, a difference betwixt the necessity for hypnotics at night in order to procure some of "Nature's sweet restorer, sleep," and their employment as sedatives during the day; as day cough, though annoying, is not so exhaustive as night cough. In hospital practice night opiates are necessitated still further in order that the owner of the cough

may not disturb the other inmates of the ward.

In the same way must neuralgia be regarded. When it is severe the patient is anxious for immediate relief; and the practitioner probably gives a dose of morphia hypodermically, and almost instantaneous relief is so afforded. Or, perhaps puts on a blister in facial neuralgia, and dusts the raw surface with morphia, or prescribes a liniment of aconite and belladonna and gives an opiate; or, if a very advanced practitioner, a dose of croton chloral, or of gelseminum, and the patient is speedily more comfortable. There is not so much objection to such immediate treatment if the practitioner only recognize the casual relations of neuralgia; and bear in mind Romberg's famous dictum about neuralgia: "Pain is the prayer of a nerve for healthy blood," that is, blood healthy in quantity as well as quality. But if the first treatment is successful in affording relief it is very apt to be continued; and so the patient's real condition is that of growing worse instead of better. It may be essential to the acquisition of the patient's confidence to provide immediate relief; but having so acquired it, the practitioner should proceed to the measures which are required in the patient's real interest, viz., the removal of all drains upon the system, the curtailing of effort, and the exhibition of tonics and hæmatics. The two commonest forms of neuralgia in women, viz., intercostal and facial, are both usually accompanied by leucorrhœa with menorrhagia, or the act of suckling; and it is only by attention to these drains, that such neuralgia can be effectually treated. Strychnia, quinine, phosphorus, arsenic, and chalybeates may afford relief of a more or less permanent character: but the removal of the drain, or the improvement of the digestive organs, if the anæmia be due to digestive assimilation, is as essential to cure, as is their specific remedy in the neuralgia due to malaria, to syphilis, to gout, or to lead poisoning.

Then, again, take the hypodermic injection treatment for sciatica. I have only tried it once. It gave me immediate relief; but in the long end that was the most unsatisfactory case I ever treated; and this was due to the treatment, I felt sure.

Then, again let us review the associations of dyspepsia. In the first place it is much more common in women than in men, and this fact at once supplies material for reflection. True primary dyspepsia, with a foul or raw tongue, is not more frequent in women than in men; and is in each sex equally amenable to its appropriate treatment. With the foul tongue a laxative pill at night and an effervescent saline aperient in the morning, with a mixture of nitro-hydrochloric and strychnia three times a day, is usually sufficient for the relief of the patient. When the tongue is bare and denuded of epithelium then alkalies with bismuth are indicated. In each case careful attention to the dietary is essential. But where the dyspepsia is found with a clean tongue, as it very commonly is in women, then this treatment, though it may give relief in many cases, is futile to cure. Here the dyspepsia, often accompanied by nausea, and less frequently by actual vomiting, is reflex and set up by some far away irritation: mostly pelvic, and very often uterine, but more commonly ovarian. Local treatment, with the exhibition of sulphate of magnesia till the bowels are well open; and bromide of potassium to deaden the nerve tracts along which the irritating currents pass from the ovary to the stomach, will soon bring a malady, otherwise treated as very intractable, under control, and permanent relief be afforded. Yet some bismuth and hydrocyanic acid with an alkali may be the readiest means of affording relief to the patient, and meet with the approval of her friends.

How often, too, is a state of biliousness or even lithiasis most quickly relieved by a dose of calomel, or a mercurial pill, followed by a black draught and a seidlitz powder in the morning. The patient, satisfied with this method of obtaining relief, goes away and commits acts of error and indiscretion in diet; because relief can readily be obtained. Yet surely it will be admitted that it would be far better in the permanent interest of the patient to regulate the dietary; cutting down the albuminoids, substituting a dietary of fruit and farinaceous food for the meat, too frequently stated to be the only food the patient can take. By such means the work of the liver would be greatly economized, not only as to the storing up of glycogen,

but, what is more important, the work of the oxidation of albuminoids would be lessened; and so the attacks would not be induced, or to a very much less extent. An occasional mercurial, given, as the late Dr. Murchison advised, for the furtherance of the oxidising processes of the liver, at night, and a saline aperient in the day till the bowels are freely open, twice in the morning and once at bed-time, will, in a few weeks, bring many a long suffering, bilious being to a state of health, or a near approach thereto. This last line of treatment will do permanent good; the first encourages the patient along a road that must terminate sooner or later in organic changes in the liver or kidneys.

Again, let us look at the treatment of diarrhoea. How commonly is an astringent mixture, containing an opiate, prescribed without reflection! Of course, in a great many cases, immediate effects are produced which are gratifying to the patient. Yet in a certain percentage of cases such a plan is not only not successful, but does harm. In those cases where there is an offending mass in the intestines setting up a secretion to sweep it away—but where the secretion is set up too low for its removal—there is a teasing diarrhoea, a persistent desire to go to stool, with small, ineffective motions affording no relief. Here the ordinary diarrhoea mixture only does harm; and what effect it has is to arrest a spontaneous reflex act often of a beneficial character. The proper treatment is to administer a dose of castor oil, or, better still, a scruple of rhubarb in powder, by which secretion is set up above the offending mass, and it is swept away; after which the diarrhoea ceases. The secondary action of rhubarb in constipating the bowels, renders it the agent *par excellence* for the treatment of this form of diarrhoea. The astringent and opium treatment of diarrhoea is equally, or still more out of place in those cases where there is a faecal mass lodged or accumulated in the rectum. Every surgeon who sees much of the diseases of the rectum has instructive stories to tell of cases where the patient has consulted a large number of eminent physicians, without avail, for a persistent diarrhoea. The usual mixtures in great variety are prescribed without effect. At last the per-

sistent tenesmus drives the patient to a rectal surgeon; who, on examination, finds a solid mass in the bowel, around and past the sides of which the thin fecal motion passes. Here diarrhoea is the only means by which the bowels can be emptied; and it is fortunate that the astringent mixtures are inoperative to arrest this diarrhoea, else the patient's condition would, indeed, be a serious one. The mass is removed, and then the diarrhoea spontaneously ceases.

Then, again, take the common resorts to stimulants in fever. That they may be indicated at time of acute peril from collapse we may grant; they may enable the convalescing patient to eat more food; but given as they commonly enough are, during the fever, they are injurious. They make the patient feel a little better for the time by calling out a little of his reserve force; but what good, in the name of reason, does that do? It only dissipates, squanders in useless displays, what should be economised with the utmost diligence for the critical time when it is required, and when it is invaluable. If the reserves be called out and wasted early in a battle they are not there at the critical moment—and the battle is not won, but lost. So it is in fevers and some other acute diseases. Milk, and not alcohol or beef-tea, should be the food at these times. Who that has attended much midwifery among the more ignorant classes, will fail to recognize the truth of what I am about to say? A primipara is in labour, and all is well; but the advance is not rapid. Every time the doctor turns his back, he returns to find the patient with strong pains and bearing down energetically; yet the os is only the size of a half-crown piece. Some foolish but well-meaning person has been giving that patient alcohol, and encouraging her to put forth useless efforts. Unless the medical man can stay by the case, and watch this meddlesome person like a cat watches a mouse, the case will have to be terminated by the forceps; because the woman is spent and her power of effort gone, wasted in useless bearing down. Of old, commonly enough, the patient got a pretty stiff opiate, which sent her to sleep for twenty-four hours, when the labour—for labour then it was and no mistake—recommenced. But that twenty-four hours of the head pressing upon the

tissues, and especially the urethra, will cause the patient to run great risk of a vesico-vaginal fistula, or slough in the posterior vaginal wall, with its disagreeable consequences. In midwifery and acute diseases the reserves should never be called out till the time for them comes; when they have been thrown away they are not forthcoming, and the result is disaster.

Then, again, it is not always well to hasten convalescence, especially when the kidneys are implicated. Their function must be remembered. I will give an illustrative case which occurred to me a dozen years ago; but its lesson is as fresh as it was a month after the disaster. A girl was doing well after acute nephritis, on milk and a restricted dietary; going on steadily, but slowly. The friends desired a consultation; thought something more might be done. Meat was added to the dietary, iron to the potash and buchu. We overran the powers of the kidneys; and the girl died of uræmia, in spite of everything that could be done.

But of all abnormal conditions when the immediate treatment of disease is to be utterly subordinated to the permanent interests of the patient, that of endocarditis stands out most prominently. Here there is acute inflammation of the endocardium which lights up a growth of connective tissues in the fibrous structures of the valves; most commonly the mitral and less frequently the aortic. It is not the acute inflammation here which causes any alarm, it is the growth of connective tissue which we dread. Such connective tissue has a natural tendency to contract after a time, and consequently the growth in the cardiac valves sooner or later mutilates and distorts these valve curtains until they either become insufficient to close the mitral ostium on the ventricular systole; or the free edges become fused together, and constitute an obstruction to the flow of the blood through the mitral orifice. It is obvious that the rational treatment of this condition is to limit, as far as possible, the growth of this connective tissue; for once developed it cannot be absorbed, though in certain works even of recent date, ioduretted frictions are recommended; and will eventually contract and cripple the valve curtains. How is this to be done, is the question. I have insisted in the recent edition of my work

on *The Heart and its Diseases*, that the rational line of treatment is to be guided by what pathological observation teaches us as to the first stage; and the acknowledged principle of giving parts which are the seat of morbid changes, physiological rest. Consequently the patient should be kept quiet in bed; not only till all acute symptoms have passed away, but for some days longer.

It is impossible to give the mitral valve curtains complete rest; but comparative rest may be afforded to them. Every time the ventricle contracts the mitral valve curtains have to bear a strain equal to the distension of the elastic arterial system; the higher the blood pressure in the arteries, then, the greater the strain on the mitral valve curtains; the lower the blood pressure in the arteries, the less strain on the mitral valve. Consequently the patient should be kept quiet in bed; and have the blood pressure kept low by repeated doses of chloral hydrate, for some days after the evidences of acute endocarditis have passed away; so as to keep the inflamed valve curtains as quiet as possible, and to reduce the strain on them in each ventricular systole. By such means rest, that is, comparative rest, is furnished to the inflamed valves; and thus the growth of connective tissue is limited. The subsequent contraction is in proportion to the amount of growth; and the more the growth is limited, the less will be the ultimate mutilation. This is too clearly apparent for any cavil as to how it can be demonstrated in each case that the injury has been limited by such plan of treatment. It may not be possible to demonstrate in every case the good so achieved; but the adoption of this plan will be apparent enough in a series of cases. To limit the mischief at the outset is the essential treatment of acute valvulitis. If the growth of connective tissue can be limited, the distortion which results may be so small that the valves are still functionally competent to close the ostium on the ventricular systole. In such case the individual is little, if at all injured; and has got off practically unscathed. But how different is this plan to that advocated in text-books? Each plan of treatment, whether alkalies, blisters, or salicylates, it matters not, founds its claims to the

confidence of the profession on the number of days which elapse before the patient is up and about. Yet to let the patient get up and walk about is to throw more stress on the mitral valve curtains. But the mischief does not stop at this point; it is further advised to give digitalis, whose action, it is now well known, raises the blood pressure in the arteries. By such a plan the pressure on the mitral valve curtains is increased, and the growth of connective tissue encouraged; and with that the prospect of further distortion of the valves. Surely this is plain and incontrovertible. By lowering the pressure on the valves for some days after all active symptoms have disappeared, until, indeed, such time as the proliferation of connective tissue shall, in all probability have ceased, the primitive mischief is limited. The valve distortion which results has no tendency, unless it be in persons with very irritable tissues, to progress, but remains static; if the injury is slight, muscular compensation is readily developed, and the patient's prospects of life are good. But if the valve mutilation be great, then the compensatory changes are imperfect, and the case goes downward; without necessarily any advance being made in the valve lesion itself. Indeed it is in endocarditis of all diseases, that we can see how at times the immediate treatment of a case may have to be subordinated to the permanent interests of the patient.—*The Practitioner*.

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### ON GIACOMINI'S METHOD OF PRESERVING THE BRAIN.

BY WILLIAM OSLER, M.D., M.R.C.P., LONDON,  
Of McGill University, Montreal.

A method by which brains could be permanently preserved as dry preparations has long been a desideratum to anatomists and physiologists. I should like, therefore, to call the attention of those interested in the subject to the following method devised by Prof. Giacomini, of Turin, and communicated to the Academy of Medicine in that city in 1878. A summary of his article, by Prof. Turner, appeared in the *Journal of Anatomy and Physiology* for January, 1879. I was struck with the description, and though somewhat sceptical, determined to give the pro-

cess a trial. The results have greatly exceeded my expectations, and I am able to state that by this method the brain can be permanently prepared in the dry condition, retaining the external form and general character in such a way that it appears like a beautiful wax model, I exhibited a set of brains thus prepared, at the Saratoga meeting of the American Association for the Advancement of Science, and from the numerous letters which I have received from various quarters respecting the process, I feel sure that its publication in full will be satisfactory to many.

As the *Journal of Anatomy and Physiology* has a very limited circulation on this continent, I will give Professor Turner's condensation in full:

"In the first stage, the fresh organ, still enveloped in its membranes, is immersed in a saturated solution of zinc chloride. In this it floats with a little of its surface above the fluid; and so, while its form is not interfered with by pressure, it must be turned two or three times a day, in order that all parts may be uniformly acted on. If the subject has been dead for some time, 600 grammes of the solution may be injected through the carotides under slight pressure, so as to give a firmness to the somewhat softened brain before its removal. After forty-eight hours the surface is hard enough to have the membranes removed. Let this be done without taking the organ out of the solution, or, if it be taken out, let it be put into water immediately, so that it may the less lose its form by pressure. After having been cleaned, let it remain in the solution till, as the hardening proceeds, it begins to sink no longer, and then remove it. At this stage it will be firm, slightly diminished in volume, the fissures a little opened, and the color whitish, unless the membranes have been left on too long, in which case the course of the large vessels will be stained of a rusty color from the blood pigment. Now it is immersed in alcohol of commerce for not less than ten or twelve days, but it may be for an indefinite period; here it sinks, and must be often turned to avoid deformity by pressure on the bottom of the vessel, and it is well to renew the spirit two or three times—the oftener the sooner the process is required

to be finished. After the alcohol, the consistence is greater, the size a little less, and the convolutions somewhat closer together.

"Now comes the second stage. Let the organ be immersed in glycerine of commerce, with one per cent. of carbolic acid added. When first put in, it floats with some of its upper surface above the surface of the glycerine; but, gradually becoming heavier as the alcohol evaporates and glycerine is imbibed, it sinks deeper and deeper until it is just level with the liquid; then it is taken out. In this part of the process neither surface, colour, consistence, nor volume are altered, but it becomes heavier. A brain should gain from 150 to 200 grammes in from twenty to thirty days, according to its volume. Now it is set aside for several days until the surface is dry, then cover it with several layers of gum-elastic varnish, or, better still, marine glue diluted with a little alcohol. This varnish is not to prevent evaporation—the glycerine does that—but is simply a protection against the dust and injury."

I have followed the details of the case very closely, and have nothing essential to suggest in alteration. Less than a saturated zinc solution will suffice. I have some well-prepared specimens in solution of the same strength as Burnett's fluid 50 per cent. The ordinary alcohol, or methylated spirit, as we use it in Canada, will serve. In these fluids the organ remains of a natural grayish white color, but in the glycerine it becomes a light brownish yellow. The purer the glycerine the less alteration in color.

In varnishing I have used the ordinary crystal varnish, which answers the purpose very well and leaves a nice light surface. A solution of gum caoutchouc in chloroform makes a good coating, but is darker.

The most troublesome part of the process is the removal of the membranes. From the lateral parts of hemispheres they strip off readily enough; but on the occipital lobes and cerebellum the pia mater is thin, and after two days' immersion is very adherent, so that it requires great care to remove it without tearing the brain-substance. In the preparation of a base to show the superficial origin of the nerves, great care is needed, and the dissection is very

tedious. In several instances in which the brains were very firm, I removed the membranes before placing them in the zinc solution, and found this answer equally well. Brains taken from patients dead of chronic wasting diseases, or from old persons, make the best preparations, as the fissures and sulci are wide, and the convolutions very distinct.

With the convolutions on one side labelled, and Ferrier's centres mapped out with red paint on the other, a brain prepared in this way makes a beautiful museum specimen, and is, moreover, exceedingly useful for demonstration in anatomical, physiological, and even medical lectures. Spots of cortical softening or hemorrhage on the surface can be very well shown, the lesion preserved, and its position accurately defined. Sections can be treated in this way, but when dried and varnished the contrast between the gray and white substance is not very marked. Still, vertical sections, made after Pitré's method, retain their characters sufficiently to show the relation of the basal ganglia and the ventricles, and they are much more convenient to handle than moist preparations. The process answers very well for mammalian brains; not quite so satisfactorily, Prof. Ramsay Wright, of Toronto University, informs me, for those of invertebrates.—*New York Record*.

**INFLAMMATION OF THE INTERNAL COAT OF THE VESSELS IN TUBERCULAR MENINGITIS.**—In 1867 M. Cornil demonstrated the blocking, with fibrin and white blood-globules, of the vessels of the pia mater running through tubercles. Further observation has convinced him that the lesions of the vessels in tuberculosis do not consist entirely of inflammation of their sheaths and external coats, but that there is also a special inflammation of the tunica interna, and to this tubercular endarteritis and endoplebitis he has called the attention of the *Académie des Sciences*. This more or less thickened membrane, situated in the middle of the tubercle, is formed of round, elongated, or angular cells, all provided with small rounded nuclei. Approaching the lumen of the vessel, some very large cells are found, giant-cells in fact, which in this disease are only found in the internal vascular coat. As a practical conclusion, M. Cornil advances the opinion that these alterations tend to prove the infectious nature of tuberculosis, the contagion being evidently carried to the tunica interna by the poisoned blood.—*Le Courrier Médical*.

## ACUTE POISONING BY ERGOT FOLLOADED BY TOLERANCE OF THE DRUG.

Dr. Meadows records (*Med. Times and Gazette*, Oct. 4, 1879) the following case of poisoning by ergot which was treated at St. Mary's Hospital, London:—

Mrs. W., aged forty-eight, a stout, healthy-looking woman, was admitted on October 21, 1878. She had been married twice, first at the age of seventeen, afterwards at the age of forty. She had two children by the first marriage, but none subsequently, and her last pregnancy was twenty years ago.

Eight years before admission here she was under the treatment of Dr. Meadows, at Soho Hospital, for fibroid tumour of the uterus. During that time she took ergot twice. The first time it affected her severely; but on the second administration it failed to act on the uterus at all. She was in Soho Hospital at that time for three months, and left cured. In March, 1878, she came to St. Mary's suffering from menorrhagia, and was examined by Dr. Meadows, who detected a growth in the uterus. She was subsequently admitted in October; and on the 23rd of that month, patient being under the influence of chloroform, a fibro-cystic polypus was removed from the anterior wall of the uterus.

On October 31, pulv. ergotæ ʒss was ordered, with the view of bringing down any shreds of growth which might remain. The effects of this drug were very marked, as in ten minutes powerful uterine contractions were set up, and continued for two hours, when on vaginal examination a large tumour of the size of an orange was found presenting. In addition to the very strong uterine action there was marked depression, and she complained of severe nausea and headache. The face was deeply flushed, and the eyelids were swollen, the right one especially. The left arm and hand were greatly increased in size—so much so, that a ring she wore on her finger was completely hidden. The pulse, usually rather weak, was scarcely perceptible at the wrist, the artery being quite soft. The rate of the heart's action was not much influenced, but was slightly hurried. The swelling of the arm



and hand did not disappear until next day, when she was in all respects well. Dr. Meadows removed the tumour (which was attached to the fundus by a narrow pedicle) by means of the *écraseur*.

November 7. Ergot was given again, and it was found that another tumour was present. As one dose did not act at first, it was repeated in six hours, and the symptoms already noted appeared again, but in an exaggerated form. The pain was so intense that she was ordered a hypodermic injection of one-fourth of a grain of morphia, with the result of easing pain and checking uterine action. The tumour presented, but as operation was not then convenient it was not removed, and gradually receded.

On November 24 ergot was again given; but three half-drachm doses administered at intervals of six hours produced no effect beyond the swelling of the face and arms, depression, and nausea. Patient was then unsuccessfully galvanized with the view of stimulating the uterus to contract and expel the growth.

In this case there is a history of ergot having been given at five different times—twice at Soho Hospital, and three times at St. Mary's. Each time it has given rise to the peculiar symptom of the swelling of the face and left arm and hand. In three out of the five times given it has produced powerful uterine action; on the third occasion on which it was given, here, and on the second at Soho, it had no action on the uterus at all. This in itself is peculiar, and seems to point to a tolerance of the drug being established as far as the uterine fibres were concerned; probably the fact that galvanism also failed to excite contractions would show that the excitability of the uterus was much impaired. It may be noted that this patient suffered from a weak and dilated heart, and that there was a mitral systolic murmur to be heard.

Another case of ergot poisoning with similar symptoms occurred once before at St. Mary's, but in that instance the action of the drug appeared to have been cumulative, as large doses had been given daily for about three weeks, at the end of which time swelling of the face and arms, with intense depression and vomiting of dark fluid, had occurred.

## THE TREATMENT OF CHOREA WITH ETHER SPRAY.

Dr. Mareiglia describes, in detail, four cases of chorea varying in severity as well as in cause. All had commenced with an alteration in the voluntary movement, after which disturbance of sleep and involuntary movements had appeared. In two cases these symptoms were accompanied by affections of the speech, whilst in one the movements were restricted to the right side, affecting only the facial muscles. In two cases, likewise, the cause was fright, in one a previous attack of meningitis, and in one rheumatism. The age of the patients varied from 7 to 14 years, and they were treated in every case with the ether spray as recommended by Lubelsky. The spray was directed along the whole length of the spine by means of a Richardson's apparatus for a breadth of 7 c.m. The application was continued for 3—4 minutes, and was made twice, thrice, and even four times a day. With the exception of the second case, which had lasted for three months, the disease had not continued for more than fifty days. The treatment with ether was carried on for 17—30 days, except in this second case, where the disease was of more than two months' standing, in which it was continued for forty-five days. Dr. Mareiglia describes the result of this mode of treatment as being immediately successful. The symptoms were lessened on the first application of the ether spray, and there was a marked improvement within the week. In the first successful case there was no reddening of the skin which had been subjected to the ether spray, such as had been noticed by Jaccoud, but there was a marked paleness with the formation of "goose skin." (*Annali Clinico dello Ospedale incurabili*, anno iii. fasc. v.—*Med. Chir. Rundschau*, Jan. 1879.)

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BENZOATE OF SODA INHALATIONS IN PHTHISIS.—This remedy, so highly spoken of by Dr. Krocak, of Innsbruck, has not proved successful in the practice of many who have tried it. In many cases it has been neither curative nor beneficial.

## A CASE OF EPILEPSY.—NEW REMEDY. —APPARENT CURE.

BY CHAS. M. SHIELDS, M.D.,  
Resident Physician, Richmond Almshouse Hospital,  
Richmond, Va.

A. S., colored, female, *æt.* 22, has been an inmate of the institution for over three years; and during that time, and for a year previous to her admission to the hospital, was the subject of epilepsy in its worst forms. The epileptic convulsions occurred nearly every day, and there were often many in a day. These continued to increase in severity and frequency in spite of the use of all the ordinary remedies. Among them bromide of potash, belladonna and ergot; and to eliminate the hysterical element, nervous stimulants.

For the last twelve months the paroxysms were so severe as to cause congestion of the lungs, and consequent hemorrhage therefrom.

At nearly every paroxysm there was such contraction of the pharyngeal and buccal muscles as to close the jaws so firmly that the use of chloroform was necessary to open them. The case becoming rather troublesome at this stage, and all the standard remedies having failed, we decided to try one that I had seen act well in the case of a patient at the Medical College Dispensary.

In this instance the patient, a white youth, had not improved with the ordinary treatment, and Dr. Wheat advised the use of the white peony root,—a small piece to be eaten three times a day. The convulsions soon stopped under its use, and for eighteen months there has been no return of the trouble. Instead of using the root we made a decoction as follows: Root of the white peony,  $\bar{3}x$ ; boiling water, one gallon. Boil down to two quarts, and filter.

Of this decoction she took about one ounce three times a day for two months, and in that space of time she has had only one or two slight convulsions. She declares herself as feeling much better; and a week ago was discharged from the almshouse apparently cured.—*Southern Clinic.*

J. Sælborg Wells, M.D., F.R.C.S., England, the celebrated English oculist, died lately at Cannes.

VALVULAR HEART MURMURS.—THEIR RELATION TO PROGNOSIS AND TREATMENT.—Dr. A. Flint (*Med. News*, Jan. '80), concludes an interesting lecture on this topic thus: (1) Cardiac murmurs may represent lesions which, if unaccompanied by symptoms referable thereto, enlargement of the heart not co-existing, are to be considered innocuous. The prediction of grave consequences under the circumstances is unwarrantable, inasmuch as they may never occur. Such lesions do not claim medical treatment nor any extraordinary precautions, and it is desirable that the fact of their existence be withheld from patients, if this can be done with propriety. (2) Patients with valvular lesions are liable to suffer from functional disorders of the heart arising from causes which have no pathological connection with the lesions. It is highly important to recognize, clinically, the accidental coincidence in order to exercise a correct judgment as to the prognosis and treatment. (3) Various morbid conditions other than functional disorder of the heart, may be accidentally associated with valvular lesions and more or less cardiac enlargement. These associated morbid conditions may be in a great measure responsible for the symptoms and effects which seem to denote an advanced stage of the cardiac disease. Whereas, the latter may occasion but little inconvenience, provided these accessory co-operating conditions can be removed. (4) Valvular lesions involving either obstructions or regurgitation or both combined, and having led to considerable or even great enlargement of the heart, under favourable circumstances as regards associated morbid conditions, are often well tolerated indefinitely. There is less room for hopeful prognosis in respect of tolerance when there is considerable aortic insufficiency, than in case of aortic obstructive lesions and those which occasion obstruction or regurgitation at the mitral orifice. The danger of sudden death from aortic regurgitation is lessened by co-existing mitral insufficiency. (5) In cases of orthopnoea and general dropsy dependent on mitral obstructive or regurgitant lesions and enlargement of the heart, digitalis and active hydragogue purgation repeated from time to time, not only often afford notable relief, but there is reason to believe that life is sometimes thereby much prolonged.—*Detroit Lancet.*

## Surgery.

### GASTROTOMY PERFORMED THREE TIMES ON THE SAME PATIENT WITHIN THREE YEARS.

Dr. Baumgartner, of Baden-Baden, states (*Berliner Klin. Wochenschrift*, No. 5) the following case: A woman, 33 years old, had a polycystic tumour of the left ovary, which was removed by ovariectomy in September, 1875. The operation was performed without antiseptic precautions, except that the peritoneal cavity was washed out after the operation with several litres of warm water. The pedicle was treated by a clamp, and drainage through the pouch of Douglas, was employed. The patient recovered, and was about, with the wound completely healed, by the thirty-fourth day.

She remained well until December, 1876, when, after a strain, she was attacked by violent pain in the cicatrix. This gradually increased until it became so severe that she was unable to turn in her bed, and even micturition became excessively painful. An examination revealed no possible cause for the pain except tension of the pedicle and its adhesions to surrounding organs. Gastrotomy was therefore performed in March, 1877, as the symptoms showed no remission. The pedicle was found to be adherent to the posterior wall of the bladder, the omentum, and some coils of intestine. These adhesions were separated, the pedicle was dropped, and the adherent portions of omentum were stitched into the abdominal wound. The patient recovered after several weeks.

In January, 1878, violent pain returned in the right ovarian region, which increased at each period, and at length became unendurable. The uterus was found to be normal. The right ovary was somewhat swollen and fixed. Near it was felt a swelling about as thick as a thumb, extending from the right ovary towards the centre and somewhat to the left, and itself also fixed. Febrile symptoms set in after this, and the patient's condition became visibly and progressively deteriorated.

Gastrotomy was therefore performed for the third time on August 19, 1878. The right

Fallopian tube was found to be distended by purulent salpingitis, and was removed together with the ovary. The substance of the ovary itself was normal. The pavilion of the tube was adherent to the ovary, and formed with it a funnel-shaped sac, which was filled with thick, cheesy pus, and had walls so thin in places that rupture might have occurred at any moment. The patient recovered, and left her bed on the 16th May, completely cured.—*Obstetrical Jour. of Great Britain*, Nov., 1879.

### DISLOCATION OF FEMUR ON OS PUBIS (THIRTY-NINE DAYS' STANDING) REDUCED BY MANIPULATION.

Mr. H. G. Croly read a paper before the Surgical Society of Ireland on a case of this injury. Darby O'C., aged 40, was, on Sept. 22nd, 1879, struck by the wheel of a cart on the upper inner side of the thigh, knocking him down, and causing dislocation of the femur on os pubis. The accident happened in the country, and the local medical man tried to reduce the luxation by means of pulleys, while the patient was under the influence of chloroform. It was, however, not for two weeks after the accident that the pulleys were employed. As much force was applied as was deemed safe, but with no beneficial result. When he was sent to Dublin, five weeks after the accident, the right thigh was slightly abducted and flexed, and immovable; the head of the femur was felt like a billiard-ball in the groin. Mr. Croly had the man placed on a mattress on the floor, with his pelvis firmly fixed. He flexed the leg on the thigh, and the thigh on the abdomen, as far as possible, and rotated it forcibly for over half an hour, but with no apparent result; soon, however, there was felt crackling, as if from ruptured adhesions, and towards the end of the second half-hour, the head of the femur slipped into the thyroid foramen, and then back on to the os pubis. Some further manipulation got the head into the acetabulum, but without any sudden snap, such as was usually felt. The reduction was followed by a good deal of effusion into the joint, which gradually subsided under treatment.

and perfect rest. Mr. Croly showed photographs of the man, taken before and after reduction, and quoted authorities in favour of manipulation, as being safer and more efficacious than the more violent mechanical measures. Dr. Bennett related a case of a similar dislocation, which had come under his care a few hours after the accident. He tried to reduce dislocation by means of extension and counter-extension, and for the purpose employed six strong men, but without effect. He then tried manipulation, as recommended by Bigelow, and the bones went in very soon, with a peculiar sensation, more like that felt when a bone was fractured, than the regular snap produced in reducing dislocations of the femur. He thought these two cases demonstrated that manipulation carried to full extent succeeded in reducing dislocations where pulleys and force had failed.

### VESICAL HÆMORRHAGE.

"If instruments are really necessary to withdraw blood and urine, then the slow injection of iced water, or better still of iced infusion of matico, may be useful. Even a mild solution of the tincture of the perchloride of iron as a cold injection, I have known in one case to succeed when all others have failed (ʒj t. ferri, ʒiv aquæ).—*Sir Henry Thompson.*

"Keep the patient on his back, and forbid straining as far as possible in passing water. To this end give opium liberally to subdue the painful and continued action of the bladder. Apply cold by means of bags of ice to the perineum and above the pubes. Better still, introduce small pieces of ice into the rectum. Do not use an instrument if it is possible to do without it. There is a great dread in some people's minds about the existence of a large coagulum in the bladder. Leave it alone: it will gradually be dissolved and got rid of by the continued action of the urine.—*Sir Henry Thompson.*

Dr. Prout (*Stomach and Renal Diseases*, 5th edition, p. 421) observes, "When the bladder becomes distended with blood, and complete retention of urine in consequence takes place, recourse must be had to a large-eyed catheter and an exhausting syringe, by the aid of which and the occasional injection of cold water, the coagula may be broken up and removed. If the hæmorrhage be so profuse that the bladder becomes again distended with blood in a very short time, the injection of cold water into the rectum or bladder is sometimes of great use; and should these means fail, from 20 to 40 grains of alum may be dissolved in each pint of water injected into the bladder, a remedy that seldom fails to check the bleeding even when the cause is malignant disease.

SPERMATIC COLIC.—Under this title, M. Re-liquet reports a curious case, occurring in a man twenty-five years of age, in which he had diagnosed prostatic tubercle, and which presented the following symptoms: Violent pain during coition; painful sensations in the perineum, with frequent desire to urinate while riding in a carriage; frequent and violent emissions from the urethra of a liquid analogous to the spermatic fluid. Rectal examination revealed an inequality of the prostatic lobes, the right lobe presenting a well-defined swelling, which was continuous posteriorly with the vesicula seminalis. Pressure with the finger was painful, and induced a desire to urinate. A sound was introduced into the urethra and the tumor compressed between it and the finger. This manoeuvre caused the expulsion through the urethra of a grayish mass, resembling vermicelli, and which examination showed to consist of altered spermatozoa and mucus. The spermatic colic, the retention of the semen in the ejaculatory duct, was the cause of all the symptoms. After repeated sounding, and further evacuation of the retained mass, the tumor disappeared and the reflex troubles of micturition were relieved.—*Journal de Médecine et de Chirurgie*, Dec., 1879.

ENORMOUS CALCULUS.—*Boston Med. and Surg. Journal*: A urinary calculus, weighing one pound six ounces avoirdupois, was lately removed by Dr. Hodgen, of St. Louis. The stone was spherical, and measured eleven and a half inches in circumference and four inches

in diameter. The removal was by the suprapubic operation, and the calculus was necessarily broken. The patient was sixty-two years of age, and up to within a few days had been in the habit of walking from two to four miles daily. Fifteen years ago he had two stones removed from his bladder by Dr. Pope, and from that time has enjoyed remarkably good health, except some vesical irritation, and, during the last two years, incontinence of urine. Before the operation the stone could be distinctly felt as a hard tumor in the hypogastrium. The stone is composed chiefly of phosphates.

COMPOUND FRACTURES.—At the New York Hospital, a somewhat new and apparently very admirable method of treating compound fractures, has been introduced by Dr. Markoe. Putting them up in Lister was tried for some time and it was thought to be attended with excellent results. But a wider experience shows the contrary. A compound fracture put up in Lister, has to be dressed perhaps a dozen times during the first week. Every time the dressing is renewed, the leg has to be disturbed, the fragments are moved and the parts irritated. The consequences are not good. The new method now adopted is to make a counter-opening to the wound in the injured limb, and to pass a large drainage-tube through this opening. The limb is then put up in a plaster of Paris dressing in which fenestræ are cut. Carbolyzed water is then injected through the drainage-tube every two hours during the first day, and three times a day after this. Care has to be taken not to run the tube next an artery, as hemorrhage may follow. With this dressing there is a very moderate fever, the thermometer does not often rise above 102° or 103°, and in some cases it does not reach 100°. Nearly two hundred cases have been tried by this method, and, it is stated, there has been only one death, that being in a very bad case. The treatment has diminished the number of amputations performed at the hospital. It certainly is a very rational one, and deserves further trial.—*Chicago Medical Journal and Examiner.*

A NEW INSTRUMENT FOR MECHANICAL COMPRESSION OF THE TESTICLE.—The difficulty of obtaining and maintaining equable compression of the testicle has been recognized by all surgeons. To obviate the disadvantages of adhesive strapping and rubber bandages, Dr. Octavius A. White, of this city, has devised a new mechanical appliance. It consists of a very light shell of hard rubber, moulded so as to receive within its cavity the swollen testicle and its scrotal coverings. About one-third of the upper portion is bevelled off, this shape being found, by experience, to afford the best mechanical support to the pendulous organ. A cleft runs down the front of the shield, which permits free overlapping of the thin edges, thus making ample provision for all necessary reinforcement of compression which may be required during the management of the case. The edge surrounding the neck of the tumor is everted to prevent cutting. In applying the instrument it is desirable that there should be a certain amount of local depletion, which may be obtained by a short rest in the recumbent posture. A shield of the proper size is then fitted to the affected organ, and a narrow roll or bandage is passed around the upper part of the instrument, to prevent the testicle from slipping upward out of the shell during the succeeding manipulation, which consists simply of tightening the lacing strings connecting the two free edges made by the cleft described above. The prominent features of this scrotal shield, support, and compressor, are its remarkable lightness, the weight not exceeding eight grammes; great readiness and facility of application; complete command afforded the surgeon over the degree and duration of direct pressure to the testicle; firmness and general diffusion of the pressure; entire painlessness attending and during its application and removal, even though the scrotal sac be well covered by hair; and finally, perfect cleanliness, the fixture being easily taken off and washed. Among the diseases in which the continued use of this instrument has been productive of speedy and highly satisfactory results, are mentioned varicocele and neuralgia of the testis. The instrument is manufactured by G. Tiemann & Co., of this city.—*Boston Medical and Surgical Journal.*

## Midwifery.

### THE FEMALE PERINEUM; ITS ANATOMY, PHYSIOLOGY, AND PATHOLOGY.

Dr. T. Gaillard Thomas read before the New York Academy of Medicine, a carefully prepared paper having the above title. The following is a brief abstract: The conventional description of the female perineum had been that it was the floor of the pelvis, that which fills the space extending from the inferior commissure of the vulva to the anus, and composed of skin, cellular tissue, muscles, and the mucous membrane of the vagina. Tyler Smith had spoken of the anatomy of the female perineum as having great interest, and yet gave it a description like the above. Playfair dismissed the subject, which he said was of great interest and importance, with less than eight lines, which were *three* more than given by Leishman and *four* more than written by Meadows. The French writers were usually quite full upon anatomical descriptions, yet Cazeaux dealt with it in three and a half lines. In this country, Meigs did not describe the female perineum at all, while no mention whatever had been made of it by Bedford, Byford, or Miller. The defence for the omission might be that the obstetrician did not write upon anatomy. Turning to anatomists, Cruveilhier limited his remarks to an enumeration of the muscles and the fasciæ, but said nothing with regard to its function or shape or relationship to surrounding organs. Sappey had not mentioned it, and Wilson and Gray had not done better. Holden *promised* better things, yet nowhere appeared one word about the female perineum, except with relation to its blood-vessels, and for those the reader had been referred to the description of the male perineum. In not one systematic work on gynecology had any mention been made of the anatomy, physiology, and pathology of the female perineum, except in the last edition of his own work, where it was described, he regretted to say, in a very incomplete and unsatisfactory manner. We owed to Dr. Savage the demonstration that the perineum in the female is a triangular,

wedge-shaped body composed of fasciæ, areolar tissue, muscles, etc., which filled the space between the backward curve of the rectum and the forward curve of the vagina. Savage was the first to demonstrate that the perineum was a triangular body and draw our attention to its significance and uses. At this point Dr. Thomas referred to the diagram ordinarily used to illustrate the description given to the female perineum, a diagram that distorted and made a false representation of the relationship which it held to the pelvic organs, and yet it was the one employed by Gray, Wilson, and many others, and commonly copied into works which dealt with the subject in a special manner. In the living or the dead body the vagina never was an open canal; the vulva never was distorted in the manner represented unless distended by a foreign body, which separated wall from wall. The normal vagina was a collapsed canal, the anterior wall lying directly upon the posterior and sustained by it.

Attention was then directed to a figure which represented what he regarded as the true relation which the vagina, the bladder, the uterus, the rectum, and the perineum sustain to each other. In it the uterus was represented as occupying a position in the pelvis considerably lower than illustrated in the diagram by Dr. Savage, and more inclined forward, and the vagina, instead of consisting of a canal, having a simple curve forward, presented a double curve: first, a decided curve from behind forward, then a lesser one downward and slightly backward; and second, a slight curve from above downward and backward. Instead of being a flat surface consisting of skin, areolar tissue, etc., filling the space between the anus and the vulva, it was seen as a perineal body, triangular-shaped, and composed of strong layers of adipose and elastic connective tissue, etc. It was a concavo-convex triangle, with its anterior side slightly convex, sustaining the superior wall of the vagina, while its posterior side, decidedly curved, supported the anterior wall of the rectum, which was supported by the base of the triangle and thus prevented from prolapsing into the vagina and out of the vulva. At its upper portion the vagina furnished a depression which received

the cervix uteri, so that, to a certain extent, the uterus was sustained by a shelf-like action.

The functions of the perineal body were the following:

1. It sustained the anterior wall of the rectum, thus sustaining the equilibrium between the rectum, vagina, cervix, and body of the uterus.

2. It sustained the posterior wall of the vagina.

3. Upon the posterior vaginal wall rested the anterior, and upon that the bladder, and against the bladder the uterus—all of which, to a great degree, depended for support upon the perineal body.

4. It preserved the proper line of projection of the contents of the bladder and the rectum, and thus prevented the occurrence of tenesmus, which was a frequent cause of pelvic displacements.

Dr. Thomas then referred to what he denominated the

#### KEYSTONE ACTION OF THE PERINEAL BODY.

Upon this part of his subject he dwelt at some length; first illustrating, in an exaggerated manner, by means of two diagrams, the action of the wedge-shaped body, and the results following its removal, and those were followed by two diagrams showing the effects produced, not exaggerated, by the loss of the triangular body; second, demonstrating the mechanical principles upon which the triangular body, with its base downward, could operate as a keystone in preventing a destruction of the equilibrium of the pelvic organs in a condition of health. He recognized the fact that the base of the keystone was downward, yet had reached the conclusion that upon its integrity depended the support of the pelvic organs.

What were the influences which most commonly disabled that wedge and rendered it insufficient and worthless, and caused the triangular body to lose its tonic and power for giving support? 1, constitutional feebleness; 2, feebleness from prolonged over-distension; 3, subinvolution; 4, senile atrophy; 5, laceration. Dr. Thomas then spoke of the manner in which each of these causes operated.

Laceration was a splitting of the perineal

body, and had been divided into three degrees: first degree, when split for only a short distance; second degree, when split to its centre; and third degree, when it was divided entirely through, and at once removed the keystone from the arch. It did not take away support from the uterus, but it altered the shape and removed support from the vagina, and the secondary effect was direct traction upon the uterus. The relation which the perineal body sustained to obstetrics was next mentioned, and the fact stated that gynecological practice originated largely in the lying-in chamber, and rupture of the perineum, furnished one of the most fruitful sources for the introduction of septic material, for the development of engorgements, rectal and vesical prolapse, etc., to be found in obstetrics.

The doctrine that, so long as the rupture did not involve the anal sphincter it was a matter of but little moment, he regarded as very dangerous. Suppose it was torn down to the sphincter muscle, the immediate consequence was an exposure of an extensive raw surface, indisposed to heal by first intention, and quite near an abundance of blood-vessels, chains of lymphatic glands, and over that surface semi-putrid animal fluid must steadily pass for two or three weeks. It was a wonder that so many cases escaped septicæmia, when there was so perfect an arrangement favourable for the absorption of poisonous material. If all the cases of lacerated perineum were followed up closely from the lying-in chamber, the list of evils found would be a long one; some occurring at once, and others developing even at a very remote period. The evils enumerated were the following: septicæmia, anterior and posterior uterine displacements, prolapsus, cystocele, rectocele, chronic cystitis, chronic urethritis, uterine engorgement and hyperplasia, subinvolution of the uterus and vagina, destruction of the power of the uterine ligaments, development of a tendency to abortion, impaired sexual gratification, and neuralgia affecting the site of rupture.

As a rule, *immediate closure* of the wound, both as an immediate preventive of septicæmia, and a remote preventive of all the evils just enumerated, was advisable. If it failed, no

harm was done; but if it succeeded, great benefit followed.

But the question might be asked, if, in the nonpuerperal state, the perineum be cut completely down to the sphincter muscle, will prolapse of the vaginal and rectal wall necessarily occur? No, not necessarily, but probably in time it would. Not in all cases of laceration of the perineum did prolapse occur; for, despite the laceration, involution might go on and the parts remain in tolerably good position, though they lacked the support of the perineal body; but such an occurrence was the exception and not the rule. The paper being before the Academy.

Dr. A. J. C. Skene remarked that he fully appreciated the value of the paper, and felt confident that all present would become better practitioners, both of obstetrics and surgery, for having listened to it. There was one point with reference to pathology to which he called attention, and that was the effect upon the muscular tissue especially, which took place after laceration had existed for a long time, and was produced by atrophy and fatty degeneration, thus rendering complete restoration impossible. The perineum could be restored as far as possible in certain cases of long standing, and yet it was almost useless. He therefore raised the question: how long after laceration has occurred can the operation be delayed, and yet, when it is done, result in giving the woman a serviceable perineum? He thought that after a time all the muscles connected with the perineum underwent fatty degeneration and atrophy, and became useless for all future purposes.

Dr. H. J. Garrigues remarked, that he had just been studying the subject of Dr. Thomas' paper, and had therefore listened to it with very great interest. In preparing an article for the *American Journal of Obstetrics*, on "The Treatment of the Perineum," he had had occasion to study the anatomy of the parts, and he would therefore remark upon points where his observation did not coincide with that made by Dr. Thomas. In the first place, it was a mistake to say that Sappey had not given the anatomy of the female perineum. True, it was not found in his description of the genital organs; but a full and exceedingly good de-

scription could be found in connection with his description of the rectum. In the second place, the expression perineal body was due to Savage, but Savage had himself stated that the excellent word was suggested to him by reading a description of this part written by the German anatomist Henle. Again, as represented correctly in one of Dr. Thomas' diagrams, the vagina was naturally a closed canal, but the illustrating acuteness of the angle between the uterine and the vaginal canal, he thought, was exaggerated. If so acute as indicated, he thought the introduction of a sound in comparatively healthy women would be more difficult than it was. He also thought that while Dr. Thomas was correct in placing the uterus lower down than illustrated in the old diagram of Gray and others, he had exaggerated it somewhat, and placed it a little too low. It had also appeared to him that the perineal body was not so triangular as represented, but that it was more rounded, the lower part of the body corresponding to the bulbous extremity, and the other to the head of an alembic.

Again, the superior sphincter of the rectum was not illustrated by Dr. Thomas' diagram, and the anus was represented as opening directly downward, while in reality it pointed more backward, and in the upright position it was about as much backward as downward, due to the fact that the rectum made a decided curve backward, thus influencing the shape of the perineal body, and contributing to give to it the alembic-shaped curve.

With reference to the *perineal body acting as a keystone*, he thought it true that as soon as an arch was suspended the keystone lost all its power as a keystone. In the case of the perineal body, the base of the keystone was not only placed downward, but all the pressure came upon the point of the wedge.

Dr. Garrigues then referred to masturbation in young girls as a possible cause of relaxed perineum. He regarded the question as settled in Europe, and, for the most part, in this country, that it was the duty of the obstetrician to close a ruptured perineum as soon as possible. It was, at least, in the highest degree desirable, and that because it was so extremely rare that union did not take place when the torn surfaces



were at once united. Out of *thirty* cases in which no operation was performed, there was only a single *one* in which union occurred to such an extent that the perineal body was entirely restored; in the *twenty-nine* there was but slight union.

Again, two-thirds of all the gynecological cases had their origin in the laceration of either the cervix or the perineum. For the reasons, then, that it did not unite properly without some special closure of the parts, and that so large a proportion of the gynecological cases had their origin in such an injury, the edges of these lacerated wounds should be united as soon as possible.

With reference to the manner in which a ruptured perineum should be united, it was, as a general rule, stated that it should be done by sutures. He thought stitches were not necessary, probably, in the majority of cases. Of course they were necessary in cases of complete rupture. If the laceration extended very far in the direction of the anus, and stretched up high in the vagina, sutures were necessary. If the rent extended high up, even though the skin was not torn at all, stitches must be used. On the other hand, if the laceration did not extend high up, or showed in the perineum for perhaps half its extent, he did not find it necessary to do more than unite the edges of the wound by means of serresfines, first brought to the attention of the profession in this country by Dr. Matthew D. Mann.

As usually made, they were defective in two respects; 1. The legs were too short; they did not catch deep enough; and 2. The legs were much too strong, hence liable to cut through. Those made for him by Tiemann & Co. had long legs with small claws, and the first one he usually attached about one-third of an inch in front of the bottom of the rent, the woman lying on her left side, and others at intervals of about half an inch the whole length of the laceration. A slight suppuration was usually noticed about the teeth near the fourth day, but that soon disappeared, union was rapidly secured, and when complete the serresfines were removed.

The President remarked that he felt great delicacy in speaking upon the subject before

the Academy, for no one more than himself highly appreciated the brilliant character of the paper. From the fact that the paper would attract great attention throughout the country, and throughout the obstetric world, it seemed to him that the doctrine brought forward should be subjected to some criticism before being accepted, and he felt less hesitation in offering some suggestions, from the fact of the well-known relation existing between the writer of the paper and himself, and doubtless whatever he might say would be answered most effectively. It, however, seemed due to science if there were any defects that they should be pointed out, and so give the author of the paper an opportunity to defend himself, and to correct those defects, if it should be proved they existed. He would then say: *first*, that in medicine the mistake was often made, as it seemed to him, of assuming a certain fixed standard, an ideal theory for premises, and basing all argument upon the ground that that theory was consequent, and therefore the conclusions must be true. Now, concerning an anatomical description of the female perineum and its relations to the pelvic organs, he begged leave to say that it was assumed that it had a relation with a certain ideal standard that was fixed, but which did not find its existence in nature. The relation of those parts was constantly changed—changed as the bladder and rectum were full or empty—changed as the patient was in the erect or the recumbent position, and that was especially so in connection with utero-gestation. In utero-gestation the relation of all the pelvic organs was changed; the uterus was increased in weight, there was congestion of the tissues; as the uterus became increased in size it gradually changed its position. Still further, the relation of the parts was entirely changed again, during the period of parturition, especially with regard to the condition of the muscular tissues, etc. Might not those changes, in a certain degree, vary the basis upon which the arguments were made that led to the conclusions reached in the paper? That was thrown out as one of the points which should be investigated before accepting the conclusions that had been reached.

Another point, to which reference has already

been made, was the necessity of an immediate operation to effect union when laceration of the perineum had taken place. He was well aware of the doctrine now taught by the most brilliant gynecologists and the most eminent obstetricians, was that it was our duty to at once operate as soon as laceration to any considerable extent had taken place in the perineum. While Dr. Garrigues had qualified the general teaching by saying it was almost universal in this country, it seemed to him that the doctrines should not be accepted, even so far as related to the simple application of serresfines, without carefully weighing all the attending circumstances. He admitted that, in certain cases where the general conditions were favourable, it was proper to effect union at once, either by the use of sutures or serresfines. The latter Chassaignac introduced in 1843, and he himself had used them over twenty-five years ago in Bellevue Hospital.

The point which he made was, that the simple fact of laceration should not alone decide whether it was proper to operate at once, or wait and allow spontaneous union to take place, and, if that failed, then resort to the secondary operation. In several instances he had seen dangerous symptoms arise from the early operation, though resorted to with great care and prudence. In one case where extensive laceration took place, the patient went through the labour without great exhaustion or severe symptoms, and the physician at once performed the operation, closing the wound by sutures. He had hardly completed it, when the patient had a profuse secondary hemorrhage. In another case of extensive laceration of the perineum, the conditions were such that he argued against the opinion of two physicians, in favour of deferring the operation until it was determined whether or not spontaneous union would occur. In that case spontaneous union did occur, and the woman had a good perineum as a result. She had subsequently borne a child without suffering from rupture, and had not suffered from descent of the uterus. The point made was, that it was not safe doctrine to teach that we should always resort to the primary operation when laceration takes place. He made the remarks simply to give

the author of the paper an opportunity to demolish all that he had said.

Dr. Thomas, in closing the discussion, remarked with reference to Dr. Garrigues' criticism concerning the keystone of the arch, he confessed he felt uncertain on that point, and therefore took occasion to submit the view to two engineers, both of whom admitted that it was a real keystone of an arch; that is, that portion of an arch upon which the two lateral portions rested. The late Dr. Callender also expressed the opinion that the view was correct. Still, Dr. Thomas admitted the force of Dr. Garrigues' criticism.—*New York Record*.

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THE CAUSATION OF STERILITY.—Dr. Levy, of Munich, gives the results of microscopic examinations as to the condition of the spermatozoa at different intervals after coitus, in the case of sixty women who were under treatment for sterility. In fifty-seven out of the sixty, catarrh of the uterus was present. In all these cases only a small number of spermatozoa could be detected within the uterus, and they had all become motionless at the interval of, at the outside, five hours after coitus. In healthy women, on the other hand, the author found that the movements of the spermatozoa within the uterus continued for at least twenty-six hours. Thus the important effect of an altered character of the uterine secretion, in its destructive influence upon the spermatozoa, is demonstrated. The author believes that when the secretion is healthy the spermatozoa can make their way into the uterus in spite of flexions or stenosis. He draws the inference with respect to the use of tents or mechanical dilators for the cure of sterility, that, since these measures are liable to set up uterine catarrh, anti-catarrhal remedies must afterwards be used if the dilatation is to have any effect in promoting conception.—*Bair. Arztl. Intell. Blatt*, 1879, Nos. 1 and 2.

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CANADIANS IN ENGLAND.—John Galbraith Hyde, of Stratford, Ontario, has passed the final examination for the L.R.C.P. and L.R.C.S., Edinburgh.

## Original Communications.

### CASES IN PRACTICE.

BY J. E. GRAHAM, M.D.

The following case I saw, through the kindness of Dr. Aikins:—

#### ALOPECIA AREATA.

Mrs. T., æt. 26, born in Canada. She has been married five years, and has three children. The latter are all healthy. Father and mother healthy, as are also her brothers and sisters. None of her relatives have been affected by any form of skin disease. The patient herself had always been in good health until the pregnancy with her second child (about three years ago), when she felt weak and debilitated. At that time her hair began to fall out. She first noticed that it fell out in round patches, which became perfectly bare. The bare patches gradually increased in size until, finally, every hair had disappeared from the scalp. A similar process had at the same time been going on in other parts of the body, so that at last even the lanugæ were not to be found. Her hair had originally been long, thick, and of a brown colour. It might be here stated that during her first pregnancy she noticed a small bare spot on the scalp, but the hair afterwards grew in again. Her head remained bare during the time she nursed her second child until she became pregnant with her third, when it began to grow in again. It grew in very thick and fine, and of a slightly darker colour. The hair continued to grow in again until her third child was three months old—that is, until about four months ago—when it again began to disappear. All the hair of the head and body fell out the second time in a similar way to the first attack. The hair had grown to the length of from one and a half to two inches.

There has been a purulent discharge from the ears for the last six months. She has also complained of severe pains in the head, which seem to be of a neuralgic character.

*Present Condition.*—She is apparently a strong, healthy woman. She complains of pain in the back and between the shoulders. Her appetite is variable. She suffers also from sore

throat. There is a discharge from the vagina of a purulent character. The scalp is almost perfectly denuded of hair, there being still a few around the lower and back part. The integument of the scalp is soft, and presents numerous depressions of the hair follicles. On examination with a lens, a number of black spots are seen in the depressions. No lanugæ are anywhere to be found on the body. The nails grow slowly and present numerous furrows. They break off easily. This condition of nail has always existed, but to a greater extent since the hair fell out.

*Treatment.*—Tonics were given internally, and a stimulating lotion was ordered for the scalp.

*Remarks.*—Cases of alopecia areata are by no means rare; but those in which there is such a complete loss of hair as in the present one, are not often met with. From the history one would conclude that the cause of the hair falling out was of a constitutional rather than of a local character. The attacks occurred at times when she was out of health, and were so rapid and extensive in their progress that one can scarcely conceive how it could have had a parasitic origin. The condition of the nails would also tend to the idea of a constitutional origin. It is in the milder form of this disease that hair restorers have obtained so much notoriety. In most cases, no matter what treatment is used, the hair will grow in again. Relapses, however, are very common.

The following case was attended by me during Dr. Winstanley's absence from the city:—

#### CASE OF GRAVES' DISEASE.

Mrs. F., æt. 47, came under my observation on August 8th, 1879. The following notes were then taken:

Patient states that she has been ill on and off for the last 15 years. She noticed first a prominence of the eyes and an enlargement of the neck for some time, when it, to a great extent, disappeared. The prominence of the eyes, however, remained. On questioning the patient, I find that during the whole of her illness she has suffered from palpitation of the heart, but that this symptom has been especially prominent during the last six years. Two

years ago she noticed a swelling of the limbs and abdomen, which has continued to a greater or less extent since. Sometimes it has almost disappeared and then appeared again.

*Present Condition.*—The patient is a small woman and not much emaciated. The prominence of the eyeballs is quite noticeable; so much so that anyone would be at once struck by her appearance. There is some enlargement of the thyroid gland. The veins of the neck are enlarged and pulsate rapidly.

*Physical Examination of Chest.*—Lungs healthy. The heart beats irregularly. Apex beat towards the left. The area of cardiac dullness is increased. The first sound is of a loud, resonant, metallic character, but the second sound is normal. There is no murmur. There is a good deal of swelling of the abdomen, caused by effusion into the peritoneal cavity.

*Treatment.*—Unstimulating diuretics, laxatives and tonics.

Aug. 12. Patient feels some better. The amount of urine passed has increased under the use of the diuretic. The feet are not so much swollen. Pulse, 88; Respiration, 28; Temp., 99. She has noticed that for the last year she has not perspired much. Saw to-day two pictures of the patient—a daguerreotype one taken before the commencement of the disease, and the other a photograph, taken about four years ago. In the first, the eyes were not at all prominent; and the difference between the two portraits in this respect was quite marked.

Aug. 22. Examined the urine to-day. Sp. gravity, 1.016; high coloured. A small quantity of albumen was found.

Aug. 30. Was called to see Mrs. F. to-day. I found her in a high fever. The left leg was much swollen and red. The redness was partly due to congestion and partly to extravasation. There was a great amount of tenderness. On the right leg there were also spots of extravasation; but there was no tenderness and not so much swelling. The swelling in the left leg appeared to be of an erysipelatous character. Ordered iron and quinine.

Aug. 31. Patient somewhat better. She has no appetite. Up to the present attack her appetite has been good.

Sept. 6. Was called in company with Dr Winstanley to see the patient. We found her suffering from great dyspnœa. Her countenance was dusky. Respiration, 50 in the minute. The pulse was weak and rapid. The veins over the surface of the body were very much dilated, and pulsation was distinctly seen in the smaller ones on the backs of the hands. We ordered her cardiac sedatives.

Nov. 19. Saw Mrs. F. to-day. She recovered partially from the attack of dyspnœa mentioned above. I found her sitting up. There is a large amount of œdema of the lower limbs, abdomen, and also of the hands. She sits up for part of the day. Dr. Winstanley informs me that she has had several attacks of dyspnœa since I last saw her. Her countenance presented a thin, worn look, quite different from her appearance when I first saw her. Pulse is 84; very regular. The sounds of the heart are normal in their rhythm, and quite as loud as formerly. Urine examined—no albumen; no sugar; sp. gravity, 1.014.

In the latter part of November the patient died. The immediate cause of death was œdema of the lungs, the result of dropsical effusion. No *post mortem* could be obtained.

The most remarkable feature of this case was the very great distension of the veins throughout the body, and the fact that pulsation could be distinctly seen in the superficial veins on the back of the hand. This latter condition would indicate an almost complete paralysis of the vaso-motor nerves which supply the veins. The patient was happy and cheerful until within a few weeks of her death. She did not show any of that irritability or fretfulness of temper which are spoken of as characteristic of this disease. Her pulse was regular, ranging between 80 and 90, except during the paroxysms of dyspnœa, when it became extremely frequent and irregular. At all times the respirations were much more frequent in proportion than the pulse.

**BROMIDE OF ETHYL.**—Dr. J. Marion Sims, in a paper read before the New York Academy of Medicine, March 18th, related a case which terminated fatally twenty-one hours after the performance of Battey's operation. Death was apparently due to the action of the bromide of ethyl used as an anæsthetic. Dr. Sims, from a limited experience of the use of this new anæsthetic, would not use it in prolonged operations, or where there is organic kidney disease.

## Translations.

### COD-LIVER OIL EMULSION.

R.	Yolk of eggs .....	No. ii.
	Mint water .....	ʒiiss.
	Triturate, and add by trituration	
	Loaf sugar, grained.....	ʒii.
	Triturate, and add by trituration	
	Cod-liver oil .....	ʒviii.
	Spts. frumenti .....	ʒviiss.
	Tinct. opii camph.....	ʒiiij.

### PRIPISM IN LEUCÆMIA.—BY F. SALZER.

A saddler, 46 years of age, attacked probably with a lienale leucæmia, presented, without apparent cause, a priapism—at first of short duration, but which later persisted for six weeks, and was followed by the inverse condition, of absolute frigidity. There exist in medical literature analogous facts of prolonged priapism in leucæmics.—*Lyon Méd.*

### PETROLEUM IN WHOOPING-COUGH.

Dr. Hildebrandt is an advocate of petroleum in the treatment of pertussis. His mode of employment could not be simpler. Small bits of rag are dipped into it and placed beneath the pillow of the patient, or are suspended on wooden hooks at the head of the bed. This method is as simple as economical.—*Revista de Medicina Y Cirugía Práct., Madrid.*

### MIXTURE FOR ACUTE GONORRHOEA.

R.	Pulv. sacchari albi.....	ʒiiij.
	Sodii bicarbonatis .....	ʒv.
	Acid benzoic .....	ʒiiss.
	Essent limonis .....	qs.

M.

A teaspoonful to be taken six times a day in a tumbler of water—to be continued until, the discharge being altered in character, injections and balsams are prescribed.

### HYPODERMIC INJECTIONS OF BICHLORIDE OF MERCURY, IN SYPHILIS.

M. Sterne (of Breslau) recommends the following solution :

R.	Bichloride of mercury, 0 grm.	25...grs. 3
	Pure chloride of sodium, 2 grm.	05...ʒss.
	Distilled water,	50 grm .....ʒjss.

Seven minims 1 cubic centimetre to be injected every day.

This method—

1. Causes syphilitic accidents to disappear in a relatively short space of time.
2. Necessitates only a minimum quantity of mercury.
3. Gives rise to no local inflammation.
4. The general health is no wise troubled.
5. The stomatitis is insignificant.
6. This method is easier and cleaner than that by inunction.—*La France Médicale.*

### COMPOUND SYRUP FOR WHOOPING COUGH.

(DELAHAYE.)

Alcoholic extract of belladonna, 5 grammes; alcoholic extract of ipecac., 5 grammes; alcoholic extract of quinine, 2 grammes; Mocha or Martinique coffee, lightly roasted, 250 grammes; boiling water, sufficient to make 500 grammes of infusion; crushed sugar, 500 grammes. Fifteen grammes of this compound syrup are given 8 times a day to children 3 to 5 years of age affected with whooping-cough. Below this age the dose is diminished one half. Dr. Jules Guyot used to prescribe an infusion of coffee, after each meal, in the dose of a teaspoonful to a dessert or tablespoonful, according to age, and each meal should contain grilled or roasted meat, hashed, to facilitate mastication by the little ones. M.M. Rilliet et Barthez have not succeeded in aborting whooping-cough by means of coffee; but this agent has appeared to them valuable by diminishing, and even completely suppressing, the vomiting, and consequently enabling the children to bear food.—*L'Union Médicale.*

### A NEW REACTION OF AMYLOID SUBSTANCE.

BY WEISS.

The new reagent employed is safranine, which is found in commerce in the form of a dark red powder, verging on brick red. It is obtained from impure aniline by nitric acid and arsenic. It is very soluble in alcohol, less so in water.

If the aqueous solution of this substance is employed, under the microscope the parts not touched by amyloid degeneration are coloured a beautiful rose, the parts affected are of

a fine, brilliant orange yellow. If the safranine has been dissolved in water acidulated with acetic acid the whole preparation is uniformly tinted rose, which Weiss does not explain.

The tissues are coloured very rapidly by safranine. The connective tissue is less tinted than the epithelial cells, and the cells less than their nuclei. The thick tissues are well coloured; those that have been hardened in alcohol better still, but not those which have been treated with chromic acid or the chromates. The preparations thus coloured are well preserved and kept for a long time in a saturated solution of acetate of potash. A few grains of safranine dissolved in water in a watch glass suffice to colour, in a few moments, microscopic preparations.—*Lyon Méd.*

For some years it has been advised to treat syphilis by subcutaneous injections of the sublimate, and innumerable trials have been made, most often with success. In Germany, it is Prof. Lewin who has most particularly attached his name to this method. This mode of treatment had the inconvenience of determining a very sharp pain, with notable infiltration at the point where the injection was made. Bamberger, of Vienna, proposed to replace the sublimate with the albuminate of mercury, which has not these inconveniences, but which, on the other hand, is difficult to prepare and still more to preserve. The peptonate of mercury, tried by Bamberger, Zeul, and Neissman, offers, on the contrary, many advantages. It is actually employed in Vienna in all the syphilitic services, and many German physicians have equally adopted it. Twenty-five to thirty injections, at the rate of one a day, sufficed according to these physicians. To prepare the solution of the peptonate of mercury, dissolve one gramme of peptone of meat in 50 cubic cent. of distilled water, add to the filtered liquid 20 cubic cent. of a 5 per cent. solution of the sublimate, and dissolve the precipitate in the necessary quantity (about 15 or 16 cubic cent.) of a 20 per cent. solution of chloride of sodium, then add distilled water to make in all 100 cubic cent. The liquor thus contains in each cubic centimetre one centigramme of mercury.—*Le Prog. Méd.*

#### PHYSIOLOGICAL VARIATIONS IN THE ANATOMICAL STATE OF THE BLOOD GLOBULES.

Dr. Dupérieré, of Paris, avers that—

1. The general average of the red globules of man is 5,100,000. The general average of the white globules is 6,800. The colouring power of the blood, individual value of a globule, varies from 1 to 0.66.

2. The blood of the new-born contains as many red globules as that of a healthy adult. The proportion of white globules is much higher—30,000 white globules are sometimes observed, when in the adult there are only 5,000. The blood of the new-born has special characters, which have caused it to be named, foetal blood.

A slight diminution of red corpuscles is found in the blood of children. The average of red corpuscles in the adult is 5,500,000; of the white corpuscles, 5,000. In the aged there are fewer red corpuscles.

3. The blood of the woman is entirely comparable to that of the man, and its elements are in the same proportion. Menstruation provokes the formation of a very large number of small red corpuscles.

4. The taking of food produces a diminution of the red corpuscles and an increase of the white.

Fasting produces an increase of the red corpuscles, which is the more considerable according as it is more prolonged, without, however, passing the physiological limits.

A nitrogenized diet appears to exercise no other influence on the blood than a mixed diet.

A vegetable diet gives rise to the formation of leucocytes. Milk diet likewise determines the appearance of a considerable number of white corpuscles.—*L'Union Méd.*

#### GENERAL PARESIS.

M. Lionet divides general paretics into two great categories: 1. Those who owe their affection only to themselves, that is to say, who have in their history an essential and sufficient etiology, based on excesses of every nature, on fatigues of all kinds in the absence of all hereditary predisposition. 2nd. Those who seem to be disposed by an hereditary influence.

Most, frequently general paresis is declared without hereditary predisposition. When heredity intervenes, the disease is present under two forms, congestive and maniacal. The hereditary cases, belonging to the congestive type, present cerebral troubles before becoming insane: those classed under the maniacal type are insane from the beginning.

There are then in general paresis three varieties: 1. General paresis of individual origin; 2nd. Of congestive origin; 3rd. Of maniacal origin.

General paretics of individual origin never present any remission, and the duration of the disease is only two or three years. Those of congestive origin are especially remarkable for the frequency of the congestions. They present remissions which are only simple seasons of arrest. They may live 6, 7 or 8 years.

The true remissions and of long duration, as well as the long prodromic periods, are the appanage of general paretics of maniacal origin. The duration of the disease varies between 10, 12 or 15 years.

M. Lionet declares against the doctrine of partial responsibility. During the prodromic period, and during the remissions of short duration, he thinks there really exists a psychopathic state sufficient to entail complete irresponsibility. On the contrary, when the patient is in a period of complete and true remission, he must be considered responsible. —*L'Union Méd.*

**SLOUGHING OF THE PANCREAS.**—Dr. Chiari showed recently at the Gesellschaft der Aertze, Vienna, a very singular preparation—a human pancreas which had sloughed and come away by the anus during life. The patient was thirty-eight years old, and until six weeks previously was perfectly well. He then became ill with symptoms of severe colic and intestinal obstruction. The abdomen became enormously swollen and everywhere painful. Then a considerable evacuation of the bowels occurred, the necrosed pancreas was passed per anum, and the man quickly recovered. Rokitansky described a somewhat similar case in 1864, and Chiari recently visited this patient and found him still perfectly well. —*London Lancet.*

THE CANADIAN

## Journal of Medical Science,

A Monthly Journal of British and Foreign Medical Science, Criticism, and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by sending reports of the proceedings of their Associations to the corresponding editor.*

TORONTO, MAY, 1880.

### THE NEW CORONERS' ACT.

The more the provisions of this Act become known the greater is the condemnation they receive. This universal disapprobation of the law cannot be taken in any other sense than as indicating a general belief that the measure is both unwise and unjust. To us it seems inexplicable that in a legislature containing so many members of the medical profession, some of whom have been coroners, such an objectionable Act should ever have been passed at all. The bill was introduced by the Honorable the Attorney-General; but it is generally believed that he was only the putative sire, and that its actual framer was a clerk in his office. He, however, adopted it as his own offspring, and therefore is responsible for its defects. The framer of the Act seems to have been governed by one *grand* idea from the first,—that of making coroners take an oath of some sort. They must *swear*; else, if he could prevent them, they should not hold any inquests. Some kind of a mediæval notion that coroners, above all judicial officers, should be made to swear in every case that it was necessary for them to perform their duties before they undertook to proceed with the initiatory steps, seems to have so thoroughly permeated his mind, that every other consideration was excluded. When the Act received its first reading the clause requiring coroners to take an oath that an inquest was necessary before they issued their warrants, was not in the Act at all. The first section of the original draft was,

if possible, even more objectionable than it is in its present form, and was as follows :—

“1. No fees for making a *post mortem* examination of the body of the deceased shall be allowed to any coroner, or to any medical witness who is a coroner, or to any medical practitioner who is a coroner, unless the coroner holding the inquest shall, prior to the issuing of his warrant for summoning the jury, have made a declaration in writing, under oath, . . . stating that, from information received by such coroner, he is of opinion that there is reason for believing that the deceased came to his death by other means than through mere accident or mischance.”

Whoever could write such stuff as “to any medical witness who is a coroner, or to any medical practitioner who is a coroner,” certainly never could have passed an examination before the civil service examining board; and should, before he undertake to meddle with Acts of Parliament again, be compelled to make “a declaration in writing, under oath” that he is competent to frame laws for the country.

The grand idea of oath-bound coroners appears to have been paramount to every other consideration with the writer; and the section would have been passed in its primal form had not some of the members of the Assembly sent to coroners copies of the Act immediately after it had passed its first reading. A few of the coroners who read the Act at once wrote to their representatives, pointing out the absurdities of the first section, and the introducer had to promise to have it amended. But the framer, bent upon the oath, and nothing but the oath, remodelled the section into its present form; and the law passed its final reading before coroners had had time to discover and point out its objectionable features. Lulled by the promise that the part complained of should be omitted, they were perhaps not thoughtful enough to ask their representatives to look sharply after the future readings of the Act. True, the section was altered; but how? The requiring coroners to swear that *post mortems* were necessary was changed into requiring them to swear that inquests themselves were necessary, as will be seen by reading the first section of the law in its present form.

“1. No fees shall be claimable by any coroner in respect of any inquest, unless prior

to the issuing of his warrant for summoning the jury, he shall have made a declaration in writing, under oath, . . . stating that from information received by such coroner he is of opinion that there is reason for believing that the deceased did not come to his death from natural causes, or from mere accident or mischance, but came to his death from violence or unfair means, or culpable or negligent conduct of others, under circumstances requiring investigation by a coroner's inquest.”

Coroners are evidently expected, when they are informed of the sudden death of anyone, to go to the place where the body lies, examine it, hear the statements of those who may have found it, or know anything of the matter; and then either take an oath that an inquest is required and hold one, or have all their trouble for nothing! Since the passage of the Act numerous instances have occurred where coroners have been notified of persons having been found dead, but have refused to investigate them, because they did not like the idea of performing judicial duties gratis, and were determined not to take the oath under any circumstances. One of the most noted of the cases was that of Dr. Hillary, of Aurora. In the latter end of March, a farmer residing some eleven miles from Aurora called upon the doctor as coroner, and informed him that he had found his hired man dead in his barn. Of course, the doctor could not think of travelling upwards of twenty miles over execrable roads to inquire into the facts of the case, so as to be able to decide as to the necessity of an inquest, and thus lose an entire day for nothing; and therefore declined taking any steps in the matter. He, however, thought it advisable to inform the County Crown Attorney of the case by letter, and received a telegram from that official directing him to hold an inquest, which he accordingly did. The evidence taken showed conclusively that not the least necessity existed for the inquiry, the man having doubtless died from the effects of a disease which had troubled him for years. We cannot help thinking that, if the majority of coroners were lawyers, and not doctors, some provision would have long since been made for paying them for any trouble to which they may have been put in inquiring into the causes of death of any cases brought to their



official notice, and where they might deem inquests not called for. Most assuredly they would never have been expected to lose the time we have known coroners to lose on such occasions for nothing. Those coroners who think proper to take the oath must necessarily place themselves below the level of county justices of the peace, who are not required, before trying cases brought before them, to take an oath that they believe, from information given them, that a wrong or a crime has been committed.

To show how very carelessly and thoughtlessly Acts of Parliament are sometimes prepared by incompetent and presumptuous would-be law makers, we would direct attention to the fourth and last section of the Coroners' Act, as it passed its first reading, which was as follows :

"4. Any human body found dead within the limits of a city, town, incorporated village or township shall be buried at the expense of the corporation of such city, town, village, or township, but such corporation may recover such expense from the estate of the deceased."

A more obnoxious clause never found place in an Act of Parliament. Had the objections to it not been seen and indicated by others than the framer, the body of any well-known and worthy citizen, of the Honourable the Attorney-General himself, or even of the conductor of the section, if found *dead*, could and should be seized by the officers of the municipality where so found, and buried as they might please, without any reference to the friends and relatives whatever !

We confess we are out of patience with such law scribes as the framer of the present law relating to coroners' inquests has shewn himself to be. That there is necessity for a complete judicious law defining the duties of coroners, stating the cases in which they shall be brought into requisition, and making provision for the payment of coroners for any trouble to which they may be put in inquiring into cases of death where they may not deem inquests called for, we admit. That the Honourable the Attorney-General could frame such a law we certainly believe ; but that the compiler of the measure we have been discussing could ever originate such a law until he himself first became considerably amended, both as an English scholar and a jurist, we have most serious doubts.

TORONTO EYE AND EAR DISPENSARY.—We have received the twelfth Annual Report of this charity. Notwithstanding the fact that it is no longer supported by a Government grant, and receives only a small sum from the city corporation, it has continued its good work and afforded relief to a large number of the afflicted poor of the city. The Dispensary is now in operation at 65 Queen Street East, and the surgeon, Dr. Rosebrugh, is in attendance on Monday, Wednesday, Friday and Saturday, at 10.30 a.m. For the two years ending September 30th, 1879, the number of new patients admitted to the Eye and Ear Infirmary was 859. Of these 859, 658 were from Toronto, 35 from the County of York, and 165 from other counties in Ontario. There were 441 males and 418 females. Eye patients 660, ear patients 199. During the six months that the Institution has been carried on exclusively as a Dispensary, there were 184 new patients admitted to treatment, as against 167 during the same period the previous year. There is an average of about 25 patients constantly under treatment. Some are seen only once a week, some daily, and frequently there are special cases requiring to be seen twice a day.

HAMILTON MEDICAL BOARD.—REGULAR ANNUAL MEETING.—The regular annual meeting of the Medical Board was held on February 20th in the Council Chamber. The following gentlemen were present: Drs. J. Mackelcan, Geo. McKelcan, Billings, McDonald, Case, O'Neil, Biggar, Ryall, Malloch, Wilson, Franks, Kittson, Rosebrugh, Mullin, Griffin, Woolverton, Philip and Mills. On motion, Dr. John Mackelcan was elected chairman and Dr. Griffin, secretary. The minutes of the last meeting were read and adopted. The business of the meeting was to elect visiting physicians for the City Hospital in the place of those retiring—Drs. Malloch and G. L. Mackelcan. Dr. Malloch stated his desire to be again a candidate, and Dr. Mackelcan expressed his wish to retire. A vote was taken with the following result: Dr. Malloch, 14; Dr. Kittson, 13. Dr. Rosebrugh was elected to the consulting staff.

## Book Notices.

*Vicarious Menstruation.* By H. G. LANDIS, A.M., M.D.

*Therapeutic Action of Mercury.* By S. V. CLEVENGER, M.D., Chicago, U.S.

*The Fallacies of Popular Clinical Medicine.* By JARVIS S. WIGHT, M.D. New York: G. P. Putnam's Sons, 1880.

*On a case of Molluscum Verrucosum, presenting certain unusual features.* By JAMES NEVINS HYDE, A.M., M.D., Chicago.

*Reflections upon the History and Progress of the Surgical Treatment of Wounds and Inflammations.* By EDWARD BORCK, M.D., St. Louis, 1880.

*Headaches; Their Nature, Causes, and Treatment.* By W. H. DAY, M.D. M.R., C.P., London, etc. Third Edition. Philadelphia: Lindsay & Blakiston; Toronto: Hart & Rawlinson.

In this useful and practical book, the author classifies headaches according to their various causes, and founds his treatment thereon. He treats the subject in a common-sense way, without attempting to give anything very new or very brilliant. The work will be very acceptable to the general practitioner, who often experiences so much trouble in combating this common malady.

*Pharmacology and Therapeutics; or Medicine, Past and Present.* By T. LAUDER BRUNTON, M.D., F.R.C.P., F.R.S.; London and New York: Macmillan & Co., 1880; Toronto: Willing & Williamson.

This is a reprint of the Goulstonian lectures for 1877, in which the author describes the history of medicine in the past, and its progress; the present state of therapeutics, and the methods by which what is known of it as a science has been discovered. A rational and scientific system of therapeutics is shown to depend upon pathological and pharmacological research, and illustrative examples are

given of the way in which such research has been and should be conducted, and of the results attained. These lectures will repay perusal: they are an interesting and profitable reading.

*Photographic Illustrations of Skin Diseases.* Parts III., IV., V. and VI. By G. H. Fox, New York.

In a former number of this journal a very favourable notice was made of Parts I. and II. of this valuable work. Upon close examination of the succeeding numbers, we see no reason to change our opinion. There is no doubt but that these illustrations are among the best which have been issued.

It seems to have been the object of the author to dwell particularly on those diseases which are most frequently met with. Hence Nos. 5 and 6 are almost entirely taken up with eczema in its various phases.

This feature of the work should make it more valuable to the general practitioner, as it will enable him to recognize and treat the more common diseases successfully.

The remarks accompanying the plates are necessarily brief, but well chosen. The work will be complete in twelve numbers. We strongly recommend it to the notice of the profession.

*Diseases of the Skin.* By MALCOLM MORRIS, Joint Lecturer on Dermatology at St. Mary's Hospital Medical School, etc. Philadelphia: Henry C. Lea; Toronto: Hart & Rawlinson.

On account of the number of very valuable books which have been published on skin diseases during the last ten years, it is exceedingly difficult for anyone to write a work which would be of real benefit to the profession. The task should only be undertaken by one who has had years of practical experience in the diagnosis and treatment of cases. Dr. Morris' work is too short for an exhaustive treatise and too long for a simple epitome. Very much more attention appears to have been paid to the morbid anatomy and pathological character of the various diseases than to their treatment. The results of all recent investigations are given by the author in a

clear and concise manner. So that in this respect the work is fully up to the time. It would have been desirable, however, if more attention had been paid to details in treatment, as it is in this respect that so many of us fail. In no class of disease is it so necessary for an author to go into minutiae in treatment as in those of the skin. We can confidently recommend the work to those who wish to learn the latest views on the pathology and causation of skin diseases.

*Therapeutics of Gynecology and Obstetrics.*

Edited by WILLIAM B. ATKINSON, A.M., M.D. Philadelphia: D. G. Brinton, 1880.

The object of this work is to present to the reader at a glance all the various methods by which the diseases of women are treated by the most noted specialists of the age. "Precise directions in the plans of treatment have been preserved and the exact formulæ presented whenever these could be obtained." Each chapter has been prefaced with a "Synopsis of Diagnostic Points," setting forth the distinctive signs and symptoms between the diseases considered in the chapter.

A very large number of formulæ are given, and these will be a great boon to the general practitioner, who has occasionally to treat diseases of the female genitals, as few men in general practice have time to look up all the various remedies that have been recommended by the specialists, and no single remedy or plan of treatment will be found universally applicable or successful in any given disease. The great number of remedies given under the head of each particular disease will at once suggest to the practitioner the idea of uncertainty, and prompt him to scan more carefully the modified pathological conditions which call for such diversity in treatment; and thus, probably, good will accrue from that which otherwise might result in the adoption of a mere routine practice. We are not generally in favour of placing books of formulæ in the hands of our younger brethren, as they undoubtedly have a dwarfing tendency on the mental vigor; but in the case of this work we make an exception, as it gives just enough in regard to treatment and symptoms to sharpen the appetite for more knowledge of the subject, and thus prompt the reader to a consultation of the larger and more standard works. We like the book very much, and have found it very useful and time-saving.

*Outlines of the Practice of Medicine, with Special Reference to the Prognosis and Treatment of Disease.* By SAMUEL FENWICK, M.D., Lecturer on Principles and Practice of Medicine at the London Hospital. Philadelphia: Lindsay and Blakiston. Toronto: Hart and Rawlinson. 1880.

This is a small octavo of 384 pages, well printed, in good clear type, on good paper, and attractively bound. The first chapter, on the treatment of disease generally, is well worth reading, especially by medical students, as it shows clearly the results of that fidgety, fussy kind of practice which is continually changing the prescription. In illustration, the author tells a good story of an old friend who, being called in consultation with a young practitioner, and finding that in ten days at least ten powerful drugs had been prescribed alternately, without benefit, recommended the doctor to try some *patience*, "a remedy that cured the patient." He says, "Never forget that most medicines require time to enable them to act upon the system. Even our most potent drugs, such as digitalis and mercury, must be given in repeated doses before they can influence the nutrition of a diseased structure. There is no more certain sign of a bad practitioner than the constant changing of his remedies. It shows either that he is doubtful of his diagnosis, or that he is uncertain as to the best means of subduing the disease he has to treat."

In Chapter II., on the treatment of acute local diseases, he says the same pathological change requires similar treatment wherever it may occur, and he sums up the indications for treatment in acute inflammation as follows:—

A. Ascertain, and if possible remove, the cause.

B. Watch carefully the condition of the heart and circulating system.

(a) The tension of the whole vascular system may have to be lessened.

(b) The local congestion may have to be diminished.

(c) The action of the heart may have to be increased.

(d) The inflamed part may require to be stimulated.

C. Watch carefully the condition of the nervous system.

(a) It may be necessary to act on the nervous system.

(b) It may be necessary to act on the nerves of the part affected.

D. In all acute inflammations insist upon rest.

(a) General rest.

(b) Functional rest of the affected organ.

E. In all acute inflammations, diet should consist of liquid food.

G. It may be necessary to remove inflammatory exudations.

(a) By mechanical measures.

(b) By medicines.

Chapter III., On the Indications for the Treatment of Chronic Local Diseases, is also well worth careful study; and we think it would have been well if the book had been limited to the fifty-five pages embraced by these three chapters, as they certainly contain all that is of real value in it. The balance of the work is devoted to the treatment of special diseases, contains nothing more than a synopsis of treatment, with a reference to the prognosis, while pathology and symptomatology are to be guessed at.

The treatment as far as it goes is given in very concise form and generally very good; but in regard to acute peritonitis we think that one or two grains of opium for the first dose, and one grain every three or four hours afterwards for an adult, will not do much towards controlling such a rapidly fatal disease, and we also think that many practitioners of the present day will hardly endorse the free use of opiates which he recommends.

We do not wish to find fault with a work intended to lighten the labour of an overtaxed profession, and which does contain many good things, but in our opinion it is too thin an outline.

*The Hypodermic Injection of Morphia: Its Advantages and Dangers.* BY H. H. KANE, M.D. New York: Chas. Bermingham & Co.

This little book is the result of much personal observation and experiment by its author, and a collation of the experience of three hun-

dred and sixty medical practitioners in all parts of the world. There are chapters on the "History of Morphia Injections," on "Idiosyncrasies," on "Morphia Habit," &c.; but we would call special attention to those on "Narcotism," "Death," "Syncope," and the "Treatment of Morphia Narcosis," as being worthy of the very careful study of all who administer the drug in this manner.

In the chapter on Narcotism a vast amount of interesting experience is given, which shows that a wide range exists in the susceptibility of different persons. In many cases alarming results have followed the injection of doses not larger than  $\frac{1}{2}$  or  $\frac{1}{4}$  of a gr., and, while one gentleman speaks of giving 20 grs. of morphia, hypodermically, another says he had a patient sleep twenty-four hours after a dose of only  $\frac{1}{2}$ th of a grain.

The conclusion arrived at is, that the commencing dose should invariably be small till the idiosyncrasy of the patient is ascertained, and then increased, if at all, very gradually.

The author thinks it highly probable that the use of morphia "is extremely hazardous" in such cases as "delirium tremens, acute mania, that class of acute pulmonary affections where the tendency is to death by the lungs, and in some forms of acute and chronic nephritis."

The chapter on Syncope embraces forty pages, and shows, like the one on Narcotism, that very small doses will sometimes, and most unexpectedly, produce very alarming prostration or syncope, but why they should do so is not made to appear very clearly. Many of the writers suppose that these effects have followed the injection of the morphia directly into a vein, some attribute them to the entering of a bubble of air into the vein, while some ascribe them to fright at the prick of the needle, and others, to rapid absorption.

The author says, "which of these hypothesis is the correct one is at present difficult to decide." Although we have never seen any of these unpleasant results from the hypodermic use of morphia, yet the record of so many hair-breadth escapes is well calculated to make the young practitioner tremble when contemplating the use of morphia in this way.

In the chapter on Death, he gives the records

of thirty-six cases in which death was ascribed to the injection of the morphia, but we must refer our readers to the chapter itself, where the details will be found sufficiently interesting to well repay perusal.

In the treatment of morphia narcosis, while he speaks of all the usual remedies, he appears to believe decidedly in the antagonism of morphia and atropia, but says, *we think correctly*, "that we are not justified in simply giving atropia with the expectation that it will do the entire work alone, but that there are other measures nearly, if not quite, as important and that these should never be neglected."

He says, "It has been experimentally and clinically demonstrated that about  $\frac{1}{10}$  gr. of atropia should be exhibited for every grain of morphia taken, and *vice versa*." That although this is the approximate amount, "yet in every case the physician must decide alone from the condition of the pulse and respiration. If the respirations, after one or two repetitions of fractions of a proportionate dose, increase in frequency and the pupils commence to dilate, the hand should be stayed and other measures employed to improve the patient's condition. Too much atropine may prove decidedly injurious" \* \* \* and too much is often given. The dose to begin with should not exceed the one-fortieth or one-sixtieth of a grain, and this may be repeated every fifteen, twenty, or thirty minutes, as the urgency of the symptoms may demand." Dilatation of the pupils is regarded by most writers as a very unsafe guide to the use of atropine for its antidotal effects.

As the hypodermic syringe is so universally resorted to, we would like to see Dr. Kane's book placed in the hands of every man who buys the instrument; and while it might tend to make some men timid, it would doubtless teach caution to all who deal with such a precious thing as human life.

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NERVES IN THE MARROW OF BONES.—M. Rémy has examined microscopically the marrow of amputated bones, by means of chloride of gold, and claims to have discovered nerves. Some of them contain myeline, and are of small size; others are fibres of Remak. They are very numerous, follow the course of the vessels, and are, in all probability, vaso-motor.  
—*La Tribune Médicale*.

*A Treatise on the Theory and Practice of Medicine.* By JOHN SYER BRISTOWE, M.D., London. Second Edition. Revised by the Author. With Notes and Additions by JAMES H. HUTCHINSON, M.D. 1879. Philadelphia: Henry C. Lea. Toronto: Hart & Rawlinson.

Before the appearance of the first edition of this work, Flint's *Practice of Medicine* stood, in our opinion, for the general purposes of practitioner and student, "*Facillime Princeps*;" but candour now compels us to admit, in spite of our old predilections for the latter, that Bristowe must henceforth take the lead.

In the edition before us we observe no important change or addition in the first 100 pages, devoted to general pathology. Coming from the pen of so accomplished a pathologist as Bristowe this section could not well be otherwise than admirable in all respects, and we would specially commend to students his clear account of tumours. The specific febrile diseases are considered in Chapter I. of Part II. devoted to special pathology, and are prefaced by some short but valuable remarks upon "Contagion," and "General Rules of Management." Speaking of these generally we may say that we know of no short account of the specific febrile diseases at all equal to this. There are, however, a few omissions to which we desire to direct attention. In the description of Rötheln we find no mention of the enlargement of the glands, particularly the cervical, which is noted as being so prominent and characteristic by Dyce Duckworth, and others. Of the two diametrically opposed views of vaccination successively adopted by the author we prefer that expressed in the first edition, and are by no means inclined to agree in the opinion here expressed that "cow-pox is small-pox, modified and deprived of its virulence by transmission through the cow." On the subject of enteric fever we are glad to observe that the author inculcates the specific view of Budd as opposed to Murchison's pythogenic origin. Cerebro-spinal meningitis is described as a contagious fever, and although it is true the author has some countenance in this view from Stokes, Hirsch and Simon, yet we must remember that the vastly

preponderating weight of the majority of authorities is against him. The sound and rapidly prevailing doctrine of the identity of true croup and diphtheria is heartily supported by our author; but his American editor, Mr. Hutchinson, does not adopt this view, and urges the fact that "membranous inflammation of the larynx is sometimes caused by the direct application of irritants, showing that it is not necessarily in all cases of constitutional origin." We had fondly hoped that it would not have been again necessary to point out the fact that the most strenuous advocate of the identity does not deny that "scalding water will raise a blister," even in the healthiest subject.

We are at a loss to understand what the American editor means by the statement in his annotation "the results of tracheotomy are much more favourable in pure croup than in laryngitis." No mention is here made of the post-mortem appearances of Peyer's patches and the mesenteric glands, to which continental writers have directed attention in diphtheria. The account of epidemic cholera is especially good, but in the section on treatment no mention is made of Indian experience of the intravenous injection of chloral. In speaking of hydrophobia, Hutchinson's prophylactic measure, viz.: the extraction of the canines of all pups, receives no notice. Syphilis is regarded as a specific exanthematic fever. Pyæmia and septicæmia are described under the one caption in an excellent chapter, in which he briefly accords more than his wonted meed of praise to Lister's antiseptic dressing. In the chapter on leprosy, although the contagiousness of the disease is not admitted, yet the author seems disinclined to dispute its communicability, and gives currency to Living's view that it is capable of propagation by the inhibition of the excreta of lepers. Fish diet, as an etiological element, is entirely rejected. To the chapter on ague the American editor adds a short section on typho-malarial fever, and one on the treatment of the pernicious form of intermittent fever. In an excellent section of fifty pages diseases of the skin are treated of, and the author appears to be a close follower of the great Hebra and his school.

The description of physical exploration of the chest and its results is unusually clear and instructive. No account is, however, given of the varieties of pneumonia (apart from the croupous and catarrhal) nor of the different views of its nature, such as Fernet's herpeticism of the pneumogastric. We regret to observe that in the treatment of the asthmatic attack no mention is made of the value of the nitrite of amyl or the iodide of ethyl, nor of the curative influence of iodide of potash long continued. A brief article on autumnal catarrh is intercalated by the American editor.

In the cardiac section we do not observe any reference to Potain's view of the causative influence of liver and abdominal affections in the development of lesions of the right heart by the reflex excitement of spasm in the pulmonary arterioles. Nor do we notice any reference to Goodhart's and Fothergill's opinion as to the etiological relation of prolonged anæmia to certain organic cardiac lesions; but on the whole this section is fully equal, if not superior, to that of any text book with which we are acquainted. In the treatment of attacks of angina pectoris nitrite of amyl is recommended, but no allusion is made to the very successful employment of nitro-glycerine, or glonoine, by Murrell and others. In this later edition we are pleased to observe an account of Dr. Ord's myxœdema, or what Sir Wm. Gull has termed "the cretinoid condition of adult women." In "dilatation of the stomach" we do not think sufficient stress is laid upon the value of the stomach pump and douche. A brief description of hypertrophic cirrhosis of the liver is also a new addition to this part. The section devoted to diseases of the kidney is an admirable one, and is followed by a short notice of affections of the pelvic organs. The chapter bearing on the anatomy and physiology of the nervous system is much improved by the insertion of a clear account of the localization of function, accompanied and elucidated by a number of diagrams. The American editor inserts a reference to tendon reflexes. In describing locomotor ataxy the absence of patellar tendon reflex is not mentioned in the first edition, but here finds a place. Although Charcot is largely drawn

upon in the account of paralysis agitans (or Parkinson's disease) yet we miss all reference to the phenomenon of "Lateropulsion" as a characteristic of this affection signalized by Debore in 1878. A long and very valuable chapter, of some 35 pages, on the subject of insanity, is added to and completes this second edition of the work. The student will probably be disappointed at the brief space allotted to treatment, but the author very wisely refers him to his text books on materia medica or therapeutics for any specific information desired upon this part of the subject.

If it should appear that in the foregoing remarks we have sought rather to enumerate the few deficiencies of the work than to detail its abounding merits, the reason therefor may be found in the fact that in the limited space at our disposal the former was the easier task; and although we hold that every practitioner should possess, "read, mark, learn and inwardly digest" Reynold's system, yet we are free to confess that among the many manuals of medicine which have hitherto issued from the press, student and practitioner alike will find his money most profitably invested in the purchase, and his time in the perusal of this second edition of Bristowe's Theory and Practice.

UNIVERSITY OF BISHOP'S COLLEGE.—At the late examinations, the following gentlemen passed their primary examinations in Materia Medica, Anatomy, Chemistry, Physiology, Practical Chemistry and Practical Anatomy for the degree of C.M., M.D.: Heber Bishop, B.A., Marbleton, Que., Prizeman; Ninian C. Smillie, Montreal, Que.; Walter de Moulpied, Nicolet, Que.; J. F. E. Tetreault, St. Pie, Que.; H. R. Wllson, Montreal, Que.; E. Labrie, Chicopee Falls, U.S. The following passed their final examination for degree of C.M., M.D., in Surgery, Midwifery, Pathology, Medicine, Medical Jurisprudence and Hygiene: Henry B. Chandler, Boston, U.S., Gold Medalist; J. Leslie Foley, Montreal, Que., Final Prizeman; L. H. U. Gill, Pierreville, Que.; J. F. E. Tetreault, St. Pie, Que.; Edmund Labrie, Chicopee Falls, U.S.; Philip Dubé, Quebec, Que.

## Miscellaneous.

CUTLER'S POCKET INHALER.—As will be seen by advertisement, the price of this popular inhaler has been reduced to \$1, or \$1 25 by post. Over 300,000 of them have been sold.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.—The following students have passed their final examination before the faculty of the Royal College of Physicians and Surgeons in affiliation with Queen's University: *Without an Oral*—H. H. Chown, J. E. Galbraith, T. Wilson, L. E. Day, H. H. Reeve; W. A. Lovell, C. E. Empey, J. Odlum. *With an Oral*—W. D. Reid, W. D. Waddell, C. D. Dickson. Messrs. D. Wallace and J. S. McEwen were appointed surgeons to the General Hospital, and Oldham and Gibson demonstrators in anatomy in the College.

TRINITY MEDICAL SCHOOL EXAMINATIONS.—The following is the result of the recent examinations at the Trinity Medical School:—Trinity gold medalist, Judson Ellis; Trinity silver medalist, H. W. Rath; 2nd do., J. McWilliam. Honours, Wm. Beatty, H. W. Smith, L. B. Clemens, R. Wilson. Passed, W. W. Boyce, M. Martin, J. E. Shaw, R. Patterson, J. A. McNaughton, F. B. Lundy, T. C. Spence, E. F. Hatton, J. A. Hunter, R. McWilliam, N. McPhatter, D. A. McTavish, E. M. C. McIntosh. Primary scholarship, W. F. Peters; 2nd do., T. G. Brereton, Honours, A. C. Gaviller, J. C. Urquhart, J. Ferrier. Passed, H. R. McGill, F. E. Woolverton, D. Lloyd, H. Kerr, J. A. Macdonald, M. L. Cameron, C. M. Freeman, J. Walker, W. F. McLean. First year scholarship, W. Bonnar.

MCGILL UNIVERSITY.—The report of the medical faculty of McGill University states that the total number of students enregistered was 166, of whom there were from Ontario 75, Quebec 56, Nova Scotia 2, Manitoba 3, New Brunswick 8, Prince Edward Island 4, Newfoundland 1, West Indies 1, United States 16. The following gentlemen have passed their primary examination:—W. Cormack, Guelph,

J. H. Carson, Port Hope; A. H. Dunlop, Pembroke, Ont.; J. A. Grant, B.A., Ottawa, Ont.; Chas. M. Gordon, Ottawa, Ont.; J. B. Harvie, Ottawa; D. W. Houston, Belleville; A. McDonald, Paisley, Ont.; T. N. McLean, Perth, Ont.; Michael McNulty, Iroquois, Ont.; G. H. Mewburn, Drummondville, Ont.; Wm. Moore Owen Sound; H. O'Keefe, Lindsay; H. V. Odgen, B.A., St. Catharines; E. W. Reynolds, Brockville; W. H. Shaver, Wales, Ont.; Alex. Shaw, Seaforth, Ont.; G. C. Wagner, Dickinson's Landing, Ont.; Joseph Williams, London, Ont. The following gentlemen have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from this University:—D. K. Cowley, Ottawa; J. S. Edwards, London; D. G. Inksetter, Capetown, Ont.; B. E. McKenzie, B.A., Aurora, Ont.; R. C. McDonald, Perth, Ont.; M. McNulty, Iroquois, Ont.; A. F. Pringle, Cornwall, Ont.; B. L. Riordan, Port Hope; A. M. Ruttan, Napanee, Ont.; H. B. Small, Ottawa, Ont.

#### THE THERAPEUTIC VALUE OF PULSATILLA.—

Dr. James I. Tucker, of Chicago, in a communication to the *Chicago Medical Gazette*, Feb. 5, 1880, says: Pulsatilla is rapidly growing in favour with many practitioners. Though a very old remedy, having been known to Dioscorides and Pliny, it fell into disuse, if not into disrepute, and was not reinstated till about the beginning of the present century. I have used pulsatilla mainly in simple dysmenorrhœa, and here it has proved of decided utility. Its scope is, however, doubtless much wider. A very prominent lawyer of this city told me, not long since, that after trying the bromides, the valerianates and other remedies of repute for the headaches caused by excessive mental application, he found no relief till he made use of the tincture of pulsatilla. He is now never without it, and uses no other medicine for the cure of his headaches, which I know to be very severe. No such powers are attributed to it in the books to which I have access. This is an exceptional case, it may be, but it is a valid one. The tincture of pulsatilla should be made from the fresh plant, and given with caution. The dose is from three to ten drops.

ROYAL COLLEGE OF PHYSICIANS, LONDON.—It would seem that the various examining bodies in England are not over sanguine as to the rapid adoption of a Conjoint Scheme. A few weeks ago we referred to the changes which had either been suggested or carried into effect at the University of London and the Royal College of Surgeons. The Royal College of Physicians is now moving in the matter, and a new set of by-laws for the College licence was discussed and formally adopted at a meeting of the Fellows on the 16th inst. These regulations will make so many alterations in the conditions for this qualification that we must refer to them at some length. The most important change is one which we have long advocated, and which has our heartiest approval. Instead of two examinations, three are now introduced, and a complete rearrangement of the subjects is thereby necessitated. The *First Examination* is open to all candidates who have been registered as medical students by the General Medical Council, so that it may be passed at the earliest opportunity, that is, as soon after the student has joined a recognized medical school as he may think fit to present himself, or even whilst he is a pupil of a legally qualified practitioner or attending at a country hospital or infirmary. The subjects of this examination are Chemistry and Chemical Physics; *Materia Medica*, Medical Botany, and Pharmacy; and Osteology; and schedules will be drawn up indicating the range and extent of the knowledge that will be expected. Every pupil, therefore, who chooses to spend a certain time in the country before entering at a medical school, will have a great inducement to work at subjects which he can readily learn, and will be so far the better prepared for the earnest study of the more advanced and difficult parts of his curriculum. The certificates which are compulsory at this stage will merely state that he has received instructions in Chemistry and Chemical Physics, Practical Chemistry, *Materia Medica*, Botany, and Practical Pharmacy. The wording "received instruction" is very vague, and we venture to think that such certificates might have been dispensed with altogether. However, as it does not compel attendance on courses of lectures in subjects which the student



can readily learn by private tuition, or even in some instances teach himself, if he sets about doing so with a good text-book and the necessary practical material, we must congratulate the College on being the first examining body which has really recorded its protest against the unnecessary number of lectures which the medical student is compelled to listen to. Those who benefit by lectures may attend them; those who can learn these preliminary subjects without so doing will be at liberty to dispense with them. Botany and *Materia Medica* can, as a rule, be much more thoroughly mastered in the country than by attendance on a routine course of lectures. The *Second Examination* includes Anatomy and Physiology, and the range of subjects in the latter science is also scheduled. Candidates for this examination must have passed eighteen months at a recognised school, and must furnish certificates of attendance on a course of Anatomy, Physiology, and Practical Physiology (which is thus definitely separated from the ordinary theoretical lectures), and of having performed dissections for not less than twelve months. The *Third Examination* cannot be entered for until the expiration of two years after the passing of the Second, and embraces Medicine, Surgery, and Midwifery especially, whilst questions on Therapeutics, Forensic Medicine, and Public Health will be included. Besides attendance on lectures, certificates will have to be produced by candidates of having undergone systematic practical instruction in Medicine, Surgery, and Obstetric Medicine, and the character and extent of such systematic instruction is explicitly laid down. In insisting on this practical instruction the College is well advised, and we are sure that a great reform in bedside teaching at most schools must inevitably follow this regulation. The candidate must also have discharged the duties of a medical clinical clerk during six months, and of a surgical dresser during other six months. The regulations, therefore, whilst, sufficiently elastic in the early stages of the medical curriculum, are very stringent in the latter and absolutely essential portions, and we agree with the authorities of the College in preferring this plan of education to any other which has been submitted to the profession. A further boon

to the student is the exemption from re-examination in subjects in which he has passed other examining boards, and in this respect also the College of Physicians has shown much liberality as could be expected. A large number of candidates will be sure to prefer themselves for the license as soon as the by-laws have been circulated and clearly understood in our medical schools and by the profession generally, and a qualification, which is too little appreciated when we consider its value and meaning, will soon attain the public favor which it so eminently deserves.—*London Lancet*

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### APPOINTMENTS.

Peter Macdonald, of the town of Wingham, Esq., M.D., to be an Associate Coroner in and for the County of Huron.

J. W. Wood, of Victoria Road, Esq., M.D., to be an Associate Coroner in and for the County of Victoria.

John H. Comfort, of the city of St. Catharines, Esq., M.D., to be Police Magistrate in and for the said city of St. Catharines.

Adolphe Robillard, of the city of Ottawa, Esq., M.D., to be an Associate Coroner in and for the county of Carleton.

Herbert J. Saunders, of the city of Kingsville, Esq., M.D., to be an Associate Coroner in and for the county of Frontenac.

Dr. Kittson, of Hamilton, has been elected Vice-President of the Hamilton Medical and Surgical Society, in the place of Dr. Lothrop, deceased.

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### Births, Marriages, and Deaths

#### BIRTHS.

At London, on the 14th of March, the wife of Dr. G. Edwards of a daughter.

At London, on April 13th, the wife of N. Beemer, M.D., of a son.

At Janetville, on Sunday, April 11th, the wife of John McAlpine, M.D., of a daughter.

#### DEATHS.

At Camlachie, on April 6th, Dr. S. G. Rutherton, late of Newry, aged 88.

At Chatham, April 12th, Margaret Sivewright, widow of the late J. H. Sivewright, M.D., aged 72 years.

At Cookstown, on April 7th, Marianne, aged 72 years, wife of the late Robert Paget, M.D., of Thornhill.

At Kingston, on April 17th, Alice Elizabeth, wife of W. G. Metcalf, M.D., Medical Superintendent of the Asylum for the Insane.