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The Canada Medical Record.

MONTREAL, SEPTEMBER, 1879.

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Original Communications.

Case of Intussusception, involving the whole of the large intestine, occurring in an infant. By E. D. WORTHINGTON, M.D., F.R.C.S.

Early on the morning of Monday, the 30th June last, I was called out of bed by a gentleman who stated that his infant, aged nearly four months, had been rather suddenly seized with diarrhoea the evening before, and that the recent discharges were bloody. He wished me to prescribe something, and see the child as soon as convenient. I gave him some Tannin and Dover's powder, and saw the child about eight o'clock.

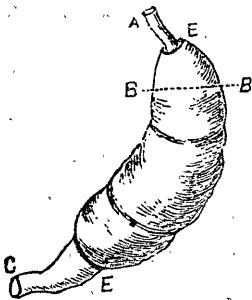
It appears that on Sunday evening the mother went to church with her husband, leaving the child—a remarkably healthy one—in charge of its aunt and grandmother. Soon afterwards, the aunt, who had the child in her arms, wishing to attend to some household duties, gently placed the infant in its grandmother's lap. On the instant the child gave a sharp scream, and the grandmother declares that she heard "a peculiar sound in the bowels, as if something had given way." The child continued to scream until its mother returned from church. Looking upon the case as one of colic, the mother gave a dose of castor oil, a warm bath, applied turpentine, and used other remedies peculiar to the occasion. One or two fecal discharges followed, and then, towards morning, the discharges consisted only of small quantities—a few drops—

of unmixed fresh blood. The child had intervals of rest during the night, vomited twice, but it was not considered that there was anything alarming about the symptoms until the blood made its appearance. There had been a slight tendency to constipation for a few days.

When I saw the little patient its extremities were cold, surface pale, pulse very small and intermitting, features "pinched," and it had a look of sudden shock.

No tenderness or distension of abdomen. At the moment the weight of evidence was, in my opinion, rather in favor of some visceral injury, or internal hemorrhage, rather than intestinal obstruction. I have nothing to add either as regards the progress of the case or the treatment, further than that the child died on Tuesday at 6.30 p.m., about forty-eight hours after the accession of pain. To the last the discharges consisted of small quantities of unmixed fresh blood, but there was no tenderness or distension of the abdomen, nor after the first evening did vomiting occur more than two or three times, and then of a very trifling character. On Wednesday I was kindly permitted, with Dr. Austin and my son, Mr. Norry Worthington, to make an examination of the body. On opening the abdomen we found the stomach empty, the small intestines somewhat distended with fluid, but without the slightest trace of inflammatory action. To our surprise the whole of the large intestine had disappeared, and groping about to solve the mystery we noticed in the median line, just dipping into the pelvis, the upper portion of a mass of

telescoped intestine, its lower margin—within the rectum—extending to within two inches of the anus, but showing externally, like the small intestine, no evidence of acute inflammatory action. Tying the intestine above and below we removed the strangulated portion, but not believing at the time that we would be allowed to keep the parts, we removed only the intestine, cutting it away from the meso-colon. When put into a basin of water, it measured about eight inches from the commencement of the invaginated portion to its termination in the rectum. On pulling out the intestine this invaginated portion was found to be twenty-three inches in length, and to consist, beginning from above, of two inches of ileum, the caput cœcum, and the whole of the ascending, transverse, and descending colon.



A. Two inches of Small Intestine.

B. B. Situation of Cœcum.

C. Arms.

B. B. Invaginated portion of Intestine, containing two inches of Ileum, the whole of the Cœcum, ascending, transverse, and descending Colon, the whole when pulled out, measuring twenty-three inches.

The accompanying diagram was roughly taken at the moment, and needles passed through the mass to indicate its original appearance. The cœcum was highly congested, and thickened throughout, and it was evident that the hæmorrhage had its origin here. The rectum below the invagination contained only a few drops of blood.

Unlike the case reported by John Hunter, the cœcum here was at the upper portion of the strangulated mass, as if the invagination had commenced in the descending colon, subsequently dragging in the rest of the large intestine and the two inches of ileum. In this case it was evident that the peritoneum invested the cœcum to such a degree as to constitute a meso-cœcum, and thus allow of the displacement of

the cœcum to such an unusual degree. The case is interesting only as occurring in an infant, in the length of intestine involved, and in being accompanied by symptoms barely suggesting a suspicion of invagination.

Sherbrooke, Sept., 1879.

Address of JOHN DUFF MACDONALD, M.D., L.R.C.S., Edinburgh, President of the Canada Medical Association, delivered at the twelfth annual meeting held at London, Ontario, on the 10th September, 1879.

BRETHREN,—Since your kindness has conferred upon me the honour of presiding in this meeting of our Association, I have come to apprehend, to some extent, the responsibility of the office which I have been called upon to occupy, and to see that this responsibility increases from year to year.

From the President's address it is reasonably looked for, that it should satisfy a just comparison with those delivered by brethren who have already filled this chair, and that it should equally with those addresses commend itself to the judgment and good taste of those who have to hear it.

It is right that such an address should have for its theme a subject which is of immediate practical interest, not necessarily to the medical profession alone, but also to the general public, and also that it should afford an indication of the way in which professional opinion may deal with that subject.

My respected predecessor of last year made allusion to those institutions, with the working of which his experience has made him familiar, and considering the admitted necessity for the increase of those institutions, as well as the increasing obligations devolving upon the medical profession in connection with the care of lunatics, there can be no doubt that Dr. Workman did well in directing our minds, among other things, to the construction and location of asylums for the insane. I believe that it will not be out of place for me to bring under the notice of the brethren a subject which has had a good deal of interest for me, as well as for others, for some years past, and to speak of another class of institutions which, in my opinion, deserves, though they have not secured, an equal degree

of consideration with lunatic asylums—I refer to hospitals for the sick.

To what extent are these structures required, and how are we to get them?

I venture to bring these questions before the Association, because the subject of hospital accommodation is of undoubted importance to the profession and to the public, and is one on which physicians may possibly be afforded occasions of giving an opinion.

It must be admitted, in spite of the boasting in which we are prone to indulge regarding the improved state of the world in these later days, and the increased well-being of society, that our social condition renders hospital provision, at least, as great a necessity as it was when men spoke more modestly of themselves and their times than we do. The poor we have always with us, they do not cease out of the land, and no doubt we may say that they never shall,—all optimist and communistic theories to the contrary notwithstanding. Even in our own country, largely filled as it has been, within the memory of living men, with fresh young blood; free as it is, as yet, from the semblance of what has been regarded by some as the oppression of class, a hospital population is springing up all around with wonderful rapidity, and that not from amidst unprovided strangers only, but also from among those born in the midst of us, and who have been surrounded from their infancy by the advantages of a land where labor is always in request, and sure of its reward; where all that is required of any man, in order to secure independence, is devotion to honest work. From among these there come numerous applicants for hospital relief and shelter, persons who have not made provision for one week's sickness. It is not necessary to discuss here the causes of this spectacle, the early rise of pauperism in the midst of us, but this much may be said, that with pauperism existing everywhere in the land, and with its sources well known to all, there does not seem to be, on the part of sick poor, an excuse for their condition sufficient to touch and cause to flow those springs of benevolence which are latent in the community.

When hospitals and refuges were founded and endowed by wealthy individuals in times past, the condition of the poor was more

pitiable than it is now, their prospects seemed absolutely hopeless, and to provide for their succor in their time of sickness was a worthy aim in the eyes of all; on the other hand, in our days, and in this community at least, we are not so satisfied of the powerlessness of the poor. Nay, by many who are giving daily proof that they are not selfish and hard-hearted, the poor are thought to have their place made too soft for them; indolence and dissipation are thought to be receiving their most direct encouragement from the charitable, and it is difficult to present the claims of an hospital to our wealthy neighbors on the score—the beneficence of the object.

And yet, let the cause of poverty be what it may, vice or misfortune, the act of lightening its weight, of lessening its attendant suffering, is, when discrimination is used, certainly an act of beneficence, and though our aid to a strong and healthy idler may lawfully be limited to good advice, to the same man when he is sick, or maimed, our help must be of a more substantial kind.

It may be allowed that private benevolence, though it has done much at various times, and in various places, has never been equal to the help of this sort which has been required, and it may hardly be expected that it ever can be; its efforts are necessarily limited and fitful, while the evil to be met is on every hand, and is always growing.

Hospitals to serve the purpose required of them should be numerous, placed within easy reach of those who need their service, not so few and far between as to render it necessary for sick people to make long and painful journeyings in order to get to them. It is not too much to say that every town of eight or ten thousand inhabitants should have a well appointed hospital for itself and its environs. The great usefulness of these institutions thus scattered over the land surely cannot be questioned, whether we regard the relief to suffering which they are fitted to afford, or the centres of useful information to the public which they would form, and this Association may surely add the very valuable opportunities for observation and experience to our own profession which would thus be multiplied.

To be thus numerous and to be efficiently

equipped, the institutions must be supported at the public expense, and why should we not regard them as legitimate objects for employment of the public money. The public funds are already employed in constructing hospitals in certain favored localities. These are buildings very splendid and very expensive, highly ornamental to the places in which they are to be seen, and are sources of very natural satisfaction to those who dwell around them, or who own property there, but not by any means the most useful or even the safest retreats for those who are to have their residence in them during the seclusion made necessary by sickness or by an injury.

If we are to convince our public bodies that they have at all a duty in this matter, we must present to them an ideal of a hospital very different from that which at present prevails. The palatial style thought to be that which ought to mark these refuges for the sick poor, who when they are in health do not live in palaces, must give place to one which is more sober and less costly, and so it is that lighter and less extravagant buildings would be in every respect more suited to the objects chiefly aimed at.

The one-storey pavilion seems best adapted to our means and wants. The simplicity and the economy of its construction must recommend it to those who are interested in the question of cost; the convenience of its arrangement must give it favor in the eyes of those who have to do with administration; while the purity of air which can be secured by its means, is of such advantage in the treatment of disease and of injuries, especially such as are accompanied by open wounds, that one would suppose that the brethren of our profession can have but one mind in their advocacy of this description of building. Separation of cases infectious from non-infectious, would thus be complete. "Hospitalism," that frequent and readily accepted excuse for events which should not have happened, would be less heard of; the surgeon in instances of grave injuries, wherein his skill and care seemed about to triumph, would less frequently have to suffer disappointment from the septic infection of perhaps some trivial and forgotten scratch, and the physician would be saved the now not unfrequent mortification of seeing a patient who is under treatment for

a trifling ailment attacked by a deadly affection, which would not have appeared, if the case had been treated in the individual's home.

It is not necessary in this association to give any description of the one-storey pavilion, such a description could contain nothing not already known. No doubt the essay of Dr. Gill Wylie, published three years ago, and which treats on this subject, is familiar to most of us, but I may be allowed to say a word or two on the excellent fitness of this kind of hospital to our Province.

And first I would say that everything in the condition of our people and in the features of the country is hostile to the indulgence in what is florid and extravagant. Let us not in anything make ourselves ridiculous by manifesting that we aim at a display which is not always becoming in older and more wealthy people; nor let us forget that good taste and regardlessness of expense are not all times close associates.

In the long and narrow strip of country which is for us practically Canada, there is not much likelihood that there shall be at any time towns of great size, the configuration of the country and the fewness of its resources make such an expectation improbable of fulfilment. On the other hand among a prosperous agricultural population such as we hope that of Canada is to be, a considerable number of market towns of moderate size is a prospect which seems likely and near, and all of these, however thriving, will always have their poor, needing aid in sickness.

To small towns the construction of a hospital, according to present ideas, will be an enterprise of insurmountable difficulty. They will forego the hospital altogether, or else convert to the purpose some old disused tavern or factory, while a one-storey structure of wood or brick could be provided by them with perfect ease, cheaply, that in the event of its showing signs of becoming infected, there need be no hesitation, on the score of expense, in having it torn down and removed, and erecting a new one in its place.

I do not know that I would have brought this subject before the Association, if it was not that it was, so to speak, ready to my hand, and that I have had for many years before me proof of the evils resulting from using, for hospital pur-

poses, old buildings, charged with septic matter, and of the impossibility of obtaining safe accommodation for the sick poor, because of the unwillingness of those in authority to look at the financial responsibility of such buildings as in their opinion hospitals ought to be; and I will have reached the end I seek if, the matter having been brought before them, the brethren will lead their influence to enlighten the community on the subject of the building of hospitals; to impress on those in authority, that the sole purpose of a hospital should be to afford to those who are in poverty, shelter in sickness, and the means of recovery; that everything which may render this purpose more difficult of attainment is to be conscientiously avoided; and that the difficulty at present in the way is that offered by extravagant customs and vain tastes, which lead us to suppose that a building for a charitable object has been allowed to miss its greatest end if it does not serve to adorn a neighborhood, or to keep, for a time, the name of some rich man from sinking into the common oblivion.

Hamilton, Sept. 8th, 1879.

Report on Midwifery and Gynæcology read before the Canada Medical Association. London, September 10th, 1879. By J. ALGERNON TEMPLE, M.D.

MR. PRESIDENT AND GENTLEMEN:—I beg to submit the following report upon the progress of Midwifery and Gynæcology during the past year. Time has not permitted me to make it as full as I should have liked, and possibly I may have overlooked some improvements.

Dr. H. J. Garrigues in regard to the operation of gastro-elytrotomy proposes to make the first opening in the vagina with the galvanic or other form of cautery; he urges the propriety of the operation, and thought it should always be adopted instead of craniotomy when the conjugate diameter was two and a-half inches or less, and also of bad cases of embryotomy.

Dr. Goldsmith, of Atlanta, recommends the compressed pith of the cornstalk as a uterine tent. Its advantages are: it dilates effectually, but not too rapidly, it is smooth and soft, and can be removed with one force, it produces no lacerations or abrasions of the mucous membrane, it is easy of medication, is of vegetable

origin and does not become putrid, and may be prepared in a few moments; he has used it for the past seven years with uniform success.

Dr. Theodore Parvin recommends oxide of zinc ointment in the treatment of membranous vaginitis as superior to all other preparations.

Dr. Purejoy details two cases of puerperal convulsions in which he tried the subcutaneous injection of chloral hydrate with good success; gr. v. was the dose used, which was repeated in half an hour.

Dr. Keith and Dr. Messbaum both record their testimony in favor of antiseptic ovariectomy.

Dr. Copeman tried digital dilation of the cervix in severe vomiting in pregnancy in five cases, with immediate relief, after all the ordinary methods had failed.

Dr. Bennett recommends the hypodermic injections of tri iodine c potas iodid and potas bromid into the cervix to remove hyperplastic tissue, and thinks it better than merely painting the surface over.

Dr. Herman's conclusions as to the treatment of cancer of the uterus are as follows: 1. When it is possible to remove the disease either during pregnancy or in labor, it should be done. 2. When this cannot be effected the safety of the mother is best secured by procuring abortion. 3. In labor the dilatation of the os should be assisted by incisions in its circumference. 4. The os being dilated, and it being expedient to hasten delivery, the forceps are better than turning. When it is impossible to dilate Cæsa-rean Section is the last resource.

Dr. Garrigues relates two cases of laparo-elytrotomy performed by Dr. Thomas: in one case the woman and child died, in another both recovered. Dr. Ellis reports another case, the woman died, the child lived.

Griffith relates a case of peritoneal adhesion of the gravid uterus as a cause of post-partum hemorrhage.

Mr. Doran concludes that the complete intra-peritoneal method of ligature offer better chances of recovery than the clamp in ovariectomy.

Pilocarpine has been used with success in inducing premature labor.

Dr. Thock's method of producing sterility is to cauterize the openings of the fallopian tube by means of the galvano-cautery.

Dr. Baker reports cases of removal of uterine fibroids by traction, as recently performed by Dr. Emmet. The recommendations in favor of this plan are: less danger from hemorrhage and septicæmia.

Dr. Prochownick concludes that the foetus is the produce of the amniotic fluid whose secretion begins in the earliest period of pregnancy.

Dr. Mathews Duncan strongly insists on the great advantages to be derived from antiseptic midwifery, all attendants being advised to wash their hands in carbolic acid water, and use carbolized oil for making vaginal examinations. The maternal mortality is greatly reduced by this procedure.

Dr. Schultz reports cases of retroflexed uterus returned by means of the finger inserted into the uterus as far as the fundus; the cervix being previously dilated with laminaria tents.

Dr. Byford reports a case of a young lady on whom he performed ovariectomy, who persistently refused to allow vaginal examination before the operation. After removing the cyst he noticed another tumor behind, which he took for another ovarian cyst, into which he plunged the trocar, but, as nothing but blood followed, he made a more careful examination, and found it was the pregnant uterus; he immediately enlarged the opening and removed a dead seven months' child. The uterine wound was closed with interrupted silk sutures, and a catheter passed through the cervix for drainage. The ovarian pedicle was secured and returned into the abdominal cavity. Patient made a rapid recovery.

Dr. G. Thomas relates six cases of abdominal pregnancy. In two the foetus died early in gestation and was discharged through the rectum, mothers recovered. In the third laparotomy was performed at the end of the eleventh and the mother recovered. In the fourth laparotomy was performed at the end of the seventeenth month and the mother recovered. In the fifth laparotomy was performed at the end of the twenty-second month and the mother recovered. In the sixth it was still under observation.

Dr. Harris advises silver wire sutures to be used in all cases of Cæsarean Section to stitch up the uterus, and never to use catgut, as it becomes untied, and the patient dies from

hemorrhage. He draws his conclusions from two cases reported in the United States.

Dr. Richardson advises in cases of vomiting of a severe character coming on in the latter months of pregnancy that the urine be always examined.

Dr. Hemans records twelve cases of ovariectomy with one death only, and attributes his success to antiseptic means being used in all the cases.

Dr. Tibone relates four cases in which he performed Cæsarean Section and one in which he performed Porro's operation. Twenty-five cases of Porro's operation are now reported, ten recoveries and fifteen deaths.

Dr. Thoebulé recently removed two fibroid tumors from the uterus by means of gastrotomy; the patient recovered and was walking about at the end of a month's time.

Dr. Swayne concludes that the mortality amongst primiparæ is less than among multiparæ, but that the infant mortality is greater in primiparæ than in multiparæ, being 7.8 per cent. in the former and 5.9 in the latter.

Dr. Galabin reports two cases of rupture of the vagina during labor, both women died; in one gastrotomy was performed. The rupture was caused by violent uterine action while the uterus was in an extreme position of anteversion.

Dr. Rankin reported a case of rupture of the uterus where the child and placenta escaped into the abdominal cavity; the woman recovered.

Dr. Wigglesworth reports a case of occlusion of the os and cervix uteri, accidentally produced by applying strong fuming nitric acid to the uterine cavity, and which obliged him, four months afterwards, to make a new cervical canal with a trocar to allow of the escape of the menstrual discharge.

Dr. Quantin is strongly advocating full venesection in eclamptic convulsions.

Prof. Lane reports a case of epithelial cancer of the uterus, for the cure of which he performed complete enucleation of the uterus per vaginam. The woman made a good recovery.

Dr. De Gorreguer Griffith reports a case of extreme post-partum hemorrhage, to arrest which he performed compression of the abdominal aorta through the abdominal walls, with immediate good results. I may say I have

been in the habit of using this method for some time back, and always with good effect. In stout persons it is not easy of application. He then recommends compression of the aorta, either through the uterus (hand inside) or through the rectum, or both, if necessary.

Dr. Banga relates a case of fatal tetanus accompanying retention of a segment of the placenta four weeks after miscarriage.

Dr. Wigglesworth is of opinion that intra-uterine medication is a possible cause of sterility, while Drs. Playfair and Ellis do not at all lean to this conclusion.

Dr. Fordyce Barker is opposed to the use of jaborandi or pilocarpine in the treatment of puerperal albuminuria or after puerperal convulsions.

Dr. Cory reports a fatal case from injection of perchloride iron into the uterus to restrain secondary hemorrhage.

Dr. Hodgen reports a case of vaginal enterocele of unusual size. It weighed 64 lbs; vertical length, 17 inches; greatest circumference, 43 inches; circumference at neck, 21 inches. Case ended fatally. Many cases are reported through the various journals of the good effect of hot water injections in post-partum hemorrhage.

Dr. De Gorreguer Griffith has written some very excellent articles on the unity of poison in scarlatina and puerperal fever, typhoid, diphtheria and erysipelas.

Several cases of inversion of the uterus, treated by elastic pressure, are recorded during the last year, all with excellent results.

Prof. Spiegelberg, in dealing with the best method of treatment of the pedicle in ovariectomy, concludes that the future of patients with a clamped pedicle is a safer one than that of those in whom the pedicle has been ligatured and returned.

Dr. Marion Sims' method of treatment of epithelioma of the cervix uteri is not to amputate but to exsect the whole of the diseased tissue, following it up to the body of the uterus, if necessary; and, when all is done that can be done by knife and scissors, then caustic, strong enough to produce a slough, is to be applied to the part from which the cancerous tissue has been exsected, and allowed to remain there till the slough is ready to come away.

Dr. M. O. Jones recommends the application

of caustic to the cervix uteri in the vomiting of pregnancy, to excite by means of caustic applications an irritation or superficial inflammation, thus concentrating the reflex nervous phenomena at the point of irritation, and thereby relieving the stomach. He has used it in five cases with complete relief to the vomiting.

M. Lussier proposes in lieu of ovariectomy to establish a fistula between the cavity of the ovarian sac and the exterior, which is to be daily washed out by disinfectants. He tried it in one case with good results.

Mr. Spencer Wells performed ovariectomy on a child eight years old with success.

Dr. Howell reports a case of puerperal convulsions which he treated successfully by large free bleeding and croton oil.

Dr. Lloyd Roberts reports a case of large fibroid tumor of the uterus, weighing three pounds five ounces, removed by enucleation. During the operation inversion of the uterus occurred, which much facilitated the enucleation. The inverted uterus was easily returned after the operation, and the woman made a rapid recovery.

Dr. Koehler remarks on the great good to be derived by applying very hot fomentations to the head in severe uterine hemorrhage, restoring consciousness and strengthening the pulse.

Dr. Reany speaks highly of the use of Hydrate of Chloral, in from five to fifteen gr. doses, every two hours, during the first stage of labor, to relieve pain and promote the easy dilation of the cervix.

Toronto, Sept. 8th, 1879.

Progress of Medical Science.

EXTRACT OF MALT.

EXTRACT from a paper read before the Kentucky State Medical Society, on *Infantile Therapeutics*, by JOHN A. LARRABEE, M.D., Professor of *Materia Medica and Therapeutics*, and Clinical Lecturer on Diseases of Children in the Hospital College of Medicine, Louisville, Kentucky.

"It now seems that the benefit which for a long time has been accorded to malt liquors can be attained without fermentation, thus in many cases accomplishing the good without the baneful effects of a stimulant. It appears to me that the Extract of Malt, manufactured by the Trommer Malt Company, has proven that the real tonic properties depend upon its not undergoing fermentation. I have given these preparations to over three hundred patients

during the past year, including private and clinical practice, selecting such as I deemed suited to the wants of the several cases, and I have yet to see a single case in which benefit has not accrued from its use. It may be said that the medicines contained in some of the preparations should have the credit, but I have been careful to use such preparations in cases where the medicinal agents therein contained have before been given with little or no advantage.

"In tuberculosis and scrofulosis I have found malt extract to improve nutrition and arrest the progress of the disease, acting in this way similarly to cod liver oil, save that its effects are seen to be more decided, and it agrees better with the stomach, a matter of no small importance in advanced cases.

"In the continued cough of pertussis, where, after the acute stage has subsided, the patient has prolonged spells of coughing, I have found the plain malt extract to exercise a most marked effect. Children not infrequently continue to cough like whooping-cough for a year or more after having had the disease. In all such cases the cough is kept up by the bronchial glands enlarged in the acute stage; and such cases, if left alone, are fit subjects for early consumption. Malt extract is well adapted to this stage of convalescence.

"In convalescence from the ordinary fevers, and especially remittent, the 'plain,' 'ferrated,' or that 'with citrate of iron and quinia' is *par excellence* the treatment.

"It is unnecessary that I should attempt to enumerate the diseases in which malt extract has proven beneficial. It appears to strike at the root of malassimilation. An explanation of the various conditions which are or may be expected to be relieved by extract of malt may possibly be found in the various stages in which digestion is arrested, and the power of this digestant to carry this process to its ultimatum in the tissues. A closer study of ultimate digestion is necessary, however, before we can give the rationale of the efficacy of this medicine for food.

"I have not had sufficient experience with the use of malt extract upon the rheumatic diathesis of childhood to draw any positive conclusions concerning it, but I am quite confident that, by carrying starch through its changes to a rapid end in combustion, it is well calculated to accomplish good. The liability, therefore, to remain as lactic acid will be greatly lessened. In six cases it was of decided benefit in securing an immunity from the hitherto frequent attacks of rheumatism, one of which had suffered eight attacks of acute rheumatism in five years, and had extensive cardiac lesion."

SANITARY SAFETY OF SLEEPING CARS.

Of course when the two great overseers of public health—the National Board and the Sanitary Council of the Mississippi Valley—came together in Atlanta, one of the greatest questions with which they had to grapple was the proper regulations of inland travel. A sea-board quarantine under the guns of the government was a practicable enough affair; but what to do with the people who go down the great rivers in steamboats, and through the great land in steam-cars, was a much more difficult problem. It is in fact the sanitary question of all others. If the yellow fever, cholera, or other scourge should come into the country and quietly take up its abode in New Orleans or Memphis, while it slew its victims it would undoubtedly rouse the sympathies of the nation; but when it packs up its little germ, real or imaginary, and takes its dead-head passage, by rail or river, to pay its uninvited visits throughout the land, then it rouses the selfishness of the people. How to make travel secure against disease for those who travel and for those who are traveled through is, we say, the great question of the day.

The Sanitary Council did some very good work under this head, and in a pamphlet published under its direction has promulgated a number of excellent suggestions covering the general sanitation of inland carriers, and special precautions to be used during the prevalence of epidemics. We select for discussion just one topic here—that which relates to the management of sleeping-cars—first, because a great deal has been said about them, and much has been feared from them; and again, because an examination of the subject reveals a very pleasantly surprising state of affairs, in which the wisdom of science has been outsped by the demands of commerce. Pleasantly surprising, we say; for the hope is raised that the good sense shown in the management of this class of carriers may have been imitated in other modes of travel a little more than we wisecracs are fain to believe, and to the genius and incentive of gain many regulations for sanitary safety may be trusted when such security happens to be a chief item of stock in trade.

Let us contrast what the Sanitary Council advised in May last and what were the actual regulations of the Pullman Southern Car Company in force for years past. Says the Council: "No sleeping-car shall be allowed to remain in an infected town, nor shall any sleeping-car approach nearer an infected place than the point of transfer. Any passenger-car leaving an infected place shall be thoroughly ventilated during its passage to the place of transfer, by having not less than one half of the windows of the car open during such passage.

"The upholstered seats of passenger and sleeping-cars and the mattresses and the pillows of sleeping-cars shall be thoroughly whipped or beaten (in the open air so far as practicable), and brushed free from all dust, and thoroughly aired and sunned at the end of each trip. The blankets and curtains of all sleeping-cars shall also be beaten and aired in the same way. In case of infection of a passenger-car or of a sleeping-car all the upholstery, cushions, curtains, bedding, mattresses, etc., shall be thoroughly disinfected, under the supervision of a medical officer, before being again used.

"All railroad-cars should at all times be well ventilated. The freight-cars when loaded should have barred doors to permit the free entrance of air at all times, whether moving on the track or placed upon the sidings; and passenger and sleeping-cars should be provided with automatic ventilators, so as to secure a rapid change of air in the cars at all times."

Now these propositions were discussed by the very best sanitarians in the nation, from Massachusetts to Florida, and were claimed by them to contain the best precautions for safety. They were reported to the company for its action, and the management shows in its reply that it has not only met these demands, but has greatly exceeded them in many important particulars; that in fact much of what the Council has demanded as precautionary measures in times of epidemic danger is but a part of the ordinary regulations of the company for all times. The report says that early in July of 1878, when rumors of the plague began to rise, although arrangements for disinfection were perfected—

"By the time the tide of travel set northward the system was in full operation under rigid discipline. . . . Pure carbolic acid was exposed in open vessels in every car while *en route*. At terminal points every car was thoroughly cleaned; all bedding, seats, carpets, every thing movable in the car were taken out, whipped, brushed, and fumigated in a close room with sulphur. Each car was scrubbed inside and out, and then closed and fumigated with sulphur; and after this process cars and equipments were exposed to the air for several hours and again liberally sprinkled with carbolic acid, which was also kept constantly in the spittoons; and the cars were thoroughly ventilated while *en route* by open doors, windows, and deck-sash."

And mark now this special point, for on the ignorance of it very specious theories have been built to account for the spread of fever:

"As soon as the disease was declared epidemic in New Orleans, Memphis, and other points, our cars were withdrawn. . . . We had one line of sleepers only which continued unbroken through the entire epidemic—the line from New Orleans to Cincinnati *via* Milan."

This line passed around the city of Louis-

ville several miles to the southward, and not one of its cars or their equipments entered the city, but were received and disinfected at the terminus in Cincinnati.

Other important points are noted: That no case of fever was ever traced to the cars of the company; and in the very few cases when it was developed upon board of such, among passengers from the infected districts, they were removed at the first station and all contaminated equipments destroyed; and, finally, that the company has always sought and always will be glad to receive suggestions in regard to sanitation from the recognized authorities of the country, which, however severe, they will carry out to the letter.

From the conduct of the Pullman Southern Car Company during the epidemic of 1878, it is reasonable to suppose that we can trust to its foresight and discipline should it unfortunately happen that 1879 is to be marked with like horrors. Indeed their order-book shows that several days before the general public even at Memphis knew of the trouble which developed there upon the 10th of July of this year, the usual precautionary orders had been issued.

But it is probably the custom of the company in ordinary times, when not acting under the incentive of fear, that is of most interest to the people. What precautions are then taken to insure them against carrying disease? Here are some of them: Every car is as thoroughly dismantled after *every trip* (long or short) is over as is a ship when it goes out of commission. Every movable object is taken from it—beds, bedding, seats, curtains, and carpets—which are whipped, shaken, and exposed to the sun. The car being reduced to its frame, a company of char-women (and they are far better cleaners than men) scrub it within and without with soap, and when it is dried polish it in every crack and cranny anew. Perpetual disinfectants stand in the closets. No housewife in the country can boast of fresher linen. Not only a dirty sheet but one that is not perfectly fresh or a damp one, proved, will effect the discharge of the employee. There are double ticks upon mattress and pillow, and no bed is spread without slip and linen; the renovation of feathers and hair is done at short intervals; the ventilation is systematic and under constant surveillance; fresh air is forced upon the inmates; no one with contagious disease is allowed to enter. Indeed it would seem that what with the exclusiveness of price, with enforced cleanliness, and the natural ventilation secured by the rushing draughts, nine persons out of ten when they step into a Pullman car step into far better hygienic surroundings than they were ever accustomed to; and, if it did not sound like exaggeration, we would declare that ordinarily, so far from offering any danger to health, they

are, sanitarily speaking, among the safest of summer-resorts.

But how do we know all these things? By taking the trouble to find out. The question is one of the greatest importance in a medical point of view, and it became us as medical journalists to study it and report. And it is not only by inquiry and common-sense inference, but by personal inspection, that we can say what we have said.

The Southern Pullman Car Company (and we suppose, of course, the Northern Company also) offers as complete immunity from disease to the traveller as human ingenuity can devise. The executive ability of the general company (north and south) has been shown to be of the best the country affords. Its subdivisions are under the management of men most of whom are of military education, used to the exaction of rigid discipline.

The honor and profit of the company alike demand that confidence in its power to guard against disease shall be unbroken. A suspicion as to its chastity in this regard effects its dividends no less than its conscience. It is too good a thing to be damaged by neglect, and too powerful an interest not to get the best that science and art afford.—*Louisville Medical News.*

BANDAGING IN MIGRAINE.

Dr. Weir Mitchell (in the *Boston Medical and Surgical Journal*), relating a case of migraine occurring in a girl seven years and a half old, exhibiting the congestive type, and for which he prescribed small doses of bromide (gr. iij.) and tinct. belladonnæ (gtt. iij.), observes that the use of the old domestic remedy, a tight bandage, during the attack, is useful. He employs a rubber bandage, applied thoroughly from the eyes up, with a thin pad over each temporal artery, if the temporal ridge be sharp enough to keep the bandage from squeezing the arteries, and over the two occipital vessels. Instead of caoutchouc, a well-applied muslin bandage may be put on, and then wetted, using compresses over the temporal arteries. The comfort thus given is sometimes surprising. He adds, "I need not say that migraine in some of its forms becomes at times—and especially in women—a most disabling malady, and may recur daily, until life is a burden impatiently borne. These are usually cases of thin-blooded and thin people, whose sufferings are brought back by the attempt to take exercise, without an abundance of which a return to health is out of the question. I have seen some such cases in which a cure little less than marvellous has been made by the use of absolute rest, over-feeding, and massage. There is, of course, much more to be said on the therapeutics of megrims, but no one drug is its master. The hint as to thorough bandaging is

worth remembering, and especially at the close of a headache."

PRECAUTIONS IN ADMINISTERING ACID MEDICINES.

In an article on the teeth, in the *British Medical Journal*, Mr. A. Stewart writes:—

As the ordinary expedient of a glass tube is seldom used so effectively as to prevent the acid reaching the teeth, other means must be used to prevent its ruinous effects on them; and, being confident from long experience that the neutralization of the acid by a weak alkaline solution is invariably effective, I hope the time may soon come when every prescription containing an acid will be accompanied by an injunction to rinse the mouth immediately after every dose with a solution of the kind.

The form I have always recommended is a teaspoonful of bicarbonate of soda and a table-spoonful of eau de Cologne in a quart (a wine-bottleful) of water, a little hot water being added, if required, to warm the small quantity poured out for use. This is agreeable, easily remembered, and readily renewed. In hospital and dispensary practice, and by the poorer classes, a small piece of camphor may replace the eau de Cologne, and will serve quite as well to make the solution agreeable. This or some similar solution should be used to rinse the mouth, at least every night at bedtime, but better after every meal, whenever there is a suspicion of acid acting, or having acted, on the teeth, and may be relied on to preserve those that have not been permeated; and I think that dentinal softening of recent origin and small extent may be arrested by its continued use. It should be used several times a day from the commencement of every pregnancy. The mouth should be rinsed with it not only after every dose of mineral acid medicine, but also as soon as possible after acid fruits and whatever tastes acid in the slightest degree.

In case of serious illness, when the teeth are likely to be invaded by acidity from various sources, it may be possible to use it as a preventive when the toothbrush cannot be used, and in addition to it when it can. And, as it is more than a preventive of caries, often sufficing to keep threatening cavities quiet till they can be treated by operative means, it will be found so far serviceable during pregnancy and illness.

URTICARIA—BISULPHITE OF SODA.

Dr. Carter, Mt. Jackson, Ind., states that the hypodermic injection of a saturated solution of bisulphate of soda, in urticaria is the most prompt remedy in relieving this troublesome affection he has yet tried. It appears to act upon the periphery of the cutaneous nerves as does belladonna, except that the latter has a heating and the former a cooling effect.—*Med. Brief.*

NEURASTHENIA AND WOMB-DISEASE.

Just at this time Dr. Wm. Goodell, of Philadelphia, has done a good service in this direction of professional work in his annual address as president of the American Gynecological Society, at its meeting last year in Philadelphia. He starts out with the remark that "nerve-tire is so common a disorder in our over-taught, over-sensitive, and over-sedentary women that in its successful treatment every physician has an abiding interest." In further explanation of the class of cases referred to, and their probable nature, Dr. Goodell remarks:

"During menstrual life the sexual sphere preponderates over the others, so the stress of anemia or of the hyperemia in these secondary circulatory disturbances very generally falls on the reproductive apparatus. Then, again, malnutrition of nerve-centres produces a poverty in the quality of the blood, in which obtains a peculiar susceptibility to emotional excitement. Hysteria does not mean necessarily a diseased womb, nor yet is it an abstract entity, but the definite expression of some morbid action going on in the nerve centres. But let us go a step further. Since functional relation exists between every act of thinking, feeling, or willing on the one side, and some molecular change in the body on the other, it follows that the mind-illness caused by the body-illness can in turn produce a body-illness—the disturber becoming the disturbed. 'Thought,' says Tuke, 'strongly directed to any part tends to increase its vascularity and consequently its sensibility.' Hence come those life-mimicrids of grave structural disease, those mad muscles and local insanities. 'The nerves,' says Cabanis, 'they are the man; ' most emphatically they are the woman.'

As typical of the cases he has in mind, he draws this, as he styles it, "too common picture from life." "A girl who entered puberty in blooming health and without an ache is over-taxed and over-taxed at school. She loses her appetite and becomes pale and weak. She has cold feet, blue finger-nails, and complains of an inframammary pain. Headache, and back-ache, and spineache, and an oppressive sense of exhaustion distress her. Her catamenia, without suffering, now begin to annoy her more and more until they become exceedingly painful. Her linen is stained by an exhausting leucorrhœa, and bladder troubles soon set in. She is wearied beyond measure by the slightest mental or physical exertion; a grasshopper is a burden to her, and she finally becomes hysterical. Now, very unfortunately, the idea attached to this group of symptoms is that the reproductive organs are at fault, and that the unit of resistance lies in the womb. A moral rape is therefore committed by a digital or a speculum examination, and two lesions will be found;

firstly, as a matter of course, a vaginal ante-flexion, and secondly, an endometritis. These are at once seized upon as the prime factors, and she is accordingly subjected to a painful, unnerving, and humiliating local treatment. Unimproved, she drags herself from one consulting-room to another, until finally, in despair, she settles down to a sofa in a darkened room and relapses into hopeless invalidism."

The interpretation of this train of symptoms he expresses thus: "The yet-developing nerve-centres of this brain-crammed girl were unable to cope with the strain thrown on them, and consequently they broke down. But jaded nerves make poor blood and faulty circulation. From these come cerebral and spinal irritation, with headache and backache, and with general exhaustion. But since this girl is at an age in which the sexual sphere predominates, the brunt of the nervous and circulatory disturbances falls on the most exacting organs, the reproductive."—*Obstetric Gazette*.

VERY TRUE.—Mr. Gough, in a lecture in England, referring to the question whether alcohol is a food or a medicine, remarked that in his opinion "it is very much like sitting down on a hornet's nest—stimulating, but not nourishing."

CREDIT the *Mich. Med. News* with these two:—"Give me the names of the bones of the cranium." "I've got 'em all in my head, professor, but I can't give them."

HABITUAL CONSTIPATION.

By ALFRED W. PERRY, M.D.

There is no derangement of the system which is more common or which remotely entails so many serious consequences as habitual constipation. The present effects, although less serious, are very unpleasant to the patient. The cerebral congestion and vertigo, which are frequently present, give rise to a constant dread in the patient of pending apoplexy or softening of the brain. It would be impossible in the limits of a short paper even to enumerate the anomalous symptoms produced by chronic constipation. As in most diseases dependent on different causes, we should, if possible, find the exact cause, and if it still exists try to remove it. But in the greater part of such cases the original cause has long since passed away and left only its effects behind, the most important of which is the perverted habit; which takes the place of the normal habit of relieving the bowels once daily. In most cases there exists some atony of the muscular coat of intestines and a diminished excitability. The want of success in treating these cases leads to a constant demand for new remedies, which are very fashionable for a time and are then dis-

placed by newer favorites. Of late we have had the Hunyadi Janos mineral water, the Friedrichshall water, Seidlitz powders put up under new names, Cascaro Sagrada, etc. I have used some of these in suitable cases with advantage, but, as a rule, I find such success from the use of very old standard medicines, that I have no necessity to try new ones. My remedies are aloes, extract of belladonna, strychnia, comp. ext. colocynth; all used in minute doses. I rarely meet with a case of habitual constipation, which is not cured or entirely relieved. The aloes I use in 1-6 to 1-3 grain doses, either alone or combined with 1-30 grain strychnia, made into a silver-coated pill, and given at first morning and night. For two days no effect may be produced, but after that time the above doses will produce one or two stools per day, in the morning; consistent and without griping. If two stools are produced, I let the patient take one pill daily, at night, and after this has continued a few weeks diminish the size of the pill gradually. The effect of small doses of aloes seems to increase with taking it; the large intestine and rectum acquire, in a few weeks, the habit of evacuating themselves daily, and frequently retain it ever after; in some cases the use of the pills must be continued months.

In a few cases I have found aloes to fail entirely and immediately, and in these cases I have succeeded in producing daily natural passages by the use of 1-15 to 1-10 grain doses of ext. belladonna given twice a day; after a few weeks use of the belladonna it has been left off, but the bowels have continued to act regularly. I have also used $\frac{1}{2}$ to $\frac{1}{4}$ grain doses of comp. ext. of colocynth two or three times a day, with the effect of producing daily passages, apparently natural. Many physicians may seem incredulous at the action of such minute doses, but I ask them to try them. Graham bread, fruit both fresh and dried, many natural waters, are used continuously for years, in habitual constipation, without bad effects; they act usually as stimulants to the mucous and muscular coat of the large intestine. There is no reason why, in cases which require it, we may not give minute doses of aloes, belladonna, or extract of colocynth for many months, or even years.—*Western Lancet.*

TREATMENT OF INSANITY BY DRUGS.

Dr. Geo. H. Savage has contributed an article on the Treatment of Insanity more especially by Drugs to the last number of Guy's Hospital Reports.

Until quite recently, observes Dr. Savage, *opiates* were looked upon as one of the sheet-anchors in the arrest of mental disease. Now we are more discriminating, and have to own that, whereas some cases are relieved by opium, some are not affected at all or

are really injured by its use. In the first place, the effect of this drug will vary with its mode of administration. Some cases are not improved by morphia administered by the mouth, but will recover, or be greatly benefited, by the subcutaneous injection of that alkaloid. Two or three cases are reported where no improvement took place until the patient was put upon a solution of morphia, in half-grain doses, two or three times a day, when a decided change for the better took place, and even ultimate recovery. Another case showed how morphia will control symptoms, though it may be long before it perfects a cure; and in the author's experience, "when symptoms are so controlled, it is only a question of time to cure." Another patient with active melancholia was quiet and happy as long as she took morphia, but if this was discontinued she became very irritable. In her case no medical treatment had been tried for two months previously to the administration of the morphia, and within twenty-four hours from the commencement of this drug she became quiet and reasonable. She is still under treatment, but will recover. In short, Dr. Savage would say that morphia has served him well in active melancholia both in old and young; but especially in old cases, such as climacteric and senile patients; also where sleeplessness alone seems the cause of the mental break-down, and in some cases of excitement in which chloral-taking or over-stimulation has caused insanity; but it is of no avail in ordinary acute mania, general paralysis, profound melancholia, or complete dementia.

With regard to *chloral hydrate*, the writer would restrict its use to only a few forms of insanity. He justly remarks that "of all medicines recently introduced this has been the most largely used, and, I fear, if the good results were compared with the evil done, the latter would preponderate." The mere producing of sleep does little, if any, good in the majority of cases of insanity. It is, however, useful in the epileptic states, in the furor of epilepsy, and in some cases of insanity from excess of stimulants. In one case, where there was furious mania following epileptic fits, the chloral was sometimes given, and at other times withheld; and the results were always quietness with chloral and mania without.

Dr. Savage also speaks in favor of a combination of chloral and camphor (ten grains of each rubbed up with simple syrup), which was especially tried in two classes of cases—the wildly and distinctively maniacal, who were filthy in their habits, and in those who were erotic or lascivious in their behavior. The mixture produced a good effect, and out of twenty cases in which it was given fourteen were made more quiet. The use of the camphor, moreover, obviated the loss of appetite and of flesh, which was produced by the prolonged use of chloral alone, and all the patients gained in weight and improved in appetite. In more than one case the patient was quiet and decent while taking the medicine, and one case had every appearance of becoming a chronic lunatic till the chloral and camphor were given. The writer would recommend this combination in cases of puer-

peral insanity, especially in the sleepless, chattering form, where friends are mistaken and erotic feelings are present.

Of the value of conium the report is not very encouraging. In a case of violent mania it was of some benefit after the injection of morphia, camphor, and chloral, and other remedies had failed; and it is recommended in cases where patients are noisy and destructive, but at the same time require stimulants.

Of still less value is hyoscyamine, the effects of which are so powerful and dangerous that sickness and collapse have been known to follow one dose of it. In one case a thirteenth of a grain produced in an hour and a half complete inability to stand, sickness, cold, clammy skin, and absence of radial pulsation, without any good result following.

Of bromide of potassium the author has not a good opinion, but he confesses that his experience of that drug has not been very great.

Of all medicines purgatives have been most favorable with the older physicians and the majority of the best writers on insanity; but Dr. Savage says, "We rarely give them at Bethlem with the idea that we shall cure by these means, and still more rarely to quiet the patient and keep him employed." Stimulants on the other hand, are more favorably spoken of. We are told that stimulants are a large item in the expenditure of asylums, and, when judiciously ordered and watched, they are of the utmost importance. Emmenagogues were also found of great service in the treatment of insanity complicated with amenorrhœa. Of this class of drugs the tincture of black hellebore, in doses of one half to one drachm, was remarkably beneficial, and several cases are cited in which both the amenorrhœa and insanity yielded to this remedy. The re-establishment of menstruation is important, and the return of menstruation unaccompanied by a mental change adds to the gravity of the prognosis.

Independently of ordering medicinal remedies, there are certain physical conditions which often contribute to the cure of insanity, and Dr. Savage draws particular attention to cases of this disease in which physical illness produced marked improvement in the mind of the patient. Thus several forms of insanity respectively got well spontaneously after the formation of a retro-uterine hæmatocœle, after a toothache and gum-boil, after inflammation of lower jaw, after an attack of erysipelas of head, after obstruction of the bowels, and after an attack of gout. "In former times the head-shaving and blistering treatment must certainly have improved some cases, just as we have found that in some purgatives are beneficial."

THE VALUE OF SALICYLATE OF SODA IN THE ACUTE ARTICULAR RHEUMATISM OF CHILDREN.

M. Archambault read a paper on this subject before the Société de Thérapeutique on the 12th of February last, a review of which appeared in *Le Progrès Médical* for March 22d.

M. Archambault, who is the physician to the

Children's Hospital, commences by saying that, although salicylate of soda has been very extensively employed in the acute rheumatism of adults, considerable hesitation has been manifested with respect to its use with children. He considers the subject under three headings, as follows:

1. The salicylate of soda is perfectly tolerated by children even in a daily dose of six grammes. All the little patients to whom the medicine was administered bore it well, and did not suffer from vomiting or any other disagreeable symptom. Only in one case was vomiting observed, and the little patient in this instance was suffering with nephritis. M. Archambault thinks the tolerance of the remedy is due to its rapid elimination. At the end of fifteen or twenty minutes it can be detected in the urine in considerable quantity.

2. Its use causes the rheumatic symptoms to disappear rapidly and entirely. Suppose, for example, that it be administered at the commencement of an acute attack in the quantity of six grammes in the doses at six hours intervals. Generally after the third dose, the articulations are much less painful, and the child is able to make some movements. The pain soon afterwards disappears entirely; the temperature and pulse undergo a decided fall, and the congestion of the joints is much diminished. These effects are almost invariable. M. Archambault is not willing to assert that the salicylate of soda is a specific in rheumatism, as quinine is in intermittent fever; but it is almost a specific. Furthermore, it is, he thinks, perfectly harmless, and it is very far preferable to any of the remedies heretofore employed. In subacute or in non-articular rheumatism it acts much less rapidly, but is exceedingly beneficial. As a general rule, M. Archambault gives the medicine three days in succession, and then suspends its use. The system remains charged with it for about sixty hours. Should a relapse occur, the medicine is resumed, but it is very rare to have more than two such relapses.

The dose depends upon the age of the child. At the age of two and a half years, four grammes may be administered in the twenty-four hours. At five years, six grammes in the dose of two grammes every six hours.

3. The salicylate of soda prevents the cardiac complications of acute articular rheumatism in children. The importance of this fact cannot be over-estimated. It has been said with reason that rheumatism in children was much more dangerous than in adults, because of the greater frequency of cardiac complications. A large proportion of the affections of the heart in adults may be traced to rheumatism occurring during childhood. Among the children treated by M. Archambault with salicylate of soda, there was not a single case in which the heart was affected, and this he thinks was due to the heroic method in which the medicine was given—the disease being cut short within twenty-four hours, before the heart troubles could be developed.

As a result of his observations, M. Archambault concludes that salicylate of soda is almost a specific for articular rheumatism in childhood, whether acute or subacute, and that it acts very beneficially also in other rheumatic manifestations, such as torticollis, and the simple painful affections of the joints. Torticollis is usually relieved in one or at most two days.

TREATMENT OF PROLAPSE OF THE RECTUM IN INFANTS.

Dr. Settimio Basevi (*Wien. Med. presse*, 1878, p. 1153) speaks of the ordinary method of treating this accident, namely by the application of a simple bandage after reduction, as being inconvenient and inefficient: it must be removed before each defecation. Basevi has suggested a new apparatus, which he has used successfully in a number of cases. In one, where the gut protruded four inches and had been out three or four days, it was reduced and cured: within twenty or thirty days the trouble was quite cured.

Basevi's operation is as follows. He cauterizes the mucous membrane of the intestine lightly with nitrate of silver, and replaces the gut. Subsequently enemata of tannin, alum, and ice-water are ordered, together with very strict diet, with a view to prevent enteritis. Should these measures fail and the intestine continue to come down, he uses his bandage as follows: The child is held by two nurses, with its buttocks up, over the bed, one securing the upper portion of the body, the other slightly abducted knees somewhat up in the air. This position is most favorable for the reduction of the prolapsed rectum, because the child cannot bear down. After reposition the surgeon stands on the right side of the bed, with the thumb of the left hand pressing the child's left buttock to the right, while the fingers bring the right buttock towards and against it. With the right hand several strips of plaster of some two finger-breadths are drawn from below upwards and outwards, overlapping one another, across the buttocks, from one trochanter to the other. The strips should approach the perineum as closely as possible. As a support to the plaster, a spica bandage of two or three finger-breadths is run over the lower part of the body. A gutta-percha or waxed paper covering can be used to keep the buttocks clean during defecation, and this bandage can be retained in position for a couple of weeks. If diarrhoea be present, astringent enemata may be employed; if constipation, laxative enemata; and these should be given by the physician himself, for fear of disturbing the bandage. The latter can be changed without difficulty when necessary.

INDICATIONS FOR THE USE OF DIGITALIS.

W. H. Day, M.D., in an article on neural affections of the heart in children, gives the following indications for the use of digitalis:

1. That when the heart's action is weak and intermittent, digitalis should be given with caution, whether the weakness and intermission depend on organic change, or whether they are purely neural.

2. If the heart's action is quick, though weak and intermittent, digitalis may be serviceable by reducing the frequency of the cardiac contractions and lengthening the diastole; if the heart is low and feeble in its impulse, digitalis ought not, in my opinion, to be administered alone, but should be given with a remedy like iron or strychnia.

3. In palpitation, from purely neural affections of the heart, with the heart's action hard and hammering, as in some cases of chorea and Grave's disease, bromide of potassium does good, and not digitalis. Hence, digitalis is unwarrantable in simple hypertrophy, but when dilatation is combined with it, is of service.

4. When there is weakness of the muscular structure combined with palpitation, belladonna, or digitalis with bromide of potassium, or iron, or strychnia, are of service.

6. In palpitation produced by muscular effort, digitalis is of less service, and often does harm. In muscular effort, digitalis is of less service, and often does harm. In muscular inefficiency, when the heart does not empty itself at every systole, and arterial pressure is low, then it does good.—*Practitioner*.

SQUILLS AS A DIURETIC.

M. Fort reports in the *Paris Medical*, a case of ascites in which he employed with success the following treatment. The ascites was of long standing; its cause could not be ascertained, and from its course it appeared to be idiopathic in character. He prescribed moderate frictions over the abdomen, morning and evening, with a mixture of tincture of squills and tincture of digitalis. Every third day a teaspoonful of *cau-de-vie allemande* (a preparation consisting of jalap, turbit, and scammony dissolved in brandy) was administered as a purgative. Three times a day a teaspoonful of the following was given, either pure or in gruel:

| | | |
|---|------------------|----------|
| R | Oxymel scillæ | 3 xijss. |
| | Syrupi digitalis | 3 vi. |
| | Syrupi acaciæ | 3 v. |

M.

The cure was complete at the end of two months.

VINEGAR AS A POST-PARTUM HEMOSTATIC.

At a meeting of the American Gynecological Society, Dr. Penrose—in a paper on vinegar as a remedy in the treatment of post-partum hemorrhage—presented the following advantages:

1. It could be easily obtained.
2. It could be easily applied and instantly without special apparatus.

3. It always cured the hemorrhage; or rather it had not failed in his practice.

4. It was sufficiently irritating to excite the most sluggish uterus to contraction, and yet not so irritating as to be subsequently injurious.

5. It was an admirable antiseptic.

6. It acted upon the lining membrane of the uterus as an astringent.

The remedy was applied as follows: Saturate a rag with vinegar; carry it into the cavity of the uterus, and squeeze it.

In the vast majority of cases, the hemorrhage ceased as if by magic when the vinegar passed over the surface of the uterus and the vagina. It could be easily repeated, in case the first application failed.—Cincinnati *Med. News*.

EXTERNAL APPLICATIONS IN STRUMOUS DISEASE.

Dr. Horatio Storer, in the *Virginia Medical Monthly*:

From oil inunction every physician has obtained benefit who has taken the trouble to see that it was faithfully employed. Ordinarily olive oil has been ordered, on the ground that it is cleaner. I am quite sure, however, that in fish oils, the odor of which, when prepared and kept with care, is no worse than many remedial agents that are constantly prescribed, we have a drug of greater specific power. Their price, especially the oil of menhaden, as compared with that of the olive, is much less, and on this account is of importance, certainly in hospital and dispensary practice.

Sea-water is so easily procured, so close at hand to many of our profession, that we are apt to forget that it is, in reality, a "mineral water" of exceeding value. Let the same or very nearly the same formula be discovered in any spring-existing inland, as is the case with some of the most famous health-resorts in this country and Europe, and language in praise of it is exhausted by medical men. But then this sea-water is so very common. Allowing for all the benefits that change of air, of diet, of scene and of thought have for an invalid brought to the sea-side, there yet remains, and prominently, the effect of the sea-bathing; and this, too, where the water is still and the stimulating shock of surf is absent.

Much of the advantage to be derived from sea-water can no doubt be obtained from its natural salt procured by evaporation, which the skill of the chemist has in vain tried to imitate. It is now somewhat difficult to obtain real sea-salt, as almost all the evaporating vats along the coast have been allowed to fall to pieces since the general use of rock salt and that from salt springs; but it would be for the advantage of invalids were it and sea-water added to their list of necessities by druggists and country physicians. A pint of sea-water or half an ounce of sea-salt dissolved in a pint of rain water will, if used with care, furnish an abundant

sponge-bath. Careful analysis of the true and factitious sea-salts may seem to give identical results, but in effects the latter will be found to be lacking in a certain something that is possessed by the former.

Sea-water, it may here be said, has the same advantages as other mineral waters where indicated for internal use. In an overdose, like them, it will vomit and purge. In more reasonable quantities it produces, like them, a tonic, alterative, resolvent, deobstruent effect.

When used as a bath, there are many methods, usual and unusual, by which to employ sea-water for strumous cases. I have spoken of the possibility of producing a temporary and local saline climate by its atomization. Here, in reality, we bathe and stimulate the respiratory mucous membrane, as well as obtain medicinal absorption thereby. In precisely the same way, by the atomizer, by the direct douche, and by the "internal soak," as it may be termed, where the cavity is partially filled, and allowed to remain unemptied for a considerable period of time, the rectal, vaginal, and even vesical coats may, for various indications, receive sea-water applications.

SMARTWEED.

The smartweed, "*Polygonum Punctatum*," *P. hydropiperoides*, is a common weed, well known as a domestic remedy; but its true place in therapeutics is but little known or valued. In dysentery, watery, and mucous diarrhoea, few agents have proven of more value. The dry plant yields about eighteen per cent. of tannin. Whatever its other proximal principles are I do not know. I prepare a saturated tincture. As an anti-pyretic in typhomalarial and ourbilious remittent fevers, it has few equals. With it the temperature may, in a few hours, be brought down from 102°, or even 104°, to 98°, and at the same time it is valuable as an anti-periodic. It is an active stimulant, and combined with some of the salts of the cinchona, one half the ordinary dose of the latter will have a better effect than a full dose uncombined.

When taking polygonum, the patient feels it to be a stimulant, and will, say "that medicine warms me all over, I feel it to the tips of my fingers." In dysentery, when there is tormina and tenesmus, I give from m. xx to ʒi in mucilaginous drinks every hour or two, as occasion demands, and when the discharges are so frequent as to prostrate and cause loss of sleep, an enema of polygon., ʒi in an ounce of cold water, after each dejection, will calm and still the bowels in a short time. In hemorrhage of the bowels, no drug within my knowledge given by the mouth and as enema will so soon check it, I think it has no, or but little, influence in reducing the rates of the pulse. I use:

it in all forms of bowel complaints, particularly in the diarrhoea of typhoid fever. It acts as a diaphoretic and mild diuretic.

For the watery diarrhoea in children I use—

R. Tinct. polygon., ʒi;
Tr. rhœi comp.,
Tinct. zinziber, aa ʒiv;
Tr. camphor, ʒij;
Syr. annise, ʒvi;
Sodæ bicarb., ʒi.

S. From half to a teaspoonful, according to good judgment. This formula having no opium in it is a safe domestic remedy.

Some of the fluid extracts are of little value, I think from want of care in gathering the true plant. There is a variety of the species known as heartsease; the leaf is larger than the true, marked with a dark blotch, which the true has not. The flower of the true is pink, that of the false white. The plant should be gathered when in bloom, and dried quickly in the house. Keep in tight paper bags, otherwise it soon loses its virtues.—*Med. Bi-Weekly.*

NERVE STIMULANTS.

Dr. Brunton has the following interesting and suggestive remarks on this subject in a recent article in the *Contemporary Review*:—

There are two nerves, known as the "fifth pair," which are distributed to the skin of the head and to the mucous membrane of the eyes, nose, and mouth. These nerves are closely connected with the heart and vessels, and by stimulating their branches the circulation may be greatly influenced, as in the case of fainting. It is a curious fact that people of all nations are accustomed, when in any difficulty, to stimulate one or another branch of the fifth nerve, and quicken their mental processes. Thus, some persons, when puzzled, scratch their heads, others rub their foreheads, and others stroke or pull their beards, thus stimulating the occipital, frontal, or mental branches of these nerves. Many Germans, when thinking, have a habit of striking their fingers against their noses, and thus stimulating the nasal cutaneous branches; while in other countries some people stimulate the branches distributed to the mucous membrane of the nose by taking snuff.

The late Lord Derby, when translating Homer, was accustomed to eat brandied cherries. One man will eat figs while composing a leading article; another will suck chocolate creams; others will smoke cigarettes; and others sip brandy and water. By these means they stimulate the lingual and buccal branches of the fifth nerve, and thus reflexly excite their brains. Alcohol appears to excite the circulation through the brain reflexly from the mouth, and to stimulate the heart reflexly from the stomach,

even before it is absorbed into the blood. Shortly after it has been swallowed, however, it is absorbed from the stomach, and passes with the blood to the heart, to the brain, and to the other parts of the nervous system, upon which it then begins to act directly. Under its influence the heart beats more quickly, the blood circulates more freely, and thus the functional power of the various organs in the body is increased, so that the brain may think more rapidly, the muscles act more powerfully, and the stomach digest more easily. But with this exception the effect of alcohol upon the nervous system may be described as one of progressive paralysis. The higher centres suffer first, and the judgment is probably the first quality to be impaired, and this becomes the more so as the effect of the alcohol progresses, although the other faculties of the mind may remain not only undiminished by the direct action of the alcohol on the brain, but greatly increased by general excitement of the circulation. By and by, however, the other parts of the nervous system are successively weakened, the legs fail, and the person falls insensible. It is evident, then, that only the first stages of alcoholic action are at all beneficial, the later stages being as clearly injurious.

CORNS.

M. Guibot's treatment is to soften the corn by applying to it, for one night, an ointment consisting of turpentine and acetate of copper, each one part; white resin, two parts; and yellow wax, four parts. The corn should then be excised with scissors, care being taken to go deep enough to remove its summit. After excision, the matrix should be cauterized with sulphuric acid, else the corn will be reproduced.

ERGOTINE IN CEREBRAL APOPLEXY.

Dr. N. S. Foster, *Lancet*, after observing the rapid action of subcutaneous injection of ergotine in arresting uterine hæmorrhage, tried the same means in cases of cerebral apoplexy. He reports two cases, in which the symptoms were characteristic of cerebral lesion. The coma was gradually deepening, on injecting ergotine in the arm, became less intense, and the grave symptoms soon disappeared.—*Michigan Medical News.*

URTICARIA—BISULPHITE OF SODA.

Dr. Carter, Mt. Jackson, Ind., states that the hypodermic injection of a saturated solution of bisulphite of soda in urticaria is the most prompt remedy in relieving this troublesome affection he has yet tried. It appears to act upon the periphery of the cutaneous nerves as does belladonna, except that the latter has a heating and the former a cooling effect.—*Med. Brief.*

THE CANADA MEDICAL RECORD,
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EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.

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TO OUR SUBSCRIBERS.

With this number the seventh volume of the CANADA MEDICAL RECORD is brought to a close. We have reason to believe that our efforts to produce a medical journal of a thoroughly practical character are appreciated. The support accorded to us is encouraging, and our circulation is steadily growing. Will our friends make an effort and recommend it to their medical brethren? Will they also kindly take a look at the date on their address label, and, if they are in our debt, we will feel obliged by a remittance to cover it.

The meeting of the Canada Medical Association at London, Ont., on the 10th and 11th of September, was, in our opinion, all things considered, the best meeting which that body has yet had. The attendance, although not quite up to what was expected, from the character of the medical men in the vicinity of the Forest City, was yet sufficiently large to impart an air of respectability and solidity to the meetings, which on the first day consisted of three sessions, the latter extending well into the night. The papers presented were more numerous than they have ever been, and many of them were most creditable to their authors and the Association. One or two were hardly in place, and the observations which followed their reading certainly indicated that they had not been acceptable. The discussions were somewhat hurried and brief; this was, however, due to the fact that the time of the Association was hardly sufficient to enable members to read the papers they desired to present, so that little time was left for discussion. The only way to obviate this difficulty is to divide the Association into sections, and yet its membership is not equal to such a division, so that for the present this misfortune must be endured. The hospi-

talities extended by the profession in London were far more than the Association had any right to expect; they brought a successful meeting to a close by a banquet, the equal of which we have seldom seen. It was an evening long to be held in remembrance by those who were privileged to be present. The Ontario Government showed its appreciation of the work in which the Canada Medical Association is engaged by inviting it to visit its Asylum in London, and within its spacious halls entertaining it to a splendid luncheon. For full details of the meeting we refer our readers to another part of this Journal.

Our friend Dr. Ross, one of the new editors of the *Canada Medical and Surgical Journal*, in replying to the toast of the Medical Press, at the Banquet given to the Canada Medical Association by the profession of London, Ont., stated that he had the honor of being the editor of the oldest Medical Journal in existence in Canada. In making this statement Dr. Ross was in error, the Journal which he now edits was started exactly at the same time that this one was, the *Canada Lancet* being in existence for several years previously. We believe Dr. Ross made the statement in good faith, for we are quite satisfied he would not desire to claim that to which he is not entitled.

PERSONAL.

Mr. Stephen S. Alford, the eminent London surgeon, cousin of the late Dean Alford, is now on a visit to America. Dr. Alford will visit in his tour all the principal cities of Canada and the United States, and the chief points of interest. He is also much interested in the work of reforming inebriates (a society for the promotion of which he is Honorary Secretary of in London), and will visit all the leading homes for the cure of inebriates on the Continent with a view to acquire all the practical hints possible in this direction. We wish him a safe as well as a pleasant and profitable journey.

BEAUTIFUL PICTURES FOR ALL.

The Great Art Publishing House of George Stinson & Co., of Portland, Maine, moves steadily on the even tenor of its way, apparently not feeling the dull times. During the year 1878

they sold over Four Million pictures of all descriptions. They publish every description of fine pictures, and the prices range from ten cents upwards to twenty dollars per copy. Their correspondence for this large business is immense; they receive, on an average, over one thousand letters per day. Messrs. Stinson & Co. publish only the better class of pictures, and it is well-known that anything coming from this reliable house is of standard merit. We have just received copies of four very fine steel engravings, which they have just brought out. The plates were engraved in London, at an expense of four thousand pounds sterling, or twenty thousand dollars, to which great sum must be added the customs duty of twenty-five per cent. on account of their being imported into the United States. These engravings are after paintings by great modern masters of art, and the artists who engraved the plates stand in the front rank of the world's renowned engravers.

It is believed, and generally conceded, that these engravings make up the finest and most elegant set of works of high art ever brought out by American publishers. This enterprising firm, though many years in the Art Publishing business, have not grown old and unprogressive, but on the other hand make improvement and progress year by year, giving the people better and better pictures for the same or less money. They may, we feel sure, fairly claim to stand at the head of the Art Publishing business in America. We can only understand the colossal proportions their trade has assumed by remembering that this is a great and mighty nation of nearly fifty million people. We cannot better illustrate the magnitude of their business than to state the amount of money paid by them for postage stamps during the year 1876, 1877, and 1878. We have the figures direct from the firm, or we should think there was some error. In 1876, they paid for postage \$33,104.92. In 1877, they paid for postage \$37,268.76. In 1878 the amount of money that they paid for postage stamps was simply enormous—a little over \$50,000.00. Stinson & Co. stand among the largest and most judicious advertisers in the country, and a short time since paid in a single day \$24,000.00 in cash on a contract for advertising. They employ agents everywhere throughout the United States and Dominion of Canada for the sale of their pictures by subscrip-

tion; we call attention to their advertisement for agents in another column. Those who need pleasant profitable work should correspond with them.

REVIEWS.

Transactions of the American Gynecological Society, Vol. 3. Houghton, Osgood & Co., Boston.

This work, in point of printing and binding, resembles its predecessors, and in many respects surpasses them. The value of these editions, especially to Gynecologists, is now well established, for from no other source can so much practical information be obtained. In them we have the opinions of men eminent in their specialty, expressed during the discussions following the reading of each paper, so that many practical and important observations would otherwise be lost but for the meetings of this society. The volume before us preserves the observations that have been uttered at the third annual meeting, and thus presents to the general practitioner much that otherwise could only be obtained after long experience in gynecological practice.

Twenty-three papers were read and discussed which, with a list of the officers, proceedings of the Society, and an index, form a work of nearly 500 pages. The latter part of the book contains an index of gynecological and obstetrical literature for the year 1877, a very valuable feature to writers on special subjects, as it saves a vast amount of labor and research.

Owing to the death of the President, Dr. Peaslee, the first Vice-President, Dr. Goodell, delivered the annual address, taking for his subject "The Relation of Neurasthenia to Diseases of the Womb." After paying a sad tribute to the memory of Peaslee and Atlee, whose contributions to Gynecology had done so much for the advancement of our knowledge, and referring to the omission of papers bearing upon diseases of children, the subject of the discourse was then given. Dwelling upon the fact that too often a disordered condition of the womb is taken as the cause of the general symptoms which manifest themselves, instead of being a sequence or coincidence of malnutrition or weakened innervation, and that the visible manifestation of disease is treated as

the sole factor, to the detriment of the patient and non-improvement of her condition. He points out a line of treatment which has been successful in his hands, citing cases in proof. We are of opinion that the views so ably set forth are not altogether confined to the author, and that others, especially those having experience of such patients, have had like ideas forced upon them, though they may not have been able to express them so forcibly. The subjects of the different papers are as follows:—

A Case of Rupture of the Perineum without Implication of the Vulva. By T. C. REEVE, M.D.

On the Surgical Treatment of Stenosis of the Cervix Uteri. By J. MARION SIMS, M.D.

It is impossible, with the limited space at our command, to fully review this long and valuable paper. The various operations for the relief of the stenosis and the modes of performing them are clearly set forth. Simpson's Bilateral and the author's antero-posterior incision are contrasted, and the conditions given for which one or the other is to be preferred. The former where the cervix is normally developed, the Ant. and Post. segments normal and the Os pointing backwards. Sims, where the intra-vaginal cervix is abnormally developed, posterior segment longer than anterior, and where there also exists antelexion. Full details of the operation and precautions to be observed are given, the whole illustrated with numerous diagrams. Only an experienced specialist should ever practice this operation, for, from the fact that it has failed to accomplish its object, and that even death has followed its performance, it must be a comparatively rare procedure. The discussion which followed, showing that, even with the prestige that Dr. Sims' name bestows upon the operation, much divergence of opinion exists as to its value or necessity.

A Case of Extra Uterine Pregnancy with discharge of the fetal bones through the bladder. F. P. WHITE, M.D.

The difficulty in making a correct diagnosis in such cases was in this fully exemplified, it being at first mistaken for a pelvic hemocele, and so treated, the patient nearly dying from peritonitis. The nature of the case was not

determined until long afterward, when the discharge of the fetal bones proved its true nature. Parry's conclusion that operative interference should be delayed until the symptoms demanded it, is adopted by the author—a conclusion that will likely be followed by those who have had any experience of such patients, for only in exceptional cases can any other plan be pursued.

A Case of Foot and Head Presentation; Fracture of the Spine in Utero. F. T. JOHNSON, M.D.

The case records a presentation but rarely met with, and the danger the child runs from delay. Life would no doubt have been preserved had skilled assistance been called in earlier. The difficulty of completing delivery by forceps was also shown. We have experience of one such presentation. Version was early performed without much difficulty and the child saved, and our opinion is that, as soon as such a presentation is discovered, turning should be resorted to in preference to forceps.

The necessity for early delivery as demonstrated by the analysis of one hundred and sixty-one cases of Vesico-Vaginal Fistula. T. A. EMMET, M.D.

In the majority of cases tabulated, it was proved on enquiry that but few of these women were attended by physicians or, if one was called in, it was only at the last moment and only to effect delivery. The analysis and the discussion which followed is of especial value in its medico-legal aspect. The opinions expressed supporting the author in his views, which were that in the production of Vesico-Vaginal Fistula there are two causes; a direct, from long impaction of the head interfering with circulation and subsequent sloughing, and an indirect from neglect to empty a distended bladder. Dr. Emmet states that he never met with a case that could be shown to have resulted from instrumental delivery. It was generally agreed by the speakers that it should be the rule as soon as the head ceases to recede (and consequently to advance) to use the forceps without delay, and that such interference should not be regarded as an operation but as an accompaniment of labor for the purpose of relieving suffering and shortening its duration. Regret was expressed by speakers that forceps had not been resorted to earlier in some

cases, but none that they had ever employed them in any. The necessity of attending to the condition of the bladder was enforced, and also the greater danger of perineal rupture by instruments pointedly referred to. While we would deprecate the unnecessary use of instruments, we think that the judicious application of the forceps for the purpose of shortening severe labor is beneficial to the patient; it relieves her suffering, and a better convalescence is obtained. Some accoucheurs leave nature do her utmost, and only when the failing powers of the patient warn them that they must interfere do they assist. Such generally lack that confidence and expertness which practice or less difficult cases bestows upon the operation. Forceps, being much more frequently used now than formerly, do not inspire that terror and prejudice which they did when restricted to the most severe and dangerous cases.

The Hand as a Curette in Post Partum Hæmorrhage. H. P. WILSON, M.D.

The Treatment of Post Partum Hæmorrhage. R. A. F. PENROSE, M.D.

Both papers were discussed at the same time. The discussion went fully into the various forms and causes of hemorrhage and the remedial treatment. The object of Dr. Penrose's paper was, however, to bring prominently forward a remedy which was successful in his hand when all others had failed. This was common vinegar, being quickly obtained, instantly applied, antiseptic, astringent, and, while being an irritant to the uterus in causing contraction, is non-injurious. The value claimed for this remedy should be known to all obstetricians.

Dermoid Tumors of the Ovary. W. H. BYFORD, M.D.

A Contribution to the Study of the Treatment of the Acute Parenchymatous Nephritis of Pregnancy. W. L. RICHARDSON, M.D.

Alternating Anterior and Posterior Version of the Uterus. S. C. BUSEY, M.D.

Remarks on Gastro-Elytrotomy. H. F. GARRIGUES, M.D.

This operation, devised to replace Cesarean Section by Dr. Thomas, finds an able exponent

in Dr. Garrigues. As we have but lately reviewed the author's work on this subject we refer our readers to the remarks then made.

The Pendulum Leverage of the Obstetric Forceps. A. H. SMITH, M.D.

The author insists as essential that traction should be made steadily in the median line without any lateral or pendulum motion. This view differs from most of our authorities, and it was objected to by the speakers who followed the reading of the paper.

Rectal Alimentation in the Nausea and Inanition of Pregnancy, &c. H. F. CABELL, M.D.

The author favors the introduction of nutritive enemata, not as a *dernier ressort*, but to supplement deficient nutrition by the stomach so as to prevent emaciation and exhaustion from commencing. The theories of the process by which absorption occurs is given, the author, in support of his own opinion, detailing facts coming under his observation.

Unexpected Narcotism induced suddenly on the third day of the administration of three grains Suppositories of Opium. F. P. WHITE, M.D.

Three Cases of Rupture of the Uterus. T. PARVIN, M.D.

On the Early Delivery of the Placenta when Previa; with the relation of a Case of Spontaneous Separation of the Placenta without Hemorrhage. J. E. TAYLOR, M.D.

The author insists that delivery should be proceeded with if the flow is profuse, whether at the 7th, 8th, or 9th month, even if the cervix is not expanded and the os tincæ still closed. All methods of treatment are reviewed, opinions of various authors cited, and the reasons for his own views fully given.

Treatment of Pelvic Indurations and Adhesions. E. VAN DE WARKER, M.D.

On Some Points in Connection with the Treatment of Sterility. A. REEVES JACKSON, M.D.

The author points out that failure in the treatment of sterile conditions often arises from our defective knowledge of the vital processes concerned in conception and gestation; from undetected disease or malformation in the neighboring organs, as the ovaries or tubes; and that too much reliance is placed upon

mechanical and surgical treatment. Failure, also, often resulting from a want of persistence in the treatment adopted.

A Case of Extreme Antiversion and Antiflexion of the Uterus at the Full Term of Pregnancy.
J. E. TAYLOR, M.D.

Memoir of Edmund Randolph Peeslee, M.D., LL.D. By FORDICE BARKER, M.D.

In Memoriam Washington Lemuel Atlee. By T. M. DRYSDALE, M.D.

The Mechanism of Retroversion and Prolapsus of the Uterus considered in relation to the Simple Lacerations of the Cervix Uteri and their Treatment by Bloody Operations. NATHAN BOZEMAN, M.D.

We have only to add, in conclusion, that the majority of the papers read at this meeting are eminently practical in their character, of great utility for reference, and are exceedingly valuable additions to gynecological literature, without which no medical library can be considered complete.

CANADA MEDICAL ASSOCIATION.

The Twelfth Annual Meeting of the Association was held at London, Ontario, on the 10th and 11th of September. The attendance was good, and the interest manifested exceeded perhaps that of any previous meeting of the Association. The sessions were held in Victoria Hall, a very handsome one, and answered the purpose admirably, save in one particular, the want of committee rooms, which would have facilitated work to some extent had they been available. The Association was called to order shortly after ten o'clock on the 10th September by the President, Dr. J. D. MacDonald, of Hamilton. Dr. Brodie, of Detroit, was present as the representative of the American Medical Association, and the following gentlemen were introduced as visitors and invited to take seats on the platform: Drs. Gustin and Noyes, of Detroit; Dr. Dunlop, of Springfield, Ohio, and Drs. Goodwillie and Leaming, of New York.

The minutes of the last meeting of the Association were read by the General Secretary, Dr. David, of Montreal, after which Dr. Osler, of Montreal, on behalf of the Publication Committee, reported that the transactions of the

previous meeting had not been published, as the appeal among the members to subscribe for them had not been responded to in a manner to warrant the Committee in printing them. The only year that they had been issued the Committee was indebted to the profession in Montreal, who came to their assistance and donated a considerable sum for that purpose. Till the Association became financially stronger the Committee did not think it possible to print the transactions.

Dr. Botsford, of St. John, N.B., read an interesting report on climatology and epidemic diseases.

Dr. Riddle, of Toronto, read the report of the Chairman (Dr. Covernton, of Toronto) of the Committee on Medical Education. This report was an exhaustive and able one, but touched upon somewhat dangerous ground, and elicited remarks from several members of the Association, among them the President, and Drs. David and F. W. Campbell, of Montreal.

The reading of papers was then proceeded with.

Mr. Bucke submitted an excellent paper on "Alcohol in Health and Disease," in which he declared his belief that this stimulant could be very well done without in the practice of medicine. He related his experience in connection with the London Lunatic Asylum, and said that, after making exhaustive experiments, he had discontinued its use in the institution altogether. Alcohol was either a stimulant or it was not; either a means of doing good or of doing injury. He would not discuss the last idea, but submitted the opinion that it was at least of no practical benefit to persons either in health or disease.

Several gentlemen present raised a strong objection to the theory advanced by Dr. Bucke, believing that its use was decidedly beneficial. They agreed at least that there was no drug that could properly take its place.

Dr. Joseph Workman, of Toronto, was not in harmony with the ideas of Dr. Bucke, and quoted his experience in the Toronto Lunatic Asylum, when he was its medical superintendent, in support of his opinion. In the Asylum, however, he had seldom used it but as a means of comforting patients who were on the path to the grave, and making their last hours as painless as possible.

The President supported the remarks made by the speakers in opposition to the ideas advanced in the paper, and at the request of the meeting he thanked Dr. Bucke for his able discourse on the subject.

The Association then adjourned till the afternoon.

AFTERNOON SESSION.

The afternoon session was opened by the President reading his address. (This paper will be found among our original communications.)

Dr. Leaming, of New York, next read a paper on "Epidemic Pleuro-Pneumonia." He alluded to the various climatic conditions which apparently influenced this disease, and stated that for several years there had been noticed, especially in the Southern States, a tendency to serious outbreaks of this disease. By the inhabitants of the States these outbreaks were as much dreaded as that of yellow fever. In speaking of the treatment of the disease he was in favor of active measures,—bleeding and calomel, the latter in doses of a drachm. The beneficial effect of this drug was manifested in a remarkably short time, and in reply to a query from a member he said that such large doses did not produce any severe purging, generally two or three motions.

Dr. Goodwillie, of New York, then read a paper on "Affections of the Nasal Septum," in which he explained the hindrance to respiration which occurred by warping of the septum, existoses, tumors, &c. We hope to publish this paper entire in our next issue.

Dr. J. H. Burns, of Toronto, read a paper on health registration, and pointed out the value which such statistics would have, taken in connection with meteorological observations, could they be obtained in sufficient number to base general averages upon. He exhibited a schedule intended to show the number of cases of various diseases occurring weekly in the practice of physicians. Mr. Monk, of the Meteorological Office at Toronto, was deeply interesting himself in the matter, and was engaged tabulating those returns, which many gentlemen in Toronto and other portions of Ontario were sending to him every week. Dr. Burns stated that although the effort to obtain these reports had hitherto been confined to Ontario, they would be delighted to get returns from any

portions of the Dominion, and would furnish blanks to any desiring them.

The scheme was favorably eulogised by several of the members, and, with a view of facilitating the object, the Secretary was instructed to ask the Post Office Department to transmit the returns free of postage.

Dr. Joseph Workman, of Toronto, read a paper on "Placenta Prævia," in which he took exception to the invariable adoption of the views held by the late Sir Jas. Y. Simpson.

After some discussion the Association adjourned.

EVENING SESSION.

Dr. J. A. Grant, of Ottawa, read a very interesting paper on a case of "Ovarian Dermoid Cyst"—a rare case. The patient was forty-seven years of age, and had been married about twenty years. Had generally good health. Had only one child, which was eighteen years of age. The labor was very severe, lasting forty-eight hours. Her convalescence was exceedingly slow; she having had to keep her bed for about three months. On getting round did not observe any ill effects remaining, save that menstruation was very irregular. Seven years ago noticed her abdomen was enlarging. Five years ago, a tumor was diagnosed, for which she entered the Edinburgh Royal Infirmary in October, 1877, under Professor Simpson. At this time her size was considerable. Was in the hospital five months, during which time the tumor twice discharged spontaneously serous fluid from an opening at the umbilicus, which gave her much relief. Six quarts were discharged the first time, and four quarts the second time. Subsequently had a third discharge of four quarts. Having come to Canada, she was, on the 28th of August, 1878, admitted into the Ottawa Hospital, and Dr. Grant examined the case. She had the appearance of a person the full term of pregnancy. No large or dark colored veins, as in fibro-cystic tumors; percussion generally dull; abdominal walls mostly soft and elastic; fluctuation detected. Examination *per vaginam* revealed no abnormality of uterus, bladder save that due to undue pressure; rectum healthy, and no appearance of malignant disease in the pelvic viscera; heart, lungs, liver, and kidneys healthy. August 29th, 1878, operated; gave chloroform; incised the abdominal walls and exposed tumor. Used Spencer Well's

large trocar, but the contents of the cyst were too thick to flow. The trocar being removed the cyst forcibly evacuated its contents freely. The cavity of the cyst being well exposed by a free incision, was examined by the hand, and the contents removed, no perceptible tumor being observed. The sac was attached by its entire posterior surface to the intestines, abdominal walls, pelvic surfaces, and all the contiguous structures, no portion of intestine being visible. The entire contents weighed 25 lbs., and was about the consistence and feel of bran meal. They were removed by the hand. The cavity was sponged out with carbolized water, and the incision closed with silk sutures and adhesive plaster; over this a compress of carbolized water, covered by a thick layer of cotton batting, and all held on by a flannel roller. A large sized drainage tube was passed into the sac, and brought out through the dressing, so as to allow of the free escape of any accumulating fluid—considerable purulent fluid escaped from time to time. The sac was freely washed out with carbolized lotion through the drainage tube. Quinine and iron, with the usual nourishing diet, and occasional stimulants, were given, and the discharge gradually lessened. The strength gained as the discharge changed from its serous character to that of laudable pus. The drainage tube was gradually shortened as the sac closed, and in four weeks was entirely removed. The abnormal incision healed almost entirely by first intention. She left the hospital October 28th, 1878, since which time she has been in good health, and has performed her ordinary household duties. The contents of the tumor had a dark gray appearance, and had long black hairs scattered through it—but no bone structure or teeth. It consisted of free fat—fatty cells—crystals of cholesterine and permanent epithelium. It had not any odor.

Two complications took place during the progress of the case, viz., septicemic symptoms and dysentery. About the 23rd September the discharge from the sac was offensive and copious. On the 25th September there was an attack of unilateral mumps, with a temperature of 103° and a pulse of 96. Examination at this time showed bulging below left hypochondriac region. Firm pressure over this spot caused a free discharge of offensive matter through the drainage tube. At this stage the stomach was

very irritable. All these symptoms gradually subsided. The dysenteric attack was only of a few days duration. Dr. Grant said that he had not thought of meeting a case of dermoid cyst of the ovary, hence, being taken unawares, had recourse to the plan detailed. The transmission of septic influence to distant parts, such as the glands of the neck, was a point of much interest, also its escaping the peritoneum, which, in a parturient patient, is so readily affected by zymotic influence.

Dr. Dunlap, of Springfield, Ohio; Dr. Billington, of Strathroy; Dr. Hanson, of Hyde Park; and Dr. Osler, of Montreal, made remarks on Dr. Grant's paper.

Dr. Rosebrugh, of Hamilton, read a paper on "Fibrous Tumors of the Uterus." This paper was an admirable compilation of the views of the various leading authorities on the subject, but was considered hardly a suitable one to occupy so much of the time of the Association.

Dr. Scott, of Woodstock, Ont., exhibited an ecraseur of his own invention, also a uterine pessary for retroflexion. They were examined with much interest.

The Association then adjourned till Thursday morning, September 11, at 10 o'clock.

SECOND DAY, THURSDAY, 11TH SEPTEMBER.

The Session opened this morning shortly after ten o'clock. The attendance was large, a hundred and ten members being present. The minutes of the previous day's proceedings were read and approved. A notice of motion was given, moved by Dr. F. W. Campbell and seconded by Dr. Osler, viz.: That papers to be read before the Association must not occupy more than thirty minutes.

Dr. Osler, of Montreal, then delivered an able lecture on "The Medical Anatomy of the Brain," illustrated by diagrams and beautifully prepared preparations of the human brain. These specimens were prepared after the method described by Dr. Osler at the meeting of the Medico-Chirurgical Society at Montreal, and will be found in detail in the August number of this Journal, page 304.

Dr. Buller read a short paper on "The Use of Pilocarpin in Iritis." He related several cases showing the beneficial results which had followed its use in his hands.

Dr. Noyes, of Detroit, corroborated the views enunciated by Dr. Buller.

Dr. Bucke, on behalf of the Nominating Committee, at this stage presented a report, recommending that the next meeting be held in Ottawa, and that the Committee of Arrangements be comprised of Drs. Grant, Wright and Sweetland. The report also recommended that the following be the officers for the ensuing year:

President—Dr. R. P. Howard, Montreal.

General Secretary—Dr. David, Montreal.

Treasurer—Dr. Edmund Robillard, Montreal.

Vice-Presidents—Dr. Hill, of Ottawa, for Ontario; Dr. Francis W. Campbell, of Montreal, for Quebec; Dr. Atherton, of St. John, for Nova Scotia; Dr. Parker, of Halifax, for Nova Scotia.

Local Secretaries—Ontario, Dr. Wright, of Ottawa; Quebec, Dr. George Ross, of Montreal; New Brunswick, Dr. Allison, St. John; Nova Scotia, Dr. Wilkwire, of Halifax.

Standing Committees—Publication: Drs. Osler, Fenwick and F. W. Campbell. Arrangements: Drs. Sweetland, Grant and Wright. Medicine: Drs. Wright, of Ottawa; A. Wright, of Toronto; Harrison, of Selkirk. Surgery: Drs. Roddick, Athlon and Burrett. Obstetrics: Drs. Burns, Gardner and Black. Therapeutics: Drs. D. Clark; Metcalfe, Kingston; Stevenson, London. Necrology: Drs. Edwards, London; F. W. Campbell, Montreal; Fulton, Toronto. Climatology: Drs. Oldright, Toronto; Larocque, Montreal; Botsford, St. John, N.B. Ethics: Drs. MacDonald, Hamilton; Hingston, Montreal; Robillard, Montreal; Parker, Halifax; Grant, Ottawa; Botsford, St. John, N.B.; Marsden, Quebec; Bucke, London; Clarke, Toronto; and Osler, Montreal.

The report was received and adopted.

Dr. Holmes, of Chatham, Ont., read a paper on "The Antagonistic Action of Cold," when applied externally in a febrile state of the system. He eulogised the cold bath in continued fever, and acute internal inflammations. He said that he had also found it especially valuable in infantile diarrhoea, accompanied by fever, and in infantile convulsions accompanied with a high temperature.

Dr. Grant moved, seconded by Dr. Bucke, that the following gentlemen be requested to contribute papers at the next session of the Association: Dr. Osler, Montreal, on "The Progress of Pathological Science;" Dr. Roddick,

Montreal, on "Antiseptic Surgery;" Dr. Botsford, St. John, N.B., on "Sanitary Science."

Some discussion ensued on this motion, several members taking the view that it would be better to put in the form of a suggestion from the Association, instead of its present form, which possibly might prevent communications on these subjects from other members of the Association; others favored its passage, as being an attempt in the right direction, in fact, following, in some measure, the practice of the British Medical Association. The resolution was finally carried by a large majority.

Dr. Playter, of Toronto, made some remarks on the form of a paper, having reference to the want of faith in drugs, which seemed to be possessed by many physicians. He favored conventions to specially endeavor to eradicate this state of medical infidelity.

Dr. F. W. Campbell read a brief report of a case of Duodenal Ulcer, diagnosed during life, and exhibited a colored drawing of the pathological specimen. We will shortly publish the details of this case.

Dr. Botsford moved the following resolutions, seconded by Dr. F. W. Campbell:

Whereas it is important to ascertain the influence of weather upon health; whereas weekly reports from different sections of the Dominion are necessary; and whereas there are already meteorological observations collected; and whereas the printing of the cases by the Government, and their free transmission through the post, will greatly facilitate the accomplishment of this Hygienic Measure;

Therefore be it resolved, that the President, Dr. Robilliard and Dr. Oldright be a committee to bring this subject before the notice of the Dominion Government.

The above resolution was carried.

Dr. Hingston, of Montreal, read a most instructive paper on "Lithotripsy." He alluded to the improvements which had taken place in the operation during a comparatively short time, mentioning the recommendation of Dr. Bigelow, of Boston, as to prolonged *séances*. He gave his own experience of the operation, and trusted that in the majority of cases this operation would supersede lithotomy.

The Society then adjourned to visit the Lunatic Asylum, whither they were conveyed by the horse-cars and in carriages. The members

were received by Dr. Bucke, its Medical Superintendent, and his two assistants, Dr. N. H. Beemer and Dr. Burgess. Divided into numerous sections, the grounds and various buildings were visited, and we but echo the universal opinion expressed that a better kept asylum and more beautiful grounds it would be difficult, if not impossible, to find. The task of inspection completed, the Association was invited to enter the large dining hall, where an elegant lunch was spread, provided by the liberality of the Ontario Government, the hall itself being decorated with flags, &c. It need hardly be said, ample justice was done by those present. The wine was excellent, and praises were heard on all hands at the liberality of the Superintendent and the Government in supplying such a noble repast. The lunch being over, the glasses were loaded and the usual patriotic toasts were proposed by Dr. Bucke and enthusiastically received.

Dr. Grant then proposed the toast of the Ontario Government, coupled with the names of Dr. Bucke and his assistants. He said it could only be a source of satisfaction to those medical gentlemen present that they had been honored by the noble repast to which they had been invited, and which had been given by the liberality of the Government of Ontario. It must also be gratifying to them to notice the liberality of the Government in providing for those wretched persons who were afflicted with the most terrible of all afflictions, insanity. He believed that there was no other Government in America or Europe who had to-day such excellent and liberal accommodation for the insane as the Ontario Government. The toast was enthusiastically drunk.

Dr. David proposed the health of "Our American Cousins who had honored them with their presence at the meeting of the Association," which was received with applause.

Dr. Brodie, of Detroit, made a humorous reply, thanking them for the very hearty manner in which they had received the toast.

Dr. Brodie, in eulogistic terms, proposed the toast of "The London Insane Asylum, Dr. Bucke, the Superintendent, and his Assistants," which was received with loud applause.

Dr. Bucke, who was received with loud applause, returned thanks on behalf of the Ontario Government, himself and his colleagues for the

hearty manner in which the toast had been drunk. He said the Ontario Government were always willing and anxious to treat hospitably such an influential and worthy body as the Canada Medical Association, an Association, the members of which were so deeply interested in the treatment of insanity. He might say that the Ontario Government had now two thousand five hundred beds for insane patients in their different asylums, but there were at the present time some four hundred of them unoccupied, whilst there was no State in the Union or in Europe who had a sufficiency of accommodation for their insane. This, he thought, reflected great credit on the Government for its liberality in the treatment of its insane.

The members were then conveyed back to the Victoria Hall, and the session of the Association resumed.

Dr. Carroll, of British Columbia, said he extremely regretted that a member of the profession had not been appointed Vice-President for the Provinces of Manitoba and British Columbia. He thought this would unite the profession of the Dominion in one harmonious whole.

Dr. David, Secretary, replied that several years ago three gentlemen had been elected for these Provinces, but he had never received any communication in reply to his official letter informing them of their election. Since that no Vice-Presidents for these Provinces had ever been elected.

Dr. Carroll said he was not aware that any one had ever been elected. He was still of the opinion that their appointment would be advantageous.

Dr. Fulton read a paper on "Departed Brethren" during the last year, which was much appreciated by the members present.

Dr. Tye read an explicit and concise paper upon the "Treatment of Hemorrhage by Topical Application," in which he advanced the use of injections of hot water in preference to perchloride of iron, which in his hands had been followed by uncomfortable results.

Dr. George Ross, of Montreal, read an interesting report of a case of dilatation of the stomach, which had been treated by him by means of the stomach pump at the Montreal Hospital. The statement of the case appeared some few months ago in the *Record*, the paper

having been read before the Medico-Chirurgical Society of Montreal.

Dr. Roddick, of Montreal, read a short paper on "Meningocele," giving the details of a case treated by ligature, which for a time promised favorable results, but eventually terminating fatally.

The President read a letter from Dr. Reeves, of Toronto, who was to have read a paper on "Ophthalmic Memoranda," but was unable to be present owing to an accident.

Dr. Osler, of Montreal, announced that, owing to the lateness of the hour and the near approach of darkness, he was unable to give his demonstration on Chemical Methods of estimating Corpuscles and Hæmoglobin Blood. He would, however, have much pleasure in giving the demonstration at the Ottawa meeting. This announcement was received with expressions of regret by the Association.

Dr. Hanson, Hyde Park, delivered an address upon his observations of diseases and the treatment of disease for the past thirty-four years, which proved highly interesting.

It was moved, seconded and carried that the general Secretary and Treasurer's expenses be paid by the Association, and that the cordial thanks of the Association be given to the gentlemen for the indefatigable and efficient manner in which they had discharged their duties.

A vote of thanks was also passed to the G.W.R. and G.T.R. and other railways for having given reduced fares to the members of the Association.

It was moved by Dr. Billington, of Strathroy, seconded by Dr. Lansing, and unanimously carried, that the cordial thanks of this Association be given to Dr. Bucke for his courteous and cordial hospitality.

Dr. Bucke, London, brought up the question of the publication of the proceedings of the Association.

Dr. Osler, Montreal, said he could not again undertake the publication of the proceedings by subscription, but would like to see some method of obtaining an annual publication of the proceedings.

The Secretary also introduced the subject of collecting the arrears of subscription from members. A discussion ensued, a great diver-

sity of opinion being expressed as to the best means of collecting arrears.

Upon motion of Dr. Hingston, seconded by Dr. Bucke, a committee, consisting of Drs. Mull, Osler and Sloane, was appointed to consider the best means of collecting arrears, and the other financial matters in connection with the Association.

Dr. Bucke having taken the chair, Dr. Hingston moved that the thanks of the Association be accorded Dr. MacDonald for the admirable manner in which he had filled the office of President of the Association. The motion was unanimously carried amidst applause.

Dr. MacDonald replied, thanking the Association for the exceedingly kind manner in which the motion had been received and carried.

There being no other business, the Association adjourned, to meet in Ottawa on the first Wednesday in September, 1880.

THE BANQUET, THURSDAY EVENING, SEPT. 11.

For the following description of the banquet we are indebted to the *London Daily Advertiser* of the 12th September. That journal says:—

The Tecumseh House last evening was the scene of a festive board, around which were gathered the members of the Canada Medical Association, together with a large number of their friends and citizens. The medical profession of the city, having resolved to celebrate the occasion of the Association holding their annual convention in this city in some appropriate manner, determined to invite them to a grand complimentary banquet. The result of this generous hospitality was that about one hundred sat down to a most sumptuous repast, which was served up in the style which has rendered the catering of Messrs. Conkling & Moore, the popular proprietors of the Tecumseh, famous throughout the Dominion and Eastern States. The banquet was held in the large dining-room of the hotel, which is admirably suited to such occasions as these. At the south end of the large hall an arcade had been erected, where the splendid band of the 7th Battalion were stationed, and made the hall resound with the choice selections which they executed, and which were much praised during the evening.

The chair was occupied by Dr. Bucke, and the vice-chairs were taken by Dr. Fraser and

Dr. Payne. Amongst those present were Dr. Murphy, of Chatham; Dr. Smith, of Komoka; Dr. Fraser, of Stratford; Dr. Bucke, Dr. Burgess, Dr. C. S. Moore, Dr. Dunlop, of Springfield, Ohio; Dr. Brodie, Delegate from American Medical Society; Dr. Noyes, Detroit; Dr. Goodwillie, New York; Dr. Botsford, St. John's, New Brunswick; H. Cutchen, American Consul at London; Dr. Dunfield, Petrolia; Dr. Brett, Arkona; Dr. Burkhart, Thamesford; Dr. McLellan, London; Dr. Stewart, Brucefield; Dr. Burritt, Peterborough; Dr. F. W. Campbell, Montreal; Dr. H. Wright, Ottawa; Dr. Ross, Montreal; Dr. Stevenson, Strathroy; Dr. Osler, Montreal; Dr. Stark, Hamilton; Dr. Steveason, Dr. Walker, Dundas; Dr. Tye, Thamesville; Drs. Mullin and Case, Hamilton; Dr. Hanson, Hyde Park; Dr. Newall, Wyoming; Dr. Moore, Tilsonburg; Dr. St. Clair, Paris; Dr. Chamberlain, Leamington; Dr. Harrison, Selkirk; Drs. Eccles and Nelles, London; Dr. Arnett, Arva; Dr. Burgess, London; Drs. Fergusson and McKay, Woodstock; Dr. Hingson, Montreal; Dr. Robillard, Montreal; Dr. McDonald, Hamilton; Dr. David, Montreal; Dr. Holmes, Chatham; Dr. Lloyd, London; Dr. Wilkinson, Oxford, Mich; Dr. J. E. Edwards, Brecon; Dr. McGrigan, Dr. Edward; Dr. Park, Amherstburg; Dr. Billington, Strathroy; Dr. Jones, London; Dr. Wishart, London; Dr. Waugh, London; Dr. Wilkinson, City Hospital; Dr. Mitchell, London; Dr. Cattermole, junior; Dr. James, Burgersville; Dr. Buller, Montreal; Dr. Gardiner, Montreal; Dr. Sloan, Blythe; Dr. Scott, Woodstock; Dr. Grant, Ottawa; Dr. Williams, Ingersoll; Dr. Phelan, London; Dr. Roddick, Montreal, and others.

Dinner being over Dr. Bucke rose and proposed the health of "The Queen," the "Prince and Princess of Wales and the Royal Family," which were drunk standing, the band playing the National Anthem and "God Bless the Prince of Wales."

The Chairman gave the toast of the "Governor-General and Princess Louise," which was also drunk standing, the band accompanying with the "Campbells are Coming."

"The President of the United States" was also enthusiastically drunk, the band accompanying with "Yankee Doodle." The toast

was responded to by Mr. H. Cutchen, the U. S. Consul here, in a brief speech, thanking those present heartily for the manner in which they had drunk the toast.

Dr. Noyes, of Detroit, also responded.

"The Legislature of Canada" was the next toast, coupled with the name of Dr. Grant, and this was received with the Canadian Anthem, and responded to by Dr. Grant, who said it afforded him great pleasure to respond to the toast of the Legislature of Canada, of which he had once been a member. He was proud to say that to-day there was a very large proportion of the members of the medical profession in the House. The reason of this was probably that they were perhaps better acquainted with the soft places in the hearts of women than any other profession. Their success would then be understood, as the women really wielded the great power in this country. He thought that there was a grand future before the younger members of the profession in Manitoba and the North-west which would make thirteen provinces of the size of Ontario. He was certain that they had been most hospitably entertained by their brothers in the profession in London, which city also had a great future before it, and which he had no hesitation in calling a land flowing with milk and honey.

The toast list was then taken up by Dr. Fraser, 1st Vice-Chair.

"Our Medical Schools" was well received, and was suitably responded to by Dr. Ross, Dr. Osler, Dr. Roddick, of McGill College, Montreal; Dr. F. W. Campbell, of Bishop's College, and others.

The Vice-Chairman then gave the toast of "The American Medical Profession," and in doing so said he was extremely happy to see so many of their American brethren present, and hoped that next year they would have still more. He coupled with the toast the names of Dr. Brodie, Dr. Dunlop, Dr. Goodwillie and Dr. Noyes.

Dr. Brodie, in replying, said the American medical profession were much indebted to the Canadian and British Schools for a great portion of their knowledge and learning. He was extremely happy to meet them all, and hoped he would be spared to again meet them. After

congratulating the profession for the excellent schools which they had in Canada, which, if anything, excelled any similar institutions in the States, and thanking them for the kind manner in which they had received the toast, he resumed his seat.

Dr. Dunlap, Dr. Noyes, and Dr. Goodwillie also responded, the latter gentleman saying that if he required to be killed with kindness he should come to Canada.

"The Canada Medical Press," "Our Guests," and "The Ladies" were also given, and suitably responded to, and the company broke up at a seasonable hour, thoroughly pleased with their evening's entertainment.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, Aug. 22nd, 1879.

A regular meeting of the Society was held this evening.

There were present, Drs. Henry Howard (President), Ross, Kennedy, McConnell, Armstrong, Munro, Smith, Loverin, Molson, Osler, Ritchie, Blackader, Proudfoot, Finnie, Roddick, and Edwards.

The minutes of last meeting were read and approved.

Dr. OSLER exhibited as specimens:—

1st. Mitral stenosis, embolism of the right cerebral artery.

2nd. Heart and bony sclerotic of a sword-fish.

Dr. FINNIE read a paper on "Notes of a Case of Chronic Ulcer of the Stomach." J. L., æt. 53, had been under observation for six years. He suffered from what was supposed to be chronic dyspepsia; complained of pains in the back and over the stomach. Had frequent attacks of diarrhoea, but never any vomiting. On a recent date, in stooping over, was seized with a sudden pain and felt faint. He was seen that evening by Dr. Finnie, who ordered 1 gr. of opium every two hours and hot applications to the stomach. Next day when seen was easier; towards evening, however, symptoms of collapse came on, and death took place 26 hours after attack set in. Post-mortem examination evinced extensive peritonitis and an ulcer at the pyloric end of the stomach. All other organs were normal. The patient during life did not complain of the symptoms of ulcer in

the stomach; never had any coffee ground vomiting, no pain after eating. The pain that was present was diffuse, and there was at times an entire absence of it. In 1857 this patient had an attack of inflammation of the bowels.

Remarks on this case were made by Drs. KENNEDY, ROSS and BLACKADER, after which a vote of thanks to Dr. Finnie was moved by Dr. Ross, seconded by Dr. Kennedy, and carried.

OLIVER C. EDWARDS, M.D.,
Secretary.

BRUISES—CHLORINE WATER.

Dr. S. A. Oren writes: A case of bruise causing discoloration of the skin (black eye) came under my care. I used a cloth saturated with *chlorine water* on the bruised part as an experiment, depending upon its power as a bleaching agent to bleach the part. I kept the eye closed and greased the edges of the lids so as to prevent contact and irritation of the eye. The discoloration was all gone in five days. I had seen the same party with the same trouble on several prior occasions, and the part was always discolored not less than two weeks.—*Med. Brief.*

ICE CREAM AND BEEF JUICE.

As an excellent dietary article, this is praised by Dr. J. J. Tucker, in the *Chicago Journal*. His formula is:

| | |
|------------------------|-----------|
| R. Cream..... | 120 grams |
| Sugar..... | 30 " |
| Extract of Vanilla.... | 8 " |
| Beef juice..... | 8 " |

Any confectioner can make it, or it may readily be prepared at home with a freezer. Its uses are obvious.

TREATMENT FOR CHILBLAINS.

A good wash for the hands or feet affected with chilblains is:

| | |
|----------------------|------------|
| Sulphurous acid..... | 3 drachms. |
| Glycerine..... | 1 drachm. |
| Water..... | 1 drachm. |

This acid is particularly useful in the irritating, tormenting stage of chilblains.—*Lancet.*

DEATH.

In Montreal, on the 17th Sept., Rossanna E. Mullins, wife of J. L. Leprohon, M.D., Professor of Hygiene, University of Bishops College.