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# CANADA

## MEDICAL & SURGICAL JOURNAL

NOVEMBER, 1880.

Original Communications.

### CASE OF HYDROPS AMNII—REMARKABLY SHORT FUNIS.

By THOMAS A. RODGER, M.D., MONTREAL.

On the night of the 19th August I was hastily summoned to attend Mrs. H., who was said to be in labour with her eighth child. I found the lady sitting upon the side of her bed, firmly grasping her abdomen and crying out from intense pain in that region; to use the patient's own words, she "felt as though she would burst." Her face was cyanotic, bore an anxious expression, eyes were staring, and altogether was in a very distressing condition.

I ascertained that she would not have completed her term of pregnancy before the middle of October; and even now was in doubt as to whether she was actually in labour, she felt so very different to what she had experienced with any of her former pregnancies. I noticed whilst she sat on the side of the bed that her abdomen was very much distended, and made a remark to that effect; to which the patient replied that she had never been so utterly helpless at any time—in fact, lately, had not been able to get about at all. There was very urgent dyspnoea, which added very much to her discomfort.

On making a vaginal examination, I found the os about the size of a fifty cent piece, and very thin. Passing my hand over the abdomen, I was very much amazed to find such enormous distension; and tried also to make out, if possible, the position of the foetus, but this I found it quite impossible to accomplish.

The patient being in a very critical condition, I decided upon rupturing the membranes at once, with the hope of relieving the urgent and distressing dyspnœa. This I did by means of a gum-elastic catheter, with stilette, and was surprised at the quantity of water which escaped, amounting, I feel certain, without exaggeration, to between 30 and 40 pints. The relief to the patient was very marked, and she expressed herself as feeling more comfortable. Labour pains of an uncertain character now set in, and for a time all seemed to be progressing well, the head being well down in the pelvis; but soon I found that the presenting part had become arrested. The vagina was capacious; there was no impaction of the head. I passed my hand up as far as the shoulders, and found all right; and it was not until I had reached up to the umbilicus that I ascertained what the trouble was. Here I found the funis only about two inches in length, and quite tense from having been put upon the stretch. I at once snapped the cord, and had no further trouble in effecting the delivery of the child. The placenta was adherent to the extent of fully three parts; I also found that the portion adherent had undergone fibroid degeneration. The fœtus was œdematous throughout the entire body, and presented the appearance of a patient in a highly dropsical condition. I was disappointed at not being able to get the fœtus for examination.

This case I bring to notice with the view of possibly aiding some of the junior members of the profession like myself. Shortening of the funis was certainly the cause of the delay in the birth of the child; and I do not doubt but that had I delivered with forceps, possibly matters would have been more complicated. Most assuredly I should have been at a loss, for the moment, to account for the absence of the funis, and in all probability have had hæmorrhage to contend against besides.

### CASE OF OBSTRUCTION IN THE BOWELS.

BY OLIVER C. EDWARDS, M.D., MONTREAL.

*(Read before the Medico-Chirurgical Society of Montreal, October 15th, 1890.)*

I was called on 4th July to see Mrs. C., æt. 74, a fairly nourished woman. From the attendants I gained the following history: She had returned to Canada from Scotland 4 years ago,

since which time she resided with her son. She was the subject of constipation, the bowels remaining confined for two weeks or more, when she would state her difficulty; then by means of copious injections, containing castor oil and turpentine, the accumulated faecal masses would be evacuated. Towards the end of April of this year this state of affairs had arisen, and more than ordinary efforts had to be made, by repeated injections, to get the bowels to act. This condition of affairs was present again about the 15th of June, and having failed by the means usually used, I was asked to see the patient.

When I called to see her, I found her lying in bed, but her condition did not confine her to the bed. The belly was distended and tympanitic, so much so that it was difficult making deep pressure, but yet sufficient to allow me to make out to the touch the presence of some hard masses, which I concluded to be faecal. There was no tenderness on pressure; the pulse and temperature were normal. She appeared in good spirits: slept well; and the only thing she complained of was a feeling of discomfort from the distended belly. Repeated injections of warm water and soap, with castor oil and turpentine, had been tried, but had completely failed to render her any relief. I then administered a copious injection with an ordinary enema syringe, adding 3 ounces of castor oil and 1 ounce of turpentine to the injection. This was retained but for a few moments, when it came away with no benefit. I ordered hot cloths to the bowels and gave her a  $\frac{1}{4}$ -grain of morphia, and left her for the night. At my visit next day, I introduced an œsophageal tube into the bowel, and by injecting sweet oil as I introduced it, I found no difficulty in getting in the full length. I then injected a pint bottle of sweet oil; this was retained for a short time, but came away without exciting any action of the bowels. Powders of half a grain of opium were ordered, one to be given twice a day.

At my visit the day following, matters remaining in the same condition, I again introduced the œsophageal tube, and injected a pint bottle of sweet oil, sending up after it about a pint of soap and water with turpentine. This produced no more effect than that of the day previous. The belly now being much distended, to

render her more comfortable I gave, hypodermically, a  $\frac{1}{4}$ -grain of morphia at the daily visit instead of the pulv. opii, and concluding that nothing was to be gained by injections, I ordered an ounce of castor oil and half an ounce of turpentine to be taken by the mouth, but nothing resulted from its presence.

*July 7th.*—I now ordered six pills, each containing 1 grain Ext. Bellad. and 1-6th grain Nux Vomica, one to be taken every four hours.

*July 8th.*—At my visit to-day four of the pills had been swallowed, with the only result that the pulse and temperature, which up to this time had remained normal, were both accelerated, the pulse going up to 108 and the temperature to  $101^{\circ}$ ; the cheeks were flushed, and the patient feeling more uncomfortable than ever from pain in the bowels. I did not give the remaining pills, but administering morphia hypodermically, and ordering turpentine stupes to the bowels, I determined to let her lie quiet a couple of days before I used any further efforts.

*July 10th.*—The feverish symptoms of two days ago have passed away, and having secured one of O'Berne's syringes, and thinking, with the opening at the end of the tube instead of the sides, as in the œsophageal tubes, I might succeed in forcing an injection further up, I again administered a large injection containing, as before, oil and turpentine, but my expectations were again disappointed.

*July 19th.*—The patient was seen to-day in consultation with Dr. Roddick. The parietes of the abdomen were very tense from extreme distension; a small trochar was introduced, and a great portion of the gas escaped. Dr. Roddick advised using a pill containing one drop of Croton oil and half a grain of Belladonna.

*July 20th.*—The patient has taken 3 of the pills last ordered, but no return has been caused. Much discomfort was occasioned and an increase of the temperature and pulse, as occurred with the previous use of pills. The tympanitis has returned, and is as bad as it was prior to the introduction of the small trochar.

*July 22nd.*—Having failed to relieve the patient by the means used, I now determined to keep her as quiet and comfortable as

possible, and wait and see if the obstruction would in time yield itself. Morphia pills of  $\frac{1}{4}$ -grain strength were ordered, one to be given twice a day; and having found that the inunction of sweet oil freely over the distended abdomen gave relief and lessened the tension, I directed to have it done every day.

*July 27th.*—The condition of the patient for the past week has been much the same—lying quiet, talking in a bright manner to those about her, yet becoming wearied with the long-continued distension. There is a deranged condition of the stomach, a dislike for food, and, in fact, refusing to take almost any form of liquid food prepared for her. For the first ten days after I had seen her, beef tea and milk were taken fairly well, after which time to the present she has gradually grown to refuse to take the food prepared for her. When this dislike for food was increasing, I ordered her wine; but taking a dislike to this, and asking that she might have Scotch whiskey, she took it regularly, and it has proved in part beneficial.

*July 28th.*—The patient has had vomiting of feculant matter to-day.

From July 28th to August 21st the symptoms remained the same, the body, however, becoming much emaciated, the pulse grew somewhat faster and feebler, and intermittent. At this date, August 21st, the patient said that she had a feeling as if the bowels would act, and a small injection being administered, she had a large natural motion. The patient had thus existed for 67 days without the bowels moving, and possibly for a longer period still, as the only statement of their acting after the obstruction occurring in the latter part of April is her own, and being advanced in life, her idea of things in general was very mixed.

*Aug. 22nd.*—The bowels moved several times to-day, the motions being free, fully formed, and devoid of any specially unpleasant odor. The action of the bowels, however, has weakened her more and more, and she has now very little strength left. Wyeth's beef and wine had been ordered, but she has now much difficulty in swallowing, and objects to taking anything but a sip of the whiskey now and then.

*Aug. 23rd.*—The bowels continued acting to-day, with the result that all the distension has disappeared and the parts as natural as before the obstruction set in. However, she gradually grew weaker, and at 10.30 that evening died.

I had the promise of a *post-mortem* examination if the obstruction had remained, but when that disappeared the relatives could not see the advisability of it; so none was made. The facts of this case would go to show how long one may subsist with such an obstruction existing, and how, after all means have been used and failed, by leaving matters to nature, a proper, satisfactory peristaltic movement may be set up.

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## BRIEF DESCRIPTION OF THE NEW PHYSIOLOGICAL LABORATORY, MCGILL COLLEGE.

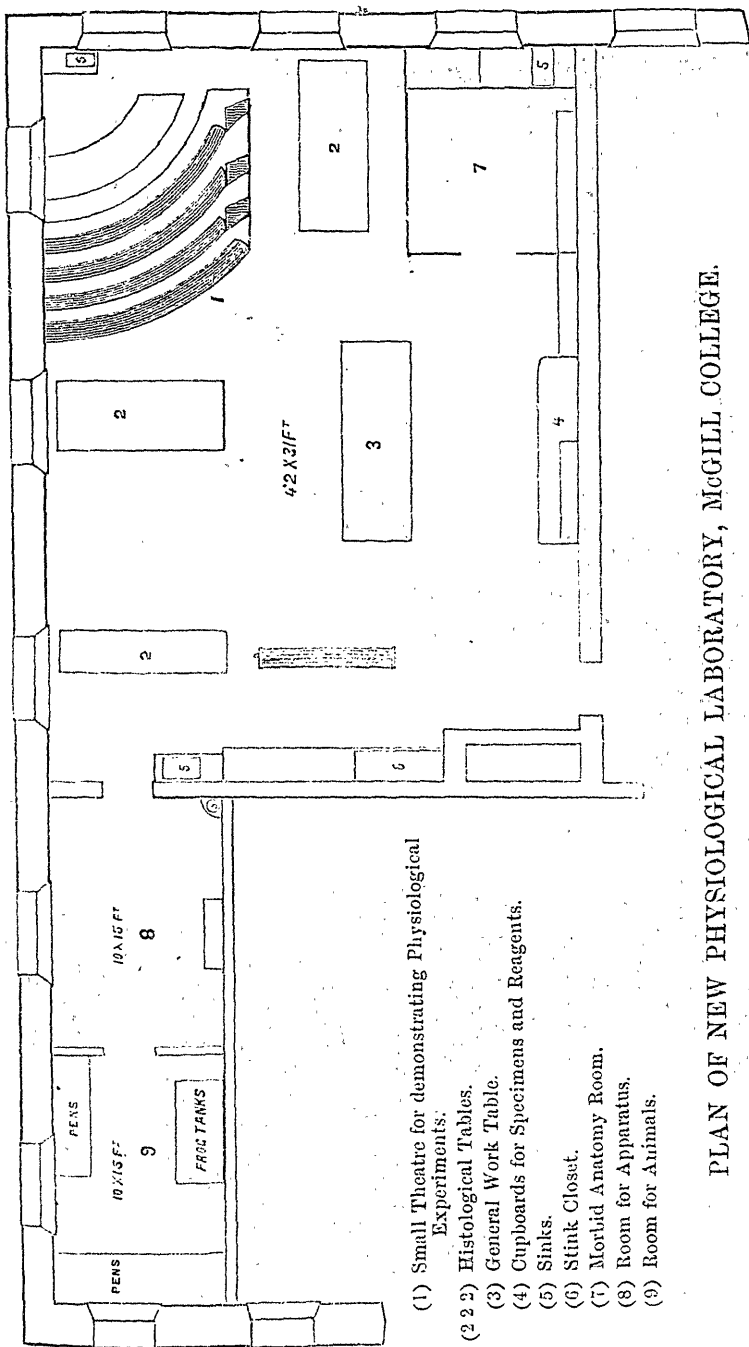
By Wm. OSLER, M.D., Professor of the Institutes of Medicine.

A short account of the new laboratory in connection with the chair of Institutes of Medicine, McGill College, may be of interest to some of the readers of this journal, many of whom are graduates of McGill, and doubtless continue to take an interest in the progress of the medical school at which they were educated.

Of late years considerable changes have taken place in the method of teaching physiology, particularly in the direction of increased practical demonstrations, the importance of which in such a practical subject cannot be too much insisted upon. For the carrying out of such demonstrations suitable apparatus and working space are essential. During the past six years I have had to use the practical chemistry laboratory for the Saturday demonstrations, and the students' waiting-room in the summer season for the histology classes.

Last year the Faculty decided to convert one of the three lecture-rooms in the medical faculty building into a laboratory, and the annexed wood-cut gives a ground plan of the arrangements as at present completed:—

The main room is a lofty apartment, 45 x 41, which will be used for the demonstrations and the practical histology class. The tables (2, 2, 2) are arranged opposite the windows, and can



(1) Small Theatre for demonstrating Physiological Experiments:

(2) 2 Histological Tables.

(3) General Work Table.

(4) Cupboards for Specimens and Reagents.

(5) Sinks.

(6) Stink Closet.

(7) Morbid Anatomy Room.

(8) Room for Apparatus.

(9) Room for Animals.

PLAN OF NEW PHYSIOLOGICAL LABORATORY, MCGILL COLLEGE.



accommodate twenty-one workers. They are heavy and firm, to ensure perfect steadiness, and are provided with drawers for the students. (3) is a general work-table in the centre of the room, with gas-tubing along the middle. (4 4) are cupboards for specimens and reagents. (6) is a chemical closet connected with the chimney, to carry off odours and vapours. (5) Sinks. (1) is a small theatre for demonstrating experiments with special apparatus. Many experiments, illustrative of the physiology of the circulation, of nerve and of muscle, cannot be performed with any satisfaction in a large class-room and during the regular lecture hour; moreover, they are only appreciated by the senior students, and accordingly I have had this constructed with seating capacity of between 40 and 50, and so arranged that, the pitch being very high, all can have a good view of the experiment. (7) is a small room provided with sink, vats, &c., for the dissection and preparation of specimens in morbid anatomy. (8) is a small private work-room, 10 x 15, which serves also for the storing of the apparatus. (9) is another room, fitted with pens for guinea-pigs and rabbits, with three large tanks for frogs and newts.

The following is a list of apparatus which has as yet been procured, furnished by Hawksley, of London; Rohrbeck; Platt, of Berlin; and Steinmann & Ludwig, of Leipzig:—

Eleven microscopes (Hartnack), with usual microscopical accessories, camera, polariscope, &c.; microtomes (Rutherford's, Seiler's and Schiefferdecker's); warm stage, simple, of Stricker; warm stage, compound (Sanderson and Stricker); mesentery stage; frog-plate, for circulation in web of foot; hæmacytometer (Gower's); hæmochrometer (Gower's); hæmochrometer (Quinke); hæmatimeter (Hoppe Seyler); spectroscope (Rhorbeck); spectroscope, simple, (Browning); Cyon's set of instruments for use in physiological experiments; Czermak's rabbit holder; Bernard's head-holder; Foster's muscle apparatus; gastric canula; arterial and tracheal canulæ; Ludwig's artificial respiration apparatus; Ludwig's apparatus for experiments on the cord. Sécateur of Moreau; zuleitungsgefäss of DuBois-Reymond; Ludwig's clamp for arteries; Ludwig's kymograph, with manometer and

electro-magnetic time and stimulation marker ; stromuhr (Ludwig) ; sphygmograph (Gower's) ; Ludwig's apparatus for prevention of formation of blood-clots in canulæ ; Kronecker apparatus for experiments on the frog's heart ; electrical batteries ; electrodes of various sorts ; rheochord ; induction apparatus ; key (of Du Bois) ; whippe (of Pohl) ; Wiedmann's spiegelbussole ; Rhorbeck's chemical balance.

Among the apparatus for physiological chemistry, in addition to flasks, graduated tubes and pipettes, &c., &c., Bunsen's gas regulator, water-baths, digesters, dialysers, eccicator, acetometer, alkalimeter, alcoholometer, centrigrade thermometers, &c.

## REPORT ON GYNÆCOLOGY.

By WM. GARDNER, M.D.,

Prof. Medical Jurisprudence and Hygiene, McGill University ; Attending Physician University Dispensary for Diseases of Women, &c.

(Read before the Canada Medical Association, at Ottawa, September, 1880.)

(Continued from page 161.)

*Ovariectomy.*—There is, perhaps, nothing of which, as a profession, we have more reason to be proud than the success now attained in this operation. The announcement of Mr. Spencer Wells' thousandth case is doubtless known to every member of this Association. The marvellous success attained by Spencer Wells continues to be exceeded by Keith of Edinburgh, who, having already operated over three hundred times, has saved ninety-seven of his last hundred, and had at least seventy-six successive successful cases. The fact that the success of both operators has markedly increased by the use of the antiseptic system of dressing wounds is probably the greatest of the triumphs of Listerism.

Dr. Galabin reports a case of ovariectomy performed during the sixth month of pregnancy, without interruption to gestation. Fifteen days after the operation the patient was seized with an attack of phlegmasia dolens, which made her very ill for several weeks. The remarkable tolerance of the uterus under certain circumstances is shown by the fact that this patient went to full term.

*The Battey-Hegar Operation.*—The literature of the operation of normal ovariectomy, or female castration as it has been variously styled, has been much enriched during the last year. At the meeting at Baden-Baden for 1879, of the German Gynæcological Association, Prof. Hegar of Freiburg reported on 42 cases performed by him. This is, without doubt, the largest individual experience yet reported of this operation.

The first group of 13 were cases of small tumours, the limit in size being that of a billiard-ball: 8 cases were cured, 3 had subsequent pain, and 2 died.

The second group comprised 12 cases of uterine fibroids, 3 deaths; in 6 cases complete menopause and shrinking of the tumours; 2 cases had not menstruated for, as yet, three months after the operation. In one case the tumour was very large; cessation of menses, with shrinking for six months; subsequent recurrence of menses and enlargement of tumor, ending in death.

Third group, 5 cases of Chronic Oöphoritis, with microcystic degeneration of follicles and other alterations of stroma; 1 death, 3 complete cures, and 1 incomplete cure.

Fourth group, 5 cases of uterine affections, such as incurable retroflexions, sharp antelexions, hyperplasia with its results of pelvic pain, neurosis, &c.; 1 death, 2 cases menopause, with relief of symptoms, and 2 cases too recent to permit of report.

Fifth group of 7 cases, comprising cases of decided chronic inflammation of recurrent character, perioöphoritis, salpingitis, perimetritis and parametritis, with adhesions, rigidity of ligaments, imbedding of ovaries in firm, contracting masses of exudation, violent local fixed and radiating pains and manifold neuroses, causing intense suffering. No fatal results; 3 times menopause and complete cure, once menopause and great improvement, once regular typical bleeding and considerable improvement, and 2 cases too recent to report on as to final result.

The mortality was thus 16.6 per cent of the whole.

Dr. Thomas Savage of Birmingham reports 4 cases without a death. All were cured or much relieved.

Prof. A. R. Simpson of Edinburgh, one case, recovery with great relief to symptoms.

Goodell of Philadelphia has also reported cases.

Spencer Wells publishes one case in the *American Gynecological Transactions* for 1879. Recovery, with great but incomplete relief to the dysmenorrhœa.

*Treatment of Cancer of the Uterus.*—In the *Lancet* of the 27th March, of the present year, Mr. John Clay, of Birmingham, published an article on the treatment of cancer of the female generative organs by a new method. The remedy proposed was Chian turpentine. The formula for administration used by Mr. Clay in his first cases was: Chian turpentine, 6 grains; Flowers of Sulphur, 4 grains—to be made into two pills, to be taken every four hours. More recently he has employed an ethereal solution of the turpentine in mucilage of gum tragacanth. In this article four cases of cancer of the uterus are reported, all of whom were much improved in both local and general condition. Projecting growths were melted away, hæmorrhages arrested, pain relieved, and the local condition so changed as to approach nearly to the healthy condition. The drug was continued many weeks with benefit. Mr. Clay further reports having had under treatment cases of cancer of the breast, vulva, stomach, abdomen, &c., all of which were much benefited.

In the matter of local treatment of uterine cancer, Mr. Clay is entirely at variance with the majority of modern gynecologists, who strongly advocate the removal as early and completely as possible of the whole of the diseased parts of the uterus, and indeed in certain cases, by Freund's and Koch's operations, of the whole organ. The question has naturally attracted much attention, and the drug has been extensively tried, and results favorable and unfavorable reported; the latter certainly preponderating. My colleague, Prof. McCallum, has tried it in two or three cases in the Montreal General Hospital, but without the slightest good result. Mr. Clay replies to unsuccessful experimenters that their failures are due to the use of spurious samples of the drug, genuine Chian turpentine being very scarce and dear.

Amongst others who have recently published disappointing results, one of the most recent is Mr. Elder, of the Nottingham Woman's Hospital, whose article appears in the *London Obstetri-*

*cal Journal* for July of this year. The treatment is still on its trial, which ought to be so thorough as at once to settle the question. I have said that the surgical treatment of this dread disease has many advocates. Amongst those who have written on the subject within the year may be mentioned Emmet and Marion Sims of New York, and Goodell of Philadelphia. The methods recommended are early and repeated removal by knife, curette, scissors, thermo-cautery or otherwise, of the whole of the diseased tissue, with subsequent cauterization of the part. Dr. Marion Sims, in an elaborate paper in the *American Quarterly Journal of Obstetrics* for July, 1879, recommends ex-section of the whole mass of diseased tissue, even up to the os internum, rather than amputation, which may now be said to be given up. Immediately after removal, Dr. Sims tampons the cone-shaped cavity and the vagina with cotton wool saturated with styptic iron, or alum cotton wool. This is removed on the fourth or fifth day, and the conical excavation filled with cotton soaked in a solution of five drachms of chloride of zinc in an ounce of distilled water, and squeezed dry. As caustics, he also recommends sulphate of zinc and bromine. As a tonic, with perhaps some special action in controlling the cancerous diathesis, Goodell and Sims afterwards use arsenic internally.

*Freund's operation of complete extirpation of the Uterus for Cancer.*—At the 1879 meeting of the German Gynæcological Association, Freund reported having performed the operation three times during the year, all proving fatal, and that he had attempted a fourth, but was obliged to desist from the extreme obesity of the patient. In this case, after healing of abdominal wound, he performed funnel-shaped excision of the cervix. The disease recurred two months afterwards. Of the three fatal cases, one was from shock, one from peritonitis, and one from acute catarrh of stomach and bowels.

At the previous meeting Freund reported ten cases; five recovered. Of these, at the present meeting he reported two as since dead—one from recurrence of cancer and one from pleurisy. Another case was relapsing. Recent experiences lead him to dissuade from the operation where there is great obesity, or

where the external surface of the vaginal portion is affected, and, of course, when the fornix vaginæ is involved. The mortality in Freund's experience alone is frightfully high. This has been more marked in the late than the early operations. Freund remarked that the early success was that which, of course, conduced to its being frequently practised, and thought that the late cases had not been so carefully selected as the first.

*Treatment of Pelvic Abscess by Abdominal Section and Drainage.*—At a meeting some months ago of the Royal Medico-Chirurgical Society of London, Mr. Lawson Tait advocated performing abdominal section for the purpose of opening and draining the various conditions of suppuration classed as pelvic abscess. In support, he pointed out that many of these abscesses open into the rectum, bladder, vagina, or amongst the muscles of the abdominal cavity. When such natural openings were established the patients often died; when recovery took place, it was very tedious. Mr. Tait narrated six cases of abscess, all of which seemed to originate in extra-peritoneal hæmatocele. In none of them could vaginal tapping have been effectual in emptying the abscess and removing the debris of the clots. They were opened through the abdominal cavity, the opening in the abscess cavity being carefully stitched to the opening in the abdominal cavity, except in one case, where adhesion had already taken place. Wide glass drainage tubes were first inserted, and then smaller ones of glass, or rubber with wire. In all the six cases the abscess closed, and the patients were restored to health in thirty days. From these cases Mr. Tait concludes that such an operation is neither difficult nor dangerous, and that by it recovery is rendered rapid and certain.

During the subsequent discussion, Mr. Knowsley Thornton said the operation was a great advance in surgery, as other cases of pelvic suppuration had long been unsatisfactory in their results. He had treated two cases on this plan, and was pleased with the results. Mr. Spencer Wells thought that in most cases it was unnecessary to open the abdominal cavity. The blood, pus, or serum could escape through an opening made through the vagina with a trocar. It could be kept free by means of a

piece of wire, and an antiseptic solution of iodine or carbolic acid injected.

*Lawson Tait's Dilators.*—Mr. Tait having been struck with the efficacy and painlessness of reduction of chronic inversion of the uterus by continuous elastic pressure, was led to try it for dilatation of the cervix in cases where it is necessary to explore or operate within the cavity of the uterus. The results have been very satisfactory. The apparatus consists of boxwood, ivory or vulcanite conical plugs of varying size, the smallest is two inches long, and small enough at its tip to enter the smallest os uteri. It has a flange at its larger extremity to prevent its being forced through the fundus uteri. There are three other gradually increasing sizes of plugs, the largest being at its apex 9-24 tenths of an inch in diameter, and at its base one inch; its length is 2½ inches. All these plugs screw on a common stem 7 inches long, with holes at its proximal end for elastic threads. A strip of sticking plaster is applied around the patient's waist, and strips of bandage are attached to this in front and behind. To these strips the elastic threads are to be attached, and relaxed or tightened as may be necessary when the plugs are in situ. The smallest size of plug necessary is of course first used, and replaced by the next largest as it becomes buried to the hilt in the cervix. The only precaution necessary is to make the pressure as slight as possible, and it is surprising how very slight an amount of pressure suffices to produce the dilatation, which is, or ought to be, painless. If any pain is produced, this is an evidence that too much pressure is being used. *Advantages over tents.*—These are many. The dilatation is more rapid, it is less painful than by laminaria tents. There is an entire absence of the horribly foetid putrid discharge which accompanies dilatation by sponge tents, and which not rarely sets up septicæmia, and finally, they are inexpensive, the same set may be used indefinitely. The length of time necessary for dilatation in urgent cases need not exceed four or five hours, but had better extend over twenty-four hours. Some experience of this method of dilatation enables me to confirm most of what Mr. Tait claims for it.

*Rapid dilatation of the cervical canal* by metallic dilators with expanding blades was proposed almost simultaneously, in 1873, by Dr. Leopold Ellinger, of Stuttgart, Germany, and Dr. William Ball, of Brooklyn, as a method of treatment for dysmenorrhœa and sterility, caused by flexures and stenosis. The method has been recently strongly advocated by Drs. William Goodell and Ellwood Wilson, of Philadelphia; P. F. Mundé, of New York, and others. There is an increasing amount of evidence of the value of this operation. Some experience enables me to endorse all that has been claimed for it. I am unaware that any serious or even more than slightly disagreeable symptoms have followed it.

*Intra-Uterine Medication of the Non-Puerperal Uterus.*—The American Gynecological Society discussed very fully this subject at its last meeting. The subject was introduced in papers read by Dr. J. P. White of Buffalo, and Dr. Battey of Rome, Georgia. Dr. White spoke first of the fact noticed by most observers that while the application of strong acids and other caustics to the interior of the uterus is commonly painless and safe, yet injections into the uterus even of the blandest liquids will often cause colic or even worse symptoms. Dilatation of the cervix is often necessary to facilitate applications and cure stenosis. Prefers sponge tents to all others. Each tent should have a piece of twine or wire running throughout its length to ensure complete removal. It ought to be bent to suit the curves of the uterine canal, and may be covered with goldbeater's skin to lessen the danger of septic absorption. Recommends incisions in the lining membrane of the neck to facilitate dilatation. Showed a two-bladed dilator which he had used for thirty years to maintain the patency thus produced by tents. For making applications, uses probes of hard rubber or whalebone; uses vinegar to coagulate and facilitate removal of albuminous discharges from the cervix. For application to the interior of the uterus, uses glass rods roughened at the point, or glass tubes drawn to a point. These are made to take up a few drops of the caustic solution. A little rubber dropper bulb is applied to the extremity of the tube, and this is made to



take up, deposit and diffuse the agent on the interior of the uterus. Thinks the curette indispensable in the treatment of hæmorrhage or serous discharges depending on granular or polypoid developments on the uterine mucous membrane. Prefers Recamier's curette to all others.

Dr. Battey's paper was entitled "Intra-Uterine Medication by Iodized Phenol." Having been dissatisfied with the results obtained from the employment of nitric acid and silver nitrate, he made experiments, hoping to find an efficient and eligible substitute which would leave no ill effects on the uterus. For ordinary cases, uses a mixture of iodine and carbolic acid in the proportion by weight of respectively two parts and eight parts. When a stronger caustic is required, one part of iodine to two of carbolic acid is employed. The remedy is rapidly absorbed. Patient complains of the taste of iodine sometimes in five or ten minutes after application. As results of treatment by cotton wool tents saturated in this iodized phenol, Dr. Battey frequently sees flexions cured, subinvolution disappear, menorrhagia due to villosities of endometrium removed without the use of the curette, the puffy, swollen cervix diminished in size, and secretion of mucus diminished. The cure is effected without destruction of the cervical glands and without stenosis. Dr. Battey related a number of cases in support of his propositions.

Dr. Marion Sims thought that although the cases related by Dr. Battey seemed to justify the course of treatment adopted, yet it did not appear to him to be the best, easiest, or quickest way of dealing with them. The cases seemed to have been due to hypertrophy of the utricular glands, or fungoid degeneration of the endometrium. He thought that they might all have been cured in three or four weeks time by the curette, without any other intra-uterine medication. Carbolized phenol is a valuable remedy, but there is an objection to its odour. Dr. Sims spoke of obstinate uterine catarrh, which he treats by curetting away all the granulations, and then, by Paquelin's Thermo-Cautery, searing the whole membrane up to the internal os.

Dr. Isaac E. Taylor, of New York, has for several years

treated such cases as those mentioned by Dr. Sims by the curette and actual cautery.

Dr. W. T. Howard, of Baltimore, thought the first point to be considered here, as in all other cases, was the making of a correct diagnosis. Before deciding on what to apply, we ought to endeavour to ascertain how far the disease extends into the uterine canal. It is much more easily managed if it extends only to the os internum than if the lining membrane of the body is involved. This is much more common in parous women than virgins, except where there is stenosis, with anteflexion. If there be no great degree of anteflexion, especially of body of uterus, he first corrects this by turning the organ over backwards by the sound or Sims' or Elliott's repositor. If there be much flexion, clots are apt to be retained at the menstrual period and cause endometritis. After dilatation, is in the habit of using Battey's iodized phenol. If there be granulations, he uses the curette. If the internal os is sufficiently dilated, he washes out the cavity of the uterus with carbolized water before making the internal application.

Dr. Fordyce Barker agreed with Dr. White as to the danger of intra-uterine injections when the os is not dilated; but when the uterus is enlarged, as after labour, or abortion, or in sub-mucous fibroids, then the uterus is perfectly tolerant of injections into its cavity. It is in these cases that injections are of the very greatest service. Did not think that the curette and intra-uterine medication were to be contrasted as being applicable to the same class of cases. In the proper class of cases there is no substitute for the curette, and so, intra-uterine medication in the class of cases to which it is adapted cannot be replaced by any other remedy. There is a class of cases of profuse metrorrhagia occurring at the climacteric period. In some of these there are fungoid granulations; in these the curette is most valuable. In another class of cases the hæmorrhage is passive, due to deficiency of tone. In such cases the curette is useless, even injurious, but active intra-uterine medication had done a great deal of good, even after the curette had failed. Had used for these cases intra-uterine injections of Fluid Extract of Ergot,

Extract of Hamamelis, and Churchill's tincture of iodine. In another class of cases, where the uterus is large and flabby, as in subinvolution, when patient is anæmic and languid, with feeble circulation and impaired nutrition, had seen many cures by intra-uterine medication where the curette had previously been unsuccessfully employed. Had also seen three cases of membranous dysmenorrhœa with sterility, cured by intra-uterine medication. The treatment was dilatation and the introduction of cones of iodoform into the uterine cavity, one every other day.

Dr. John Byrne, of Brooklyn, had had a large experience of intra-uterine medication. Twelve years ago, before the New York Academy of Medicine, had stated that he had injected the uterus two thousand times. Agreed with Dr. Howard of Baltimore that the secret of success was accuracy of diagnosis, not only with regard to the condition of the uterus, but more especially as to etiology. The uterus in the normal, healthy condition will not tolerate the introduction of any foreign substance or liquid, however bland, to its cavity with impunity. Believes that nitrate of silver, in solution, and chloride of zinc, are never tolerated with impunity by the uterus under any circumstances. After long experience, his conclusions are that if great accuracy of diagnosis be observed, intra-uterine medication, judiciously carried out, is of immense value, and is perfectly safe. The farther the departure of the uterus from the normal towards the pathological standard the more tolerant it becomes of medication and of all interference. He has long since abandoned liquid injections, except chloride of sodium water after curetting. Has had many times good results from the curette, and in certain cases from the cautery.

Dr. Goodell objected to Dr. White's method of passing a string through the whole length of the tent to secure complete removal. Believes that in withdrawing it the sponge will be so compressed in its length as to increase its thickness, and so be rendered more difficult of removal, and therefore apt to abrade the cervical canal and cause parametritis and perimetritis. Thinks that there is danger of the same occurrence from laminaria tents during their removal, from the bulbous extremity in the uterus produced by

the greater expansion of the tent at that point. For the same reason objects to Dr. White's plan of slight incisions in the cervix, which are most likely to absorb fatal doses of septic matter. He avoids these dangers by stretching open the uterine canal with a dilator; he next introduces a sponge tent, and then surrounds it with as many fine laminaria tents as he can crowd in. His object is to dilate with, if possible, one instalment only of tents, as, in his opinion, the dangers arise from repeated introduction of tents. Dr. Goodell is now a firm believer in intra-uterine medication. Was not always a believer in its value. Used to limit his applications to the cervix. Is a firm advocate for such medication, because we cannot tell exactly how far the disease has extended. He therefore always makes the application to the interior of the uterus, if the os internum is patulous enough; if not, then he uses first the dilator. For the last three or four years has cautiously used the intra-uterine syringe, and with more satisfaction than he formerly had from the applicator, as during its passage to the interior of the uterus the fluid is apt to be squeezed off. Uses Battle's syringe. Generally injects the fluid free, but sometimes expresses it through a thin film of cotton wrapped over the fine holes of the nozzle of the syringe. His favourite applications are Calvert's No. 4 carbolic acid and Battey's iodized phenol, to which has been added chloral, as suggested by Dr. J. P. Thomas of Kentucky. As to intra-uterine injections, believes that whenever the uterus is positively diseased the cervical canal will be patulous, and no harm will come from throwing fluid into the uterine cavity. But intra-uterine injections are to be avoided in hysterical girls, or nervous sterile women with anteflexion and dysmenorrhœa, tender vagina, and irritable bladder. Believes that obstinate catarrh of the womb is sometimes due to fungoid degeneration, but that it also not rarely depends on the existence of fissure at the internal os. Has not been able to demonstrate the existence of such fissures, but infers their existence from analogy, as they occur at all other outlets of body provided with sphincters, especially in women. They can for the most part be cured by forcible dilatation; believes that the sudden pain when the sound passes the

internal os to be due to the presence of such a fissure. At all events, has cured these cases by forcibly dilating the cervical canal, and making an application directly to the painful point.

Dr. T. G. Thomas, of New York, has not entirely given up intra-uterine medication, but believes that as a rule medication above the os internum is often hazardous ; in its results disappointing, and in many cases very useless. When uterine catarrh exists above the internal os there is, as a rule, some special cause for it. Idiopathic endometritis exists, but as a rule corporeal endometritis is secondary to something else. Very commonly it is due to congestion of uterus, caused by flexure or version, and less commonly, but not rarely, by a slight degree of uterine descent, the uterus dragging upon the broad ligaments and keeping up engorgement. To medicate these cases as is commonly done is an error ; rectify first the cause and the condition will disappear. In fungoid degeneration of endometrium, medication is useless unless done so thoroughly as to be serious. The curette is safer and better. Laceration of the cervix is the cause in others, and the congestion will disappear after trachelorrhaphy has been performed. In obstinate cervical catarrh, thinks that caustics and sponge tents are useless. He puts the patient to bed, dilates with tupelo tents, which he thinks better than sponge, which he would banish from gynecological practice. After dilatation, catches the cervix with an ordinary tenaculum, and then with Sims' curette cuts out all the Nabothian follicles, then packs the entire cervical canal with iodized cotton, which is removed in thirty-six hours. Sometimes finds it necessary to repeat the operation two or three times. With reference to fissure at the internal os, does not believe it exists, but believes in the presence of a spasm caused by the inflammation of the endometrium.

Papers were read before the Obstetric section of the British Medical Association at the meeting at Cork, 1879, by Drs. Playfair, Atthill and Tilt, in which these gentlemen respectively reiterated their well known views with reference to the applicability, limits of application, and particular agents used by them in intra-uterine medication.

It will appear from these papers and the discussion which followed them, that the speakers were almost unanimous as to the value of intra-uterine medication in selected cases. There was no dissenting voice from the proposition that the method by injection, except with great caution and preliminary dilatation, is dangerous. In certain conditions the curette is a much more certain and speedy means to the cure of the patient. The warning note which it is desirable should go forth as some result of the discussion of such a subject by such an authoritative body as the Gynæcological Association of America, was struck by Drs. Howard, of Baltimore, and Byrne, of New York, when they said that accuracy of diagnosis is the secret of success, and, let me add, the safeguard from disaster. There is, perhaps, nothing concerning which it is more necessary to caution the average medical man, than the inutility and frequent positive danger of routine intra-uterine medication.

*Treatment of the Perineum.*—For a few years no subject has been more written about than the female perineum. It would appear that it is not yet exhausted. Emmet and Goodell, in their respective books, strongly advocate both early and late operations for the repair of ruptured perineum, being strongly impressed with the many ill results of unrepaired lacerations. Drs. T. G. Thomas and H. J. Garrigues, of New York, have written able and exhaustive articles on the subject. These articles appear in the *American Quarterly Journal of Obstetrics* for the month of April of the present year.

*New Pessary for Prolapsus Uteri and Cystocele.*—The invention of new pessaries is such a common event, especially with our ingenious American neighbors, that it may be thought, as a rule, to scarcely deserve mention in a report of this kind. Dr. Gehrung, of St. Louis, however, recommends a pessary which seems to be really a valuable addition to our means for the treatment of these most distressing and troublesome affections. His paper will be found in the *American Quarterly Journal of Obstetrics* for July, 1880.

## CASE OF COMPOUND COMMINUTED FRACTURE OF RIGHT TIBIA AND FIBULA, AND SIMPLE FRACTURE OF LEFT FEMUR.

By E. GRAVES KITSON, M.D., L.R.C.P., LONDON.

Attending Physician to the Hamilton City Hospital; Vice-President of  
the Hamilton Medical and Surgical Society.

(From Notes by Mr. Lafferty.)

W. D., æt 6 years, male, admitted into hospital on the evening of May 1st, 1880, suffering from injuries received from being caught between the spokes of a heavy freight waggon.

On admission the patient was pale, temperature of surface below normal; pulse of a fair character and rapidity, beating 96; both feet cold and livid, and no pulse could be felt in either of them. The injured limbs had been put up in a temporary manner by Dr. Biggar, the surgeon who was called at the time of the accident. On removing the dressings, the following injuries were noted:—1. A simple oblique fracture of the left femur at the junction of the upper and middle thirds; 2. Much bruising and abrasion of the left foot and leg, especially near outer ankle; 3. An extensive lacerated wound of the right leg, reaching from near the external malleolus, upwards and inwards, to about the junction of the upper and middle thirds of the tibia, this wound leading down to (4) a compound comminuted fracture of both bones, some small portions of which had been removed by Dr. Biggar prior to his being sent into hospital. Several silk sutures had also been inserted to draw together those edges of the wound which would allow approximation. The house-surgeon (Dr. Mills) immediately on his admission gave him tinct. opii camph.  $\mathfrak{m}$  xx in water, and on my arrival the following treatment was adopted:—A long splint with five (5) pounds of extension was applied on the outer side of the left leg, reaching to the axilla, and supported by the smaller ones in front, behind and inside. Counter extension obtained by raising the foot of the bed, and the abrasions on the leg dressed with simple ointment. The wound in the right leg was carefully and thoroughly washed out with a solution of

carbolic acid (1-40) ; antiseptic dressings were applied, and, outside all, a couple of pieces of ribbed splinting. The spray was not used, as it seemed very questionable if it would be possible to save the foot, as it was quite cold and livid and apparently pulseless : however, warmth was ordered to be applied continuously for eighteen hours, when, if the required reaction did not set in, the question of amputation would have to be considered. Later in the evening the house-surgeon gave him tinct. opii camph. ℥ xv, as he was in some pain.

*May 2nd.*—Passed a restless night ; cheeks flushed ; is rather heavy ; both feet are now quite warm ; some starting pains in legs and feet ; under the spray the right leg was dressed antiseptically and *some* of the silk stitches were removed. *4th.*—Wound dressed again to-day ; wound looking clean ; in dressing the right leg antiseptic precautions were from this time carefully observed. *6th.*—Discharge slightly offensive ; protective discolored ; a new dressing applied. *8th, 11th, 14th.*—Dressings reapplied. *13th.*—Dressings of left leg removed and again applied ; some points of ulceration on the leg noticed, of various sizes, but superficial. *18th.*—Considerable discharge from right leg ; dressings reapplied ; wound much improved ; general health good. *21st.*—Again dressed ; slight chills this evening. *22nd.*—Temperature 102° F. A.M., 103° F. P.M. ; ℞ cinchonidia sulph., grs. x, statim. *23rd.*—Erysipelatous blush over left foot and ankle, especially on outer side, where ulceration has been noted ; ℞ ammon chloridi grs. v, tinct. ferri perchlor ℥ viii, glycerine ℥ xii, aquæ ℥ i, every second hour ; the foot and ankle to be painted with collodion and covered with cotton wool. *25th.*—Both legs redressed to-day. *29th.*—Several long incisions were to-day made in the outer and posterior parts of the left leg, from which a large amount of pus escaped ; the cellular tissue for some distance along the back of the leg was entirely destroyed ; the anæsthetic used was a mixture of spirits terebinth and chloroform (1-8) ; apply poultices. *30th.*—Very slight vomiting to-day after the anæsthetic.

*June 1st, 4th, 7th.*—Right leg again dressed, and on the last date cupri sulph. was applied to the granulating surface of the



healing wound. 14th.—More pus having formed in the left leg another incision was made and poultices continued. 19th-27th.—Right leg redressed.

July 2nd.—Left thigh again put up as before ; free discharge from wounds in calf. 7th.—Dressings reapplied to right leg ; wound almost entirely healed ; general health very good. 8th.—Plaster of Paris bandage for left thigh. 13th.—Having eaten some pastry an attack of diarrhœa came on, for which he was given some castor-oil. 16th.—To-day it is thought that antiseptic dressings were no longer required, and the small open spot was dressed with cold water ; firm union and good position. 24th.—Passive motion ordered three times a day for both ankles.

August 13th.—Under chloroform the tendo achillis was divided subcutaneously and the right ankle forcibly moved, as it had become rather firmly fixed in an unfavorable position. 16th.—From ant. sup. sp. process of ilium to tip of ext. malleolus, the right leg measures 49.8 c.m. ( $19\frac{9}{16}$  in.) ; the left leg, between same points, measures 49 c.m. ( $19\frac{1}{2}$  in.) 31st.—A small piece of dead bone came away from the anterior edge of right tibia, and from this date he improved rapidly, and was discharged from hospital on the 8th of September, able to walk a few yards without any assistance. On the 3rd Oct., another small piece of bone came away from the same point as before, and this point healed up in two or three days after.

Remarks.—The cause of this severe attack of cellulitis in this boy was that, very unfortunately, a man suffering from alcoholism and facial erysipelas was placed in the same ward with this boy on the 21st of May. For several days previously the boy's temperature had been between 98° F. and 99° 5 F., and the pulse was about 110, and with the rise in temperature from 98° 2 F. to 102° F. and 103° F., the pulse rose to 130.

It is not claimed that in this case the antiseptic treatment succeeded *entirely* ; for there was a rise in the temperature *after* the first 48 hours, and on the sixth day the protective was discolored and the discharge and dressings were "slightly foetid." Had it been a *perfect* success from an antiseptic standpoint neither of these events would have occurred. The interesting

point lies, I think, in the fact that this mode of dressing the right leg prevented the boy from having an attack of cellulitis in that leg, which was certainly a most favorable point for attack. After the redness appeared on the left foot, the right leg was dressed in all eleven times, each time with full antiseptic precautions, and I feel confident that, had such not been the case, it would have been almost a certainty that the disease would have attacked the more injured limb very soon after it attacked the other, and in that case I fear that there would have been but small chances of saving life. In the first dressing two mistakes occurred, viz: using a carbolic solution of the strength of 1-40 in place of a 1-20 solution, which is the proper strength; and the other mistake was that of leaving *any* of the silk sutures in situ, *all* should have been removed and then no septic matter could have been present in the wound had these precautions been followed. I do not know any form of dressing by which the same result could have been attained except the antiseptic, as in this case it was the only means of *isolating* this leg, and I am therefore quite willing to give the credit to the most cleanly way of dressing any wound.

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## Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE  
MONTREAL GENERAL HOSPITAL.

MEDICAL CASES UNDER CARE OF DR. ROSS.

### *Tumor of Right Occipital Lobe—Gradual Hemiplegia— Autopsy.* (Reported by Mr. H. E. Heyd.)

A. A., æt. 48, a well-nourished French-Canadian, was admitted into Hospital, October 12th, suffering from hemiplegia. Family history good; no history of previous illness till five weeks ago, when he began to suffer from violent headache, felt all over the head, and most severe at night; pain was of a most intense character, and after three weeks he was compelled to take to his bed, at which time he became very restless and fidgetty, getting frequently out of bed and walking about. This condition continued till three days before admission, when he noticed gradual

loss of power in the left side, and at this time the pain in the head ceased and complete hemiplegia was soon marked. No facial paralysis, loss of consciousness, or aphasia. Pupils equal, and respond well to the action of light.

On admission, patient lies in a dull, heavy, and listless condition on his back, with his head and face directed to right side of the body; appears most of the time to be in a soporose condition, from which he can be easily roused; answers questions indifferently; complete paralysis of motion and sensation in left side of body; facial paralysis is also marked to a slight degree; pupils normal. Respirations slow and sighing; pulse slow, full, and regular—52 to minute. Great retraction of abdomen is seen. Thoracic and abdominal organs apparently normal.

*Oct. 15th.*—Patient's condition has been gradually becoming more aggravated; lies now in an almost completely unconscious state; slow, stertorous breathing, and is aroused with great difficulty. There is seen to be marked rigidity in the muscles of the right arm, which also, at times, undergo slight spasmodic twitching and jerking; facial paralysis is now well marked. Eyes examined by Dr. Buller, but nothing definite was ascertained beyond some slight anæmia of the retinal vessels. Died at 10.30 p.m.

*Autopsy.*—*Brain*—At the base, on inspection, the right side looks fuller than the left, particularly in the sphenotemporal lobe and in the region of the sylvian fissure. On exposing lateral ventricle, a moderate amount of fluid is seen. On exposing the posterior cornu on the right side, a large rounded body is seen filling it, and projecting from the occipital lobe, yellowish in color, and in spots, covered by the lining membrane of the ventricle, the vessels of which are still visible. The lining membrane of the upper wall of the posterior cornu, which has been in contact with the tumor, is soft, and the substance beneath it shredy. On section of brain longitudinally through the middle of the 3rd ventricle, the white substance on the right side, external to the ganglia, is a little soft, and somewhat glistening and œdematous; the ganglia themselves, the lenticular nucleus particularly, look pale and infiltrated. The posterior part of the lenticular nucleus

on the right side is very soft. and the white matter of the capsule is less firm than on the opposite side. Occupying the occipital lobe on the right side is a tumor the size of a goose's egg, projecting into the posterior cornu of the ventricle. On section, its substance is greyish-red in color, of moderate consistence, and here and there blood vessels are visible. Towards the upper part, just beneath the lining membrane of the descending cornu, the substance is of a yellow color, and looks fatty; the mass occupies almost the entire white matter of the lobe, but nowhere reaches the pia mater. The narrow zone of white matter surrounding it is injected.

Nothing special seen in other organs.

*Microscopical Examination.*—In teased preparation, the majority of the cells are round, somewhat larger than colourless blood corpuscle. With these are irregular shaped cells, some of which are fusiform. In the centre of the growth, these elements have undergone fatty degeneration, and there are many dark, granular cells filled with oil droplets. In the portion near the floor of the posterior cornu there were some remarkably large flattened epithelial-like cells and several bodies resembling the "concentric globes" of a Psammoma. Further investigation will be necessary to determine whether it is an ordinary sarcoma, or whether it may not partake of the character of a Psammoma (or Angiolithic sarcoma).

*Case of Pulmonary Emphysema, associated with a cured Aortic Aneurism—Autopsy.* (Reported by Mr. W. A. Shufelt.)

J. B., a well-built, large man, æt. 60 years, with a history of a severe attack of rheumatism 12 years previous, more or less constant cough during last 10 years, and gradually increasing shortness of breath for 6 years back, was admitted into Hospital on October 12th, 1880, suffering from great dyspnoea, face and extremities puffy and œdematous, general cyanosis, and extremities cold. Chest is somewhat barrel-shaped; expansion almost nil; superficial veins in upper part of chest enlarged. Heart's impulse not seen nor felt, except in region of epigastrium, where

a moderately strong impulse is felt. On percussion, a hyper-resonant note is elicited over the whole thoracic region, masking completely the heart's dulness, and also extending as far down as the 7th rib on right side, in front. Breathing is very feeble; expiration greatly prolonged, and accompanied by numerous moist râles. Heart is heard beating feebly in sixth space, in nipple line. A soft blowing systolic murmur is heard along the left margin of sternum, below 4th cartilage. Nothing abnormal noted in pulsation of vessels. Liver displaced downwards to extent of two inches below the ribs in mammary line.

Patient's condition did not materially improve after admission to Hospital; difficulty in breathing rapidly increased, and the patient gradually becoming comatose, died on the 18th.

*Autopsy.*—On opening thorax, an aneurismal tumor is seen occupying the upper part of the anterior mediastinum; its anterior wall is formed by the first piece of the sternum, which presents a distinct depression corresponding to it; its lower border corresponds to the level of the 2nd rib; laterally it does not extend beyond the edges of the costal cartilages. Neither the œsophagus, trachea or bronchi are compressed. The tumor projects from the arch just in front of the innominate and left carotid arteries; it is about the size of a small base-ball. From the inner surface of the aorta the circular opening of the sac is seen, and immediately behind its posterior edge the innominate and left carotid are given off. The sac is completely filled with coagula, which project to the level of the mouth of the sac; its outer portion is composed of dense laminated buff-colored fibrin, and its inner portion of clots more recent and blood-stained. Projecting from the lower and posterior region of the arch is a second small aneurismal sac, lined by recent coagula and becoming fibrinous at its outer part. Aorta is large, rough and irregular, and presenting numerous spots of atheroma. Heart generally enlarged; aortic valves competent; slight thickening at edge of mitral valve, whose orifice measures five inches in circumference. Lungs extensively emphysematous, with considerable œdema of the upper lobes; bases dark-colored and slightly collapsed.

## Correspondence.

MONTREAL, October 16th, 1880.

*To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.*

DEAR SIR,—May I ask why the courtesy of an invitation to the Introductory Lecture of the Medical Faculty of McGill College was not sent to the president of the College of Pharmacy? This College has struggled for years, against many difficulties, and is doing a work very much needed among the rising generation of pharmacists. Other colleges of medicine have appreciated the efforts made on behalf of pharmaceutical education by this institution, and it is a matter for regret that McGill should not extend a little of her sympathy towards both it and the Pharmaceutical Association of the Province of Quebec.

Yours,

CHEMICUS.

[We are authorized by those having charge of the arrangements for the Introductory Lecture to state that the unfortunate omission above alluded to was entirely unintentional, and occurred solely through the hurry with which they had to act, as the decision to have invited guests was arrived at only two or three days before the delivery of the Lecture. Without doubt the College of Pharmacy deserves all the sympathy of the Schools of Medicine for the good it has done in promoting a higher standard of education for the pharmacists of this country.—ED.]

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*To the Editor of THE CANADA MEDICAL AND SURGICAL JOURNAL.*

DEAR SIR,—A few days ago, Dr. Ross, one of the attending physicians and Dr. Imrie, House Surgeon of the Montreal General Hospital, having called my attention to the fact that several patients in that institution affected with typhoid fever had come from Lachine, and that some of them were workmen who had been employed on the Lachine Canal, and it having been reported that the privies used by the men working on the Canal were very close to the river, owing to which there was danger of the water's being contaminated—I thought it my duty to investigate the matter. On examination I found that there was only one privy built for the men, and that owing

to its position it could not possibly contaminate the water, but I also found that the men were in the habit of defecating everywhere about the banks of the Canal, near the river. I urged the contractors, Messrs. Davis, to put a stop to this state of things, and suggested the building of a suitable number of privies and the disinfection of their contents by the daily use of a certain quantity of sulphate of iron, in solution. These suggestions they seemed quite disposed to adopt.

During my visit I discovered what I certainly consider to be a fruitful source of disease, namely: the water of a certain portion of the canal, separated from the village by the breadth of the road only, and into which privies are drained, and butchers' offal and dead animals thrown. A greater number of the poor class use this water; and a medical man, a resident of the municipality, informed me that it was in this locality that typhoid fever was most prevalent; also, that even the river water, in a bay where there is no current, and where a quantity of timber is constantly kept, part of which becomes decayed, was of an inferior quality, becoming putrid a few hours after being drawn.

In the municipality of Lachine, as in other municipalities, there is no system either of drainage or scavenging, the contents of the privies being allowed to soak into the soil. A health committee has been formed, and an inspector of nuisances appointed, but this officer has no authority to cause the abatement of nuisances. I noticed in front of a commercial establishment, near the road, stagnant and putrid water, which had been partly dried up with lime.

I had the pleasure of meeting the Mayor of Lachine, who certainly has the welfare of his municipality, in a sanitary point of view, at heart. He has already proposed sanitary reforms to the Council, and amongst others the construction of a public abattoir.

Persons are constantly received into our hospitals who contract infectious diseases in other municipalities, and who not only receive treatment at the expense of our citizens, but also, when the diseases with which they are affected terminate fatally, increase the death rate of the city, thus keeping up the

figures which have earned for Montreal the reputation of being a most unhealthy city. The surrounding municipalities should at all events adopt, as they are empowered to do by their by-laws, such measures as are indispensable in preventing the propagation of contagious diseases; and a Board of Health having jurisdiction over these municipalities, at least in regard to contagious diseases, should be established, in order to enforce the adoption of preventive measures. The creation of such a Board is certainly of the most urgent necessity.

A. B. LAROCQUE, M.D.,

Montreal, Sept. 22, 1880.

*Medical Officer of Health.*

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### Reviews and Notices of Books.

*A Practical Treatise on Tumors of the Mammary Gland, embracing their histology, pathology, diagnosis and treatment.*—By SAMUEL W. GROSS, A.M., M.D., Surgeon to, and lecturer on Clinical Surgery in, the Jefferson Medical College Hospital, and the Philadelphia Hospital, President of the Pathological Society of Philadelphia, &c. Illustrated by twenty-nine engravings. New York: D. Appleton & Co. Montreal: Dawson Bros.

Tumors of the mammary gland, as the author states, have not hitherto been made the subject of a systematic and strictly accurate treatise. To do this with the aid of modern histological research, has been the object of the present treatise. The importance of this special study can hardly be over-rated, when we consider the great frequency with which new growths are met with in this situation, the often difficulty of early diagnosis, and the still discordant views that are held with reference to their proper treatment. Prof. Gross has carefully analyzed 65 cases of cysts and 902 neoplasms, the nature of which was confirmed by the microscope, and more than one-seventh of which were original cases in his own private and public practice. The initial chapters are upon the following subjects: "Classification and relative frequency of Tumors of the Mamma," "Evolution and transformation of Mammary



Neoplasms," "Etiology of Neoplasms of the Mamma," "The Anatomy of the connective tissue Neoplasms." Then follow chapters devoted to each of the special varieties of the tumors of this region. Chapter XI. is upon diagnosis, and especially the important distinction between carcinomatous and non-carcinomatous growths. Chapter XII. deals with treatment. On this subject the author speaks very strongly and emphatically. He is a firm believer in the local origin of carcinoma, and explains many of the failures of former writers by the comparatively imperfect manner in which the operations are performed. He strongly advocates the early removal of all mammary tumors. When any doubt may exist as to its nature, he recommends immediate examination of a section by a freezing microtome. Then, if its malignant nature be established, or if this be sufficiently evident without such procedure, the smallest portion of gland structure must be sought for and removed, the fascia of the pectoralis must be dissected off, and the axilla thoroughly cleaned out. He is satisfied that if this is *thoroughly* done before contamination of more distant glands or of other organs has taken place, recovery can certainly ensue. Cures are considered to be cases remaining free from recurrence for three years. Tested in this way, several instances are related of complete cure after extirpation of tumors ascertained by competent microscopists to have been of an undoubted carcinomatous nature. It will thus be seen that Prof. Gross' researches have led him to take the hopeful side of these dreaded cases.

The work is an admirable addition to surgical literature—careful, thorough, and eminently scientific,—and should be in the hands of every practical surgeon.

*A Treatise on Common Forms of Functional Nervous Diseases.*

By L. PUTZEL, M.D., Physician to the Clinic for Nervous Diseases, Bellevue Outdoor Department; Visiting Physician for Nervous Diseases, Randall's Island Hospital, &c., &c.  
New York: Wm. Wood & Co. Montreal: Dawson Bros.

This, which appears as the latest addition to Wood's Library,

forms an excellent monograph upon certain of the most important amongst the so-called functional diseases of the nervous system. It is devoted in large part to that common, but distressing, malady neuralgia, of the various kinds of which, with their varieties and suitable treatment, an exhaustive account is given. The peripheral paralyses, although doubtfully admitted as functional, are very fully treated of, the clinical history and the means of diagnosing each being specially dwelt upon. Besides these, Chorea and Epilepsy are also discussed; Hysteria, for various reasons, being purposely omitted. The different articles are as concise as the fulness of information required will admit of, and bear the impress of having been written by one who is completely conversant with the subject in hand, and has had a large and varied experience of all the phases of the different diseases upon which opinions are expressed.

*The Art of Prolonging Life.*—By CHRISTOPHER W. HUFELAND.

Edited by ERASMUS WILSON, M.D., author of "A System of Human Anatomy," &c. From the last London edition. Philadelphia: Lindsay & Blakiston. Montreal: Dawson Brothers.

Christopher W. Hufeland was a philosophic physician and professor of medicine in the University of Jena, and this work is said to enjoy much popularity in its native country. It was translated into English in 1797, but has been almost entirely forgotten. The present editor has done a good work in once more bringing forward the thoughtful and philosophic remarks of this antique teacher. As he remarks, "The reader will be struck with the little real progress which has been made in the science of living during the more than half a century since the original work was first written." The author discusses, in a style which now-a-days appears rather quaint and stiff, most of the circumstances, both personal and otherwise, which affect the tendency of the individual to live or, contrariwise, to cease living. Many of the subjects, therefore, which he treats of are those falling under what now goes by the name of Hygiene, but, at the same time, the writer branches off to consider a great many

other questions concerning human life in general. An examination of a few of the chapters shows what a thoughtful, observant and philosophic mind produced them. Take, for example, that on the signs of long life in individuals. What a deal of truth there is in his "portrait of a man destined for a long life"! His ideal long-lived man is made of a great many useful negative qualities, and also very important positive ones. He would not encourage a contempt for food, as inculcated by the admirers of Dr. Tanner, for he says: "His stomach is excellent, his appetite good, and his digestion easy. The joys of the table are to him of importance: they tone his mind to serenity, and his soul partakes in the pleasure which they communicate." Here and there the book reminds one of the "Religio Medici," and it is good and refreshing to have old books like this one renovated and placed before the readers of the present day. The writers of this age are too busy with evolution, protoplasm and bacteria to give us any of that quiet, old-fashioned, but solid, philosophy set forth by Hufeland and that ilk.

*Index-Catalogue of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects. Vol. I. A*—Berlinski. With a list of abbreviations of titles of periodicals indexed. Washington: Government Printing Office. 1880.

We have received the first volume of this very important and valuable work. It is a ponderous tome of 888 pages. The extent of the whole undertaking may be judged of when it is observed that the entire part has covered only the letter A and a small part of letter B. Any one who has had experience with the cataloguing of even a small library of even a few thousand volumes will be able to appreciate the immense amount of labor represented by a volume of this kind. It seems to be wonderfully complete, embracing every medical periodical, American and foreign, of any note. It is doubly useful, from the fact that it has arranged both authors and subjects alphabetically. It will be found, when complete, invaluable to every one engaged in looking up the literature of no matter what subject connected with any of the medical sciences.

## Books and Pamphlets Received.

*A Treatise on the Practice of Medicine for the use of Students and Practitioners.* By Roberts Bartholow, M.A., M.D., LL.D., &c. New York: D. Appleton & Co. Montreal: Dawson Bros.

*A Treatise on the Diseases of the Eye.* By J. Scelberg Wells, F.R.C.S., &c. Third American, from the third English, edition, with copious additions by Charles Stedmann Bull, A.M., M.D. Illustrated with 254 engravings on wood and six colored plates, together with selections from the text-types of Prof. E. Jaeger and Prof. H. Juellen. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

*Diseases of the Pharynx, Larynx and Trachea.* By Morell MacKenzie, M.D., Lond., &c. New York: Wm. Wood & Co. Montreal: Dawson Bros.

*A Practical Treatise on Nasal Catarrh.* By Beverley Robinson, A.M., M.D. (Paris). New York: Wm Wood & Co.

*Hygienic and Sanative Measures for Chronic Catarrhal Inflammation of the Nose, Throat and Ears.* By Thomas F. Rumbold, M.D. St. Louis: Geo. O. Rumbold & Co.

*Geo. P. Rowell & Co.'s American Newspaper Directory: containing accurate hints of all the Newspapers and Periodicals published in the United States, Territories, and the Dominion of Canada, together with a description of the towns and cities in which they are published.* New York: Geo. P. Rowell & Co.

*The Compend of Anatomy, for use in the Dissecting Room and in preparing for Examinations.* By John B. Roberts, A.M., M.D. Philadelphia: C. C. Roberts & Co. Montreal: Dawson Bros.

*The Physician's Visiting List for 1881.* Philadelphia: Lindsay & Blakiston.

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## Proceedings of Societies.

### McGILL MEDICAL SOCIETY.

The semi-annual meeting of the McGill Medical Society was held in the College Buildings, on Saturday, the 9th ult.

The Secretary's report showed that during the past session seven papers had been read and one debate held; that the Society, through the kindness of the Faculty in providing suitable accommodation, had been able to open a reading-room for its members, provided with the principal Canadian and English medical journals; that they had been further able to procure what, it is hoped, will be the nucleus of a very useful students' library; and, lastly, that the financial position of the Society

was in a most satisfactory state, thanks to the energy of the Treasurer, Mr. J. W. Ross.

The following are the officers elected for the ensuing session, viz.: *President*, Dr. Geo. Ross; *1st Vice-President*, Mr. Jas. Ross; *2nd do.*, Mr. J. W. Ross; *Secretary*, Mr. H. W. Thornton; *Treasurer*, Mr. A. Shaw; *Librarian*, Mr. C. E. Cameron; *Councillors*, Dr. Molson and Messrs. E. J. Rogers and T. W. Reynolds.

Dr. MacDonnell, the retiring president, then gave a most instructive address. He first referred to the question then before the Society touching the advisability of holding more debates, which he strongly discountenanced, quoting the opinion of the late Dr. Graves to support his views. Then as to the character of the papers, he advised their authors not to aim too much at procuring rare and curious cases, but rather to give practical clinical records of cases of every day diseases: especially cases they had seen during the vacation, with the treatment, in order to compare it with that seen here. He urged them to bring back any pathological specimens they could procure, reminding them that one or two of the best specimens of bone disease in the Museum were thus obtained. Finally, he advised all students to take and keep careful records of cases they have seen as students, since these would be of great use to them in after life; and, further, not to devote the whole of their time to poring over their notes and text-books, but to acquire the habit of general reading.

### Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

**Antiseptic Treatment of Typhoid Fever.**—Dr. C. G. Rothe, after having treated 25 cases, recommends very highly a combination of iodine and carbolic acid, viz., 1 to 2 of carbolic acid, and 1 of tincture of iodine, in 120 of water. All the patients, after the first days, as soon as the gastric symptoms had subsided, asserted they felt quite comfortable; and this subjective feeling lasted uninterruptedly

to their convalescence. The latter also, in all, went on without disturbance, and without interruption by those troublesome slight relapses, which frequently seem to indicate, in the fourth or fifth week, some recrudescence of the local lesion. The medicine itself is readily taken by the patients, both children and adults ; and, indeed, for weeks ; which cannot be said either of quinine or of salicylate of soda. Oil of peppermint completely disguises the disagreeable smell ; and gastric or sensorial disturbances, which sometimes attend the use of the above-mentioned remedies, were never observed. The medicine has also the recommendation of cheapness, a very important circumstance in view of the present high price of quinine. It seems important that the remedy should be given in sufficient quantities, a tablespoonful being given hourly, until a decided effect on the pulse and temperature is produced, and then every two hours, until apyrexia follows ; and it should be continued for three or four weeks. Whether the carbolic acid, without iodine, has the same effect, Dr. Rothe does not know. For the last ten years he has used the combination of carbolic acid with iodine in phthisis, diphtheria, diarrhoea, etc., and has never ventured to give up its use. Dr. Rothe says that he would not have ventured to publish the results of a small number of observations, if it were not for the desire that they should be repeated, and confirmed or corrected. He hopes that his professional colleagues, if they think the treatment worth a trial, will publish the results of their observations.—*London Med. Record*, Aug. 15, 1880.

### **On Lithotrity at a Single Sitting.—**

At the late meeting of the British Medical Association, Sir H. Thompson presented a paper with the above title, and of which the following is an abstract. The paper consisted of a consideration of Bigelow's proposal, with reasons for believing it would issue in an advance for the operation of lithotrity. About 18 months ago Sir H. Thompson commenced employing it as the rule, and since that time he had operated in 54 cases of stone in the bladder of the male adult, mostly aged ; on 46 of these by the method of one sitting ; on two others by multiple sittings ;

and on six by lateral lithotomy. Among these 54 cases were three deaths, two in cases of lithotrity by one sitting, and one after lithotomy. The reasons were given for adopting multiple lithotrity and lithotomy in the eight cases; and the following practical deductions were appended to the paper, as the sum of the lessons to be learned by this contribution towards an attempt to estimate the value of the method in question. 1. In view of a general adoption of lithotrity at a single sitting, it becomes more than ever important to diagnose carefully before operating, the size and—if practicable, as it mostly is—the nature of the stone, so that the means employed to remove it may correspond thereto. For, when the stone is small, or of medium size, as it is in the majority of cases, it is not only unwise but dangerous to employ large and unwieldy instruments to remove it. Small instruments are much safer than large ones, and do less mischief in the bladder and urethra. The latter should never be used, unless the work to be done renders them necessary; and this can only happen in a few exceptional cases. 2. There is no doubt that a practised hand, thoroughly familiar with the details of lithotrity, is more necessary to the success of an operation which is to be completed at a single sitting, when the stone is not small, than to that of an operation which consists of several sittings. In other words, the removal of a large stone at a single sitting is a more difficult proceeding than that which disposes of it at several trials. 3. Speaking with caution, it appeared to him that at present we are not justified in attempting to remove all stones by crushing, and certainly not by any one system of crushing. The new method rendered lithotrity safer than before for the stones already assigned to that process, and extended it to some which were larger than before so operated on. But he still regarded lateral lithotomy (the high operation being sometimes perhaps advantageous) as an admirable procedure not only for hard stones, say of about two ounces in weight and upwards, as a rough general estimate, but also for smaller ones in some cases where the urethra was not large, or other circumstances seemed to indicate it. Further, he could not doubt that many men, whose experience was necessarily small, would cut for a

hard stone, weighing an ounce, more safely than they would crush it at a single sitting. Great and irretrievable damage might be easily inflicted by large lithotrites and evacuators in unpractised hands. For two among the 48 cases of lithotripsy recently operated on, multiple sittings were preferred for the reasons given; and he strongly advises the exercise of an independent judgment in every case, and not the pursuit of any routine method, without reference to the very varied circumstances which calculous disease largely presented.—*Brit. Med. Journal*, Aug. 28, 1880.

**Klebs on the Specific Agent of Typhoid Fever.**—Professor Klebs of Prague believes that he has discovered the micro-organism which constitutes the specific agent of typhoid fever, and develops his views in a paper entitled “*Der Ileotyphus eine Schistomy cose,*” published in the *Archiv fur Experimentale Pathologie*, t. xii, p. 231, 1880. Professor Klebs has for a long time, assisted by his pupils, been making researches in this direction. He writes that he has been able to find, at the necropsy of 24 persons carried off by dothineritis, microbes in various organs: in the intestinal mucous membrane, in the thickness of the cartilages of the larynx, in the pia mater, in the foci of lobular pneumonia, in the mesenteric ganglia, in the parenchymata of the liver, and generally diffused in the organs which showed the most decided lesions. These micro-organisms showed themselves in the form of rods, about eighty micrometers in length and 0.5 to 0.6 micrometers in thickness. They have been constantly observed in the bodies of dothineritic patients since the attention of Professor Klebs was drawn to the subject, and they are always absent from the organs, and specially the intestines, of subjects who have died from any other disease than typhoid.—*Brit. Med Journal*.

**Protection of Animals from Splenic Fever.**—Dr. Greenfield's very able report of his recent work at the Brown Institution on the subject of splenic fever and allied disease, is of no small public interest, taken in connection with the recent experiments of M. Pasteur on fowl-cholera. Some time ago Mr. Duguid, at the request of Dr. Burdon Sanderson,



performed experiments which seemed to show that when anthrax is communicated to bovine animals through rodents, the animals so infected, although exhibiting severe symptoms, recover; and also that such animals are less liable than others to future infection by the same process. Dr. Greenfield has followed up this line of inquiry, and has obtained results apparently of a very positive character. A steer, in good health and condition, was kept under observation for three weeks. It was then inoculated with a small quantity of fluid which had been obtained by cultivation of the *Bacillus anthracis* in aqueous humour, and which swarmed with rods and spores of bacillus. The fluid thus used was the second generation of the cultivation of spleen of a guinea-pig which died of anthrax. This guinea-pig was the third of a series through which the disease was transmitted from the cow by inoculation. For about 24 hours nothing was observed, but on the morning of the second day the temperature had risen 4°F. The animal was drowsy and stupid, and fed badly. The temperature continued high for several days, during which the animal was seriously ill, and at times seemed hardly likely to recover. On the eighth day, however, the temperature began to fall, and in two or three days more the animal was perfectly well. Some weeks later, this same animal was inoculated from the fresh spleen of a guinea-pig which had died of anthrax. On the following day the temperature was a little elevated (1° to 2°F.), and the animal showed some indisposition, and took food badly, but on the third the temperature fell, and the animal remained quite well. A third inoculation was made some weeks after the second. In this third inoculation the poison was obtained from a guinea-pig which had died of anthrax derived from the horse. An inoculation with the same material was made on a cow. In the case of the steer no effect was produced, while the cow died within four days with the typical symptoms and *post-mortem* appearances of anthrax. A period of three weeks having elapsed after the third inoculation, during which the animal was in good health, a fourth inoculation was made from the spleen of a guinea-pig which had died of anthrax. The result was *nil*. In 14 days the fifth and last inoculation was performed, the material being

obtained from a sheep which had died of anthrax. The effect was a small abscess, but no infection of the animal. Dr. Greenfield is still keeping the animal, with the intention of inoculating it with anthrax directly from another bovine animal. These results, following those published by Pasteur with reference to inoculation of chickens with attenuated cholera poison, and those obtained by M. Toussaint by inoculation with the filtered blood of animals which have died of splenic fever, are of the greatest interest, and justify Dr. Greenfield's hope that in this way animals may be protected by a sort of vaccination from this dreadful disease. How this may be safely carried out—whether by vaccination with modified poison from a rodent, or by some form of prolonged cultivation, or, as M. Toussaint seems to indicate, by filtration of the infected blood—is still a problem.—*Brit. Med. Journal*, Sept. 18, 1880.

**Diagnosis of Fracture of the Neck of the Femur.**—Dr. Bézzi draws attention, in *Lo Spallanzani*, Nos. 1 and 2, 1880, to a sign which is pathognomonic of fracture of the neck of the femur, but which is not generally known. In examining the space between the trochanter and the crista ilii, it will be found that while, on the sound side, the muscles occupying this region (the tensor vaginæ femoris and the gluteus medius) are tense, and offer to the hand a considerable feeling of resistance, they present on the affected side a deep, well-marked depression, a flaccidity and diminution of tension, from displacement upwards of their points of insertion.—*Glasgow Medical Journal*, Sept., 1880, from *Centralblatt f. Chirurg.*, July 31, 1880.

**Pneumonia.**—A fierce old venesectionist writes on pneumonia in the *St. Louis Clinical Record*. We make the two following extracts:—

“There were two old doctors there, neither of whom bled in pneumonia. One of these soon after was attacked with pneumonia. He treated himself, took small doses of calomel and ipecac every two hours for four days, when “his flue collapsed” and he died. The other lost nearly every patient that had

pneumonia. He gave quinine and brandy, and as inflammation was inflammation then, and not debility, of course he hurried them off. I was called in a neighborhood where he had lost three patients of pneumonia in one house. I met the dreaded foe sword in hand. I bled my patient freely, he made a rapid recovery. Well, this thing was repeated over and over with like success. The consequence was, my stimulating vaso-motor, send-the-blood-along friend had to seek his hole. This occurred in 1847-8, before "the change of type" had reached Chariton county.

"I think a good many pneumonic patients are killed with quinine. If there is any indication or reason for giving it, I don't know what it is. It disorders the nervous system, impairs digestion. It has no influence in preventing hepitzation or hastening resolution. I know a man in my county who has complete amaurosis from taking quinine for pneumonia last winter. His doctor gave him half a bottle in twenty-four hours on the "vaso-motor," "inhibitory," "accelerating," "depressing," "constricting," "dilating," hypothetical theory of the day. But the fashion now is, quinine, from a stone-bruise to a broken neck. If no more quinine should be used than is really beneficial in disease, it wouldn't be worth a dollar a bottle.

**Bacillus Lepræ.**—In a recent number of the *Nordiskt Medicinskt Arkiv* is an article by Dr. G. Armaner Hansen, of Bergen, Norway, upon this subject, illustrated with original representations of this parasite. That there is a peculiar form of bacteria in leprosy constituting the "contagium" of this disease may now be considered as definitely established. Dr. Eklund, of Stockholm, described in his admirable monograph on Leprosy what he designated as *Micrococcus lepræ*. Dr. Neisser, of Breslau, who also spent some time in Norway studying this disease, confirmed Dr. Eklund's observations. Prof. Fern. Kohn and Dr. Koch subsequently arrived at the same conclusion.

Dr. Hansen, however, claims priority in this discovery of

of the true etiology of leprosy, having observed these bacteria as early as 1873, and communicated his observation in a report to the Medical Society of Christiania, in 1874. He found the vibratile rods to exist in the cells of lepra tubercles. When microscopical preparations were kept for some days in a moist place masses of zooglea were constantly forming in them. To these he gives the name *Bacillus lepræ*. These observations effectually dispose of the hypothesis that leprosy is a malarial disease.—*Medical Herald*.

**Remedies for Headache.**—The following recipes and suggestions for the treatment of different forms of headache are collected from a variety of trustworthy sources:—

Two grains citrate of caffeine, in capsule, taken every half-hour, is a very effectual remedy in nervous and sick headache. One or two doses are often sufficient to give complete relief. The only objection to its use is sleeplessness, which sometimes results if it is taken in the evening. It is preferable to guarana as being hardly ever rejected by the stomach.

The following, according to Dr. W. W. Carpenter, is very effectual in most forms of headache:—

Muriate of ammonia, ʒ drachms; acetate of morphia, 1 grain; citrate of caffeine, 30 grains; aromatic spirits of ammonia, 1 drachm; elixir of guarana, 4 ounces; rose water, 4 ounces. Mix. Dessertspoonful every ten or twelve minutes.

In nervous headache, Dr. W. A. Hammond states the value of various drugs as follows:—

Oxide of zinc is of great value. Ordinary dose, 2 grains, three times a day, after meals; maximum dose, 5 grains. It is best given in form of pills.

Nux vomica is preferable to strichnia. The dose is  $\frac{1}{4}$  grain, after meals. If the patient be chlorotic, it is well to combine a grain of reduced iron and half a grain sulphate of quinine.

Bismuth, in the form of subcarbonate, will often take the place of oxide of zinc. Dose, 2 grains, after each meal. Bismuth probably aids digestion more than any mineral tonic, and is of use when there is gastric disturbance.

The bromides are serviceable when the nervous system has been irritated ; when it is exhausted they do harm.

Phosphorus is very useful in most forms of nervous headache. The best results are obtained from dilute phosphoric acid, in doses of 30 drops, largely diluted, three times a day, after eating, or phosphide of zinc,  $\frac{1}{10}$  grain, in pill, three times a day.

Arsenic, as a nerve tonic, stands next in value to zinc. Dose, 5 drops of Fowler's solution three times a day, after meals.

Galvanism is sometimes valuable, but by no means a specific. The *constant current* should always be used, being careful to avoid too great intensity, lest amaurosis be produced.

Dr. T. Lauder Brunton, editor of the London *Practitioner*, says: The administration of a brisk purgative, or small doses of Epsom salts, three times a day, is a most effectual remedy for frontal headache when associated with constipation ; but if the bowels be regular, the morbid processes on which it depends seem to be checked, and the headache, removed even more effectually, by nitro-muriatic acid, diluted, 10 drops in a wine-glass of water, or bicarb. soda, 10 grains, in water, before meals. If the headache be immediately above the eyebrows, the acid is best ; but if it be a little higher up, just where the hair begins, the soda appears to be the most effectual. At the same time that the headache is removed, the feeling of sleepiness and weariness, which frequently leads the patients to complain that they rise up more tired than they lie down, generally disappears.

A writer in the London *Lancet* remarks: At the Middlesex Hospital, female patients who have suffered many years from sick headache, evidently of a hereditary character, have been greatly benefited, if not cured, by the administration of 10 minim doses of tincture of Indian hemp, three times daily, between the attacks. This is well worthy of trial in those cases of ever-living, never-dying martyrdom-like suffering.

In headache due to determination of blood to the head and in fever, the following simple treatment is to be commended:—

Put a handful of salt into a quart of water, add an ounce of spirits of hartshorn and half an ounce of spirits of camphor. Cork the bottle tightly, to prevent the escape of the spirit.

Soak a piece of soft cloth with the mixture and apply it to the head; wet the rag fresh as soon as it gets heated.

Soaking the feet in very warm water, in which a spoonful of mustard has been stirred, is also beneficial in drawing the blood from the head.

Two teaspoonsful of powdered charcoal well stirred in half a glass of water and drunk at once, is a valuable remedy in sick headache from sour stomach, flatulence, etc.

Tincture of nux vomica is recommended by Ringer as possessed of real curative powers, when given in drop doses, repeated every 5 or 10 minutes, for 8 or 10 doses, and then continued at longer intervals, for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause.—*Boston Journal of Chemistry*, Sept. 1880.

**On Consulting Physicians.**—The remedy which I see as most probable, and which I think most urgent in all countries, is the adoption by the medical profession of legal precedents and the establishment of a class of consultants, properly so called, corresponding to what we know here as Queen's Counsel; men who by their consent, and by the act of the head of their profession, have taken "silk;" that is, wear silk instead of "stuff" gowns in court, as the outward and visible sign of their professional rank. They are from that moment precluded from taking any case, except one of sufficient importance to have engaged the previous and simultaneous services of a solicitor and a junior barrister or "stuff-gown man," whose care it is to draw the pleadings, prepare the case, and to act with their senior and "leader." The Q.C. cannot appear except with a "junior," and his brief must be "marked" before he looks at it, with a fee, which is known beforehand, and which is never for any consultation less than five guineas. By a corresponding arrangement their services would become really consultants; their time would be amply paid by a small number of fees; they would not waste their experience, matured skill, and lessened energies in trivial cases; they would hold a pro-

portionately dignified and useful position; they would have more time for teaching, writing, and hospital-work; they would not compete, as they do now, cruelly with young practitioners struggling for a crust but bound to charge the guinea-fee. Who will begin such a reform, and upon which side of the Atlantic shall it be initiated? With your freer institutions, less rigidly modeled rules, less severely imposed traditions, there is perhaps most room for hope of early reform in your great cities. Here we see men like Jenner, Gull, Henry Thompson, Wilson, Fox, Faget, Reynolds, retiring in the early prime of life from their important positions as teachers, investigators, and hospital physicians, because they must guard the guinea well from morning till night. They lose their position in science; they are no longer the advance-guard of progress; they have no time to study questions either of science or of medical polity; they boast of going little into society, of seeing patients from eight in the morning till eight at night, of rarely seeing even their children. They are the slaves of every one who comes with a guinea in his hand. They become disgusted with the bondage to which they serve their whole lives; and they rarely bring up their children to a profession which they have found (and have made) so toilsome to themselves and so little dignified in the world. This is the state of things in the Old World. Can you do nothing to redress the balance in the New?—*London Corr. Louisville Med. News.*

**The Treatment of Empyema.**—Antiseptic treatment of this disease is at present fashionable, but more has been claimed for the method than we think it deserves. We give the following contribution to the subject from the *Medical Times and Gazette*:—

Antiseptic surgery has done much to render success more certain, but the antiseptic dressing of an empyema, and the insertion of a drainage-tube give trouble, and a simpler plan has been long a desideratum. The siphon trocar, as used by Dr. Douglas Powell and others, is sufficiently simple, but is open to the objection that if the chest is washed out after drawing off

the pus, the same tube being used for both operations, septic matter is liable to enter and infect the pleural cavity. Most of Dr. Goltdammer's cases were treated by incision under the spray and antiseptic dressing, resection of part of a rib being performed in several. The last case, however, to which he refers in his lecture was treated by a new method, recommended by Dr. Kashimura, assistant to Professor Baelz, of Tokio, Japan (*Berliner klin Wochenschrift*, No. 3, 1880), and which is the simplest imaginable, consisting in puncturing and evacuating the pleural cavity, washing it out freely with an antiseptic liquid, and then allowing the opening to close. The instrument (figured by Dr. Kashimura) consists of a canula provided with a stopcock, which closes its outer end after the withdrawal of the trocar, and with two lateral openings to which india-rubber tubes are attached with spring clamps, so that either can be closed or opened at pleasure. Before tapping, these tubes are filled with thymol-water and clamped. When the instrument has been introduced, the stopcock is closed, and one of the tubes, which dips into a vessel of thymol-water, is opened, and the pus allowed to escape. The first tube is then clamped, and the second, which communicates with an irrigator containing warm thymol-water, is opened, and the antiseptic allowed to enter the pleural cavity. It is then evacuated by the first tube, and the process is repeated until the wash-water returns uncolored. The canula is then withdrawn, and the opening closed. Of course the whole of the instrument is assumed to be thoroughly disinfected before use. The cases hitherto treated by this plan, though not numerous, are eminently satisfactory; all have recovered. Dr. Goltdammer tapped a woman aged forty-one, in a state of great prostration, with an empyema of a month's standing, and removed seven hundred to eight hundred cubic centimetres of pus. About two litres of thymol-water were used to wash out the cavity. She was operated on on February 19, 1880; eight days afterwards all traces of the effusion had disappeared, and there was no return of it later on. The patient, who had entered the hospital with extreme cyanosis, and with orthopnoea, ascites, extensive anasarca, and slight albu-



minuria, as well as an unresolved pneumonia of the right base, to which the empyema was secondary, had entirely recovered, even to the restoration of clear percussion and vesicular breathing over the whole right side, on April 10. It is needless to enlarge on such a result. A few years ago, however, we may remark in passing, it would have been considered miraculous. Now, thanks to the antiseptic method, whose beneficent effects are making themselves felt in every part of the field of surgery; we scarcely wonder at it. We recommend the special mode of its application above described to the attention and imitation of our readers.—*Boston Med. & Surg. Journal.*

**Convulsions.**—In ordering opium the mother might with safety be told to give the baby over four months old, paregoric, with explicit directions concerning size of dose, to be repeated every half hour until the convulsions are controlled or a physician should arrive. If under four months old, Dr. Smith prescribed a teaspoonful of a mixture containing in each dose one grain of bromide, chloral, and bicarbonate of soda for the youngest infants. It was conveniently prescribed in warm sweetened water. Double the quantity might be given every hour or two to children from six weeks to four months old, according to the frequency and violence of the convulsions. Dr. Smith rejected the hot bath in the treatment of convulsions, for almost invariably the child had one or more convulsions while in the bath,—the very agitation incident to giving the bath adding to the excitement of an already disturbed nervous system. The author insisted, too, that the child should not be restrained while in the convulsion; that it should be placed upon a bed that did not squeak; that the room should be kept perfectly quiet, have plenty of fresh air, be partially darkened, contain only one person at a time; and that opening and shutting of doors should be avoided. Over-active treatment is uncalled for and dangerous.—*Boston Med. & Surg. Journal.*

**The Treatment of Asthma.**—“Nothing but the correct knowledge of the pathology of asthma shows the means of speedily and safely relieving the paroxysms, and of

preventing their recurrence. It alone guards against the indiscriminate administration of the most useful remedies ; for, unless they be given in suitable circumstances, in sufficiently large doses, etc., the benefit they are capable of producing is unattainable. It lies in the nature of asthma that the treatment of the paroxysms should be paramount. No one who has ever witnessed an asthmatic seizure would for a moment hesitate to relieve the patient by any means in his power ; and, however repugnant it must be to use preparations of unknown composition and unknown action—as are the various specifics recommended in newspapers—even their exhibition would be willingly connived at, provided there were no rational means for the attainment of the same end. But no specifics are needed. The remedies in general use suffice for every contingency. Of course, the *ideally* perfect treatment would be to apply such remedies as, by removing the urgent symptoms, would exert at the same time a favorable influence upon the disease itself. Unfortunately, the most reliable remedies in use are of so slow operation as to be practically useless during the paroxysm, because the patient cannot or will not submit to measures which do not afford immediate benefit. Only one remedy—jaborandi and its alkaloid pilocarpin—approaches more nearly than any other the above requirement. The powerful revolution which pilocarpin produces in the distribution of the blood must necessarily have a very beneficent influence in some forms of asthma ; for, by attracting a large volume of blood to the skin and to the salivary glands, and by diminishing its volume through the copious perspiration and salivation, the congested internal organs are relieved in a corresponding degree. An adequate conception of the pathological changes in the lungs, indicating the use of pilocarpin, may be formed by observing an analogous process in the lower extremities. In connection with varicosities, the leg at one time increases in circumference, the pale and dry tissue presenting a peculiar inelastic and spongy feel ; at another, the enlarged leg has a dark brown color, and its tissues are apparently indurated ; at another, in these circumstances, an ulcer develops itself. *Mutatis mutandis*, the same takes place in the lungs ; only the interstitial changes in the lungs—in origin,

in nature and in progress precisely similar to those observed in the legs—are not amenable to diagnosis, unless they perceptibly diminish the volume of air, or interfere with its entrance or exit to and from the lungs by implicating the bronchi. Here, then, pilocarpin has the same effect as the bandages in varicosities of the extremities. Within a few minutes, the application of the drug is followed not merely by amelioration of the subjective symptoms, but by a corresponding improvement of the physical signs. Of course, a remedy that so powerfully exalts one function necessarily depresses another, and therefore its use requires some caution. But with a little attention the remedy can be safely and successfully managed. I have found the alkaloid preferable to the plant because (1) it acts more rapidly; (2) it does not produce stranguary; and (3) the dose can be more accurately determined. Those whose cardiac muscles are from whatever causes in a state of fatty degeneration, may, under the influence of pilocarpin, present the most alarming symptoms. However, the cause for alarm soon spontaneously subsides, the heart regaining its previous force; but if it lingered to do so, a subcutaneous injection of 1-120th or 1-60th grain of atropine immediately restores the balance. Pilocarpin is more suitable in the treatment of the younger asthmatics, but is by no means contraindicated in patients of more advanced age. The dose should not exceed one-third of a grain. I have never used more than ten drops of a two-per-cent solution. During the action of the drug, the patient should preserve the recumbent posture—which the almost immediate relief obtained will enable him to do—and he should be carefully watched until the effect has passed off. It is desirable to have the solution of atropine always at hand in case of need. It is well, also, not to use pilocarpin soon after the patient's meals, if the dyspnoeal seizure occur under these circumstances, there are, it is needless to say, other remedies more suitable."—*Dr. Berkhart in Brit. Med. Journal.*

### **Neglected Symptom in Breast-Cancer.**

—Dr. Herbert L. Snow, Surgeon to the Cancer Hospital at Brompton, England, calls attention to a symptom which very commonly occurs in the course of breast-cancer, and on which

sufficient stress has not been laid. He refers to a thickening of the humerus on the side corresponding to the diseased gland, accompanied by tenderness on pressure. This condition obtains mainly over the trochanters and the upper third of the bone. On firm pressure the patient complains of tenderness, which extends for a variable distance down the shaft, beyond the part where thickening is apparent. The movements of the arm are rarely interfered with, and the tenderness and thickening are never noticed by the patient before examination; they are only detected by digital pressure and comparison with the humerus on the opposite side. Occasionally there is some thickening of the clavicle. The condition never advances to any very marked hypertrophy. Dr. Snow regards the "thickening" as due to a low form of periostitis, consequent upon deposit of cancer-germs in the medulla.—*London Lancet*, June 12, 1880.

### **New Method of arresting Gonorrhœa.**

—Dr. Watson Cheyne, in the *British Med. Journal* of July 24, 1880, has an article on this subject. His treatment is based on the hypothesis that gonorrhœa is due to micrococci. He says:

I have tried the two antiseptics separately and also combined, and I find that they are most effectual when used in combination (possibly because iodoform is soluble to a considerable extent in oil of eucalyptus, and is thus brought into more perfect contact with the mucous membrane). The formula which seems best is five-grains of iodoform and ten minims of oil of eucalyptus in a bougie of forty grains. These bougies have been made for me by Mr. Martindale.

The specific cause of the disease being eradicated by this means, the question of further treatment arises. It seems to me that although the development of the gonorrhœa is arrested, yet if the discharge be allowed to become septic and irritating urethritis might be kept up for some time. I therefore order an injection of boracic lotion (saturated aqueous solution boracic acid) or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to forty or twenty ounces) to be used for two or three days. At the end of that time in-

jections of sulphate of zinc, two grains to the ounce, may be begun. At the same time the great tendency of the urethral mucous membrane when once inflamed to remain in a state of inflammation must be kept in mind, and every thing which might tend to keep up the inflamed state must be removed. Notably the patient must be cautioned against drinking, and it is well to order diluents and alkalis.

The method may be summed up as follows: The patient is first told to empty his bladder, partly to clear out his urethra and partly to prevent the necessity of expelling the antiseptic from the canal for several hours. He then lies down on his back, and a bougie from four to six inches long is introduced, and the orifice of the urethra closed by strapping. The bougie ought to be dipped in eucalyptus oil, or in carbolic oil (1 to 20) before insertion. The patient is instructed to refrain from passing water if possible for the next four or five hours. If the case be severe and advanced he takes another bougie home, and is instructed to introduce it in the same manner after he next passes urine. On that evening, or on the following day, he commences the antiseptic injection, which he uses four or five times daily. On the third or fourth day, when the symptoms have entirely subsided, an injection of sulphate of zinc, two grains to the ounce, is begun. At the same time the other points mentioned are attended to.

I have now used this method in about fifty cases, and in all the result has been the arrest of the progress of the gonorrhœa. For a day or two the purulent discharge continues; but afterward it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days. At the same time the scalding and pain and the symptoms of inflammation rapidly diminish, and disappear completely in about thirty-six to forty-eight hours. In fact the case becomes no longer one of virulent gonorrhœa, but one of simple urethritis, rapidly progressing toward recovery if properly treated.

I have used this treatment only in the early stages of the disease, from the first to the seventh day after the commencement of the symptoms; but it has answered equally well in all.

**Wound of the Brachial Artery Treated by Martin's Bandage.**

—A patient came to my office five days ago with a wound in the brachial, made by a knife; the opening was about one-third of an inch in length. Although seen within fifteen minutes after the accident there was already a tumor as large as an hen's egg and a considerable swelling in the neighborhood of the wound. Instead of ligating the bleeding, spouting vessel, it was suggested to try the effects of elastic compression. Martin's Bandage was applied, the hæmorrhage was immediately under control, and there has been none since. The bandage was applied tight enough to keep down inflammation, prevent further effusion of serum or plasma and to lessen the supply of blood to the arm. It has been removed every other day and readjusted, compression being made upon the artery above the cut during the dressing. Here may be a new field of usefulness for this bandage. In this case at least it appears to have been successful. It is now five days—repair is positive. The ordinary treatment here would have been a double ligation—a ligature above and below the site of the incision. Left without treatment the patient would have perished from repeated hæmorrhages or a traumatic aneurism might have been formed—what is called in this country a false aneurism.—*Prof. Dawson in Cin. Lancet & Clinic.*

**Petroleum in Phthisis.**—Crude petroleum deservedly ranks next to cod liver oil in the therapeutics of tubercular and serofulous diseases of the respiratory apparatus. As yet the knowledge of its properties is largely empirical—the results of clinical observations rather than of theoretical conclusions, or of hypothetical deductions. It is unquestionable an alterative; an agent which modifies molecular morphology, which impresses those functions by which the non-living is endowed with vital attributes, and by which the integrity of the nutritive fluid is maintained. Improved digestion is one of the earliest indications of its effects. It gives strength to the stomach. Food which had previously nauseated that viscus, is kindly received and promptly digested. The appetite becomes

more active; inconveniences, such as gastralgia, acid eructations after eating, and heartburn, are either dissipated or ameliorated. If the patient has been losing weight and strength, the loss is often arrested, and occasionally it is both astonishing and gratifying to witness the transition from decided emaciation to rapid recuperation—the patient losing the haggard, wan and death-like expression, exchanging it for the hue and glow of health.

Cod liver oil is highly injurious in the febrile and inflammatory stages, extending inflammation, and hastening morbid results, favoring hæmorrhage, and only potent for mischief. Under similar circumstances, the hypophosphites are nearly as objectionable, especially the combinations of those containing iron; while petroleum is a decided antiphlogistic, quieting the excited heart, correcting the deranged condition of the capillaries, thus lessening vascular congestion and removing the fuel of inflammation. This property of petroleum is very decidedly manifest in the benefit it confers upon the catarrhal elements of the various forms of phthisis. Frequently after trying the various anodynes to relieve a harrassing cough, without any apparent advantage, the physician will give up in despair, and conclude it is useless to attempt its control. But if he will even then place the patient upon petroleum, he will often find that the cough is rapidly diminished, the expectoration becomes less abundant and more natural; the nights, heretofore spent in agony, bring quiet and refreshing sleep; the pain and soreness in the respiratory apparatus disappear; the lung and bronchial catarrhal symptoms are brought in abeyance, and the general amelioration is well marked. Valuable as it is as an alterative, tonic, antiseptic and expectorant, its disagreeable odor and taste are formidable obstacles to its administration. The majority of patients will accept cod liver oil as less nauseous, and many will refuse to take the petroleum unless so combined as to mask its presence. This difficulty led the author to employ various devices to obviate it. He formed an emulsion with acacia, the yolk of eggs and sherry wine, flavored with the oil of bitter almonds, and succeeded so that the petroleum was scarcely discernible by taste or smell. It is so proportioned

that each tablespoonful will contain one drachm of the petroleum. This amount should be taken four times a day, after meals and at bed time. The difficulty, however, in obtaining this emulsion properly prepared, induced him to prescribe it with extract of malt, flavored with oil of sassafras. The majority of patients take petroleum in this manner without much remonstrance.—*Virginia Medical Monthly*.

**Tapping Pulmonary Cavities.**—Dr. Thompson, of London, in a paper on this subject (*Virginian Med. Monthly*, June, 1880), makes the following remarks: Pulmonary cavities may be broadly classed into two groups: 1, those which are found in the upper lobe of the lung, and which may be denominated *phthysical*; and 2, those which are formed in the base of the lung, and which are generally *pneumonic*. The first group—apical or phthysical cavities—occupy preferably the upper lobe, secrete (?) matter of a peculiar nature, non-fetid, septic, but seldom distinctly purulent, although under the microscope degenerated pus-cells may be found. The peculiar characteristic nature of the matter is shown by its property of producing tubercular infection, when locally applied to pulmonary tissue. The second group—basal or pneumonic cavities—occupy only the lower parts of the lung, secrete a purulent, often a gangrenous matter, of overpowering fetor, which, when transferred to other parts of the lung, results, not in tubercle, but in pus. The first kind of cavity is invariably associated with firm and complete adhesions of the pleural surfaces in the neighborhood of the cavity. With the second form of cavity the adhesions are by no means so complete; bands of fibres may only tie down the opposite pleural surfaces, or the cavity may be associated with an empyema and absence of adhesion—a condition by no means rare. An illustrative case is then cited, and after some further considerations the following conclusions are presented: 1. Except for the introduction of local remedies, the puncture of an apex cavity can hardly be expected to lead to any good result. 2. The puncture of a basal cavity is demanded if the secretion be fetid, provided



there are reasonable grounds for supposing that the pleural surfaces in the neighborhood of the cavity are sufficiently adherent to prevent artificial pneumo-thorax. 3. The advantages to be gained by the operation are the ventilation of the cavity and the diminution of fetor, and especially the prevention of matter passing over to, and infecting the sound lung.—*N. Y. Med. Record.*

**An Epidemic of Favus affecting simultaneously Cattle and Children.**—Dr. Gigard reports the occurrence of this epidemic in a village called Nantoin, in the Canton Côte Saint André (*Lyon Médical*, Aug. 15.) Porrigo favosa had existed for several years in the village, but the inhabitants had been heedless of its presence. Many cows were suddenly affected, and at the same time the disease manifested itself among the children. The original culprit, according to the writer, was a calf, which in a somewhat roundabout way communicated the disease to the village cows, and hence to the children.—*Med. Record.*

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ANÆSTHESIA BY RAPID RESPIRATION.—Dr. Benjamin Lee relates in the *Philadelphia Medical Times* several cases in which an analgesic effect was produced by rapid and forcible respiration. It is a method that has been employed successfully for some time by Dr. Bonwill, a dentist of Philadelphia. Dr. Lee's cases were those in which abscesses were opened or teeth extracted. Analgesia was not produced in every case, but it was brought about often enough to show that the effect is a genuine one. The respirations have to be kept up for a minute or more.

—The harm Tanner's fast has done is thus depicted by a Frenchman: "This prodigious fast will not fill the stomachs of the starving. There is no need to make such experiments; the wretched make them every day. Dr. Tanner has done the poor a great deal of harm. The familiar appeal, 'My God, sir, pity me; I've eaten nothing for two days,' will never more have any effect on us."—*American Practitioner.*

CANADA

# Medical and Surgical Journal.

MONTREAL, NOVEMBER, 1880.

## LONGUE POINTE ASYLUM.

*L'Abeille Médicale* takes exception to some of our remarks concerning the medical management of this Institution. We are there represented as having virtually said—The attending medical officer is not salaried by the Government, *ergo*, he is not an expert. Now, we said no such stupid thing, and would refer to the articles in question in support of this assertion. The two statements made simply were—1st, That the officer in question possessed no special knowledge of mental disease and its treatment, and should not therefore be entrusted with the sole irresponsible medical charge of 700 lunatics; and 2nd, That his appointment was derived from the nuns, and that therefore, in cases where their interests were concerned, he would always be open to the suspicion of not being an untrammelled agent. It is hard to see how any one with a knowledge of the English language could accidentally distort these sentences as done by *L'Abeille Médicale*.

We consider it a part of the duty of public journalists writing in the interests of the medical profession, to support the worthiness of that calling, and to oppose anything in public institutions which tends towards permitting the perfunctory performance of important public duties by officials who, there may be good reason for believing, have not the necessary requirements for their fulfilment. It was simply from this motive, and none other, that we referred to the present appointee. We did not think that the proper training for the medical superintendent of a large Provincial Lunatic Asylum was the routine followed for a few

years in a rural practice on the island of Montreal. We still think that in making a selection for this appointment, some attempt should have been made to find a suitable man, and not make the chief, if not the only, ground for preference the fact of residence at the time in the neighborhood of the Asylum. It is because we have faith in the great service to the community which it is competent for an able superintendent to render that we spoke as we did. We do not think it a matter of indifference whether he be an experienced alienist or one with no more knowledge of insanity than that very limited amount possessed by any graduate, and picked up by attendance at a course of medical jurisprudence. One would hardly expect that such an apparently axiomatic statement would meet with opposition, at any rate, from medical journals. But such is the case. *L'Abeille Médicale* and the nuns avowedly prefer having their trusted officer free from the contaminating influence of an excess of knowledge on matters of Lunacy! as witness what is said, "The Lady Directresses understood quite well that it was more to the benefit of their patients to be under the care of a reputable physician than to be treated by one who has had long personal experience in the management of mental disease." That is their opinion, endorsed by the journal defending them. Comment is unnecessary. We would not insult the good sense of the medical profession of this Province by believing that this truly novel notion is shared in by any other than the editor himself.

We have not reflected in any way upon the general management of the Asylum, and cannot therefore see for what reason *L'Abeille* quotes the report of a recent grand jury that such management is good. Surely it does not wish us to infer that the members of a grand jury are able from an afternoon visit—or perhaps any number of visits—to tell us whether the mental therapeutics of the establishment is what it ought to be. The carrying out of such therapeutics in a large Asylum is a trust of the greatest importance, and most confidential. All we ask is, Have the medical profession of this Province the confidence here indicated? When this has been answered in the affirmative, we shall confess ourselves fully satisfied.

## LAVAL UNIVERSITY IN MONTREAL.

The feud between the two French schools of this city has assumed a new phase. The *Ecole de Médecine et de Chirurgie de Montreal* has taken high legal advice as to the status of the *succursale* of Laval University in Montreal. The opinion obtained is that of Sir Farrer Herschell, one of the Law officers of the Crown. It is entirely in favor of the pretensions of the *Ecole*, and as completely against the assumptions of Laval. On the strength of this support, a formal notarial protest has been served upon the Rector and Corporation of the latter University, bidding them desist from the teaching of medicine in Montreal. This has been, on their part, met with a bold front and with re-assertion of the legality of their proceedings in establishing the new Faculty in this city. It would be idle to attempt any argument upon the merits of the case, as it is a purely legal matter bearing chiefly upon the interpretation placed upon the words of the University's charter. As it now stands, we are likely to have the dispute settled by an appeal to the highest public tribunals.

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ONTARIO MEDICAL ASSOCIATION.—Talked of for some time, we learn now that steps are being taken to organize a Medical Association for the Province of Ontario. The movement is said to be receiving very general support. A meeting of the profession in Toronto has been held, when a committee was formed, with instructions to communicate with local societies and ascertain the views of members on the subject. We would be glad to see such an Association formed, and hope it may fulfil the expectations of its promoters in forwarding the success of the Canada Medical Association. At the same time, we have heard doubts expressed as to whether it may not in reality operate rather in an opposite direction.

DR. BEARD AND SEA-SICKNESS.—Dr. Beard of New York, he of neurasthenic fame, recently published a small work on "Sea-Sickness." Since then he has crossed to England in the *Germanic*. With thoughtless zeal he appears to have prescribed his

favorite treatment to many of the passengers, ignoring entirely the surgeon of the vessel. His conduct brought out a letter from the justly offended officer, which in turn has called forth a storm of indignant communications in the British journals. As presented to us, the conduct of Dr. Beard appears to have been most discourteous, and he has deserved the punishment suggested for him by one of the correspondents, viz., sending him to Coventry till an apology is offered to him he has offended. We may say that from a number of trials of the treatment suggested by Dr. Beard—bromides and atropine—which we have had made during the past season, we have concluded that it has very little, if any, control over *mal-de-mer*. Some of the persons who tried it faithfully were even sicker than they had been during previous passages.

GRIEVOUS WANT AT GUY'S.—From a letter penned by Mr. R. Clement Lucus, assistant surgeon to Guy's Hospital, it appears that the management committee of that institution does not include even one medical practitioner! Such a hospital committee exhibits a pretty close resemblance to a Board of Admiralty, once possible, consisting exclusively of landsmen, who, in their official capacity, must be necessarily often at sea. A committee charged with the management of a hospital ought to be in some measure capable of understanding matters of medicine and surgery; but how can it, when it does not comprehend a doctor?—*Punch*. [Why should we persist in following an example thus held up for warning?]

MEDICAL TARIFF.—The following is the proposed medical tariff as adopted unanimously by the Governors of the College of Physicians and Surgeons of the Province of Quebec, representing the medical profession, respectfully submitted for the approbation and sanction of His Honor the Lieutenant-Governor in Council:—

Visits from 8 a.m. to 9 p.m., not exceeding half a mile . . . . .	\$ 2.00
Visits from 9 p.m. to 8 a.m., not exceeding half a mile. Not to exceed . . . . .	4.00
Visits, each additional mile in day-time . . . . .	50
Visits do do at night . . . . .	1.00

Detention a whole day.....	20.00
do a whole night.....	25.00
Ordinary office consultation with prescription.....	2.00
do do do do do at night.....	3.00
Consultation with special examination.....	5.00
do with a practitioner.....	5.00
do by letter between practitioners.....	10.00
Ordinary certificate of health.....	5.00
Special do attested with report.....	8.00
Certificate, with report on disease and death.....	5.00
Post-mortem examination external.....	5.00
do do with sectio cadaveris.....	10.00
Ordinary case of midwifery (subsequent attendance extra).....	15.00
Turning, application of forceps, extraction of Placenta, (Subsequent attendance extra).....	30.00
Miscarriage, premature confinement (subsequent attendance extra).....	15.00
For attendance with a midwife in all cases the charge is the same as for delivery.....	
Catheterism, ordinary cases.....	3.00
do each subsequent operation.....	1.00
Vaccination, Bleeding, Extraction of teeth, Hypodermic Injection, etc., etc.....	1.00
Introduction of stomach pump.....	5.00
Application of cupping glasses, leeches, setons, moxa, plugging, etc., etc.....	5.00
Chloroformization or other anæsthetics.....	5.00
Setting fracture of the thigh.....	25.00
do do do leg or arm.....	20.00
Reducing dislocation of the thigh.....	50.00
do do do leg or arm.....	25.00
Amputation of the thigh.....	100.00
do do leg or arm.....	50.00
Operation for strangulated hernia.....	100.00
Reduction of the hernia by taxis.....	25.00
Lithotomy or lithotripsy.....	200.00
Ovariotomy.....	500.00
Tracheotomy.....	50.00
Operation for cararact.....	100.00
Extirpation of the breast.....	50.00
Do of a tonsil.....	10.00
Amputation of fingers or toes.....	10.00
Capital operations not already specified.....	100.00
Minor do do do do.....	25.00

The above charges for surgical operations are for the operation only subsequent attendance and services are extra.

## FOR MEDICINES AND DRUGS.

Mixtures and draughts, up to two ounces.....	25
Do do do 4 do .....	50
Do do do 8 do .....	1.00
Powders from one to six (1 to 6).....	25
do do six to twelve (6 to 12).....	50
Pills per box of one dozen.....	50
Do for each additional dozen.....	25
Lotions, Injections, etc., etc., 4 to 16 ounces.....	50 to \$1
Liniments, Embrocations, etc., 4 to 8 ounces.....	50 to \$1
Blisters and Plasters, according to size.....	50 to \$1
Ointments per ounce box.....	25 to 50c.

When costly drugs or medicines are used the charge to be augmented according to value.

QUEBEC, 29th September, 1880.

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### Obituary.

#### S. B. SCHMIDT, M.D.

It is with much regret that we are called upon to chronicle the death of an old and highly respected physician of this city, Dr. S. B. Schmidt. His death occurred on the 4th inst., after a very painful illness of about four months, from cancer of the liver. Dr. Schmidt was born in 1826, and was therefore at the time of his death in his 55th year. He studied medicine at McGill University, and graduated in 1847. That was the year of the terrible ship fever imported into this country by the Irish immigrants. Dr. Schmidt at once took an active part in caring for these unfortunate strangers. He volunteered to the quarantine station, and there did, with others, excellent service in the cause of the sufferers. The virulence of the typhus was great, and he himself was one of the few physicians who survived that frightful ordeal. From that time he devoted himself to the practice of his profession in Montreal, and very soon gained a considerable *clientèle*. This kept constantly increasing, owing both to the skill he evinced and to the scrupulous attention and kindness shown to all his patients, so that of late years his practice had been both large and lucrative. Dr. Schmidt—a man of sterling worth—was one who not only enjoyed the public confidence to a large extent, but also continually held the respect

and esteem of his professional *confrères*. He had a high sense of the worth and dignity of the profession to which he was proud to belong, and always set up a high standard of professional honour. He was conscientious and scrupulous to a degree in all his dealings with other medical men. He always felt a warm interest in the welfare of his *Alma Mater*, and served in the capacity of Representative Fellow for the medical graduates for many years. Dr. Schmidt was continually active in good works, and as physician of the German Society, was the means of performing many an unostentatious act of charity. He was physician to two most important public institutions of the city, viz., the St. Patrick's Orphan Asylum and the Grey Nuns' Infirmary and Foundling Hospital—having served the former for 30 and the latter for 17 years. For 25 years he had been physician to the Seminary. In all these places his loss will be severely felt.

The funeral took place on Monday, the 8th instant, and was attended by an immense number of physicians and friends. *Requiescat in pace.*

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—Among the many new preparations brought to the notice of the profession, none perhaps deserves more attention than Hazen Morse's Hydroleine, a preparation of cod liver oil. The efficacy of Hydroleine is, it is claimed, not confined to cases of phthisis solely, but it also has a valuable tonic effect on the system generally. We have been using Hydroleine for some time, with the most satisfactory results, and value it very highly for its nutritive and waste-preventing properties. We have also been using Maltopepsyn in cases of indigestion, with marked success.

—We direct the attention of our patrons to Geo. P. Rowell & Co.'s Newspaper and Advertising Bureau. By their energy, fair dealing and skill they have entitled themselves to the lasting regards of publishers and advertisers generally. We have received their American Newspaper Directory for 1880, which is a model of its kind.

—We beg to call the attention of our subscribers to Hegeman & Co.'s advertisement, which appears for the first time in this month's JOURNAL. We understand that they are the oldest house



in the manufacture of the Elixir of Calisaya, one of the most agreeable of tonics. Their preparations are too well known to need an extended notice from us. For particulars see advertising page, No. V.

### Medical Items.

MCGILL COLLEGE FACULTY OF MEDICINE.—There are 57 new entries this year, the largest number for some years. They are distributed according to Provinces as follows: Ontario, 27; Quebec, 10; United States, 8; New Brunswick, 4; Nova Scotia, 3; Prince Edward Island, 1; West Indies, 1. In all, 165 have enregistered.

MEDICO-CHIRURGICAL SOCIETY.—At the annual meeting recently held, the following were elected officers for the ensuing year:—*President*, Dr. Hingston; *1st Vice-President*, Dr. Wilkins; *2nd do.*, Dr. Osler; *Council*, Drs. Perrigo, Blackader and Shepherd; *Secretary*, Dr. O. C. Edwards; *Treasurer*, Dr. W. A. Molson; *Librarian*, Dr. James Bell.

AN UNCOMMON OCCURRENCE.—In Holland, three triplet brothers—a naval *employé*, a solicitor, and a postmaster—have just celebrated their 50th birthday, all being in excellent health.

MATERNAL IMPRESSIONS.—The following occurred in the practice of a Maryland physician, according to the *Dublin Medical Journal*:—“A lady, during pregnancy, carried with her a pocket edition of Moore’s Poetical Works, which she read almost constantly. Her child, at three years of age, exhibited a most wonderful gift of putting sentences into rhyme; in fact, naturally expressed his little ideas and thoughts in flowing measure!” Blame not the bard—but a case like this shows how important is a well-assorted library to a gravid uterus.—*Brit. Med. Jour.*

LONDON FOGS.—Dr. Frankland, who has been studying London fogs, finds that the fogs occur in comparatively dry air, and that they cannot be considered as a sign of dampness. Their persistency in a dry atmosphere he has found to be due to a coating of oil, derived from coal smoke, upon the surfaces of the minute vesicles of water composing the fog, and which effectually hinders the evaporation of the water.