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CANADA  
MEDICAL & SURGICAL JOURNAL

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Original Communications.

OBLITERATION OF THE URETHRA FROM INJURY  
TREATED BY EXTERNAL INCISION.

By G. E. FENWICK, M.D.,

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*(Read before the Medico-Chirurgical Society, December 26th, 1879.)*

Obliteration of the urethra, or of a portion of that canal, can only occur as a congenital deficiency, or in consequence of injury, and all surgical writers agree that stricture of the urethra due to other than traumatic causes never arrives at a condition of perfect obliteration. Mr. Syme, in discussing this subject, denies the possibility of an impermeable stricture, declaring that he had never met with a case through which urine passed outwardly from the bladder, in which he was unable, with time and patience, to pass an instrument in. But this constitutes the gist of the whole matter. There is a distinction between a condition of stricture, or narrowing of the canal, and traumatic obliteration, which latter condition must be of rare occurrence. Syme met with such a case in the person of a young man, *æt.* 19, on whom he performed perineal section, without, however, his usual success. The case may be found reported in the Appendix, case xii, of Mr. Thompson's (at present Sir H. Thompson) Essay on Stricture of the Urethra. On the question of impermeability, Mr. Syme remarks: "I simply maintain that if the urine passes out, instruments, through care and perseverance,

may always be got in beyond the contraction. It should be observed, however, that the case here put is quite different from that of a distended bladder requiring immediate relief. I have never maintained that in such circumstances the introduction of a catheter is always practicable."

The surgeon may be called upon to relieve a stricture which has gone a little beyond the distended bladder here spoken of; cases in which urinary infiltration, with resulting urinary fistulæ, has occurred, or in which, a step in advance, the urethra has become absolutely occluded. The first case of this kind which came under my observation was operated on by me in 1859. The history, from notes taken at the time, is as follows:—

W. D., æt. 44, consulted me in December, 1858, suffering from the results of an old stricture of some eleven years' standing. He was first seen by me as an in-patient in the Montreal General Hospital in the autumn of 1847, I being at the time resident medical officer at the Hospital. He was admitted under the care of the late Dr. Sutherland. He stated that some three months previously he had received an injury to the urethra, which was accompanied at the time with considerable hæmorrhage, and the pain experienced on making water was severe and burning. Several days before his admission to Hospital he had occasion to go to the Back River, some nine miles from Montreal. On the way he drank rather freely, and on returning to the city he was quite unable to make water. During several weeks prior to this indiscretion he had noticed some difficulty in passing water, the stream was small, he had to exert some force in emptying his bladder, and his clothes were always wet from dribbling. A day or two after his return from the country he came to the Hospital in great distress: the bladder was distended, the perineum and scrotum were swollen, red and erysipelatous in appearance, and urine, drop by drop, was coming from the urethra. An attempt was made to pass a catheter, but failed, and as a condition of infiltration was believed to exist, two free incisions were made in the perineum on either side of the urethra, which gave exit to urine, pus and broken-down tissue. A large poultice was applied, and a full opiate ordered.

At the end of a few weeks he recovered and left the Hospital. In February, 1849, he again came under my care as a private patient. He had transgressed, and again the urethra had burst somewhere in the vicinity of the bulb, the result of closure of the stricture. As he was seen early, incisions were made, and no sloughing of the soft parts occurred. He had minor attacks of infiltration, in which I attended, according to my note-book, in the following years: two attacks September and April, 1851; one in October, 1853; one in October, 1854; two in January and April, 1855; one in July, 1856; one in March, 1857, and this last attack, which set in on the 25th November, 1858. Each attack was followed by a fresh opening externally, until the scrotum and perineum were riddled with fistulæ. During all this time the patient absolutely refused to submit to treatment by the passage of instruments, and during the last two years not a drop of urine came through the natural passage. At the time he consulted me in December, 1858, the scrotum and perineum was thickened and brawny, presenting much the appearance of elephantiasis of the part. There existed a number of minute openings, through which issued pus, and when he made water it flowed away from three fistulæ as through a sieve. His general health was failing; he had frequent rigors, more resembling ague, and coming on with periodical regularity. His appetite was indifferent, and from the disgusting odor arising from his clothes, which were always more or less saturated with urine, he was forced to relinquish his employment. An instrument could be passed down to a little beyond the root of the penis, when it came to an obstruction of cartilaginous hardness. This mass could be indistinctly made out, and appeared to be about three-quarters of an inch in extent. The man was willing to submit to any operative measures, and with that end in view his general health was improved by tonics and good food. Assisted by my friends Drs. R. P. Howard, Craik, and the late Dr. Walter Jones, perineal section was performed on the 26th January, 1859. There was no guide to the situation of the urethra, and the difficulty of finding it was greatly increased by the altered condition of the structures.

As well as could be made out, an incision was made in the median line extending from the posterior margin of the scrotum to within half an inch of the anus, dissecting backwards, the urethra was opened in front of the membranous portion, and a catheter passed thence into the bladder. The urethra which was pervious was then slit up on a director carried forwards to the posterior margin of the obstruction. About an inch or more of the urethra from this point forwards was apparently obliterated, and was carefully divided to its entire extent on the point of a large sized sound carried down from the meatus, and the way being clear, a No. 10 catheter was passed into the bladder and secured there in the usual way.

There is no necessity for tracing from day to day the progress of this case. The subsequent treatment was tedious and prolonged. The poor fellow had an attack of erysipelas, extending over the buttocks and down the thighs, which protracted his recovery. As a portion of the canal had to be restored, it was thought proper to retain the catheter in the bladder longer than is customary after these operations. A gum catheter was, however, substituted for the metal instrument at the end of the third day; this was changed every second day. The bladder irritation was slight, nevertheless a small slough formed in front of the scrotum, opening the urethra at that point, which required subsequent operative measures. This result was attributed to the pressure of the instrument. It is necessary to mention this fact—not, however, as a warning to other operators, as in practice many surgeons content themselves in passing a catheter every third or fourth day. My own practice at present is to leave a catheter in for the first 24 or 48 hours, provided no bladder irritation results from its pressure. The case terminated in recovery; the man lived several years thereafter in comfort. A large-sized bougie had to be introduced occasionally, and which passed with ease. This was passed about twice a month.

A second case of almost complete obstruction of the urethra (the result of injury) came under my observation quite recently.

W. F., a powerfully-built man, aged 34, consulted me in October, 1879. When first seen, the bladder was enormously

distended, and the urine passing drop by drop. An attempt was made to introduce a catheter, which failed, nor could the smallest sized filiform bougie be got through the obstruction. He stated that on several occasions quite recently the passage of even the few drops which were constantly flowing away ceased, and so great was his distress, being that of distention, that a full half grain of morphia had to be taken to procure rest and sleep. The effect of morphia and the recumbent position in bed was in every way beneficial, as the urine spontaneously flowed away, thus affording relief.

The history of the cause of the stricture is as follows:—When eight years of age he fell some twelve feet from a hayloft, striking the edge of the manger forcibly with the perineum. He remembers that he passed blood in his urine at the time, and that the surgeon in attendance had to draw off his water with a catheter; that he suffered greatly, and chloroform used to be given before an instrument was introduced. For several months after the accident the urine had to be drawn off occasionally.

He recovered slowly from the result of the fall, but he observed that to pass urine he had to strain considerably, and that it came away in a small stream.

From this time he would occasionally apply for relief, and the passage of an instrument was necessitated from time to time; but that during the past year or two no instrument had been satisfactorily passed into the bladder. On careful examination, a hardened mass could be felt in front of the bulb, and on carrying a bougie down, the point of the instrument was arrested by what appeared to be an impermeable barrier. The urethra was in a very irritable condition; it bled freely, was very painful, and the examination, which was prolonged, though no undue force was used, completely failed to make any impression on the stricture. This examination was followed by a severe rigor, so that it was decided to make no further attempt at overcoming the difficulty by dilatation, but to perform perineal section.

In consultation with my friend Dr. Roddick, and with his assistance, I performed perineal section on the 17th October, 1879, making use of Mr. Wheelhouse's staff. An incision was made in

the median line, and the urethra freely laid open ; the dissection was carefully carried backwards to the anterior margin of the obstruction. On exposing the part to a bright light, the sides of the wound being held apart, and pressing over the bladder, the opening in the stricture part could be readily made out, but with the utmost perseverance, and with the parts open before us, we were unable to introduce even a fine probe. With a probe-pointed bistoury, the incision was carried backwards, and the urethra laid open behind the obstruction. In doing this, a small uric acid calculus was struck and removed. Suspecting the presence of other calculi, a short-beaked sound was passed into the bladder, but no other calculi were struck. The way being clear, a No. 10 silver catheter was introduced and tied in the bladder. Before passing in the catheter the bladder, which was enormously distended, was thoroughly emptied.

On Monday, the 19th, the catheter was removed ; it had become blocked up, and the urine was flowing away by the side of the instrument. After removal of the instrument, while sitting on a close stool, the urine, in full stream, came through the wound, and with it five small calculi. The largest calculus, which weighed fifteen grains, was somewhat triangular in shape, and presented several well-polished facets. The aggregate weight of the calculi was thirty grains. From the appearance of the larger calculus we feared the existence of other concretions, so that it was decided to explore the bladder by dilating the canal. This was done with an ordinary pair of forceps through the wound, and I then introduced my finger into the bladder. No other concretions were found. A catheter was again tied in the bladder, but in the course of four hours it had to be removed, as it created much irritation, which was unbearable. The case progressed favorably, the wound gradually, but slowly, closed, and he has at the date I write perfectly recovered control over his bladder, which, from over-distention, had become partially paralyzed.

On looking over the record of cases of perineal section which I have performed, many of which have already been published, I find that the number operated on has been 27 ; and in two

instances death resulted; in one from pyæmia, in the other from urinary infiltration. These cases extend over a period of 20 years. Some of the cases reported were operated on after Mr. Syme's method. In some the irritability of the stricture precluded the treatment by dilatation, as the passage of an instrument appeared to aggravate the symptoms; in others, dilatation afforded only temporary relief, and from the continued annoyance the patient demanded some other and more decided means of cure.

### THREE CASES OF BRAIN DISEASE.

BY WM. OSLER, M.D., M.R.C.P., LOND.,

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(Read before the Medico-Chirurgical Society of Montreal.)

CASE I.—*Embolic softening of right caudate and lenticular nuclei, anterior part of internal capsule, and the first temporo-sphenoidal convolution. Left hemiplegia. No loss of sensation.*

C. B., æt. 36, married; no children; admitted to Hospital Aug. 8th with complete left-sided hemiplegia.

Dr. Molson has kindly given the following information respecting the attack and the previous history:—

“Was called to see patient at 5 p.m. of the 7th. She had been attacked about 2.30 p.m., and at time of visit had left hemiplegia, and there was spasm of the muscles of the right side. Attack began with intense pain over frontal region. She was unconscious; pupils dilated. During the night had four stools. Patient has a history of acute rheumatism 10 years ago, when she was laid up for six months, since which time she has been subject to shortness of breath and blueness of lips on exertion. About a year ago had dropsy, but was relieved by treatment. On Aug. 2nd saw her for first time, and found some ascites and œdema of legs. Pulse 40; loud mitral murmur heard at apex.”

9th.—Patient delirious, very talkative and incoherent. Pulse 44, moderate in volume; respirations 30; temp. 97°. Urine clear acid, sp. gr. 1018, highly albuminous.



10th.—Appears rational, but is very talkative and impatient. Pulse 50 ; resp. 30 ; temp. 95° 5. Muscles of left side of face, with exception of orbicularis palpebrarum, are paralyzed, and this side is flatter and does not move. Tongue deviates to the left ; pupils dilated, equal. Can move the left leg a little. Sensation unimpaired ; feels a pinch or prick quite well. Left forearm and ankle œdematous. Heart : apex beat a little outside of nipple line, impulse is not forcible ; a faint thrill is communicated to the hand ; a murmur is heard at the apex region, loudest above and a little to the inner side of nipple. It follows upon the second sound, and continues through the period of ventricular systole. It is feeble at base. Pulmonary second sound accentuated. Passes urine and fæces in bed. Temperature of skin of cranium taken with surface thermometer after shaving the head :

Sup. frontal region, R., 95·8°. L., 95·6°.

Parietal, - - - R., 97·6°. L., 96·2°.

Occipital, - - - R., 96·6°. L., 96·2°.

11th.—Was wildly delirious through the night, but appears rational to-day. Complains much of frontal headache. Pulse 46 ; temp. 98°. Urine albuminous. No casts have been found.

12th.—Passed a quiet night ; is very talkative and wandering. General condition the same, but respirations are more hurried. Feels acutely in paralyzed limbs.

13th.—No change in paralyzed side ; forearm and leg œdematous. Pulse 54 ; resp. 44 ; temp. 98·2°. On examination of chest, no dulness, coarse râles in scapular and infra scapular regions.

14th.—Respirations, 44 ; pulse, 58. No change.

15th.—Pulse 80 ; respirations 48 ; temperature 98°. Patient restless, talks incoherently, but is conscious. Temperature in right axilla 97·2° ; in left, 99·2°. There is a difference of 4° in favor of right side between the temperature, with surface thermometer, of parietal region of head. Lips are cyanotic ; left side of face puffy. Heart's action is feeble.

16th—8.30 a.m.—Patient becoming comatose ; is roused with difficulty. Heart's action, slow and irregular, 60 ; respirations

40 ; temperature left axilla,  $100\cdot5^{\circ}$  ; right  $97\cdot5^{\circ}$ . Pupils contracted, equal. 12.30 p.m.—Temp. right parietal region  $94\cdot6^{\circ}$  ; left,  $95\cdot4^{\circ}$ . Is comatose and becoming livid. Sank gradually, and died at 6.40 p.m.

*Autopsy*—16 hours after death.

Body well nourished ; right arm and leg much more rigid than limbs of other side.

On opening abdomen, nothing special observed. In thorax heart occupies a large area ; no fluid in pleuræ. On visceral layer of pericardium, about right auricle, a few roughened spots.

*Heart*—Right auricle full of dark clots ; those in appendix buff-colored and moderately firm. Cavity greatly enlarged ; walls thick. Right ventricle chamber  $12\cdot5$  cm. in length ; walls 5–7 m. in thickness. Tricuspid orifice 16 cm. in circumference ; valves normal. Pulmonary valves healthy. Left auricle large ; endocardium opaque ; walls hypertrophied. Mitral orifice, situated at the bottom of a cone-shaped depression, forms a slit-like opening 13 m. in width, into which the tip of the little finger can be inserted ; auricular surface of opening is smooth. Left ventricle moderately hypertrophied ; chamber measures 9 cm. in length ; walls 10–15 m in thickness. From this cavity the mitral orifice presents thick indurated, but smooth, lips ; chordæ tendineæ of anterior segment very short and stiff, the apex of the papillary muscle being almost in contact with the valve. Those of the posterior muscle are longer and more natural-looking. Aortic semi-lunar valves a little stiff, and present some vegetations on ventricular face. Weight of organ 430 grams.

*Lungs* present numerous patches of hæmorrhagic infarction. One, size of an orange, occupies lower lobe of right lung, two smaller ones in same lobe, and four in the upper one. In left, one large one occupied greater part of apex, and two smaller ones exist in lower lobe.

*Spleen* enlarged and firm ; no infarctions. Three small supplementary organs.

*Kidneys* of normal size ; tissue firm ; veins of the cortex full.

*Liver* somewhat enlarged; cuts with resistance. Central veins of the lobules full.

*Brain*—Nothing of note in sinuses or in dura mater. On cortex, veins of pia are full. At base, arteries contain blood, and are natural-looking. The right Sylvian artery looks full, and at its second bifurcation is larger than elsewhere in its course. The branch passing to the under surface of temporo-sphenoidal lobe is empty; other branches going over island of Reil are as full as corresponding vessels of other side. Extremity of right temporo-sphenoidal lobe is somewhat anæmic, and the same appearance extends alongs the 1st convolution of this lobe. Organ then sliced, and the sections presented the following appearance: (1) Prefrontal, through middle of anterior part of frontal lobe, normal. (2) Pediculo-frontal, through base of frontal convolutions, normal. (3) Frontal, through ascending frontal convolution—Outer section of lenticular nucleus on right side has a decidedly yellowish tinge, is a little soft, and is separated somewhat from the external capsule; caudate nucleus has same appearance; upper and outer part of internal capsule, between the outer nucleus of lenticular ganglion and the candate nucleus, is coarse-looking and softer than on opposite side; ext. capsule is decidedly soft, and the tissue separates under a gentle stream of water. The fasciculus of white matter joining the ext. capsule and the temporo-sphenoid convolutions is also soft, particularly that passing to the sup. temporo-sphenoidal convolution. (4) Parietal, through ascending parietal convolution—There is a spot of hæmorrhagic softening in lenticular nucleus, involving chiefly the middle and internal sections; the outer section is firmer, but has a yellowish tint; upper part of internal capsule, between top of lenticular nucleus and thalamus, is a little soft; external capsule in same state, and there is a separation between it and the lenticular nucleus; candate nucleus looks more natural; white substance of superior temporo-sphenoidal convolution, and the fasciculi of fibres between it and the lower part of external capsule, softened. (5) Pediculo-parietal, through middle of parietal lobe, 3 cm. behind fissure of Rolando—Only a small spot of disease evident, situated on the white matter external to

the thalamus opticus, and just above the roof of the descending cornu of the lateral ventricle. (6) Occipital section, through occipital lobe, normal.

The area of softening, then, corresponded to the lenticular nucleus, central and posterior parts, the central part of caudate nucleus, the anterior portion of internal capsule, the external capsule, and the fasciculus of fibres passing to the first temporo-sphenoidal convolution. Substance on left side is natural-looking.

On slitting up the left middle cerebral artery, a clot of blood is found occupying it immediately beyond its first branch to the convolutions, the frontal-external. It is pretty firm, not decolorized, and not adherent to the wall; on carefully separating its elements, no firmer portion was found, and it was evidently *post-mortem* in its formation. The larger of the small arteries in the anterior perforating space which are given off from the first part of the Sylvian artery were carefully withdrawn and slit up, but no small emboli found. A similar result followed the inspection of the branch going to the right temporo-sphenoidal convolution.

CASE II.—*Hæmorrhage into left caudate nucleus; softening of anterior fibres of internal capsule and outer section of lenticular nucleus. Hemiplegia; early rigidity. Loss at first, subsequent return, of sensation in paralysed side.*

J. W., æt. 72, admitted Sept. 1st with right hemiplegia, which came on suddenly on the 29th of August. He is a fairly, well nourished old man. There is no satisfactory history, but as he came from the House of Refuge, the presumption is in favor of a life of considerable hardship. Signs of senile decay in stiffened arteries.

*Condition on admission.*—Lies in a lethargic state, but can be roused when spoken to loudly, and answers in a muttering, unintelligible way. Lifts the left hand when told to do so. Right side completely paralyzed. Right side of face also affected. Tongue is protruded to this side, and when he speaks the angle of mouth is drawn to left; no ptosis. Pupils dilated and equal.

Complete paralysis of motion in right arm and leg. He does not appear to feel the pricking of a pin. Pulse 100, regular and full. Heart-sounds feeble; no murmur. No special physical signs in lungs. Urine and fæces passed in bed.

*2nd.*—Condition the same; takes nourishment well.

*3rd.*—Is somewhat brighter, and answers more intelligently, but quickly lapses into a heavy lethargic state.

*4th.*—Sensibility carefully tested; does not appear to notice pricking on the right side on any part, but if asked whether anything touched him, the left hand is moved towards the right side as if conscious of having received an impression from that quarter. Sensibility is very dull even in left side. Arm is kept in a flexed position on the chest, and is to-day rigid, returning quickly when forcibly extended. Fingers also flexed and stiff. Leg extended and rigid, but when pricked strongly moves a little. Tendon reflex unchanged in paralyzed limb. Pupils equal. Right eyelid droops a little. Temperature in right axilla,  $89.4^{\circ}$ ; in left axilla,  $97.2^{\circ}$ . In the evening Dr. Imrie took the temperature of the two sides of the head with surface thermometer.

On right frontal region,  $95.8^{\circ}$ . Over left frontal region,  $95^{\circ}$ .

On right parietal "  $96^{\circ}$ . On left parietal "  $94.4^{\circ}$ .

On right occipital "  $96^{\circ}$ . On left occipital "  $94^{\circ}$ .

*5th.*—Answers more distinctly. Some urine obtained for first time; contains about 10 per cent. of albumen.

*8th.*—Has remained the same. More positive evidences of sensation in right side; says he feels the pin when applied to leg or face. Still passes urine and fæces involuntarily.

*10th.*—No change; when asleep breathing is very labored.

*12th.*—Can lift the right leg about 18 inches; it is still rigid. Arm fixed in same position. Pupils dilated; right a little larger than the left; both respond to light. Facial paralysis persists.

*14th.*—Cannot lift the right leg so well; it appears more rigid. Pulse 88. Feels pin prick on right side.

*18th.*—No change since 14th.

*20th.*—Pulse 100; respirations 22. Rigidity persists. Has not spoken so clearly for the past few days.

24th.—Pulse has been more rapid, and is weaker. Condition the same. Ordered stimulants.

25th.—On passing catheter, about an ounce of urine containing creamy pus was removed; reaction acid, sp. gr. 1020. Does not take nourishment so well.

27th.—Pulse 124; respirations 24. Is weaker; tongue is getting dry. Pus in urine. Paralyzed parts remain the same.

29th.—Pulse 112; respirations 30. Patient weak and does not answer questions. Rigidity of leg not so marked to-day.

30th.—Respirations more rapid, 48, and patient is in a heavy soporose condition. Death took place at 7 p.m.

#### *Autopsy.*

*Brain*—Dura very adherent to skull; sinuses full. Subarachnoid fluid in excess. Arteries at base atheromatous and stiff; contain blood and clots. In Sylvian fissures nothing special noticeable about the arteries. On cortex, Pacchionian bodies large; left hemisphere looks fuller than right; veins of pia mater full; arachnoid over sulci opaque. Sections—(1) Prefrontal, normal. (2) Pediculo-frontal, presents nothing special. (3) Frontal—On right side, the ganglia and white matter look natural; on left side, a brownish-red coagulum occupies the position of the caudate nucleus. It is immediately beneath the floor of the lateral ventricle, the lining membrane of which is thickened at this spot. Below, it rests on the optic thalamus and internal capsule, the fibres of which, between the caudate and lenticular nuclei, are softened, and, in places, have a greyish, almost puriform appearance. The outer section of lenticular nucleus is also soft, and of a pinkish-red color; inner sections look normal. The external capsule and claustrum are indistinct. Grey matter of island of Reil looks natural. The spot of hæmorrhage extends transversely for about 25 m. (4) Parietal—No signs of softening; tail of caudate nucleus, normal. Fibres of internal capsule of normal consistence. Grey and white matter of convolutions healthy. Ventricles are a little large; ependyma of left slightly yellowish. (5) Pediculo-parietal presents nothing striking. (6) Occipital section, normal. Crura look healthy. No evidence of

a descending degeneration in left one. Pons normal. In medulla, left anterior pyramid looks a little greyer than normal at its inner border. Sections of the spinal cord do not show any alteration in the appearance of the columns.

*Heart* not enlarged; valves competent; a little stiff. *Aorta* somewhat atheromatous. *Lungs* congested at bases; bronchi full of muco-pus. *Kidneys* somewhat fibroid; right pelvis dilated and contains pus and two small calculi. *Liver* of average size; substance soft.

*Remarks.*—These two cases present certain features in common: the lesion was confined in both to the caudate and lenticular nuclei, and the strand of white matter, known as the internal capsule, and of it chiefly the anterior part lying between these nuclei. There was no loss of sensation in case I; in case II the loss was only temporary. The following points are of interest:

First, *the distribution of the lesion.* The degenerative changes in the brain substance depend for their distribution upon the vessels. The large ganglia at the base of the brain are nourished by arteries which are given off from the main trunks of the circle of Willis. Of these the most important pass perpendicularly up from the first portion of the Sylvian arteries and supply the corpora striata and anterior part of thalami optici. These are divided into two sets by Duret—internal and external. Of the latter, some are anterior, others posterior. The former, named the lenticulo-striated, supply the external portion of lenticular ganglion, the upper and anterior part of the internal capsule, and the caudate nucleus. One artery of this set is large, and has been called by Charcot, “on account of its predominant rôle, in intra-encephalic hæmorrhage,” the artery of cerebral hæmorrhage. Now in both of these cases it is the territory supplied by these vessels which is involved. In case I, an artery could be distinctly seen leading to the spot of hæmorrhagic softening, which was probably of embolic origin, though the embolus was not found. The existence of mitral stenosis, together with a circle of vegetations along the faces of aortic semi-lunar valves, afford presumptive evidence in favor of this view. In case II, the lesion was hæmorrhage from

rupture of some small vessel. No miliary aneurisms were found in the neighborhood. The nutritive disturbances in the vicinity were not so much in the thalamus, immediately below the extravasation, but in the upper part of internal capsule and the outer section of lenticular nucleus—*i.e.*, in the regions supplied by the vessels from which the extravasation took place.

Second, *the absence of sensory paralysis in the first case and its quick disappearance in the second.* The localization of the lesions may be considered to afford a satisfactory explanation. The band of white matter known as the internal capsule, and which occupies a position between the caudate and lenticular nuclei on the one hand, and between the latter and the thalamus opticus on the other, is a prolongation of the fibres of the crus cerebri. Now it has been proved experimentally that destruction of the anterior part of the internal capsule—*i.e.*, that portion between caudate and lenticular nuclei—produces motor hemiplegia only of the opposite side of the body, no loss of sensation; and the same evidence is afforded by pathology. This is the territory supplied by the lenticulo-striated arteries. If the posterior part of the internal capsule be injured—*i.e.*, that part between the lenticular nucleus and the optic thalamus—the result is anæsthesia of the opposite side without motor paralysis. This is the region supplied by the lenticulo-optic arteries. Case I affords an illustration of the truth of this view, *viz.*, that the course of the motor impulses from the hemispheres to the cord is in the anterior part of internal capsule.

Thirdly, In case II, a point of considerable interest is the early onset of the rigidity or contraction of the muscles of the paralyzed side. This condition may be quite transitory, coming on with the attack; more commonly it is a late symptom supervening after weeks or months. In this case it came on on the third day, and persisted. It is to be attributed, most probably, as suggested by Todd, to the irritative effects of the lesion on the motor nerve tract, but it is difficult to see why it should come on so early in one case and not in another. Ferrier states that the irritable lesions inducing spasm are almost always



accompanied by hyperæmia of the grey matter or white tracts. In this case there was certainly considerable hyperæmia of the internal tract and lenticular nucleus.

(To be continued.)

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## A CASE OF IMPERFORATE ANUS.

*Meconium passed per urethram—Operation—Death—Autopsy.*

By S. L. NASH, M.D., Bridgewater, Ont.

On November 19th, 1879, I was called to see a male child a few hours old. Found child well nourished, healthy, and perfect in all its parts and functions, with this one exception—entire absence of anus and (?) rectum.

As there was no bulging about the anal region, I decided to wait twenty-four hours before operating.

Visited child next day, in company with Dr. Dafoe—child then being thirty-eight hours old, active and healthy, nursing well, urine normal, and to all appearance in perfect health. No bulging in anal region.

Commenced operation by making an incision about one and one-fourth inches in length along median line, from coccyx towards scrotum, carried the dissection back and up, following the curve of sacrum. By passing probe in urethra, found it to approach abnormally near coccyx. The probe in urethra assisted us in keeping away from that organ. Although Dr. Dafoe and myself very carefully examined the region along curve of sacrum, posterior to urethra, and bladder, we failed to feel anything like the distended gut. The narrowness of the pubic arch, together with the close approximation of the tubera-ischii, forced us to use a probe instead of the finger for examination, as it was with extreme difficulty that the little finger could be introduced through the pelvic outlet. We carried the operation no farther when we became satisfied that so much of the bowel was deficient that nothing would be gained by reaching it. The child lived eighty hours, and, before death, passed with urine, by urethra, a black fluid like meconium.

*Post-mortem* examination revealed entire absence of rectum,

the descending colon having a pouch-like enlargement, one inch in diameter, occupying the ordinary site of sigmoid flexure. This pouch was connected to the posterior part of fundus of bladder by a small tube, three-fourths of an inch in length, by about one-fourth inch in diameter, admitting a small probe one line in diameter, which passed readily from colon to bladder, but could not be passed from bladder to colon, as the vesical orifice was guarded by a fold of mucous membrane.

[The condition of the parts and subsequent observation having suggested absence of great portion of the rectum, and the dissection having proved this malformation to exist, would it not have been well, before abandoning the case, to consider the possibility of forming an artificial anus higher up? Professor Gardner, of this city, has published a case where this procedure was successful. Indeed Holmes' rule is this: "If the parts of generation are very far back, the tuberosities of the ischia very near together, and the skin in the situation of the anus much depressed, it will become a serious question whether it would not be justifiable to resort to colotomy at once."—ED.]

## Hospital Reports.

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

### *Case of Imperforate Hymen—Retention of Menses—Incision and complete relief.—Under the care of DR. MACCALLUM.*

E. L., a strong, well-nourished Irish housemaid, entered Hospital January 3rd, 1880, complaining of severe, dragging pains in the back (sometimes going down to the thighs). Tenderness on pressure, and some pain about the lower part of abdomen; loss of appetite and constipation. These symptoms were present since the beginning of her menstrual period, two days before. A sedative was given, together with a purgative, and rest in bed enjoined until an examination of the womb could be made per vaginam. A bloody discharge from the vagina was kept up for a week, and then replaced by one of a highly offensive purulent character, with no relief to pain in back and

pain and tenderness in abdomen. There was but moderate elevation of temperature, the highest point reached being  $99\frac{1}{2}^{\circ}$ .

The patient gave the following history:—During her fifteenth year, for three months, at intervals of a month, she experienced severe cutting pains about the back and abdomen, shooting down the inner side of thighs, and causing her much suffering in the act of micturition. These lasted from three to four days, and then subsided. Towards the end of the third of these periods, a physician made an examination of the genitals, found some obstruction, and used his lancet upon “a tumor” in the passage, from which he removed a large quantity of blood in clots, after which the menstrual function became regularly established, the periods lasting about four days, and painless, until five months ago, having changed an out-door country life for that of housemaid in town, she began to experience pain and general discomfort with each period, which now became shorter, more frequent, and accompanied by diminished flow. The flux preceding that present upon entering Hospital had been unusually painful, and was followed by an offensive yellowish discharge for about ten days.

Having obtained these facts, an examination was attempted per vaginam, but owing to the tenderness of the parts was desisted from until the patient was put under ether on the 17th inst., when the vagina was found completely occluded by a firm membrane extending from the meatus to the perineum. At the lower part a small opening existed, through which a highly offensive purulent discharge had exit. The membrane was divided upon a director, and about twenty ounces of dirty greyish-yellow pus removed, after which the canal was washed out thoroughly with a warm, weak solution of carbolic acid. The os uteri was found patulous, cervix shortened, uterus of normal size and in proper position. Directions were given to have the vagina washed out twice daily with diluted carbolic acid, the parts kept separated in the interval by means of a tent of lint; the patient kept in bed upon tonic treatment with wine. After a week had passed the parts were found fully dilated and natural in appearance; edges of wound healed. Directions were given for a bougie to

be passed twice daily and retained in the canal for an hour each time to avoid any contraction, and the patient discharged on the 29th instant, feeling perfectly well.

*Case of Aortic disease—Pain a prominent symptom—A sudden attack, with Cyanosis; temporarily relieved by Venesection.—Death. Under the care of Dr. Ross.*

George D., æt. 24, of spare build, first came under observation Sept. 26, 1878, complaining of violent palpitation of heart, accompanied by stabbing pains in the cardiac region—which did not radiate towards shoulder, nor down arm—and by dyspnoea. The position of least discomfort was the upright. There was no œdema of the lower extremities, though the feet were cold and perspiring. His family history showed no predisposition to rheumatism or heart disease. His own history gave an account of some acute inflammatory trouble about the left side when a mere child. Since boyhood, has been engaged in a store, and had much running up and down stairs. Felt the work hard. Has no history of rheumatism. Twelve years ago, after running, spat up a small quantity of bloody mucus. Eight years ago began to have attacks of palpitation, with stabbing pain about the heart. At first these attacks were slight, and only in winter. Later on, they came in summer too, and were more severe. Since the beginning of these attacks he has had a slight cough, more or less persistent. The present attack (Sept. 26, '78) began six days ago with a dull, steady pain in cardiac region, relieved by blistering. Three days ago his bowels were very loose, and blood was passed to a considerable amount. Examination of patient's heart at this time showed impulse strong, heaving and diffused; apex beat in nipple line, two inches below that point. A thrill felt at root of neck, both sides, with throbbing of the vessels here and visible pulsation in axillary arteries. Cardiac region full. Transverse dullness at 4th rib,  $3\frac{1}{2}$  inches. Heart's action quick and irregular. Loud double murmur at mid-sterum, with greatest intensity. Lungs, slight dullness at bases, with bubbling râles and feeble breathing.

Patient remained in Hospital a little more than a fortnight,

during which time he had frequent attacks of dyspnoea and palpitation; relieved by the free administration of stimulants at the time, with digitalis in the intervals. After leaving Hospital he resumed his work as salesman in a dry goods store; but frequently experienced attacks of cardiac pain, dyspnoea, and palpitation. On the 12th of January, 1880, he was laid up with one of these, marked by severe pain over epigastrium and throughout the cardiac area, orthopnoea, vomiting, and violent irregular action of the heart. These persisting, he was removed to Hospital on the 18th inst., his suffering being intense. Rest in any position was impossible. General surface cold; face strikingly anxious and, like his feet and hands, cyanosed. The heart's action very irregular; the impulse widely diffused, and moving with it the whole of lower part of chest; great throbbing at the neck and in brachials; pulse weak, rapid and irregular; cardiac area of dullness greatly increased in all directions, and loud double murmur heard, with greatest intensity at fourth costal cartilage, close to left side of sternum. A systolic blowing murmur also heard at apex, and round to axilla. Breathing gasping, and most laboriously performed; respiratory murmur enfeebled throughout chest. External warmth and stimulants internally were freely administered, with slight improvement in the next twenty-four hours. Patient vomiting occasionally, and getting no rest. Functions of kidneys almost suppressed. At the end of this time, ten ounces of blood were removed from the arm, with apparent relief, for a couple of hours, to the breathing and improvement in pulse. A draught of bromide potash was ordered for night, and the stimulants and heat continued. At end of second day in Hospital, the heart's action was less violent, and the impulse less diffused; breathing rather easier. A second venesection was done that evening, when about eight ounces of blood were removed, which caused a brief fainting condition, and afterwards patient was better for an hour or two. However, during the night he became weaker, and died exhausted at eight in the morning of third day in Hospital.

At the autopsy was found an enormous heart (850 grammes), with dilated hypertrophy of all the cavities; very great disten-

sion of the right auricle, with soft-clotted blood ; tricuspid orifice 6 inches in circumference ; aortic valves markedly incompetent ; all the segments thickened, and crumpled at their edges, one being specially fore-shortened : they are all much reduced in size. *Lungs* crepitant throughout ; no infarctions ; some excess of blood in the lower-parts. No other morbid appearances of any note.

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### Reviews and Notices of Books.

*Lessons in Gynecology.*—By WILLIAM GOODELL, A.M., M.D., Professor of Clinical Gynecology in the University of Pennsylvania, Fellow of the American Gynecological Society, &c., &c. With eighty illustrations ; 8vo., pp. 377. Philadelphia : D. G. Brinton.

The author says in his preface that “this is not a treatise upon the diseases of women, but mainly the outcome of clinical and of didactic lectures delivered to the advanced students of the medical department of the University of Pennsylvania.” We think Dr. Goodell has shown great good sense in deciding not to write a systematic treatise on diseases of women. The classical works by Thomas, Barnes and others renders this quite unnecessary, and when a man has anything new or original to impart he had much better do it in this way.

The first chapter is on instruments—tools, as Dr. Goodell pithily calls them. Like most gynecologists who have written books, and some who have not, Dr. Goodell has invented a speculum, a base-opening bivalve. We have not seen this instrument, and therefore have no opinion to express about it.

Speaking of the sound and the necessity for being satisfied that the womb is not gravid before introducing it, Dr. Goodell lays down the following capital off-hand rule : When the cervix is as soft as one’s lips, the woman is probably pregnant ; when it is hard as the tip of one’s nose, the womb is most likely empty.

The second lesson is upon that common trouble, Urethral caruncle, and other affections of the female urethra, and does not call for any special notice.

Lesson III is on the vesical disorders of women, a most important subject most thoroughly and excellently treated by Dr. Goodell. When speaking of dysuria in sterile women, with anteflexed uterus, he asserts what is undoubtedly true in many instances, that the vesical distress is neurotic and emotional, arising from nervous exhaustion. It is an hysterical bladder, "and the motto of an hysterical bladder, as regards local treatment, should read '*noli me tangere.*'" The chapters on fistulæ of the genital organs are excellent.

Lesson VI and VII are on the causes, the prevention and the cure of Laceration of the Female Perineum. The author believes that the great majority of such accidents are due to meddling midwifery, especially to the support so generally given to the perineum. After describing, in a very amusing manner, the diversity of modes of making this pressure, he describes his method, which is to make retarding pressure on the head, and when the perineum is very rigid, to relax it by hooking up and pulling forward the sphincter ani by two fingers in the rectum.

The next lesson is on Chronic Metritis and Endometritis, and here the author, when speaking of caustic intra-uterine applications, makes a statement with which cautious and timid men will scarcely agree. "I have come to the conclusion that he is the most successful gynecologist who is the most plucky, and that no matter how severe or how mild the treatment of uterine disorders, the percentage of accidents will be about the same, and that a very low one." The list of applications in use by Dr. Goodell includes saturated alcoholic and ethereal solutions of iodine, fuming nitric acid and nitrate of silver; and he tells us that the cases in his clinic at the hospital of the University of Pennsylvania have these applications made and then have to go home, in some cases to adjacent towns twenty miles off. Most men would consider this rather foolhardy treatment.

The twelfth will, we are convinced, be a valuable lesson to many practitioners, as it treats of a subject which in few textbooks on diseases of women receives its due meed of attention. It is on the use of the closed Lever-Pessary and of the Intra-Uterine Stem Pessary. This is the clearest and best description

of the lever pessary, its objects, uses, and the principles which should guide its application, with which we are acquainted. It deserves careful study by every medical man before he attempts to introduce or adapt a pessary. With reference to intra-uterine stem pessaries, Dr. Goodell, with characteristic candor, confesses to having changed his opinions more than once, but has now come to hold with most gynecologists of large experience that there are cases of both retro and ante-flexion which cannot satisfactorily be treated in any other way, and that with proper precautions their use is attended with little danger.

Cancer of the Uterus is treated of in Lesson XVII. It is the treatment by removal to which the lesson is chiefly devoted. Dr. Goodell is a strenuous advocate for the early and complete as possible removal of every accessible portion of diseased growth. Hence amputation of the cervix, the use of the spoon-curette, and other means for gouging or digging out the diseased growth (when practicable), followed by thorough applications of fuming nitric acid, actual cautery, &c., are advised. No allusion is, however, made to Freund's and Kock's operations for the complete extirpation of the uterus, which have been performed often enough and with a measure of success which certainly entitles them to consideration.

Vegetations of the Endometrium, Fungoid Degeneration of the Endometrium, Sarcomatous Degeneration of the Endometrium, Uterine Polypus, and Uterine Fibroids are the subjects of the next four lessons.

In Lesson XXII, Battey's operation is discussed under the unpleasantly-suggestive title of spaying. It is with especial reference to Uterine Fibroids that this operation is here considered, and with approval. Dr. Goodell has operated four times, in each case by vaginal incision, with three recoveries. He quotes Dr. Trenholme's (of this city) cases, and asserts that he was induced to operate in his own first case by Dr. T.'s success. There is a very respectable amount of evidence accumulating as to the value of this operation.

In this paper some interesting and valuable statistical tables



are given showing the mortality of the operation and its results with reference to menstruation.

Lessons XXII, XXIII, XXIV and XXV are devoted to the diagnosis and treatment of Ovarian Cysts. The directions for the operation of ovariectomy, abdominal and vaginal, are admirable, and most lucidly given. The last words of lesson XXIV are the following: "In concluding this subject, let me advise you not to undertake the operation of ovariectomy until you have mastered all the details of antiseptic surgery." Surely this is scant justice to "Listerism" in ovariectomy in view of the recently published marvellous results obtained by Keith, Wells, and certain German operators under the spray. Forty-one successive successful cases by Keith will deter every conscientious man from ever performing this operation without antiseptic precautions.

The 26th Lesson is the author's admirable presidential address before the American Gynecological Society. The subject is, "The relation of Neurasthenia to Disease of the Womb." In this paper the author attempts to teach a much-needed lesson and to give a much needed caution. The text is contained in the first few words. It is as follows: "In the yet young and brilliant school of gynecology there is, to my thinking, a tendency to make too much of the womb and its annexes as causes of so-called female disorders."

Lesson XXVII contains hints for the prevention of uterine disorders, special hints for the management of the puerperium, and general hints with reference to modes of dressing, exercise, occupation, &c. "Too much brain-work—too little house-work," is a cry which is sure to be echoed by every physician who has much experience of the diseases of the opulent classes of society.

Lesson XXVIII is on the relation which faulty closet accommodations bear to the diseases of women—"an unsavory subject," the author remarks, but surely one of great importance. We have not space to say more than that the operation of such causes is probably often overlooked or forgotten by the profession, although we can all corroborate every word he says in his descriptions of such imperfect accommodations.

The last lesson is entitled the Sexual Relations as Causes of

Uterine Disorders. In this lesson the author boldly and eloquently lays bare and attacks certain vile practices commonly resorted to by certain of his fellow-countrymen and women in the married state who do not wish to have children. We quote a paragraph: "How immoral must be the effect when husband and wife meet, not 'to endear each other,' as Jeremy Taylor quaintly has it, but to adjust accoutrements, to compound antidotes, and to consummate with pre-arranged precautions and cold-blooded calculations a union which, for its perfect mental and physical fruition, should be spontaneous and unrestrained."

We have nothing further to say than to advise every one of our readers to read this lesson. It will doubtless afford revelations to many of them. We are glad to be able to say that we believe that in our own city and land there is comparatively little of such iniquity practised.

We here conclude our notice of this remarkable book by merely saying that every gynecologist must read it, and exceedingly pleasant reading he will find it to be.

*The National Dispensatory, containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, including those recognized in the Pharmacopœias of the United States, Great Britain and Germany, with numerous references to the French Codex.*—By ALFRED STILLÉ, M.D., LL.D., Professor of Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania, and JOHN M. MAISCH, Phar.D., Prof. of Materia Medica and Botany in the Philadelphia College of Pharmacy. Second edition; thoroughly revised, with numerous additions. With two hundred and thirty-nine illustrations; 8vo, pp. 1680. Philadelphia: Henry C. Lea.

The remarkable demand for this work has necessitated a second edition within a few months. This, of course, constitutes the clearest demonstration of the favor in which it is held by the profession throughout America. It is, in fact, invaluable to every one as a work of constant reference. It is impossible for any one to follow up all the more recent discoveries as to the

action of known drugs, the medicinal virtues of new ones, and the novel uses to which either of these have been successfully applied. But we must possess the means of obtaining all this information when required, and the National Dispensatory is beyond dispute the very best authority wherein to seek it. It is throughout complete in all the necessary details, clear and lucid in its explanations, and replete with references to the most recent writings, where further particulars can be obtained if desired. Its value is greatly enhanced by the extensive indices—a general index of *materia medica*, &c., and also an index of therapeutics. It would be a work of supererogation to say more about this well-known work. No practising physician can afford to be without the National Dispensatory.

*The Pathology of Venereal Diseases.*—By FREEMAN J. BUMSTEAD, M.D., LL.D., late Professor of Venereal Diseases at the College of Physicians and Surgeons, New York; late Surgeon to the New York Eye and Ear Infirmary, &c., &c. Fourth edition, revised, enlarged, and in great part re-written by the author and by Robert W. Taylor, A.M., M.D., Professor of Skin Diseases in the University of Vermont, Attending Surgeon to Charity Hospital, &c. With 138 woodcuts. Philadelphia: Henry C. Lea.

This is the fourth edition of the celebrated American work on Venereal disease. The revision of the entire book has occupied the author and his coadjutor for the past two years. It must be looked upon with melancholy interest as containing the last literary work which this able writer was fated to perform. Since its publication we have all heard of the death of that eminent and scientific syphilographer, Dr. Bumstead. In the author's preface he states that he never doubted for a moment that, if a well executed revision was carried out and made to bring the treatise down to the level of our present knowledge, it would not fail to meet with the same favorable reception which has been accorded to the three previous ones. We have not the slightest doubt that these anticipations will be fully realized. Immense advances have been made of late years in the

study of the pathology of syphilitic changes, and we can only say that in every chapter which we have had the time to examine, we find that all the recent literature bearing on the point has been subjected to careful criticism, and the results are plainly stated. The reader thus gets not alone the author's views of any particular subject, but is put in possession of the present aspect of medical knowledge thereon. It would be quite unnecessary to say more about a book which has long been recognized as the standard work in that special department in America. It must be possessed by every one interested in this class of cases. Even those who have the previous editions cannot afford to be without this one, owing to the very large amount of new and valuable matter it contains.

*Infant Feeding, and its influence on life; or the causes and prevention of infant mortality.*—By C. H. F. ROUTH, M.D., M.R.C.P.L.; Fellow of University College, London, of the Medical, Medico-Chirurgical and Obstetrical Societies, Senior Physician to the Samaritan Hospital for Women and Children, &c., &c. Third edition. New York: Wm. Wood & Co.

This is another of the numbers of Wood's Medical Library. It is well known already through its previous editions, and ranks as one of the best English works upon the management of young children. The author is one who is thoroughly imbued with the importance of having physicians fully acquainted with the peculiarities of the infantile organism, and the agencies which are liable to prove hurtful thereto. All that he writes, therefore, is presented in a manner at once forcible and clear, and tends to convey to the reader some of his own enthusiasm on the subject in hand. The first chapters are occupied with the discussion of the various circumstances connected with the viability of infants and the general mortality amongst them. The subject of lactation is treated of, together with full directions for the examination of breast-milk and the selection of wet-nurses. Dr. Routh is strongly opposed to the prevailing system of selecting these from amongst fallen women, arguing from many

points of view, moral, social and physical, in favor of preferring married women for this purpose. The third part treats of the composition of milk,—human, goat's, ass's, etc., and of the best substitutes for these which can be employed. Here, of course, is introduced a pretty complete account of the processes of nutrition and digestion in children. The last, or fourth, part takes up the general diseases induced by improper feeding or defective assimilation, together with the preventative, dietetic, and medicinal treatment best calculated to obviate these. On the whole it is an excellent addition to the Library, which the subscribers will doubtless find of great practical service, and will use for frequent reference.

*First Step in Chemical Principles, being an introduction to Modern Chemistry, intended especially for beginners.*—

By HENRY LEFFMAN, M.D., Lecturer on Toxicology in the Summer School of Jefferson Medical College; Assistant Professor of Chemistry in Philadelphia Central High School, &c. Philadelphia: Edward Stern & Co.

This little pocket volume, of 50 pages, professes to have for its object "to make clear, by elaborate explanation and illustration, those points in theory, notation, and nomenclature which give trouble to beginners." The writer has had an extensive experience in teaching chemistry to students, and hence has been able to learn practically what special points they are which prove stumbling blocks to the acquirement of the necessary knowledge. The explanations are confined to the rudiments proper, specially of nomenclature and notation; they seem to be written in a very clear and altogether suitable manner. To any student entering upon the study of chemistry this little manual cannot fail to be of great service, even although he may be provided with one of the recognized text-books generally in use.

*Chemistry; medical and pharmaceutical, including the chemistry of the U. S. Pharmacopœia. A manual of the general principles in Science, and their application in Medicine and Pharmacy.*—By JOHN ATTFIELD, M.A.,

Ph.D., Member of the Councils of the Institute of Chemistry of Great Britain and Ireland; Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, &c., &c. Eighth edition. Revised by the author. 8vo., pp. 590. Philadelphia: Henry C. Lea.

This is one of the standard works on general chemistry, both organic and inorganic. The extent to which it has been appreciated is of course sufficiently testified to by the demand for new editions. This latest one has been thoroughly revised, and will be found to contain, in brief, everything necessary for a complete collegiate course of chemistry. Much assistance is afforded to the student by the questions and answers in the way of exercises which are appended to the end of each chapter. Being a typical text-book, we think that Attfield's Chemistry should always be found amongst those recommended to students of chemistry, for constant use and careful study whilst attending lectures and demonstrations on this subject.

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### Books and Pamphlets Received.

*Manual of the Practice of Surgery.*—By W. FAIRLIE CLARKE, M.A., and M. B. (Oxon.), F.R.C.S., Assistant Surgeon to Charing Cross Hospital. New York: Wm. Wood & Co.

*Photographic Illustrations of Skin Diseases.*—By George H. Fox, A.M., M.D. Parts V and VI. E. B. Treat, 805 Broadway, N. Y.

*A System of Medicine.*—Edited by J. RUSSELL REYNOLDS, M.D., F.R.S., &c. With numerous additions and illustrations, by HENRY HARTSHORNE, A.M., M.D., &c. In three volumes—Vol. I. General diseases and diseases of the Nervous System; Philadelphia, Henry C. Lea.

*Pharmacographia.*—A history of the principal drugs of vegetable origin met with in Great Britain and British India.—By FREDERICK A. FLUCKAGER, Ph.D., and DANIEL HANBURY, F.R.S. Second edition. London: McMillan & Co.

*Outlines of the Practice of Medicine with special reference to the Prognosis and Treatment of Disease, with appropriate formulæ and illustrations.*—By SAMUEL FENWICK, M.D., Lecturer on the principles and practice of Medicine at the London Hospital, &c. Philadelphia: Lindsay & Blakiston.

*Transactions of the American Ophthalmological Society.*—Fifteenth annual meeting.

*The Second Annual Report of the Presbyterian Eye and Ear Charity Hospital.*—Baltimore, Md.

*The Alienist and Neurologist.*—Vol. I, No. I.—A quarterly journal of Scientific, Clinical and Forensic Psychiatry and Neurology.—Edited by C. H. HUGHES, M.D. St. Louis.

*Annals of the Anatomical and Surgical Society.*—Vol. II., No. I.—Edited by CHARLES JEWETT, M.D.. New York: G. P. Putnam's Sons.

*A Protest against Meddlesome Midwifery.*—By H. GIBBONS, Sr., M.D., (read before the San Francisco County Medical Society.)

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## Extracts from British and Foreign Journals.

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

### **Benzoate of Soda as an Antiseptic.**—

The somewhat sensational accounts connected with the use of this article in Germany induces us to give the following from the *Medical Times and Gazette*, which that Journal gives under the caption—"The Story of a New Remedy."

A few weeks ago there appeared in the *Weiner Medizinische Presse*, No. 37, a "preliminary note" on the use of inhalations of benzoate of sodium in phthisis. The writer, Dr. Krocak, announces that in Prof. P. Von Rokitansky's clinic, at Innsbruck, of which he is the assistant physician, most wonderful results had been obtained from them even in most advanced cases; in fact, three such were described, in which patients with large cavities, high fever, and in a state bordering on the moribund, were discharged in a month or two as "cured," with great gain of weight, and disappearance of the signs of cavities. The solution of benzoate used was one of five per cent. strength, but no details as to the mode of administering the inhalation, or as to the daily period of using it, were supplied. A few days later, private inquiries, and still later, a letter from Krocak himself to an eager patient elicited the information that the solution was to be inhaled as spray pulverized by a Seigle's apparatus, for an hour morning and evening. At the same time the patient was to have plenty of fresh air, good meat (one effect of the benzoate being to greatly increase the appetite),

and freedom from all depressing influences. The news of the wonderful discovery at Innsbruck spread far and wide in Vienna, and the demand for Benzoate of sodium and Seigle's pulverizers soon exceeded the supply. The drug has now been largely tried, not only in the General and other Vienna hospitals, but also by family doctors among the sadly numerous class of consumptives in that city, and the *Wiener Medizinische Wochenschrift*, from whose pages much of our present information is derived (see Nos. 39, 40, 41, 43, 44, 1879), affirms as the outcome of all this *furor*, that all these experiments "*have failed to yield the slightest favorable result, or a trace of even the most trifling diminution of dangerous symptoms.*" [The italics are those of the paper we quote from.] On the other hand, public opinion in the Austrian medical world has become greatly excited against Prof. Rokitsansky; first, because he has given his silent support to what it considers the inaccurate statements of his assistant, and secondly, because it regards him as playing the part of a charlatan by taking advantage of the credulity of the lay public, and making capital out of what the doctors consider very like a swindle. This feeling of indignation has led Prof. Albert, of Innsbruck, a colleague of Rokitsansky, to challenge him to a public demonstration of his cases before the medical profession of that town; and has even raised a cry of "*amoveatur*," or "Let him be removed from his chair," from the editor of the *Wiener Medizinische Wochenschrift*.

Nevertheless, in spite of this outcry, there is reason for believing that inhalations of benzoate of sodium may arrest septic processes (and there is no doubt that the later stages of phthisis are accompanied with, or dependent on, septic processes,) in the lungs. Dr. Schüller, of Greifswald, (*Archiv für Exper. Pathologie*, Band xi, Heft 1, 2), has recently shown that if rabbits are rendered tuberculous by making them imbibe, through a tracheotomy wound, caseous or scrofulous matter, or the bacteria which Klebs has obtained by cultivating infusions of such matter, the diseased process can be arrested by making the animals inhale either the benzoate solution or creasote for a lengthened period. If two rabbits of the same age and weight



are treated, the one with inoculation alone, the other with inoculation *plus* inhalation, the latter rapidly gains weight and regains its health, the former falls away and dies. Moreover, Dr. Schüller, in a modest letter published in the *Wiener Med. Woch.*, No. 40, referring to these researches and to their application to human phthisis, declares "that we have also in Greifswald been able to convince ourselves repeatedly of the extraordinary good results of the use of the drug in men."—*Mich. Med. News.*

**Staphylorrhaphy a Failure.**—There are from thirty-five to forty distinct sounds in the English language, of which only three are nasal. For the perfect articulation of all the other sounds the nasal passages must be closed, and all the voice directed through the mouth. If there be any escape of voice or sound through the nares, except in making M, N, and Ng, the speech will be defective.

If the soft palate is congenitally defective, or a portion lost by accident or disease, or if as the result of staphylorrhaphy, it is too short to reach the pharyngeal wall; or again, if the palate be rigid and immovable; or if it be inactive, as in the case with people of lazy speech, the English language cannot be spoken with purity.

All staphylorrhaphic operations have failed to benefit the patient, because first, the only need for any interference is to improve the speech. The patient experiences no difficulty from any other source sufficient to justify a surgical operation. Second, in drawing the sides of the fissures together, and uniting them by suture, the newly-formed septum or velum is rigid and too short. It does not reach the posterior pharyngeal wall, nor can it be made to; and consequently there is an escape of voice behind it, and the whole speech is more or less imperfect.

The only remedy thus far known lies in the introduction of an artificial palate so constructed that it will fulfil the above described functions. This is quite possible to do, and the results are satisfactory. During the last twenty years I have

applied hundreds of these instruments, and the patient has the means of learning to speak perfectly. As a general rule the artificial palate must be an elastic valve filling the fissure and bridging across the pharynx.

The best age for the introduction of such an apparatus is as soon as the permanent teeth and alveolar processes are fully developed; and after the maturity of the second, or twelfth year, molars there is very little perceptible enlargement or change of form. Consequently at thirteen years of age the treatment should not longer be postponed; delay after that period tends to confirm bad habits and make new ones harder to attain.

Children acquire a foreign language much quicker than those of maturer years, and for the same reason bad habits of speech are much sooner broken up.

There is no limit to advance of age when an artificial palate might not benefit a person. In one case it was introduced for a lady 62 years of age, with so much benefit to herself that she felt fully rewarded; but satisfactory results become more and more difficult as maturity and old age come on. In all cases the full benefit depends upon the intelligent application and the perseverance of the patient. A cleft-palate patient will not necessarily speak better for having an artificial palate in his mouth, any more than he will become a good musician by owning the instrument.—*Dr. Kingsley in Med. Advocate.*

**Surgical Treatment of Goitre.**—Dr. Wölfler, in speaking of the treatment of goitre with subcutaneous injections of iodine, says (Langenbeck's *Archiv*, Bd. 24, Heft. 1,) that favorable results have been obtained both in cases of simple hyperplasia, and of colloid degeneration. He illustrates his statements by a few cases from Billroth's clinic, and an experiment on a dog made by himself. The lobes of the thyroid gland of this dog had respectively attained the size of a goose's egg, and the author made ten injections of iodine into one of the lobes. The dog was killed at the end of a month, when the portion of the goitre into which the injections had been made was

found to have dwindled down to the size of a man's thumb; it consisted of connective tissues which no longer contained any colloid liquid. The peripheric part of the injected goître presented the same appearance as the lobe which had remained untouched; it consisted of large meshes of connective tissue, which contained colloid fluid. There were no traces of inflammation or hemorrhage following the injection of iodine. Several strumous cysts were treated in a different manner; one cyst with thin walls was absorbed after injections of iodine; two other cysts resisted this treatment. In two cases Billroth drained strumous cysts with antiseptic precautions. In one of these cases, the cure was speedily effected; in the other, the cyst was not wholly absorbed, as there were calcareous deposits in its walls. The sac was then opened and the contents removed, after which the patient, a woman aged 72, recovered. The author thinks that tapping the cyst and putting in a drainage tube ought to be done in cases where a cyst does not collapse immediately after being tapped, or in old people where the injection of iodine might be succeeded by a too strong reaction, but where extirpation of the goître might prove fatal. In the course of the last year, Billroth has extirpated goîtres in seven cases under antiseptic precautions, the results having each time been very favorable. In one of these cases the patient was suffering from malignant cystous papilloma; in another case the struma was of carcinomatous nature. All the wounds healed by first intention.—*London Med. Record.*

**Czerny's Operations for the Radical Cure of Hernia.**—At the last meeting of the West Chicago Medical Society, January 12, a paper was read by Dr. E. W. Lee on Radical Operation for Hernia,—neither strangulated nor inflamed,—by Czerny's new method. The paper was illustrated by a successful case. This is the first operation by the new method performed and published in the United States. It was the antiseptic method that gave Czerny the courage to attempt the radical operation in a more effectual manner than was possible by previous operations. An incision is made along

the entire length of the hernia. The contents of the sac, if intestinal and reducible, are reduced ; if intestinal and irreducible, are dissected loose and reduced, and the sac is ligatured at the neck and cut off. If the contents be omental, they are included in the ligature with the sac. The fibrous columns of the external ring are drawn together by an uninterrupted suture of strong carbolized catgut, and thus the internal ring is closed save at the point of exit of the spermatic cord. A drainage tube is inserted, the wound closed with sutures, and dressed antiseptically. This method, as compared with the older ones, is a very remarkable advance toward perfection. The most recent of the older methods,—that of Wood, of London,—could only be applied to reducible hernia, and the results of his operation are always uncertain, because the fibrous columns are drawn together by sutures, applied more or less subcutaneously, lest suppuration should supervene. Thus the columns or pillars are not laid bare, and the exact application of sutures and narrowing of the ring are rendered impossible. Czerny's operation has been performed in nine cases of inguinal hernia, and in no case did peritonitis follow.—*Chicago Med. Gazette.*

**The Redemption of Memphis** is an earnest of the near future, inasmuch as the people of that city and the legislature of Tennessee have determined upon the execution of the sanitary work recommended by experts under the auspices of the National Board of Health, which, in brief, comprehends the systematic ventilation and chilling of all the houses in the city, and especially the thorough cleansing and ventilation of all cellars and yards ; discontinuance, cleaning out and filling up with clean earth all privy-vaults ; the immediate disuse of polluted water ; the disinfection or destruction by fire of all fomites of whatever nature ; cleansing and utilizing the bayous as means of facilitating surface drainage ; the removal of all surface filth, including rotten wood pavements ; the provision of a pure water supply ; sewerage, subsoil and surface drainage, and impervious pavements.

Roused to a full sense of the importance of the work, not-

withstanding the impoverishment to which they were reduced by the ravages of an epidemic of yellow fever of almost unprecedented fatality, so great is the faith of the people of Memphis in the recommendations of sanitarians that they have asked and obtained the privilege of imposing a special tax of two per cent. on all their taxable property, in order to raise the means necessary to carry these recommendations into effect. The progress and result of this work will be watched with eager interest by sanitarians all over the world, for it puts to the test the influence of local sanitation on a disease, which is said by some who profess to much knowledge on the subject, to bid defiance to all local conditions ; in illustration of which views, reference may be made to the reports and discussions of the sixth annual meeting of the American Public Health Association. (See the *Sanitarian*, Vol. vii, pp. 5—23.) For ourselves, it seems hardly necessary to say, we anticipate a complete refutation of all such views. Another summer's observation of the conditions common to yellow fever in this country, have fortified us in the conclusions we have heretofore frequently found occasion to express, that the conditions of yellow fever are, in general, putrefying organic matter, moisture and high temperature ; and wherever these three factors combine in the greatest degree of completeness within certain geographical limitations, there yellow fever is most likely to arise or may be introduced with the greatest facility, and is most wont to prevail. And of all the means at our command for preventing or disarming yellow fever, cleanliness is the most potential and the most enduring, and most of all applicable to vessels in communication with places where the fever prevails.—*The Sanitarian*.

### **Coto Bark in the Diarrhœa of Phthisis.**

—Whatever difference of opinion may exist as to the desirability of attempting to arrest the less severe forms of diarrhœa which we encounter in earlier phthisis, no one can doubt the value of a remedy which will help us to control the grave and exhausting attacks of diarrhœa which occur in its more advanced stages. Dr. J. Burney Yeo (*Practitioner*, Oct. 1879,)

is persuaded that we possess such a remedy in coto bark, and he expresses this opinion with all the more confidence because it has not been arrived at hastily, but represents the observation and experience of more than two years.

During this period, he says, I have given it in many cases of apparently uncontrollable diarrhoea, that is to say, cases of diarrhoea which were not controlled by the ordinary remedies, such for example as opium, bismuth, tannin, ipecacuanha, etc., and I have found it almost invariably have the effect of arresting the intestinal flux, and of relieving intestinal pain and irritation in a very short time. I say "almost" invariably, for when I first gave it I found no such good result, and on inquiry I found that one of my colleagues had employed it also without effect. This led me to consider the mode of its administration. I found my colleague had given it mixed with other substances and made into pills, and I had given it, in the first cases in which I tried it blended with the *Mistura Cretæ* of the *Pharmacopœia*. It is deserving of notice that when given in both these forms it appeared inert; and one might have been induced to discard it as a drug without remedial value. This is probably the fate of many valuable medicines which appear to fail; not from want of virtue in themselves, but from want of patience and attention in their mode of administration.

Finding that the fluid extract contained a resinous element which was precipitated in tough masses when the extract was carelessly mixed with water. I had the following mixture carefully prepared:—Fluid extract of coto 60 minims, compound tincture of cardamons 60 minims; mix these together and triturate them slowly with mucilage of acacia 3 drams, and simple syrup 2 drams. Finally add water to 6 ounces.

A tablespoonful of this mixture is a dose. In this form it is an opaque mixture, with a not unpleasantly warm and aromatic taste. I have usually found two or three doses of this mixture arrest or check the severest forms of phthisical diarrhoea.

The bark is imported from Bolivia, in South America, and the preparation I have used is the fluid extract prepared by Ferris & Co., of Bristol. The dose is from 5 to 8 minims. An

alkaloid *cotoin* has been prepared from the bark, and is reported to have the same valuable properties as the extract of the bark itself, but of that I have no personal knowledge.

I may add that I suggested its use in a case of exhaustive and uncontrollable diarrhoea in one of the graver forms of exophthalmic goitre, which I saw in consultation with my friend Dr. Channing Pearse, of Brixton; and he has since informed me that it not only arrested the diarrhoea, but also appeared to have a remarkable influence in allaying the distressing nervous phenomena associated with the case. I am quite sure that coto bark is a valuable remedy which ought rapidly to come into general use.

**Veterinary Medicine.**—An address on this subject in the *Maryland Medical Journal* contains the following appropriate remarks:—

“ Within a few years veterinary medicine will loom up in its broad proportions, and astonish mankind that the world should have existed so long without it. When we are told from actual statistics how many millions of dollars' worth of our domestic animals in the United States annually die from absolutely preventable diseases, as well as from those that are curable, the thought should not only occasion surprise and alarm, but should awaken each of us to a sense of responsibility and feeling of criminal neglect. Veterinary medicine and surgery now presents the largest and most profitable field of all the various departments of knowledge for the labors of young men of ability and energy; and now is the time to enter it. The early gleaners will reap the richest reward. It is highly important that the veterinary profession, yet to be developed, should have a proper foundation for its future superstructure; and in obtaining this solid basis, much more will depend upon the friendly influences and aid of the medical profession than upon any other class. It is our duty to extend the helping hand to our associates in comparative pathology. The same qualities that combine to make a good physician in the human family are all needed for the physician who devotes his exclusive attention to the diseases of

the inferior animals. And in so far as the respectability of the two professions (if they can be separated at all) is concerned, we are unable to make any distinction whatever. The respectability of all professions or callings depends entirely upon the character, standing and education of those who practice or follow them. The veterinarian should have the same preliminary education, and the same natural abilities that are required to make a good, kind-hearted and conscientious physician among men."

**Hoarseness—Borax and Nitrate of Potassium.**—These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold. The remedy is recommended to singers and orators whose voices suddenly become lost, but which by these means can be recovered almost instantly. A piece of borax the size of a pea is to be dissolved in the mouth about ten minutes before singing or speaking. The remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of nitrate of potassium, taken in warm solution before going to bed.—*La France Médicale*.

**Routine Use of the Ophthalmoscope in Cerebral Disease.**—Dr. J. Hughlings-Jackson asserts in the *Medical Press and Circular* that there is nothing in medical ophthalmology more important than the fact that a patient who has acute neuritis can read the smallest type and may not know that his sight is in any way defective. This claim he has made for several years, and now presents many authorities to support it. As a consequence of the fact, he urges the necessity of a routine use of the ophthalmoscope, lest the disease be overlooked in its earliest stage, and we lose an important help in diagnosing other pathological changes.

—Rudolph claims that an acute case of coiza may be cut short by chewing one or two dried leaves of the eucalyptus, and swallowing the exceedingly bitter and aromatic saliva. In chronic cases no such effect is produced.



CANADA

# Medical and Surgical Journal.

MONTREAL, FEBRUARY, 1880.

## REPEATING PRESCRIPTIONS.

We have published in our last two numbers communications from an experienced and valued correspondent on the necessity for some rule to guide the action of druggists when called upon to repeat physicians' prescriptions. The matter is one of considerable importance, and we feel obliged to the writer for having thus directed attention to it. As an apposite illustration of the possible dangers which may arise from the laxity at present existing, we shall quote the following case, with remarks, from a recent number of the *Medical Times and Gazette* :—

“ An American lady, two years back, applied to a well-known west-end physician. She was supplied with two prescriptions : one for a pill containing one grain of opium, another for a mixture of chloral and bromide, ten and fifteen grains respectively. Neither of these doses could for a moment be called excessive, and the mixture was only to be taken at bedtime. But what was the result? Once in possession of these documents, the unfortunate lady set herself to work to procure unlimited quantities of the two medicines by making use of the same prescriptions over and over again, first at one shop and then at another, often procuring double quantities. Death and an inquest followed. Once, apparently, procure a prescription for any noxious or poisonous drug, for whatever purpose, and ever after this same drug is at the command of any one who may be able to lay hands upon the prescription ! There are frequently ordered mixtures containing such substances as aconite, strychnine, prussic acid, or belladonna, to say nothing of opium, which once out

of the physician's hands are at the will of the world. Nay, more, it is a well-known fact that if a certain prescription has done good to one, it may be circulated among the members of the family or kindly friends in the neighborhood. Surely under such circumstances it is grossly unfair to hold a physician answerable for what may happen. Were the property in the prescription vested in the physician, such things could not occur. Were medicines dispensed, as in olden days, by the practitioners themselves, that could not occur. The mischief arises solely from the hiatus which now exists between physicians and chemists, whose interests, taking this case for example, do not seem to be identical. The physician would prefer to give a fresh prescription and receive a fresh fee : the chemist undertakes to save the physician's guinea to the patient by constantly dispensing the same prescription ; and if one will not do it another will."

We believe that if some clear understanding could be arrived at, it would be of much service both to the prescriber and dispenser. It would give the one what he should have—viz., the control of the use of his prescription,—and it would protect the other from the risk of offending his customer in case of a refusal to act ; it would also at times protect individuals from themselves, as in the above instance. As to the form which such regulation should assume there might be differences of opinion. The American suggestion adopted by our correspondent is, we think, admirable—that it should be understood (enforced, if possible,) that no dispenser shall, on any account whatever, fill more than once any prescription across which the prescriber has written the words " No duplicate." This is a subject which the Medical Societies might well discuss.

We might mention that the plan advocated by our correspondent is the one which meets with general approbation from the pharmacutists' point of view. In evidence of which is the fact that, in its last issue, the New York *Druggist's Circular*, in alluding to the letters in this *Journal*, says : " Between the public who insist on having their prescriptions repeated as often as they have a mind to, and some physicians who wish that no medicine be dispensed again unless a new fee is paid, the com-

promise appears fair and reasonable." Believing, therefore, as we do, that all druggists of good standing would be ready to abide by any such regulation as proposed, and as its results would certainly be satisfactory to the medical profession, we should be glad to see some action taken in the matter.

### A REMARKABLE CASE.

We observe an article published in the *Detroit Lancet*, Jan., 1880, entitled, "A case of enormous Dilatation of the Stomach, simulating Ovarian Cystoma and Ascites." We take for granted that any published case is, from the fact of its publication, a fair subject for reasonable criticism. We desire, therefore, to make a few remarks upon this, in many respects we trust, unique case. It is reported by Dr. A. Reeves Jackson, Fellow of the American Gynecological Society, and whose statements should therefore receive the weight due to one holding such a position. Dr. J. first saw the case in consultation with another physician. A lady, æt. 22, some months previously, had observed gradual enlargement of the abdomen, beginning, she thought, on the right side—a good appetite, sometimes voracious, and frequent vomitings—but steady and rapid emaciation. At the visit, "abdomen very much enlarged, the fullness being tolerably uniform, although the greatest distension was in an oblique direction from the left hypochondriac to the right iliac region." The enlargement was "soft and yielding, no hardness being perceptible in any part; neither could I detect the outline of any tumor or cyst." There was a clear note in the umbilical region, and dulness in the flanks—the dulness varied with position. The diagnosis was ascites. The physician in charge, however, maintained still that it was an ovarian cyst. The distension and vomiting having increased, he tapped the abdomen with an ordinary trocar, drawing off two or three ounces of dark-colored fluid, which "had a sour odor, an acid reaction, and contained portions of partly-digested food, grains of rice, pieces of potato, bread, meat, &c."! To a *jesting* remark of Dr. Jackson whether he had tapped the stomach, the reply was that it was impossible, as he had gone three inches below the navel! It is

explained that his theory was that the contents of the stomach had been escaping into the abdomen through some ulcerated opening! The following day they proceeded to perform ovariectomy. When the dilated stomach was reached, it was taken for the peritoneum, and a 4-inch incision made into it. About a gallon of fluid, mixed with food, seeds, &c., was removed. The operator's hand was freely passed in, and he discovered that there was *no pyloric obstruction*. Having satisfied himself on this point, the parts were sewed up. The patient died the same night. The author then writes some pages to show how a dilated stomach may resemble an ovarian cyst or an ascites. Now we feel bound to say that the heading of the paper is misleading. The conditions present did *not* simulate ovarian cyst, and should never have been mistaken for it. Vomiting a marked feature, rapid emaciation, the enlarged, but soft, abdomen in which no tumor could be felt, and, above all, the description as given of the outline and location of the enlargement, would suggest to any who had ever seen such a thing—a greatly enlarged stomach. Is it not strange that no one suggested the stomach-pump to aid in the diagnosis of such an apparently doubtful case? We think the history of ovariectomy affords no such example. To tap the abdomen, draw off grains of rice and bits of potato, and then do gastrotomy to see where they came from! It is remarked that neither Spencer Wells, Peaslee, Barnes, Thomas, Hewitt nor Scanzoni make mention of dilated stomach as being possibly mistaken for ovarian tumor. For the simple reason, that none of them had ever experienced the slightest difficulty in distinguishing cases presenting such entirely different clinical features. Such cases as the above are not creditable to the science of medicine, and we hope it will be long before its annals find for it a fellow.

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THE CAT AS A SUBJECT.—Dr. Burt G. Wilder, of New York, has written recommending students to use the bodies of cats for purposes of dissection. He points out that the anatomy of the cat is very much like that of man: the resemblance being closer than that of most other domestic animals.

The viscera having nearly the same arrangement; the brain has the primary divisions and even some of the fissures which are found in man. Most of the cranial nerves can be easily discovered. The bones and many of the muscles may be identified from a knowledge of Gray & Quain alone. As remarked by the *N. Y. Medical Record*, carrying out this suggestion would probably serve two good ends: "the numerical decrease of cats and the quantitative increase of anatomical knowledge."

**SODIUM CHLORATE.**—Dr. Traill Green, of Easton, Pa., recommends (*Phila. Med. and Surg. Journal*) the use of Sodium Chlorate as being preferable to the now so commonly prescribed potassium chlorate. One advantage claimed for it is its greater solubility in water. Dr. G. says that it will dissolve in a little more than its own weight of water at 20° C., whilst at the same temperature the potassium chlorate requires sixteen times its own weight of water. Its solubility enables one to administer it in small doses of the vehicle to children, and the dose is not large for adults. Its solubility also renders it more easy to be absorbed into the general system. It is asserted that practically it has succeeded in cases where the potash salt already used had failed. Its employment is recommended in just the same cases in which potassium chlorate is known to give such satisfactory results,—stomatitis, tonsillitis, the inflamed throat of scarlatina and diphtheria,—as a wash to the surface to allay itching in scarlatina,—topically in rhus-poisoning, in erysipelas, and other skin affections. With a knowledge of the better tolerance generally of the salts of soda than of potash, it might be well for others to give this drug a trial, and compare the results obtained.

**ANOTHER IMPORTANT DECISION.**—James Skirving, M.D., &c., of the county of Oxford, Ont., a duly registered British practitioner of medicine, was twice convicted before a Justice of the Peace for practicing medicine contrary to the Ontario Medical Act, and ordered each time to pay a fine of \$25 and costs. He appealed, and the case was argued before the Judge in the General Sessions of the Pleas, in the County of Oxford, in June

last. Both convictions were quashed with costs, and the Judge said he had come to that conclusion without any regret, as he thought the appellant (who had done his utmost to secure his rights to registration from the Ontario Medical Council) had been harshly dealt with.—*Can. Lancet.*

### Medical Items.

—Another death from chloroform is announced. It occurred at St. Johnsbury, Vt., and the victim was a young man who was being anæsthetized for the extraction of a tooth. Surely ether will soon altogether supercede more dangerous chloroform.

—At the annual meeting of the Ottawa Medico-Chirurgical Society, held Jan. 9, 1880, the following officers were elected for the year:—*Prest.*, Dr. Carmichael, *1st Vice-Prest.*, Dr. L. C. Prevost, *2d Vice-Prest.*, Dr. E. C. Malloch, *Sec'y and Treas.*, Dr. R. W. Powell. The Society meets regularly twice a month. During 1879, the average attendance was over 12.

—The appointment of a Registrar-General over the head of Dr. Farr has met with universal condemnation. The latter has resigned in consequence of this action of the British Government. One is at a loss to conceive how the merits of a gentleman who, during thirty years of memorable service, had made for himself a world-wide reputation could ever thus have been overlooked.

OBITUARY.—We regret exceedingly to see in the *British Med. Journal* the announcement of the death of Mr. Ernest Carr Jackson, one of the surgeons of the National Orthopædic Hospital of London. Although but 26 years of age, his writings on his special subject had already attracted attention, and he was marked as one of the rising men sure to be further heard from. Having had the pleasure of personal acquaintance with Mr. Jackson, we know what a loss his premature decease must be to his many professional friends.

DEATH OF SOELBERG WELLS.—Dr. Soelberg Wells died at his home in London, Dec. 8th. Dr. Wells was professor of ophthal-

mology in King's College, London, and ophthalmic surgeon to King's College Hospital and to the Royal London Ophthalmic Hospital, and author of a well-known work on diseases of the eye. Apart from his professional attainments, Dr. Wells was a man of fine social qualities, and an excellent musician. He died while yet having only reached middle age.

—Dr. Geo. W. Beard looks upon many forms of Bright's disease as amongst the "sequences of Neurasthenia," and he claims to have had several apparent recoveries from well-marked renal disease of this nature from "faradization, galvanization, and counter-irritation over the kidneys, persistently kept up, and the administration of vegetable tonics."

OPERATING BY THE ELECTRIC LIGHT.—On the 11th December, '79, Mr. Berkeley Hill operated for vesico-vaginal fistula in University College Hospital while the vagina was lighted up by Mr. Coxeter's application of the glowing platinum wire. The apparatus consisted of a fine wire twisted into a small knot. Through this knot was sent a continuous galvanic current, strong enough to maintain the wire at a white heat. The wire was enclosed in a glass chamber, which was itself also enclosed in another glass cover. Through the space between the glasses a current of water was allowed to flow in order to preserve a low temperature round the light. The afternoon, which was dark and foggy, afforded a good opportunity of testing this plan of lighting up deep interiors, and the illumination was completely successful. A strong light was maintained for more than an hour, close to the margins of the fissure, without impeding the manipulations of the operator.

SCURVY.—In reporting the reception of Prof. Nordenskjöld and the staff of the *Vega* at Nagasaki, *Nature* notes that there was not a single case of scurvy during the whole voyage. This was owing to the free use of a curious little berry that springs out of the ice and snow during the short summer; it bears profusely, and has a taste like the raspberry, but more acid. The fruit is dried, and then mixed with the milk of the reindeer, and it can be carried in a frozen state for thousands

of miles. There was also used a curious kind of food made from the whale's hide, which is pickled and eaten freely during the winter. This will be of interest to our future Arctic explorers, and is once more a lesson to persons of the opinions of Captain Markham and Sir G. Nares to prefer vegetable juices and potatoes and fruits to rum as a preventive of scurvy.—*Brit. Med. Journal.*

**NEW METHOD OF PRESERVING DEAD BODIES.**—The German government has recently bought the patent for a new preservative fluid. It is claimed for it that the bodies, even after years, retain their color, form and flexibility. Decay is entirely prevented, and the muscles even keep the natural color.

The bodies are saturated in a liquid made as follows:—

℞ Alum, 100 ; Sodii chlorid, 25 ; Potas. nitrat., 12 ; Potas. carb., 60 ; Acid. arsenici, 10 ; Aquæ, 1000.

This solution is cooled and filtered. There are then added to ten litres of the fluid four litres of glycerine and one litre of methylic alcohol. From two to five litres of the liquid are used in saturating the body to be preserved.

**PRURITUS ANI.**—A correspondent of the *British Medical Journal* gives the following advice in this annoying complaint : Wear a piece of cotton wool, of the size of a walnut or larger, at the anus ; a few shreds of the wool should be inserted inside the sphincter, and this will be sufficient to retain the whole in its place. A fresh piece must be used after each evacuation. After two years' experience, I can speak most highly of this way of relieving the intolerable annoyance of the pruritus ; so long as I wear it I am quite comfortable. For about twelve years I had been a martyr to the complaint.

**THE DISEASES OF CHILDHOOD NEGLECTED.**—Glancing at the work done by the profession in societies, public institutions and literature, it is impossible to escape the impression of the paucity of attention bestowed upon the maladies of child-life, and the little interest they seem to arouse. The men who for a time made these diseases a special duty have lapsed into silence, if not inaction, and however good the daily work done by the



general body of our practitioners may be, the profession is not enlightened by their discoveries, or placed in possession of any improvement that may have been effected in treatment.—*Lancet*, Oct. 18.

—Another good tale is told, which raises the laugh on the side of the examiners. A group of young students were around the dissecting-room fire, cross-examining Tomkins, who had been up for his primary college the day before, as to the nature of the questions, and how he had done, etc., etc. Tompkins, who had been rejected three times previously, answered that had done very fairly, and thought it very likely he had “stumped” the examiners at last. “By-the-bye,” proceeded the hero of many exams, “there was one question I couldn’t understand; when I was leaving the hall he asked me if I knew ‘how many blue beans made five?’ Can any of you fellows tell me?” The roar of laughter which followed this recital was something terrific. I need hardly say that Tompkins was ploughed again.—*Students’ Journal*.

EXTRACT OF MALT.—“This invaluable preparation is rapidly gaining ground as a curative agent in all forms of chronic debility, from whatever cause. It is especially applicable in bronchial affections, in syphilis, and in the extreme debility with loss of appetite depending on chronic uterine affections. There are ten or twelve preparations of Malt Extract with other medicines. Of these I have used but three:—the simple Malt; Malt with Cod Liver Oil; and Malt with Citrate of Iron and Quinia. It is about four years since I began the use of Malt. In that time I have prescribed it frequently, and never without satisfactory results. I have never known it disagree with the stomach, except after having been taken continuously for a considerable time. Cod Liver Oil is frequently unbearable. I have met with patients who could not, under any circumstances take Cod Liver Oil pure, who could take with a relish Extract of Malt with Cod Liver Oil.

“Extract of Malt with Citrate of Iron and Quinia is one of our very finest tonics and fat-producers, and patients use it with a better relish than any of our bitter tonics.”—*From a paper on “New Preparations,” by Dr. H. D. Rodman, of New Haven, Ky., in Louisville Medical Herald, (Jan. 1880.)*