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THE DOMINION MEDICAL JOURNAL.

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Original Communications.

RHEUMATISM AND RHEUMATIC GOUT, WITH THEIR SPECIFIC TREATMENT BY KINO-COLOCYNTHEINE.

By W. W. OGDEN, M.B

Read before the Medical Section of the Canadian Institute, April
30th 1869.

Rheumatism and Rheumatic-Gout are diseases of uncommon interest to us in this country, because of their frequent occurrence among all classes of its population.

I by no means affirm, however, that every individual of these classes is liable to attack, but on the contrary—and this is important as requiring an explanation—there are good reasons for believing that many persons, whatever might be their exposure to what are usually regarded as exciting causes, of these affections, will ever remain free from their invasion.

I am not insensible of the difficulties, surrounding these diseases, to be overcome in their intelligent study, nor would I, for a moment, undervalue the labors of Drs. Prout, Todd, Garrod, Fuller, and others of equal medical sagacity, but the fact remains—unless we think and judge for ourselves in every case, with a knowledge, however, of the views and opinions of others—we fail to obtain, and to exhibit, that self reliance, which, to the patient, is a chief support in his hour of danger and distress, as well as fall far short of that thorough appreciation of disease and the best means of cure, so desirable to every practitioner.

With these points in full view, I propose in this paper, somewhat hastily prepared, first to touch Rheumatism and Rheumatic-Gout, as I understand them; as well as give you what I believe to be their specific treatment by a continuation of well-known remedies of recognized value, carefully prepared and discreetly administered.

If, in your opinion, I flounder for a rationale

in the treatment of these affections by the medicine—presently to be introduced—and offer causes in explanation of its action, that science shall penetrate and reject; the satisfaction to myself will remain, that I have attempted to evolve the true cause of a most common and painful malady, and added, at least, something of weight to its specific treatment. That in every constitutional affection—(giving constitutional its broadest meaning)—the blood is at fault, is a proposition, now, almost universally admitted.

There are many constitutional diseases, each differing from the other in some essential points, and these differences have been considered sufficiently important to justify a distinct appellation to each; but all those coming under the common title “constitutional” by no means admit of an “uniform cause,” though the theory of the presence of some zymotic element as the predisposing cause of typhus and typhoid fevers, scarlatina, measles and small-pox, is the prevailing and most likely one in the present stage of pathology.

Against the epidemic (as well as contagious) diseases typhus and typhoid fevers, it is impossible, *cacteris paribus*, absolutely to guard, but against the invasion of the constitutional diseases, rheumatism and rheumatic-gout, and gout, I believe it quite possible to afford protection.

I think I may affirm, with good prospect of being sustained by proof, that when persons are so unfortunate or so reckless as to permit the operation of either the predisposing or exciting causes of these diseases, an efficient and thoroughly reliable remedy may be found in the compound designated kino-colocynthine.

Causes.—The latest and most reliable investigators of these affections regard them as the product of a specific poison, in each, generated in the system as the result of mal-assimilation, or faulty metamorphic action—lactic acid ($C^3H^5O^2 + HO$) in rheumatism, and lactic and uric acid ($C^{10}H^{12}N^4H^1 + 2HO$), combined or associated,

in rheumatic gout, and uric acid alone (or as a urate) in gout, being the specific poisons. A proof of this may be offered in the fact that the lactates and urates have been invariably discovered, when sought after, in the urine of persons labouring under these diseases. Whether the *materies morbi* spoken of be of hereditary origin, or generated *de novo* in the system, seem proper questions for free discussion at any time, as the former theory only is universally admitted. My belief is, that the *materies morbi* is, in some cases, undoubtedly hereditary, and that it may be produced, under certain circumstances and under certain conditions of body, *de novo* as well. Facts and arguments are clearly against the idea of its introduction from without; and, as to the hereditary character of these diseases sometimes, no one now will care to question. Here I may remark, incidentally, that if Dr. Pritchard's views be correct—viz., that all original connate bodily peculiarities tend to become hereditary, and consequently capable of transmission, while changes in the organic structure of the individual, from external causes during life, end with him, and have no influence on his progeny—this may be a curious and rather interesting subject for investigation to those contemplating matrimony, as a slight mis-step in this respect might seriously and most painfully involve their subsequent peace of mind. Proofs of the existence of lactic acid in rheumatism, and lactic and uric acid in rheumatic gout, as their direct causes respectively, have been well presented by Drs. Fuller, Prout, and Todd, as well as by others of equal celebrity; but these facts known, the next most important questions appear to me to be, How are these substances produced, and what are the conditions of body most favourable to their production, and, so to speak, non-elimination? I shall speak more particularly now of rheumatism alone.

Dr. Prout believes that lactic acid is developed too freely in the system, in consequence of imperfect assimilation, and from various accidental causes is retained, and the disease results. Dr. Todd believes that though the lactic acid may not be formed in excessive quantities, its elimination is checked by defective cutaneous secretions; and hence the disease. Dr. Headland affirms that the starch in food is converted into

lactic acid, usually, and that before the latter can be applied to the production of animal heat, it must *first* be changed into carbonic acid and water by oxidation, and in some cases the latter change fails to be effected from the want of "vital energy or nervous force;" hence the acid accumulates, and the disease results as a consequence.

However presumptuous it may appear, I think somewhat differently; that lactic acid, in excessive quantities, in the system, is the product of *acid fermentation*, by the action of nitrogenized albuminous part of food ingested, in process of putrefactive change, on the saccharine elements of food, and the conversion of the latter into lactic acid. The whole body presents, at the time of invasion, a debilitated condition; the digestion is weak, the routine of assimilation is imperfectly performed, and by this general failure in the "vital forces," oxygen fails to be forthcoming, and the change from lactic acid to carbonic acid and water is arrested. The secretions, you may have observed, are almost entirely arrested in the earlier periods of the disease; the *materies morbi*, therefore, accumulates, and rheumatism results in a form more or less severe.

So much as to its cause, its production, and non-elimination. Out of the body, these chemical changes have been demonstrated repeatedly; and who can tell but that in the animal laboratory the same chemical changes are probable! The chronic form of this disease will not, I think, offer obstacles, if viewed as a milder form of the same complaint, for I have no idea that the chronic form is ever the result of the acute, though Dr. Cullen has fluently written, "*pro sequela rheumatismi acuti, rheumatismum chronicum dictum semper habes*"—an observation, I am sure, not warranted by closer subsequent investigation. In rheumatism or rheumatic gout, whether it be the acute or so-called chronic variety, the cause is the same (as before presented), and requires precisely the same plan of treatment.

(To be continued.)

DR. HARLEY, Professor of Medical Jurisprudence in University College, advises great caution to be used in the administration of strychnine to women during the period of lactation.

Extraordinary Recovery from Extensive Saw-Wound of the Skull.

By A. C. FOLSOM, M.D.

The patient was an employé of the Casper Mill company, and received an extensive and dangerous wound of the head from a circular saw, July 13th, 1864. I first saw him about half an hour after the accident, and made a hasty examination. The wound extended through the scalp and bones of the cranium and into the brain. Pulse 74, full, soft and flowing. Hemorrhage slight. Patient perfectly conscious and free from pain. I suggested the propriety of moving him to Pine Grove, one half mile distance, to a more comfortable room. He thought himself able to walk. He was conveyed on a litter. On his arrival I made a careful examination. The wound commenced at the frontal bone, one half an inch above the nose, and extended a little to the left and below the occipital protuberance, passing through the the superior edge of the parietal bone. Measured by the convex surface of the skull, the length of the cut in the bones of the cranium was nine inches. They fell apart over an inch, the length of the scalp-wound being eleven inches. The membranes of the brain as well as its substance were divided, the former much lacerated, and the latter falling apart sufficient to admit a common pocket-rule to the depth of one and one half inches, and a small silver probe two inches before touching the walls of the cut. The saw being circular in form, the wound must have been fully three inches deep, extending nearly if not quite to the base of the brain. Thirty-two minute pieces of bone, together with considerable sawdust, were taken from the wound, also a table spoonful of the substance of the brain. The saw itself must have removed as much more. Warm water was used to promote hemorrhage while dressing the first time. The patient did not lose over two ounces of blood. No large arteries were severed. The pulsation of all the cerebral arteries could be distinctly seen. All that portion of the brain visible appeared normal. There was no congestion of the brain or its membranes. During the examination and dressing the pulse remained at 74. There was no pain or undue sensitiveness about the wound. The patient could not tell when the brain, its membranes, or the walls of the cut were touched, even when pressed upon with considerable force. He was sensible when the scalp wound was touched. After removing the hair from the scalp, and cleansing the wound, a common tourniquet, without the pad, was applied to the head, and the edges of the cranial bones were gradually and carefully drawn together. The wound in the scalp required six stitches, an opening being left at each end and one in the centre. Adhesive plaster completed the dressing. I visited the patient daily for three weeks. The stitches were removed on the fourth day. The wound healed by first intention, excepting at the three points where purposely left open. I never succeeded in detecting any variation in the pulse, any cerebral disturbance or any irregularity of the digestive or urinary organs, and none was ever reported by his nurses. No medicine was ever needed during his confinement, not even an opiate. His appetite was always good and his sleep regular.

There was a slight coating of the tongue the second day, but none afterward. The patient was dismissed after daily attention for three weeks, with the recommendation of perfect quiet for two or three weeks more. In five or six weeks from the date of injury he resumed his duties as foreman at the mill, and has filled that position ever since. I have recently examined the cicatrix. The bones appear firm with very little unnatural callus. Mental faculties perfectly intact. He says himself, that he has never suffered from headache, and never experienced any inconvenience from the injury, that he is aware of.

The preservation of his mental faculties is perhaps the most remarkable feature in this very remarkable case. That he should have lived beyond a few moments is surprising; but his final recovery—his brain actually cut in two, accompanied with loss of substance but without any mental or physical derangement whatever, not even temporary—appears incredible. Nevertheless it is true, and ample proof can be furnished if needed.

It may not be amiss to mention, that the saw by which he was wounded is about $\frac{1}{2}$ inch thick and about 18 inches in diameter, with the speed of about 2000 revolutions per minute. The patient states that "he did not feel the cutting of the saw much, but heard it jingle and ring as it cut through the bones." It is obvious there could have been very little if any concussion, and certainly there was scarcely any hemorrhage. Perhaps for these reasons death was not instantaneous or nearly so. That he should ever perfectly recover, is a great mystery. Others of the profession may advance a satisfactory theory to account for the recovery. I have none to offer.

The above case would have been reported sooner only for the accidental mislaying of the notes taken at the time of the occurrence.

Should any of the profession wish a more careful report on any particular point in this case, the editor of the PACIFIC MEDICAL AND SURGICAL JOURNAL can furnish my address.

[EDITORIAL NOTE.—Being desirous to present this extraordinary and almost incredible case with all possible evidence in favor of its truth, we wrote to Dr. Folsom, requesting a more definite statement in regard to the depth of the wound and the "falling apart" of the cranial bones, with any other facts bearing on the case. We subjoin his answer in full. Our readers now have all the evidence in our possession. We may add that we have no reason for entertaining the slightest doubt with respect to the testimony, as regards the confidence to be reposed in Dr. Folsom. We had heard of the case through other channels and common report, as being extraordinary beyond belief; and this it was which induced us in the first place to write to Dr. F. for a statement of it. We do not concur in Dr. Folsom's opinion that the saw reached the base of the brain, believing this to be totally inconsistent with the continuance of life. Had the teeth of the saw touched both extremities of the wound at the same time, the intervening teeth must have reached the base of the skull, dividing the corpus callosum, optic nerve, etc. But the probability is that the saw, first striking the occiput, communicated to the head a rolling motion, drawing each succeeding portion to it, until the cut was completed. This explanation is corroborated by the statement that the scalp wound was so much longer at the occiput (two inches) than the wound in the skull. The saw too, need not have entered the brain substance more than a few lines, for the wound

seems to have been as near the falx cerebri—the membrane separating the cerebral lobes—as is consistent with the escape from injury of the longitudinal sinus, and doubtless the rule and the probe were both thrust between the two lobes, which, if the explanation is correct, might readily be done, even to the corpus callosum, without injury.]

MENDOCINO, March 13th, 1869.

DR. GIBBONS, Jr.

Dear Sir—Yours of March 6th is at hand, and in answer to your inquiry I would say—the cut extended from the root of the nose to the occipital protuberance, or rather $\frac{1}{2}$ an inch to the left of it, and $\frac{1}{2}$ an inch below it, consequently passing through the left parietal bone, and across the coronal and lambdoidal sutures; missing, as you see, the longitudinal sinus. The widest gap in the skull was at the union of the coronal and sagittal sutures; that is, the point where the measurement was taken. The wound in the scalp was longer than in the skull, at the back of the head, so I am aware there was no further fracture of the parietal bone. But fracture at the frontal bone I always suspected, for I could account for the gaping in no other way. But the wound was so horribly frightful, that I dare not make any very minute examination; confining my surgery in the case, to cleansing the wound and bringing the bones together in the manner described; expecting to have him die while dressing his wound, and feeling tolerably certain I could examine him soon, after death, and satisfy myself more fully as to the nature and extent of the injury. Why hemorrhage was not fatal, (in fact there was scarcely any,) is because circular saws have never produced hemorrhage to my knowledge. They strangle the arteries. I believe the femoral artery could be cut by them without producing immediate death. I dare not publish it as my opinion but I believe the saw reached the base of the skull. How could the bones fall apart otherwise? That they did fall apart I am certain, and measured the opening. I was in error as to the date of injury. It was on the 13th of August, 1864, instead of July. He was 10 years of age the following October. He is a native of Freetown, Mass. I am well aware the case will cause comment. I do not claim to have displayed any very remarkable surgical skill. If I am entitled to any credit at all, it is for resisting the temptation to probe, pry, finger and handle the man's brains. I am not accused of being a timid surgeon. But I hated to do any thing for the man at all, in an ignorant community, where I would be charged with his murder if he happened to die while dressing the wound. But I did the best I could for him, and in spite of the laws governing life, he recovered—more by sheer luck than surgical science.

A. C. FOLSON.

P. S. Perhaps I have been too brief in my report of the case; but I dare not make it as bad as it really was. I think with you that it is second to none reported, save the famous tamping-iron case of Dr. Harlow, and only that my eyes and hands are my principal witnesses, (as lawyers say,) I could not believe the accuracy of the report. I shall be happy to give you, "all the world and the rest of mankind," all the information possible; but I cannot well gratify the desire of my professional brethren to possess Mr. Chase's skull, until he has no further use for it himself.

—Pacific Med. Jour.

A. C. F.

A Case in which two Loose Cartilages were removed by Separate Operations from the Left Knee-joint of the same Individual. Recovery, without an unfavorable symptom.

By HOLMES COOTE, F.R.C.S.,

SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

On the 20th of March, I met by appointment Mr. Worship, of Riverhead, to operate on a patient of his, who was suffering from the presence of a loose cartilage in the left knee-joint. As we proceeded to the residence of the patient, Mr. Worship inquired of me whether I had ever met with a case in which two coexisting loose cartilages had been observed in the articulation of the knee. I replied in the negative; although I knew no reason against the possibility of such an occurrence. I had seen numerous loose bodies in the hip-joint of an aged female, who had died after many years' suffering from rheumatic arthritis; and I have since found out that which I did not at the time remember—namely, that Morgagni had related the particulars of a case in which, after death, twenty-five of these bodies were found in the knee-joint of a woman who died of apoplexy. I noticed, however, that some doubt still remained in Mr. Worship's mind whether there were one or more than one in the knee of the patient in question.

On arriving at the house, I found the patient to be a tall, well-made young man of seventeen years of age. The usual symptoms were present, so that he feared to take any active exercise. The patient, having been put on a couch, the loose cartilage was soon found near the inner condyle; but in a moment, owing to some slight movement of the limb, it disappeared. After a short manipulation, we found one on the outer side of the joint—which we both, I believe, regarded as the same one first felt, having only shifted its position from one side to the other. I at once transfixed it with a long, sharp, and strong needle. The patient then, at his own desire, inhaled chloroform, and became insensible. I made a longitudinal incision down to the synovial membrane over the cartilage, and, raising the latter on the end of the needle, pushed it outwards. A very limited incision through the synovial membrane allowed me to push the cartilage out of the joint. The needle was then removed, and the wound at once closed by three metallic sutures, by strips of plaster, and by a thick layer of collodion. Mr. Worship put the limb on a best-iron splint, and suspended it to a cradle—such as is in common use at St. Bartholomew's Hospital. The limb was not disturbed for a week, and Mr. Worship informed me that in the seven days the wound was closed.

Soon after rising from his bed this gentleman discovered, to his great disappointment, that there was a second loose cartilage in the same knee. Indeed, there was every reason to believe that the cartilage first felt on the inside of the joint was the same as that which now remained, and produced the usual feeling of pain and discomfort.

I met Mr. Worship at Riverhead on April 13th, but we failed to find the cartilage after the most protracted examination. The patient ascribed the failure to the fact of his having kept his bed for the last three days, when, as he said, the cartilage

got into some space whence it could not be shaken. On the 17th I again went down by appointment, when the cartilage was found, transfixed by the needle, and removed in precisely the same manner as the former. The after-treatment differed in no respect; no unfavorable symptom supervened, and the gentleman is now well.

The cartilage first extracted was thin and oval, and equalled in circumference the last joint of a man's thumb. That removed by the second operation was smaller than the other, concave on one side and convex on the other.

The case here related is in many respects worthy of consideration. In the first place, it offers some evidence to prove that loose cartilages within the joints have more than one manner of formation. I will allude to the wild idea that they may be formed of a "solidified precipitate from the synovia." Such an hypothesis speaks for itself, and is its own condemnation. These bodies are for the most part formed on the synovial fringes, where they are nourished, and they grow until detached by accidental movements of the limb. They consist of fibro-cartilage and of earthy concretions, but not of true bone. Nor do they seem to me to increase in size after having been once fairly detached. On the contrary, I fancy I have observed that in the older cases they become sunken, yellow, and opaque. The penduncle of attachment is soon obliterated. But the second fibro-cartilage seemed to me, from its shape and general appearance, to have been a portion of hypertrophied articular cartilage—as if it had been an outgrowth from the margin of the articular cartilage covering the extremity of the femur, and had by some accident been detached or chipped off.

Whatever may be the explanation, the case is worthy of notice in its practical bearing as to the possibility of there being two loose cartilages in the same joint—a fact impossible to determine, except upon the supposition that the patient or the surgeon may have had the luck to find them both within the grasp of his hand at the same moment.

Much has been written on the mode of removing these loose cartilages. The dangers attending a penetrating wound of a joint are well known; and of all joints, that of the knee, being the largest, gives us the greatest cause of anxiety. Hence we hear of valvular incisions, of subcutaneous sections, &c., that the risk of admitting air into the joint may be avoided.

The removal of the loose cartilage by a long subcutaneous incision, as practised by Mr. Square, has the advantages attending all sub-cutaneous operations; but it is not quite so easy of accomplishment, nor can it be so promptly performed as the operation by direct incision. The only troublesome consequence which I have known to supervene has been a low form of inflammation in the subcutaneous areolar tissue, followed by repeated attacks of ulceration of the skin.

The mode of operating which I adopted in this case, and have repeated in other instances, effects the removal of the loose cartilage without any interference with the interior of the joint; while the immediate closure of the wound puts the divided parts into that condition most favorable for recovery. Seven days sufficed for perfect union.

Among many surgeons the free employment of antiseptics, both during and after operations, finds

much favour at the present day; and in this very operation now under consideration, Mr. Lister advocates the use of the carbolic-acid oil (one part in six). Contrary to the view thus entertained, I believe that in cases of blood-poisoning the septic material enters the system, not from the secretions of the wound, but by means of the infected atmosphere, and through the lungs. Hence I reserve antiseptic agents for cases in which some manifest unpleasant odour has to be corrected. In a case related by Mr. Lister in the *Glasgow Medical Journal*, November, 1868,* and treated upon the antiseptic method, the operation of removing a loose cartilage from the knee was performed on July 2nd, and the patient pronounced well on the 12th—a period of ten days. In the case related by me, in each operation union was complete in a period of seven days.

Finally I believe that whenever we have to deal with a case in which two loose cartilages are contained in one joint, it is better, unless both be in close contact, to remove them by separate operations, than to make two openings consecutively on opposite sides of the limb.—*Lancet*.

Case of Strychnine Poisoning.—Tincture of Iodine used as an Antidote.

By JAMES J. ROOKER, M.D.,
CASTLETON, INDIANA.

I was called in haste to see a young man, Mr. A—, who was suddenly taken ill, January 23rd, 1869, 10½ P.M. Found him suffering from violent tetanic spasms of all the muscles; the head thrown back; respiration difficult from spasms of the respiratory muscles, congested appearance of the face, with a wild or anxious look, eye-balls prominent, and staring, pupils dilated, pulse in time of the most violent spasms, quick, and hardly perceptible at the wrist, in intermission full, regular, and one hundred to the minute; in short, Mr. A. had all those symptoms peculiar to poisoning from strychnine, and being acquainted with the previous history and surroundings of my patient, fully satisfied me as to what I had to contend with.

He was promptly chloroformed, and the following administered piecemeal, as soon as the effect of the chloroform commenced to pass off, consuming several moments, owing to the spasmodic stricture of the muscles of the throat.

R.—Tinc. Iodine.
Sulph. Ether *aa* ʒss.
Aqua ʒij.

About this time Dr. Nesbit, a neighboring physician, arrived, corroborated my diagnosis and treatment.

January 24, 3 o'clock, A. M.—Spasms much lighter, mind clear, and can articulate. Up to this date has taken three doses of the iodine and ether, in all about three table-spoonfuls; complaints of burning in stomach, for which mucilaginous drinks were ordered.

8 P.M.—Has had general spasms all day, with almost constant twitching of the muscles; no iodine administered since three o'clock this morning; mucilaginous drinks continued with Ext. Cannabis

* And reported also in the February number of this journal.

Ind. in small doses every two hours. Suffice it to say that from this time on he made a slow, but gradual recovery, complaining of "stiffness and soreness of the muscles," for several days.

Dr. Wm. Fuller, sen., physician to St. George's Hospital, published an article in the *Lancet* for June, 1868, entitled "*Iodine an Antidote to Strychnine Poisoning, etc.*" He remarks: "In whatever sequence the ingredients are mixed, I find that the whole of the strychnine is precipitated by the tincture of Iodine. Indeed, so strong is the affinity between the ingredients that two fluid drachms of tincture of iodine are capable of decomposing six fluid drachms of the liquor strychnine, producing an insoluble compound of iodine and strychnine." From this Dr. Fuller suggests the propriety of using tincture of iron as an antidote to strychnine.

This article has been pretty thoroughly copied into foreign and domestic journals, apparently all conceiving that Dr. Fuller has made a discovery. For the benefit of such, they are referred to a little book published in 1855, entitled "*Chemistry for Beginners.*" By Wm. S. Brown. *Poisons and their Antidotes*, page 121. "*Strychnine—Dilute Tincture of Iodine.*"

As to whether this is original with Dr. Brown the Lord only knows, for there does appear nothing new under the sun. So far we will have to claim this for American medicine.

But is it an antidote? From a series of experiments made by myself on pups, cats, and other animals last summer—(*Lancet and Observer*, for September, 1868)—I am inclined to think the antidotal properties of iodine in strychnine poisoning are worthless. Believing that in the case of Mr. A., we simply kept him alive with other drugs, until the poison had spent its force. But for the benefit of Dr. F., and others, I make this report.—*Cincinnati Lancet and Observer.*

The Dominion Medical Journal,

A MONTHLY RECORD OF
MEDICAL AND SURGICAL SCIENCE.

LEWELLYN BROCK, M.D., EDITOR.

TORONTO, JULY, 1869.

AMERICAN MEDICAL ASSOCIATION.

(Continued from page 190)

The Committee on the nomenclature of diseases reported the following resolutions:—

1. *Resolved*, That a special committee of fifteen be appointed by the President to take this subject into deliberate consideration, and to report at the next annual session what alterations, if any, are necessary to adapt the proposed nomenclature to general use in the United States.

2. That this committee be authorized to fill up any vacancies which may occur upon it.

3. That the Committee on Publication be authorized to publish, for general distribution, one thousand copies of the English and Latin portions of this nomenclature, under the designation of the

Proposed Nomenclature, prefacing the same with such remarks as may be deemed necessary to secure the criticism and co-operation of as large a number of American medical men as practicable.

4. That the committee hereby appointed be directed to draw the attention of the Surgeon General of the army, of the Chief of the Bureau of Medicine and Surgery of the navy, and of the Superintendent of the Census, to the question of their official adoption of the proposed Nomenclature; to invite them to appoint whom they see fit to represent them to this committee; and to solicit such coöperation as may be necessary to accomplish the purpose desired, viz.: the final adoption of such nomenclature and classification as will receive the conjoint approval of the official medical bureaus of the Government and of the general profession.

Stanford E. Chaille, M.D., Chairman.

Committee—S. E. Chaille, Louisiana; J. J. Woodward, United States Army; A. B. Palmer, Michigan; F. G. Smith, Pennsylvania; J. F. Heustis, Alabama.

The following Committee of fifteen was appointed:

Francis G. Smith, Chairman; J. J. Woodward, U.S.A.; R. F. Mitchel, Alabama; A. B. Palmer, Michigan; S. E. Chaille, Louisiana; L. P. Yandell, Jr., Ky.; Austin Flint, New York; Geo. B. Wood, Pa.; H. S. Dickson, Pa.; E. Jarvis, Mass.; Theo. Parvin, Ind.; W. M. McPheters, Mo.; E. M. Snow, R. I.; N. Pinckney, U. S. N.

Dr. Gaillard, Ky., offered the following, with preliminary remarks:—

Resolved, That the adoption of a uniform rate of collegiate fees—\$120 being the maximum—be accepted as the sentiment and desire of this Association.

Dr. Logan, of Alabama, moved to amend by inserting \$140.

After considerable discussion, the fees were placed at \$120.

Special committee on the relative advantages of Syme's and Pirogoff's mode of amputating at the ankle—Dr. G. A. Otis, U. S. A., chairman; Dr. J. D. Holloway, of Louisville, Ky.

Proposed by J. J. Woodward. Approved.

Dr. Bemiss presented from Dr. John Waters, of St. Louis, Mo., a paper on the Doctrines of Force—Physical and Vital.

Dr. A. M. Pollock, of Pennsylvania, presented this amendment to the constitution:

Resolved, That all county medical societies shall be required to elect a committee annually, whose duty it shall be to examine all applicants for admission as students under the tuition of its members, and that no member of any county medical society shall receive any such applicant until such applicant shall present a certificate from said committee, testifying that he has a good English education, and a sufficient knowledge of Greek and Latin to enable him to pursue his studies with advantage.

In yesterday's report, the paragraph which defines the rates of fees in medical colleges is corrected so as to read "the maximum was established at one hundred and forty dollars, and the minimum at one hundred and twenty-eight dollars."

Dr. Joseph Jones, Louisiana, presented a number of specimens of pathology, anatomy, and natural history. The Explanations were very interesting, and received with applause.

On motion of Dr. F. G. Smith, of Pennsylvania,

the following resolution was unanimously adopted by a vote of the members present, standing, as a mark of respect :

Resolved, That the thanks of the association are justly due and are hereby tendered to the President for the uniform kindness and courtesy with which he has presided over its deliberations, and to the Committee of Arrangements, the physicians and citizens of New Orleans for the generous hospitality and fraternal kindness with which we have been received and treated during our sojourn in their city, with the assurance that the memories of this visit will always be among the brightest and most enduring of our lives.

On motion of J. P. Moore, of Mississippi, the following preamble and resolution were adopted :

Whereas, the contract system is contrary to medical ethics ;

Resolved, That all contract physicians, as well as those guilty of bidding for practice at less rates than those established by a majority of regular graduates of the same locality, be classed as irregular practitioners.

The following reports of the sections followed :

Section on Meteorology, Medical Topography and Epidemics reported. Paper accepted and referred to the Committee on Publications.

Sections on Practical Medicine and Obstetrics reported and were accepted, and referred to Committee on Publications.

And report on the training of nurses was accepted and the resolutions adopted.

Section on medical jurisprudence, hygiene and physiology reported. Committee continued for next year. Report accepted and referred to the Committee on Publications.

Section on Surgery proposed that their report be received without formality and be referred to the Committee on Publications. Adopted.

After being read, the report was accepted and ordered to be published.

Section on Psychology, the same disposition.

The President appointed Dr. J. M. Toner a committee of one, at Washington, D. C., to assist the Librarian of Congress to keep the books of the Association.

On motion for adjournment, the President delivered an address, which was unanimously accepted and ordered to be published in the transactions of the Association.

Gentlemen—Before I submit the motion just made, and which, when adopted, will practically close my official relations to this body, allow me to return you my most cordial and grateful thanks for the unvarying kindness which I have received at your hands. Whatever my future lot in life may be, the world holds no honors which to me can equal those conferred by you. The fraternal good-will which has so conspicuously marked your deliberations has been to me a matter of infinite satisfaction and pride, and will not be least among grateful memories which will gladden my heart as I may hereafter review the incidents of my official connection with you.

To win your judgment and approval, to hold up the dignity of fellowship, the usefulness of the association and the interests and prosperity of the profession at large have certainly occupied my most anxious thoughts since my elevation to this position; yet to cherish and promote the intimate and cordial

relations of friendship between the individual members of this association against all sectional distinctions or geographical lines, has also been among the chief objects of my ambition and the earnest desires of my heart. Could I now believe that my efforts have contributed in the slightest degree to enlarging that harmony of sentiment and fraternal feeling which has been so apparent throughout this meeting, I should feel that I had commenced at least to make some return for the great honor and kindness received at your hands.

It now only remains for me, gentlemen, to again express to you my thanks, to wish you a safe return to your homes and labors, a happy reunion with your friends and families, and to pronounce that sad word over which the heart of friendship would fain linger, as I bid you an affectionate farewell.

W. O. BALDWIN,
President, A. M. A.

WE have received a copy of the act incorporating the Dental Profession of the Province of Quebec, and also one containing the Rules and Regulations of Board of Trustees and Examiners.

This Association was incorporated upon the 30th March, 1859. The officers are: President, A. Bernard, L.D.S.; Secretary, W. G. Beers, L.D.S.; Treasurer, J. A. Bazin, L.D.S.; Registrar, C. F. F. Trestler, M.D., L.D.S.

The members are elected by vote, and continue in office for the term of two years; it is provided, that by a two-thirds vote of the Board, they may be elected annually if desired. The Board meets in the city of Montreal upon the first Monday in May and upon the first Monday in November of each year. The Secretary will give all necessary information on application.

WE have received the prospectus of a new Medical Journal, issued under the auspices of the Gynecological Society of Boston. The journal will be under the editorial management of the officers of the Society, Drs. Winslow Lewis, H. R. Storer, and G. H. Bixby. Each number will consist of 64 pages octavo, printed in large type, upon fine paper. Physicians who are anxious to keep themselves informed of the great advancement made in the diseases of women and children, should subscribe to this journal. Subscription price three dollars per annum.

THE Woman's Medical College of the New York Infirmary has issued its annual announcement. The following compose its Faculty and Examiners:—

Faculty of Medicine.—Elizabeth Blackwell, M.D., Professor of Hygiene; A. B. Ball, M.D., Professor of Materia Medica; G. H. Wynkoop, M.D., Professor of Physiology; Samuel B. Ward, M.D., Professor of Anatomy; Arthur Mead Edwards, A.M., Professor of Theoretical and Practical Chemistry; Robert F. Weir, M.D., Professor of Prin-

ciples and Practice of Surgery; Emily Blackwell, M. D., Professor of Obstetrics and Diseases of Women; James R. Leaming, M. D., Professor of Principles and Practice of Medicine; Charles T. Terry, M. D., Lecturer on Pathological Anatomy; Lucy M. Abbott, M. D., Assistant to Chair of Obstetrics, and Teacher of Clinical Midwifery; John Winslow, M. D., Demonstrator.

Board of Examiners.—Dr. Willard Parker, Surgery; Dr. Isaac E. Taylor, Obstetrics; Dr. Austin Flint, Principles and Practice of Medicine; Dr. Stephen Smith, Anatomy; Dr. B. W. McCready, Materia Medica; Dr. A. L. Loomis, Physiology; Dr. Samuel St. John, Chemistry; Dr. C. R. Agnew, Hygiene.

THE following gentlemen have been elected to represent the Territorial Divisions in the Medical Council:—

Western and St. Clair—Dr. Edwards, Strathroy. Malahide and Tecumseth—Dr. Hyde, Stratford. Saugeen and Brock—Dr. Clarke, Guelph. Gore and Thames—Dr. Covernton, Sniacoc. Erie and Niagara—Dr. Pync, Hagersville. Burlington and Home—Dr. Hamilton, Dundas. Midland and York—Dr. Agnew, Toronto. Kings and Queens—Dr. McGill Oshawa. Newcastle and Trent—Dr. Dewar, Port Hope. Quinte and Cateraqui—Dr. H. Day, Trenton. Bathurst and Bideau—Dr. Mostyn, Almonte. St. Lawrence and Eastern—Dr. Brouse, Prescott.

Dr. Grant has been elected to represent the University of Ottawa, Dr. Berryman, Victoria College. and Dr. Bethune, of Glanford, Queen's College. The representatives of the remaining colleges have not yet been elected.

CORRECTION.—In our last issue (article) Liebig's Food for Infants, line 5, page 198, we notice a most important mistake, instead of 15 grains of bicarb. of potass, it should have been 1.5 (1½) grains.

Periscope.

In a letter from Dr. Whittaker to the *Cincinnati Lancet*, we find the following:—

The principal medical schools are situated at Bologna, Florence, Pisa, and Turin. The University of Bologna ranks among the most ancient in the world. Founded as early as 1119, it rapidly gathered students from all parts of the globe to the number in 1216 of ten thousand. The chairs of medicine, theology, and jurisprudence were ably filled with the talent of the land, and the reputation of the school attained a world wide celebrity. A curious feature in its history was the occasional appointment of females of scientific renown to fill certain of the professorial chairs, and famous among these were Laura Bassi, on mathematics and physical sciences, Clotilde Tambroni, on Greek, Mme. Manzolini on Anatomy, and Novella Andrea, of whom it is said that she was compelled to conceal herself behind a curtain during her lectures to prevent her great personal beauty from distracting

attention from her subject. It was at Bologna that anatomy was first taught the 14th century, and it was here, towards the close of the 15th, that Joseph Galvani made the discovery which has transmitted his name to all time. At present the number of students in all departments is only about four hundred.

In the valedictory addresses by Prof. E. H. Clarke, in the same journal the following notice of this subject which is now attracting a good deal of attention, occurs:—

Women now claimed admission into the medical profession. The question had been forced upon the community, and it would have a hearing and answer. Whatever she could do she had a right to do, and eventually will do. The real question was not as to her right, but as to her ability, whether her organization and development would allow her to perform the duties of the professions. There was nothing in the nature of medicine to forbid women from entering it; the question was whether in the toil of the medical profession, she could successfully compete with man. If her organization was adapted to it, no law, argument or ridicule would prevent her successfully engaging in it. Neither the medical profession nor the community should throw obstacles in her way; let the experiment be fairly tried, and fifty years would prove whether woman was adapted to the work or not. The speaker was in favor, however of having separate schools in which to give medical instruction to males and females.

We find the following notice of these two articles in the *Cincinnati Lancet and Observer*, reported to the Academy of Medicine by the Committee on New Remedies:—

SWEET QUININE.—On this article a report was received from an old physician, personally known to the writer as a close observer, with an extensive experience in the treatment of fevers in the northern part of Ohio. He says: "I find I can administer the sweet quinine where I cannot the bitter, and its tonic effect is more lasting and certain, and have given it in cases of debility with very happy results, in two gr. doses, twice or three times daily. It acts as a prompt antiperiodic also. In a case of tertian fever, where I had used the bitter quinine for some time, but could only check it for a week or two, I gave the sweet quinine in the same dose, (5 gr. thrice daily,) and there was no return of the chill, although three months have passed since. Being satisfied with its past action, and, at the same time, it being less obnoxious to the patient, I made up my mind to substitute it for bitter quinine in my practice."

SVARNIA.—"This," he says, "I have tried in a few cases where morphia or opium was indicated, and find it causes less prostration and unpleasant sensation of the head or stomach than is generally the case where opium or morphia is given."

In lead poisoning Dr. Smith, Lecturer on Medicine at the Sheffield School of Medicine, uses the following prescription.

The mixture which I employ, and which acts

with remarkable celerity and certainty, is as follows:—Sulphate of quinine, sulphate of iron of each one grain; strychnia, thirty-sixth of a grain, dilute sulphuric acid, five minims; sulphate of magnesia, one drachm; water, one ounce: three times a day.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, May 26, 1869.

DR. LEWIS A. SAYRE, President, in the Chair.

RECOVERY OF COMPOUND FRACTURE OF SKULL—COLDWATER DRESSINGS.

Dr. Newman presented two spicula of bone that were exfoliated from the seat of a compound complicated fracture of the skull near the left parietal bone. The patient was a lad who had been struck by a bar of iron which had fallen a very considerable distance from the hands of a workman engaged in putting up a fire escape. All the symptoms of compression were present in a marked degree, but no attempt at operative interference was made, and cold-water dressings alone were used, varied, as occasion required, with the addition of carbolic acid. Near the end of the second month after the injury the bones exfoliated, a firm cicatrix was formed, and the cure was complete. The patient himself was exhibited in connection with the specimens as a triumph of conservative surgery.

NECROSIS OF BOTH PHALANGES OF GREAT TOE.

He also exhibited the two phalanges of the great toe which were removed for what appeared, by the history, idiopathic necrosis. The patient was twenty years of age. At the time of the operation the necrotic tissue was so completely separated from the periosteum that after the necessary incision was made, both bones were simply picked out with the forceps.

The Committee on Microscopy reported the case of tumor of arm by Dr. Sayre as one of typical myxo-sarcoma, and the small tumor of liver by Dr. Finnell as made up merely of calcareous concretions.

Dr. Post exhibited several large phlebolites removed from the hemorrhoidal veins of a patient, aged seventy, who died of cancer of rectum and liver. One of these equalled in size an ordinary kidney bean.

ABSCESS CEREBELLUM.

Dr. Finnell presented on behalf of Dr. Cushman a cerebellum removed from a man about thirty years of age, who, while working in the hold of a ship was struck on the head by a descending coal-hod. He became insensible for a time, but was soon after able to resume his work, which he continued uninterruptedly for a period of eight days. At the end of that time he was seized with symptoms of cerebral inflammation. The supervening coma was followed by death on the fourteenth day.

At the autopsy the right hemisphere of the cerebellum was the seat of an abscess which contained about two tea-spoonfuls of pus. The neighboring tissue was much softened.

NUTMEG LIVER—CARDIAC, PULMONARY AND PLEURAL DISEASE.

A second specimen by the same gentlemen was a portion of nutmeg liver removed from a man aged seventy. It showed a deep furrow on its anterior and inferior border, caused by the neighboring ribs, which from some cause unknown had become bent inwards. The deceased had been ailing for several days, and while applying for relief in the Office of the Commissioners of Emigration, dropped upon the floor and almost immediately expired. The heart weighed twenty-one ounces; there was also tubercular disease of both lungs, and pleurisy with effusion. The right side of the chest contained a quart of sero-purulent fluid.

PISTOL SHOT WOUND OF HEART.

The third specimen was on behalf of Dr. Cushman, and was one of pistol-shot wound of the heart inflicted during a quarrel. Four balls were discharged in all, three of which lodged in the substance of the sternum; a fourth, entering the middle of the right ventricle, emerged at the base of the left ventricle and lodged in the pericardium. The sac was filled with blood. Death occurred in five minutes after the last shot was fired.

RUPTURE OF UTERUS—TOO MUCH RELIANCE ON NATURE.

A fourth specimen, also by Dr. Finnell, and on behalf of Dr. T. B. Stirling, was an extensively ruptured uterus. The patient had been attended by an eclectic, who simply watched by her at intervals for three days, during the whole of which time she was in active labor. He had seemingly been content to leave the case entirely to nature, feeding the sufferer with occasional doses of some anodyne preparation. At the end of that time Dr. Stirling was called in, and finding the head firmly packed in the superior strait, at once recognized the indication for interference. He applied the forceps, but the head slipped from his grasp, and after persistent efforts for half an hour he failed to deliver her. Dr. Finnell, then arrived, when it was evident that the head had receded and a rupture had taken place. A hurried consultation was held, and the result was the rapid delivery of the child by the feet. The patient survived only three hours.

The autopsy made the succeeding day discovered the existence of a very large transverse rupture of the uterus, situated behind and above the bladder. The rent occupied the entire anterior surface, and was evidently occasioned by the prolonged pressure of the fetal head in that situation against the pubic bone.

MYXOMA OF CHEEK.

Dr. Sands exhibited a small tumor removed six weeks before from the cheek of a man forty years of age. The patient, who was perfectly healthy, first discovered by accident that he had a small tumor in the substance of the right cheek, just below the zygoma, and close to the duct of the parotid gland. Becoming somewhat uneasy in mind concerning it, he lately consulted Dr. S. When that gentleman saw it a few weeks ago it was about the size of a walnut, was covered by healthy integument, and was pretty freely moveable. It was first suspected to be dilatation of the parotid duct itself, but on examination with the probe this suspicion was not borne out. The operation was a surpris-

ingly easy one, the tumor being enucleated after the first incision. The wound was closed with silver sutures, and with the exception of the formation of a small abscess in its locality, nothing untoward occurred.

The specimen was chiefly interesting on account of its microscopical characters, it being a very well marked example of the myxoma of Virchow. The characteristic anastomosis of the cells was very satisfactorily seen. It was evident that the pellet of fat over the buccinator muscle had been transformed into this myxomatous tissue, and was the origin of the tumor.

BONY UNION OF FRACTURE OF CERVIX FEMORIS.

Another specimen by Dr. Sands was of much greater interest, illustrating as it did the fact of a bony union in a fracture occurring in the cervix femoris. While visiting the Bloomingdale Asylum a year ago, his attention was drawn by Dr. Brown to a lady patient aged sixty three, long an inmate of the institution, who was more or less lame. Having been previously free from lameness, she, on one occasion, about a year before, fell from a chair, striking upon the trochanter of the right side. She was placed in bed, and considered by the gentleman who saw her (Dr. Brown's assistant) as probably suffering only from contusion. As the lameness had continued from that time, Dr. Sands was asked to look at the case. After examination he became satisfied that there had been a fracture at the neck of the thigh bone, as the result of the fall. He was lead to this opinion by the presence of eversion of the foot, but more especially by marked shortening of the limb (about an inch or more), and by continued lameness, with absence of all other signs of injury. He expressed surprise that she should recover so well from it. She died lately, and Dr. Brown had been kind enough to procure the specimen and send it to him.

The specimen consisted of the upper portion of the shaft of the femur, including the head, neck and trochanters. It was very evident that the appearances of the part were abnormal, even before section, and that such were not due to disease but to injury. The head and neck of the bone were shown to have undergone a remarkable change in relative position, the former having dropped down about an inch. On further examination it was also evident that an injury had taken place through the neck of the bone. On the anterior aspect of the neck, about midway between the edge of the auricular cartilage and the anterior intertrochanteric line, a prominent ridge of bone was seen, which, on examining the section, indicated the line of fracture as it took place in that situation. Behind the cervix appeared absent, the posterior intertrochanteric line being almost in contact with the femur, just where it joins the neck. The two portions of the neck were united at a very obtuse angle, and in such a way as to explain the eversion of the limb below.

The line of fracture was certainly within the ligament in front, and he was of the opinion that it was within the same behind. The line of fracture was peculiar. Beginning behind, a line ran inwards and forwards to about the middle of the neck of the bone. It then ran backwards and upwards to the anterior surface of the neck, making two lines which formed an acute with each other.

That portion connected with the trochanter presented a sharp ridge, which caused the fracture to be impacted.

On close inspection it was found that bony union was not complete throughout the whole extent of the line of fracture, there being an evident solution of continuity along the posterior line of fracture, which sloped forwards and inwards from the posterior surface of the cervix. On the other hand there was no interruption whatever along the anterior line of fracture. There the bony union was complete, and it was doubtless due to this fact that the patient had such good use of the limb subsequent to the injury.

In conclusion, he remarked that he always made it a rule never to get crepitus in a case of suspicious impacted fracture of the cervix. He was satisfied to make a diagnosis on the ground of the existence of lameness of a persistent character, with eversion of the foot and shortening. He believed that if the relation of the parts when impacted was forcibly disturbed by unwise attempts to get the crepitus, all hopes of union must be at an end, while only such cases did unite which were in the first instance impacted, and in the first instance not meddled with.

Dr. Post was very glad to hear the caution of Dr. Sands in regard to disturbing an impacted fracture of the hip. He had seen many cases where all the signs of fracture were present, yet without crepitus, the latter condition appearing spontaneously as the result of interstitial absorption. In this connection he mentioned a case of impacted fracture in a patient of his at the N. Y. Hospital, in which all the signs save crepitus were present. He declined to use any effort to get crepitus, and the patient was doing well. When Dr. Post's service was changed, one of his colleagues taking charge of the case determined to make a clean diagnosis, which he did by forcibly separating the fragments.

Dr. Sayre referred to a case of impacted fracture, supposed to have united by bone, which he had presented to the Society some three years ago. The patient had injured his hip, a diagnosis of impacted fracture at the neck of the femur was made, and he was left alone. His recovery took place, and he was able to walk about for several years. On account of this recovery there was a presumed error in the diagnosis. In the course of events, the man died and the specimen was procured. At first, Dr. Sayer thought it was one of bony union, and it certainly appeared so. Dr. K. Smith, of Brooklyn, doubted it, however, and advised him to boil the specimen. This he did, with the result of establishing a slight mobility between the fragments. It was shown, however, that the union had been sufficiently firm during life to enable the patient to use it in walking. In Dr. Sands' specimen he did not think that there was any question as to a bony union.

EPITHELIAL CANCER OF NOSE.

Dr. Rogers presented a fine specimen of epithelial cancer, which he removed from the side of the nose of a man who was 60 years of age. It had first made its appearance fifteen years ago, but commenced to grow rapidly only within the past two years. The integument removed from the nose was replaced by some taken from the cheek.

FATTY PLACENTA.

Dr. Bahan presented a fœtus of seven months with envelopes, which showed fatty degeneration of placenta. The patient, a young woman, had miscarried once before at the seventh month.

EXTENSIVE GANGRENE OF LUNG.

Dr. Janeway exhibited a specimen of gangrene of the lung, complicated with large calcareous plates in the pleura, removed from a man aged forty years, who was admitted, May 20, in the Charity Hospital, having been sick only six months previously with some cough and soreness of the chest. These were all the symptoms complained of until three weeks before admission, when he began to suffer so much from shortness of breath that he could not lie down at night; then there was an increase in the coughing and a very fetid odor of the breath. A few days before admission his feet began to swell. When examined in the hospital he was found to be very anemic, his pulse was one hundred and twenty, respiration thirty-six per minute, and lobored. With the exception of the upper part of the right lung, there was considerable resonance over the whole chest. On the left side, there was increased resonance overlapping the heart. At the right apex there was dullness on percussion, with high pitch, and a diminished amount of expansive movement. On auscultation, in the left chest there was prolonged expiration, with sonorous rales at apex and fine rales at the base; and on the right side at the apex sonorous and mucous rales in front. Behind the scapula, was cavernous respiration, whispered and spoken pectoriloquy, together with mucous rales. All these latter could be heard under the axilla of that side. His urine was examined, and contained neither albumen nor casts.

The patient sank rapidly, and died of asthenia four days after admission.

At the autopsy the left lung was found partly emphysematous, and the bronchial tubes for the most part occupied with mucus. The right lung was firmly adherent to its chest-wall, and in the costal pleura of that side over most of its surface were developed very large calcareous plates average size of the hand. The lung was greatly pigmented and emphysematous. A large gangrenous cavity communicating with a good sized bronchus was found in the substance of the postero-superior portion of the lung, involving the pleura in the neighborhood. Dr. Janeway stated that the specimen presented the largest calcareous plates that he had ever seen in the pleura. The amount of pigment matter deposited was also very considerable, but he had met with a case where the masses were solid and as large as the fist.

WAXY TUMOR OF LIVER.

The second specimen presented by Dr. Janeway was of still more interest, it being probably but the third one on record. It was a tumor of the liver taken from a patient thirty-eight years of age, a laborer, who was admitted into Bellevue Hospital on the first of May. He stated that he had been sick for six months with cough, soreness of the chest on the left side, and frequent attacks of dyspnoea. A few days before admission he became worse, and from that time until his death he was delirious at night. Three days before death his legs became œdematous, and his urine was found albuminous,

without casts. He died of asthenia on the day he was entered.

At the autopsy there was nothing noticed about the brain or its membranes. The heart weighed twenty-four ounces. The aortic valves were thickened and puckered. The organ contained two thrombi, one situated about the centre of the left ventricle and attached partly to its anterior wall and partly to the septum, whitish in appearance, about an inch in diameter, and containing some fluid in its centre; the other was just to the left of the apex.

The lungs shewed numerous recent lobular pneumonias and a few pulmonary apoplexies. The liver was adherent to the diaphragm above and the intestines below. The left lobe was as large as the right usually is, and measured eight inches by eight in diameter. The upper surface of the right lobe was lobulated, and its under surface fissured. On the upper surface, just over the base of the gall of bladder, was a waxy tumor, two inches long and one thick. Only two other cases of waxy tumor of liver were on record.

FRACTURE OF CERVICAL VERTEBRÆ.

Dr. Hamilton exhibited a specimen of fracture of the cervical vertebra, removed from a man, a patient of Bellevue Hospital, who fell on the third of May through the hatchway of a canal boat striking upon the back of the head and neck. He was picked up in an insensible condition and carried to the hospital. He was found to be paralyzed in both the upper and lower extremities, and was beside insensible. This latter condition was soon recovered from, but the paralysis continued. It was suspected that one of the cervical vertebrae had been fractured, although there was no displacement nor crepitus to be discovered. The symptoms pursued the usual course; the last two days of the life of the patient delirium came on, and coma and death followed in their usual course, the ninth day after the injury. The autopsy was made by Dr. Janeway. Not having his attention directed to the possibility of there being a fracture, that gentlemen examined only the spinal marrow. Opposite the third and fourth cervical was in a state of red softening. There was no evidence of any mechanical pressure at that point, as no displacement of the injured bones had occurred. Dr. Hamilton, on close examination of the specimen, discovered a rupture of the intervertebral substance between the second and third cervical, and a slight rupture of the same substance between the third and fourth cervical.

The point of interest to Dr. Hamilton was the occurrence of the softening alluded to as the result of simple concussion of the spine at that point. He had seen a case very similar to this as regards locality of the injury, in which by displacement of the fragments, the cord had been nearly cut across; but at the time of death the parts were intact. In the specimen presented that evening no displacement could, however, be effected.

Dr. Sands did not think it was warrantable to assume that the lesion of the cord was due to what was generally understood as concussion, inasmuch as the necessary examination of the nerve tissue had not been made to settle it. It was now generally believed that all so-called concussions that resulted

fatally were due to actual lesions of the nerve tissue, principally in the shape of punctate extravasations.

Dr. Hamilton was perfectly aware of the fact, and agreed with the recent authorities that concussion could not take place without some lesion to the nerve tissue. He merely wished to be understood as saying that there was no palpable lesion in such cases.

DISCHARGE OF ODONTOID PROCESS THROUGH A POST-PHARYNGEAL ABSCESS.

Dr. Sayre, in that connection, referred to a most extraordinary specimen of fracture of the odontoid process that he had seen that morning, shown him by Dr. Bayard, of New Brunswick. Two years ago a child had fallen from a height and struck upon the back of the head. Paralysis of the upper and lower extremities occurred, and the head fell sideways upon the left shoulder. The paralysis and position of the head continued for a number of weeks, the former, however, gradually improving, when Dr. Bayard was called to see the case. He straightened the head somewhat by a suitable apparatus. The patient, at the end of some months, recovered sufficiently to be able to walk about. At the end of a year after the injury the child began to suffer a good deal from a cough, and an abscess appeared at the posterior part of the pharynx. In an attempt to open this abscess it had burst and discharged the odontoid process, which had been fractured at its base. Dr. Sayre had seen the specimen, and was satisfied that there was no mistake concerning it. The child subsequently entirely recovered.

Dr. Post referred to the case of a Long Island farmer who had fractured one or two of the cervical vertebrae by falling from a hay-mow and striking upon the back part of the head. Paralysis of the upper and lower extremities had continued more or less for a period of four years, when the patient recovered sufficiently to get about and attend to his business. The parts had become consolidated soon after the injury, which allowed of the favorable termination of the case.

MORBUS COXARIUS.

Dr. Hamilton presented a specimen of diseased hip-joint removed by operation from a child eight years old, on the 20th of May. The patient had received an injury early in life, from which no permanent ill effects had been observable. Three years ago it had received a second injury of the hip following which the usual signs of morbus coxarius showed themselves in due course, viz., contraction of the lower limb, sinuses communicating with dead bone, &c. The general condition of the patient was, however, measurably good, and Dr. H. deemed it proper to perform excision. After the removal of the part there was no great destruction of the deal of the bone or other portion in the neighborhood. The retrograde metamorphosis had removed the synovial membrane and cartilage of incrustation. The acetabular cavity was almost entirely free from disease. The specimen was not remarkable in itself, but he presented it for the sake of making the suggestion that a committee of three be appointed to examine impartially into the merits of the excision of the hip, knee, and other joints, and report the results of their labors at the end of six months to the Society. The appointment of this committee was, on motion, made a special order of business for the executive session.

Transactions of the Gynecological Society of Boston.

In accordance with the desire of several medical men of Boston and its vicinity, who had previously consulted upon the subject, a meeting was held on January 22, 1869, for the purpose of establishing a Gynecological Society, the first, so far as can be ascertained, of its kind in this country.

The meeting having been organized, Dr. Storer presented the arguments that had influenced the members to found the new Society. They were the following:—

1. That such a Society seems needed, in order to stimulate its members and the profession generally to deeper sense of the importance of the diseases peculiar to women, and by the combination of individual effort to advance their knowledge of the causation, the pathology, and, still more, of the therapeutics of the lesions.

2. That it would do what can in no sense be just as well effected by other organizations already in existence. What is for everybody's interest is very apt to be done by no one. At a general medical and surgical society, there is not to be expected that intensity and focalization of scientific interest regarding special points which is necessary to advance the confines of a comparatively new science, which term Gynecological must be confessed already to deserve.

3. That there can be no doubt that the special diseases of women comprise a vast variety of disturbances, direct and reflex, much of which is but partially understood or entirely unknown.

4. That these disturbances are of extreme importance, not merely to the individual sufferer, but with reference to her relations to her family and to society.

5. That their importance, their variety, and their frequency are but partially appreciated by the profession, and still less by the community.

6. That not merely is this statement true of great numbers of imperfectly educated physicians, but it is also true of many gentlemen of acknowledged skill as practitioners, who have either lacked opportunity to perfect themselves in a knowledge of these diseases, or through an excessive conservatism have hesitated to acknowledge their existence.

7. That the marked advance of gynecological science and art within the past twenty-five years, gives reasonable promise of a still more rapid progress in time to come.

8. That so far from its being a disgrace to a physician to be interested in uterine diseases, it should rather be considered, if he is known to have been thoroughly educated in general practice, an honor. As with the diseases of special sense, the eye and the ear for instance, the diseases of the throat and chest, and of the mind, so here, all treatment must rest upon general principles;—and all methods of diagnosis, as all procedures of practice, not upon guesswork, but upon science and common sense.

9. That many of the great improvements that have been made have been American,—as the first successful performance of ovariectomy by McDowell; the suggestion of the rational treatment of vesicovaginal fistula by Marion Sims; and of flexions of the uterus by Emmet;—American gynecologists have already secured for the country a preëminent position in the world of science; it is for the members of this and kindred societies to make the position the more permanent.

10. And were there no other reason, the fact that every man owes to woman for her love in his infancy, in his childhood, and in his manhood, a debt that no devotion can ever repay; and when as physicians we reflect that her special diseases are manifold more in number, worse in severity, and more dangerous to physical and mental integrity than any affliction we ourselves are called to suffer, we should offer no less a sacrifice to the other sex than a life's work.

These arguments were commented upon approvingly by the gentlemen present, and it was furthermore decided.

11. That as the diseases of women are in great measure capable of being discovered and demonstrated, the same degree of disgrace should attach to physicians prescribing at random for married women complaining of pelvic symptoms, as to those who would do this in the case of diseases of the throat or eye, or who unjustifiably lengthen a patient's treatment for the sake of a larger fee.

12. That as in attending upon childbed all impurity of thought, and even the mental appreciation of a difference in sex are lost by the physician, and an imputation of them would be resented as an insult by the profession, so the care of uterine disease tends to inspire greater respect in a patient for her attendant, and in him for her. It is untrue to say that high-minded and delicate women instinctively desire to be attended by one of their own sex for these diseases, any more than in confinement, just as it is unquestionably the fact that because of the mental and physical disturbance temporarily induced even by healthy menstruation, women, the best nurses, are unfitted to practice medicine and surgery, in any of their departments, with as much benefit to their patients or as successfully as men; and,

13. That as it is the duty of every searcher for truth to impart what he may find to his fellow-men, so it is incumbent upon the members of this Society to endeavor in every honorable way to exert an educative and persuasive influence upon the profession at large.

The constitution and by-laws were then adopted. They state the purpose of the Society to be the advancement of gynecic science and art, and their due recognition, both in Boston and throughout the country; and recognize as the code of ethics that of the American Medical Association.

Dr. H. R. Storer presented to the Society a masked patient concerning whom he desired advice, the case being one of

OBSTINATE EROTOMANIA.

The history was as follows:—Age of the patient, 50; American, unmarried, and from the country. Climacteric passed several years since, previous to which time, and subsequently, the general health has been good. At twenty-five, coitus was once indulged in with the overseer of a mill, at which many foreigners were employed; and upon the remembrance of this the patient has lived. The mental and physical condition are both peculiar. There are action and reason—and the question is to decide whether the brain here chiefly affects the genitals, the genitals the brain, or each the other. There has for many years existed a troublesome pruritis, and a constant twitching of the clitoridal region, analogous, apparently, to that of the infra-

orbital muscle occasionally noticed. These have been attended by an inordinate longing for the other sex, and a frequent indulgence in masturbation. In addition to these appetites, under the circumstances not at all unusual, there exists a remarkable delusion. The patient thinks that the knowledge of her fault, committed so many years ago, has been communicated backwards and forwards among the Irish throughout the country, so that every man or woman of that nation whom she meets seems by word or deed to be taunting her. If she hears an Irishman say to his comrade, "Its very hot to-day," she imagines that he applies the expression to her; if he says that "Its very cold," he is upbraiding her for an indifference that she endeavours in vain to attain. So that every person of the kind whom she meets starts, through her self-consciousness and remorse, the old disordered train of ideas, and these, reflexly and always, kindle the vulval congestion, which almost inevitably culminates in orgasm.

Before the patient consulted Dr. S., her clitoris had been excised at Chicopee, no benefit being obtained. After the employment of every local sedative he could think of, borax, tobacco, morphia in lotion and by hypodermic injection, hydrocyanic acid, acetate of lead, the vapor of chloroform, etc., etc., and a corresponding appeal to antiprophrodisiacs, exhibited by the mouth, as bromide of potassium up to an hundred grain doses, etc., etc., without avail, Dr. Storer quieted the pruritis by superficial vesication with a saturated aqueous solution of carbolic acid. The muscular twitching still remained. There was no clitoris left to excise, even if Dr. S. had believed in the efficacy of Mr. Baker Brown's treatment, which, from its unsuccessful employment at his hands in other cases, he did not. He had resorted to an operation which might be a novel one, by passing, with a curved needle, ligatures beneath the crura clitoridis, and down against the pubic arch, at a distance from each other of nearly half an inch, and allowing these to slough out, he had divided, so far as seemed possible, all nervous communication with the affected part. Relief, however, had been but partial. The actual cautery and cantharidal collodion had each given temporary quiet, but the symptoms returned. The vagina, urethra, and bladder had been carefully examined, but nothing abnormal could be found. The uterus seemed perfectly healthy, as small and supple as in a virgin who had passed the climacteric, and not at all displaced. To make assurance doubly sure, and to get, if possible, a reflex effect, the acid nitrate of mercury was applied without and within the uterine cervix. No clitoridal response of any kind was elicited.

The rectum was searched for ascarides; none were found. Some small hemorrhoids were excised, and the sphincter ani ruptured by forcible dilatation, but the twitching continued as badly as ever. The liver was appealed to in vain, and in vain had blisters been put behind the ears. In desperation, Dr. S. had jokingly said to the patient he believed he should have to sew up her vulva closely; and, now, here was the woman daily begging him to do so, or end her misery by putting an end to her existence. He had little doubt, from the history of the case, that the mental disturbance was in part, at any rate, of pelvic causation, how-

ever much the local irritation existing at present was dependent upon the former; and he had little faith that the ordinary moral treatment relied upon in insane sayings for female patients would do this woman any good. He had not as yet iced the spine, and was about inserting a seton in the nucha. He was loth to throw the case aside, if there were any reasonable ground of treatment remaining to be tried. He therefore appealed to the society for aid.

Dr. Wheeler, of Chelsea, after carefully examining the case, remarked that it certainly was a very unusual and interesting one. He had no doubt in his own mind that in very many instances of insanity in woman a cure was possible, and could only be obtained by local treatment. In such a case as that now presented, this must necessarily be often empirical; yet, under the circumstances, such was both justifiable and advisable, and should be long persisted in.

Drs. Warner, Bixby, and Dutton had each seen the case with Dr. Storer, and had studied many details of the treatment.

Dr. Field, of Newton Corners, said that here we had an instance of the conflict so often observed by physicians between what is demanded by deference to public morality and what seems required for a patient's health. If this woman could go masked as she is at present to a house of prostitution, and spend every night for a fortnight at sexual hard labor, it might prove her salvation. Such a course, however, the physician cannot advise. And so with masturbation. In a case like the present, its indulgence may be a means of getting temporary relief from a local fret, whose influence upon the mind, if not thus relieved, might prove more disastrous.

Dr. Sharp suggested the employment of galvanism, especially by faradization, and of an appeal, in succession, to the various regions of the spinal cord. These had not as yet been resorted to; it was possible their use might solve the problem.

The society then adjourned.—*American Journal of Obstetrics.*—*Chicago Med. Examiner.*

Hospital Reports.

CLINIC OF PROF. J. AITKEN MEIGS.

Reported by Dr. Napheys, Pennsylvania Hospital.

SPECIFIC SKIN DISEASE.

This old man has an eruption occupying the front of his shoulder on either side. It is remarkably symmetrical in character; could not have been more so if it had been marked out by an artist. The centre of the space described by the annular shaped eruption is now quite clear. It was the seat of vesicular and subsequently pustular disease. The border or margin is irregular in outline, and presents a broad tract of vesicular disease. Upon the limbs, the abdomen and genitals the eruption is also present. It is of a vague form between pemphigus and rupia. Upon the large limbs there are some blotches which have some of the characters of rupia when it first appears. Symmetry of character is a remarkable feature of secondary syphilitic

eruptive trouble. In the tertiary period or stage of the disease this symmetry disappears, and the eruption takes place irregularly over the body, not conforming to any system whatever. The man denies emphatically anything like a syphilitic history. This is just one of those cases in which the physician should prefer to trust to his own eyes rather than to the statements of the patient. The symmetrical character of this affection would point to its being a secondary manifestation; but there is one peculiarity which inclines to the opinion that it is a tertiary symptom, and that is the character of the margin of the eruptive patches upon the front of the chest and shoulders. The centre is clear. It gives a good idea of what is called the serpiginous eruption of the tertiary form of the disease, in which ulceration takes place in one portion of the skin, and then heals up and breaks out again in a line around the original ulcer, thus spreading itself in larger and larger ulcers as it goes further from the centre. In secondary disease of the skin the cuticle alone is affected; in the tertiary form the eruption becomes deeper.

In cases of skin disease of doubtful origin it is best for the practitioner to give himself the benefit of the doubt by instituting a constitutional specific treatment. This man has been placed on the treatment for constitutional syphilis. He has improved a great deal. When he came to the hospital he was in a very wretched condition.

HEREDITARY SYPHILIS.

This little girl came into the hospital with a broken down, emaciated state of the system. From her whole history and condition there is no doubt that the case is one of hereditary syphilitic taint. There has been complete disappearance of the uvula, phagadenic ulceration has extended up the posterior nares, and the ala of the nose on the left side has been destroyed.

Hereditary syphilis attacking a child soon after its birth will show itself by some inflammation of the mucous membrane of the mouth, constituting syphilitic stomatitis, which passes back into the throat, affecting the fauces; a roseolous rash appears upon the skin, and the child has a peculiar snuffling symptom due to swelling of the schneiderian membrane. The disease will run through stages just as in acquired syphilis.

The patient has been placed under the usual specific constitutional treatment, and subsequently cod-liver oil and iron added. She is rapidly improving.

CONSOLIDATION FOLLOWING PNEUMONIA.

This man came into the hospital a short time ago suffering from pleuropneumonia. Complete dullness yet remains in the left side of the chest; the respiratory murmur is exceedingly enfeebled on that side; and he is troubled with an irritative cough. The vesicular murmur is clear and distinct on the right side.

This is one of the results of acute pneumonia, when resolution stops short at the stage of consolidation. This condition of the lung often continues for a long time. Slow and gradual absorption may take place of the effused lymph, and the patient recover. But if there be any hereditary tendency to phthisis, under such circumstances, the interference with the aeration of the blood and the consequent impairment of nutrition will gradually pave

the way to the development of that disease, which, without the accident of pneumonia, might never have made its appearance.

The patient is on the use of muriate of ammonia and wild cherry

CASE OF DYSENTERY.

This man has been in the hospital for a week. His physiognomy is characteristic of dysentery, the nose is sharp, the cheeks flushed. The discharges have been exceedingly frequent, as many as thirty in the twenty-four hours; they are small, consisting of blood and mucous. He is beginning to improve, has had five passages since last evening at six o'clock, had less pain, and rested better.

He was put on the use of the oleaginous mixture and laudanum, with no appearance of fecal stools for several days. He is now taking the mild chloride of mercury, one-fourth of a grain, with three grains of Dover's powder every third hour. The discharges have begun to look a little more yellow and natural. This is the condition which it is aimed to effect in these cases.

The patient has something of a malarious look. It is often difficult to distinguish between the malarial physiognomy and that produced by dysenteric trouble.

May 15th. The patient looks and feels better. Moved five times since yesterday morning. The remedies employed have produced a better action of the liver, which was congested, and relieved the embarrassed portal circulation. He took the calomel and Dover's powder for two and a half days. Then, the stools becoming more bilious and less frequent, the mercurial was withdrawn, and he is now taking Dover's powder alone.

His tongue has cleaned very much and has lost the very red look it had. In this affection, after the bilious coating or fire has disappeared, it leaves the tongue of a red, angry, glassy look, which condition becomes an index of the state of the mucous lining of the bowels.

He is on the use of farinaceous diet, which is a matter of a great deal of importance in dysenteric affections. Indeed, when the attack is not exceedingly severe, dietetic considerations are of more value than medicine itself.—*Med. & Surg. Reporter.*

IN-GROWING TOE-NAIL.

This painful affection is often a source of great worry to the medical attendant, as it is always a misery to the unfortunate patient. Our readers will be glad to know what kind of treatment is found best in the large experience of our metropolitan hospitals. We are pleased, therefore, to have the opportunity of laying before them notes upon the subject from five well-known hospital surgeons, whose opinions will be read with interest and instruction.

KING'S COLLEGE HOSPITAL.

In slight cases of in-growing toe-nail—an affection which in the great majority of instances has its seat in the great toe only, and is caused by the lateral compression of the toe by the boot—Mr. Wood scrapes down the nail on the affected side until it is thin and yielding, like paper. The thickened skin overlapping the nail is then pared off with a sharp thin-bladed knife until it is close down to the

raw, but not so far as to draw blood. A pointed stick of the nitrate of silver is then applied lightly to the painful ulcerated chink, and a small piece of lint, rolled up so as to fit into the groove of the nail, is dipped into glycerine and applied by means of a thin strip of adhesive plaster or small india-rubber band.

In cases where the mischief is the result of hypertrophy of the thick skin forming the lateral margin of the groove, and without any deformity in the shape or thickness of the nail itself, Mr. Wood pares off the skin, under ether spray, to a level with the nail, and then applies the pressure as before by means of a small roll of lint. If the toe-nail itself be broad, distorted irregular, and bent laterally by the pressure, the best plan is to remove a triangular portion of the nail itself in the middle line, the angle reaching down to the centre of the nail. This allows the nail to fold up and accommodate itself without digging in at the edges.

But if there be much ulceration, irritation, and distorted growth at the matrix of the nail itself—which, in long continued cases, and in scrofulous or syphilitic conditions of the system, is sure, sooner or later, to ensue,—the only plan from which effective relief can be obtained is by the time-honoured but excruciating process of division into the quick, down the nail itself at the inner third, and evulsion of the affected part of the lunula from the matrix. In doing so, it is important to get all that part of the root away entire, as a small portion growing up with an irregular angle will cause a speedy return of the disease. In all cases it is important also so to regulate and ease the boot, during the renovation of the nail, that the skin should not again overlap and be forced down again upon the edge, which always, induces a return of the disease.

ST. MARY'S HOSPITAL.

Mr. Norton never performs any operation in the treatment of in-growing nails. He applies, in the following manner, a solution of liquor potassæ (two drachms to one ounce). A piece of cotton-wool is saturated with the solution and pressed gently down between the upper surface of the nail and the soft tissues, which latter are usually in the form of a fungous mass of granulations. The solution permeates the substance of the nail, and softens and pulpifies the superficial cells. The wool is kept constantly moist with the lotion, and the softened nail tissue is wiped away each morning. The nail in a few days becomes thin and flexible, and if desired can now be pared away without pain, or it may be allowed to remain a few days longer, when it becomes entirely removed by the solution. Mr. Norton considers it most essential in the treatment that the lotion be continued until all ulceration has disappeared, otherwise the too early hardening of the epithelium becomes again a source of irritation, and promotes a return of the disease, or rather prevents a cure from being effected.

Of the several cases treated by this method during the past two years, one of whom suffered from in-growing nails on both great and both second toes, not one patient has returned to the hospital, and therefore, Mr. Norton believes that in no case has there been a recurrence of the affection.

ST. THOMAS'S HOSPITAL.

Mr. Croft finds that, commonly, patients suffering from this disease do not come under his notice until

the affection has been some time in progress. In such cases it is his practice to adopt the radical cure advocated by Dupuytren, which is to divide the nail lengthways, and turn out the in-growing half of the nail. In all but the hardest patients he employs the ether spray to numb the toe. He prefers to cut down the centre of the nail with a strong short scalpel, and then to raise the half-nail to be removed, by forceps (using the latter as a wedge), before plucking it from the matrix. In other cases he slits up the nail with scissors. He prefers this radical plan of treatment in advanced cases, because it saves the time of both the patient and surgeon, and because other plans include, besides time, frequent skilled dressings, of which poor people are rarely capable. In an early stage, Mr. Croft cuts out the ingrowing corner of the nail, cauterises the granulations deeply with nitrate of silver, places a small pad of lint on the cauterised spot, and then by means of a long narrow strip of plaster winding round the toe from the unaffected side, fixes the pad firmly in its place, at the same time directing its pressure from the nail. Under this treatment, well carried out, he finds cicatrization soon takes place. Absolute rest is enjoyed. The nail requires to be kept carefully trimmed.

Mr. Croft has just cured, by the radical plan, the brother of a girl who had suffered from in-growing nail in both great toes. The second toe became affected some months after the first had been cured.

UNIVERSITY COLLEGE HOSPITAL.

Mr. Christopher Heath has never seen any good result from paring the centre of the nail, or applying caustic to the exuberant granulations overlying its margins. He has always found the simplest and most satisfactory method of treatment to be, to take a narrow slip of the nail away with the scissors and forceps, taking care to extract the whole depth of the nail, which is not always easy owing to the sodden condition in which the tissue has been kept for a length of time, by which it is rendered very friable. When the edge of nail thus extracted is examined, it almost always presents a rough serrated margin, and it is this which causes the irritation. After the removal of the source of irritation the use of careful dressing, with lint gently pressed down by the side of the nail, is necessary to repress the granulations, and the use of a lotion of nitrate of silver or sulphate of copper (two grains to the ounce) has been found very advantageous. Mr. Heath finds it necessary to warn patients who have suffered from in-growing nail to wear wide-toed boots, and to keep the sulcus between the nail and the flesh clear of epithelium. They should be careful also to apply for relief the moment they feel uneasiness from the nail, when a perfectly painless removal of a small portion of the nail prevents further mischief.

In inveterate cases, where the nail and toe are deformed, the former being very much in-curved, Mr. Heath recommends the removal of a slip of nail on each side, and the destruction of the corresponding portions of matrix, under chloroform, either by removal with the scalpel, or the application of the actual cautery. This lays the patient up for a few days, but effects a permanent cure. Mr. Heath believes that it is never necessary to remove the entire nail by splitting and avulsion, as is often recommended.

WESTMINSTER HOSPITAL.

Mr. Francis Mason has had under his observation at this hospital during the last few months, an unusually severe case of in-growing toe-nail. Mr. Mason believes that the plan ordinarily recommended of cutting the toe-nails as we do the finger-nails—that is of rounding their corners—often induces the condition it is intended to obviate. He has generally found that the so-called in-growing toe-nail has been primarily caused by injury in trimming the nail. Too much of the corners is removed, and a sensitive and occasionally a bleeding surface is left. The patient will soon after perhaps wear a tight boot, or possibly may take a long walk. In the act of walking the tender surface is pressed up against the slowly-growing nail, causing increased irritation, and giving rise to those painful granulations invariably seen, in different degrees, in such cases Mr. Mason therefore advises that the free edge of the toe-nail should be cut square. Respecting the treatment of in-growing toe-nail, the plan which Mr. Mason has most confidence in is this: A sharp-pointed stick of solid nitrate of silver is applied with some vigor to the base or under-surface of the painful granulations, and a small piece of dry lint, or lint dipped in black mercury lotion, is then carefully inserted, and the whole toe surrounded with water dressing. An astringent or other lotion, according to circumstances, may be subsequently employed. The highly sensitive surface is thus destroyed, and the patient is enabled to attend to his business in comparative comfort. Such a plan of treatment has been found uniformly successful in Mr. Mason's hands, and he believes that occasional apparent failures are due to the method not being thoroughly carried out. It should be remembered that it is useless merely to touch the surface of the granulations with the caustic; the base is the part to be attacked. If the operation be efficiently performed, it is doubtless attended with considerable pain for the moment; but the pain is reduced to a minimum by the use of the ether spray, and especially if the caustic be well pointed, instead of being, as so often happens, broad or angular at the extremity. Evulsion of the nail is seldom required for this condition, being more suitable—indeed necessary, combined sometimes with the free application of the strong nitric acid—in cases of disease of the matrix, questionably entitled “onychia maligna,” which is not unfrequently met with on the fingers of unhealthy and ill-fed children.

The Pathology and Treatment of Sunstroke.

By GEORGE JOHNSON, M.D., F.R.C.P.,
PROFESSOR OF MEDICINE IN KING'S COLLEGE; PHYSICIAN TO KING'S COLLEGE HOSPITAL.

(British Medical Journal.)

The formidable disease known by the name of sunstroke, or heat-apoplexy, might (Dr. Johnson writes) be more correctly designated *heat-apnoea*. Although this affection frequently occurs from direct exposure to the sun's rays, it is also of common occurrence without such exposure. The one essential and constant condition is a very high temperature of the air. The most powerful concurring

causes are—muscular exertion and excessive fatigue; hot clothing, and especially such as tends to impede the respiratory movements; an excessive use of alcoholic liquors; and the close and impure air of hot and overcrowded rooms. The disease may be fatal in a few minutes, or the symptoms may last from one to forty-eight hours.

The rapidly fatal cases are spoken of as belonging to the *cardiac* variety. The patient falls unconscious, gasps and dies. When the disease runs a less rapid course, it is said to be of the *cerebro-spinal* variety. There are great heat, dryness and redness of the skin, giddiness, nausea, congestion of the eyes, and frequent desire to micturate; sometimes delirium, then drowsiness, passing into coma. The pupils are contracted; the breathing is hurried and laborious; the heart's action is tumultuous; the pulse rapid, at first distinct, but soon becoming feeble and irregular. Convulsions are of common occurrence, either early in the attack, or immediately before death. After death, however rapid may have been the course of the disease, the one constant condition is extreme, "unexampled" congestion of the lungs, with distention of the right side of the heart.

Dr. Maclean, to whose article on sunstroke (Reynold's *System of Medicine*) Dr. Johnson would refer for a clear and succinct account of the facts of the disease, states that all modern pathologists are agreed that the superheating of the blood, which precedes and accompanies sunstroke, has a depressing, and not a stimulating, effect on the nervous centres. In what way, then, does the overheated blood exert this depressing effect on the nervous centres? Dr. Johnson believes the following to be the true physiological explanation of the phenomena.

The hot blood relaxes the muscular walls of the minute pulmonary arteries. The pulmonary capillaries are consequently flooded with blood. This overfulness of the capillaries interferes with the aëration of the blood.

In fact, the over-gorged vessels must encroach upon the pulmonary vesicles, and so diminish the air-space within the lungs; while the air itself is highly rarefied. Hence a state of more or less complete apnoea. Un-aërated blood is sent to the muscular tissue of the heart, and to the brain: hence the cardiac and the cerebral symptoms. A similarly engorged state of the cutaneous capillaries, consequent upon extreme relaxation of the minute arteries, is the probable cause of the dryness of the skin. An excessively engorged state of the capillaries is as unfavorable for cutaneous secretion as it is for pulmonary respiration. The dry and inactive state of the skin and the want of surface-evaporation tend to elevate still more the temperature of the blood; and the suppressed cutaneous secretion, being diverted to the kidneys, probably alters the quality of the urine, renders it irritating to the bladder, and explains the frequent micturition.

This explanation of the phenomena is confirmed by the results of treatment. There is now a very general concurrence of opinion that the application of cold to the skin is the most successful remedy. The object to be kept in view is not merely, as it is generally stated, to cool the skin, or to excite the respiratory movements by the stimulus of the douche, but to cool the blood, and thus to restore the contractility of the minute arteries of the lungs. The condition of the pulmonary vessels in this disease

is the exact opposite to their state in cholera collapse, the minute pulmonary arteries are in a state of extreme contraction; and, as a consequence, the capillaries are extremely anæmic. In heat-apnoea the pulmonary arteries are extremely relaxed; and the capillaries, consequently, are excessively engorged. In cholera collapse, external warmth in some degree, but much more rapidly and decidedly a warm injection into the veins, relaxes the arterial spasm, and restores the circulation. In heat-apnoea, on the contrary, the object is to cool down the overheated blood, so to revive the contractile power of the minute pulmonary arteries, to relieve the capillaries from their embarrassing excess of blood, and thus to remove the state of apnoea. A clear apprehension of these physiological principles cannot fail to be of great assistance in practice.

In the treatment of heat-apnoea the following appear to be the main points which require attention. The patient should be placed in a recumbent position in the coolest possible place, with a free current of air. The clothes should be removed, and cold water applied to the whole surface; or if the symptoms be urgent, the clothes should immediately be saturated with cold water without waiting to remove them. If the respiratory movements be failing and feeble, the cold douche is a powerful excitator; but if the breathing be rapid and laborious, it is better to envelope the body in a wet sheet, and to quicken evaporation and cooling by a fan or a pair of bellows. If the patient can swallow, let him drink iced water freely. Whether he can swallow or not, iced water may from time to time be injected. The marvellous effect of hot venous injections in cholera collapse, and the urgent need for cooling the blood in heat-apnoea, suggest the expediency, in extreme cases, of injecting into the vein the same saline solution as has so frequently been employed in cholera, only injecting it cold instead of hot.

A routine practice of venesection would be destructive; but when symptoms of excessive venous engorgement are present, a cautious venesection would be quite justifiable, and probably beneficial, on the well-known principle of lessening distention of the right side of the heart, and thus increasing its contractile power. When respiration has suddenly and quite recently ceased, artificial respiration by Dr. Silvester's method may possibly restore animation. While symptoms of apnoea continue, however great may be the apparent exhaustion, no alcoholic stimulants are to be given, for the reason that alcohol, as well as anæsthetic vapors and narcotics, impede oxidation of the nervous and other tissues, and therefore increase the risk of death from apnoea. Ammonia may be applied to the nostrils as a stimulant, and, if the patient can swallow, it may be given internally. Ammonia is a powerful diaphoretic, and the restoration of the cutaneous secretion is an important step towards recovery. When the skin becomes cool and moist, of course all cold applications are to be discontinued. To sum up then—as hot air and hot blood are the cause of this form of apnoea, so cold air and cold water are the chief means of cure; all other means are subsidiary to these.—*Rankings Half Yearly Abstract.*

By the use of stiff starched towels for chloroform, less is required, and quicker anæsthesia obtained.

On Sunstroke.

By C. HANDFIELD JONES, M.B., F.R.C.P.,
PHYSICIAN TO ST. MARY'S HOSPITAL.

(The Lancet.)

At a meeting of the Harveian Society, held October 15th, Dr. Jones read a paper on Sunstroke. After referring to the great frequency with which cases had occurred during the past summer, in consequence of the extraordinarily high temperature which had prevailed both in this country and in America, where during one week no less than 833 cases had been registered in New York alone, Dr. Handfield Jones drew a description of the disease as it had fallen under his own notice, and as observed by Sir Ranald Martin, Dr. Maclean and others, dwelling especially upon the great importance and variety of the symptoms, indicating that the nervous system was primarily and generally affected; the intellectual sensori-motor, reflectorial, and vaso-motor centres and ganglia all being more or less seriously implicated, as shown by the loss of consciousness, delirium, and coma, the convulsions, and great elevation of the body temperature. Dr. Handfield Jones alluded to the views of some writers, that there were certain points of analogy between sunstroke and the influence of malarial poisons, and pointed out that, at least with atmospheric temperature, the evolution of malarial poison was increased, while those exposed were less able to resist its action. He maintained that long-continued exposure to a high temperature had undoubtedly the effect of enfeebling the nervous power, and to this, when exaggerated, he was disposed to attribute the symptoms of the attack. In speaking of the treatment, Dr. Handfield Jones recommended that every effort should be made to restore nervous power, and to promote the action of the heart; the former being accomplished by exposure to cold, the latter by minute doses of digitalis, strychnia, and stimulants. But he was of opinion that no routine practice could be adopted, every case presenting peculiar features, requiring a discreet application of the remedies suggested.—*Ibid.*

Medical Items.

Fresh Air for the Consumptive.

By DR. HENRY I. BOWDITCH.

Build your houses in the country, in preference to any place near the sea-coast. In the country choose a slope rather than a plain to build upon, and where the sun can have full access to it, if possible, all the day. Be sure (if need be, by effectual sub-drainage) that the soil is thoroughly permeable to water. Let no moisture from the soil, from any source, be permitted to distil its pernicious influences upon the future dwelling or its inmates. Let the rooms be large, of substantial breadth rather than height, and so pierced by windows that the air may have a bounteous and free entrance and exit. Let fireplaces be built in every room and chamber—fire-places made for real use, not kept for show, and not closed with iron plates which

are to be pierced for air-tight stoves. Eschew all furnace-heat, except for warming the entries and corridors.

Outside the house let there be ample space for air and sunlight. One or two trees may be permitted to grow near the house, but not to overshadow it, for nothing but evil comes from too much shade, either of trees or climbing vines. Both of these may very materially prevent the warm rays of the sun from reaching and bathing the exterior, or from penetrating the interior of the house, which they should be allowed to do freely, even in the depths of summer. Nothing so deadens the atmosphere as the too constant closure of the windows, blinds, and curtains, whereby light and heat, as well as fresh air, are excluded. Every morning let the windows be opened widely, so as to drive off the remains of foul air that has necessarily accumulated from the sleepers during the previous night. Every night let a part of the windows be left open, and if possible at the top and bottom, so that during sleep there may be still a plenty of fresh, unbreathed air for the children and adults to use. Of course the amount of space thus opened will vary with the season; but often, even during our Northern winters, especially in a furnace-heated house, a small aperture, at least, may thus be left. Two or three extra blankets only will be needed for any coldness thus caused.

As to the value of fresh air, alike for the healthy and the invalid, there seems to exist great doubt in this community. Even the healthy have no real faith in its efficacy as a means of giving health. Invalids, almost without exception, we have to educate to that faith. They have so many doubts about the weather. It is too cold, too hot, too windy, or too blustering. It is cloudy, or an east wind prevails. These and a hundred other trivial deviations from perfect weather are noted, and the unfortunate invalid quietly stays in doors day after day to avoid them. Nothing is more pernicious, no behavior more unwise. Both invalid and healthy persons ought to eschew all such views as arrant folly. "Whenever in doubt," we say to our patients, "about going out, always go out. If a violent storm is raging, to which no one would willingly expose himself, then keep to the house, but the moment it ceases, seize the occasion for exercise out of doors." "It would be better," said the late John Ware, "for everybody, sick and well, to face every storm, than to be fearful, as we now usually are, of even a trace of foul weather."—*Atlantic Monthly for March.*—*N. Y. Medical Journal.*

Dr. Baldwin on National Medical Schools.

I would advise that we appoint a committee of our wisest and best men to digest a plan for one or more National Medical Schools, and to memorialize Congress in behalf of the enterprise. Let the plan embrace as a basis the feature presented by the Cincinnati Convention of Teachers; let these schools or universities confer such distinctions and privileges as will be proportionate to the superiority they demand, and such as will make the attainment of their diploma an object of the ambition of those who engage in the study of medicine; let the chairs be open to all applicants, and the appointment or election of professors so guarded as to

secure the very highest talents, the most profound learning, with the most fully demonstrated capacity for teaching. Make the salaries of the professors large, and not to depend upon the number of students; and let the Federal Government assume a proper share of the expense incurred.

The number of these schools may be multiplied as experience may demonstrate their superiority and necessity.

Our present medical schools, and such as hereafter obtain their charters from State governments, may adopt their own regulations, and such as do not conform to the National standard will either become tributaries or preparatory schools to the National universities, or dwindle into merited neglect.

I am persuaded that such assistance on the part of Congress can be obtained. I think that a committee could demonstrate, that of the vast amount of labor and money expended annually for the public good, a portion could not be better bestowed for the welfare of humanity and the interests of American civilization, than in creating and upholding one or more universities which will perfect the object for which this Association was organized. Such reforms have not been elsewhere effected except through governmental interposition, and our own experience has amply shown that it is vain for us to hope for them through any other means.

I am perfectly well aware that any plan looking to the General Government for sanction and support has its embarrassments, and that it will be opposed on the ground of incompatibility with republican institutions; but I do not doubt that all objections can be fully answered. The most moderate view taken of the offices of government specifies *protection* as its main end, and where, if not here, is protection demanded? Utilitarianism proclaims its conquering motto in the words, "The greatest good to the greatest number;" and when, if not here, has the motto a consummate application? The recent changes in political science, as well as the practical revolutions in the institutions and relations of the age, show clearly enough that whether for good or ill, governments are becoming more direct representatives of the prevailing public opinion, and are acting more immediately from the popular heart. Tell me how this government could more effectually permeate our homes, our tenderest sentiments, our truest earthly well-being than by bending its mighty aid to a measure so fraught with patriotic philanthropy? No profession has a sublimer human ideal than ours; none comes closer to the daily evolutions of Providence; none touches the individual and social happiness of men at so many points; and yet, standing in this high relation, it is almost alone in the facility with which ignorance may enter and work its mischief.

Cure for Snake Bites.

The London *Medical Gazette and Times* quotes this case:

A girl, named Isabella Mellross, aged 14, had when drawing water from the hole, been bitten on the extremity of the last phalanx of the little finger of the right hand by a carpenter snake, which had coiled itself round the cord of the ascending bucket. Dr. Barnett, who was sent for, found that the

mother had excised the bitten part, and put a ligature round the finger immediately, and given about two ounces of gin. The girl was being walked about between two others. Countenance swollen and dusky, conjunctiva much injected, cornea glassy, pulse small and slow, breathing also slow a complete state of stupor, from which with difficulty he could only partially rouse her and obtain an incoherent muttering reply to a question; if the support was withdrawn she sank on to the floor. Dr. Barnett injected fifteen drops of solut. ammon. into the median vein of the injured arm, also gave one drachm of sp. ammon. co., and washed the wound with solut. ammon. In a few minutes she became violently excited, laughing, crying, singing, biting, and throwing herself about so much as to require two persons to restrain her. The patient took five doses of brandy (three drachms) and ammonia during the afternoon, and by seven the excitement had subsided, consciousness was restored, and she was pretty well. The very next afternoon the same girl found a snake basking in the garden; she watched the brute and called for her mother to come and kill it, which was done: whilst she was stepping back out of the way, two snakes issued from a bush, and one of them bit the girl on the hand. Excision, ligature, gin, and ammonia were administered by the mother, and fifteen drops of liq. ammonia were injected into a vein at the elbow by Dr. Barnett. No symptoms of snake-poisoning occurred, however, although the patient suffered severely from the shock and fright. The cases are published in the *Melbourne Argus*. We would remind our readers of the possible share, as suggested by Dr. Weir Mitchell, which the large doses of alcohol may have had in generating the symptoms.—*Med. & Surg. Reporter*.

Purpura Hemorrhagica rapidly cured by Perchloride of Iron.

By DR. BAUDON.

[*Bull. Gén. de Thérapeutique, February 29, 1868, p. 174.*]

The patient, a girl 16 years old, menstruating irregularly, had the first crop of purpuric spots appear on October 23d. They continued coming out for several days, and when Dr. Baudon was called (October 26th) he found purpuric spots all over the body, on the tongue, the lips, the trunk, and extremities, reaching the diameter of six and eight centimetres on the thighs and legs. Pressure produced no effect upon them. The pulse was feeble, gums bleeding, and the discharges from the bowels were bloody. The patient was put upon sixteen drops a day of the solution of the perchloride of iron, increased in two days to thirty drops. The gums were washed with a mild solution of perchloride, and a course of good feeding and tonics was instituted. The results of treatment were certainly most rapid. At the end of two days the gums ceased bleeding, and there was no more blood in the rectal discharges, while at the end of seven days from the commencement of treatment (the perchloride being reduced in dose during the last few days) the patient seemed entirely restored. Pulse and heart natural, and "the ecchymoses are effaced to such a degree, that it is only with difficulty that a trace of them can be discovered."—*New York Medical Journal*.

Restoration of the Jaw.

By DR. J. D. PATTERSON,
OF LAWRENCE, KANSAS.

The patient, Major J. E. Montandon, of Oskaloosa, Kansas, had an operation performed for necrosis of the left superior maxilla, the whole of the maxilla being removed from the right central incisor, also part of the hard palate as the model sent will show.

The operation was performed by the late Dr. Mussey, of Cincinnati, Ohio, some eighteen years since, and was extensively noticed at the time by the medical news of the day. After such an operation considerable deformity of course existed, rendering the substitution of an artificial part very desirable; and notwithstanding the fact that many operators had failed, I advised that the operation of substitution was practicable.

Some dentists had advised the severing of the masseter muscle, that being the chief obstacle to a successful operation, against this, however, Dr. Mussey protested and told the patient rather to remain without a plate. I took the impression with plaster, shaping a common cup with wax to suit the case, and after considerable difficulty, succeeded in obtaining a correct impression of the parts. I removed the plaster as soon as it was hard enough to retain the form, on account of the remaining teeth on the right side permitting the plaster to break, and afterwards united the pieces. I of course made the plate of vulcanite, supplying the artificial jaw with teeth, clasping the only right bicuspid and the central incisor with well fitting gold clasps; the method of procedure I suppose is well known to all practitioners. I also permitted a rubber band around the wisdom tooth, deeming that clasping three teeth instead of one would relieve any strain on the clasped teeth.

I also used a moderate sized air-chamber. The result is in all respects entirely satisfactory; the plate fitting well and firmly restoring the contour of the face, assisting very materially in speech, and as the lower teeth are quite good it improves mastication greatly. Were it not for the drooping of the lip on the left side on account of the attachment of the Superior-alaque-nasi muscle being gone, the face would appear quite natural. I am now satisfied that the plate can after a time be worn without clasps—removing the only objectionable feature.

The patient, who is a gentleman of culture, is highly pleased with the appliance, and finds after a month's trial that not the least inconvenience is experienced from it.—*Amer. Jour. Dental Science.*

A Rare Case of Monstrosity.

(To the Editor of the Medical Record.)

SIR,—The following is a report of a case which occurred in the course of my practice, a few months since, and which, I think, you may consider, on account of its rarity, of sufficient interest for publication in the *Medical Record*. The case is one of the rarest forms of *double monstrosity*, and in the limited medical reading to which I have access here, I have been unable to find any record of a case in which two otherwise perfectly-formed children have been united in a similar manner.

Amelia H.—, aged 20 years, mulatto, a native of Jamaica, was taken in labor, about nine a.m., Sunday, September 6th, 1868. I was called to see her at 1.30 a.m., September 7th, when I found that the membranes had ruptured about three hours and a half previously, and that a right arm was presenting from the vulva. Uterine contractions were forcible and frequent. I attempted unsuccessfully to reduce the arm and bring down the feet. Went for chloroform, and on returning found that the child had descended somewhat, and was doubled up in the vagina. With the assistance of the chloroform I succeeded in bringing down the feet. When the head had been delivered, I found it still firmly attached to something, and supposed that the child had an enormous tumor of some kind on its head; but soon another pair of eyes and a mouth followed and I discovered that I had got *two girls united by the tops of the heads*, well formed, equal in size, dead, but probably alive at the commencement of labor, judging from the condition of the presenting arm. Period of gestation, between seven and eight months. The two faces looking in nearly the same direction. Ossification equally complete in both skulls, which were also of equal size; the frontal and parietal bones not continuous over the tops of the heads, but meeting each other without being united. There was no indication of any septum of bone between the crania; but both brains were apparently contained in one osseous case. There was a thick growth of hair all around the heads.

The loose condition of the cranial bones and flexion of the necks allowed of the bodies being brought parallel to one another, and it would be a point of interest to know what their relative position was when *in utero*. There was one small placenta for the two; each child having its own umbilical cord.

This woman had one child two years ago, a girl, well formed, still living.

The mother had a complete but rather tedious recovery, and, of course, ascribes the peculiar formation of the children to the fact of her having witnessed an acrobatic performance a few months previous to their birth.

GEORGE BADGER, M.D.,
Surgeon Panama R. R. Co.

Aspinwall, U. S. C., March 30th, 1869.

Treatment of Syccosis by Nitrate of Potash.

Journal de Chimie et Bull. Gén. de Thérapeutique, October, 1868, p. 381.]

Mr. Stewart has succeeded in curing every case of syccosis which he has encountered, by employing a simple solution of the nitrate of potash. He considers this treatment more sure and more rapid than any other, and states that cases, which had resisted other treatment for weeks, yielded in a few days to the employment of a saturated solution of the remedy in question.

It is to be applied, in a saturated watery solution, three or four times daily, over the pustules and the whole diseased surface. If the pain caused by the application is too great, the strength of the solution is to be reduced until it can be tolerated. A treatment so simple deserves at least a trial.—*New York Medical Journal.*