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Original Communications.

THE SEQUELÆ OF DIPHTHERIA.

BY R. W. POWELL, M.D., OTTAWA.

(Read before the Ottawa Medico Chirurgical Society, 25th Nov. 1881.)

[After a citation of experiments demonstrating the inoculability of diphtheria from the pseudo-membrane, Dr. Powell continued:—]

The sequelæ of diphtheria are of a very important character, and have long been observed. They were, we may say, among the first peculiarities that stamped this as a special disease, due to a specific morbid poison which reproduced itself and nothing else. They were not found following other diseases of the throat, nor do some of them occur after any of the other diseases of the zymotic class, and are sufficient, to my mind, to enable us to place this disease among the general, as distinguished from the local disorders. They are, furthermore, of importance, as they cannot be foretold; and the mildest case of diphtheria is apt to become serious from their occurrence.

Among them we have albuminuria, asthenia, cardiac thrombosis, acute nephritis, and paralysis.

Albuminuria, though often more a complication than a sequel, is of importance as affording an indication for treatment, and may be taken up in this connection; and also because though usually beginning during the course of the disease, yet will continue for a long time after it, producing a true anæmia.

As I say, it usually comes on early in the disease, and was noticed as a concomitant symptom of this peculiar throat lesion as early as the year 1857. The quantity varies greatly in different cases from a mere trace to a sufficient amount to render the urine semi-solid on boiling. Strange to say, however, the quantity of albumen present in any given case does not afford a true or positive indication of the severity of the attack; it often being in large quantities in tolerably mild cases and *vice versa;* but the long continued presence of albuminuria is of grave significance as regards a favourable prognosis, not alone as indicating any serious condition of kidney disorganization, but because, as I hinted before, the continued and prolonged drain of albumen from the blood produces an anæmic condition, which seriously retards recovery.

The albumen is often of hæmic origin as well as from diseased kidneys, and this will account for the fact that even when albumen is being given off in large quantities yet dropsy may be absent and no symptom of uræmic poisoning present, because no obstruction exists to the elimination of urea. In many such cases as much as 600 gr. of urea being eliminated in twenty-four hours, *i.e.*, three times the normal amount.

When of nephritic origin, and accompanied by smoky urine and casts and deficient urea, then it is more serious as indicative of structural disorder. I said it is often of hæmic origin, and this I infer from the fact that at autopsies of cases where large quantities of albumen were given off, the kidneys were only moderately congested, or only to an extent we would reasonably expect in a case of blood poisoning of such a nature as diphtheria. On the other hand, serious kidney trouble will occur, accompanied by general anasarca, as I

observed in a recent case; and moreover, M. Wade reports a case where death occurred, and an autopsy was performed on seventh day. Here he found a large white swollen kidney, as in scarlatinal nephritis.

As regards albuminuria as a prognostic sign, some difference of opinion seems to prevail; but what I have given you seems to be the general opinion. Still, we have Hillier stating he examined thirty-eight cases in regard to this point, and found albumen present in thirty-three and absent in five. Of the thirty-three albuminous cases thirty-two died (cause of death not given), and the five non-albuminous recovered.

Trousseau and Morell Mackenzie both look upon it as an uncertain prognostic sign and that it has only a limited significance. Other authors seem to dismiss the whole matter in a few words, and Eberth thinks that the quantity of albumen is usually proportionate to the severity of the case.

Asthenia.—Any one who has been actively engaged in treating diphtheria will have noticed from the very first the peculiar condition of depression presented by the patient, and this in mild as well as severe cases. It does not appear to be the same state, as will be observed after ordinary pyrexial conditions, because, as I say, it will be noticed from the very outset. The listless appearance, disinclination for movement, heavy eyelids, stupid expression, etc., are nearly characteristic. There is from the outset a tendency to death, and it will not do, at all events in this disease, to sit by and content ourselves with watching the course of the symptoms and guiding the attack. Something more active is imperatively demanded from us, and we are bound in my opinion, to ward off the asthenia. If we have nothing else to attack in the way of complication, such as a croup, hæmorrhage, nephritis, delirium, etc., we always can do battle against the asthenia.

As to what this condition is due to we do not know, but it would seem to be the effect of the poison on the central nervous system, both brain and cord. It is not a muscular weakness as after pyrexia, nor is it due to failure in the circulation; but it seems to be coincident with the presence of the diphtheritic poison in the system. It is part and parcel of the disease.

Peter Eade, as early as 1859, calls attention to this very point, and observes that in some of these cases it approaches pure asthenia more than anything he had ever previously witnessed. The appropriate therapeutics will occur to you if this reasoning is correct, and I for one consider alcoholic stimulation a necessary factor in the successful treatment of this affection. Not that cases will not recover without it, but by withholding it, I consider we deprive the patient of one powerful means of preventing perhaps a fatal issue after his apparent recovery.

Don't let us wait to fight the asthenia when it comes on unpleasantly fast, but let us fortify the system against its occurrence. I believe death will occur from this sequel alone without any other factor.

I was called to see M. M——, æt. 11 years, male, on Nov. 17, 1881. Had a severe attack of diphtheria, beginning nineteen days before; said to have been unusually severe, with much swelling of glands of neck, difficulty of swallowing, etc. When I saw him he appeared greatly exhausted, pale, and refused nourishment; occasional vomiting, especially after milk; speech distinctly nasal; complained of epigastric weight, and a feeling of sinking. On feeling the pulse I was at once struck with its remarkably slow action. It was quite regular, but had a distinct interval between each pulsation. On counting it several times, so as to make sure, I found only twenty-six beats per minute. It felt simply as if the heart was tired out, and so it proved, because any treatment was now of no avail; and though he continued to take a little fluid nourishment, spoke, and said he felt getting better, he gradually sank and died three hours after my visit. It may be interesting to mention that the gentleman who attended during the illness recommended that no stimulants be given.

Called to see J. B——, male, æt. 16, a strong, healthy young man, Oct. 18, 1881. I was attending a case of catarrhal nephritis in the house at the time (the child of another

person), and was asked to see this case. It had being going on for two days, but the mother had some sovereign remedy of her own and thought she could manage it alone. I found the boy with a very severe attack—high fever, bounding pulse, throat much swollen, and glands of neck standing out in a bunch as big as my fist on either side; tongue swollen and having a thick fur, saliva running from the mouth; uvula, soft palate, tonsils and pharynx one complete mass of disease, and an exceedingly offensive stench from the breath. I put him under treatment by iron potass. chlor. and lime water, both as a gargle and to take internally, and added brandy as a regular part of the treatment. I had not previously attended this family, and simply saw the case as I was in the house. Two days after, I met the regular attendant, Dr. F——, and we both thought the case one of great peril. I found he had not used the remedies I left and refused stimulants. During the next two weeks I was visiting quite close to this house, and heard from time to time that J. B—— was progressing favourably, and, on my last inquiry, I learned that he was up and had been out as far as the barn. They did not ask me to see him, so I supposed Dr. F—— continued in attendance. However, it turned out that they continued treatment as best they could with the remedies we had prescribed, and neither of us watched the case. They had great difficulty, as is commonly the case, in getting him to take proper or sufficient nourishment, and the stimulants he declined, and I suspect they were never pushed. Three weeks from the time of my first visit, *i.e.*, Nov. 8th, they came for me again, saying he was very ill. I declined going at first, on the ground that I could take no responsibility, as I had not the opportunity of directing treatment during convalescence, and I had a suspicion as to how I would find him. They pressed me, however, and I finally yielded. I found him lying down; voice weak; looked pale; muscular system flabby; short cough; voice, nasal slightly; restless; vomiting and feeling of profound depression referred principally to the cardiac region; would take no solid food, and liquids constantly returned; throat quite well, but distinct paralysis of soft palate, and, from the difficulty of swallowing, I should judge also of the pharynx; pulse, soft and compressible and about normal, or if anything slower. He was drowsy. I hoped he might rally, and I put him on appropriate treatment; but he gradually sank and died two and a half days after I saw him and before my next summons. This man, in my opinion, reduced his chances and even caused his death by refusing stimulants. Of course, no one was by to press them.

Cardiac Thrombosis.—This fatal sequel has been noticed frequently after diphtheria, but cannot be said to be peculiar to this disease Several factors may be responsible for its occurrence, and probably all combine to produce the fatal result. The blood itself is gradually brought into a condition favourable for coagulation by the pyrexia, and it may have some special chemical ingredient altered in this as well as other of the blood diseases, whereby the fibrine more easily forms, because it is not now thought to exist as such in the circulating fluid; and then, again, we have a condition of heart favourable to retardation of fluid circulating in it, as well as sometimes actual inflammation of the endocardium.

The symptoms of this are said to be precordial distress, anxiety of countenance, great restlessness, pallid surface with cold sweats, and a sense of impending death. Its rapid onset and fatal consequence render it one of the most frightful of the sequelæ. The pulse is also soft and irregular, and usually very rapid and often a heart murmur.

To prevent such a condition, I should think the indication would be to support the failing heart; to keep the blood as pure as possible, by seeing that the excretory organs were in proper action; to keep the blood also well supplied with fluid; and to administer, if necessary, ammonia.

Acute Nephritis.—This sequel has been observed in connection with diphtheria, but in far less frequency than after scarlatina. The occurrence of nephritis at one time caused the belief that the poisons of the two diseases just mentioned were alike. This, however, is not so. It was observed to follow diphtheria

as early as 1857, *i.e.*, when this disease was under close observation, and a case of death with general anasarca is reported in the *Lancet* of that year. The cause of it is probably the same as scarlatinal nephritis—cold acting on an already irritated kidney. But cases occur where every precaution is taken, and it seems to be due to the actual violence of the poison acting on fine kidney structure during its passage from the body, and also probably it has a special affinity for kidney. The symptoms I need not detail to you, nor need we discuss the treatment.

I was asked to see a little boy of Mr. B——, æt. 9 years, on Oct. 9th, 1881. The child had just recovered from an attack of diphtheria. One brother had died of it at the same time, and while I was attending this boy I saw the case of J. B—— just related. Besides this, his speech was distinctly nasal and he was very weak, as evidenced by paleness and loss of muscular power. He had quite recovered the throat lesion. I found him chilly and miserable. He complained of headache, pain at the xiphoid cartilage and in epigastrium, for which mustard had been applied and had given him relief. His bowels were confined and urine scanty, and I could not obtain a specimen. He was coughing; pulse small. I gave him a purge and an expectorant. Sent for again in four days. He was still coughing and the expectoration was well established. There was œdema of base of lungs; general anasarca was also present, but moderate; his urine high-colored, scanty, and albuminous but to a moderate extent. I now changed the treatment and gave him pulv. jalap. co. and cream of tartar each night, an extra blanket, purely milk diet, and a mild diaphoretic and diuretic mixture. In four days more the dropsy gradually subsided, and was coincident, of course, with free purgation and re-establishment of the secretion of urine.

By Oct. 20, all œdema had completely gone, and he gradually returned to full diet; was soon up and about, and began then a mixture of tincture of iron. No uræmic symptoms.

Paralysis.—We now come to the most peculiar of all the sequelæ, but fortunately one that is not by any means necessarily fatal nor even prolonged, usually not extending much beyond controllable limits and amenable to treatment. Still, when present, it is the cause of very disagreeable sensations, interfering often with the function of the special senses, and with deglutition, respiration, and circulation.

The exact cause of this lesion is not determined, as far as I am aware, but the prevailing opinion seems to be that it is a change which occurs primarily in the part affected by the local lesion of diphtheria; and certain it is that the vast majority of cases agree to this theory, because they principally are connected with the nerve supply of the throat and adjacent parts. The pneumogastric nerve seems to be often affected, and the paralysis will sometimes extend to nearly all parts which receive their supply from it—the pharynx, the larynx, the bronchi, the stomach, the heart, and so on—and thus we have vomiting, death from suffocation, owing to the rima glottidis allowing foreign bodies to enter larynx, being deprived of its sensibility; dysphagia and regurgitation of food and liquids into the mouth and nose, owing to the non-action of the velum and uvula. As to the heart affections there is some doubt, because the pneumogastric filaments are known to act as depressors, and paralysis of them ought to have a stimulating effect on the heart. Still the morbid influence may be in the sympathetic filaments in the same nerve and which act in an opposite way. The glosso-pharyngeal is also implicated, as known by loss of sensation in parts supplied by it. The disturbance of sight is due to paralysis of ciliary muscle and, consequently, loss of accommodation.

This can be rectified artificially by convex glasses of suitable strength till the nerve power is restored. The deafness is most likely due to paralysis of the very muscles we have been speaking of in the pharynx, whereby the opening of the eustachian tube is rendered of no service and the same effect is produced as in cases of relaxed sore throat and granular pharyngitis, though from a different cause, no communication being possible between the air on either side of the drum membrane.

This paralysis will occasionally extend to other nerves, and even produce the various

lesions due to paralysis, from nasal speech to hemiplegia. The immediate cause we cannot say, but there is good reason to suspect that the whole trouble is not only local and produced by the poison in the terminal ends of the nerves, but is partly due to the action of this poison on the central nervous system through the blood, as I mentioned before when speaking of asthenia.

However, were this the actual cause of the paralysis, it would probably be more persistent when once it occurs than it really is. Might we not have both causes acting together to produce this result: the dyscrasia of the blood reducing the supply of food to the central nervous system, thereby rendering it more liable to attacks upon its integrity; the exciting cause being the local disease acting on the terminal fibres of the nerves, and then the lesion gradually extending.

On this theory we must take it for granted that nerves will conduct morbid processes as well one way as another, *i.e.*, sometimes opposite to their ordinary mode of conducting impressions. This is, I think, already granted. To show clearly that the local disease plays a chief part in this paralysis, at all events at its commencement, I have only to call your attention to a case reported by a Dr. Mackenzie, in November, 1859, of diphtheria of the rectum, which was followed by paralysis of the left lower extremity and severe neuralgia of the same.

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BI-MONTHLY NOTES ON THERAPEUTICS AND PHARMACOLOGY.

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The Fifteenth Section of the International Medical Congress, that of Materia Medica and Pharmacology, does not seem to have attracted to its sittings as many eminent writers as did some of the others; nevertheless, there were some very sound papers read there, and the practitioner will be able to glean some useful information from their perusal.

The plan of Professor Eulenburg, of Greifswald, of establishing a universal Pharmacopœia, is one to be commended. It has been discussed at the Congresses of 1875, 1877, and 1879, but no progress whatever has been made as yet. It is proposed that the Latin language should be used,—official translations being, of course, permitted. Weights, measures, etc., are to be arranged according to the French Metric System, and temperature by the centigrade thermometer. The most desired change of all will be the expulsion of the inert drugs which form the bulk of our codes. Remedies of general use, and of the highest importance, alone are to find a place in its pages.

Why do not our lecturers on Materia Medica insist upon their students practising the Metric System? This, however, is scarcely to be hoped for, since most young men go into the world entirely uninstructed in the art of prescribing and prescription writing.

"Bromide of Ethyl" was the subject of Dr. William Squire's paper. After referring to its action as an anæsthetic in surgery, he described the method of using it in those cases where very slight anæsthesia is required. Twenty or thirty drops will saturate a square inch of lint; this held to the open mouth on a handkerchief, during three or four deep inspirations, will cause a tingling sensation down the arms, with a feeling of fulness about the head and ears; the breathing is freer and deeper; the pulse, a little fuller and softer, is not quickened. These slight effects disappear in a few minutes, when, should the inhalation have only partially relieved the dyspnœa, megrim, or neuralgia, for which it is used, it is to be repeated,—the condition requiring relief returns then less rapidly, after a longer or shorter interval, or not at all. In this way he has seen headaches of long duration, beginning with a tight pain across the temples, and ending in violent throbbing, arrested and prevented; intense side-stitch, suggestive of cardiac disease, recovered from altogether; dyspnœa, both vascular and renal, effectually relieved, and spasmodic cough controlled.

Pilocarpin is a remedy now-a-days attracting a good deal of attention. Dr. Wm. Squire gave a second paper upon its actions and uses. There are two alkaloids in jaborandi—pilocar-

pin and jaborin—of different, even of antagonistic properties. Hence the infusion or tincture of jaborandi is less certain, and perhaps less safe, than the pure alkaloid. It is possible that pilocarpin itself has not always been obtained quite free from admixture with its associated but antagonistic jaborin. Muriate of philocarpin, in simple solution, is the best form to use:—1 grain to 15 minims of water for hypodermic use; 1 grain to 4 oz. of water for internal use are convenient proportions. One-third grain is the largest, one-fifteenth grain the smallest dose needed.

Dr. Squire's plan is to give a full dose at once; others give small doses every hour with some warm drink or alcoholic stimulant, till perspiration and salivation are freely established. A drachm of the tincture, made with thirty grains of the leaf, is equivalent to one-third of a grain of pilocarpin. One-fourth of a grain of the muriate, injected hypodermically, will in a few minutes produce suffusion of the face, quickened pulse, some throbbing in the neck, and a general feeling of warmth, followed by free perspiration. This is soon streaming profusely from all parts of the surface, and continues long after the skin has become pale, or even cool; the pulse subsides, whilst the force of the heart's impulse is rather increased; there is a tendency to sleep, and generally a fall of temperature; the perspiration goes on for three or four hours; there is an increased flow of saliva, and some increase of pharyngeal, and sometimes of bronchial mucus, that may give rise to trouble during sleep and require attention,—such a quantity of saliva may be swallowed as to excite vomiting. No headache, sickness, or depression, has been noticed as a direct result of this medicine. All the secretions of the body, except the intestinal, are increased by it; the quantity of urine, hardly lessened during perspiration, is increased afterwards. Dysuria has not been met with. Swelling and tenderness of the sub-maxillary salivary glands have remained for a day or two after profuse ptyalism. The action of the drug is on the peripheral secreting apparatus, and not on the nerve centres, except so far as the first action on the vaso-motors may dilate the vessels, and allow the agent freer access to the glands.

Pilocarpin is not anæsthetic. The perspiration induced by it does not relieve dysmenorrhœa, sciatica, or colic. It does not modify specific fevers; but given near the time for the separation of the false membranes in diphtheria, it aids the fall of temperature and favours sleep. When there is already collapse, of course it can do no good. It is useful in the febrile relapse of scarlatinal nephritis. The use of it has been chiefly in the different kinds of Bright's disease. It may be unsuited to that particular form where dilated vessels and diminished blood-pressure are associated with a large quantity of albumen; yet, in these very cases, it is serviceable to the inter-current exacerbations and conditions of accidental congestion, not infrequent in their course, and it is preferable to the hot pack or the vapour bath. In the early stages of interstitial nephritis, of gouty origin, it is of great benefit; in the chronic course these cases generally follow it is often useful; it may be resorted to in some of the extreme effects of renal dropsy, and the relief obtained is not accompanied by great depression. In the chronic results of parenchymatous nephritis, as after scarlet fever, it has been found useful; and that it need not be withheld in some cases of scarlet fever itself, is proved by the remarkable results obtained from it by Guttman in the treatment of the kindred disease, diphtheria.

We have now a new ally in our warfare against the tapeworm. Pelletierine is the alkaloid of pomegranate bark. Dr. Dujardin Beaumetz read a paper to the Congress upon its action, as well as that of Valvidine and Cedrine. Pelletierine was discovered by Tanret in 1878. Its name commemorates the services of the French chemist Pelletier, the discoverer of a large number of alkaloids, and in particular of quinine. Pelletierine is a tænicide. The author prescribed the sulphate of pelletierine in combination with tannin. Thirty centigrammes of the sulphate, in a solution containing ninety centigrammes of tannin, is given on an empty stomach. This dose is followed by one of thirty grammes of tincture of jalap. This treatment is followed by the compound expulsion of the tapeworm with its head, in a majority of cases (nine out of ten).

The above dose is only suited for adults. Recently, in Montreal, I saw a fine specimen of the head of the tænia mediocanellata, driven from its home, evicted, in fact, by pelletierine after the failure of the usual remedies. Pelletierine, in the form of a tannate, is to be had in this city.

Strychnia is introduced to the profession in a new role, that of an expectorant. Dr. Milner Fothergill states that at the Hospital for Diseases of the Chest he has found this alkaloid most useful when the respiration was embarrassed. In acute bronchitis and emphysema it relieves the labouring respiration, and when the right ventricle is dilated, adds to the efficacy of digitalis most usefully. In lung consolidation it is also of service,—indeed, in all cases where the number of respirations mounts over the ordinary proportion to the beats of the heart (about 1 to 4), it has seemed to be of the greatest utility.

In Sub-section IV., "Diseases of the Throat," Dr. Morell Mackenzie draws up the following conclusions with regard to the local treatment of diphtheria:—

1. *Ice* is useful in first stage, both internally and applied externally to the neck; contra-indicated when it causes pain, in young children, in advanced stages, and specially if gangrene be present.

2. *Steam inhalations* of great service when the false membrane shows a disposition to separate, and when it is situate in the larynx or trachea.

3. *Solvents* administered by swabbing, or in the form of spray, often highly beneficial. Lime water and lactic acid the best.

4. *Antiseptics very important:* carbolic acid, permanganate of potash, and chloral hydrate; the last being the most certain.

5. Antærics, or varnishes, *i.e.*, remedies which exclude the air from the false membrane. Tolu dissolved in ether is the most serviceable; simultaneous employment of other local remedies (ice, steam) not prevented by the use of these agents.

6. Caustics are always injurious, whilst astringents are useless and sometimes hurtful.

Dr. A. Tobald, of Berlin, read a paper on the same subject, and came to the same conclusions. He further recommends cold packing of body or neck, or half baths when the temperature is high.

How to treat a case of diphtheria complicated by the presence of chronically enlarged tonsils? Dr. Lennox Browne, of London, recommends their removal, as a local measure having the best result; (1) As removing an impediment to the respiration; (2) As preventing the downward progress of exudation; and (3) As an early substitute for, or prevention of, the more dangerous measure of opening the windpipe.

In the section of Obstetric Medicine and Surgery, Dr. Barnes, in his paper "On the Treatment of Puerperal Hæmorrhage" still recommends iron injections. He analyzed the dangers of uterine injection, ferruginous or other, and shows that the dangers peculiar to iron injections are few, and for the most part avoidable.

This paper is followed by one on the same subject by Dr. Thomas More Madden, Obstetric Physician to the Mater Misericordiæ Hospital in Dublin. Here we have a crumb of comfort for the timid man-midwife, for the author states that in a practice of upwards of twenty years in various countries, tropical as well as European, and during his connection with the largest lying-in hospital in Great Britain, he has only seen one case of death from hæmorrhage after child-birth. To prevent flooding, the membranes should be ruptured as early as possible during labour, so as to allow the uterus to contract gradually and firmly; and a dose of ergotin, or a drachm of the fluid extract of ergot, should be injected hypodermically before the head comes to press upon the perinæum. As a prophylactic of hæmorrhage, the efficacy of a course of any astringent preparation of iron given during the last months of pregnancy is unquestionable.

The injection of hot water he thinks uncertain, and only useful in cases of extreme depression of the vital powers from excessive hæmorrhage, and after the failure of other remedies. The injection of a strong solution of perchloride of iron, although generally as a styptic, is so hazardous, from the risk of its causing metro-peritonitis, that the writer now

seldom resorts to it. But he strongly recommends what he regards as a most effective and comparatively safe method of arresting post-partum hæmorrhage,—namely, the introduction of a sponge, soaked in a solution of the perchloride of iron, which is to be passed into the uterus (grasped in the accoucheur's hand), and retained there until a firm contraction is produced, by which the sponge, and the hand in which it is held, are expelled together from the uterine cavity, and the flooding is stopped. External manual pressure is to be made over the uterus, in all cases, until contraction takes place.

"Recent Advances in the Therapeutics of Diseases of the Skin" is the title of the opening lecture of the summer session in the extra-mural school of Edinburgh, and it was given by Dr. W. Allan Jamieson.

The writer highly approves of chrysophanic acid in psoriasis, but thinks that Mr. Balmanno Squire's ointment (two drachms of the acid to the ounce) is too strong, and recommends a milder application (ten to fifteen grains in the ounce) of vaseline. An ointment of twenty grains will, I have found, answer admirably for cases in private and out-door practice. There is not so much erythema produced as is commonly supposed, and the treatment though ultimately successful, requires time. The stronger preparation is useful in cases where the patient can be kept in bed, or where a rapid cure is called for. Dr. Jamieson thinks that chrysarobin, while equally efficacious in curing (for the time) psoriasis, is less apt to induce the troublesome and alarming erythema, which so often follows too energetic a use of chrysophanic acid. In psoriasis, it should be borne in mind that a little of the ointment well worked into the patches, previously cleared of their scales, does infinitely more good, and less harm, than a great deal dabbed in. Practitioners too often prescribe ointments without taking care to have all scabs, etc., cleared off the diseased surface, and it is one of the most common causes of failure in these cases.

Pyrogallic acid is not thought to be well adapted for extensive surfaces. For psoriasis affecting the scalp it is perhaps a better application than chrysophanic acid, inasmuch as the conjunctivæ are not affected by it. It may be prescribed in strength of one drachm to the ounce of lard or vaseline. Besides its value in psoriasis, pyrogallic acid seems also to exert a slowly destructive action on some forms of new growth, especially those which are allied in a somewhat natural class around the sarcomata. These it causes gradually to wither away, and opens up a more hopeful prognosis in the case of tumours so apt to recur as these are. Dr. Jamieson thinks that it exerts an influence something like tanning. Under its use the growth becomes smaller, denser, and less apt to bleed, and crumbles away in parts. It irritates the skin round the tumour, so that it must be guarded by covering.

In chronic eczema of the palms, where it lessens the itching, and helps the fissures to heal, the author has found the common flexile collodion a valuable application,—a point worth remembering when we have such cases to heal.

What can be done for tinea trichophytina cruris, the so-called eczema marginatum? Here the parasite finds a favourable nidus, and suitable conditions for its growth in the warmth and moist situation of the inner surface of the thighs and adjoining parts of the scrotum. Freshly prepared sulphurous acid is the remedy. It must be quite fresh, for it soon becomes partly converted into sulphuric acid, an irritant, not a parasiticide. It should be sponged freely over the part several times a day. It soon lessens the itching, and eventually cures the disease. Any excess of irritation caused by the acid subsides when the use is discontinued for a day or two, and some soothing ointment or lotion substituted for it.

The oleate of mercury is highly recommended as a reliable parasiticide in the most obstinate cases of deep-seated tinea tonsurans of the head in children. A case is quoted where five or six applications cured a case of four months standing, and in which the fungus was proved by the microscope to be deeply seated.

One can scarcely have too many modes of resuscitating patients in chloroform narcosis. A simple one is that recommended by Schirmer (Centralblatt f Augenheilkunde) quoted by the St. Louis Medical and Surgical Journal, April,

1881. It is known that in such cases the fifth nerve is the last to lose its sensibility. Schirmer irritates the nasal mucous membrane with a rolled piece of paper which he turns in the nose. In dangerous cases he dips the paper in ammonia. This plan seems an excellent one. I took advantage of this peculiarity of the fifth nerve some time ago. A hysterical girl lay in a state of insensibility; cold affusions had little effect. An injection with a common syringe, charged with water, into the nostril, brought her to instantaneously.

CLINIC AT TORONTO GENERAL HOSPITAL.

BY J. E. GRAHAM, M.D.

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(Reported by G. W. Clendenan.)

GENTLEMEN,—The case which I present to your notice to-day exhibits a combination of the symptoms of two diseases, viz., one of the lymphatic system — Hodgkin's disease; the other of the nervous system—locomotor ataxia —the latter presenting some peculiar features. Both diseases are very rare as well as very obscure in their causation.

The following is the history of the case under consideration :—

Thos. McL——, æt. 29, born in Canada. Married, occupation farmer.

Family History.—Good. Father and mother both living, and quite healthy.

Previous History. — Has always enjoyed good health up till July, 1880, then, while working in the lumbering districts of Michigan, was prostrated with a severe attack of ague which continued for six weeks. After recovery he felt very weak, and complained of a severe pain in the lower part of his chest, affecting him mostly at night. This continued for three months and then disappeared.

Last February (1881) he began to complain of a severe pain in the lumbar region, extending upward, and also down his legs. Had to give up work entirely the pain being of so severe a character.

About this time the glands of the neck, axilla, and other parts of the body began to enlarge. He also complained of night sweats which continued till about the 1st of May, and was troubled too with nightly emissions.

Early in June, while coming to Canada, he caught a cold which lasted a week and a half, shortly afterwards this was followed by another severe cold lasting three weeks.

In July, upon waking up one morning, he noticed a numbness of his right arm; before night the same feeling had extended to his left arm and to both legs. During the course of four days it had extended over all portions of the body except the head. At this time he was seized with paralysis of the bladder and bowels, the former of which lasted three weeks. The paralysis of the bowels, however, continued for two months before he fully recovered their use. For the last three or four weeks he has been gradually losing ground.

Present Condition.—Patient is quite pale and emaciated, having lost fully 25 pounds.

The glands of the neck, axilla, and groin are very much enlarged and hard to the touch. The spleen also presents some enlargement. Appetite poor, bowels regular, pulse 120, temperature 99⅘°. Upon examination of the blood by the hæmacytometer Dr. Sweetnam found a deficiency of the red blood corpuscles (3,900,000 in a cubic millimetre, or about ⅘ of the normal number).

Sensory Nervous Symptoms.—Eyesight good, pupils slightly dilated but respond readily to light. The opthalmoscope revealed no abnormality, tactile sensation slight, with more or less anæsthesia of all parts of the body except the head. He has slight loss of muscular sense. He cannot readily distinguish between weights, nor can he feel the prick of a pin, although he experiences pain when punched or struck. He also complains of fulgurating pains extending down the limbs.

Motor Nervous Symptoms.—He has want of co-ordination of his muscles, and walks with a peculiar staggering gait, which is especially marked upon closing his eyes. While walking he has a sensation of "pads" under his feet. He also has extreme difficulty in picking up a pin or buttoning up his clothes. The patella tendon reflex is entirely absent.

Trophic Nervous Symptoms.—There is some

wasting of the muscles, especially of the hands.

Diagnosis.—First of the glandular condition. It is possible to have enlargement of the lymphatics in various affections, viz., syphilis, scrofula, sarcoma or carcinoma, leucocythæmia, and in Hodgkin's disease.

I think we may exclude syphilis without further comment, as there is no history of it whatever. Had there been any such history it would have been very easy to account for both conditions present in the case.

The diagnostic points in scrofulous disease of the glands are (1) It occurs usually in early life; (2) It is accompanied by other manifestations, as caries of the bones and low inflammations of the mucous membranes, etc.; (3) There is a tendency to breaking down and suppuration. In this case none of these features are exhibited. It must be admitted, however, that the diagnosis between scrofula and Hodgkin's disease is often difficult and sometimes almost impossible. Sarcomata sometimes affect the lymphatic glands, but not so generally as we find in this case. In carcinomata the glands are not usually affected unless the infectious material is conveyed from some existing tumor near at hand.

Finally, we have limited the diagnosis to two diseases, viz.: Leucocythæmia and Hodgkin's disease, in both of which enlargement of the lymphatic glands as well as of the spleen occurs, together with a diminution of the red blood corpuscles. In leucocythæmia, however, we have an excessive preponderance of the white blood corpuscles, whereas in Hodgkin's disease the white corpuscles are either normal or slightly increased. Upon examination of the blood we have found the latter condition present.

Therefore, from such examination as well as from the general symptoms present, I am inclined to the belief that the condition of the glandular system seen is that of Hodgkin's disease. The case, however, has not been under observation long enough to make an absolutely certain diagnosis. The clinical history of the above disease is characterized chiefly by two conditions, viz., an enlargement of the lymphatic glands, and a certain abnormal condition of the blood the latter often giving rise to the most important symptoms of the disease.

1. As to the enlargement of the glands. This condition may be general, local, or both general and local. The single glands are firm and smooth, and as a rule vary in size from a small nut to a hen's egg, but we may have aggregated masses of them often weighing several pounds. To the touch they are usually not painful, but from pressure upon surrounding structures may give rise to varied symptoms: thus the enlargement of the glands of the neck may obstruct the circulation to the brain by pressure upon the carotid arteries, thereby causing cerebral anæmia; again, the intrathoracic glands are sometimes affected, and by their pressure upon the lungs, give rise to the most distressing symptoms of coughing and dyspnœa: also by pressure upon the nerves they may give rise to neuralgia and paralysis. The spleen in the majority of cases is of moderate size, but occasionally it reaches immense proportions, weighing from eight to nine pounds. The liver and kidneys also may be enlarged. The sexual organs too are sometimes the seat of lymphoid growth. The heart and lungs are frequently affected.

Regarding the condition of the blood, we find more or less anæmia, which is one of the most conspicuous features of the disease; the corpuscles often becoming reduced to as low as sixty per cent. of the normal standard. The temperature is usually high, varying from 100° to 103°.

Morbid Anatomy and Pathology.—The glands and various organs affected are found to be much hypertrophied, and composed largely of lymphoid and fibrous matter, both being very much increased. The lymphoid growth, upon microscopical examination, is found to consist of rounded cells existing in a fine fibrous stroma, and presenting a strong resemblance to the round-celled sarcoma. If the deposition goes on rapidly there is a greater amount of cellular formation; if, however, it progresses more slowly, it partakes more of a fibrous nature. The glands are soft or hard, according to the rapidity of the deposit. In this case, from the hardness of the glands, the small

amount of anæmia and the comparatively low temperature (99⅘°), I would conclude that we have a comparatively mild and chronic form of disease to deal with.

Treatment.—Much cannot be done in the way of a cure. The treatment now adopted is the same as that for scrofula: tonics, cod-liver oil, arsenic, strychnia, and phosphorus are the remedies mainly relied upon. I have, in a previous case, tried chaulmoogra oil, but without any marked benefit. If we knew more regarding the causation we might be able to prevent the onset of what appears to be an almost incurable condition.

Now, as to the nervous disease, you will no doubt notice the presence of most of the symptoms which I gave you in a previous lecture on locomotor ataxia. There are shown the numbness, the want of co-ordination, lightning pains, and the absence of the patella tendon reflex. From the history given it is probable that in July last the patient suffered from a subacute myelitis attacking principally the posterior columns: other portions of the cord were no doubt also affected. There was probably also congestion of the membranes. It would appear, however, that after the more acute symptoms passed off the posterior columns remained permanently sclerosed, thus accounting for the signs now exhibited.

There may be also some abnormal condition of the anterior cornua of the gray matter giving rise to the partial atrophy of muscle. The severe pain which the patient experienced in the lumbar region during February, may have been caused by meningeal trouble.

M. Vulpian has resigned the Diaconate of the Paris Faculty of Medicine, a step deeply regretted on all hands. M. Beclard has been nominated his successor. Vulpian was the twelfth Dean of the Faculty, his predecessors being Augustin Thouret (1794—1810), J. J. Leroux DesTillets (1810-23), Landré Beauvais (1823—30), Antoine Dubois (1830—31), Orfila (1831—48), Bouillaud (1848—9), P. Berard (1849—52), Paul Dubois (1852—62), Rayer 1862—64), Tardieu (1864—66), Wurtz, (1866—1875), Vulpian (1875—81).

PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS.

BY L. M. SWEETNAM, M D., C.M.

The following is a description of a case of the above-mentioned disease, in which during the past few weeks in the Out-Patient Department of the Toronto General Hospital we have been using the galvanic current under the direction of Dr. I. H. Cameron, at whose request we report the case.

F. H., aged eleven years and four months; a bright eyed, active intelligent little fellow, with a light complexion, and curly hair, and reasonably tall for his age, was unusually pale and delicate-looking when born, this condition being attributed by his mother to excessive grief and worry experienced by her during his gestation. He began to walk at the age of 16 months, while his sisters and brothers walked at from twelve to fifteen months; had scarlet fever and pertussis during the first year of his life and pneumonia at eight years of age.

When our patient was four years of age, it was first observed that his younger brother, aged two years, could run much better than he, and was able easily to overtake him. At this time also it was noticed that he had great difficulty in going upstairs, and that he always advanced the left foot and brought the right up to it. When he fell he had considerable difficulty in regaining his feet. He could and can walk as far as other children of his age without complaining of being tired. The size of his calves was the subject of remark and admiration from the first, and presented a marked contrast with his thighs. This condition continued without much aggravation until last winter, when he fell heavily upon the ice, striking the back of his head; after that he complained of increased difficulty in getting upstairs, and sometimes while reciting his lessons at school his legs have given way and he has fallen to the ground. Last summer it was noticed that when lying down he was unable to rise without assistance.

Family history:—Mother and father both living and well. Mother had seven children including the patient, of these 4 were girls, and 3 boys; one of the girls died when 17 days old of erysipelas, and one of the boys at 12 years

of age of heart disease consequent upon rheumatic fever following scarlatina. Patient has three sisters and a brother living, all of whom have had measles, scarlet fever, and whooping-cough; but are at present perfectly healthy and well developed. His mother had six brothers, of whom two are living and four dead. One dying of measles at seven years of age, another of infantile diarrhœa at seven weeks' another of atrophy, or marasmus at fifteen months, and the last of typhoid fever at twenty-three years of age. Mother had one sister who is living, and well, unmarried. Father's family, as far as known, were all well developed and healthy. Information regarding his grandparents we failed to procure.

Present condition:—Judging from the appearance of patient's face, no one would suppose for a moment that he was in any way ailing, and he often says: "If my legs were only strong I would be as well as anybody. He is 4ft. 4in. in height, face plump and ruddy. His upper arms are atrophied and soft, forearms apparently normal; the muscles of the trunk are much atrophied; chest flat and scapulæ winged; his thighs are a little under the normal size, and his calves much increased in size and projecting; his spine is considerably curved, antero posteriorly, with the concavity backwards, and a line falling vertically from the neck would just touch the prominence of the sacrum; this lordosis disappears while he is sitting. The pelvis is tilted slightly forwards, and the weight of the abdomen falls unduly in the same direction.

The following are some circumferential measurements recently taken: Left calf, 12 in.; right calf, 11¾ in.; left thigh (middle), 12¼; right thigh (middle), 12 in.; left arm (middle), 7⅛; right arm, 7⅛; left forearm (largest part), 6⅞ in.; right forearm, 6¾ in. Circumference of chest at level of nipples with arms by the side, 24¾ in.; with arms raised above the head, 26 in. His gait and carriage are very peculiar, and could not fail to arrest the attention even of the most unobserving. The head is carried slightly forwards with the chin protruding; the shoulders raised and thrown back and the abdomen forwards; the knees remain somewhat bent, walks more than naturally upon the forepart of the foot, with a tendency to stub the toes against any unevenness in the sidewalk. In walking there is an inclination to separate the feet and to turn out the toes, and this is, perhaps, more marked while standing; in walking also he waddles consideraoly, apparently to keep the body over the foot which is upon the ground; the arms also are swung more than usual. When lying down he is unable to rise without first rolling over on one side and then raises himself by using his arms; he usually, however, rolls over on his face, raises himself on all fours, gradually straightens his knees with his hands still on the floor, throws out the rump like a dog stretching himself, and lastly, places one hand and then the other on his knees and straightens his back by gradually changing the position of his hands on his thighs, raising one and then the other until he is perfectly erect, in other words, climbs up his own legs.

Excepting a slightly diminished tendon reflex, there is no evidence of diminished or perverted nerve power or energy, other than muscular weakness. His intellect is clear and unimpaired, and there is a perfect absence of pains, aches, or numbness. He still places his hands upon his knees in ascending the stairs, although he says that he both goes upstairs and walks with much more comfort and ease to himself than formerly (that is before the electricity was applied). The improvement, however, is less apparent to others.

Some of his muscles are much diminished in bulk, notably those of the trunk and upper arm, while those of the calf are much increased. The electro-motility of the first-named muscles to both the galvanic and faradic current is slightly lowered, but more so than that of the muscles of the calf. While the muscles of the calf, however, respond readily to the current, the integument over this region appears much less sensitive than that over the rest of the body. The treatment thus far has consisted in the application of the constant, or galvanic current to the spine, and directly and indirectly to the muscles of the limbs and trunk, and in the administration of cod liver oil, iodide of iron, and arsenic; the result has, as already stated, been satisfactory, and we hope from time to time to report progress in this case which to us is one of considerable interest.

MALIGNANT DISEASE (ROUND-CELLED SARCOMA) OF ISCHIUM.

BY H. T. MACHELL, M B., L.R.C.P.E
Surgeon to the Toronto Dispensary and Children's Hospital.

G. D——, æt. 53, farmer, had enjoyed good health, except for attacks of asthma (and irritability of the bladder with purulent urine on one occasion) up till March or April last, when, on jumping out of a buggy, he struck his left hip against a spike projecting from a gate post, experiencing a great deal of sickening pain at the moment, but limping thereafter for a few days only. Between six and eight weeks subsequently he began to complain of pain in the neighbourhood of the hip; but members of his family noticed no lameness beyond a slight halt habitual to him from an old Pott's fracture. Pain, increased at night, was observable in June, and about this time he began to use a cane in walking. The pain extended down to the foot (both in front and behind); and he was supposed to be suffering from sciatica. He shortly took to crutches and sleep was soon almost entirely denied him in consequence of the pain. He came under my observation on the 10th of October last, at night, and half a grain of morphia hypodermically secured him more rest that night than he had had for a month or six weeks previously. On the 11th a careful examination was made by Dr. McCausland, of Yorkville, Dr. Cameron, and myself. There was found neither shortening nor lengthening of the limb, but there was muscular fixity, and any lateral movement or concussion of the sole of the left foot gave rise to intense pain and tremour of the muscles. The passive hip-joint motions were fully preserved. The circumference of the left leg was somewhat less than that of the right. Turning him over on his face, a good deal of shrinking of the left leg and buttock was observable, and the gluteal fold of that side was less marked, and lower. No special pain on pressure, in the course of the sciatic, but a good deal everywhere between the *tuber ischii* and the hip-joint. The *tuber ischii* itself was tender and slightly thickened. On examination, per rectum, a sligh fulness and thickness, with a small amount of pain on pressure, was detected nearly opposite the acetabulum. No glandular enlargement in either groin; body fairly well preserved; colour good; cheeks red and florid, owing to capillary ectasia.

A diagnosis of malignant disease of the ischium was made. As there were twitchings of the muscles, and pain on motion, I went to patient's home in the country, and put on extension by weight and pulley. This afforded some relief, and was worn for about two weeks, when patient grew tired of it, and, finding that the muscular twitching had ceased, it was then abandoned. The amount of morphia taken *per orem*, had to be gradually increased from a quarter grain twice to half a grain thrice a day. The general medication consisted of iron and quinine.

I visited patient again on the 17th of Nov. There was then a good deal of swelling or puffiness, over adductors of thigh; the tenderness on pressure was increased, as was also the swelling of the *tuber ischii*. Morphia had now to be increased to three-quarters of a grain four or five times a day. Rectal exploration showed increase of internal bulging with communication of impulse from finger in rectum to hand on gluteal region, and broadening of the *tuber*. There was quite a noticeable swelling in the groin, partly above Poupart's ligament. In accordance with the suggestion of another medical man who was called in, and who suspected osteoperiostitis, poultices were applied, iodide of potash given internally, and a long splint put on. The splint, however, was only tolerated twenty-four hours. I saw him again on the 24th of November, with two other surgeons. The swelling *per rectum* was markedly increased, obscuring all bony prominences except tuber. There was œdema of the whole leg and the left buttock, was now much larger than the right. The urine, drawn off by catheter, was fetid, grumous, and flocculent, but was not tested. The bladder was then washed out twice daily. A week before his death he became delirious, and continued so; but, three days before the end, the pain ceased and the morphia was abandoned. Death relieved him of his sufferings on the 11th of December, just two months after coming under observation.

Post-mortem examination, of the abdomen only, made by Dr. Hillary, of Aurora, and myself, showed liver unaffected; both kidneys pyelitic, slightly enlarged, and two little abscesses in the cortex of the left. The psoas muscle was not affected, nor was the rectum. The ala of ilium was sound; but the lower portion, and the ischium, including the tuber, and the two *rami* of the *pubes* were entirely disorganized and supplanted by a soft, somewhat elastic *neoplasia*, the only portions of bone remaining being two loose plates in the part corresponding to the horizontal *ramus pubis*, and a cup-shaped shell of the inner portion of the *tuber ischii*. The cartilaginous face alone remained of the *acetabulum*, and through this several buds of new growth projected, whilst one or two presented on the head of the femur about the *ligamentum teres*. No glandular enlargement was found.

A CASE OF EXTENSIVE CANCER OF STOMACH WITHOUT EXTERNAL TUMOUR AND WITHOUT PAIN, PRESENTING AN INTERESTING ECTOPIA OF THE RIGHT KIDNEY.

BY H. H. WRIGHT, M.D.

W. A., æt. 79, gardener, presenting no history of nosological heredity, had enjoyed good health all his life with the following exceptions:—During the last five or six years he had suffered, every fall, from a mild attack of dysentery, presenting nothing unusual in its symptomatology and yielding readily to treatment. For the last year or two an icteroid tinge of skin had been observable. In February or March last he had an attack of thrombosis of the veins of the left leg which pursued a a rather rapid course to resolution. Dyspeptic symptoms existed for a little more than a year, and consisted in flatulence and sour stomach not easily controlled. In July last the appetite failed and the dyspepsia became more pronounced, gradually increasing to such an extent that he declined to take food on account of the flatulence and eructations to which it gave rise. During August, September, and October hectic fever, sweats, and rapidity of pulse were noticed. At no time was there complaint of epigastric, rachidian, or other pain; and no intumescence nor dullness was discoverable. Vomiting only began ten days before death and was unaccompanied by pain. In a day or two after it set in he threw up some blood and also passed some by the bowel. For the last eleven days of his life he abstained from the ingestion of food, and was fed entirely by nutrient enemata, and the envelopment of the body in cloths soaked in milk. There was no albuminuria. He died in December greatly reduced in flesh but still preserving some subcutaneous fat. On inspection after death the abdominal wall presented half an inch in depth of fat, the great omentum still pretty well laden was tucked in and drawn over somewhat to the left side leaving intestines on right uncovered; as far as could be seen, however, it was healthy; on raising it up the intestines, large and small, were seen to be shrunken on themselves and more or less empty. No trace of stomach, and very little of liver, was visible, these viscera having retreated up under the sternum and ribs. On pulling on the great omentum, however, they were drawn down and it was seen that the stomach was involved in a large cancerous mass to which the omentum, pancreas, spleen and left border of the liver, were adherent. The liver was very small and firm but contained no secondary deposits. The spleen was rather large and in its anterior two-thirds was as white as lard. The whiteness, however, was entirely in the capsule which was one-eighth of an inch in thickness, the pulp was fairly normal and showed no deposits. The pancreas was largely involved in the neoplasia. The pyloric orifice of the stomach was free, as was also the cardiac, but the new growth which involved its anterior and posterior walls alike extended to within half an inch of the former and within one inch and a half of the latter. Each wall presented a somewhat oval, rather solid or elastic, fatty-looking new growth of the size of a hen's egg and slightly juicy, that in the posterior wall being two inches in thickness and that in the anterior one inch and a half. These masses were surrounded, to the extent indicated above, by hypertrophied, thickened, infiltrated, villous processes of mucous

membrane which here and there had undergone digestion or sphacelation. The new growth was continuous across the lesser curvature, but along the greater there was a channel beneath the projecting masses in each wall (which met but did not coalesce) sufficient to lodge the index finger. The whole three walls of the stomach were involved in the disease. The glands along the lesser curvature were, of course, implicated in the disease but the retro-peritoneal glands did not appear to be infected. The left kidney was enlarged and presented on the surface three or four large cysts, each capable of containing from one to two ounces of fluid. The right kidney was not in its usual situation, but was found snugly ensconced in a good bed of fat and connective tissue, lying transversely in the pelvis, close to the sacrum and beneath the promontory. It was of good size and supplied by two large arteries given off from the middle of the fork of the aorta at its bifurcation into the iliacs; the larger branch going to the hilus and the smaller to the head of the kidney. The surface of the gland presented a number of pin-head cysts. The middle and right lobes of the prostate were considerably enlarged. The lungs presented the condition of small-lunged emphysema, and did not fully occupy the thoracic cavity, thus allowing the stomach and liver to retreat upwards. Their colour was ashy white, deeply mottled with pigment. The left presented old pleuritic adhesions. The bronchial glands were enlarged and pigmented. The heart was well overlaid with fat but fairly normal with rather thin walls.

M. Paul Bert, the distinguished physiologist, who lately introduced the method of anæsthesia by nitrous oxide gas under a pressure of several atmospheres in major surgical operations, has entered the French Ministry as Minister of Public Instruction, in succession to M. Jules Ferry.

At the Academy of Medicine, M. N. Guenaun de Mussy presented two mémoirs from Madame Ernest Hart, a distinguished graduate of the Paris School, and wife of our eminent confrère, Dr. Hart, editor of the *British Medical Journal*.—*L'Union Medicale.*

LEPROSY IN CAPE BRETON.

BY A. MACPHEDRAN, M.D., TORONTO.

Surgeon to the Toronto Dispensary.

In addition to the cases reported in September number of the *Journal*, I received the notes of the following cases from the late Mr. Wm. Fletcher, B.A., some time ago, but owing to his anticipated return, about the time of his death, they were withheld in the hope that he might obtain more material before leaving the Island. Since the publication of the previous notes, Mr. Fletcher ascertained that Betsy McCarthy never came in contact with any cases of leprosy or heard of it prior to her own illness. Her family history was good. Her children were all born before her illness began, and the disease was well developed in her before it showed itself in her children or the others mentioned.

These subsequent cases occur among the Highland Scotch residing in the east side Lake Ainslie region, which is situated some distance from that of Lake O'Law; these people knew nothing of the Lake O'Law cases till after the disease appeared among themselves. Lake Ainslie is twelve miles long by two to four broad, surrounded by high hills, the whole forming a most picturesque scene. Its waters are clear and limpid, supplied by many small brooks from the surrounding hills, and drained by a small river, the Margaree.

Case I.—John McLean, farmer, is reported having died of leprosy. He and Richard McCarthy, of former history, supposed their cases identical: all McCarthy's symptoms were well developed in this case.

II., III., IV.—Three McKinnons: Archie, Donald, and Sarah, farmers, died of a disease exhibiting the characteristic symptoms of leprosy. No signs of the disease in any of their relatives.

V.—Donald Gillis, farmer, brother of John Gillis, of South-West Egypt, Margaree, Inverness County, C.B., died of same disease.

VI.—Archie McLean, farmer, unmarried, brother of the three following cases, died in 1868, aged 37, after an illness of 20 years. There were the usual symptoms as given in the next case.

VII.—Neil McLean, aged 39, farmer, has a

disease that began with pain and swelling in the knee, which ulcerated. Tumors, followed by ulcers, appearing on the hands and feet, causing the loss of parts of the fingers and toes. The bones only partially project, and the ulcers in some are still discharging. No tumors in other parts of body. No hoarseness. Sensation good, except in hands and feet. Has only occasional lancinating pains in limbs. Skin is tense, thick, and brownish on hands and feet, but not scaly. He is despondent. General health and appetite are good, and he walks about. His brother Archie, mentioned above, had swellings in all parts of body. The parents were healthy: the father died at the age of 50, and mother at 73. Family history good.

VIII.—Margaret McLean, sister of Neil, unmarried, aged 35 years. Disease began at age of 16. Her history is the same as that of Neil, and she is now in about the same condition.

IX.—Christina McLean, another sister, unmarried, aged 40, contracted the disease at the age of 17. Is now in a condition similar to the other two. John, an elder brother, is quite well, as are his wife and all his children. One other case, also Scotch, is reported near the outlet of Lake Ainslie, with symptoms similar to those of Neil McLean. Mr. Fletcher intended seeing this case when leaving the Island. Cases were reported in other parts, but all proved on investigation to be only Norwegian Scabies.

There is no connection traceable between the four groups in the above nine cases; there is no relationship, and there was not much, if any, acquaintanceship. There is no specific history in any of them, and in no case was the disease transmitted to the children, as in the Lake O'Law cases. In these the cause in each must be primary, unless due to contagion in some of them.

In this and the former paper must be included all the cases of leprosy in Cape Breton; had there been others they could not well have passed unnoticed by Mr. Fletcher, as he has been over the whole Island very minutely in connection with the survey. It affords me a melancholy pleasure putting on record this account of leprosy in Cape Breton from the materials collected by the late Mr. Fletcher. Had he lived this is but an earnest of what he would have done for the advancement of medical science of which he was such a devoted and enthusiastic student.

SEVERE FALLS WITHOUT LOSS OF CONSCIOUSNESS.

BY R. BARRINGTON NEVITT, B.A., M.B.,

Surgeon to the House of Providence, Toronto Dispensary, and Hospital for Sick Children.

I. A. B., æt. 45, a stout, fleshy, labouring man, an alcoholic, fell from the summit of the roof of the new chapel of the House of Providence. He slid along the steep incline of the roof and fell sheer to the ground a total distance of 60 feet. He was picked up and conveyed into the building. He was perfectly conscious, but suffered severely from the shock. There was a Colles' fracture upon each arm. He complained of pain only in the left leg and in the back. The left ilium was found to be fractured, the crest from the anterior superior spinous process to near the posterior superior spinous process being freely movable. The leg was flexed, adducted and inverted. He vomited frequently, in the intervals calling for whiskey. Five hours after the accident, about half an ounce of blood-stained urine was withdrawn by catheter. (He had evacuated the contents of the bladder immediately before ascending to his work). At 8 p.m., six hours after the fall he died.

II. B. C., æt. 28, a stout active man, painter by occupation, stepped from the dormer window of a building in course of erection, upon a scaffolding which gave way precipitating him a distance of 35 or 40 feet to the ground, where he was pinned down by the superincumbent *debris* of the scaffolding. He lent his aid in throwing off some of the timbers, and being extricated walked about 50 yards and was put into a waggon and carried home. The injuries received were of the most trivial character: a slight bruise over the right scapula and a bruise on the right knee and ankle, and a strain or bruise in the right lumbar region, which was considerably swollen and tender to the touch, though not at all discoloured. The treatment was purely expectant, he was kept quiet for a few days, and then returned to work, suffering from a slight stiffness in the lumbar region when he reached down or attempted to lift a heavy weight. He complained of a girdling pain an inch or two above the umbilicus; four weeks after the accident this returned slightly and there was a slight show of blood in a motion from bowel, since then he has had no recurrence of the pain. He is now at work and feels well.

Selections: Medicine.

EXTRACT FROM THE HARVEIAN LECTURES ON THE PROGNOSIS AND TREATMENT OF CHRONIC DISEASES OF THE CHEST IN RELATION TO MODERN PATHOLOGY.

BY JAMES E. POLLOCK, M.D., F.R.C.P.,

Senior Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

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As I am speaking of pure air, this is, perhaps, a fitting place to dwell for a moment on what is called change of air, and the influence of climate. I must here deal only with the general views arising out of our pathological knowledge.

First, while degenerative processes which we have been considering are going on in the lung, patients should not be allowed to travel at all. Do not send the feverish abroad; for what is fever? The loading of the blood with the detritus of degenerative processes. Do we find that patients gain in weight, improve in strength, or progress at all while fever is going on? Certainly not. Our examination into the real meaning of high temperature is that it means, or is correlative with, waste—progressive local disease—nature's efforts at clearing out and clearing off morbid material not completed. Why should such persons be sent to change of air? Will any climate stop such processes as are pouring septic matter into their blood? We say no; and add, such had better be in their own homes, with home comforts, surrounded by the accustomed faces, and the well-considered provision for small wants. Locomotion would in itself be an evil—fancy the cabin of the steamer; the journey prolonged through the night to reach the favoured climate; the contracted cubic space of the railway carriage—to a man whose temperature is 102°, and who is undergoing the *malaise* inseparable from fever.

When local morbid processes have ceased (as we know, from want of further material on which to act), the system, well-nigh exhausted, may still be capable of revival. The moment wasting ceases and nutrition revives, that is the time for removal, for getting into sunshine, for breathing purer, dry, bracing air; and then only should a patient be removed. For there is no climate, just as there is no specific, which can cure this "consumption" of many forms; but there are influences which can second reviving nature, stimulate enfeebled digestive powers, and arouse vital energy. Among these is the influence of change—any change—of locality; but, above all, to countries where winter is short, and the sun shines on most days, so that the sick man can be out for a part at least of every day.

Fashion, guided by medical knowledge, has wisely of late set itself against sending much enfeebled patients to warm, damp, relaxing, climates; and Maderia has been abandoned for the Engadine. The usual results and mistakes have occurred; some have benefitted, and some have (from want of selection on which I have dwelt) perished miserably on the mountain-side, who should never have left England. But, on the whole, we must say, as the result of our inquiry how far modern pathology has assisted us in treatment, that all which tends to lung-expansion and improved respiratry movements, all which promotes a healthy circulation in the parts of the lung surrounding defined cavities, all which tends to improve the tone, and therefore to lessen the secretion from the bronchial membrane, which forms so large a part of phthisis, is to be preferred for our patient; and, therefore, bracing, pure, upland air is preferable to low, damp, ill-drained localities; and, as heat and moisture promote secretion and relax mucous membranes, hot and damp climates are not so suitable.

Again, the digestive processes are best strengthened in dry and rather cold air, and on them depends our patient's possibility of regaining flesh and repairing waste. It is well known that sea-air is very favourable in promoting all these requirments.

I make a summary of these views, on which I have acted for many years.

Persons ought not to travel at all with feverish symptoms; with secondary complications, as diarrhœa; with a large amount of local disease in any stage; with both lungs diseased; with poor digestion and greatly lowered

nutrition; or in such a state of weakness or emaciation as to require home comforts, peculiar beds or chair, or varieties of invalid cookery.

A case in the first stage, already chronic, does for travelling about, with frequent change of residence. The complication with bronchitis or asthma is generally much benefitted.

Chronic single cavity, with retraction of walls accomplished or proceeding, is favourable for removal to a dry, bracing locality, if the hæmoptysical element be wanting in the case.

That form of diffused disease in the lung which I have described—without much dullness or signs of massing of disease, with pretty large chest, and with moderate emaciation—generally does well on a sea-voyage.

I need not occupy much of your time, if you have followed our investigations, with the meaning of the several varieties of phthisis, by an enquiry whether any specific remedy for the disease is likely to be found.

A specific is an agent which meets some definite form of disease, and opposes its progress, or even effects its destruction. But have we in phthisis any such defined disorder? Examine it as we have done here, and it is resolvable into many forms, really differing in pathological results and in symptoms, in progress, and in termination. Its history is made up of many progressive changes, and variety in mode is its very character. Such variety eludes the action of any remedy; and remedies of efficacy cannot be presumed to address themselves to multiform phenomena, and certainly cannot meet in succession and overcome those morbid changes which are the result of mixed chemical and vital actions, progressively increasing and changing their mode of destructiveness as the disease advances. We have been tracing the destructiveness of phthisis to a kind of degeneration which the morbid products undergo in the lung; to the nature of the lung-impaction, its form, limit, and distribution; and to the amount of suffering which the system undergoes from fever, waste, and secondary infections. To these influences are found added such agencies as hereditary features, age, sex, temperament, and the complications with other disorders. All these were described as essential considerations in estimating the gravity of any case of phthisis. But is not this summary of chronic morbid products in the lung—some tending to death and degeneration, others to more rapid disintegration, and others again to contractile results in the tissues—a picture, not of one, but of many disorders, which, while we have stamped them with a common name, have diverging tendencies and endless pathological variety?

To meet all this, we are to seek for a single remedy, if we are to search for a specific which shall so directly address itself to the morbid state that every progressive step which we know to constitute the history of phthisis shall cease. Again, if there be (as some suppose) a constitutional cause, inherited or acquired, which leads up to and decides the character of the local affection, this cause, involving deep-seated errors in the most vital processes of sanguification and nerve-power, can scarcely be supposed to be within the reach of a single agent.

My purpose here is to give expression to general views of treatment, gathered from our more recent pathological knowledge; and I conclude that we are in these days going farther away from "constitutions" and "specifics," and drawing nearer to the treatment which shall address itself to diseased local conditions. The tendency of the day to seize that which is tangible, and susceptible of proof by physical laws is swaying the practice of medicine and surgery, as it is swaying our views of the whole universe and of man himself. In this way we may, indeed, find much error and many fallacies; but, if it in the least assist us to practical views of treatment, we are bound to accept the teaching of this school, provided that it remain true to its own profession of only holding that which is susceptible of physical proof. Experiment first, and afterwards theory.

I must recommend, therefore, a thoughtful attention in practice to the local relief of the lung. Let us treat congestions, when they occur by local depletion; let us not be in a hurry to stop a moderate hæmoptysis by styptics, while the flow of blood is relieving an overloaded lung. See what relief a bloodletting gives to

an engorged right side of the heart with secondary congestion of lung, with hæmoptysis. We do not give gallic acid and ergot here, because the overflow is Nature's mode of relieving the engorged organ. No more should we treat moderate congestive hæmoptysis by astringents. Let us treat cavities in the lung on the same views that the surgeon treats abscesses with insufficient exit for matter. Let us drain them, and then dry them up, and during this process support our patient by rest and nutrients.

In speaking of rest in chronic chest-disease, we should remember the constant movements of the lung and of the chest. It is this feature which makes an essential difference between the lung and any other part of the body excepting the heart. It is always moving. It is its incessant movement which makes the surgical treatment difficult. The surgeon can rest a diseased joint; but he cannot rest a diseased lung. While, however, it is impossible to stop all movements of the chest, it is quite possible to control them; and, in certain conditions of disease, the strapping the lower ribs, so as to limit their motion in breathing, is a great relief to the patient, and gives time for reparative processes. Thus, in pneumothorax, it is a great relief to the suffering of the patient. In pleuritic pain, so common in the lateral and inferior parts of the chest, it will often at once enable the patient to breathe, and especially to cough, without distress. During certain periods also of disintegrative process and of cavity-formation, strapping the side is useful; and again in chronic contracting fibroid alterations, where to fix the side is to imitate nature. It is also useful after operations of tapping either the lung or the pleura.

If you ask me whether, after some experience of the treatment of chronic lung-disease, I am of opinion that some forms are curable and cured; whether some varieties have had increased prolongation conferred on them by treatment; and, on the whole, whether the great load of consumption has been somewhat lightened of its pressure on the community in my time,—I answer frankly "Yes" to all these questions. Rapid forms of disease are still rapid and uncontrollable; acute tuberculosis is not amenable to any treatment; and so of the congestive form which I have described. But the chronic varieties of phthisis are much more prolonged in our day, because they are no longer shut up in hot rooms and denied fresh air and exercise; neither do they live so much surrounded by their own emanations; and the whole habits of society have improved their condition along with that of all others. The requirements of health are more considered; and, with a lessened mortality per thousand, man lives longer. The use of oil and nutrient medicines has added many years—I know not how many—to the phthisical life; but so have exposure to air, increased facilities for travel, increased personal cleanliness. We are not degenerating in this generation. And let it be said, once for all, that phthisis is not an English disease; and that, with all its disagreeableness, I am satisfied that the subjects of phthisis unable, for want of means, to escape from it, live as long here as in any country.

Yet, withal I know, as we all know, how much remains to be done; how much patient investigation—yes, even now—when we seem to have exhausted all microscopical and pathological inquiries, when we appear to know the whole story of the disease, and have accumulated a great literature about phthisis alone.

Again, if you ask me whether I think that this later German pathology, which seems so clear and has somewhat displaced the French pathology, will itself be replaced by-and-bye by some nearer approach to truth, I say surely "Yes." But in the meantime let us live by the best light we have; and, above all, if there be any practical truth, anything which can save a life or lessen a symptom of disease, let us seize hold of that and appropriate it, whether it contradict our own theory or not. It is by this light that I regard the views which dwell most on local disease and local remedies. This idea of localisation may be be the key, as I believe, to much valuable treatment. * * *.—*British Medical Journal.*

Sir James Paget is suffering from one of the attacks of pneumonia to which he has been so subject since his blood-poisoning. He has gone to Nice for the winter.

RENZI ON IODIDE AND BROMIDE OF POTASSIUM IN HEART DISEASE.*

An interesting review of an article on this subject in the *Italian Medical Gazette* of January, 1881, appears in the *Lyon Medical* of 10th July, 1881. The writer of the article (Professor Renzi) has evidently studied with care the actions of three important drugs largely used now-a-days in cases of heart-disease—viz., bromide of potassium, iodide of potassium, and chloral hydrate; and he has given some important information regarding them. Bromide of potassium is shown to have such a direct influence on the heart and capillaries, as to entitle it to a high position among the cardio-vascular drugs. According to Dr. Dujardin-Beaumetz, who considers it one of the best heart-tonics we possess, the bromide, besides being a nervine sedative, acts directly on the heart, and lessens considerably any irregular action of that organ. He says that, as a nervine sedative, the drug is useful in counteracting the sleeplessness which so greatly enfeebles and wears out patients suffering from heart-disease, while its value in such cases is greatly enhanced by its direct beneficial action on the diseased organ itself. According to Professor Sée (largely quoted, along with Dujardin-Beaumetz, by the writer of the article), bromide of potassium is especially useful in heart-affections where we have diminished arterial pressure, rapid and irregular action of the heart, passive congestions, œdema, cyanosis, dyspnœa, and sleeplessness.

Iodide of potassium is shown to be very beneficial in dyspnœa arising from heart disease. It is also of great value in arresting degenerative changes in the heart-tissue. The action of chloral-hydrate on the heart, as observed by Professor Renzi, is at once to diminish the rapidity of its action, and after a time to reduce its energy. The drug seems to act on the heart, by paralyzing either the cardiac ganglia or the vaso-motor centres in the brain. The researches of Claude Bernard, Rokitansky, and others, would indicate that the latter are chiefly affected by the administration of chloral, for they found that it caused great diminution of blood-pressure by dilatation of the capillaries.

In summing up his observations on the three drugs referred to, Professor Renzi says of bromide of potassium that it lessens the anxiety of patients suffering from heart-disease, gives them a certain sense of comfort, and enables them to breathe freely. Under its influence sleep is more easily obtained, is more tranquil, and of longer duration than when induced by other drugs. It is, moreover, a more natural sleep. The bromide reduces undue rapidity of the heart's action and of respiration. Cough, however, seems to be aggravated by the use of bromide of potassium alone.

Of iodide of potassium, he says that it is a most useful drug in diseases of the heart. One of its chief effects is a complete relief from dyspnœa and all asthmatic symptoms. Chloral-hydrate is not much esteemed by him. It can procure sleep of a kind, but is of no use in relieving the dyspnœa so troublesome in cases of heart disease. It is, moreover, dangerous when given in conjunction with iodide of potassium, the latter drug apparently having the effect of greatly increasing its soporific action.

From Professor Renzi's summing up, it would seem that a combination of the iodide and bromide of potassium is a most beneficial remedy in cases of heart-disease.—*London Medical Record.*

* Translated in Glasgow *Medical Journal.*

MACDONALD ON CARBOLIC ACID IN WHOOPING-COUGH.—Dr. Macdonald (*Edinburgh Med. Jour.*, 1881, p. 1094) says that on extended trial he finds carbolic acid, in doses of one-fourth of a minim to a child of six months, one-half minim for a year, and one minim for two years and upwards, to be the best remedy for whooping-cough. The whoop goes; the vomiting ceases; the paroxysms are modified in intensity and frequency. This result Dr. Macdonald believes to arise from an action similar to that of creasote on the motor fibres of the vagus to the stomach, and from a lowering of vitality of the specific germ of whooping-cough disease. This points to the antiseptic treatment of the zymotic diseases generally.—*London Medical Record.*

INTRA CRANIAL TUMOURS.

Dr. Bernhardt has collected 57 cases of tumour of the cerebral superficies, and it is noteworthy that in as many as 45 cases the tumour was in the fronto-parietal region; twice only was it in the occipital region, and in no instance in the temporo-sphenoidal region. Motor symptoms were present in all but ten cases. The author points out a peculiarity in the mode of onset of the hemiplegia in these cases. The whole side is not paralysed at once, but first, perhaps, the arm, then the face, and then the leg. The hemiplegia is made up as it were of a succession of attacks of monoplegi, and is generally preceded or followed by localized epileptiform convulsions. The occurrence of a hemiplegia with these characters gives us good ground for supposing that the tumour is in the motor area of the cerebrum, or immediately adjoining it. Bernhardt has met with only three cases in which there was tumour of the motor area without motor symptoms. There seems to be no diagnostic sign by which we can distinguish between superficial tumours of the motor region, and tumours of the cerebral medulla implicating the same region; and, even if tumour of the motor region be diagnosed, we are unable to say how far it spreads anteriorly or posteriorly into non-motor areas, for tumours of these parts are often latent as regards symptoms.

In cases of tumour of the cerebral lobes, ataxy and disturbance of the muscular sense point to the parietal lobe as the seat of the tumour. Hemianopsia and subjective optical phenomena appear sooner perhaps in tumour of the occipital lobe than elsewhere. Disturbances of vision unaccompanied by paralysis of the ocular muscles are very suggestive of tumour of the cerebral lobes; still the presence of solitary symptoms of paralysis, ptosis for example, does not absolutely forbid this diagnosis. Another important symptom in these cases is mental derangement, which shows itself generally as loss of intelligence and obtuseness. Speech is also frequently affected.

The most trustworthy indication of tumour of the corpus striatum or optic thalamus is the appearance of involuntary muscular movements (half like tremors, half like the movements of chorea) in limbs that become paretic, or are already so, and which often present symptoms of diminished sensibility. The movements are very commonly confined to one side. In tumours of the corpora quadrigemina and pineal gland, there is no symptom of pathognomonic value; but if there be paralysis of the trochlear nerve and bilateral paresis of corresponding branches of the oculo-motor nerves, with unimpaired sensibility and absence of unilateral paralytic or convulsive attacks, there is every likelihood that the tumour is situated in this part of the brain. The symptoms that are most to be relied on in the diagnosis of tumour of the cerebellum are occipital headache, a reeling gait, and a peculiar vertigo. The vertigo is independent of paralysis of the ocular muscles, and may be felt even when the patient is at rest. Sudden death is frequently observed in these cases, and is probably due to pressure on the adjoining respiratory centre. —*London Medical Record.*

PROF. H. C. WOOD ON THE THERAPEUTIC ACTION OF DIGITALIS ON THE HEART.

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Two points in conclusion—(1) in regard to the cumulative action, and (2) in regard to the cause of the slow action of digitalis. The remedy acts slowly in producing its full effect, and its effects are very permanent when they do appear. Digitalis acts slowly and cumulatively, not only because of its special influence upon the heart, but because it only comes very slowly into contact with the heart-structure, since it osmoses slowly into and out from the body. The practical point is this: watch the kidneys when giving large doses of digitalis; if water be not passed freely, then cumulative action will be apt to occur. . . . . The longer the digitalis is in acting, the more likely it is to have a lasting effect. After abdominal tapping, the digitalis often shows itself in reducing the heart's action. Either it has been lying in the intestines unabsorbed, or in the cellular tissue; probably all the fluids are saturated with the drug. Digitalis is a very useful remedy in cases of syncope and collapse.

Formerly, alcohol alone was used. One of the advances of modern therapeutics has been to teach the danger of giving large doses of alcohol in cases of surgical shock. Belladonna and digitalis are proper remedies given by hypodermic injection. The pulse begins to fill up in twenty minutes or half an hour. No irritation is produced at the point of puncture. Throw in twenty minims at once, and expect to find the result in half an hour. He did not wish his remarks to be understood as declaring that digitalis was entirely without danger, but he had used it in hundreds of cases, and had seen men apparently dying revive under its effects. It is important to stop it as soon as evidence appears in the pulse that it is beginning to be absorbed. Used in this way, he did not believe that there would ever be any serious cases of poisoning with it.—*London Medical Record.*

Diabetic Coma.—Dr. Dreschfeld read a paper on diabetic coma, taking as a basis an analysis of about fifty published cases, together with some unpublished ones which had occurred in his own practice and that of his colleagues. Diabetic coma occurred in young persons. It might come on a few months after the first appearance of diabetic symptoms, or within the first or second year, rarely later than that. According to the most prominent symptoms, three forms might be distinguished; one form, which resembled, and possibly was, an acute alcoholic intoxication; a second form, chiefly characterized by drowsiness, soon passing into coma; and a third form, by far the most common, and in which the coma was preceded by dyspnœa, sickness, epigastric pain, and often delirium, and, in some rare cases, by convulsions. Important aids in foretelling the possible advent of the coma in diabetes were the peculiar odour of the breath, and the presence in the urine of aceto-acetic ether, by giving a peculiar claret-red colour on the addition of perchloride of iron. Amongst the chief *post-mortem* changes found, were the presence in the blood of large amounts of fat, and traces of aceto-acetic ether, and of the two bodies into which it split up (aceton and alcohol). The kidneys, which might appear normal to the naked eye, often showed changes when microscopically examined; the most noteworthy change was a peculiar necrotic condition of the epithelium of the convoluted tubes, seen in three cases examined by Dr. Dreschfeld, and in two cases recently reported by Ebstein. The pathology of diabetic coma was considered at length, and none of the existing theories was found to account for all the cases. Against the acetonæmia theory might be urged the following. 1. Experimental researches on animals showed that only very large doses both of aceton and of aceto-acetic ether produced toxic symptoms. 2. In man also, both these bodies produced no effects, even if given in large doses (five grammes). 3. In some cases of diabetic coma, these bodies were absent both from the urine and the blood. 4. Aceto-acetic ether occurs in the urine in other cases than diabetes, without producing the combination of symptoms seen in diabetic coma. Against the view pronounced by the late Dr. Sanders and Dr. Hamilton, according to which fat-emboli were the cause of the symptoms, the following objections might be urged. 1. Experimental facts showed that, unless large quantities of fat were injected, the fat was again eliminated, without producing any effect. Something similar seemed to obtain for man according to Bergmann's observations. 2. Fat-embolism was often found after death, though, during life, no symptoms pointing to it existed (Moulin). 3. In four cases of diabetic coma, Dr. Dreschfeld carefully examined, *post mortem*, the lungs, liver, and kidneys, and found no fat-emboli, though, in two out of these four cases, Dr. Gamgee detected a large amount of fat in the blood. Diabetic coma might be looked upon as somewhat analogous to uræmia, and as consisting of some acute intoxication, caused by the presence in the blood of a toxic agent (possibly an oxydation-product of sugar), the elimination of which was interfered with by one or other of the organs (chiefly the kidney) having their functions impaired. As it was highly probable that these oxydation-products were due to the action of a probable ferment on the sugar, a rational treatment for such cases would be, the administration of large doses of an antiseptic or antiferment. So far, however, such treatment had had no more success than any other treatment (injection of solution of salt, transfusion of blood, inhalation of ozone, etc.), which had been attempted.—*British Medical Journal.*

CEREBRAL SYMPTOMS IN DYSPEPSIA.—M. Leven has reported in *Le Progrès Médical*, May 28, 1881, one hundred cases which tend to show the existence of cerebral phenomena whose presence has been heretofore overlooked in dyspepsia. Thus he has seen patients suddenly struck down in the street with true apoplectic attacks which last from ten minutes to a quarter of an hour. Such cases were believed to be epileptic, but M. Leven suggests that they were in reality simply dyspeptic, since the cerebral symptoms entirely disappeared when the digestive troubles had been cured. In dyspepsia the intelligence is unaffected, and there is never any mental disorder. Certain cerebral faculties may be altered, but the *ego* remains intact. This affection of the higher faculties, this weakening of the will, of action, of memory, and of the power of speech, may be readily observed. In some cases the patients are unable to determine upon an act, and they have to make a decided effort to perform what is generally an almost instinctive movement, as for instance to pick up anything that they have just dropped. In such cases the memory is impaired and speech is difficult, more especially after meals. The patients are melancholy, and suffer from cutaneous hyperæsthesia, a point which distinguishes them from the hysterical.—*Medical News and Abstract.*

PHTHIRIASIS is not a very uncommon disease as characterized by the presence of the ordinary louse (Pediculus communis) but the case which has been well reported by Dr. M. Goldsmith, Rutland, Vermont, (*Medical Record*, October 29, 1881,) is so relatively rare as to merit mention. A woman came into his office who complained of an intense itching caused, according to her statement, by insects crawling over her. On causing a profuse diaphoresis a number of brownish insects emerged from the sweat pores. These on investigation, were found to be pigeon or hen lice (Dermanyssus Avium.) The use of diaphoresis, sulphur, tar water, mild solutions of corrosive sublimate and the precautions usual in phthiriasis resulted in a cure. Similar cases have been reported by Alt, Simon and Bory de St. Vincent.—*Chicago Medical Review.*

MEKLARD ON THE ACTION OF HYDRATE OF CHLORAL IN THE EXCRETION OF SUGAR BY THE URINE.—F. Meklard agrees with the opinion of Mering and Musculus, that in animals under the influence of chloral the urine never contains sugar (*Archiv für Exper. Path., Paris Méd.*) He injected under the skin of a dog a certain quantity of hydrate of chloral, and then made a puncture in the fourth ventricle. The urine examined never contained sugar. In another animal he first made the puncture; there was then glycosuria; he then injected chloral, and the sugar disappeared. If the vagus were divided at the level of the neck, and the central end were excited, reflex glycosuria was produced; but this latter phenomenon did not show itself in chloralised dogs. In the same way, the urine did not contain sugar in a dog which had breathed carbonic oxide, but which had first absorbed five grammes of chloral. This manifest action of chloral on the excretion of sugar has been similarly applied to the human subject. In a diabetic patient who was placed under its influence, a diminution in the quantity of the urine, and of the sugar contained in it, was noted. In a second patient, it was simply observed that the quantity of urine had greatly diminished.—*London Medical Record.*

ARTIFICIAL HUNYADI JANOS WATER.—The natural Hunyadi Janos water was observed to be an efficient, safe, and agreeable purgative in many chronic cases. It is, however, found to be too expensive for hospital use, and it was resolved to try it artificially. At first it was made according to Liebig's analysis of the natural water, but this was perceived to be too weak, and it failed to produce purgative action. Ultimately it was made thrice the given strength, according to the following recipe:—Sulphate of magnesia, 514.92 gr.; sulphate of soda, 519.54 gr.; sulphate of potash, 2.76 gr.; chloride of sodium, 39.15 gr.; bicarbonate of soda, 15.60 gr.; water, 16 oz. Dose, two ounces and upwards. It will be observed that the chloride of calcium is omitted, but the proportion is so small that even when it was included there was no difference in the action. This inexpensive mixture, made for a penny a quart, can be effectually recommended. It will be found to possess every advantage attributed to the natural variety, the necessity for buying which seems to be done away with.

Surgery.

THE TREATMENT OF EMPYEMA.

BY W. B. CHEADLE, M.D., F.R.C.P.

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As the practical outcome, then, of my experience of the treatment of empyema, I would venture to lay down the following rules:—

1. *To ascertain the character of the fluid.*—If pleuritic effusion is accompanied by high temperature, and the rise persists for upwards of a week, or if the fluid does not subside satisfactorily at the end of three weeks, even if there be no continued rise of temperature, ascertain whether pus be present or not by means of an exploratory puncture. This is best made by a hypodermic syringe, after the manner advocated by my friend and colleague, Dr. Barlow. The hypodermic syringe must be of sufficient calibre to allow the passage of pus freely, and its capacity in this respect may be tested by the passage of carbolised oil, with which it must be thoroughly disinfected before use. I have seen errors in diagnosis arise from the imperfection of the syringe, and its failure to extract pus when abundantly present.

2. *The removal of pus.*—If pus be found, remove it at once. About this there cannot, I imagine, be two opinions. Draw off the pus in the first instance with a carefully carbolised aspirator. This gives immediate relief, the patient improves at once in general health, and gains strength for the more serious operation of a free opening, should it become necessary. Then, after an interval of four or five days, if the amount of fluid be large, make a free opening without delay. Repeated aspirations when the fluid re-accumulates rapidly in large quantity are utterly inadequate to cure, and are disastrous in the end, for the fluid eventually becomes foul in spite of all precautions. If the amount of fluid be small, and the empyema clearly a limited one, ascertain the continued presence of pus by the hypodermic syringe, and then draw it off by aspiration a second time. This may be repeated if the temperature keeps down, and there are no signs of large accumulation. For it has been shown that one or two aspirations will frequently suffice for the cure of a limited empyema; while, on the other hand, a large one will certainly require a free opening in the end, and the sooner the pus is let out freely the better.

3. *Position and character of the free opening.*—If it be decided to make a free opening, the best position for it, I am convinced after many experiments, is the one originally selected by Trousseau—viz., the sixth or seventh intercostal space in the axillary line. It has been objected to this that it is not the best position for free drainage, and that, as the chest falls in, the proximity of the ribs to one another at this point causes them to press upon the drainage-tube, disturb it, and make the ribs liable to necrosis. With regard to the first objection, I may say I have never seen any practical difficulty in emptying the pleura from this point; and as to the second, although it has some force, yet the difficulty is not insurmountable, and the evil less than many attending other situations. The adoption of the intercostal space immediately below the angle of the scapula, for example, which has been strongly advocated, is, in my experience, usually followed by swelling and suppuration, and often by local abscesses, due, I imagine, to injury of the muscles there, with the friction and heat and pressure, caused by the patient lying on his back. From these drawbacks the axillary position is free. Further, experience has taught me to be content with a single opening. Under proper management, this gives perfectly free and sufficient escape to the pus, and the shock of the protracted and severe double operation—a formidable one in the case of young children—is avoided. The cases in which I have caused a double opening to be made have done badly throughout. The wide openings and counter-opening advocated by some authorities are dangerous to little children, who bear such free rough usage ill. This method admits of a larger application to adults, but with children it is only admissible in extreme cases of large foul accumulations.

4. *Antiseptic paracentesis and dressings.*—The results of full antiseptic precautions during paracentesis and dressing afterwards have been disappointing. They were adopted in three cases, and all of them ended fatally. In one

case only did the discharge show any sign of becoming foul, but the children did badly and died, two of meningitis and one of peritonitis and pneumonia. Whether the patients became carbolised by the frequent use of spray, or whether, on the other hand, the dressings were not repeated with sufficient frequency (every second and third day), to preserve the absolute purity of the pleural cavity, or the tube became obstructed by accumulating debris, I have been unable to determine. But whatever the explanation of the failure may be, the results were so unsatisfactory that I have ceased to require more than the use of carbolised instruments, and dressing with carbolised tow, as precautions against contagion from without, the dressings being changed twice daily.

5. *Washing out the cavity with astringent or antiseptic liquids.*— Formerly, guided by the authority of Trousseau, I diligently used solutions of iodine, and subsequently of carbolic acid, with the view of lessening the discharge and preserving it from foulness; but my own observation has slowly convinced me that these things tend rather to increase the discharge than to reduce it, and set up fever and constitutional disturbance. In cases of foul secretion some means of the kind must be adopted, and an enlarged opening into the pleura, with free irrigation, may become necessary. But in ordinary cases I am very sure that such interference is most mischievous, and that the less the pleural cavity is meddled with in this way the better. I have seen more than one patient suffer from the *nimia cura medici* in this direction.

6. *The form of drainage-tube.*—The best form of drainage-tube is, I think, a modification of Baker's India-rubber tracheotomy tube. The flange prevents the loss of the tube into the pleural cavity—an accident which has happened more than once with a portion of common tubing; once, perhaps more often, this has led to a fatal result.

7. *The vital importance of unimpeded escape of pus.*—The one essential point of supreme importance in the management of an empyema into which a free opening has been made—of more importance than antiseptic opening, or dressing, or any other device—is the securing of *constant, unremitting, free evacuation of pus from the cavity.* It is remarkable how the retention of pus for only a few hours sends up the thermometer. Over and over again, warned of some mischief by a rise of temperature and access of febrile symptoms, I have found the drainage-tube, ascertained to be free a few hours before, blocked by a plug, or by a kink or twist, or the impinging of its inner extremity against the pulmonary or costal pleura, or some other cause preventing free outflow. This remedied, the temperature falls, and all goes well again, as unimpeded discharge is re-established. In order to guard against this difficulty, I am in the habit of directing the house-surgeon and ward sister to examine frequently during the day and night, and note whether the tube be freely open. In the early stages a satisfactory index of patency is afforded by the noise of the ingress and egress of air through the opening as the patient breathes. The temperature should be taken every four or six hours, and a rise of even one degree above normal must be regarded as a warning to examine whether obstruction to outflow be not the cause of it. It is impossible to exaggerate the importance of these precautions. The maintenance of free outflow appears to afford protection against absorption of morbid material, probably by promoting the removal of older decaying secretion from contact with the absorbents. Immunity from such recurrent poisonings, slight though they may be, must, and does, tell favourably upon the result.

8. *Avoidance of contagion.*—Patients with empyema in which free openings have been made appear to be as susceptible to infection as puerperal women. Every precaution should, therefore, be taken to guard them against it.

9. *The use of drugs.*—With regard to treatment by drugs, I have little to say, except by way of warning against their too free use. As remedial agents they play no important part, and it is a mistake to nauseate patients with cod-liver oil to improve nutrition, or with salicylic acid, or large doses of quinine, to bring down temperature. Astringents, or bismuth with opium, are useful, and even necessary, to control the diarrhœa, which is often very troublesome and exhausting; and tonics, with

nourishing diet and, perhaps, wine, are valuable adjuncts.

10. *Change of air.*—The one therapeutic agency which, next to the removal of the purulent fluid, possesses great power for good in these cases is change to fresh pure air. I constantly find that patients who linger on for weeks in a stationary condition with chronic discharge, neither better nor worse, improve immediately on removal to the Convalescent Hospital at Highgate, and return in a very short time absolutely well. I remember especially one poor boy, who, owing to temporary closing of the Highgate wards, could not be removed there, and remained for months in Great Ormond Street, half-cured, but gaining no ground, and with a persistent chronic discharge which threatened ultimate mischief. At last the opportunity came, and he went to Highgate, to return in a very few weeks perfectly well.

The singular success, too, which attends the treatment of empyema in children in private practice, as compared with that in hospitals, is very significant. It is due partly, no doubt, to the fact that such cases are discovered and treated early, whereas a large proportion of those which come into hospitals are of long-standing, having been neglected, because the disease has been overlooked or mistaken, and the patients more or less broken down by the persistent illness. But the more favourable hygienic conditions by which private patients of the better class are surrounded have an important influence also, while the many dangers to which hospital patients are exposed, in spite of all precautions, from the aggregation of sick persons, and intercourse with the contagious and unclean from outside, are obvious. It is a question how far cases of empyema in hospital should be further protected by isolation and special hygienic advantages.—*London Lancet.*

CLEANSING, DISINFECTING, AND PRESERVING SPONGES.—SIR, —*Apropos* of the excellent sponge-bath, made by Messrs. Groom & Co., to which you called attention last week, I should like to say a few words about sponges. Some years ago, when I was travelling alternately on sea and land, I noticed that my bath-sponge was very differently affected by the fresh water and the sea water which I used for my baths. We all know that sponges, after they have been used for a while in hard water, become clogged with organic and earthy impurities, and lose much of their elasticity and power of absorbing and parting with water. The ordinary domestic remedy for this condition is common washing soda; but this substance, while effectually removing the impurities, destroys the texture of the sponge, and it quickly falls into pieces. The preparations of chlorine and sulphurous acid used for bleaching and disinfecting sponges have also an injurious effect, and should be avoided (as should new bleached sponges, for they are always bad ones); Condy's fluid stains, and carbolic acid consolidates organic matters in the meshes of the structure; and they are also to be avoided as unsuitable for mere cleansing purposes. I have found, by repeated experiments, that returning the sponge to its native element, or what answers equally well, steeping it in strong salt and water, to which a few grains of iodine have been added, enables it to throw off its impurities and to regain its normal elasticity and absorbent properties, and at the same time to become disinfected. The process is not a rapid one; and iodine is only slightly soluble in salt water; so that very dirty sponges cannot be purified in this way, and a preliminary washing in soap and warm water may be necessary. Sponges may be kept in this kind of pickle for any length of time without injury to their texture; and as clean sponges are essential to success in operative surgery, surgeons and nurses would do well to keep their sponges in this manner when not in use, instead of allowing them to become dry and gather dust, or absorb and condense impure gases. Salt is one of the best antiseptics, and iodine is one of the most powerful disinfectants, and they belong to the element in which the sponge was originally developed. A bath sponge which has been treated in this way has the pleasant sea-side smell which has been attributed to the presence of ozone, but which is more probably due to iodine.—Your obedient servant, CHARLES ROBERTS, F.R.C.S.

Bolton Row, W., March 3rd, 1881.

—*British Medical Journal.*

AGNEW ON INCISION OF THE LACHRYMAL SAC.—Dr. C. R. Agnew of New York says (*Detroit Lancet*): The anatomy of the parts is about as follows. We have the eyelids covering the eyeballs, and towards their inner angle we have the puncta. Now, behind this angle, which is called the internal canthus, is the little gland called the caruncle, and, just in the crease between the caruncle and the angle of the eyelids, there is nothing between the external world and the cavity of the sac but conjunctiva and sac-wall. As the sac fills up with matter, its anterior wall is brought forward, the tendon of Horner's muscle is more or less stretched, and the sac bulges below and above it and is made prominent. Now, standing behind a patient who has such a lachrymal abscess, which you are not able to enter through the punctum, you may take Beer's knife, and, holding the head firmly, poise the blade of the instrument flat-wise, so as almost to be in contact with the cornea, pass it behind the internal canthus behind the angle where the lids come together, carrying the point inwards, and enter the sac, reaching it by making a slight wound. This wound usually heals rapidly, does not interfere with the canaliculi, and, if it becomes fistulous, does no possible harm, because it is inside of the lids, and the sac empties itself inside, instead of outside upon the cheek. The sac having been emptied, it may be treated according to the indications.—*London Medical Record.*

SEILER ON SYPHILITIC LARYNGITIS.—The author (*New York Med. Gaz.*, May, 1881) lays much stress, in the diagnosis of this affection from non-specific inflammation of the larynx, on the peculiar carmine discoloration of the mucous membrane and the symmetrical disposition of the inflammatory patches in the syphilitic affection. Another diagnostic sign is the red line observed upon the velum palati. Dr. Seiler recommends as treatment, besides the systemic and supporting, local touching of the shallow ulcers with solid nitrate of silver fused upon an aluminium probe, and of the deep ulceration with acid nitrate of mercury (1 to 4), or the galvanic cautery.—*London Medical Record.*

RIEHL ON THE USE OF IODOFORM IN LUPUS VULGARIS.—This writer believes (*Wien. Med. Woch.*, No. 19, 1881) that he has discovered in iodoform a remedy for lupus analogous to mercury and iodine in syphilis, that is, that iodoform causes absorption and transformation of the lupous tissue. In the case of ulcerating lupus tubercles, he places on the part a layer of iodoform 1 to 3 millimètres thick: simple pencilling with glycerine of iodoform is of no use. For deeper infiltrations he first, with soap, washes off all fat from the surface, and then pencils the part with a solution of caustic potash (one to two by weight of water) till the epidermis is thoroughly removed, after which he removes the superfluous caustic, dries the part, and places on it a layer of iodoform 1 to 2 millimètres thick. This he covers with cotton-wool and plaster, and leaves for three to eight days; when, in an ordinary case, he expects the lupous tissue to have disappeared, leaving slight pits. There is no pain, except when the caustic is applied, nor is there any suppuration. The process may have to be repeated twice or thrice in severe cases.—*James Anderson, M.D.*

Midwifery.

OPHTHALMIA NEONATORUM.—Dr. Fancourt Barnes narrates (*Brit. Med. Jour.*) a case of this affection occurring in a child born in the unbroken membranes, and who never came in contact with the maternal passages at all. He also cites a case from Veit in a child delivered by Cæsarean section.

MARTIN ON PARSLEY AS A MEANS OF SUPPRESSING THE SECRETION OF MILK.—M. S. Martin reports (*Bull. Gen. de Therap.*, Aug. 30), that, if the breasts of a nursing woman be covered with parsley leaves freshly pulled, the application being renewed several times a day, as quickly as the leaves fade the milk will cease to appear. This is an application which may be used when it is impossible to give purgatives or other remedies internally.—*London Medical Record.*

Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

"PUERPERAL ECLAMPSIA."

SIR,—I beg to invite your attention to the rather extraordinary and very unsatisfactory exposition of the etiology of puerperal eclampsia as laid down in the initial and "original" article in your issue for December.

The condition of pregnancy is said to be one in which the system is "burdened with the extra work of supplying and developing the fœtus." The heart, it is said, "will necessarily have more work to perform in carrying on the fœtal as well as the general circulation," and "the nervous system will also have extra duties in contributing to the development going on."

Now, the truth of this being conceded, does it not follow that an increased expenditure of power in the organism is likely to lead to exhaustion, rather than to repletion and explosion, from an undue accumulation of energy? That would surely be a fair and natural inference. And if it be further true, as is asserted in the article referred to, that "the labor required of the circulatory and nervous systems increases as gestation advances," would it not be a fair presumption that at the period of greatest expenditure—the close of gestation—there would be the least surplus energy to spare? And yet the writer of the article, after announcing the ever-increasing expenditure of nerve power as gestation advances,—the maximum of such expenditure taking place just as the eclampsia appear—adds, "*consequently* at or near the termination [of gestation] the nervous centres are worked up to such a state of tension, if I may so express myself, as to relieve themselves by that spasmodic condition called convulsions."

Is this a fair presumption to base on the condition of increased nervous expenditure previously said to exist? Is it really true that the expenditure of a more than ordinary proportion of nerve force begets an accumulation of nerve force, of which the convulsions are the consequence? Is that word "consequently" a proper connecting link between what goes before and what follows? To put the case in another light:—Were the boiler of a steam engine to explode, would it be a satisfactory explanation to allege that for a considerable time more steam than usual had been expended in the working of the engine, and that *in consequence,* increased tension had caused the explosion? This very term "explosion" is very commonly applied to the action of the nervous centres in convulsions by modern authors.

We are told that during pregnancy the nervous centres are continually "relieving themselves" by more than ordinary expenditure of power, that this drain upon them is increased as gestation progresses, and yet that when their capacity for expenditure might be expected to be the lowest, they are necessitated to "relieve themselves" still further to a highly abnormal degree, and in doing so produce the phenomena of eclampsia!

This is most extraordinary doctrine; and it is lamentable to find in the words of the author of the article, that it is "substantially all we know" on the subject. Nevertheless he proceeds thereupon to ignore this knowledge, and "goes back" upon the doctrine just enunciated. He finds, in explaining the treatment, that "the increased labor of the heart in carrying on the fœtal circulation might disturb the general circulation, and as a consequence anæmia of the brain be produced." Now anæmia of the brain is attended by proportionately defective innervation; for "it is a physiological law that the functional activity of an organ is directly proportionate to the supply of arterial blood to the organ" (Dr. C. B. Radcliffe, F. R. S.). Consequently this is not a condition of the brain in which augmented nerve force could be generated. But the author continues: "In the second place, the brain and the nerves of organic vitality become irritated *and exhausted* by the duties required of them." From this it would appear as if the exhausted nerve centres need not discharge extraordinary supplies of nerve force, in order to "relieve" themselves. Relief comes in a different way, to which the article in question bears witness. The morphia which proves so useful does not relieve the exhausted brain by depleting it. On the contrary, the author says, "by this drug we produce an increased flow of blood to the

nervous centres,"—furnishing therein the pabulum from which to generate more nerve force, —and he adds, "in the second place, by its soporific effect the brain is allowed to rest while *increased power is gained* to carry on the nervous functions of the body." (Italics mine). This is an extraordinary way to relieve the "state of tension" of the brain,—by causing an influx of blood to it—increasing its power, etc.!

The writer of the article referred to, is perhaps not much to blame. If he has sinned at all, it is in the midst of the most orthodox medical society. Just such contradictions and absurdities abound in modern medical literature; and in my opinion, are a disgrace to modern medical "science." They are the outcome of a false theory on the inter-relations of nerve and muscle. Fortunately for the sick, the theory is often ignored in practice, and spasms and convulsions are "relieved" by reinforcing the nervous centres rather than by adding to their exhaustion. Thus our best "antispasmodics" are really stimulants (Anstie.)

One word more. It might be inferred from the article under discussion that the treatment of puerperal eclampsia by morphia was new, and that it originated with the writer of that article. This is not the case; a fact to which I merely point, and on which I offer no comment.

Yours, etc.,

THOMAS W. POOLE, M.D.

Lindsay, Dec. 5th, 1881.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—I see that Dr. McKinnon, of Guelph, has, in your last issue, been giving free rein to a brilliant and not over-scrupulous imagination. Were it not for the last two paragraphs, I should not have troubled you with a reply. I could easily afford to smile at the unmanly allusion as to all I know "of the supra-pubic method." The Ontario Medical Association will, doubtless, struggle to survive the fury of Dr. McKinnon's attack, and the Doctor himself will be able to soothe his ruffled soul by the fond delusion that he discovered a surgical "plagiarism" where none existed. Hugging his phantom will do no harm until his frenzy subsides.

Dr. McKinnon, in his last sentence, speaking of me, says:—"The article he favoured your "readers with is but a small affair as compared "with the glowing account given by a local "paper, in which we meet with terms—very "unfamiliar to other than professional ears— "from the use of which its origin may be "inferred."

The doctor did not come out boldly and charge me with being the author of the "glowing account." He insinuates what he dare not say, and his insinuation is utterly false. I neither wrote the article nor caused it to be written, and in proof of this I append copies of certificates from both the "local" Guelph papers.

"Office of the '*Guelph Daily and Weekly Herald.*'

"GUELPH, Dec. 7th, 1881.

"*To whom it may Concern.*

"I never received any information from Dr. Groves, of Fergus, regarding an operation performed on William Hood or any other person. My information in the case of William Hood was given to me by a member of the family.

"H. E. SMALLEIN. [A.G.]"

"Office of the '*Mercury and Advertiser.*'

"GUELPH, DEC. 7th, 1881.

"*To whom it may Concern.*

"We hereby certify that Dr. Groves, of Fergus, did not furnish to us any particulars whatever of the operation performed by him on Mr. William Hood in April last. The facts of the case were furnished to us by a member of the family, and the doctor knew nothing of the matter until after the publication of the notice.

"INNES & DAVIDSON."

Dr. McKinnon says that Dr. Groves gives "his method of operating, after treatment, and results." The truth is I *did not* use the possessive, and Dr. McKinnon knew I did not, for he read the article "carefully over." What I did was to write a plain and simple account of a couple of cases which I treated as hundreds had been treated before. This account had never been written before, therefore I could not plagiarize it. It is well the doctor has the candour to admit that my article was "refreshing," and I hope he found it sufficiently so to prevent his "apprehension" becoming more "serious."

I remain, yours truly,

A. GROVES.

FERGUS, Dec. 8th, 1881.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

AN EXPLANATION.

SIR,—In the last number of your respected Journal, I perceived that I had given mortal offence in some of the remarks I made at the Annual Dinner of the Students of Trinity College. [Medical School (?)—*Ed.*] I, among many others, was honoured with a very kind invitation to attend. After dinner a number of toasts were proposed and responded to.

When the toast of the Ontario Medical Council was proposed, I had the honour of being called upon for a reply, to which I most reluctantly agreed. Not being in the best of health at the time, I had but little to say—so I said it. Memory fails to admonish me as to what I did say, until I saw a report of the proceedings in your journal. I am reported as saying, that I thought a two years' term was long enough for the examiners to be appointed, and also that I regretted the appointment of one "examiner." I am further charged with using the epithets in my regret, "one examiner, you know who." Of this I make no denial, although I cannot recollect the fact. In your strictures on the occasion referred to, you state "that it was simply contemptible to make such an attack upon any man where neither he nor his friends were in a position to resent it." Now, sir, you will readily admit that, as a general rule, where any insult is intended, we at once associate with the act an inherent malicious intent. Words uttered, however offensive they may be, under one set of circumstances might be regarded as harmless—while under another state of things, the construction put upon the same language might call forth strong feelings of resentment, where the person impugned might, with great propriety, demand explanations for insults offered, whether direct or implied, that have been inconsiderately given. Let us view this case under these aspects.

Please tell me what had the examiner or his friends to resent? I never in my life saw the gentleman, and scarcely ever heard of him, until after his appointment, nor have I ever had any dealings or correspondence with him.

You surely cannot assume that I had any malicious feeling towards him, as I knew nothing of him. You certainly cannot ignore the fact that a petition from the students was presented to the Council containing remarks not of the most favourable character to him as an examiner. Whether true or false, I desire not to affirm. I, in common with other members of the Council, advised the students to withdraw the petition, and gracefully submit to the ruling of the Council—having assured the young men that their case would be favourably considered; but in this I was somewhat disappointed. Acting on the advice given, the petition was withdrawn. Now, Mr. Editor, was there any malice in this, and where the grounds for resentment?

You may also remember the pointed letters that appeared in the public newspapers from various parts of the Province reflecting sadly not only on the character of the questions put, but also on the ethics displayed at the examining board. During the year that I had the honour of being President of the Council, I received many letters, both from students and graduates of the several medical schools of the country, urgently soliciting my influence against the re-appointment of "the examiner, you know who." I, by-the-bye, received one from Kingston, with a request that I should present a petition to the Council in the same direction. All of which I respectfully declined—giving as my reason, that the candidates should be better prepared for the ordeal. Again, was there anything "contemptible" in this, or had we better "resent" it?

Once more let me ask, What has been the result of this denial of a hearing to the students and the ever-memorable discussion in the Council thereon. Look at the number of our young men at the present moment, who have gone to England for their registration, who shortly will return to practise in their native Province without the agency or leave of our Board of Examiners. We have ourselves to blame for this exodus from our own institutions.

Without meaning any offence in the foregoing remarks,

I have the honour to be, &c.,

W. ALLISON.

Bowmanville, 12th Dec., 1881.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—From the remarks you made in regard to my letter in your last issue, evidently you have misapprehended my meaning. I did not assert that Dr. Groves professed to be describing "his operation" for supra-pubic lithotomy as an original operation, but merely that the "method of operation," as pursued in his case, was original. So that I might convey a correct idea, I gave his own words, excepting that for the sake of brevity I substituted the word "*his*" for "*the*," without intending to make, and in reality not making, the slightest alteration in the meaning conveyed. You affirm that the description given by Dr. Groves might as well be called a plagiarism of that given by Erichsen, Bryant, Ashurst, Hamilton, and others, as of that by Dr. Dulles. True, no doubt, all descriptions of the operation are necessarily much alike; and it is also true that any one possessed of even a modicum of common sense, could embody the whole idea, and yet so vary the language as to destroy the identity. I did not, however, base the charge I made on the similarity of language, nor on any inference.

The authors you mention, as well as all surgical writers of any note, so far as I know, condemn the supra-pubic operation, and they quote statistics to show that the rate of mortality is high (1 in 3 or 4, while in the lateral operation it is only 1 in 11). But Dr. Dulles, in the article referred to, shows that in regard to this operation, statistics lead to false conclusions; because it has very generally been performed as a last resort, frequently after failing by the lateral method, on account of the size of the stone, or some abnormal condition of the pelvis. He also shows that there is absolutely no danger from hemorrhage, and that it cannot be followed by impotence or incontinence of urine, as sometimes follows the lateral operation. He claims that the supra-pubic is a simpler and safer method than the lateral, and maintains, justly, I think, that under exactly similar conditions it will give much better results than its more popular rival.

No doubt Dr. Groves had access to all the works you name, and though he had his first case under care for several weeks, he had decided *not* to *operate* at all. The careful perusal of the article by Dr. Dulles led him to change his decision, and a few days afterwards he performed the supra-pubic operation. A few weeks later he went to Toronto, and read before the Ontario Medical Association a paper giving "the method of operating, after-treatment, and results." He said, "The ordinary text-books give no explicit directions;" but he never mentions even the name of Dulles, though the perusal of the article unquestionably led him to prefer the high operation.

Briefly, then, is it not plagiarism when a writer says he can get no description in the ordinary works, etc., then gives a description which he himself got from a work less known, allowing his readers to infer that it was his own production?

Regarding the supra-pubic operation, I may say, in conclusion, I am convinced that in the hands of ordinary practitioners it will give better results by far than either lateral lithotomy or lithotrity.

Yours respectfully,

ANGUS MCKINNON,

Guelph, Dec. 12th, 1881.

To the Editors of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

GENTLEMEN,—In the December number of your Journal, you refer editorially to my speech at the late Trinity Medical School Dinner.

In one point, I am sure quite unintentionally, you entirely misrepresent what I said, which was to this effect, that I agreed with a great deal of what Dr. Allison, the venerable and kind-hearted ex-President of the Council, had said in his speech. But I never referred to the Examiners appointed by the Council for the present, nor to those of any year—I was not even thinking of them. I have every confidence in the Board of Examiners, and am perfectly satisfied that all its members will do their duty fairly and well. Since reading your article, I have taken the trouble to ask several medical gentlemen who were present at the dinner, and without exception they corroborate my own recollection in this particular.

The other points you refer to require only a very brief reply. In your issue of July last, referring also editorially to some of the lan-

guage used in certain speeches made at the late Council Meeting, you said that it was "*neither just, manly, nor dignified.*" This was, and is, exactly my own view—and it is expressed just as strongly as I spoke, in referring to the very same language at our dinner. And certainly, at *our own* table, with none present in addition to the class, but our invited guests, and without even the faintest suspicion that any one at the table would, or even could, impute any unworthy motive as influencing any remarks which might be made. Under such circumstances, I had, I submit, *a perfect right* —nay, I deemed it *my bounden duty* to the class and to the Council to say what I thought might tend in any degree, however slight, to prevent the recurrence of what, in my opinion, had done the Council very serious, but I hope not irremediable harm.

You complain of my referring to the language or policy of public men in their absence. This you must know is done every day. Only the other day, at a banquet given in his honour in Toronto, one of our ablest political leaders did so without stint, and no paper in the country thought of this as furnishing any ground of complaint.

You suggest that I should have spoken out more strongly when the Council was in session. This is a matter of opinion. And now, after the lapse of several months, I look back with satisfaction at having stated my views calmly and quietly at that time, instead of having allowed myself to be carried away by the storm of bitterness which prevailed, and which you now criticize me for deploring.

WALTER B. GEIKIE.

Toronto, December, 1881.

Prof. Nikolaus Pirogoff, of St. Petersburg, is dead. He was author of a valuable treatise on Division of the Tendo-Achillis in Orthopædic Surgery, a work on Cholera, on the Surgery of the Arterial Trunks and Fasciæ, an Atlas of Topographical Anatomy from frozen sections, a Medical History of the Crimean and Circassian Campaigns, a report on the Military Hospitals in Germany and Alsace-Lorrain during the war of 1870, and of the method of partial amputation of the foot which bears his name.

THE CANADIAN

Journal of Medical Science,

A Monthly Journal of Medical Science, Criticism, and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JANUARY, 1882.

THANKS.

It gives us great pleasure at the commencement of the year to return our sincere thanks to our good friends who have done so much for us during the year that is just completed, by saying kind words for us, and by recommending the JOURNAL to the professional public in such a way that the circulation has very largely increased, and is now increasing with a rapidity that has never been known in its past history. We may go futher and say that its success in this respect has never been equalled in the history of Medical Journalism in Canada. We hope that we shall still retain the goodwill of our subscribers to such an extent that they may be able to assist us even more than ever before, and be the means of adding many new names to our subscription list during the year 1882. It would be quite easy for each of our friends to induce one or more to take the JOURNAL, and the result in the aggregate would add greatly to our strength and opportunities for usefulness to the profession. We have also to thank our many able contributors for their valuable communications which have done so much to increase the popularity of the CANADIAN JOURNAL OF MEDICAL SCIENCE. The encouragement we have received will impel us to make greater exertions to deserve the generous support of all our patrons. To one and all our readers we tender the compliments of this festive season with the wish that the new year may in all respects be a most happy one.

DR. GEIKIE'S SPEECH AT TRINITY MEDICAL SCHOOL DINNER.

We publish with pleasure in another column of this issue, Dr. Geikie's letter, which gives his own version of his reference to the remarks of a previous speaker, respecting the appointment of one of the Examiners of the Ontario Medical Council. We thought that any serious mistake, such as the Doctor has pointed out, was impossible because the remarks were taken down at the time of their utterance, and not written from memory; but, notwithstanding this, we must consider the question as finally settled by the following sentence which appears in his letter, "I have every confidence in the Board of Examiners, and am perfectly satisfied that all its members will do their duty *fairly* and well." We must accept this statement without reserve, and, at the same time have to congratulate the Examiners, especially the "one," upon this frank and generous expression of confidence from one who expressed very different opinions a few months ago.

The Doctor has erred in saying, we "complain of his referring to the language or policy of public men in their absence." We referred simply to the remarks on the appointment of "one examiner, you know who," and, as we supposed, the endorsation of these remarks by Dr. Geikie; and we hope he will not assert that medical men placed in the responsible and judicial positions of examiners, are to be regarded in the light of public men, liable to be criticised and abused at public dinners, or public gatherings of any description. As regards his attack on the President of the Medical Council, we did not question his right to criticize the conduct of that gentleman, but simply deplored his want of judgment in choosing such an occasion for the expression of his views, especially after he had neglected a much more suitable opportunity of doing so in the midst of that "storm of bitterness" to which he refers, and which was so largely due to his own energetic denunciations of the actions of one of the examiners before the meeting of the Council, influencing, as they did greatly, the tone of the petition presented by the students, and the letters which appeared in the lay newspapers. As far as the Council's President is concerned, we are not alarmed, but rather feel assured that he will be quite able to answer any attacks from such a source, without exhibiting any serious symptoms of "exhaustion."

The insinuation, that we abused the generous hospitality of the Trinity Faculty and students by sitting down at their "own table, and at the same time imputing unworthy motives," etc., is too absurd to inflict a deep wound or call for a lengthy reply, as every one knows, the Doctor himself included, that it was a public dinner with guests representing all the various classes of the community, and we ourselves were invited to represent the press, particularly this Journal, with the expectation that we would report as fully and fairly as possible all the proceedings, and surely this included the right to comment upon the speeches thus given to the public. If we adopted any other view, and allowed the speakers the privilege of criticizing the acts of others without granting any right of reply, we could only regard any attacks on outsiders as cowardly in the extreme, and we would certainly feel very sorry to be forced into the position of making such a charge against the honorable Dean of this prosperous Medical Institution, whose deep interest in the welfare of his students is well known, but whose zeal unfortunately is not always tempered with the best judgment.

ERRATUM.—In the obituary notice of Dr. David Foulis of Glasgow, in our last issue, it was stated that he was the discoverer of the microscopic evidences of malignancy in ovarian fluids. Dr. Archibald Malloch of Hamilton, who was personally acquainted with Dr. Foulis, writes us to say that he thinks we were in error in that particular, and, on referring to Foulis's original paper on the subject, we find such to be the case, and that the credit of this discovery is due to Dr. James Foulis, of Edinburgh. True to the maxim, "*De mortuis nil nisi verum*," and actuated by a desire for scrupulous exactness in all statements contained in these columns, we are much indebted to Dr. Malloch for kindly directing attention to our mistake.

THE STUDENTS AND THE POLICE FORCE OF TORONTO.

We regret exceedingly to find that a bad feeling is growing up between the students and the policemen of this city. It commenced by a collision between the students of the Toronto School of Medicine and the force, while the former were walking home from their annual dinner, when some stupid, ill-natured, and officious "guardians of the peace," without any provocation, attacked them with their batons, and, had it not been for the presence of Drs. Richardson and Graham, who managed to cool the ardour of these bold warriors, the consequences might have been very serious. Since that time some foolish students of various departments have transgressed the laws, and two have been fined by the Police Magistrate for their offences, and a determined hostility exists between the two parties. The students now band together and apparently endeavour while walking along the streets to tantalize the "bobbies," without actually breaking the peace, while the latter accompany the young men, in their nightly promenades, evidently thirsting for an opportunity of seizing and "running them in."

If this unequal contest continues, there can, of course, be only one result: the policemen, with the law on their side, must win, the students must lose and suffer seriously at the same time. While we thoroughly sympathize with these young men as far as the infamous action of the first "clubbers" is concerned, we sincerely hope that they will cease their endeavours to annoy the police and the citizens of Toronto by marching along the streets in crowds, and singing at unseemly hours of the night. Their friends (and they are many) are very anxious that such conduct be stopped at once before acts are done which will cause them serious trouble and disgrace.

While we cannot always approve of every act of the students, we must do them simple justice, and say that, apart from the occasional foolish pranks of an exceptional few, they act generally in a very orderly manner, and, are as a class too thoroughly in earnest to waste their time in nightly carousals as some people seem to think the majority are accustomed to do. While most of them come from the rural districts, and are perhaps not so dapper in appearance as our city dandies, still at the same time they re, taken altogether, immeasurably superior to the short-coated, tight-trowsered fops who delight to do King Street, and we hope that our citizens will not exaggerate the follies of the few, but rather extend a generous welcome to all the students who come among us as strangers, and treat them with kindness as long as they remain with us.

THE MEDICAL SOCIETY OF THE TORONTO SCHOOL OF MEDICINE.

We are much pleased to learn that the Faculty and Students of this Institution have organized an Association to be known as the "Toronto School of Medicine Medical Society," which will hold regular meetings during the sessions, at which original or selected papers will be read on medical subjects, together with discussions on the papers, and opportunities will be afforded for the presentation of pathological specimens and patients. In fact, it will be conducted, as far as practicable, after the manner of ordinary scientific medical societies. From the unusual ability shown by many of the students of this school, and from the great enthusiasm which has been manifested by those concerned in the organization, we can confidently predict the most signal success.

The School Faculty has kindly placed a room at the disposal of the Society and furnished it with all the requirements of a reading room and library.

The following have been appointed the officers in the Society: President, Dr. A. H. Wright; 1st Vice-President, Mr. J. T. Duncan; 2nd Vice-President, Mr. W. C. Cuthbertson; Treasurer, Mr. J. W. Patterson, B.A.; Recording Secretary, Mr. F. J. Dolsen, B.A.; Corresponding Secretary, Mr. G. W. Clendenan; Library Director, Mr. S. Stewart, B.A.; Council, Messrs. W. J. Robinson, W. H. Montague, W. A. Richardson, R. Elliott, and W. H. Aikins, B.A.

An open meeting of the Society will be held

on Saturday evening, January 14th, when the president will deliver his inaugural address, and a discussion will follow on the subject of "the Causes of the present Epidemic of Typhoid Fever," which will be opened by Mr. W. H. Montague.

THERAPEUTICS.—It is acknowledged on all hands that in recent years we have made wonderful advances in scientific medicine, but at the same time the very important question arises, has our practical knowledge in the treatment of diseases increased at a proportionate rate? It has been charged that the tendency of the times is to cultivate the science of our profession at the expense of the art, and that many modern physicians who have achieved success in scientific investigations are less skilful as practitioners than a large proportion of their brethren, who make no pretentions of possessing deep and scientific knowledge. While there may be some truth in such allegations in exceptional cases, we should be sorry to think that on the whole our capacities for the skilful treatment of all diseases are not vastly increased by the results of scientific study. At the same time we fully appreciate the great importance to the practising physician of a thorough knowledge of therapeutics, and are happy to say that Dr. R. Macdonnell, of Montreal, has kindly promised to give us a series of papers on the subject, the first of which appears in this issue. From an intimate knowledge of this gentleman's abilities and judgment, we can promise that these articles will give valuable information on all new (or comparatively new) remedies which have been proved without doubt to possess therapeutic virtues, but at the same time will contain no allusions to any medicines which are not likely to be found useful in the practice of either town or country practitioners.

Dr. J. R. Jones, recently from London, Eng., formerly a student of the Toronto School of Medicine, has settled in Winnipeg, and gone into partnership with Dr. J. W. Good, who was also a student of the T. S. M.

PROFESSIONAL FEES FOR ATTENDANCE ON THE LATE PRESIDENT GARFIELD.—We have heard a great deal about the question of fees for professional attendance in this remarkable case, especially from the secular press of the United States, but we now learn that the papers had no data upon which to found their learned discussions, as no formal bills have been presented, and we have the authority of the New York *Medical Record* for saying that none is likely to be rendered. According to this journal, President Garfield should be considered as the Nation's patient, and as the surgeons in charge were called upon to make great sacrifices, and did so willingly, they should receive a very respectable *honorarium*, and while the United States cannot follow the example of older countries under similar circumstances, by bestowing titles, the representatives of the people in Congress, should return thanks officially to all, including the citizen surgeons, and at the same time confer promotions upon the military officers in attendance.

OUR BOOK REVIEWS.—We regret that pressure on our space (although increased by several pages) compels us to hold over our book reviews until next month, when we hope to notice Charcot on Diseases of Old Age, Holmes's System of Surgery (Vol. II.), Hartshorne's Essentials, Foster's Physiology, Bulkley's Eczema, Lusk's Midwifery, and Smith's Diseases of Children.

Prof. Busch, of Bonn, is dead. He was one of the few German surgeons who completed their education by study in Great Britain, and his practice was decidedly English in its characteristics.

Mr. H. N. Moseley, M.A., F.R.S., Assistant Registrar of the University of London, succeeds the late Professor Rolleston in the Linacre Professorship of Physiology at Oxford.

Robert Dwyer Lyons, M.D., M.P., is the Crown nominee to the General Medical Council of Great Britain in succession to the late Dr. A. H. McClintock.

Mr. Erasmus Wilson, President of the Royal College of Surgeons, and Mr. William MacCormac have been knighted, as also Dr. John Kirk, Her Majesty's Agent and Consul-General at Zanzibar, and Geo. Birdwood, M.D., C.S.I., Assistant Reporter in Statistics, India Office.

Dr. Joseph Lewis Pancoast, eldest son of Dr. W. H. Pancoast, of Philadelphia, died in Novemb r.

Dr. W. J. Wilson has removed from Stouffville to Toronto, and is living on Rose Avenue.

Book Notices.

Atlantic City as a Winter Health Resort. By BOARDMAN REED, M.D., Atlantic City, N.J.

Vick's Floral Guide, 1882. JAMES VICK, Rochester, N.Y.

Transactions of the Michigan State Medical Society for 1881. No. 1. Vol. VIII.

Ninety-Ninth Annual Catalogue of the Medical School (Boston) of Harvard University, 1881-82.

Recent Progress in Surgery. Report to the Wisconsin State Medical Society. By N. SENN, M.D., Milwaukee. (Reprint from *Trans. State Med. Society, Wisconsin.*)

Annual Address delivered before the American Academy of Medicine at New York, 20th Sept., 1881. By E. T. CASWELL, A.M., M.D., President. Reform in Medical Education the aim of the Academy.

Meetings of Medical Societies.

NORTH-WESTERN BRANCH, ONTARIO MEDICAL ASSOCIATION.

The following were present:—Drs. Nichol, Dingman, and Burgess, of Listowel; Collinge, Stewart, and Standish, of Palmerston; Yeomans, of Mount Forest; Sinclair, of Walkerton; Gillies, of Chesley; Gun, of Durham; Cowan, of Harriston; Sloan, of Blyth; Graham, of Brussels; and Stewart, of Brucefield.

Dr. Yeomans in the chair.

It was moved by Dr. Gun, seconded by Sinclair, "That we form a Medical Ass tion to be known as the North-Wes Branch of the Ontario Medical Associati Carried.

It was moved by Dr. Gun, seconded by Gillies, "That the meetings be held quarte Carried.

Moved by Dr. Gun, seconded by Dr. Sinc "That Dr. Yeomans, of Mount Forest President for the ensuing year." Carried.

Moved by Dr. Burgess, seconded by Gun, "That Dr. Stewart, of Brucefield appointed Secretary for the ensuing ye Carried.

It was moved by Dr. Gun, seconded by Stewart, of Palmerston, "That the Cons tion and By-laws of the Ontario Med Association be adopted, except article (7) se Carried.

It was decided to hold the next meetin Palmerston, on the 15th of February, at 2

Drs. Graham, of Brussels; Collinge, Palmerston; and Stewart, of Brucefield, appointed to read papers at the Febru meeting.

Dr. Standish, of Palmerston, was appoi to open a discussion on the nature and t ment of diphtheria.

J. STEWART, Secretar

APPOINTMENTS.

Robert William Bell, of the town of P borough, Esquire, M.D., to be an asso coroner in and for the County of Peterboro

William Henry Taylor, of the villag Bradford, Esquire, M.B., to be an asso coroner in and for the County of Simcoe.

Births, Marriages and Deaths.

MARRIAGES.

On the 14th inst., at the residence of Dr. W Ogden, 170 Spadina Avenue, by the Rev. W. J. Hu assisted by Rev. N. R. Willoughby, Dr. Geo. Will to Annie, eldest daughter of William Filbert.

At Ferryland, Newfoundland, November 21st, R Hillary Carey, M.D., late of Halifax, N.S., to M Le'Messurier Morry, third daughter of John Mc Esq., Postmaster of Ferryland.

At St. Jude's Church, Oakville, on the 8th in by the Rev. J. B. Worrell, M.A., rector, Dr. Er Arthur Smith, of Ripley, County of Bruce, only so J. E. Berkeley Smith, Esq., Bursar of the Univer College, at Toronto, to Lilian, eldest daughter of Ja W. McCraney, Esq., of Elm Place, near Oakville.

DEATH.

At Baltimore, Md., on the 3rd inst., Elizabeth Girvin, wife of E. D. Ault, M.D., of Aultsville, in 27th year.