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## Original Communications.

*Cases in Midwifery Practice*, by F. D. Gilbert, M.R.C.S., Eng.

If you think the following case sufficiently interesting please insert it in the *Record*.

As misfortunes seldom come singly I had another severe, lingering, and somewhat interesting case of midwifery, a fortnight ago to day, which I had thought of sending you but finding this takes so much room I refrain from infringing on your space. My first case was a Mrs. M. residing about seven miles from here. She was confined with her first child 13 months ago; the child, still born, had been dead several days; the mother made a good recovery.

I was called in the evening of the 12th. of May, and arrived at the house about 11 p. m., when I found a small boy born, but the placenta was still retained. On making an examination of the abdomen, I discovered all the signs of the presence of another child, and thereupon made a vaginal exploration, but with every effort of the forefinger of my right and afterwards with the two fingers of my left, I could not reach the remaining child to ascertain its position, and, as the patient seemed quite comfortable, and there was no flooding, I allowed her to remain in statu quo for about three hours, when I made another effort to ascertain the presentation, but was equally unsuccessful (the chief singularity of the case consists in the fact of the patient experiencing no pain, in fact she complained of no pain to the last, with the exception of the time during which I had my hand in the uterus), I therefore deemed it advisable to give some Ergotine and commenced with 20 drops of Tilden's Extract every 15 minutes, until in about an hour she vomited, and on making another examination I found I could just reach the bag of membranes which I found hard and unyielding. I therefore discontinued the Ergot for several hours, the membranes very gradually descending but never relaxing in the least the patient all the while expressing herself free from pain. In three or or four hours the membranes though still quite tense ceased to descend and I therefore recommenced the administration of Ergotine, and after giving it every 20 or 30 minutes for another hour and a half the membranes again began to descend, and at about 10 p. m. they presented at the vulva, still perfectly hard and unyielding. I therefore determined to ascertain the presentation. This, however, I found myself unable to do with the fingers of either hand and therefore introduced my left hand and discovered the two elbows and sternum

presenting, and that the child was dead (as I could find neither heart or cord pulsation) and very firmly grasped by the uterus. As the patient had now been in labour (though not in pain) 30 hours, and had retained no nourishment during the time, I thought it best to endeavour to turn at once notwithstanding the contracted state of the womb, as the parts were probably in a moister state than they would be if I waited to relax the uterus by opiates or other means. I therefore with steady pressure on one of the axilla tried to revolve the child but could not succeed, and consequently passed my hand with great difficulty past the body of the child and with the tips of my index and second fingers discovered a foot, but without great danger of rupturing the uterus I could not advance my thumb sufficiently to oppose it to my fingers, my hand being firmly compressed between the body of the child and the uterine walls and by this time pretty severely cramped. I retained it in this position some time in hopes the uterus might relax sufficiently to enable me to use my thumb, but finding it retain its rigidity, and being unwilling to withdraw my hand after all the exertions I had used, I requested the husband to prepare a piece of soft wood about the size and shape only a little longer than an ordinary paper knife, with a notch in the end of it, then taking a piece of strong whipcord I directed him to make a slip noose in the end of it, and putting this over the notched end of the improvised paper knife, I passed it with my right hand up the palm of my left till I reached my fingers, and with their assistance succeeded in passing it around the ancle of the child and drew it tight; I then attempted version, but the child was so firmly grasped by the uterus that it would not turn without bringing the uterus with it. I therefore withdrew my severely cramped hand and gave the patient 30 minims of Baitley's sedative by hypodermic injection and in about half an hour, on making steady traction on the string, I at length succeeded in effecting version and bringing down the foot, after which I experienced no great difficulty in completing the delivery, but the patient experienced no pain whatever after I had withdrawn my hand. I waited upwards of an hour for the placenta, but it did not move, and some flooding coming on I again introduced my hand and found the placenta, single, and firmly adherent to the fundus uteri but with careful manipulation I succeeded in wholly detaching it and with my right hand on the abdomen I brought it completely away and gave my patient half a drachm of Ergot, which had the desired effect of inducing contraction but without any

sense of pain to the patient, and waiting two hours longer without reappearance of the flooding I returned home 38 hours from my first attendance, with directions that I should be sent for if any un toward symptoms occurred.

Two days afterwards, being busily engaged myself, I requested my son to visit her and he informed me on his return that the first child was doing well and that the mother had not a single bad symptom, and she has continued improving as well as though no difficulty had occurred, and is now quite convalescent.

Sherbrooke, June 12, 1877.

#### STARVATION IN THE TREATMENT OF ACUTE ARTICULAR RHEUMATISM.

By CASEY A. WOOD, C.M., M.D.

Since the advent of those two most excellent remedies in the treatment of rheumatism, salicylic acid and salicine, and the undoubtedly good results that have followed their use, it is not a matter of surprise, that one should feel inclined to regard any new remedy as undeserving of notice and unworthy of a trial; but there are cases in which these medicines have not realized the expectations of the physician, and where he is obliged to seek some other plan of treatment.

We will suppose for instance that after the patient has faithfully taken the requisite number of grains of salicylic acid in the proper doses and at proper intervals, and the disease has not yielded to its influence as was confidently anticipated; that perhaps the fever and acid perspiration are not sensibly diminished, and the aching joints are still as painful as ever; or it may be that the irritable stomach refuses to retain the nauseating doses poured into it and vomiting or diarrhoea is set up—the question must then arise in the physician's mind what is next to be done? Shall he go back to the old remedies and try alkalies, colchicum and opium, calomel and opium, or, devoid of faith in everything but his cherished "willow," shall he simply do nothing at all, and, following the treatment so very appropriately styled *expectant*, "wait for something to turn up."

It is for the benefit of such cases especially that this article has been prepared and, while the flood of testimony in favor of the products of the willow allows me to claim for "starvation" only a place second to them in importance, yet it will be found in most cases of rheumatism to act quite as quickly and efficaciously as the former remedies. Without further preface I shall proceed to give a short history of a number of cases of acute articular rheumatism, in

which total exemption from food of any kind formed the chief element in the treatment. These observations have extended over a number of years, and they are all selected for their typical nature, being the common form of acute rheumatism usually observed in the otherwise healthy adult. Special attention is drawn to the almost instantaneous action of starvation in almost every instance.

Case No. 1. A. S., a retired gentleman of English descent, aet. 28, of full, plethoric habit and a *bon vivant*. Had a very severe attack of acute articular rheumatism. Treated by a physician with calomel and Dover's powder, and under this treatment became rapidly worse, the pain in his joints being so excruciating that he cried out with pain when anyone approached too near him. On the fourth day changed both his doctor and the treatment. He was then ordered an antimonial emetic and to take ten drops of the following every three hours *while the pain continued to be severe*: Tinct. Opii ℥ ʒ ij, Tr. Colchici ℥ ʒ ss. Was also given, every three hours, a teaspoonful of the following mixture: ℞ Potassæ Acet ʒ ss Aquæ ʒ viii. Ordered to take no food whatever for seven days, after which he was allowed an oyster three times a day. On the eighth day he walked down stairs without assistance and entirely free from pain. The amount of food was now gradually increased until it reached the usual quantity.

He recovered perfectly from this attack and had good health for three years afterwards.

Case No. 2. Pat. K., pedlar, aet. 34, of spare habit and very active, being much exposed to the weather. Had two previous attacks, treatment each time having lasted for twelve weeks. Fully determined this time not to have a physician nor to take anything in the shape of medicine. Was persuaded to starve himself for a week, at the end of which he was agreeably surprised to find himself totally free from pain. Took one tablespoonful of milk three times a day to begin with, and gradually increased this and his supply of food until a full meal was taken. It is known as a fact that he had no return of his trouble for at least three years after undergoing this treatment. This man (much to the disgust of the medical men in the neighborhood) has cured several people in the country places where he plies his trade, by the same simple plan.

Case No. 3. M. F., member of Parliament, a French gentleman, aged 58, short, stout, and plethoric. Had a very foul tongue, high fever and sweats, and was perfectly helpless from the pain and swelling in his joints. An emetic being plainly indicated he

was ordered to take one, but would not consent to do so as he said he was sure it would prostrate him too much, but had no objection to a cathartic. The difficulty was got over by administering 3 grains of *tar-tar emetic in a black draught*. Violent emesis of course ensued which was blamed on his irritable stomach. Although very much prostrated by this powerful dose he was much relieved, the fever being reduced and his pain lessened. He was then given the same mixture as No. 1, and was completely starved for three days. On the fourth day was allowed an oyster and a poached egg, and on the fifth day half a pint of milk during the day and three oysters three times a day. On the sixth day he was almost well and allowed full diet. Has had no relapse.

Case No. 4. M. P., aged 13, a slight delicate girl. This was her third attack of rheumatic fever, each time previous to this having been sick for nearly two months. Her neck was slightly awry from the disease. Was ordered to take the same remedies as No. 1, except that the emetic given at the outset was a mild one and the dose of opium and colchicum smaller. Fasted five days, and on the sixth day was allowed three oysters to commence with. Left her bed on the seventh day. Has had the best of health since, is rapidly gaining in weight and the torticollis has disappeared.

Case No. 5. E. R., aet. 50, tailor, thin and of nervous temperament. Two days before seeing him had got cold and wet whilst at work in a cellar. Gave a mild emetic, which relieved him.

It was found necessary to starve him for three days only. On the fourth day he was allowed two oysters and a little milk. Went to work on the sixth day and has had no relapse. His general health has improved since his recovery from the attack.

Case No. 6. E. B., aged 60, a stout but active Englishman. This was his first seizure, it being of a very violent and typical nature. Swelling and acute pain in his knees and ankles, with high fever, foul tongue and profuse acid sweats: Gave him an emetic, but purposely omitted the opium and colchicum and the potash mixture, partly for the purpose of trying starvation pure and simple and partly because his pain was so soon relieved by the emetic and abstinence from food. Fasted four days and on the sixth day went to work as usual. Has had no relapse, and his health has been very good since.

Case No. 7. Mrs. W., aet. 24, an English lady of sanguine temperament, medium height and a little inclined to be corpulent.

Her second attack of what was certainly a genuine case of acute rheumatism, all the symptoms of the disease being well marked. The treatment adopted in her case was very much the same as No. 1, starvation extending over a period of four days. She made a good recovery, the last visit being made on the fifth day, when she expressed herself as being perfectly well.

I have notes on twelve more such cases in which the history of the patient, the duration of the disease and the immediate effect of treatment are very similar to most of those related above, and, were it necessary, I could give at least thirty more instances where this plan of treatment has proved equally successful, but for the purposes of this article I do not think it is required, as I merely wish to give an outline of the course usually adopted in ordinary cases of the acute form. I do not claim that in every instance this treatment will produce a certain cure, but so thoroughly am I convinced of its efficacy that I would not change it for the salicylic acid treatment, having had some experience of this drug, which I have tried in several cases only to return to the old plan of starvation. I have seen its good effects in so many instances; in fact, relief has so invariably followed its use that I can almost positively promise a patient who consults me that he will be well again without fail within a week or, at furthest, two weeks after beginning treatment. I ask, can the supporters of any other treatment say more than that?

It might be objected that, in several of the cases reported, colchicum and opium with an alkaline remedy (acetate of potash) were given, that the treatment is only an old one slightly modified, and that the results obtained are directly traceable to these latter remedies and not to "starvation" at all. To this the answer is easy. The opium and colchicum are given merely for the temporary relief of the pain in the joints, and they are discontinued as soon as they have accomplished their object. The potash undoubtedly facilitates the patient's recovery, but all three are given as adjuncts only, for in cases 2 and 6 no medicine was given at all, and yet both patients made a remarkably quick recovery. Again, how many cases of acute rheumatism, even under the most favorable circumstances, recover in from 6 to 10 days when treated by alkalies or colchicum and opium? It may also be objected that starvation can seldom be tried on the debilitated, the very young, or the very old. This objection is a valid one, but it fortunately happens that the disease is rarely seen in those under 10 or over 60. Total abstinence from food does not, as

one might at first imagine, reduce patients suffering, from rheumatism very much, nor do they, as a rule, object to it. I remember one case in particular where a female patient having been relieved in a very few days by this plan, thought there could be no harm in having something substantial to eat, notwithstanding her physician's positive orders to the contrary. A good meal of beef-steak, vegetables, and ale was soon prepared and as quickly disposed of; but I shall never forget the expression of sincere repentance that passed over her pain-stricken countenance as she promised her doctor next day that she would not transgress again, and offered to do without food for an indefinite period, if necessary, rather than suffer such another exacerbation as her indiscretion had brought upon her.

Upon the *modus operandi* of starvation in this disease I have very little to offer. Ignorant as we are of the true nature of rheumatism and of the way its peculiar poison works in the system we are without the most valuable aid to reason out the probable *modus operandi* of any remedy. Why somewhat prolonged abstinence from food should have any influence over inflammation seated in the widely-distributed fibrous structures of the body it is difficult to say. The metastatic character of the disease, and the little good that local treatment does, are among the indications of its systemic character, but whether the real seat of the disease is in the blood or whether it is some important organ of the body that is principally affected it is not the intention of this paper to discuss. From the quick and almost invariably good results to be obtained by simple abstinence from food, I am inclined to the idea that rheumatism is, after all, only a phase of indigestion, and that, by giving complete and continued rest to all the viscera that take any part in the process of digestion the disease is attacked *in ipso radice*.

In most of the cases that I have been able to investigate I have found considerable digestive irritation to exist before the attack set in. Given a number of persons exposed to wet or cold in any shape, some of them will escape altogether, some will have simple coryza, others bronchitis, or perhaps pneumonia, but the malady that concerns us most is almost certain to be reserved for the one who is suffering from indigestion; the congestion that the cold or damp has caused, in each instance seems to search out the individual's weak spot, and, in the case of those seized by rheumatism, my observation, and the good results which rest to the digestive organs gives in the disease lead me to the same conclusion, viz., that the real trouble lies in the irritated or irritable viscera.

In addition to the essentials of the treatment which I have spoken of in the seven cases given, there might be added that *locally* wrapping the joints in cotton wool, and sponging the whole body twice a day with lukewarm water, will be found very soothing to the patient and will help recovery.

An emetic should be administered in almost every case, but it should not be given indiscriminately, and never when the patient cannot readily stand it. If given at all it should be an active one and antimonial, which, though somewhat depressing, is without equal for the relief that follows.

No food whatever should be taken after the emetic has operated, for at least three days (longer if necessary) or until the pain in the joints has considerably subsided. Water or (if the patient prefer it) lemonade is allowed in small and repeated quantities, but starvation is to be regarded as a *sine qua non*. The return to the usual amount of food should be very gradual, and everything eaten during this time should be very digestible. Opium and colchicum are given for the temporary relief of pain and should be discontinued when the desired effect is accomplished. The mixture of acetate of potash will be found useful, but it is not an essential part of the treatment. A pleasing feature of this method will be found in the rare occurrence of cardiac trouble. The treatment by starvation, if followed according to the rules laid down, will be found to realize all that has been claimed for it—a simple reliable remedy for a disease that has long baffled the physician's skill, and the frequency with which rheumatism occurs will give everyone a chance of trying its efficacy.

In making these statements it must not be forgotten that they apply to the acute form only, experience having proved that, when used in the chronic form of the disease, it exercises no marked remedial powers, and has no advantage over the remedies usually employed in such cases.

OTTAWA, June 9th, 1877.

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### Correspondence.

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#### THE NEW MEDICAL ACT.

To the Editor of the Canada Medical Record.

SIR,—Can you inform me through your valuable columns how the new act relating to the profession of medicine and surgery affects medical men who have been in practice for some years, and are already registered in the books of the College of Physicians and Surgeons of Lower Canada.

Clause xxii. of the new act says: "No person

shall be entitled to recover any charge in any court of law, &c., &c., nor be entitled to any of the rights and privileges conferred by the provisions of this act, unless he shall prove that he is registered under this act and has paid his annual contribution to the college."

Now, Sir, as an old practitioner who has paid his ten dollars to the college for enregistration, I take exception to the wording of the above clause, as by it I am deprived of a vested right, and which I am sure was never intended by the Legislature, and which I think would not hold in a court of justice. No law can be retroactive.

Owing to the near approach of the tri-annual meeting of the college, at which I intend to be present, I should like your opinion on this point in the forth-coming number of your journal, as it is a very important matter.

Yours M. D.

[The question asked by our correspondent is a very important one, and partaking, as it largely does, of a legal character, we cannot be expected to give an answer which will be accepted as thoroughly satisfactory. Our correspondent objects to the clause of the new act, compelling registration, and the payment of an annual subscription of two dollars, upon the ground that he acquired certain rights under the old act which cannot be taken away from him. We are inclined to doubt his reasoning; the rights he obtained existed until by a new act he was deprived of them, and, to our mind, the power that gave those rights has the power to abolish them if it in its wisdom see fit to do so. There can be no question as to the fact that in matters not medical, the Legislature has more than once interfered with what may be termed vested rights. Witness, the cadastre, where mortgagees to save their claim on the *property* were compelled to re-register their deed. The importance of having the profession of the Province of Quebec really and properly registered, for previous registration has been a farce, is so great, and the fee for its performance so insignificant, that we hope our correspondent will not offer any further opposition. Let him register himself, encourage his medical friends to do the same, and his solace can be that even if the Legislature did take away "*his vested rights*," he was able to purchase them back for the small sum of three dollars. ED. RECORD.]

To the Editor of the Medical Record.

SIR,—I am well advanced in years and have lived in harmony and friendship with my confrères

but regret to find from what I have heard that the younger members of the profession have thought it necessary to obtain a new act, and do away with the old act of the College of Physicians and Surgeons of Lower Canada, which worked well for near thirty years.

This new act contains a clause which is intended to deprive me and others situated as I am of inherent and vested rights, rights obtained in virtue of possessing the Governor Generals' License to practice, granted on the recommendation of the then authorized medical board of examiners.

Notwithstanding clause xxii. of this new bill, I maintain I cannot be deprived of the rights and privileges I have had in, virtue of my license, and can sue for any claim I may have for professional services, and give certificates which will be valid and must be received by all courts of justice, in spite of this clause. As this question is an all important one to every British subject I should like your opinion on it.

AN OLD PRACTITIONER.

[We think the answer which we have given to the correspondent signing M.D., will answer equally well for "An Old Practitioner." We recommend him to register, and in his old age help his junior brethren to work the present act, which, though very far from perfect, is yet an improvement on the one which he says, "worked well for nearly thirty years."

ED. RECORD.]

## Progress of Medical Science.

### GALLOPING CONSUMPTION: ITS CURABILITY.

Very interesting it is to note how, from time to time, one or another of our practical physicians are induced to record the recovery of cases thought almost hopeless, and now and then to speak of cure. Dr. McCall Anderson has begun some lectures in the *Lancet* on such cases. He opens with a case of tubercular peritonitis, as it was diagnosed, which made a good recovery under careful regulation of the diet and bowels, cod-liver oil, iodide of iron, &c. In another case, apparently more acute, opium  $\frac{1}{4}$  gr. every hour, with one gr. of quinine in each dose, and iced cloths to the abdomen for half an hour every two hours, were equally successful, the patient being convalescent in five weeks. In reply to those who would argue that true tubercular peritonitis must be fatal, and attribute these successes to errors in diagnosis, Dr. Anderson refers to Mr. Spencer Wells' work on the Ovaries (p. 135), for a case in which the whole peritoncum was actually seen to be studded with innumerable tubercles, and yet the patient made a good recovery, and afterwards married.

In his next lecture Dr. Anderson gave three cases of *acute tuberculosis* as it is commonly termed, and which most authors have regarded as rapidly and surely fatal. No doubt some such cases have been not unfrequently confounded with typhoid. The first case was that of a lad of 17, admitted with a pulse of 132, wiry, temperature 101 to 104, respiration 28, cough, expectoration, &c. "On auscultation, abundant moist *râles* were heard with equal distinctness *all over* both sides of the chest." There was no comparative dulness, but the percussion note all over is described as less clear than natural, but the doctor admits that the normal note differs in different persons, and some will probably feel inclined to dispute the diagnosis. In three days the fever assumed a typhoid form—p, 142, t. 105-6. *Râles* more abundant, and dulness for the first time remarked at the left apex. We doubt not some will be led by this to a still further doubt whether the former general dulness existed; at any rate here is perceptible localised dulness, which may be due to increased deposit here, or possibly to deposit first brought about by the depressed condition of the system labouring under other disease not necessarily tubercular. He was fed with milk, soup, &c., every hour, and took ammonia and brandy, but got worse for about a week. Then he was fed every half hour, the brandy (four ounces) was increased to six, and he was ordered sulphate of quinine and digitalis, of each twelve grains, opium six grains, in twelve powders, one to be taken every two hours. Within twenty-four hours the temperature fell, in a week it was 99, and the improvement generally corresponded. There was only moderate cough, the breathing, comfortable, *expectoration ceased*, and *râles* almost gone, *except at right half of left apex*. From that time he gained flesh and otherwise progressed. Whatever opinion be adopted of this case it seems to be very satisfactory from a therapeutical point of view.

We should add that the diagnosis was confirmed by Surgeon-Major Jameson, who has seen much of acute phthisis in the West Indies. In two other cases detailed (31st March), the physical signs were more distinct, though even in them we think some would not accept the conclusions to which Dr. Anderson leans. It is impossible, however, to deny that the patients were suffering from acute pulmonary diseases, which he says "were hurrying them to their graves," so far as we can see, and that they did recover. The treatment was carefully selected and thoroughly carried out. Atropia to check perspiration; digitalis, opium, and iced cloths to control temperature, and constant feeding with nutrients, and finally brandy from one to two drachms every two hours or more. In one case the effect of iced cloths to the abdomen in completely controlling the temperature was particularly well marked. In twenty-four hours there was a fall from 104° to 98.2°. In this case they were applied when the expectoration had become "rusty," and it might be suggested that this was in fact the turning point of the case, which might be a low form of pneumonic disease not uncommon in strumous people. But it should be

remarked, that, on omitting the application, the temperature again rose, but again responded to the iced cloths, which afterwards easily controlled it. At any rate this application will, we hope, be less feared than hitherto.

#### SUGGESTIONS ON THE FEEDING OF INFANTS. (a)

By William Faussett, M.B., F.R.C.S.I.

A long residence in the neighborhood of a large city has afforded me many opportunities of examining the children of poor persons put out to nurse, who at the very dawn of life have, by one casualty or another, been deprived of the nourishment intended for them by Nature; but that which has aptly or inaptly been denominated "baby farming," on anything like a large scale, is not known, so far as I am aware, in the vicinity of Dublin. The infant children, however, of mothers engaged in service in the city or elsewhere, destitute orphans, and foundlings from the union workhouses, are frequently received into the cottages of the labouring classes, and reared by them with their own families, and, according to my observation, generally treated with humanity and tenderness. The main essential element, however, of sound natural food for the newborn baby is or ought to be milk—human milk, if possible, but otherwise the new milk of cows modified by the addition of a third or fourth part of water—*i.e.*, if not previously watered or "*stretched*," as it is technically called by the professional dairymen—and a slight flavouring of sugar. At the present price of milk, however, and the uncertainty of procuring it at all times of equal purity and richness, all classes of society, but more especially the poor, have many difficulties to contend with.

Without presuming to pass any judgment on the many artificial substitutes which on alleged chemical and scientific principles have from time to time been pressed forward under the notice of the profession and the public to take the place of mother's milk, I beg to call attention to a very cheap and simple article which is always easily procurable—*viz.*, cocoa, and which when pure and deprived of an excess of fatty matter, may safely be relied on as an admirable basis of infant food.

Before entering into certain considerations which the subject demands, I shall simply relate how this substitute for, or, at least, valuable addition to milk, when employed as food for infants, first suggested itself to my mind.

About five years ago a very wretched looking infant, just six weeks old, was brought under my notice, in apparently the last stage of extreme exhaustion, its pale and wrinkled features, with somewhat the expression of old age, its shrivelled limbs and pot-belly, its large beseeching eyes and piteous moans, telling at once the whole history of its sufferings and its wrongs. The father of this unhappy babe was at the time an inmate of the union, an old grey-headed profligate who, though a married man, had seduced its mother, a young girl just turned of six-

teen, subsequently known to her neighbors by the ludicrous *soubriquet* of "the little one that had the baby." The child's present nurse, however—its grandmother—appeared anxious to do all in her power to save the helpless infant's life. Calling to mind just at the moment the fact that young calves and lambs were frequently reared upon cocoa, with very small additions of milk, and reasoning on certain analogies in reference thereto, it occurred to me that it would be a far more feasible and rational experiment to try this plan with the child than to continue the use of bread and "kettle tea," or to adopt the "arrow-root" or "rusk-biscuit" and "barley-water" method, so much in use in the nurseries of even the more favoured classes. I recommended the use of cocoa, therefore, with as much milk added as could be spared from the small family allowance, which for all purposes amounted to about a pint a day.

To my great gratification the child, who took greedily to this kind of nourishment supplied from a feeding bottle, soon improved in health, gradually put up in flesh, and became a fine thriving infant. The cocoa was continued through the whole period of infancy, and he is now, at the age of five years, as fine and healthy a child as can be seen.

Shortly after my experience of this case, I happened to be consulted about the health of twins (the children of respectable parents), both of whom, but one in particular, were in a declining state of health, evidently, as it appeared to me, from an insufficient supply of proper nourishment. Calling to mind the result of cocoa feeding in the above case, I strongly recommended a trial of it here likewise. At first there appeared to be some distrust and indisposition on the part of the mother to adopt this meagre and unsophisticated sort of diet. As I did not hesitate, however, to urge with confidence its use, it at length got a fair trial, and the result justified my expectations. The twins were after a little time fed almost exclusively upon cocoa, with milk added, and now, at the age of five years, there are not perhaps two finer or healthier children in the neighborhood. In several other instances I have recommended the same mode of feeding, more especially where milk was not to be had in abundance, and uniformly with the same result. The ordinary husk or shell cocoa, though it is said to yield half its weight to boiling water, being but the refuse of the bean, and retaining in its composition lignin and other ingredients better suited, perhaps, for the lower animals, is likely to produce irritation in the intestines and diarrhoea, as I observed in one case, and therefore not to be always trusted for infant feeding. Cocoa in the natural state abounds in a number of valuable nutritious principles; in fact, in every material necessary for the growth, the development, and sustenance of the body. That this useful article has not hitherto been adopted for infant feeding is, perhaps, owing to its not being so palatable to the adult taste as tea, coffee, and other beverages, as well as to the fact that while the unsophisticated shell or husk, which is but the refuse of the bean, is poor in nutritious properties, there happen to be so many adul-

terated preparations in the market, palmed on the public as genuine cocoa under different pretentious titles.

A most useful and able *exposé* of those appeared some time ago in the *Medical Press and Circular* but there are honorable exceptions, and though, of course, it would seem invidious to name any of these to the exclusion of the rest, I may be permitted to mention Cadbury's Cocoa Essence, which is elaborated on the principle of excluding and detaching the superabundance of concrete oil or fatty matter with which cocoa abounds, is a useful preparation, and there are others equally deserving of confidence—*e. g.*, coccoina powders, Fry's, Van Houten's, patent cocoas, &c., &c.

Besides a volatile aromatic oil, a bitter principle and a peculiar element called Theo-bromine, which resembles the theine of tea and the caffeine of coffee, but more nitrogenous in its composition than either, cocoa contains gluten, gum, starch, and other ingredients, as well as the large amount of fat alluded to, and which constitutes rather more than half its weight. This last item being far in excess of what is either palatable or easily digestible, it becomes an object with the chemist, while retaining the other valuable flesh-forming materials, to diminish in part the superabundant fat. Under this excuse, however, the most shameless adulterations have been practised. Sugar, starch, and other and inferior substances, and even animal fat, have been introduced into some of the patented compounds, articles which, however useful in their own place, are very poor substitutes for what, at least, the infant stomach more imperiously demands.

The great advantages to be derived from the employment of cocoa in the feeding of infants, especially of the poor, are obvious, for, besides its heat-producing, flesh-forming ingredients, it is cheap, simple, and readily available. A teaspoonful, more or less, of a sound preparation of cocoa to half-a-pint of fluid, partly water and partly milk, even skimmed milk, when boiled for a minute or two, affords a wholesome meal to a hungry infant, and will *cæteris paribus* be thoroughly digested.

To present nutriment to the infant stomach, especially before the teeth are developed, in a perfectly fluid form, I have long since regarded as indispensable to the health of the child, inasmuch as the pepsin or solvent principle does not, as in adults, seem capable of reducing solids, not even pap, to such a state of solution that the lacteals or absorbent veins can act upon it with the same energy as in after life. The consequence is, that the child, though largely fed is still hungry, accumulations take place in the intestines, its limbs and body waste as much from inanition as from vitiated secretions, and the countenance assumes the canine ravenous expression of starvation and bad treatment.

I beg, therefore, respectfully to commend cocoa, as an article of infant's food, to the notice of my professional brethren, especially those who, holding office under the Poor-laws, have such large and extensive opportunities of testing its value.



With the present pampered and artificial tastes of the better classes, it is to be feared that so simple and unsophisticated an article of diet as cocoa would be received by them with small favour for their infants; but as its nutritious properties are unquestionable, it will, I submit, be an experiment devoid of all risk, in the case of children that are not thriving under more ordinary methods of feeding; to give it a fair trial, premising that some gentle aperient will in such cases be often found a necessary preliminary, to clear out the *primæ viæ* of half-digested food previously given.

The extreme richness of cocoa in the natural state, and its peculiar flavor, which (to the adult taste at least) lacks the agreeable *bouquet* and pungency of tea, seem at first sight objections to its use; but the infant palate can readily be brought to relish that which sustains and nourishes the body. There will always be room, however, for the exercise of sound judgment in selecting, adapting, and modifying, according to the requirements of different cases respectively, the most suitable preparations of this useful aliment.

The shell or husk, though comparatively poor in nutritious properties, will yet, if fresh and pure, yield a decoction which (owing to the absence of fat) may be tolerated when the richer patent extracts disagree. Such cases, however, are exceptional, and after a little time these preparations which contain a much larger amount of absolute nourishment may be substituted with advantage.

The terrible disclosures which have recently come to light on infant mortality, especially in public institutions, invest the subject of infant feeding in reference thereto with peculiar interest.

Our French neighbours appear to have taken the matter up with their usual enthusiasm, and to have appointed a Commission of five members to conduct experiments on the most approved scientific principles with the view of arriving at certain determined practical results in reference to artificial feeding.

Now, assuming all other circumstances to be equal, and other hygienic arrangements as perfect as possible, 'due attention being paid to proper ventilation, to good drainage, to pure air, the avoidance of over-crowding, and the securing of constant watchfulness and diligence on the part of skilled nurses, the question remains still to be determined what is the best mode of infant feeding when suitable wet nurses cannot be procured.

There are some two or three leading principles which it is the object of this paper to establish—viz.:

1. That aliments should always be presented to the infant stomach in a perfectly fluid form.

2. That as bread and farinaceous substances generally have been proved by experience, and recently by numerous *post-mortem* examinations (a) to be often indigestible, and to have led directly to infant mortality, such substances had better be excluded from infant feeding.

3. That cows' or goats' milk, when pure and modified as much as possible to resemble human milk, will often be found sufficient without any other help to nourish the new-born infant.

4. That as cocoa contains all the elements indispensable for the growth and development of the body, and can always be presented in a fluid form, it is, next to milk, preferable to all other natural substances as an article for infant aliment.

There is one other point which, though only indirectly connected with infant feeding, is one of paramount importance as regards the present and future health of the individual—viz., the necessity of guarding against the hateful practice of covering the child's face as it sleeps.

The mistaken kindness and over-zealous attention of nurses in excluding the pure air of heaven from entering the lungs in order to guard against the effects of cold, will often be exhibited in the soft, pale, flabby condition of the infant's body, while a cachectic condition of the blood will be insidiously generated which must prevent the infant thriving for the present, and possibly may lay the foundation of tubercular and other diseases in after life.—*Dublin Medical Press.*

#### A CASE OF PLACENTA PRÆVIA.

By W. L. RICHARDSON, M.D.

Mrs. H. H., aged twenty-seven, the mother of two children. Both previous confinements, which had been in the western part of New York, were normal. Her last child was born April 13, 1874. The catamenia returned the following August. Her second child was weaned in December. The catamenia continued regular until April 27, 1876, when they appeared for the last time, and ceased on the 2nd of May. She quickened about the middle of September.

I first saw her November 26th. Her general health had been, as usual, good since the beginning of the pregnancy. The evening before, while attempting to move a piano, she felt that she "had strained herself." On getting up the following morning she discovered some blood upon her night-dress, and found that she was flowing. Supposing that it was a case of threatened miscarriage, I directed her to remain in bed and to send for me at once if there should be any increase in the amount of the flowing, or if she should suffer any pains, from which she had thus far been free. In the evening the flowing had almost entirely ceased, and she complained of no pain. A rest in bed for a few days was advised. I was again sent for December 23rd, on account of a slight bloody vaginal discharge. As there was apparently no cause for a return of the flowing, a case of placenta prævia was suspected, and a vaginal examination asked for. So much objection, however, was made to this that it was not insisted upon, and rest, as before, was ordered. January 19th I was sent for in great haste, as there had been a sudden and somewhat profuse hemorrhage. A vaginal examination showed the case was,

(a) Made by Dr. Korawin at the Children's Clinique, St. Petersburg.

as had been suspected, one of placenta prævia. The implantation of the placenta was lateral, extending two or three inches to the right and about an inch and a half to the left of the os uteri. There were no signs of labor. The os was closed. The cervix was not wholly obliterated. The fetal heart was distinctly heard, beating at the rate of 130, in the normal position. The patient was seen occasionally from that time until February 2nd, when a hemorrhage summoned me to the house about 9.30 p.m. The patient was in bed, complaining of feeble labor pains, which occurred about every twenty minutes. There was some slight flowing. The os was soft, dilatable, and about the size of a cent. The presentation was normal. A colpeurynter was introduced into the vagina. At eleven o'clock the pains occurring every ten minutes, the colpeurynter was removed, together with a clot which had formed behind it. The os uteri was a little more than half dilated. The membranes were unruptured. The pains were good, both in character and frequency. Introducing the right hand the placenta was carefully separated from its attachments upon the left side, and, having been drawn down through the dilatable os uteri, was folded over upon the right side of the os. The separation of the placenta was followed by a slight hemorrhage. The membranes, which had been drawn down with the placenta, were then ruptured with the index finger, while the thumb held the free edge of the placenta in its retroverted position. There was a free gush of the liquor amnii, in the midst of which, unfortunately, the funis was prolapsed. The pains at once increased in frequency and severity, the head descending through the superior strait. The funis was pushed into the left posterior quarter of the pelvic brim, where it would be least exposed to pressure. The os dilated rapidly, and at 12.30, as I was unwilling to run any risk of a subsequent pressure on the funis, the forceps were applied and the patient was delivered of a girl weighing six and a half pounds. The uterus contracted well, and the placenta was found immediately afterwards lying detached in the upper part of the vagina. The patient had a normal convalescence.

The method of delivery adopted in this case was that taught in Vienna and recently described and brought to the attention of the profession in this country by Dr. Davis of Wilkesbarre, Pennsylvania.

In two other cases, in which I have followed the same method, the result has been successful to both mother and child. In this case, however, the prolapse of the cord was an unexpected complication, but it was an accident liable to occur in all cases where there is an excess of liquor amnii, or where, for any reason, the presenting part of the child does not lie immediately above the dilating os uteri. This complication of the case, however, could be avoided by rupturing the membranes by means of a catheter introduced high up between the membranes and the uterine wall, on the side from which the placenta has been detached. In this way there can be no danger of any such sudden escape of the waters as is likely to follow a rupture made at the dependent

part of the amniotic sac. In all cases, where an examination shows a considerable amount of water in advance of the presenting part, it is safer to rupture the membranes in this way, since otherwise there is always liability to a prolapse of the cord, and especially is this likely to happen, when the case is one of placenta prævia, in which the cord is so apt to lie at the lower part of the uterus and in the position most favorable to the prolapse.

With this slight modification of the above method of treating placenta prævia, it would seem as though the method described by Dr. Davis, and followed in this case, was by far the safest of all which have heretofore been recommended by obstetricians for the treatment of this class of cases. The danger to the child is to a great degree avoided, since there can be no fatal hemorrhage while the retroverted portion of the placenta is kept firmly pressed against the opposing uterine wall; and the danger of a maternal hemorrhage is reduced to a minimum, since the rupture of the liquor amnii prevents the substitute of an unsuspected internal for an external hemorrhage, while at the same time it hastens the completion of the delivery by the promotion of uterine contractions. Should, however, severe external hemorrhage take place, the application of forceps will in all cases at once speedily terminate the case.—*The Boston Med. and Surg. Journal*, March 8, 1877.

#### ON THE MODERN NEGLECT OF CALOMEL IN CERTAIN DISORDERS.

By Dr. DYCE DUCKWORTH, Assistant-Physician to St. Bartholomew's Hospital, etc.

What I now desire to call attention to is the neglect of mercurial medication in many so-called "functional" derangements of the body. And, as being uppermost in my thoughts, I mention first, as an instance which calls for this treatment, cases of acute gastric catarrh, the condition described by French writers as *embarras gastrique* and but too well known in all ranks of English life as "biliousness." As an accompaniment of many constitutional ailments, of acute inflammations, the continued fevers, the exanthemata and rheumatic fever, it is commonly enough met with, while as a result of intemperance in food and strong liquors it is even more familiarly known. But the frequency of its occurrence in children, not always as a result of over-eating, but often ensuing, I believe, upon check to the functions of the skin from improper exposure and insufficient clothing, is not fully appreciated. In these cases there is sometimes a remarkable degree of pyrexia present at some periods of the day, and several *pseudo-prodromata* of enteric fever may be noted. Indeed this catarrhal fever really constitutes a large part of the early trouble in many cases of the latter disorder. The same condition is likewise very common during active periods of dentition, when the catarrh is often more distinctly appreciable as a flux from the nasal or bronchial membranes, and may be,

and often is mistaken for the ordinary effects of cold.

In this catarrhal condition, it was formerly, much more than now, the practice to employ either emetics or a mercurial purge. The former have almost entirely gone out of fashion, and I imagine it will be difficult to reintroduce this plan of treatment, despite Dr. Burton's recent plea for it in this journal; but the use of mercurial preparations is free from objection so far as treatment *jucunde* is concerned. Strong prejudice is met with sometimes among classes of patients who can desery the word "*hydrargyrum*" in their prescriptions, and its presence is held to savor somewhat of violent and effete practice, and of unwarrantable undermining of the constitution.

It is in response to some such feeling and objections as these that many practitioners hailed with satisfaction the advent of such a drug as podophyllin, which gained for itself, somewhat unwarrantably, as I believe, the name of "vegetable mercury." This drug, which is uncertain in its action and often productive of griping, even when guarded with henbane and given with other aperients, generally requires to be repeated, and in this way time is lost, and the results are often far from being so beneficial as those which follow the action of a grain or two of calomel.

Let it be noted in passing that many of the popular so called "antibilious" pills notoriously contain mercury as an ingredient, notwithstanding impudent statements to the contrary on the pill-box labels.

It cannot, I think, be doubted that calomel, either alone or in combination with jalap, colocynth, or scammony, constitutes one of the most certain and efficacious purgatives, clearing the entire portal system, producing a large flow of bile in the motions (though not manifestly acting as a strict cholagogue from the liver), and affording a measure of relief to the body unattainable by any other means.

To secure this result is a leading principle in the conduct of the catarrhal state above described. And besides this condition, I would adduce the cases of acute gout and of gouty dyspepsia, which are eminently well treated by calomel at the outset; so, too, many of the recurring congestive troubles of chronic cardiac and pulmonary disease are amenable to the same medication, care being taken to withhold the drug in cases where there is manifest renal degeneration, since, as is well known, mercury is ill borne under these circumstances, and may be mischievous.

Undesirable results would follow if mercury was frequently given in such cases as I have enumerated; but I only allude to the practice of employing it at the outset, and then it should be given boldly in doses of from one to five grains over night, once for all. In adults a draught may be given on the following morning, containing any suitable saline aperient, such as sulphate of magnesia or Carlsbad salt. This plan leads the way to a simpler or more specific course of treatment in any given case. I am satisfied that in many minor disorders of children nothing can take the place of calomel as a purgative, and much time is often lost by beginning with drugs that are accounted more simple. The only medicine

that appears to me to approach calomel in value is castor oil; but this is constantly a source of trouble from its disgusting character.

I find that calomel is distinctly preferable to grey powder as a purgative, just as for other purposes strychnia is to milder preparations of *nux vomica*. Its action is smarter and more decided. It has also the great merits of being tasteless, and of exciting no nausea, and its bulk is small.

In strumous children, or in healthy ones who suffer occasionally from gastric catarrh, with tenderness and some timidity of the liver, no medicine is comparable to a purgative containing calomel. After its action a copious bilious stool or two is passed, the tongue is observed to become cleaner, the feverishness pertaining to this state subsides, and the child becomes brighter, and has restored appetite. A so-called simpler treatment with soda or citrate of potash will often fail to yield these results, and so too will repeated doses of rhubarb and senna. The constant failure of "nursery remedies" in these cases must have forced itself upon the minds of most practitioners, and, truly, by the time medical advice is sought the time for the administration of calomel has fully arrived.

I shall not dilate further upon the virtues of this drug in connection with gastric disorders, but may mention that calomel is sometimes of value in cases of chronic catarrh, when given as in an acute case; and in cases of peritonitis with severe vomiting, small doses appear to exert some sedative action upon the intestinal tract.

I would not be understood to urge a return to the old custom of a large and frequent dosing with calomel. Nothing could be worse. All drugging is an evil; but when medicine is distinctly indicated we should not fear to use active agents boldly, and so as to produce their effects.

Many hard things have been said about the improper use of mercury, but instances are not far to seek in the practice of most experienced men where aperient mercurial medicine has been taken almost nightly for years without its being possible in common honesty to say that any serious harm had thereby accrued to the individual. The habit is of course a very bad one, but it may be easily broken. In one case I succeeded by giving bread pills, and in due time declared the fraud to the patient, who had henceforth full confidence in his peristaltic powers.

I venture then to close these remarks with a repetition of the statement I made at the outset, viz., that calomel appears to me to have fallen into unmerited disuse in many disorders, and I desire to put in a plea for the restoration of this drug to a larger sphere of operation, and I am confident that such practice will not only be for the benefit of sufferers, but also for the increased credit of medical art.—*Practitioner.*

#### EXTIRPATION OF THE RECTUM.

A case of malignant disease of the rectum has recently been treated in Dr. James R. Wood's service

by extirpation. The patient was a woman aged thirty-four. The first symptoms of the disease occurred eighteen months ago, when she noticed that defecation was accompanied by pain and slight hemorrhage. On admission to hospital a hard mass was discovered, which embraced the sphincter ani, and extended up the rectum for an inch and a half. It was decided to remove the mass, and for this purpose a circular incision was made around the anus and beyond the growth, and then by means of the scissors the tumor was enucleated. After this was done, the rectum was drawn down without difficulty, and fastened by means of sutures to the skin at the anus. Very slight hemorrhage followed the operation.—*Ibid.*

#### SOMETHING NEW IN THERAPEUTICS.

The London correspondent of the Philadelphia *Medical Times*, writing under date of April 26th, says:—

We seem to be far from having reached the end of the therapeutic art; indeed, it would appear that we are but on the threshold of a new line of inquiry of a startling character. A telegram in the *Daily News* in Easter week briefly stated that a number of medical gentlemen had waited upon a M. Burg, in Paris, to witness the effects of the application of metals to the external surface of the body. M. Charcot, with a number of eminent confrères, and Prof. Ferrier and Mr. Ernest Hart, witnessed M. Burg's novel measures. These consist of the application of a band of disks of metal to the skin of certain patients. These patients were affected with semi-anæsthesia, and there was not only loss of sensation upon one side, but there was also a fall of temperature. M. Charcot passed long needles right through the thigh, the cheek, and down the web of the fingers of the affected side, and twisted the needle about most effectually without the slightest evidence of sensation being produced. In addition to this, there was no bleeding from the orifices. The test was very thorough, and was applied to some new patients as well as those who had been some time under care. After this belts of disks of various metals were applied to the patients for a quarter of an hour, when a total change was found to have been induced. The slightest prick of the needle not only elicited evidences of acute sensation, but the pricks bled readily, and the temperature rose. The results were only brought about when the proper metal for each patient had been applied. Thus, in one iron disks would induce the change; in another copper disks; while in others silver, platinum, or gold disks were required; one metal alone having this curious power over each patient. The possibility of the whole thing being merely an hysterical affair was negatived by the nature of the experiments made. If the metal disks were covered on the side applied to the skin with a thin covering of wax, out of the patient's sight, so that there could be no collusion, no effects were produced, demonstrating that the effects are not the mere result of imagination. The most curious and inexplicable part of the whole affair

has yet to come. After these metal belts had been wound round the limbs of the affected side, and that side had been restored to its normal condition, the anæsthesia passed over to what had been before the sound side. Needles could be passed into the tissues without eliciting pain or drawing blood just as was the case before with the affected side. The whole thing appears incredible if it were not supported by the testimony of persons of unimpeachable veracity, who themselves admit that they are not provided with any hypothesis to explain these extraordinary phenomena. A commission has been appointed in Paris to thoroughly investigate the whole subject, and to subject the patients to every possible test, in order to establish or explode the matter. For many years M. Burg has been regarded as an object of suspicion as to the reality of his experiments and the bona fides of his operations, but at last the matter is to be cleared up. The practical value of thus finding out the metal to which a patient is susceptible is that it furnishes a clue to the internal administration of remedies. For instance, M. Burg had a patient suffering from persistent aneurism where the administration of iron was of no avail. By means of the application of these belts of disks it was ascertained that gold was the metal for which this patient had an elective affinity, as it were, and the administration of gold internally soon led to a perfect cure. If these observations be corroborated and confirmed, even the most recent treatises on therapeutics will have to be rewritten, and our therapeutic measures in many respects simply revolutionized. The progress of the inquiry instituted by this commission will be watched with the keenest attention by the whole of the profession.

#### BROMIDE OF ARSENIC IN THE TREATMENT OF EPILEPSY.

Dr. Th. Clemens, of Frankfort-on-the-Main, has employed bromide of arsenic for twenty years in the treatment of diseases of the nervous system, and especially of epilepsy, and claims that he has obtained astonishing results with it. He uses the liquor arsenic, bromat., and gives one or two drops in a glass of water once, or, if necessary, twice daily. These minute doses may be given for months, even years, without producing the usual unpleasant effects of a long continued arsenical course. All his cases of epilepsy have been markedly relieved and improved by this remedy, but in only two cases has it produced a complete cure. In many cases of incurable epilepsy, complicated with idiocy and deformities of the skull, the fits were reduced in number from twenty in the twenty-four hours, to four or even two, a result that has been obtained by no other treatment. In connection with the bromide of arsenic, an almost exclusively meat diet is advised. The patients should be as much as possible in the open air in the daytime, and their windows be kept open at night. Unlike bromide of potassium, this remedy does not require to be given in increasing doses, and instead of interfering with digestion, improves the nutrition and strength. Dr.

Clements has employed the following formula since 1859, and thinks that it ought to replace Fowler's solution, which is irrational in its composition and uncertain in its action. This solution becomes stronger with time; the chemical union of the bromide with the arseniate of potash becoming more and more perfect.—℞ Pulv. Arsenic, alb. Potassa. carb. c. tartar., à dr. i.; coque cum aqua destil. lb. ss. ad solut. perfect.; adde, aq. evaporat. restituta, aquæ distil. oz. xij., dein adde brom. pur. dr. ij., refrigerat. stet per sufficient. temp. ad. decol., S. liq. arsenic. bromat.—*Allg. Med. Central Zeitung*, May 24th.

#### ON DYSPEPSIA.

At a late meeting of the Harveian Society of London, Dr. Farquharson read a paper on this subject.

Attention was directed to the state of the tongue in dyspepsia. A deeply fissured tongue often meant little: whereas a thin white fur, composed of minute dots, was generally found along with pain immediately after food. Pain after a longer interval was accompanied by a pale, flabby tongue, with reddish tip and centre. The treatment of dyspepsia consisted of two parts, that of food and that of drugs. The latter was the principal part with patients applying for gratuitous relief. The pain occurring immediately after food was usually relieved by alkalis; whereas acids were indicated where suffering was not experienced until an hour or two after the commencement of the digestive act. For the relief of the nausea and sickness remaining after the bowels were thoroughly cleansed, nothing was so effectual as hourly drop-doses of ipecacuanha wine. Nuxvomica was also a valuable remedy. Pain might be but the protest of the stomach against an overload, or be the result of deficient tone, from general nervous exhaustion. In some cases each meal was followed by diarrhoea; and for these cases attention was directed to Ringer's plan of minute doses of the liquor hydrargyri perchloridi. In speaking of diet, Dr. Farquharson pointed out that there are three forms of dyspepsia; 1. The dyspepsia of fluids, as it is called, where the stomach seems intolerant of all forms of fluid; 2. The digestive derangements following intemperance in the matter of animal food; and, 3. The dyspepsia connected with indulgence in tea, or other warm and weak infusions of tannin.—*Philadelphia Reporter*.

#### CYANIDE OF MERCURY IN DIPHThERIA.

Dr. A. Erichsen (*St. Petersburg Med. Woch.*, April 14), on the strength of twenty-five cases in which he has tried it, strongly recommends minute doses of cyanide of mercury (*hydrargyrum cyanatum*) in diphtheria. He believes in the efficacy of mercury abridging the duration

of the diphtheritic process, while he knows of no other preparation except this which does not quickly disturb digestion and nutrition. Given in small doses, it scarcely disturbs the alimentary canal at all, even when continued for a long time. Indeed, syphilitic children from a year old may be treated for weeks without any such disturbance occurring, if it be given in doses of one-forty-eighth of a grain thrice daily. In diphtheritis Dr. Erichsen has used it at various ages—from seven months to fourteen years, as well as in adults—and in all the cases it was well borne. In a short time the membranes became thinner and less adhesive, so that even where they had spread into the larynx and induced obstruction, with cyanotic colouring of the face, they still separated and rendered the larynx free again. This was the case in three of the instances occurring in young children, the symptoms which seemed to threaten death or to require tracheotomy yielding to the internal use of the cyanide and the local application of hot sponges. This mode of treatment has also the advantage of rendering the necessity of local applications to the fauces much less frequent; and penciling the parts with tincture of iodine twice a day suffices, instead of the constant applications, which are so irksome. The dose varies with the age, children to their third year requiring only one-ninety-sixth of a grain, and older children and adults one-forty-eighth of a grain every hour during the day and every two hours during the night. The following is the formula employed: Hydrarg. cyan. gr. j. aq. destill. ꝯvj. syr. simpl. ꝯss; half or a whole teaspoonful every hour. Most of these twenty-five cases were children from the third to the fourth year of age, in whom the prognosis is not so favourable as in older children and in adults. Of the twenty-five only three proved fatal—one from paralysis of the heart, a second from suppurating parotiditis, and the other from coinciding meningitis; but in all the cases—even in the fatal ones—the diphtheritic process was arrested.—*Med. Times and Gaz.*, April 28, 1877.

#### TREATMENT OF LUMBAGO.

The treatment of lumbago should be manipulation applied to the lumbar region of the spine, so as to restore mobility. To subdue the painful condition of the muscle, injections of  $\frac{1}{8}$  of a grain of atropia and  $\frac{1}{2}$  of a grain of morphia, well diluted, should be made well into the body of the muscle. [This is the usual treatment of local rheumatism at this hospital, and it has been followed in all cases with most gratifying results.] Great care must always be had in the administration of morphia and atropia to nursing-women, as belladonna is the most powerful anti-galactagogue known, and two large doses of morphia not infrequently affect the child through its milk. As regards other methods of treatment, the

local application of blisters, iodine, and croton oil, together with the internal administration of the iodide of potassium, will often do good.—*Prof. Pepper in New York Medical Record.*

#### OFFICE PRACTICE.

The Philadelphia correspondent of the *Boston Medical Journal* writes: "Some of us have this week been newly taught a lesson not to be easily forgotten. I was one of the victims. A colored man came to my office with the request that I would visit a lady who was ill. I agreed to go at a certain hour. At that hour I was detained by office patients. The man came again to request me to hasten. I went soon after to the house to which he had directed me. No such lady as the man had named was known at this house, and I learned that I was the fourth physician who had called upon a similar errand. Returning to my office in a frame of mind common to dyspeptics, I was told that shortly after I went out the man had come a third time, saying that he had met me, and that I had sent him to my office to await my return, which would be in half an hour. The servant, deceived by his plausible manner, admitted him. His stay was very brief. He took property to the value of three hundred and fifty dollars. I went at once to our detective police, described the property, and the officers vindicated the high reputation of Mayor Stokely's police system by placing three hundred dollars' worth of the stolen articles in my possession within *fifteen hours*. The thief had made use of a pawnbroker, in whose shop the recovered property was found. Other physicians have been likewise victimized, but to what extent I do not know. This is a common form of thieving in Philadelphia, so that the stringent rule of doctors' houses is that not a soul, even though he be a bishop, shall be admitted to the office during the absence of the physician, unless the servant keeps guard."

#### QUININE IN THE TREATMENT OF FISSURES OF THE NIPPLE.

Obstetric practitioners are much more in the habit of using quinine after child-birth than they were formerly, but we scarcely expected to hear that this agent would be found useful in the treatment of an affection which has always been regarded as more amenable to local than to constitutional remedies. Dr. Le Diberder, however, chief physician to the Lorient Hospital, is of opinion that the frequent failure of local treatment arises from the fact that this affection is only a manifestation of general disorder of the system. He says that the appearance of the fissures is soon followed by a general febrile state, of an intermittent nature, and during which the local affection is very likely to pass into engorgement of the breasts, and even abscess. Accordingly, he thinks quinine will prove to be of the greatest service in those cases; and dur-

ing a long experience of it he has always found that a cure was effected in from three to five days. He generally prescribed a dose of six grains early in the morning, and a similar dose about eleven o'clock a.m. Local treatment was considered of secondary importance, being confined chiefly to poultices and some simple wash or salve.—*Dublin Medical Press.*

#### LOTIONS FOR URTICARIA.

Prof. Hardy recommends (*Union Méd.*, May 20) the following lotion, to be applied several times a day in order to allay the itching in urticaria: chloroform, ten, and oil of sweet almonds thirty parts. In obstinate cases he prescribes corrosive sublimate, in tenths to one-seventh of a part; alcohol, ten parts; and distilled water, ninety parts. He gives also internally alkaline medicines, and if these do not prove efficacious he resorts to arsenic.—*Med. Times and Gazette.*

#### ANEURISM TREATED WITH TAN POULTICES.

In the *London Medical Times and Gazette*, November 4th, Dr. W. Arding writes:—

As the medical treatment of aneurism, has only partially, if at all, engaged the attention of medical practitioners, I beg to bring to your notice a case of such disease treated by me some years ago.

The patient, J. S., of middle age, was affected with difficulty of breathing, particularly when at his work as a shoemaker, and at the same time was affected with a pulsating tumor in the epigastric region, at the scrobiculus cordis, quite evident to the sight. His general health was good in all other respects. After applying some topical remedies without any improvement, at last I suggested the application of tan poultices to the pit of the stomach. In a few weeks the disease apparently was perfectly cured, but I lost sight of my patient, he having left this town for Reading; since which time no further accounts have been received of him.

The *rationale* of the treatment must appear, I am happy to say, evident to every one; an astringent application, externally applied, having successfully produced a deposition of fibrin internally in the diseased artery, so as to almost astonish me with its favorable result.

#### BROMOHYDRIC ACID.

By Dr. J. MILNER FOTHERGILL, Assistant Physician to the West London Hospital, &c.

The utility of the bromide of potassium is now generally acknowledged by the profession, and its effects upon the nervous system are often of the greatest service. At the same time, it is not readily combined with several agents with which it may be advantageously administered, as quinine, for instance. Last year, I abstracted from the *London*

*Medical Record* (April 20th, 1875), a paper by Dr. De Witt C. Wade on this agent, which appeared in the *Peninsular Journal of Medicine* in February 1875. He described there the usefulness of bromohydric acid, especially in obviating the headache which is produced in some persons by quinine. From what he said, I handed over his paper to the dispenser of the West London Hospital, and commenced to prescribe the new remedial agent. The formula is as follows, for the production of the acid in quantities of two quarts. Dissolve  $\frac{3}{4}$  x, 3 vi, gr. xxviii of bromide of potassium in four pints of water, then add  $\frac{3}{4}$  xiii, 3 i. g. xxxvii of tartaric acid. The bitartrate of potash is precipitated, and the hydrobromic acid remains in a clear bright, almost colourless fluid, possessing an acid taste and the ordinary acid properties, as well as the peculiar properties of bromide of potassium, as compared with any other salt of potash.

The accuracy of this last statement may be challenged by some readers. I will, therefore, briefly relate the conclusions arrived at after a twelve months' experience of the drug. It certainly does prevent the occurrence of headache, after each dose of quinine, in those who before had to desist from taking quinine for that reason. It is, perhaps, not invariably successful, but its power is very marked. It also prevents the fulness felt in the head by some persons, especially those labouring under cerebral anæmia, after doses of iron. It is also useful in nervous conditions, and, with quinine, is excellent in those cases where there is much nervous exhaustion from excessive indulgence in tea or in alcohol; this being tried in a case of nervous excitability and sleeplessness, where there had been much resort to chloral-hydrate.

In forms of excited action of the heart, connected with general nervous excitability or nervous exhaustion, hydrobromic acid is most useful. Given with quinine (of which it is a capital solvent) and digitalis, it gives better results than the bromide of potassium and digitalis; this is a favourite combination with me at both my hospitals, and is agreeable as well as effective. In all hysterical conditions connected with ovarian excitement, it seems to have all the properties of the bromide of potassium. It is equally useful in the vomiting of pregnancy, and seems to exercise quite as powerful an influence over acts of reflex origin as does the bromide. It is especially adapted for the relief of menorrhagia associated with sexual excitement, and is even more effective here than the bromides themselves. It is also of use in whooping-cough, and combines conveniently with quinine, forming an effective measure in this troublesome affection. With spirit of chloroform and syrup of squills, it forms a most agreeable and palatable cough mixture of no mean potency. It is also of use in case of cough of reflex origin. Where there is gastric irritability, it is the most useful of all acids, possessing the usual properties of acids generally and of the bromine as well.

The dose of the acid, prepared as above, is one drachm as a full dose. Half a drachm is the dose

I ordinarily employ. Bromohydric acid has the further advantage of not producing the troublesome eruption so often the result of doses of the bromide of potassium, at least so far as my experience has yet extended. There are many qualities about this acid to render it an useful member in our therapeutical armamentarium.

Dr. Wade states that it is useful in the treatment of fever. It would seem the acid *par excellence* where there is much cerebral excitement pyreintic affections, but of this I have no personal experience. —*British Med. Jour.*, July 8, 1876, p. 42.

#### HYPODERMIC INJECTIONS IN HERNIA.

Reporting upon three cases communicated to the Société de Chirurgie, in which strangulated inguinal hernia was easily reduced after the hypodermic injection of morphia, M. Le Den tu observes that in these cases the strangulation was recent; and although the injections certainly assisted their reduction, it is doubtful how far they would have succeeded had the strangulation been more decided and of longer duration. If the surgeon is called to the case immediately, the injection may be of use by dissipating the pain and spasm; but if some hours have elapsed, it will be always of less value than chloroform, which enables us to at once recognize whether the hernia is reducible or the operation necessary. —*Medical Times and Gazette*.

#### NIGHT CRIES AND NIGHT STARTINGS OF CHILDREN.

Caspari attributes them to frightful dreams. In children under a year old, and especially in delicate, anæmic children, they are associated with mild or severe convulsions. He uses as a specific bromide of potassium, and according to the age gives 0.5 grmm. to 1.5 grmm. (gr. 7½ to gr. 23½) a day. (Gr. xxv potas. brom., aq.  $\frac{3}{4}$  jss; 3j four times a day.) According to Edlensen's experience, bromide of potassium always causes quiet and peaceful sleep in young children, but does not act so well in older ones. It acts well in convulsions, teething, and meningitis. He gives a strong six-months-old child 0.5 grmm. (7½ grains) three or four times a day, or once or twice in the evening. Younger and less robust ones he gives 0.25 grmm. as a dose. In older children he often increases the dose to 0.75 grmm. several times a day. —*Schmidt's Fahr-bucher*.

#### NOCTURNAL CRAMP.

A member writes: "I am very glad to find that J. B. C., M.D., has found some benefit from Howard's bicarbonate of soda. He has lain many nights studying cramp in his own person. It proceeds, he says, from excessive acidity, not only of the stomach, but of the whole bowel tract; and when it seems to have reached its

height the extensor tendons have nearly dislocated the great toe. Then it is that relief is at once obtained by taking half a drachm to two drachms of the soda. Before he found this remedy useful many things had been tried. In less than thirty seconds the cramp disappears, leaving a soreness that soon passes away. It has been prescribed by him in numerous cases, and the result has been always satisfactory.—*Brit. Med. Jour.*

#### TO RELIEVE MORBID THIRST FOR ALCOHOLIC DRINK.

S. B. Merkel, M.D., of Philadelphia, writes to the *Journal of Materia Medica* as follows:

"A tonic and stimulant which partially supplies the place of the accustomed liquor, and prevents the absolute moral and physical prostration that follows a sudden breaking off from the habitual use of stimulating drinks:

℞ Peppermint water..... ʒ iij;  
Sulphate of Iron..... gr. v;  
Spirits of nutmeg..... ʒ ij;  
Valerianate of quinia..... gr. ijss.

S. Teaspoonful taken as often as the desire for strong drink returns. I have had frequent occasion to test its efficacy in many cases in my practice, and have found it uniformly successful."

#### SIMPLE MODE OF CHECKING EPISTAXIS.

The *Tribune Médicale* say that even after plugging the nares, injection of perchloride of iron, etc., have failed, an emetic, given to the extent of producing vomiting, will permanently check epistaxis.

#### TREATMENT OF CARBUNCLE.

By J. H. DIBRELL, JR., M.D.

By the use of carbolic acid and collodion good results are secured. They can be used in any stage of the disorder. D. tells us how he used these agents:—

My plan is as follows:—When the carbuncle is seen early, to puncture it, and with a camel's hair pencil, or small pointed stick, introduce into the opening thus made the pure and undiluted acid. If the disease has made greater progress, and one or more small acne-like pustules have made their appearance on the tumor, these are carefully opened, which can be done without causing pain, and the acid introduced at each opening, as before indicated. The effect of the acid when first applied, especially if it touch a denuded surface, is to produce a sharp stinging pain, which is, however, of but momentary duration. The next effect is local anæsthesia, and the patient is, for a time, perhaps hours, free from pain

Carbolic acid possessing in a notable degree anæsthetic, antiseptic and caustic properties,

would seem to be peculiarly adapted to the treatment of the disease under consideration, which is usually attended with great pain, sloughing, and an intolerable odor. Its use in my hands has certainly seemed to diminish the pain, correct the odor and to arrest the sloughing process with much promptitude.

After the acid had been applied, collodion should be several times painted over the carbuncle, and beyond it, a few lines, on the uninfamed skin, *All the openings are to be left free*, in order to give egress to discharges. Each layer or film of the collodion should be allowed to dry before another is put on. This dressing may be renewed once daily, and the collodion previously applied, if partially detached, should be peeled off before a new application is made. If the part on which the carbuncle makes its appearance be covered with hair, this should be cleanly shaved off, otherwise the collodion will be difficult to remove, and at the same time cause considerable pain.

It is interesting to watch the collodion as it contracts upon the diseased tissues. The skin, previously red and swollen, will in a few minutes be seen, through transparent gun cotton, to have become pale and depressed, as the pressure gradually empties the engorged capillaries. If the disease is advanced, and slough have become partly separated, they are not unfrequently forced out, or brought so near the opening as to be readily detached with scissors. This pressure does not give rise to pain, but, on the contrary, generally affords much relief to the suffering patient. The application of collodion in this disease has other advantages. It limits the extent of the disease in decreasing the vascularity of the part, and in this way lessens the inflammatory action going on, and probably also prevents the absorption of pus. It also protects the surrounding skin from contact with discharges, which, as is well known, are capable of producing, if not an extension of the disease, numerous small boils, which are of themselves an exceedingly annoying complication. Should, however, any such pustules or boils be formed in the course of the disease, they can be cut short by touching them with carbolic acid. After the carbuncle has been treated with the acid and collodion, it should be protected from contact with the clothing, by covering it over with a piece of old linen or cotton cloth, saturated with sweet oil, or spread with carbolic acid cerate.—*Phil. Med. and Surg. Reporter.*

#### ON THE RADICAL TREATMENT OF UTERINE CANCER.

Prof. Goodell, of the University of Pennsylvania, believes that it is not only often impossible but is clinically needless to distinguish *intra vitam* the various kinds of uterine cancer. He believes that cancer of the uterus is of all cancers the least prone to infect



the system; its victims die not so much from specific systemic poisoning, and from transference to distant organs, as from septicæmia, from embolism, and from the exhaustion induced by pain, sleeplessness, and the bloody or serous fluxes. In cancer of the cervix the indications are either to eradicate the disease, or failing in this to check the excessive discharges, to correct the fœtor and to allay the pain, and thus to prolong life. To effect this he advises removal of the cervix either by the écraseur or galvanic cautery. When the entire cancerous mass is not removed by these means, the remaining outgrowths and the underlying infiltrated tissues must be dug out with the fingernails, scraped off with Simon's spoons, or snapped off with seissors. The resulting deep and funnel-shaped cavity must next be cauterized with fuming nitric acid or the hot iron. This may be done either at the time of the operation or after an interval of a week or so. During the operation, if scraping be needful, the hemorrhage is usually quite free, but in Prof. Goodell's experience it has always yielded to an injection of one part of Monsel's solution to three of water, followed by a sponge tampon lightly packed into the funnel-shaped pit. After the operation there is sharp fever for four and twenty hours or more. On the third or fourth day the discharges sometimes become offensive, and continue so for several days. After the scraping process the stench is invariably overpowering and must be met by injections of a solution of permanganate of potash, and by large doses of quinine to guard against blood-poisoning.

In all his cases Prof. Goodell enforces sexual abstinence, and orders the patients iron and bichloride of mercury as a tonic, arsenic to repress the tendency to reproduction of the new growth, and ergot to diminish the supply of blood to the uterus. He has now operated on thirteen cases, in all of which life was lengthened and made bearable; in one instance, as he believes, saved for good. The hemorrhages were stayed, the putrid discharges checked, the pains allayed, and the appetite restored, and bed-ridden patients were enabled to get up and resume their household avocations. Even when the womb was fixed by the extension of the disease to parts beyond operative reach, much was gained by removing all of the cancer that could be reached. The complexion invariably cleared up after the operation, and this fact leads Prof. Goodell to think that the so-called cancerous cachexia is due not to a cancerous diathesis, but to absorption from a local cancerous deposit.

Injury to the peritoneum cannot always be avoided during the operation. Karl Braun, however, does not hesitate to include a portion of the peritoneum in order that the hot wire may pass through perfectly healthy tissue. He says he has repeatedly in this way opened into the peritoneal cavity without harm to the patients. In one case, while scraping with the finger-nails, Prof. Goodell opened into Douglas's cul-de-sac. No vaginal injections were used, no untoward symptoms arose. — *Med. and Surg. Reporter*, March 10th.

#### AN ARISTOCRATIC TITLE.

At a most exclusive ball at the French sea-side a young druggist's clerk approached one of the fairest and most aristocratic of the ladies, and humbly solicited the favor of a quadrille. The lady inspected him critically from his tie to his boots, and, taking her card, said, "I never, monsieur, dance with people whose names are not preceded by a 'de.' What shall I inscribe Monsieur—?" "Monsieur Peroxide de Manganese, mademoiselle," he replied.

#### A NEW COUGH MIXTURE.

Dr. J. M. Fothergill, of London, says that the following is "a really charming cough-mixture, efficient as well as palatable:"—

R Sp. chloroformi.....	ʒxx.
Acid hydrobromic.....	fl. ʒss.
Syr. scillæ.....	fl. ʒi.
Aquæ.....	ad. fl. ʒi.
Ter in die.	

The dose, of course, is reduced for children. Any other acid in this mixture is very agreeable, but the hydrobromic acid, from the effect of bromine upon reflex mechanism, allays the cough, often so troublesome. It possesses much the same action as opium, without the ill effects upon the digestive organs or on the bronchial secretion.

PROFESSOR LISTER—After all Mr. Lister is not coming to London. Prof. Blackie has addressed to him the following:—

*To Professor Lister, on learning his determination not to leave Edinburgh for London.*

Some live to feed ambition, some for fame;  
Others for gold; and some, the noble few,  
For honest work achieved and service true,  
With wage of truth and love. This last thy claim  
And glory, Lister. When the southrons laid  
Their golden snare for thee, and every charm  
Of that gross-monst'ered Babylon displayed  
To lure thee from thy station for our harm,  
Thou didst stand firm. For this my humble rhyme  
Thee honours, and Edina gives thee place,  
High-perched, with the prime pattern of her race,  
Scott, Chalmers, Wilson, Hamilton and Syme,  
And bids thee bloom on Scottish soil, and grow  
Proudly, like stout old pines, where stiff old breezes  
blow.

College, April 2.

JOHN STUART BLACKIE.

Since this was published, Mr. Lister has reconsidered his determination, and decided to go to London.

#### TREATMENT OF NEUROSES OF THE HEAD.

At the séance of the *Académie de Médecine*, at Paris, on October 21st, Prof. Bitot, of Bordeaux, read a memoir on the efficacy of light cauterizations of the pharyngeal mucous membrane in the treatment of certain neuroses of the head with coincident amnesia, and on the probable role of the superior cervical ganglion in these cases. The following are his conclusions:

1. The head is the seat of certain nervous troubles, the precise localization of which is not as yet settled.

2. The cranial portion of the great sympathetic must have some influence in the production of these disturbances.

3. It is rational in that case to assume that the superior cervical ganglion, which constitutes the principal centre of the sympathetic system in the head, is the point of origin of the nervous disturbance.

4. The anatomico-physiological importance of this ganglion, which is veritably the brain of the vegetative life of the head, must be borne in mind by the observer, whenever a neuroses of this region comes into question.

5. The observer must particularly bear in mind that this neuropathic condition will be rebellious to the ordinary methods of treatment.

6. The relations of this ganglion with the pharyngeal mucous membrane make the latter the point of election for the application of certain irritants that will act on the ganglion and its most distant branches.

7. The painting of this mucosa with the tincture of iodine has furnished remarkable results when the disturbances were essentially nervous. On the other hand, it had proved useless in the disturbances consecutive to apoplexy.

8. In many cases complicated with amnesia, the memory has been regained under this treatment.—*Gazette Médicale de Paris*, November 4, 1876.

#### SPINA-BIFIDA TREATED BY THE IODO-GLYCERINE SOLUTION.

Professor Morton, of Glasgow, adds another successful instance of injecting the tumor in spina-bifida with the iodo-glycerine solution. The malformation was in the lumbar region, the sac the size of an ordinary peach, and not very full. The operation was done a few weeks after birth, the method being puncture and injection of about half a drachm of the solution; very little of the serous fluid was permitted to escape. Collodion was applied to the opening, over which was also placed a square inch of lint dipped in collodion, so that the wound was effectually closed. As shrinkage of the tumor was slower than anticipated, another puncture was made twelve days after the first operation, though in this case only a few drops were injected. A month later it was reported that the child was doing well, and the tumor had shrunk; and though the skin covering the centre was bluish for the breadth of a shilling, it was firm to the touch. This case is said to have been the fourteenth in which this treatment has been used, and eleven of them have been successful. Prof. Morton has found it uniformly successful in all the lumbar cases he has treated.—*Lancet*, Dec. 2, 1876.

#### A NEW METHOD OF ADMINISTERING QUININE.

By W. E. FORREST, M.D., Resident Physician, Presbyterian Hospital.

Allow me to say a few words recommending a new medicine to our already long list.

In the October number of the *American Journal of Medical Sciences* of the present year is an article by Fothergill, of London, recommending the hydrobromic acid. Among other properties he speaks of it as a solvent for quinine and a preventive of the head symptoms resulting from the use of quinine.

We had a patient in the hospital with chronic malaria, who could not take quinine for any length of time without being "almost crazy from it" as she expressed herself, and at the suggestion of Dr. Burrall, the visiting physician, we tested the acid on this case.

It was given in 5ss. doses, with quinine in capsules, and with the happiest result. The roaring in the ears and the dizziness disappeared, and the patient no longer objected to being cured by quinine.

Since then, I have tested the medicine in many cases, and it has never failed. Dr. H., of Washington, D. C., entered the hospital suffering from malarial poisoning and from large doses of quinine, and was much pleased at being relieved from the cinchonism by the acid. The tinnitus aurium following the exhibition of quinine seems to be due to an active congestion of at least some parts, if not the whole of the brain, as Dr. D. B. St. J. Roosa has observed that after taking ten or fifteen grains of quinine the membrana tympani and malleus are markedly injected. It had before been noticed that the administration of quinine aggravated the symptoms of otitis media and other aural affections.

It may be that hydrobromic acid, being analogous to bromide of potassium, may, like bromide of potassium, cause contraction of the blood-vessels, and thus prevent the bad effects of quinine. However this may be it acts in the happiest manner.

There is a growing mistrust among the laity towards quinine. All sorts of stories are reported concerning its harmful effects, such as causing permanent deafness, impairing the eyesight, affecting the brain, etc., etc. Nor are these opinions wholly without reason, for the roaring in the ears, the dizziness, the trembling limbs, the sensation of being in a storm at sea generally, is anything but pleasant and reassuring to a person distrustful of "allopathy." It is then the duty of the profession to keep our faithful ally quinine from falling into disrepute when it can be done by so simple a means as the use of this acid.

In giving quinine in solution, I use the following formula:

R. Quinine sulph ..... ʒj.  
Hydrobromic acid,  
Aqua..... aa ʒ iss.

M. Sig.—Two teaspoonfuls contain five grains of quinine.

You can insert the formula for making the acid according to Fothergill, if you see fit.

Dissolve ʒx., ʒvj., grs. xxviii. of potassa bromidi in water Oiv., add ʒxiiij., ʒi., grs. xxxvij of tartaric acid. The acid remains in solution, and potassa bitartrate is precipitated.

#### A SIMPLE MEANS OF LESSENING THE PAIN ATTENDING BLISTERS.

The practice of blistering in the treatment of acute articular rheumatism would meet with much more favour in this country if pain and, in certain cases, strangury and slight hæmaturia, were not inherent to this mode of treatment. A hypodermic injection of morphia relieves the pain, but has no effect upon the urinary troubles. To alleviate the one and prevent the other, M. Ernest Besnier proposes the following plan. Take care that the blister is applied in the early morning; those convenient ones which are covered with a sheet of oiled tissue paper will cause very little suffering, and never give rise to those vesicatory or renal troubles which are now and then so severe and painful, provided the blister be removed after a few hours, five to ten at the outside, as soon as the epidermis begins to rise slightly and partly, which we may recognize by the skin becoming pearly and irritated. The plaster must then be removed (a very few hours' application is sufficient for a child or a thin-skinned person), and its place must be supplied by a piece of blotting paper very thickly coated with cerate or cold cream. The vesication continues almost painlessly, and the blisters rise nearly as well as if the cantharides had been kept applied. The practitioner who does not disdain to attend to such minute details will gain the thanks of his patient, and more especially of those who have been previously treated by such inhuman proceedings as are common where blistering is employed.—*London Med. Record*, Feb. 15, 1877.

#### HYDROBROMATE OF QUINIA IN DISEASES OF CHILDREN.

In a communication to the *Allgemeine Medicin. Central-Zeitung* (No. 53, 1876), Dr. Steinitz, of Breslau, gives the results of his experience of the use of hydrobromate of quinia in children's diseases.

He used it in an extensively prevailing epidemic of whooping-cough, giving it generally in a mixture composed of three to five parts of the hydrobromate in one thousand of syrup; the dose being a tea-spoonful every two hours. In

no case was it necessary to use any other remedies. The whooping-cough had in twenty-three cases lasted on an average ten weeks, and in fifteen others twelve weeks, and in the use of the remedy the paroxysms became, in the course of a week, less frequent and milder. No after-effects on the alimentary canal were discovered. Three deaths occurred, all in very atrophic and scrofulous individuals, in whom other complications were present. Dr. Steinitz takes the opportunity of remarking that he prescribed in several cases the extract of *castanea vesica*, which has been extolled as a remedy, but without good results.

He also used the hydrobromate of quinia in nine cases of spasm of the glottis. Three of the patients died after only a few paroxysms. The remaining six recovered. The medicine was prescribed as stated above, and was borne well. In all the six cases the attacks diminished, at times varying from the third to the fifth week in intensity as well as in frequency; and the duration of the disease was in no case longer than from four to six months. This result is satisfactory when compared with the previous course of the disease under the use of other medicines, such as bromide of potassium, oxide of zinc, valerian, and musk, none of which could be borne for several months together.

Dr. Steinitz has also given the hydrobromate of quinia in the dental convulsions of children, but cannot as yet speak of its efficacy in this malady. He regards it, however, as deserving a trial.—*London Med. Record*, Feb. 15, 1877.

#### BELZ ON THE USE OF ICE IN CROUP.

Dr. F. Betz (*Memorabilien*, 10 Sept., 1876) recommends in cases of croup the application to the front of the neck of a bottle or bladder filled with finely powdered ice and fastened by a light bandage. When the temperature is high, salt is added. The bottle must not be allowed to remain until the ice is completely melted, but be renewed before this occurs. By this treatment, the temperature of the anterior part of the larynx and trachea is lowered, so that the process of exudation is arrested. At the same time, heat is abstracted from the air passing to the lungs through the larynx and trachea; and this acts favourably on the lungs. The ice-treatment of croup is to be regarded as the most rational, preventive and abortive plan, if its application be sufficiently early, energetic, and continued. If it be too late to subdue the formation of the false membrane, ice is of very great value during operation and in the after-treatment. The intense cold causes contraction and emptying of the vessels of the neck: so that hemorrhage gives less trouble during the operation, and the larger veins and the front of the neck are less contracted. In the after-treatment, the use of ice diminished the tendency of the operation-wound

to become diphtheritic; it also expedites healing, and keeps down swelling of the wound. After operation, pieces of guaze soaked in ice-water or laid upon pieces of ice are placed over the canula and wound, and renewed every five or ten minutes. In this way, the inspired air is cooled.

#### IODIZED PHENOL—A NEW UTERINE ESCHAROTIC AND ALTERATIVE.

Dr. Robert Battey (*American Practitioner*) has found this so satisfactory in his own experience, and in the reports of his gynecological friends that he offers it as a promising addition to our armamentarium. He gives the following formula for its preparation: Iodine, one-half ounce, and crystalized carbolic acid, one ounce. Mix and combine the two by gentle heat. As an application to uterine cancer he has found it efficient and painless, when the healthy parts have been carefully protected. The applications are made upon lint or cotton, saturated with the remedy and surrounded by a cotton tampon to protect the sound parts.

In chronic afflictions of the cervix, the cervical canal and the endometrium, uterine hypertrophy and subinvolution he has found the following useful:—Iodized phenol, one and a half ounce; crystalized carbolic acid, one ounce; water, two drachms. Mix and make solution. It has been used both in its full strength and in various dilutions with glycerine; sometimes two-thirds the above strength, sometimes one-half, one-third, and even one-fourth.

It is applied by means of a bit of lint cotton securely twisted upon the end of Budd's elastic probe, which having been saturated is carried up to the os internum, and once or twice saturated. He has also wound cotton to the size of a uterine tent and saturated it with the liquid, passed it into the uterus by means of an elastic probe, and allowed it to remain there for twelve or twenty-four hours. Sometimes he has dilated the cervical canal with sponge tent and mopped out the interior of the uterus with the liquid. The applications are ordinarily made three times in the intermenstrual period, rarely oftener, sometimes but once or twice each month.

#### THE USE OF WATER TO RELIEVE PAIN.

The hypodermic use of water for relieving pain continues to afford an interesting object for experiment. The evidence in its favor could not be stronger although little attempt is made to explain to us why or how water should quiet pain. Dr. Lafitte, of Nantes, has used water subcutaneously since 1872, when he succeeded in immediately relieving pain in a woman who was suffering most acutely from lumbago. Eight grm. of distilled water was injected, and the pain did not return. In cases of sciatica, supra-orbital and facial neuralgia, as well as in intercostal neuralgia and rheumatic affections of the joints, he has found water in-

jected subcutaneously quite as useful as morphia. Dr. Pillet speaks highly of hypodermic injections of water in lumbago and intercostal neuralgia. Dr. Lelut says that for the last three months he has used pure water injections with the best results. He relates how he came to use it. His servant one day upset the bottle containing his morphia solution for subcutaneous injections, and, to conceal her clumsiness, filled the bottle with ordinary water. Dr. Lelut, not knowing this, injected the water into the thigh of a patient who was suffering severely from sciatica, and whom he was treating by the subcutaneous injection of morphia. The patient was astonished at the instant relief of the pain and said: "What kind of liquid is this you are using which causes me no uneasiness or no sickness at the stomach like the former?" Since then Dr. Lelut has used nothing subcutaneously but water.

Dr. Dresch praises the usefulness of this injection, especially in muscular rheumatism. He also tells of a case of ostéo-sarcoma of the thigh, in which he used daily 60 ctgm. of morphia subcutaneously, chloral, cicuta, and other remedies, and where hypodermic injections of water succeeded in relieving the pain quite as well as morphia, without producing the disagreeable constitutional effects of that drug. Dr. Dresch does not use simple water, but prefers peppermint water.

Dr. Burney Yeo, of London, says he found subcutaneous injections of water useful in relieving the pain of a patient suffering from thoracic aneurism. *Cincinnati Medical News.*

#### IN BRONCHITIS OF TYPHOID AND OTHER ADYNAMIC FEVERS.

℞ Olei terebinthinæ..... m. x-xx;  
Ether sulphurici..... m. xx-xxx;  
Spts. juniperi comp..... m. xxx;  
Misturæ acaciæ..... ʒ jss;

M. Ft. haustus. To be taken every two or three hours.

#### ASCARIDES VERMICULARES.

℞ Tinct. ferri chloridi..... ʒ ss;  
Aquæ calcis ..... ʒ j.

M. Ft. injectio. Use one half at night and the other half in the morning.

#### INTERNAL USE OF SALICYLIC ACID.

M. Cassan, observing the slight solubility of salicylic acid in water and alcoholic liquors, sought and found an adjuvant, the citrate of ammonium, which aids greatly in the solution of this substance in water.

The following are two of his formulæ:

℞ Acid. salicylic., ʒ i;  
Ammon. citrat., ʒ ss;  
Spiritus vin. gal., fʒ vijss;  
Aquæ destillat., ad fʒ vi.—M.

This solution contains about five grains of salicylic acid to the tablespoonful.

℞ Acid, salicylic., gr. xv;  
Ammon. citrat., gr. xxx;  
Syrupi simpl., f ʒ viiss;  
Aq. destillat., ad f ʒ iv.—M.

#### REMEDY FOR ASTHMA.

Dr. George H. Stone, of Savannah, Ga., writes as follows: "The following prescription has proved of great value to me in the treatment of asthma. Given in the paroxysm it invariably shortens and very much modifies the severity of the attack.

℞. Muriatic acid dil.....f. ʒ i.  
Syrup simp..... f. ʒ i.  
Aqua puræ.....f. ʒ v.

"M. S. Tablespoonful every fifteen minutes until relief."—*N. Y. Medical Record.*

## THE CANADA MEDICAL RECORD

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EDITOR:

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MONTREAL, JUNE, 1877.

#### TO OUR SUBSCRIBERS.

We do not certainly wish any of our subscribers harm, but it would not pain us much if some of them were seized with a *remitting fever*.

#### REGISTRATION OF COLONIAL DEGREES IN ENGLAND.

Last winter considerable feeling was evinced not alone among the medical profession of the Dominion, but also among those who recognised the deservedly high position which it occupies in this country, on the announcement being made by Sir Hugh Allan, that the agents of the Allan Line of Steamships, which trade between Liverpool and Montreal, had been notified by the London Board of Trade, that henceforth their steamships would not be allowed to clear from Liverpool, unless the surgeons were provided with Diplomas from some College in England, Ireland or Scotland. The effect of this announcement would be, that if carried out it would necessitate the dismissal of quite a number of young Canadian medical men who occu-

pled the position of surgeons on this Line. The hardship of this rule was manifest, and its unjustness equally clear, for in twenty years, during which the law under which this notice was given remained a dead letter, no complaint of want of efficiency had ever been brought against Canadian surgeons; on the contrary we have evidence to show their efficiency, for Sir Hugh Allan says: "The Canadian surgeons are quite equal, both in professional acquirements and gentlemanly bearing, to those we receive from colleges in England." The position of matters was brought to the notice of the Dominion Government, who we are glad to say recognised its importance. Action in Council was taken upon it, and the following minute was adopted, and immediately transmitted by the Governor General to the Earl of Carnarvon; Lord Dufferin we may remark had formerly transmitted to the same noble Lord, extracts from Canadian newspapers, commenting upon the extraordinary order of the London Board of Trade.

*Copy of a Report of a Committee of the Honourable the Privy Council, approved by His Excellency the Governor General in Council, on the 26th January, 1877.*

The Committee of Council have had before them a memorandum dated 25th January, 1877, from the Honourable the Minister of Marine and Fisheries, stating that he has had under consideration a memorial from the Principal and Dean of the Faculty of Medicine of McGill University, Montreal, submitting a copy of a letter from Sir Hugh Allan in reference to a recent regulation of the Board of Trade, seriously affecting the interests of Graduates in Medicine of Canadian colleges, by refusing to allow steamships to clear at the Custom House in England unless the surgeons on board are provided with diplomas from some college in England, Ireland, or Scotland.

The Minister states that he concurs in the views of the memorialists, that the regulation in question would affect injuriously the interests of Canadian Graduates who have passed through an educational curriculum and a professional examination equal to those required in colleges of the mother country, and he recommends that the attention of Her Majesty's Government be drawn to the matter with a view of having the obnoxious regulation of the Board of Trade rescinded, if such an order has really issued.

The Minister observes that the 42nd section of the Imperial Act 18 and 19 Vic., Cap. 119 only requires that medical men on board pas-

passenger vessels should be duly qualified to practice in any part of Her Majesty's possessions.

The Committee submit the foregoing recommendation for your Excellency's approval.

Certified,

(Signed) W. A. HIMSWORTH,  
*Clerk Privy Council.*

The result of this action of the Canadian Government, was that when the General Council of Medical Education and Registration for Great Britain met early in May last, the matter was alluded to by Dr. Ackland, the president, in his opening remarks. This gentleman was well able to realise the unjustness of the position they compelled Colonial graduates to occupy, in as much as he met many medical men in this country, which he visited in 1860, as medical attendant to His Royal Highness the Prince of Wales and much have formed some idea of the *Status* of the profession in Canada. The following are his remarks in full.

"Again, a complaint has arisen in Canada as to the action of the Board of Trade with respect to practitioners licensed in the Dominion, and arriving in England in charge of ships. Application being made on the subject to the Medical Council Office, the President directed the Registrar to inform the Board of Trade that the subject of Colonial Degrees had not escaped the notice of the General Council, and to intimate that it was part of a large question—viz., that of degrees in general considered internationally.

As far back as July 4, 1861, and again in the years 1863, 1864, 1867, 1868, and other times up to 1876, the Council had occasion to consider the question of Colonial Diplomas. It agreed to a clause in reference to them in the Marquis of Ripon's Bill in the year 1870. If only for this reason it was a misfortune that Mr. Forster was obliged to withdraw this Bill after it passed the House of Lords.

The time cannot be far distant when the relation of Colonial and foreign graduates and licentiates to legal practitioners in England will be defined. It is hardly just either to them or the nation that their position should be so long a subject of discussion. A committee of the Medical Council declared eight years ago, in its Report on the amendment of the Medical Acts, that "the Secretaries of State in successive Governments have pressed upon the Council the necessity of dispensing with or greatly relaxing its regulations, in favour of persons holding foreign or colonial diplomas or degrees;" and they added that this condition appeared to be a *sine qua non* to the consent of the Government to introduce any Bill for amending the Medical Acts.

Since the communication from the Board of Trade above referred to, correspondence has taken place between the various departments of the Government: the Colonial, Foreign and Home Offices, the Board of Trade, Local Government Board, and Privy Council. The subject being now ripe for the consideration of the Council, this correspondence was forwarded by desire of the Lord President on April 23 for your consideration; and his Grace awaits your reply. The supposed exclusion of Canadian practitioners from practising in England has caused as much feeling in Canada as the discussion concerning the compelling English practitioners to undergo a new examination in France, though I am informed that English practitioners are re-examined in Canada prior to their legal registration in the Dominion."

It will be noticed that Dr. Ackland states that English practitioners are re-examined in Canada previous to legal registration. Only to a certain extent is this true. In Ontario such is the case, but we believe this would be abolished provided Canadian graduates were treated as English graduates are in the Mother Country, and accorded registration. In the Province of Quebec, we understand that the license has issued at once, without examination, to those holding English qualifications, the only exception to this being holders of the diploma from Apothecaries Hall, who have been examined upon one or two subjects not embraced in the examination for this qualification. On the 17th of May, the seventh day of meeting of the Medical Council of Great Britain, it resolved itself into a Committee, to consider the report of the Medical Acts Committee. The report deals with the question at issue, and we give that portion of it entire.

2. "Remonstrances have come from the Dominion of Canada against the exclusion of legally qualified Canadian practitioners from recognition under the medical law of the mother-country, and particularly as to the grievance and detriment which they suffer in their relation to the *Merchant Shipping Acts* of the home Legislature. And, in respect to British India, an application is made by Sir Joseph Fayrer, on behalf of the Licentiates and Graduates of the Universities of Calcutta, Madras and Bombay, that they may be admitted to the privilege of registration under the Medical Act of the mother-country. The points thus raised are two particular cases of a large general question; and the principles on which they must be dealt with are, in the opinion of the Committee, not exclusively applicable to India and Canada. The

grievance (stated in general terms) is, that medical degrees or licenses, which have been conferred under due authority in British Possessions outside the United Kingdom, and which respectively entitle to practise in the particular Imperial Province in which they are granted, give at present no professional status in other parts of the British Empire; and the question of principle which the Council has to determine is that of admitting such degrees or licenses to be registered as qualifications under the Medical Act. The Committee regards this question as one which urgently needs to be decided by the Council."

4. "The Committee, in preparing to submit its opinions to the Council on the two above-mentioned questions, would remind the Council of previous occasions on which those questions, have been more or less under discussion. In 1870, on occasion of Lord Ripon's Bill of that year, the Council appears to have assented to the principle that "Colonial" and foreign diplomas, respectively valid as titles to practise in British Possessions or the foreign countries in which they are granted, should *under conditions* entitle the holders to rank as legally-qualified medical practitioners in the United Kingdom. Two years ago, however, on occasion of Mr. Cowper-Temple's Bill (which aimed at procuring registration under the Medical Act for women holding foreign diplomas) the Council appears to have taken at least in regard of the foreign diplomas, a position somewhat different from that of 1870; the position of 1875 being, that the Medical Act "very properly" refuses to foreign degrees the privilege of registration in this country, because "the Council has no means of exercising that supervision and control over the education and examinations required for foreign degrees to which the licensing bodies of this country, whether Universities or Corporations, are, by the Act of 1858, subjected." And on two occasions in 1876 the Council expressed itself to the same effect as in 1875: first, with regard to a renewed proposal of Mr. Cowper-Temple's Bill; and secondly, in answering the Memorial in which a large number of registered practitioners, being also graduates in medicine of foreign universities, had prayed the Council to obtain power to insert in the *Medical Register*, as additional qualifications, foreign degrees conferred after examination on duly-qualified registered practitioners."

5. "As regards those previous conclusions of the Council, the committee is of opinion that, so far as the conclusions expressed in 1875 and 1876 differ from the conclusion expressed in 1870, the conclusion of 1870 is that which ought to prevail; provided always that the "conditions" under which extrinsic licenses would be admitted to register in this country shall be such as fairly to represent the essential intention of the Medical Act—"that persons requiring

medical aid should be enabled to distinguish qualified from unqualified practitioners."

6. "In regard of such "conditions" as are here in question, the committee would distinguish between qualifications granted in the outlying possessions (Indian and Colonial) of the British Empire, and on the other hand qualifications granted under foreign governments."

7. "As regards the former, the committee is of opinion that qualifications granted under legal authority in any part of Her Majesty's dominions, ought to be regarded by the Council as presumptively entitled to legal recognition in the mother-country. It is true that the Council would be unable in general to judge the value of these qualifications as accurately as it can judge those for which the Medical Act holds it directly responsible. But the committee is of opinion that sufficient allowance for this consideration would be made by providing that in the *Register* there should be a distinct alphabetical section for "practitioners registered in the United Kingdom in respect of qualifications conferred in the other parts of Her Majesty's Empire." And, in the opinion of the committee, it would of course also be desirable that the right of Indian and Colonial qualifications to be registered as above under the Medical Act should, in case of abuse, admit of being suspended by some such process as that which applies under Sections 20-22 of the Medical Act to qualifications which are granted within the United Kingdom. It is the opinion of the committee that the Council should recommend to Her Majesty's Government to promote at the earliest opportunity legislation to the above effect. But if it should seem that such legislation (as perhaps opening some large questions under the Medical Act) could not at once be provided, the committee would recommend that meanwhile at least the urgent grievance of the Canadian practitioners should be removed by the required small amendment of the Merchant Shipping Acts."

"In conclusion, the committee would propose that, if the council approve of the suggestion of the above report, representations to that effect be at once addressed by the Council to Her Majesty's Government, and that, before the end of the present session of Council, The Executive Committee be authorised to take such steps as in the absence of the Council may be necessary to promote the legislation which has been suggested."

Mr. SIMON as the mouth-piece of the Committee explained the sections of the report, and moved the resolution, which was seconded by Dr. STORRAR, and carried:—

"That Medical qualifications granted under legal authority in any part of Her Majesty's dominions outside the United Kingdom, and entitling to practise in such part, should be registrable within the United Kingdom on the same terms as qualifications are granted within the

United Kingdom, but in a separate alphabetically arranged section of the Register.

Sir DOMINIC CORRIGAN and Mr. LISTER objected to the last clause "in a separate section" and moved that it should be omitted, but the amendment was lost.

We consider, the battle so to speak as already won, and we must congratulate all who have taken part in achieving the result. Sir HUGH ALLAN deserves praise for his decided stand for Canadian graduates—the Universities—McGill College leading off—for remonstratingly drawing the attention of Government to the facts of the case, and they for promptly communicating with the Imperial Government. Nothing more can be done till a new Medical Act is brought up in the English Parliament—which will not likely be before next session. Then the matter will be ended, and Canadian graduates will be able to register their Colonial qualification—entitling them to practise in Great Britain. This has long been claimed as justly due us, and its accomplishment throws open a new field for the medical men of the Dominion of Canada.

#### PERSONAL.

Dr. Robillard, of Montreal, returned from Europe, the end of May, after an absence of about seven months. During his sojourn abroad we understand Dr. Robillard devoted a considerable share of his time to the study of diseases peculiar to females.

Dr. R. Palmer Howard and Dr. Fenwick have been elected delegates from the Medical Department of the University of McGill to represent it, on the new Board of Governors, under the new act of the College of Physicians and Surgeons of the Province of Quebec.

Dr. A. H. David and Dr. Francis W. Campbell have been elected delegates from the Medical Department of Bishop's University to represent it on the new Board of Governors of the College of Physicians and Surgeons of Quebec.

Dr. George Baynes has left Montreal on a brief visit to Europe.

Dr. Molson, lately elected to the out door staff of the Montreal General Hospital, is a graduate of McGill College 1874—and not 1876—as stated by us in our last issue.

At the semi-annual meeting of the College of Physicians and Surgeons of the Province of Quebec, held in Montreal on the 9th of May, an incident of a very pleasant character occurred. Dr. Joshua

Chamberlain of Frelighsburg, who has been one of the Governors of the College since its formation in 1847, on that day completed the 50th anniversary of his admission to the practice of Medicine. Dr. Chamberlain, who is held in high esteem by all his professional brethren, was present at the meeting, in excellent health and spirits. The occasion was taken, therefore, to present him with a series of congratulatory resolutions, which we give below, and which we most heartily endorse :

Moved by Hon. Dr. CHURCH, M.P.P., seconded by R. P. HOWARD, M.D., &c., Vice-President of the College, that—

Whereas, Dr. Joshua Chamberlain, one of the original members of the College of Physicians and Surgeons of Lower Canada, and President of the College during the term from July, 1865, to July, 1868, has this day reached the fiftieth year of his admission to the practice of his profession; be it therefore

*Resolved*,—That this College begs to tender to him its earnest congratulations on the occasion.

*Resolved*,—That Dr. Chamberlain, from the inception of this College in the year 1847, has always manifested a zeal in its welfare, which has largely contributed to its success. That his example for courtesy, efficiency and integrity will ever remain a model worthy of imitation.

*Resolved*,—That the College wishes him length of years to enjoy the close of a long and honorable career.

*Resolved*,—That these resolutions be entered in the minutes of this day's proceedings, and that a suitably engrossed and authenticated copy be presented to Dr. Chamberlain by the President.

It is very generally credited in England, that the person who is to bring Cleopatra's needle to the banks of the Thames, at his sole expense, is the well-known Dr. Erasmus Wilson, the well known authority on skin diseases.

The Medical Department of the University of Pennsylvania will in future demand attendance upon *three* sessions, previous to graduation. Previously only two were required.

#### COLLEGE OF PHYSICIANS AND SURGEONS OF THE PROVINCE OF QUEBEC.

We direct attention to the advertisement of the meeting of this College, which takes place at Three Rivers on the 11th July. Members must pay up their arrears or they will not be allowed to vote. Those who cannot attend can vote by proxy, but as the meeting promises to be a most important one, we trust that every member who can possibly do so will be present.

#### LATHAMS CHROMOS.

The expensiveness of oil paintings render their purchase a matter of difficulty to all but a favored few; at least, really good ones



always have a high market value, while the poorer class, although cheap, are not worth house room. Yet how many long to have their walls graced by pictures, which will be a constant source of enjoyment to them, but are prevented by lack of means. To this class, chromos supply the want, and at a rate which is reasonable. J. Latham & Co., of Boston, advertise, in our columns, an almost endless variety of chromos, and at prices within the reach of every one. We know the firm to be reliable, and that their pictures are not to be excelled. We have seen many of them, and a few of them grace the walls of our study. While patients are waiting, they serve to give to them a relish for the beautiful. We especially advise physicians to expend a few dollars in this way; we think it would be money well spent, for patients who have good pictures to look at and admire never abuse the doctor for keeping them waiting. We recommend Latham's Chromos.

#### WINCHESTER SPRINGS.

These springs are situated in the centre of the beautiful and fertile county of Dundas, in the Province of Ontario, and within a short drive of Morrisburg, a station on the Grand Trunk Railroad. The water from the springs is strongly impregnated with Iodine, Bromine, Iron, Potassa, Soda, Sulphur, &c., and from the testimony adduced are of the most signal service in scrofulous, cutaneous and rheumatic affections. An excellent Hotel, capable of accommodating a hundred guests, has been constantly open for over a year, and the number seeking relief at this place is constantly increasing. We are assured everything is conducted in a most comfortable manner, while the expense is placed at the lowest possible rate.

#### DEATH FROM TRANSFUSION.

A man died in Liverpool, England, lately, from having had his blood transfused into another man who was ill. He went on all well for a day or two afterwards. He then became ill, got gradually weaker, and died from erysipelas. The deceased was a man of full habit, and was occasionally given to drinking. The surgeon who performed the operation, before doing so, made particular inquiries from the deceased as to his habits and state of health,

and his answers were satisfactory. At the inquest medical evidence was to the effect that the operation had been skilfully performed. The jury returned a verdict of "death by misadventure," but they were also of opinion that sufficient inquiry was not made by the medical men who made the operation as to the deceased's habits and physical condition, and that he was not sufficiently cautioned as to the risk he was running.

#### OIL OF TURPENTINE IN SCIATICA.

In the *Edinburgh Medical Journal* for March there is an interesting paper by W. A. Ilan Jamieson, M.B., M.R.C.P.E., on "The Treatment of Sciatica by Oil of Turpentine." He gives it in the morning, before breakfast, in the following formula:—

R. Ol. terebinth,	ʒ ij
Ol. ricin.,	ʒ iv
Tinct. card. co.,	ʒ i
Mucilag et aq. ad.,	ʒ ij.

This draught is given every third or fourth morning, if necessary, but one dose is generally enough. The beneficial effects are supposed to be due to some peculiar action on the intestinal mucous membrane as pointed out several years ago in a paper by the late Dr. Warburton Bogbie, "On the Actions and Uses of Turpentine."

#### A NEW TREATMENT IN POST-PARTUM HEMORRHAGE.

Dr. W. Handsel Griffiths, in the *Practitioner* for March, 1877, speaks thus on the important subject of post-partum hemorrhage: Although not an obstetric practitioner, I have recently been consulted in two cases of severe post-partum hemorrhage. In both cases every means had been adopted but unavailingly. It flashed across my mind in the first case to try the effect of the ether-spray, and accordingly I directed a large spray over the abdominal walls, along the spine, and over the genitals; the uterus at once responded, and the cessation of the hemorrhage was almost immediate. In the second case I lost no time in adopting a similar treatment, and with an equally successful result. I have consulted several eminent obstetric practitioners in Dublin, and am informed by them that they are not aware that this treatment has been heretofore proposed. The advantages of the ether-spray over the application of cold water, and the other means usually adopted in these cases, must be patent to every practitioner of midwifery.