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 NEW  
**Journal of Medical Science**

**VOL. II.**

**TORONTO, APRIL, 1877.**

**No. 4.**

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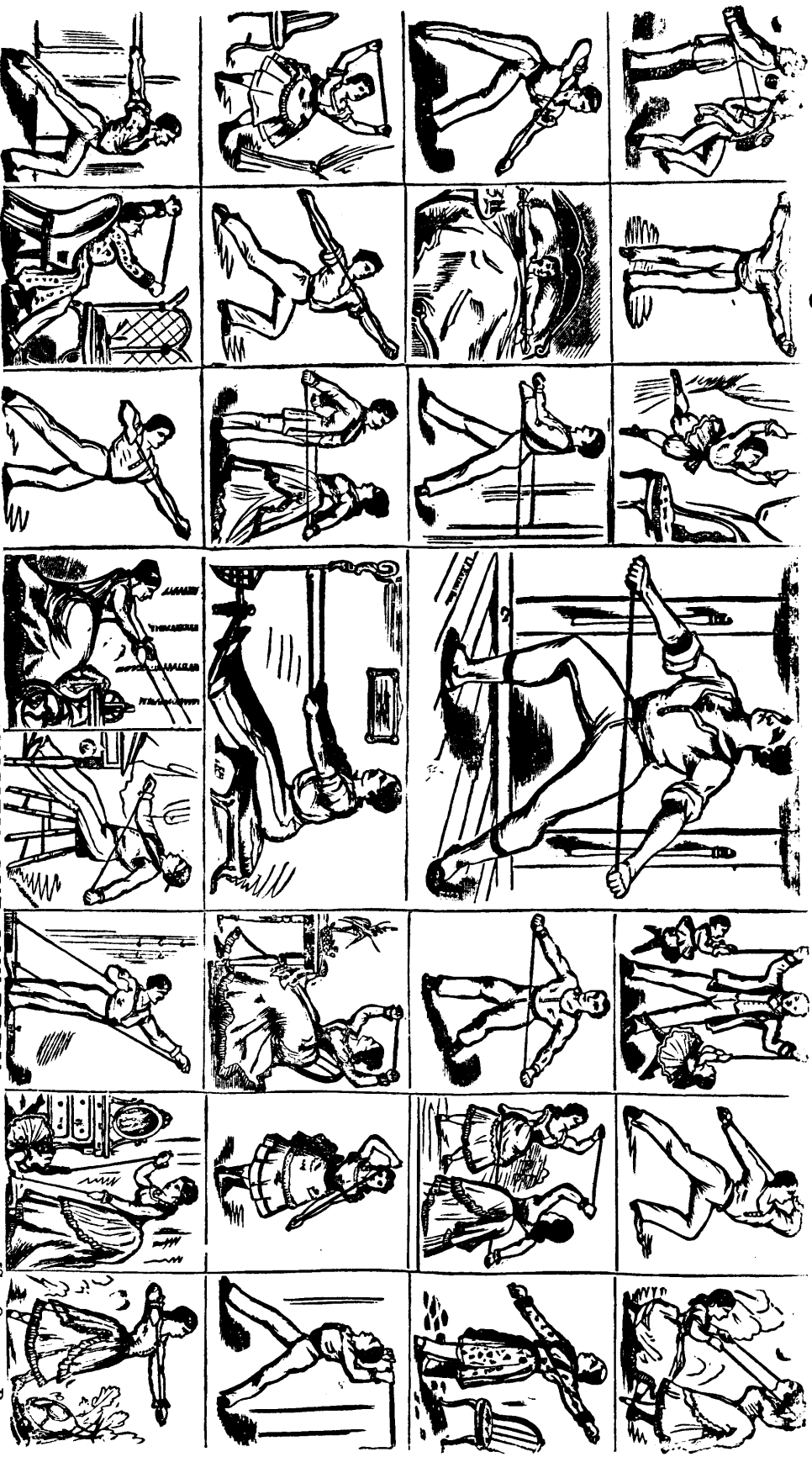
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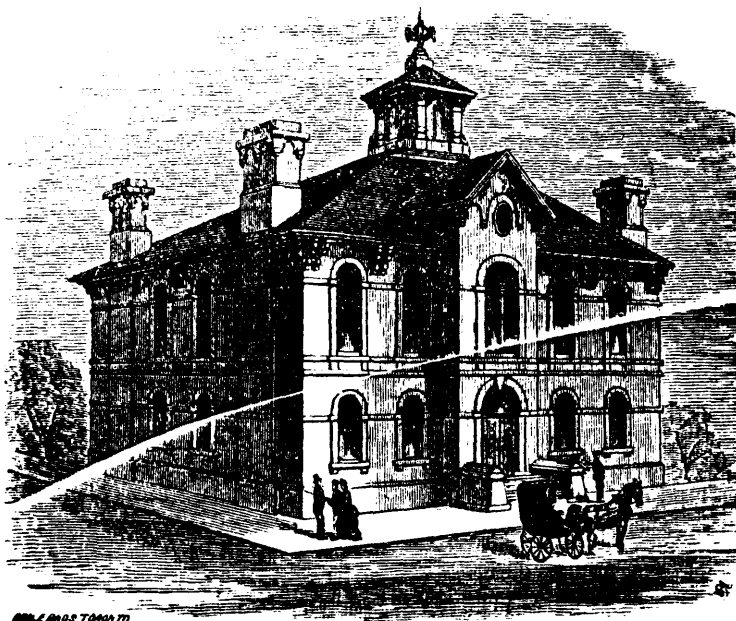


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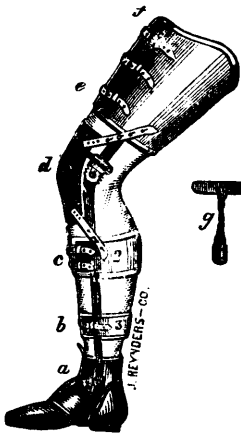
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THE REGULAR SESSION will commence on Wednesday, October 3rd, 1877, and end about the 1st of March, 1878.

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**FEES FOR THE SPRING SESSION.**

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Recitations, Clinics, and Lectures .....	35 00
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*Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.*

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THE

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TORONTO. APRIL, 1877.

## Selections: Medicine.

### ON MENTAL ANXIETY AS A CAUSE OF GRANULAR KIDNEY.

BY T. CLIFFORD ALLBUTT, M.A., M.D.,

*Physician to the Infirmary, Leeds.*

To the physician who desires, in the highest sense of the word, to be a practical man, a knowledge of the causes of disease is the most precious part of his craft, and may be more valuable to him, if possible, than a knowledge of technical therapeutics. And yet it is in this department of our science that we seem chiefly to lag behind. Much has been done, no doubt, in the discovery of the causation of infectious diseases; but our knowledge of the causation of the organic diseases of the human system is still far behind our knowledge of their pathological anatomy.

With these views, it has been my earnest desire, as a practitioner of medicine, to trace, as circumstances would allow, the causes of disease in those persons who have come under my own eye. For this end, I have taken more or less careful notes of almost every case which has come under my notice at my consulting-rooms for some years past; and these records have led me to many important conclusions, and have incidentally taught me that no case, or but very few cases, can be regarded as trivial or meaningless; but that disorder, at the time slight enough, may often form very important links in the chain of the life history of the individual or of the family. Among the conclusions to which I have been led by the careful record of nearly one thousand new cases each year, I may refer

to the following, which I have published already or which are almost fit for publication.

First of all, I have convinced myself that affections of the skin form most important links in several series, and that many of them enter curiously into the history of hereditary neuroses, as well, of course, as into the gouty and other series; also that, as herpes occurs at the various mucous outlets, so eczema occurs in the bronchial mucous membrane, psoriasis in the tongue and colon, and so forth; that, in fact, skin-diseases are not always placed on the outer skin alone.

Secondly, my notes seem to prove that acute phthisis is, very often at any rate, a neurosis.

Thirdly, that migraine, among many other curious affinities so admirably worked out by Dr. Liveing, is associated with aphasia and right-sided palsies.

Fourthly, that rheumatic fever tends to concur with gout in some persons or families, and with phthisis in others.

To-day, however, I have more especially to urge upon you a proposition, the truth of which has been asserting itself in my own mind for some years; namely, that among the causes of that kind of Bright's disease known as granular kidney, mental anxiety and prolonged distress take a high, if not the chief, place. A middle-aged person, man or woman, will come to us complaining that he is no longer active and eager for work, but is unaccountably languid and heavy; that he has of late become liable to dyspnoea; and that, especially after mental anxiety, attacks of this dyspnoea may come on even during hours of repose. The physician will then find the flesh falling and the complexion fading, the pulse growing tense



and the heart enlarging; the urine varying widely in quantity, of low gravity, and often slightly albuminous. Now, if he inquire into the preceding history of such a patient, he will very commonly find that carking care or bitter and long sorrow has set its mark upon his life. It is impossible to prove this statement by the reading of cases; my statement is one which must be tested by others, and must stand or fall by the general voice. But I may say that I am even myself surprised to find how fully my belief is borne out by the comparison of my own cases. During the last two years I find I have made notes of thirty-five cases of granular kidney occurring in private practice, and I find a marked history of mental distress or care, or both, in twenty-four of them. As a result of such causes, indeed, I find that granular kidney follows more frequently than degeneration of the brain or spinal cord, and far more frequently than primary failure of the heart's muscle. Not as proofs, then, but as illustrations, I may read brief notes of some few of those cases which I find recorded during the last two years, and which resulted probably from the causes I have indicated.

CASE I.—A lady, aged at death about fifty two, was brought to penury by her husband, who then deserted her. She was reduced to keeping a small shop in Hull; and, while there, her son deceived, deserted, and, I believe, robbed her. She gradually became sallow, wan, listless; the pulse became more and more tense, the urine lost its quality of health, and she died of uræmia.

CASE II.—A gentleman, whom I had known for some years as a person of position and means, came to me with symptoms of granular kidney. His age was about fifty-one. I did not think it likely that care had eaten into his life. His wife, however, told me that, about eight years ago, he had almost accidentally invested a trifle of money in a trading company. This company failed miserably, and dragged hundreds of families to the dust. My patient, who had invested about two hundred pounds, ultimately lost about five thousand. Now, to have lost five thousand pounds at a stroke might have affected him little, but, for three or four years, he went to bed night by night ignorant whether

he might not be gradually drained of his all. And to this were added the care and pains exacted of him in the position which he accepted of trustee in the liquidation: a tedious, thankless, and distressing post. His health during this time slowly fell off, and, by the time he had well extricated himself from his anxieties, he had entered into the long lane of chronic interstitial nephritis.

CASE III.—A gentleman, whom I am now attending for advanced granular kidney and uræmia, came to me, four or five years ago, complaining of symptoms which I then referred to overwork. He was living in good style, at the head of a large business, and I urged him strongly to take rest and change. I thought him a little obstinate in declining to do this, and I saw nothing of him till a few months ago, when, as I have said, he was hopelessly ill. I then found that his prosperity had been but apparent. The senior partners in the firm had died or retired, taking capital with them, his son disappointed him, and my patient, a man of great industry and probity, was left to fight single-handed an unequal battle. For years he had striven stoutly, and, so long as trade was vigorous, he kept misfortune at bay; with the slackening of trade, however, came the pitiless end—bankruptcy and beggary had sat beside him for years, and now entered in and took possession. A fine man, of healthy family and apparently sound constitution, his life was thus gradually eaten away. [This patient is since dead.]

CASE IV.—This is the story of a wealthy and happy man, born to a high place and to a free and beautiful life. All his hopes were bound up in one child, and this one was all in all to him, until by degrees the idol was broken in pieces; and, with the desertion of his child, the father's face grew wan and sallow; in middle-life his heart thickened, his urine paled, and, after two years of this, he fell in an apoplectic fit and spoke no more.

CASE V.—This is not unlike the preceding. A mother brings up four sons, who inherit an honourable and famous name and great estates. She nurses the estates, pays off incumbrances by industry and thrift, and yet one by one her hopes are stricken down. Her eldest son

passes away from her into something worse than death, and the rest are lost to her in various ways which I refrain from indicating, lest I should point too nearly to the identity of my patient. She slowly passed, at about fifty years of age, into chronic Bright's disease and died of uræmia.

CASE VI.—This is again a sad story of a suffering wife and mother. Happy in her husband and family for many years, she awoke one morning to find her husband a helpless idiot. For years, she gave up her life to him and to her son, his heir. The father died after six years of a life worse than death, and the son is now gambling away his patrimony under her eyes. Before sixty years of age, she shrinks and fails, and people wonder what ails her. Now I find her urine albuminous, her heart thickened, her kidneys dwindling, and her days numbered.

CASE VII.—A fine vigorous man, living the life of a sportsman, hunting four days a week, shooting, fishing, and giving every evidence of splendid health and endurance, married, rather late in life, a lady to whom he was deeply attached. Two years later, she died in her first confinement. Months pass by, and people look sadly at him and say to each other that he has never recovered that shock. More months go by, and his falling flesh, sallow face, and tense pulse suggest albumen, and it is found. Everything that money can do has been done; but he remains the subject of chronic interstitial nephritis, and the outcome of it is, I fear, too sure.

CASE VIII. is a commercial traveller, energetic and fairly temperate in habits, but whose family have embittered his existence. After several years of wretchedness and disappointment, he called upon me, and I found decided evidence of granular kidney, with arterial tension. I do not know whether he is still living.

Need I multiply such cases as these, monotonous in their sad procession? I must pass on to consider very briefly those cases in which mental distress was not an obvious factor in the causation of this morbid state. In the preceding histories, I have referred only to cases in which the sufferers were more agitated

by depressing passions than the average of *δειλοι βροστοι*. But although I think that, in the majority of cases of granular kidney, the cause I have indicated will be found present in the higher measure, yet, in many other cases, we find no marked evidence of such causation. For instance, of the remaining eleven of my thirty-five cases, three seemed to owe their disease to intemperance. In these, the disease was discovered somewhat early in life, that is, at about forty years of age, and, besides the decided history of intemperance in each, I could find no obvious cause. In no one of these had gout appeared; and I may add here that, in no one of the cases I have taken as resulting from depressing passions was intemperance present. On the contrary, many of these cases were persons of singularly abstemious habits. Again, in no one of my thirty-five cases have I distinctly found gout as a primary cause. Gout I believe to be one of the first consequences of dwindling of the kidney; but, when I look back upon the number of men and women who have striven with gout from early years, I am surprised to find how few of them end in Bright's disease. I have been especially struck by three cases I have carefully noted of late, in which I found a high pulse-tension, together with evidence of marked gout, in persons who have thus suffered for years, but whose urine gave no indications of granular kidney. Many such persons have thickened and embarrassed hearts, and die ultimately with cardiac symptoms, but with urine throughout of normal specific gravity, and containing no albumen. Three more of my thirty-five cases occurred in young persons of the ages of eighteen, twenty, and twenty-five respectively. In these, the renal and arterial changes were well marked, and, as in early diabetes, the course of the disease was far more rapid than in older patients. In cases of granular kidney in early life, I have always found a bad family history; more especially marked in the other members by sallowness of skin, headache, dyspepsia, want of muscular power and energy, imperfect nutrition, and phthisical tendencies. The rest of my cases afford no features of special interest; in two, pregnancy was the cause; in another, chronic disease of the urinary passages; and in the remainder, the disease appeared in advancing

life without definite cause. Concerning the connection of depressing passions with granulation of the kidney, I offer no opinion. As many of these cases pass urine profusely in the earlier stages, I was led at one time to think that we had evidence in this of some irritation from the base of the brain affecting first the vascularity of the kidney, as in diabetes insipidus. Diabetes insipidus, however, does not end in granular kidney, and the copula remains, I believe, yet to be made out.

Finally, if you accept my proposition that prolonged mental distress is one of the chief, if not the chief, cause of granular kidney, how are we to turn this knowledge to use in our profession? Can we, by a word, bid the sparks not to fly upward? We cannot; but we may profitably regard the matter as thus divisible. These depressing passions may be divided into three classes: Class 1. Antisocial passions; Class 2. Social passions; Class 3. Fretfulness. With respect to this third class, much may be done in impressing upon all persons (and the younger they are the more useful is the lesson) that to fume and fret, to brood and worry, is to waste power at the time and to waste the frame thereafter. No man or woman ever decided the more wisely from lying a night awake in agitating doubt. The torment of self-questioning and of apprehension of events which rarely come as we imagine them, is a loss every way, whether the object of anxiety be selfish or unselfish. A maiden lady, one of the noblest and most unselfish women I ever met (whose case is not included above), has worn her kidneys granular by years of fretting over the trials and interests of others. Temperaments differ, but I feel sure that in all a calm wise habit of mind may, by practice, be more or less successfully reached; and all persons should have it clearly impressed upon them that a man, who sees he can only do his best, and who quietly awaits the right moment for action, acts when the time of action comes far more effectively than his neighbour who has fretted himself into a fever. No man ever saw his way through a difficulty more clearly for tossing it over in his mind by night and by day.

"Æquam memento rebus in arduis  
Servare mentem."

In the next place, concerning antisocial

passions; these passions are all which concern self exclusively or primarily; and the grosser kinds of them are greed of gain, pride of place, and lustful desires. The men or women who cherish these, and who find, as they must find sooner or later, that the fruits of them turn to ashes in their mouths; that ambition, avarice, petty tyranny and selfish indulgence have no continuing joy in them, but rather work out destruction, will find at the same time that they have laid the seeds of bodily disease, which the nineteenth century, with its gilded crown, has no royal touch to cure. Perhaps, in our time, the fear of granular kidney is to preach a more powerful evangel than even the Church; for life seems to consist in the reduction of our ideals. But what are we to say to those who are falling or to fall in a true fight, whose life is expended in a noble despair, who have tempered fretfulness with wisdom and resignation, and whose passions are purified? Simply this: that we are born to war and not to peace; but we must see that we spend ourselves to some good purpose. A generous ardour is no safeguard against errors of aim; and we find that men and women often die rather like the bird which beats its wings against the cage, than by the defeat of well-directed effort. Many of us must fight, knowing that victory is impossible; and in constant strife there can be no joy or fruition; still, in a good cause, no wise effort can be wholly in vain, and the consciousness of this is a healing salve more powerful than any we can give. We shall be but blind physicians if we preach cowardice or inaction as the secret of health; let us rather urge upon those who seek our help in times of trial, to fix their affections on no selfish, unworthy, or transitory desires; to spend themselves, if their lives must be prematurely spent, in the cause of others, and for ends which are not visionary but attainable; and, finally, to possess their souls in patience and steadfastness. I know, in many cases, you may as well bid the wind cease to whistle; but, in others, by economising effort, by purifying suffering, and by lessening defeat you may not only keep reason on its throne, but you may save the body from the inroads of organic disease, and from that disease more particularly on which to-day I have ventured to address you.—*Brit. Med. J.*

CASE OF DIABETES INSIPIDUS CURED  
BY ERGOT—ACUTE MENINGITIS  
IN THE COURSE OF A CHRONIC  
DISEASE.

BY J. M. DACOSTA.

This patient presents points of more than usual interest, both as regards diagnosis and treatment. I will read his history:—A. F—, thirty-three years of age, a miner, a native of Pennsylvania; is married, and has never been intemperate. He never had rheumatism, nor syphilis, and, with the exception of an attack of intermittent fever, thirteen years ago, he was well until 1874. At this time he experienced severe pain in the right side of his face and head, coming on without any known cause. This returned at intervals, and finally became very severe, the greatest pain being localized over the right ear. He never had vomiting nor vertigo with these attacks, but had severe pain in his eyes, and one year ago lost vision completely in his right eye after dimness, lasting forty-eight hours. He has some irritability of temper since this began, and his memory is impaired.

His eyes have been examined by a skilled ophthalmologist, Dr. William F. Norris, who makes the following report:—"Blue atrophy of both optic nerves was found, which was complete in the right eye. The central arteries were but little changed in calibre, but there is total absence of any signs of capillary circulation in the right disc, and in the retinal fibres in the neighbourhood of the macula, there are a few small, whitish-yellow patches, fusiform in shape. The right eye is blind, and the vision in the left is partially defective, but he can see to read good type."

But there is another point in the case by no means unimportant. The notes state that upon admission "he complains of constant thirst; his skin is dry, and he passes a large quantity of limpid urine, of low specific gravity, 1.003, and containing no albumen or sugar. He was passing eighteen pints of urine in twenty-four hours, when he was ordered fluid extract of ergot, one drachm thrice daily, with the effect of diminishing the amount to fifteen pints the succeeding day. This treatment was ordered before I came on duty, by my colleague, Dr.

Jno. F. Meigs. On the sixth day the ergot was increased to two drachms, given thrice daily, with the effect of relieving the headache to a considerable extent, and of reducing the urine in the next fortnight to four and a-half pints daily.

The ergot was discontinued when the urine had decreased to two pints daily. Twelve days later the head symptoms increased, and finally became the leading feature in the case, in spite of full doses of bromide of potassium and deodorized tincture of opium. The case came into my hands at this time, and I regarded it as an acute exacerbation of some old trouble, probably meningitis of the base of the brain. The former treatment was suspended in favour of iodide of potassium, ten grains three times a day, with a small amount of stimulant, a blister to the back of the neck, and the bowels ordered to be kept freely open. Notwithstanding the fact that the patient was delirious, requiring him to be strapped in bed for days, the tongue dry and coated, the skin harsh, I have an extremely satisfactory therapeutic result to report. Under the large doses of iodide the cloud lifted. He has now no delirium nor fever, and the headache is almost entirely gone. That this improvement was due to the remedy employed, I have not the slightest doubt.

But what has become of the diabetes? After the ergot was suspended, under the administration of the iodide the urine ran up to four pints daily, at which point it still remains, but as he is still using this potassic salt, this is a natural result, as it has been before noticed that iodide of potassium has a decided diuretic influence.

Polyuria, or diabetes insipidus, consists in an enormous flow of limpid urine, containing neither albumen nor sugar, nor any abnormal ingredient ascertainable by the chemist. All the normal constituents are present in the usual quantity, but very much diluted. The amount of water is much larger than in true, or saccharine, diabetes.

This is sometimes the symptom of a depraved nervous system. In hysterical females, a large flow of limpid urine sometimes occurs temporarily. When it persists, it indicates a lesion more permanent; it suggests a central nervous

lesion, and is sometimes associated with organic disease of the brain. Tumours of the brain, especially those in the neighbourhood of the fourth ventricle, may have this symptom. In all cases you should seek for the possible nervous disorder underlying the polyuria. There is no doubt here, from the pain, the blindness, the ophthalmoscopic report, that the real lesion is in the cranium; the case is one of central trouble, the diabetes being but one of the symptoms.

Now, let me point out the extraordinary result of treatment in this case. He is, practically, well of the diabetes; when we stop the iodide the four pints of urine will, doubtless, fall to the normal quantity. He is strong, active, and well, apparently, and when he recovers from his brain trouble he will have no polyuria.

I first used ergot in diabetes insipidus two years ago, in this hospital, with complete success; the case afterward was admitted to the surgical ward with a broken leg, but his polyuria has not returned. This case I reported to the Pathological Society. In ergot, freely used, we have one of the most active agents in controlling this symptom, which, as I have before stated, is generally linked to disease of the nervous system. Everything has been tried in the treatment of diabetes insipidus, and, I may say, on the strength of three cases, that ergot shows a power in this respect that nothing else does, although, like other remedies, it may fail in some cases.

Now for the point of ergot causing the meningeal exacerbation. This is easily disposed of. The signs of meningitis came on twelve days after the ergot had been stopped, and were accompanied by a distinct rise in temperature. Such exacerbations are quite common in meningitis, and I think this is sufficiently explained by the previous attack; the ergot could not have caused it.

As to the evidence of meningitis. Violent delirium, with hallucinations, is one of the most certain diagnostic signs of meningitis affecting the base or convexity of the hemispheres. Another point is the admirable result from iodide of potassium, which is important evidence as to the nature of the disease. This case proves

what has been doubted, that acute meningitis may come on in the course of chronic disorders, without a blow or evident exciting cause.

The diagnosis between chronic meningitis with thickening, and a small tumour, is sometimes difficult, if not impossible. The absence of headache, vomiting, and convulsions would favour the idea of a tumour, but, in truth, a small tumour, and meningeal thickening with exudation, do not furnish points of differential diagnosis, and are practically very much the same thing; the meningeal disease and deposit really constitute a flattened tumour, and may give rise to symptoms from pressure on the brain.

There is sufficient reason for continuing the exhibition of the iodide of potassium, and of applying counter-irritants to the back of the neck.

[The patient remained under observation two weeks longer, when, being improved in every respect, he was discharged at his own request, in order to return to work. The urine was still about sixty ounces, but he continued taking the iodide of potassium up to the day he left the ward.]—*Phil. Med. and Surg. Reporter.*

#### CIRRHOSIS OF LIVER IN A BOY AGED 14.—

At a meeting of the Pathological Society of Dublin, on January 13th, the President showed the viscera of a boy, aged 14, who had general dropsy with marked ascites. Passive pleural effusion occurred, and necessitated thoracentesis. On repeating the operation, the fluid was purulent. After death, the right lung appeared compressed and carnified; the pleura was thickened. The pericardium was firmly adherent to the anterior surface of the heart, which was small. A calcareous plate existed in the pericardium, and passed into the substance of the heart itself. The liver was nodulated; its connective tissue was increased; its cells fatty. The kidneys were granular. The urine had been frequently tested and found free from albumen, of moderate specific gravity, and excessive in quantity. The atrophy of the heart, in the presence of an adherent pericardium, was, doubtless, due to the long-continued cachectic state of the boy's system.—*Brit. Med. Jour.*

## NOTES ON DISEASES OF CHILDREN.

BY F. FORCHHEIMER, M.D.

Hardly does a winter pass by without its epidemic of whooping cough—in the medical journals. This year we have had our share—etiology, symptoms and treatment, all have been referred to in one way or another. In the way of symptoms, some remarkable things have been described. The ulcer of the frenulum linguae has again been discovered. This ulcer, which, by the way, occurs in the majority of cases of pertussis, was first noticed in 1840, in Germany; there it was not forgotten, as will be seen by referring to any of the German textbooks. Trousseau describes it in 1866, but claims no credit for originality. A few years ago it was described by Gambarini, in Milan, and this year an English physician, Thomas Morton, M.D., claims priority for discovery in the year 1876. It is surprising that this lesion should not have been described before 1840, for, if any one only takes the trouble to examine his cases carefully, he will have no difficulty in seeing the ulcer, either on one or both sides of the frenulum. How much more, then, must we be astonished when we find a gentleman member of a learned society stating something as new, which has probably existed since the time of Hippocrates. The etiology of whooping-cough has been investigated by numerous workers. Since Letzerich wrote his paper (*Virchow's Archiv* V. xlix, 1870), many have arisen—few for the probability of the fungoid origin of the disease, many against it. The last that has appeared on this subject is by Dr. A. Tschamer (*Jahrbuch für Kinderheilkunde*, August 15, 1876). No explanation is so satisfactory as that which can be demonstrated by actual experiment—when the microscope, clinical experiment and pathological anatomy go together, proving a point, provided the individual observing has all the essentials for a scientist, this point may be considered as settled. Tschamer first states that in every case of pertussis he has examined, he has found mycelium and spores of a fungus. He at the same time calls attention to their microscopic appearance in the sputa; and if these statements are true, we will have a valuable

addition to the symptomatology of pertussis. He says that one or two days before the spasmodic stage sets in, he has always been able to detect in the sputum, bodies as large as a pin point, of a white colour, and also others, much larger, of a yellowish colour, that sink to the bottom of the vessel in which the sputum is kept. Upon examination with the microscope, these are found to consist of epithelial cells and the fungus.

The question to be decided is, whether this fungus produces the disease, or whether there is something in the sputa besides this, capable of causing pertussis. Tschamer has taken the fungus and cultivated it by putting it on a soil suitable for that purpose (boiled potatoes, etc.), and from this has produced pertussis. This, however, does not prove that the fungus caused the trouble; the specific poison, whatever it may be, has perhaps continued to live with the fungus. But the experiment, which, if true, is conclusive, is as follows: In studying fungoid growths, Tschamer had seen the fungus found by him in pertussis, in other localities. He had seen it from the skin of oranges, where it had appeared in the form of brownish-black spots. He takes one of these masses, reduces it to a powder, inhales this, and in four days begins to feel the effects. On the eighth day he has genuine spasmodic whooping-cough, which lasts for ten days. He makes the same experiment on a labourer who is hired for the purpose, and the labourer gets whooping-cough.

The fungus is not only found on oranges, but also on lemons, potatoes, and apples. From these experiments, Tschamer comes to the conclusion, which is undoubtedly the correct one if he has made no errors in his experiments, that pertussis is caused by a fungus that is found on many varieties of fruit. Treatment sustains these views. Quinia, when properly used, is capable of cutting short nearly any case of pertussis, especially if it be taken in hand early enough. I refer here to the method of giving quinia by insufflation. For this purpose a laryngeal insufflator is used, it matters not what kind—this is introduced, and three or four of the powders, the formula for which follows, are blown daily into the larynx, but especially

upon the epiglottis and surrounding mucous membrane :

R Quiniæ sulphatis, ℥j.  
Sodii bicarbonat.  
Pulv. acaciæ aa gr. xx.  
M ut ℥t pulv. nro. x.

When this method is used as described, according to my experience, no cases withstand. Quinia internally is praised, and certainly does benefit a great many cases, but its efficacy when used in this way cannot be compared with its efficacy when used by insufflation.—*Clinic.*

CAVAZZANI ON CAMPHORATED ETHER IN ERYSIPELAS.—Dr. Cavazzani gives the following formula in the *Gazetta Medica Italiana Provincie Venete*: R camphor, fifteen grains; tannin, fifteen grains; ether, two drachms. This is painted every three hours, and sometimes oftener, over the affected parts. The author says that he has never seen this method fail, even in the most severe cases, in which ataxic and adynamic symptoms had already appeared. The fever soon diminishes, and the local erysipelatous process is arrested in two or three days. In some cases of phlegmonous erysipelas, which Dr. Cavazzani had under his care, this treatment arrested the progress of the disease. Trousseau prescribed this drug only in cases of circumumbilical erysipelas in new-born children, and Guibout did not use this solution in phlegmonous erysipelas, or in that affecting the face, fearing, in the latter case, that the meninges would become affected. In seeking an explanation of the action of the remedy, Dr. Cavazzani supposes that erysipelas is nothing else than a lymphatitis, and that the tannin exercises an astringent action on the cutaneous capillaries.—*The London Medical Journal*, November 15, 1876.

TREATMENT OF PITYRIASIS VERSICOLOR.—Mr. J. Ritchie finds the following treatment very efficacious. He recommends (*Edinburgh Med. Journal*) that the skin be washed with soap-and-water to free it from grease, and thereafter, that there be applied daily to the affected spots a lotion, consisting of equal parts of acetic acid and glycerine; also, that the clothes worn next the skin be dipped in vinegar and water, in order to free them from any of the spores which might be lodging about them.

## Surgery.

### ABSTRACT OF A LECTURE ON THE QUESTION, WHEN IS THE CATHETER TO BE USED FOR HABITUAL RETENTION FROM HYPERTROPHIED PROSTATE?

Delivered at University College Hospital, Dec., 1876.

BY SIR HENRY THOMPSON,

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Reported by MR. G. BUCKSTON BROWN.

There is a question which arises in the treatment of these cases which sometimes demands careful consideration. It is: "What are the circumstances which should determine us to commence habitual catheterism for a patient whose hypertrophied prostate prevents him from emptying the bladder by his own efforts?" I reply that there are at least two principal facts relating to the local symptoms which must be noted in arriving at a judgment for any particular case. Firstly, we must know the amount of "residual urine" habitually present—that is, the quantity left behind in the bladder after the patient has passed all he can by his own efforts; and, secondly, we must observe the degree of frequency, by day and by night, with which he passes water, but especially during the latter period.

In reference to the first particular, the amount of "residual urine," you will, of course, not always judge from one trial of the catheter. Where there is nothing to disturb the function of micturition—and it is very easily disturbed, as by the presence of a stranger, or by the requirement to perform the act for purpose of experiment when a natural want is not present—the amount of urine left in the bladder is pretty uniform with most patients; the conditions just referred to often temporarily impairing the expulsive power, and rendering, therefore, the residual portion on the occasion of examination rather larger than usual. This understood, let us suppose a case in which eight ounces always remains behind. That quantity suffices, in my opinion, to make it desirable that the patient should at once commence the daily use of the catheter. But you may find a much

smaller quantity ; and you are entitled to ask me—indeed, I expect you to do so,—“What is the point in regard to quantity at which the line is to be drawn? When can I say, With this quantity a catheter is quite unnecessary ; or, With such a quantity there is no doubt it must be used?” No answer can be given to such a question. The data from which to form a correct judgment are not contained within the terms of the proposition. Other facts are to be ascertained. I have heard it laid down, indeed, as an axiom, that so long as the urine is clear, no matter what the quantity retained, no instrument ought to be employed. A certain amount of *a priori* reasoning may be urged in behalf of such a rule, but it will not bear the test of large experience. The problem presented for solution in this, as in most other cases where surgical interference is imminent, is far too complex to be solved by one unvarying rule. Like the statement respecting quantity referred to above, the single fact that the urine is clear does not suffice to govern your decision. A large quantity of residual urine, much more than a pint, may exist, clear and acid in certain cases, but which, as we shall hereafter learn, ought certainly to be drawn off by catheter.

But let us see what this rule of never withdrawing the urine while it is clear means or involves. It means neither more nor less than waiting for the occurrence of chronic cystitis before we use an instrument ! No other inference is possible. And why should we wait for chronic cystitis?—a condition which of all others it is highly desirable to avoid in an old and already incompetent bladder, leading, as such an affection naturally does, to thickening of tissues and loss of extensibility on the part of the organ. Is it not, on the contrary, the very condition we desire to avoid, and do mostly avoid, by commencing the use of the catheter at a sufficiently early period? Of course I know full well that in past days, when catheterism necessarily meant the use of the large metallic instrument, often painfully passed, to say the least, chronic cystitis was an ordinary and frequent result of catheterism. But it rarely is so now, with the soft and flexible instrument of moderate size, if only it is used at an early period in the case, and before considerable accumulation

has taken place ; the removal of a large quantity being mostly, I do not say invariably, followed by local and general disturbance. For it is not very common to find a patient whose residual urine has, from neglect of catheterism at an early period, reached the quantity of twenty ounces or more, who does not suffer somewhat severely from both chronic cystitis with purulent urine, and febrile attacks with resulting debility, whenever the daily use of the catheter has to be commenced. Furthermore, at this advanced stage of chronic retention, a slight accident of some kind readily occasions complete retention, or nearly so ; and then it is no longer a question of using or not using the instrument, since the condition is now one which imperatively demands a catheter. In these last-named circumstances, chronic cystitis is almost sure to follow—an occurrence which most probably would not have happened had there been an earlier resort to the instrument. And so it happens, in the management of these cases of continued and chronic retention due to slowly advancing hypertrophy of the prostate, that the longer the use of the catheter is postponed after the early stage of the malady is passed, the worse will be the symptoms. And it happens also, unhappily, not seldom, that these serious symptoms following the use of the catheter bring undeserved discredit on the surgeon who first employs it—a discredit really attaching solely, and very gravely too, to the adviser who unwisely prevented an early resort to its aid. So that I beg you to understand that with a quantity of habitually retained urine amounting to eight or ten ounces, whether it be thick or clear, there is no question in a vast majority of cases that the time for the catheter, say, at least once, probably twice a day, has arrived.

But what other circumstance has also to be taken into account? A very important one—viz., the frequency with which the patient passes urine, and which differs greatly in different cases. It is much more to the purpose for your decision to note whether the patient is disturbed six times in the night or only twice, than whether his urine is clear or cloudy, or even whether the residual urine amounts to four ounces or to twelve. If you find him



affected by loss of rest—one of those things which sap the foundations of life in elderly men,—pass the catheter the last thing at night for him, and mark the result. If he obtains four or five hours of continuous sleep after the bladder has been emptied—a common occurrence,—you have reason enough for persevering, and he will learn to use the instrument himself every night, and will be exceedingly grateful to you for the relief he has obtained. So also the avoidance of pain and spasm by this treatment—a result which is often to be noted—makes it highly desirable, whether the quantity drawn off be small or large, transparent or clouded by mucus. Taking into consideration these different phenomena, which vary so largely in different constitutions, you will have no difficulty in arriving at a correct judgment for each individual case, provided you give to each sign or symptom its due importance, and do not rest your decision on any one, unless that one—in regard of quantity, for example—is sufficiently marked to leave no ground for doubt as to your course.—*London Lancet.*

#### DISLOCATIONS OF THE THIGH: THEIR MODE OF OCCURRENCE AS INDICATED BY EXPERIMENTS AND THE ANATOMY OF THE HIP-JOINT.

BY HENRY MORRIS, M.A., M.B.

1. The ilio-femoral ligament is a thickened triangular or fan-shaped area of the capsule of the hip-joint and not a Y-shaped ligament; besides the ilio-femoral band, there is a large portion of the capsule very thick and strong; and, if two lines be drawn, one from the tuber ischii to the top of the trochanter major, and the other from the anterior inferior iliac spine to the trochanter minor, all the capsule between them above is thick and strong, whereas all below and between is thin and weak. 2. The thickened portion of the capsule determines the kind of manipulation necessary for reduction, and should be relaxed by flexion and abduction during any attempt to reduce a dislocation of the thigh. 3. The degree of extension or flexion and of external or internal rotation of the thigh at the time of luxation determines whether the dislocation will be pubic, thyroid,

sciatic, or dorsal; and subsequently the “bridling” effect of the thickened portion of the capsule fixes and gives character to the dislocation. 4. All dislocations of the thigh, uncomplicated with fracture, occur while the limb is abducted. 5. Posterior dislocations result when flexion and inward rotation accompany abduction; and the anterior when extension with outward rotation accompany abduction; while the downward or thyroid variety occurs during extension and abduction. 6. Of the movements of the usually successful methods of manipulation, the head of the femur is brought (by flexion, abduction, and reverse rotation) to the part of the capsule through which it was displaced, viz., to the lower and inner side of it. 7. The new position of the head of the femur in the sciatic, as in the dorsal dislocations, is above the obturator internus muscle, though in both varieties the bone leaves the acetabulum through a rent in the capsule below the muscle; and for these reasons the classification of the posterior dislocations into “dorsal above” and “dorsal below” the obturator internus, as made by Bigelow and followed by others, is misleading if not invariably incorrect. 8. Dislocation through a “button-hole” is not possible, owing to the inelasticity of the capsule and the large size of the head of the femur compared with the width of the capsule from pelvis to femur; and in the reputed cases of unsuccessful efforts at reduction of this sort of dislocation, the real obstacle has been either a portion of muscle or of the capsule itself carried before the head of the femur into the acetabulum, or of a fragment of the head of the femur left in the acetabulum. 9. The rim of the acetabulum of itself offers no real resistance to reduction. 10. In the exceptional case of a direct dorsal dislocation, the untorn muscles and capsule would resist reduction by ordinary manipulation; and this resistance would be appreciable by the surgeon. 11. Direct dorsal dislocations, or those which are said to occur during adduction, are always the result of immense violence, and are always associated with fracture of the acetabulum, or of the head of the bone or of both. 12. Violent pain in dislocations at the hip is caused by the sciatic nerve being pressed upon or looped up

by the femur; and pain or paralysis after reduction is due to dragging forward of the nerve upon the neck of the bone, or to its rupture in the act of reduction. 13. In reducing dislocations associated with great pain, it would be well to draw the head of the bone away from the side of the innominate bone during the movements of flexion and abduction, so as to disengage the sciatic nerve and thus prevent either of the accidents above mentioned.—*Brit. Med. Jour.*

### THE USE OF PADS IN EXCISION OF TUMOURS.

BY C. F. MAUNDER, F.R.C.S.

I fully agree with Dr. W. W. Campbell on the value, as a general principle of practice, of pads after the excision of tumours. I have no doubt whatever that sponge (though expensive), by reason of its soft and elastic nature, would be the best material; and, on account of its latter quality, I occasionally use it as a compress after herniotomy. After the removal of larger tumours, such as the mamma, I adopt precautions very similar to those mentioned by Dr. Campbell, but with this exception—I use two pads, one on each side of the linear wound. Each pad is made of folded lint, somewhat longer than the wound and parallel with its edge. A wide and long piece of strapping, also parallel with the long axis of the pad, secures this *in situ*; and, as the line of the wound is not covered, the last drops of blood are squeezed out between the stitches when this is firmly applied. A pad in the axilla, too, prevents bagging of secretion; and I sometimes use a drainage-tube also for the first three days. Recently I removed a mammary tumour from a patient of Dr. Langmore, of Oxford Terrace. I saw that gentleman yesterday, when he informed me that practically the wound was healed on the fifth day, the middle suture alone having occasioned a few drops of pus; and that he attributed this rapid healing to the method of dressing employed.—*British Med. Journal.*

We are given to understand that a large amount of ether drinking goes on in certain parts of the North of England. It is found that a man can get drunk at a much less outlay of money on sulphuric ether than on alcoholic liquids; hence the consumption of the former drug is continually increasing.

### NEW SPLINT FOR TREATMENT OF TRANSVERSE FRACTURE OF PATELLA.

BY W. E. STEAVENSON, M.R.C.S.,  
*Late House-Surgeon of St. Bartholomew's Hospital.*

For the treatment of a fractured patella the great difficulty, after setting, is to keep the fragments in apposition without tilting. To obviate this, in 1874, during my house-surgeoncy at St. Bartholomew's Hospital, I devised a splint, and used it in several cases to my own satisfaction and to the benefit of the patient. Had it not been denied by the highest authorities that bony union is possible, I should have considered it had taken place in one or two cases. Since 1874 the splint has been in constant use in Mr. Holden's wards in St. Bartholomew's Hospital, and, I am told, with satisfactory results. I therefore feel justified in bringing a description of it before the profession.

The splint, as made by Messrs. Ferguson, of Giltspur Street, consists of a short, solid, wooden splint about fifteen inches long and seven and a-half inches wide, rather heavy and thick, and grooved to receive the leg; the upper end of the groove which comes under the thigh is wider than the lower end, which supports the upper part of the calf; there is a vertical and lateral slit on each side of the splint, in which are two travelling brass clamps, worked by screws, for keeping in place the two strips of Esmarch's elastic bandage which, crossed brace-like, keep the fragments of the patella in position. The Esmarch's bandage should be about two inches and a-half wide. The great advantage of this mode of treatment consists in this fact. There are many arrangements used in treating fractured patellæ which ensure the apposition of the fragments, but by the width of the Esmarch's bandage we are enabled to place nearly half of it on each fragment, thereby keeping it from tilting, the greater half of the width of the bandage pulling it against the opposite fragment by the cross arrangement; we thereby ensure a continual and gentle pressure of the two fragments together with their broken surfaces perfectly vertical. In setting the fracture, some soft substance, such as several folds of lint, is generally placed upon the splint to prevent galling, and it seldom requires re-adjustment.—*Lancet.*

## A NEW METHOD OF TREATMENT OF STRICTURES OF THE URETHRA.

M. Le Fort read a paper on this subject before the Académie de Médecine on the 7th of November last, an abstract of which we find in *Le Progrès Medical* for November 11th.

He states that he has employed this method of treatment for seven years, with the most favourable results. It consists in placing in the urethra a bougie, which is allowed to remain for twenty-four hours. This causes a softening of the stricture from slight inflammation, and renders the tissues much more distensible. To the bougie is attached a metallic piece, into which a No. 1 conical catheter, having a diameter at its largest part of three millimetres, is secured. The catheter carrying the bougie in front of it as a guide to prevent a false passage, is easily introduced into the stricture, the dilatation of which is thus commenced. Catheter No. 1 is now withdrawn and a No. 2 is introduced, which has a diameter of five millimetres at its largest part. It is passed into the stricture in the same manner, and then withdrawn, and replaced by one having a diameter of nearly seven millimetres. Thus, he states, at a single sitting a very small stricture can be completely dilated, even when its walls are quite resistant. M. Le Fort says the operation is very easy, and there is no danger whatever of making a false passage. There is so little pain that anaesthesia is unnecessary, and there is generally no bleeding at all, or else only a few drops appear at the meatus. During the seven years, M. Le Fort has seen no accidents, except a slight urethral fever, which has always been easily controlled by sulphate of quinia. As in all other methods of treatment, catheterism has to be practised frequently afterwards for some time, to prevent a recurrence of the stricture.

[This method of treatment, while it cannot be considered *new*, has had but little attention paid to it, and is worthy of consideration from the high standing of M. Le Fort.—TRANSLATOR, *Virginia Monthly*.]

DR. L. VOGEL commends monobromide of camphor most highly in spermatorrhœa.

## SHORTENING OF THE LOWER LIMB AFTER FRACTURE OF THE FEMUR.

BY JARVIS S. WIGHT, M.D.

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Hence, we are entitled to make the following practical conclusions:—

1. We need not expect in all cases of fracture of the femur to give the patient lower limbs of equal length. In other words we cannot always prevent the so-called *shortening*: the number of shortened limbs cannot be accurately fixed.

2. In a certain number of cases of fracture of the femur the injured limb will remain shorter than the other—no matter what the treatment may have been.

3. Excessive efforts persisted in to bring the injured limb down and make it as long as the uninjured one will sometimes fail, and are calculated to do harm; since the strong fascia of the thigh offers great resistance, and since the injured limb may have been shorter than the other before the injury.

4. If need be, complete relaxation of the powerful muscles of the thigh by etherization will enable an ordinary and admissible degree of extension and counter-extension to give the injured limb a maximum length: or extending weights gradually applied will "tire out" the muscles; at first apply four pounds, then add to that four more pounds, then make the weight twelve pounds, now increase the extension to sixteen pounds, and in some instances make the extending weight twenty pounds, removing a certain part of the extension as may be considered necessary.

5. The possibility of having the injured limb longer after treatment than the other must be recognised, and the most probable explanation of such a result must be given.

6. These conclusions conform to the practice and agree with the results of the best surgeons.

Finally, perhaps I ought to add, that the variation in the length and obliquity of the neck of the femur, incident to the age of the patient, may not occur during the same time and with equal pace in the femoral necks, and that this may be one cause in some instances of a difference in the normal lengths of lower limbs. At any rate it may be noted that there is a remarkable approach to an agreement

between the differences in the length of normal lower limbs, and the difference in length of lower limbs—one of which has had the femur broken: only the average difference is somewhat greater in case there has been a fracture of the femur. But in general, the tendency of a fracture of the femur is to shorten the limb to which it belongs. And we may fairly regard assertions of always having lower limbs of equal length, after treating fracture of the femur, as open to just criticism. Such assertions are calculated to put individual surgeons in peril of suits at law for malpractice when they do not deserve it; and they are, if found to be untrue, a sure means of throwing discredit on a useful and an honourable profession.—*Archives of Clinical Surgery.*

THE APPLICATION OF THE NITRATE OF SILVER TO ULCERS.—Dr. James Cuthill says that, when solid nitrate of silver is freely applied to an ulcer, a tough film is immediately formed, and the ulcerated surface is for the time being apparently sealed up. The benefit to be derived from such a proceeding, however, as most surgeons who have seen a little practice well know, is only temporary, the pellicle becoming detached by the ulcerative process, leaving a sore frequently larger than the original one. A better plan, which he has practised in some cases with excellent results, is merely to score the ulcer with a finely-pointed pencil of the nitrate, or only to dot it lightly at intervals on the surface. The discharges getting free vent from the non-causticated points, no sloughing occurs, and a healthy pellicle spreads from the touched portions, just as ice forms on a pond of water.—*Edinburgh Med. Journal.*

THE USE OF CHLOROFORM AS AN ANÆSTHETIC has been interdicted in Bellevue Hospital, New York. It is remarkable that here at the South those in general surgical practice have not yet met with those accidents in the use of chloroform so common in the North, and which prohibit its anæsthetic use there. The experience of Southern surgeons, as a rule, leads them to prefer chloroform.—*Vir. Med. Monthly.*

## Midwifery.

### RETROVERSION OF THE UTERUS.

*Read before the Medical and Surgical Society of Hamilton.*

BY WM. C. CORSON, M.D.,

Physician to Ontario Institution for the Blind.

Retroversion of the unimpregnated uterus is the cause of so much suffering, lasting often for long years. It is so disastrous to the general health, frequently rendering life itself a burden. It has been heretofore so difficult of cure, requiring special skill, and not a little patience on the part of both practitioner and patient, that any suggestions which may prove in any degree useful in its treatment will be received, I feel assured, in the same spirit as that which prompts me to give them. I do not propose to enter into a discussion of the long-disputed subject involved in the question whether these displacements are the cause or the consequence of uterine inflammation, but in my observations I shall endeavour to be as practical as possible, confining my remarks mostly to the subject of treatment.

That the particular form of displacement of which I am treating is of frequent occurrence, will be confessed by those who have given the subject any special attention, and if asked the question as to the most common cause of prolonged ill-health in women, I should unhesitatingly answer, uterine displacements. When we remember how often the uterine ligaments are weakened or relaxed; when we consider how easily the uterus itself loses its inherent tonic by the degenerative changes taking place in its tissues as the result of low grades of inflammation, and when we bear in mind its frequent periodical engorgements, not to mention the constant liability to dislocation by accidents, by falls, &c., its marvellous growth in pregnancy and subsequent involution by a process of fatty degeneration, we can only wonder the uterus does not oftener lose its equipoise. Neither should we be surprised at the pernicious effect these displacements must entail upon the general health if we reflect upon the importance of the uterus in the female organization and its multitudinous and varied sympathies, influencing as it does the

feelings and emotions of woman's whole being, and placing her in comfort or pain, in happiness or mental agony, as the case may be. While not prepared to endorse the teaching of Prof. Storer, of Boston, and Prof. Mayer, of Berlin, who trace woman's insanity to uterine disease, yet that such disease is often a factor in producing such a catastrophe is absolutely certain.

The following cases occurring in my own practice may serve as illustrations of this fact: The first of which was a farmer's wife and the mother of three children, a woman with strong religious convictions, but whose life was rendered miserable on account of, to use her own words, a stream of horrible oaths running through her head, and which she could not banish from her mind. It proved, on investigation, that she was suffering from anteversion of the uterus and the accompanying internal chronic metritis. As soon as the displacement was corrected, and the inflammation overcome, the oaths disappeared and her life was once more happy and joyous. The other case was that of Mrs. McT., the mother of several children, who had for seven years suffered from leucorrhœa, pain in the back, and other symptoms of uterine disease. She had also been, during these years, the subject of a terrible depression of spirits, amounting to melancholia, so that at one time she seriously contemplated suicide, as she afterward confessed to me. The patient also had anteversion with chronic endo-metritis which yielded to topical treatment and restitution of the uterus, by converting the anteversion into a temporary retroversion by means of Simpson's sound. The effect of this treatment was most satisfactory in restoring her natural buoyancy of spirits and re-establishing her general health. Another case I might add whose sad history is well known to me was that of a young lady who, for years, had all the symptoms of aggravated uterine disease, including metrorrhagia, but who refused all medical treatment. A few months ago she was removed to the asylum, the victim of a lunacy, I doubt not, induced by uterine disease. Did time permit we might also allude to the curious mental phenomena and strange hallucinations of hysteria, which are

only exhibitions in a minor degree of uterine, or more commonly ovarian disorder.

For years past I have had decided convictions as to the most frequent cause of retroversion, though I fully confess the difficulty in establishing what is cause and what effect in these cases. That the inclination of the uterus backward from its normal axis and in its various degrees more commonly follows miscarriage or delivery at term is well understood, but that these displacements depend upon that condition of the uterus, known as subinvolution, may not be so readily admitted. In a practice of more than twenty-two years, however, I have carefully measured the length of the uterus in a large number of cases of the kind coming under treatment, and in a vast majority of instances this condition was found co-existing with this displacement, the uterine probe revealing a measurement of three, three and a-half, four, and five inches. We are indebted, I believe, to Sir James Simpson, for the first accurate description of subinvolution, which is an arrest of that retrograde movement through which the womb passes from its large size in pregnancy to become an organ only three inches in length; and by referring to his monograph on subinvolution we find that the first two cases reported by him were complicated with retroversion, though Sir James never taught that the two conditions were necessarily associated or in any way inter-dependent. Years ago, Dr. Tilt, of London, wrote of defective involution as the substratum of uterine diseases and the soil on which they grow; and he lately reaffirmed the same fact, though with a different figure of speech, when he declared that the experience of the last few years convinced him of the correctness of his former language, and that defective involution is the workshop of uterine pathology. It is perfectly natural to suppose that the womb, in this hypertrophied state of imperfect involution by which it is left overweighted and topheavy, should easily become tilted forward, or, as more commonly happens, should sink down backwards by its own specific gravity into the cavity of the sacrum.

Without entering otherwise into the causes of this affection, which are various, or consider-

ing the symptoms, which are numerous, or the diagnosis, which is comparatively easy, or the prognosis, which ordinarily is favorable, all of which subjects are ably treated in our text-books, let me proceed at once to consider the subject of treatment.

And, first, let me say that it is very important to have the right kind of speculum, and for the ordinary routine of daily practice, I still prefer the mirrored, cylindrical glass speculum of Fergusson, provided it be large and short. A large speculum has the advantage not only of presenting a larger field to view, but by distending so shortens the vagina as to bring the uterus nearer to the operator. In the nulliparous, or in any case requiring some special procedure, the modification of Sims' duckbill speculum, by Dr. Nott, has, in my hands, answered every indication. It has the advantage of being self-retaining, so that an assistant is dispensed with, and both hands are left free for the more particular manipulations of gynecology.

It will materially assist us if we bear in mind that as a rule, to which there are few exceptions, every case of retroversion is accompanied by endo-metritis, and that this inflammation, whether considered in the light of cause or effect, must be subdued. Often the internal surface of the uterus is denuded of its epithelium, and presenting an appearance which is similar to that condition of the eyelids called granular. The morbid changes are not confined to the lining membrane of the uterus, but extend into the parenchyma of the organ. Certain engorgements, proliferation of connective tissue, and plastic exudation being the result. Between the enlargement following an arrest of the physiological process of involution and the pathological changes depending upon these adventitious deposits in the uterine substance we have, as a result, the uterus increased in size, in weight, and in density. Now, it is established beyond all question that certain caustic substances, which, by their alterative action when applied to the interior uterus, set up a new and healthy process, are the most potent means to be used in reducing this inflammation. I have tried them all—nitrate of silver (in substance and solution), carbolic acid,

chromic acid, iodine, nitric acid, and the acid nitrate of mercury, etc. A series of experiments performed by Prof. Peaslee, of New York, showed conclusively that the effect of some of these applications was to coagulate the albumen on the mucous secretions, and thus interpose a film, which acts as a barrier to producing the desired effect. The result of these instructive experiments was to prove that iodine is the true solvent of the albumen and the best application which can be employed, and my own experience confirms, in my own mind, the Professor's conclusions. The other advantages of iodine are, that it is efficient, yet harmless, causing neither undue pain, nor inducing cicatricial contraction of the cervix, nor other unpleasant consequences; and that not only is an alterative influence established on the diseased surface, but also that its specific absorbent effect is obtained. It is essential to success that the iodine should be in solution—neither so weak as to be inert, nor so strong as to prove irritating; and experience proves that a solution from sixty to ninety grains to the ounce is the most effectual. For years past I have used the strength employed by Dr. Budd as an intra-uterine injection, the formula for which is as follows:—

Iodine	...	...	...	80 grains.
Iodide of potassium	...	...	...	30 grains.
Pure spirit	...	...	...	1 oz.

How shall such a solution be most thoroughly applied to the inner surface of the uterus? I have long ago discarded injections into the uterine cavity as highly dangerous, unless a free exit be previously provided by dilating the cervix; but, instead, I have used Emmett's Applicator, which is a flattened probe of pure silver, eight inches long, and fitted to a handle. Upon the end of this probe, say for the distance of two and a-half inches, a film of cotton batting must be wound, which is accomplished by teasing the cotton into a thin layer in the fingers of the left hand, while the probe in the right hand is made to turn and wind the cotton upon itself. This process complete, the fingers should be slightly moistened and passed over the surface of the cotton, so as to compress it firmly upon the probe. Those unused to the applicator prepared in this way might suppose

that the cotton would easily become detached and left behind in the uterine cavity, but a little practice in winding the cotton upon the probe will render such an accident impossible. It is first necessary to cleanse the diseased surface; then, having seized the posterior lip of the os with Sims' tenaculum, for the purpose of steadying the uterus with one hand, with the other hand the probe is dipped in the solution and carried through the cervix to the body of the uterus, when, by a rotary movement of the handle, the whole internal surface of the uterus is painted with the iodine. If a decided impression is required, it is well to allow the probe to remain within the uterus for half-a-minute before withdrawing it, or allow the cotton to take up more of the solution and repeat the application at once. Though some of the solution is pressed out in its passage through the cervix, yet enough will be retained to produce the desired effect. Having wiped away any undried solution from about the os tincae, the patient, before rising, is desired to remain quiet until the slight pain induced has passed away. An application of this description, made once a week (excepting, of course, the few days preceding and following a menstrual period), and persevered in for some months, will produce most satisfactory results, as observed in the lessened discharge and reduction in size of the bulky uterus, while the general health and strength will exhibit a corresponding improvement. Sometimes in these cases the granular inflammation of the inner surface of the uterus, to use the expressive word of Prof. Simpson, *creeps* outside of the womb, producing the appearance of abrasion or erosion, sometimes erroneously called ulceration, though true ulceration, involving loss of substance, I believe to be a very uncommon condition in uterine disease. When, however, such a solution of continuity does exist, whether of the single, smooth, excavated ulcer, or the irregular ulceration having a worm-eaten appearance, which is more common, or of simple erosion, which is more frequent still, there is no application comparable to the acid nitrate of mercury, in which cases the denuded surface should be thoroughly cleansed and wiped perfectly dry, when a single drop of the acid (or less), on the end of a glass rod, applied lightly, but

thoroughly, to the seat of disease, will set up at once a new and reparative process. Large lavements of the warm vaginal douche should follow this application in the next twenty-four hours, and the application itself needs to be repeated but a few times, at intervals of a fortnight, when the healing process will be found complete. Sometimes, in very patulous conditions of the os and cervix, a drop of the acid may be applied to the interior of the uterus with probe and cotton, not only with impunity, but with decided advantage.

Having removed the inflammation to a certain extent by a number of applications, the next indication in the treatment of retroversion is to restore the uterus to its normal position and retain it there by some mechanical support. Whatever prejudices may have existed in years past against the use of pessaries, on account of their imperfections and their failures, certainly the time has now come when these defects no longer exist, and I should no more think of attempting to cure a retroverted uterus without the aid of a support than of treating a fractured limb without the use of a splint. In a lately-published article, Dr. Grailly Hewitt justly remarks that the advantages of straightening a retroflexed uterus are, that the processes of nutrition, circulation, and absorption go on more readily when the uterus possesses its natural shape. Of all the pessaries brought into use (and their name is legion) I much prefer the Albert Smith pessary, as lately modified by Prof. Thomas, of New York. To introduce this pessary, it is best first to place the patient in the knee-elbow position, with the breast flat to the couch, and, by a pressure from behind upon the body of the uterus, tilt it forwards into position, and then allow the patient to rest gently upon the left side. The perineum is then retracted with the index finger of the left hand, while with the right hand the pessary is carried on its flat through the vulva, and, once within the vagina, it is turned, so that the posterior expanded end is carried into the cul de sac behind the cervix, while the anterior narrow end is allowed to rest just beneath the symphysis pubis. There is often a feeling of comfort expressed by patients as soon as the uterus is repositioned and held *in situ* by a well-fitting pessary. We must, however, avoid the temptation to use too large an instrument, which, by over-distending the vagina, impairs the agency of that canal as a uterine support. As this

nessary is of hard rubber, it is perfectly unirritating, and a patient of mine, who has passed the second climacteric, has worn a Smith pessary for several years, not only with comfort, but with the effect of greatly improving her health.

Sometimes in cases of long standing the hypertrophy and induration are so great that the uterus can never be made to return to its original size and weight, nor to maintain its normal position. Even in these aggravated cases, by a faithful perseverance in the use of sponge tents and topical applications, such an improvement is made that a tolerance of the retroversion is established, and the patient restored to comparative health.\* I recall to mind a few instances of this description, where conception unexpectedly took place after seven or more years' rest from child-bearing, and one case in particular, referred to me for treatment by her physician, where the womb could not be lifted from its bed on account of the firm adhesions which bound it down, and yet, after nine months' treatment, pregnancy took place, and she was safely delivered by her medical attendant nearly eight years from the date of her last confinement.

As illustrations of what may be accomplished in cases apparently hopeless, I append very general notes of two patients whose history is well known to their own circle of friends:—

Mrs. C—, aged thirty, of good constitution, the mother of five children; previous to present affliction had enjoyed good health. At my first visit I found she had lost the use of her lower extremities—not having been able to stand upon her feet for a whole year. The physician previously in attendance had discovered that this loss of power of locomotion depended, through a reflex influence, upon a uterine displacement, and had tried various supports, which had either been not well borne or failed to yield the required support, so that she grew more helpless. An examination in the bimanual method revealed the uterine body, much increased in volume, lying in the cavity of the sacrum, and the cervix under the arch of the pubes. Upon attempting to pass the uterine probe, it was arrested at the os internum, and by no given curve could it be made to enter the general cavity of the uterus. By having the patient held upon her knees, and then pressing the uterus forwards from behind, the organ was so far straightened that the probe was passed in, though making rather an acute angle beyond the os internum, so that the case in reality was one of retroflexion, combined with retroversion, as sometimes happens (Klob). After making

numerous applications, and using local depletion, the engorgement was so much relieved that the uterus was repositied and a Smith's pessary placed in position. After four months' treatment this lady began to improve, and to walk with the help of crutches. In short, as evidence of her complete recovery, it may be mentioned that, in less than a year from the time she began to walk, I had the satisfaction to attend her in confinement, from which she had an excellent getting up.

The other case is still more remarkable. Miss M—, aged twenty-five, with an excellent constitution, four years previous to my attendance had been thrown backward to the ground from a "spring-board" conveyance by the sudden starting of the horse. No serious injury was felt to have taken place at the time, but she remembered that from that date the strength of her lower limbs began to fail, and at the end of three years she was confined to her bed, where she had lain more than a year before my professional attendance. She became so reduced at times that it was necessary to turn her in bed by the help of a sheet. She had been for months under the care of a respectable practitioner, who had recognised her difficulty, and had tried the Meigs' ring pessary, etc. without relief, and the opinion was expressed that she would never rise from her bed. In this case the inflammatory changes were not marked, the chief difficulty seeming to be the mechanical displacement of the uterus. At my first visit the organ was replaced, and a Smith's pessary applied, and at every visit afterward, made at intervals of a week, there was a perceptible improvement. At the end of three months she began to walk with the assistance of crutches, which she continued to use for several months before she had the confidence to walk alone. Without detailing the various steps in her improvement, it will be sufficient to state that she was fully restored to health.

In conclusion, I may remark that, in the foregoing observations, I have given in outline only the local treatment of this often unrecognised affection. There are many details of minor importance which may be dwelt upon on some future occasion; meanwhile, if I shall be the means of directing more particular attention to this subject, the object of this paper will be secured.

NITRIC ACID FOR HOARSENESS.—Dr. W. Handsel Griffiths says that a few drops of nitric acid in a glass of sweetened water, a couple of times daily, will be found an excellent remedy for the hoarseness of singers. One of the largest fees ever received by him—so he says—was for this prescription.

\* There is no doubt but the pessary of Cutler is adapted to these rare cases, but the difficulty in obtaining them constitutes a serious obstacle to their use.



CASE OF EXTRA-UTERINE GESTATION ; REMOVAL OF LIVING FŒTUS BY ABDOMINAL SECTION ; RECOVERY OF BOTH MOTHER AND CHILD.

BY THOMAS R. JESSOP, F.R.C.S.,

*Honorary Surgeon to the Leeds General Infirmary.*

\* \* \* \* \* I found her looking emaciated and pain-worn, vomiting after everything swallowed, constipated, feverish, with a dry tongue, great thirst, and a rapid feeble pulse. It was abundantly evident that the patient was fast sinking.

At eleven p.m. a consultation of the whole surgical staff was held, at which the following observations were made. The abdomen throughout was distended. At the umbilicus and below was a large rounded prominence, which gradually sloped off towards the ensiform cartilage, and terminated inferiorly somewhat abruptly in a hollow, which was bounded again by a lesser prominence immediately above the pubes. On a closer examination, the umbilical prominence presented the character of a child's breech. The cleft and the two buttocks were distinctly traceable through the thin abdominal walls, and extending upwards in a straight line towards the sternum, the little prominences of the vertebral spinous processes were plainly perceptible. Above the pubes two feet could be made out, and above the umbilicus, immediately below the ribs, it was not difficult to map out the outlines of the two scapulae. The rapid beating of the foetal heart could be most distinctly heard towards the right side above the umbilicus. The breasts were enlarged, and the areolæ were fairly developed.

On examination per vaginam the uterus felt somewhat enlarged, and on measurement by Simpson's sound its cavity was found to be two inches and a-quarter in length. The uterus remained motionless whilst the abdominal contents were swayed from side to side. On several occasions the movements of the child were plainly visible, and indicated considerable vigour. After repeated careful search we were unable to satisfy ourselves of the presence of a placental souffle. The diagnosis of extra-uterine gestation seemed complete. The woman's condition was becoming extremely critical. Under

these circumstances it was decided to remove the child by abdominal section. With the full concurrence of my colleagues, I accordingly proceeded to perform the operation at half-past twelve on the morning of the 14th of August.

The patient having been placed under the influence of ether and the bladder emptied of urine, an incision six inches long was made through the linea alba, with the umbilicus at its centre. The abdominal wall was unusually thin, but more vascular than common, and the peritoneal lining, though natural on its free surface, appeared thick and velvety on section. Immediately upon the completion of the incision, the breech and back of the child, thickly coated with vernix caseosa, came directly into view. At the upper part of the wound the omentum was seen lying like a cap upon the child's shoulders; and inferiorly the funis, of natural appearance, passed transversely across the wound, and was traced round the external aspect of the left thigh of the foetus to its attachment at the umbilicus.

The child was in a kneeling position, its breech presenting towards the mother's navel, its head folded upon its chest, buried beneath the omentum and transverse colon, the soles of its feet pointing towards the pubes, and its knees resting upon the posterior brim of the pelvis. Its removal was readily effected. The funis was tied and separated in the usual manner, and the child was handed over to the custody of two gentlemen previously appointed to look after its well-being. It was now seen that the gestation had been of the "abdominal" variety; no trace of cyst or of membrane could be found. The child had lodged in the midst of the bowels, free in the cavity of the abdomen.

A few bands of unorganized lymph of a very friable nature, lying upon, but not adherent to, intestines, were readily removed by sponging, and about an ounce of clear serum was found in the peritoneal cavity. On tracing the umbilical cord, the placenta, having a larger superficial area than natural, was seen covering the inlet of the pelvis, like the lid of a pot, and extending some distance posteriorly above the brim, where it apparently had an attachment to the large bowel and posterior abdominal

wall. Near its centre was a round prominence, which seemed to correspond with the swollen fundus of the uterus beneath. Great and especial care was taken not to cause the smallest disturbance to its connections. The placenta was indeed left *untouched*. The umbilical cord was now brought out of the wound and shortened, so as to have its cut end protruding about two inches beyond the surface of the abdomen, where it was secured at the inferior extremity of the wound by means of a clamp which has been invented by the ingenious chaplain to our infirmary—Mr. Gough—for the treatment of the pedicle in ovariotomy. The wound was now closed by means of six silver-wire sutures passed through the entire thickness of the abdominal wall, and including the peritoneum, together with as many intermediate superficial sutures of silk. It was then observed that the prominence above the pubes before alluded to was due to the placenta covering the enlarged uterus. Strips of plaster, pads of lint, and a roller completed the dressings.

The child, a female, was well developed, considering that in all probability it had not reached the eighth month of foetal life. For a considerable period of time—from an hour to an hour and a-half—there was much uncertainty as to its survival, owing to very defective respiration. Perhaps this might have been due, as was suggested at the time by Mr. Hey, to its having become etherised or in other manner narcotised through the medium of the mother's blood. At length, through the skilful management of Mr. Hey and Mr. Scattergood, healthy breathing became established, and the immediate danger to the child's life was averted. In the course of a day or two a wet nurse was procured for it, and afterwards its progress became most satisfactory. \* \* \* \*

For the first four days it was deemed prudent to keep the patient upon the table in the operating-room, lest her removal should prove prejudicial. Afterwards she was placed in a private ward. Morphia was injected subcutaneously, at first freely and frequently, subsequently at longer intervals, and on the 26th of September, six weeks after the operation, it was finally abandoned. During the first two

days nothing was given by the mouth but a little ice. On the day after the operation, nutrient injections were commenced, and they were continued for about four weeks, being given at first once in four hours, and subsequently at increasingly long intervals. On the morning of Aug. 16th a little flatus, and on the 18th some fæces, passed from the bowels. From the time of the operation the vomiting gradually lessened in frequency and in severity, and by Aug. 17th it had ceased to follow upon each act of swallowing, and had become an occasional symptom only.

On the 17th, too, the clamp was removed, and the funis, in a gangrenous state, could be traced deeply through the wound. To prevent it from dropping into the abdomen it was secured outside by means of jute and adhesive plaster. From time to time she complained, when not under the influence of morphia, of very great pain at the bottom of the body and in the thighs. There was not at any time a discharge from the vagina, although she made complaint of pain and forcing as if due to uterine contraction. On the 18th of August her breast became distended with milk, and by the 22nd it had disappeared again. Besides the nutrient enemata she now began to take a few spoonfuls of milk and gruel by the mouth. On 19th August, five days after the operation, the dressings were found soaked with a bloody discharge. This continued daily for some time in quantities varying from one or two, to as much as eight or ten ounces. On the 22nd it was observed to be offensive, and of a thick, dark, grumous character; and in a few days later the stench arising from it was most intense. On 24th August she had a severe rigor, lasting ten minutes, and this was followed by vomiting.

On August 29th the vomiting had ceased, and her general condition had so far improved that her request to have tea and a biscuit was complied with. From this time her diet was improved daily—fish, eggs, chickens, &c., being cautiously added at intervals.

On Sept. 4th the funis was cast off as a long slender slough, its discharge being followed by a copious flow (six or eight ounces) of fluid.

The wound had now healed in its entire length, with the exception of the round hole

at its lower extremity, which had previously been occupied by the umbilical cord. At this time three weeks had elapsed since the operation. During the next fortnight the discharge was most profuse. Two, three, and even four times in the twenty-four hours she was seized with agonising abdominal pains, which, after lasting from a few minutes to two or three hours, were at once relieved by an outpouring of a quantity of putrescent fluid. On the 10th of September I stood by her in one of her most severe attacks, and I was almost alarmed, upon hearing her exclaim, "There, I shall get relief," to see not less than half a pint of a coffee-coloured fluid, of the consistency of treacle and unbearably offensive, rapidly forced out of the wound.

On Sept. 14th she complained of pain in the right leg and foot, and upon examination these were found to be slightly œdematous. There was also some tenderness along the course of the femoral vein in Scarpa's triangle. On the 15th a slough three inches long came away. On the 16th the discharge became purulent and decidedly less in quantity. It was observed that the supra-public prominence had now disappeared. By the 18th the œdema in the leg had gone, and on the 19th the patient sat up in bed to dinner. Her progress now became steady and equable. On the 27th of September she sat for an hour in a chair, and on the 9th of October she was able to be transferred to the general ward. The discharge had now become small in quantity, thin and serous in character. On the 29th of October the wound is reported as quite healed, and three weeks later she returned to her home. From that time to the present, she has kept in good health. Menstruation commenced about a month after she left the infirmary, and has recurred at regular periods ever since. \* \* \* \* \*

Under the circumstances we deemed ourselves justified in undertaking the operation—justified, I repeat, because it offered the only small chance of saving the mother, and justified again by the fairer prospect of preserving the infant.

And now, lastly, was there anything in the line of treatment adopted which may be said to

have contributed in any degree to the successful issue?

Putting aside the very critical condition to which the woman was reduced at the time of operation—and I am not quite sure that even this ought to be reckoned as weighing against the chances of recovery,—it would be difficult to conceive a case of extra-uterine pregnancy presenting fewer difficulties, or more free from dangerous complications. The peritoneum was in a fairly healthy condition, and contained nothing more than a few albuminous shreds, and a small quantity of a clear liquid. There were no membranes, no adhesions, no enclosing capsule for the child. There was no bleeding to staunch, and the abdominal organs were but little disturbed. These facts must be kept well in mind when estimating the danger in any future case. Nevertheless, two points in the treatment do seem to me to be specially worthy of mention—viz., the care which was taken not to interfere in the slightest degree with the placenta, and the provision which was made for securing its escape from the abdomen after its separation from the maternal structures. Nothing need be said as to the form of these precautions, except that the result in this case confirms the wisdom of those who have so strongly insisted upon its importance. Unless the placenta can be removed without the risk of setting up a copious bleeding, it had better be left absolutely undisturbed. But what is to become of it? The placenta formed in this case, as it must in most, is by far the largest item in the sum of dangers to be encountered. Experience has shown that a separation from the maternal structures will take place, and that this period of separation must be reckoned as one of the most fatal. Besides the risk of hæmorrhage there are others not less grave—peritonitis, septicæmia. All these dangers are diminished by securing an uninterrupted outlet for the detached placenta, and such discharges as may accompany its separation. The means made use of, after careful consideration, consisted in keeping the inferior end of the abdominal wound open by means of the umbilical cord, left attached to the placenta. Through this opening the disintegrated tissue and offensive fluids found ready egress, and thus were prevented from spreading damage around. Upon looking back, no device has ever suggested itself to my mind better calculated to secure the end which in this case was happily attained, and I think now, as I did at the time, that ~~to~~ our management of the placenta may be fairly ascribed a large share of whatever credit we may claim in bringing about a successful issue.—*London Lancet.*

## CASE OF OBSTRUCTIVE DYSMENORRHOEA.

CLINIC OF PROF. GOODELL, UNIV. PENN.

Cystic degeneration of the ovaries is comparatively a rare disease, and few of you will be called upon to perform the operation of ovariectomy; but our next patient is afflicted by a disorder so commonly met with, that I bespeak your earnest attention. Ever since the age of puberty, this young, unmarried woman has suffered from painful menstruation. Growing worse every month, she is now obliged to give up all work, and take to her bed for two or three days out of every four weeks. Since she depends upon her own exertions for a livelihood, these periodic attacks of pain and of confinement sorely cripple her. So great have been her sufferings, that, without a word, she consented to take ether, and to undergo any operation that would promise a cure.

You will find, in your text-books, that different causes are assigned for this trouble. For instance, there is obstructive dysmenorrhœa, and there are congestive, rheumatic, neuralgic, and membranous dysmenorrhœas. The treatment varies, of course, with the cause, and it is our business to search that out. But, let me tell you that this is often easier said than done, and we are forced, sometimes, to treat our patients empirically, that is to say, by a round-about, common-sense empiricism.

Our patient came here for the first-time to-day, and a few minutes before my lecture hour. There was no time for an examination, and but little for even a hurried history of her trouble. Yet I will venture to predict that her dysmenorrhœa is a mechanical one, and owing mainly to an anteflexion of the womb. Let us see whether I am right. The hymen is intact, and the examination will break it, unless great gentleness be used. The first examination of an unmarried woman should, therefore, as a rule, be made under ether. But, as some patients refuse to take it, and it is not always convenient to give it, I shall act as if this girl were not unconscious. The index finger of my left hand is first slowly introduced, and with it I feel a hard, round body through the roof of the vagina. It is now withdrawn, and the tips of two well-greased fingers are next made to enter. Little by little, with intervals of rest, they are coaxed up to the second joint. The hymen has now been stretched enough to admit my base-opening speculum. The blades are slowly screwed apart, until the edge of the cervix uteri just appears above the tip of the lower blade. To avoid the pain of any further distension of the parts, for I am now supposing her to be conscious, I hook up the cervix with a tenaculum, and bring an eroded os into full

view. This has been done without injury to the hymen, but it does not always so escape. Nor should its integrity stand in the way of treatment.

The sound cannot at first be made to pass up, but by bending it sharply, and by holding the cervix steady with the tenaculum, I finally, with some force, get it in. My off-hand diagnosis is right. The womb is bent double, and the hard body felt through the anterior wall of the vagina is the fundus lying on the bladder. But in addition to this anteflexion, there is a narrowing of the cervical canal. Now, how did I foretell this condition? Was it merely a lucky guess? Not at all; the history of the patient gave me the clue. In the first place, she is unmarried, and my past experience has taught me that, in virgins, and in sterile married women, uterine displacements are usually an exaggeration of the slight anteflexion which naturally exists. In the second place, she had told me that her menstrual secretions escape in exquisitely painful gushes, followed by short lulls. Such a history means, in nine cases out of ten, a flexion of the womb. In other words, the menstrual fluid, imprisoned by the bend in the cervical canal, goes on accumulating, until, by distension, the womb is straightened, and the obstruction overcome. Now, by putting this and that together, I was led to anticipate a forward displacement of the womb. But anteflexion, although the rule in nulliparæ, is not always the displacement. Last year, in an analogous case, I boldly announced an off-hand diagnosis of anteflexion, and had to eat humble pie, for the womb turned out to be bent backward. Whenever the woman has borne children, there is no telling beforehand what the cause of the dysmenorrhœa may be, but it usually is retroflexion.

The question of cause having been determined, that of treatment next comes up. Were the symptoms less exacting, and the calibre of the cervical canal of a natural size, I should limit my treatment to topical applications, and to the introduction of a pessary. And one of the best for this purpose would be, as I have often shown you, an unmodified closed-lever pessary, introduced wrong end foremost. But common-sense—and that is the deity whose aid we must invoke—tells us that in this case the uterine canal needs to be widened, as well as to be straightened. Rapid dilatation compasses both these ends. Steadying the cervix with the tenaculum, I pass into the os uteri, as far as they will go, the closed blades of my uterine dilator. Upon my gently stretching open that portion of the canal they occupy, the stricture above so yields that, when again closed, the blades pass up still higher. Thus, little by little, they now have tunnelled their

way past the os internum, and into the uterine cavity. The handles are next forced together, and the divergence of the blades both straightens and widens the canal. If this operation be performed under ether, so as to be thoroughly done, and with a powerful dilator, the blades of which do not feather, the cervical canal will hardly ever return to the same degree of flexion or of contraction, as previously existed. Occasionally a second dilatation will be needed; sometimes, indeed, but very rarely, the incision of the canal. This operation of rapid dilatation looks like rough handling of so delicate an organ as the womb, but only once have I seen any ill-effects follow it. In this case a smart pelvic peritonitis was set up, but it promptly yielded to appropriate remedies.—*Med. and Surg. Rep.*

#### A YEAR'S OVIOTOMY IN THE SAMARITAN HOSPITAL.

On February 14th, Mr. Spencer Wells performed ovariectomy for the first time in 1877 in the hospital, on his return from the Continent; and he took the opportunity of giving the experience of the operation in the hospital for the year 1876. He said it was the most favourable yet attained in that hospital, and, he believed, anywhere. There had been fifty-five operations, and only five patients had died, while fifty had recovered: a mortality of little more than 9 per cent. He had done forty of these operations himself, and four patients had died, or one in ten. Dr. Bantock had done seven, and six patients had recovered; and Mr. Thornton eight, all of them successful. Many of the cases had been extremely severe, and in several both ovaries were removed. On the 21st ult., Mr. Wells added that the patient operated on on the 14th was recovering without an unpleasant symptom, and that three of the patients operated on last year had been examples of ovariectomy performed for the second time on the same patient. In one, the first operation was done eleven years ago; in the second, three years ago. Both patients recovered better after the second than after the first operation; and so had a third patient, on whom he (Mr. Wells) had operated three years after the first operation, which was performed at Portsmouth by Dr. Ward Cousins.—*Brit. Med. Jour.*

At the meeting of the Surgical Society of Paris, on the 3rd of January last, M. Polaillon communicated a case of complete luxation of the xiphoid appendix in a woman seven months pregnant, who sought to conceal her condition by means of a corset.—*Le Progres Medical.*

### Medical Jurisprudence.

#### THE BORDER-LAND OF INSANITY.

BY EUGENE GRISSOM, M.D.

(Continued from our last.)

Peter the Great, whose exploits have been the wonder of our childhood, and whose powers of administrations and superb executive energy challenged the admiration of all men, paid alike the inevitable penalty of a vicious ancestry and a disordered life. He gave himself up to the control of evil passions, and the most debased sensual excesses. History abounds with the strange freaks that will occur to every reader. He sees his son, Alexis, condemned to death; at another period, he remains three days and nights fasting, upon the death of Peter, his favorite son, and his own life was despaired of. Again, for maladministration, he flogs with the dubina (his cane of Spanish reed) the person of the celebrated Menzikoff, prime minister of the realm. Finally, the paroxysms of an obscure disease, which physicians recognize as exceedingly painful, ushered in outbreaks of wild mania, and he came to the grave.

Victor Amadeus I. of Sardinia, was a victim of kleptomania. King as he was, he could not resist an overpowering inclination to commit the most petty thefts of valueless trifles.

Queen Francisca, of Portugal, is another monarch whose insanity was so complete as to remove her from the throne in the early part of the century.

But probably no page of royal calamity possesses the interest to the American people, which hangs about that which recounts the misfortunes of George III. This monarch, it has been said by a distinguished authority, was one who might least have been expected to fall into insanity, by hereditary predisposition, or bodily constitution. But will not a full examination of his history rather indicate the contrary opinion? The father of the Hanoverian line, Duke William, of Lunenburg, called William the Pious, was deprived by fate of sight and reason. "Sometimes in his later days," says Thackeray, "the good Duke had glimpses of mental light, when he would bid

his musicians play the psalm tunes which he loved. One thinks, says he, of a descendant of his, two hundred years afterward, blind, old, and lost of wits, singing Handel in Windsor Tower."

The fifteen children of William the Pious, had but a small inheritance, and the sons drew lots to determine which should marry and continue the line of Guelphs. Upon the sixth brother, George, the fortunate lot fell. You are familiar with the fortunes of his descendants; how, after Queen Anne's death, the English throne went to the distant Elector of Hanover, who did not even know the English tongue. He seems, with his court, to have spent his days in plundering his subjects; quietly, his worthless and criminal wife, it is well known, was a State prisoner for thirty-two years. The son, George II, knew no law but his passions. It was he who challenged his brother, King of Prussia, with sword and pistol, to settle a great transaction; day and seconds were chosen,—only the fear of the ridicule of Europe stopped them. He lived among women unfit to touch the hem of the garments of the pure, the life of a Turk in his Seraglio, at sixty years of age. He stained society by bad example, gross and low, from youth to hoary age.

The son whom he hated, and drove from his house, without his own children to accompany him, was Frederick, who died before reaching the throne, leaving a son, George III. George II. was found dead, it was said, in an epileptic fit. The new king never mentioned his father Frederick. What could he have been, hated and forgotten by parent and child?

George III. was a dull boy, of little brain, brought up without much education, by a very domineering and narrow-minded woman. The child was kept in loneliness and gloom, deprived of pleasures, and filled with prejudices. The hard and cruel mother, once seeing the young Duke of Gloucester unhappy, sharply demanded why he was so silent. "I am thinking," said the poor boy. "Thinking, sir, of what?" "I am thinking if ever I have a son I will not make him so unhappy as you make me."

After his marriage with a plain but excellent

German girl, the King lived a quiet country life; but the penalty of the transgression of former generations must be enforced. He was insane five times; first in 1765, when he was but twenty-seven. This followed immediately after a cure of a chronic eruption on his face. In 1778 his malady returned with fearful power. All the gestures and ravings of the maniac appeared, and the wild howlings of a beast. He attempted to throw himself from the window, and for a time it was thought life would give away. The attack lasted about five months, when he resumed the reins of power. The fact is a touching one, that an early act upon recovery was to visit a poor-house and examine the new rooms being prepared for the comfortable accommodation of lunatics and express his gratification at the work of charity.

Perhaps a single anecdote may be admissible here concerning his treatment. Although he soon became calm, and never evinced any disposition to strike or injure any person or furniture, he was subjected to mechanical restraint to increase his self-control. No patient, not even the humblest wretch, would now be subjected to the ordeal which he underwent. A writer relates that while walking through the palace during his convalescence accompanied by an equerry, they observed a straight-jacket lying in a chair. The equerry, averting his look as if to conceal some embarrassment, the King said: "You need not be afraid to look at it. Perhaps it is the best friend that I ever had in my life." The famous Dr. Willis was his physician, and asserted that the attack came from "weighty business, severe exercise, too great abstemiousness and little rest."

George III. was again seized in 1801; for a few months in 1804; and for the last time in 1810, and he remained in that condition until his death in 1820. Among his delusions was one that he could preserve an intercourse with the dead. Once in the council addressing himself to two friends, long in the grave, Sir Henry Hallford, the court physician, reminded him that they were dead. "True, was the reply, they died to you and to the world in general, but not to me. You, Sir Henry, are forgetting that I have the power of holding intercourse with those whom you call dead. Yes,

Sir Henry Halford, it is vain, so far as I am concerned, that you kill your patients." When he had been several years a patient in Windsor Tower, he was found by the Queen one day singing a hymn and playing on the harpsichord. When he had finished, he knelt, prayed for his family and the nation, and implored the restoration of his mental powers. Suddenly he burst into tears, and the veil between him and his kind had fallen again.

His entire reign was the era of the bitter strifes of Pitt, Fox, Sheridan, Burke, and all the immortals of that age of British oratory. The poor dull King, with the common people at his back, arrayed himself against the patriots. He said he knew he wanted his people's prosperity; so whoever did not think with him, and stand ready to obey, must be a traitor. Hence his war upon the colonies. The Americans were petulant rebels who must be taught to fear God and honor the King, much as his stern mother had disciplined him, and he succeeded, and war was declared. The poor mad King, who bore a disease-stricken frame for eighty years, cried at last for mourning to wear, when he heard a funeral knell, for, said he, "Poor George III! I know he is dead."

Turning from the royalty of place to that of human genius, and high fame, we are literally bewildered amid the throng of those upon whom brain disease laid its mark, whether lightly, as the touch of a child, or even like the fiery brand of the executioner.

Among the ancient worthies, great Socrates himself did not escape. Plato and Xenophon, both speak of the familiar *daimon*, which they averred, always accompanied him, and when it made its voice heard, always guided his plans. This has been supposed a hallucination of hearing. And what a man was the great philosopher, wearing the same garment an entire year, barefoot in winter and summer, often dancing wildly, carrying his head in a strange position, with no occupation but preaching in the markets and shops, and pouring his relentless irony upon friend and foe, perhaps to return upon the world what he bore from his own wife! He is said by Diogenes Laertius to have remained an entire day, in a trance, in one position, standing and harkening to a celestial

voice, at the Siege of Potidea. Yet this is the man, whose sublime doctrines, by ancient and modern alike, are confessed to be first in the heathen world.

I will not dwell upon the references in ancient lore to the madness of Hercules and Ajax, Ulysses and Lysander, Bellerophon and Plato himself. But, in more modern times, we find Tasso, the immortal author of *Jerusalem Delivered*, shut up for years, a victim of the wildest delusions. Benvenuto Cellini, the artist, sees a resplendent light hovering over his own shadow. Raffaello himself declares that while painting the *Transfiguration*, that magnificent creation of human genius, he might well have been considered an enthusiastic madman. He forgot himself absolutely, and the whole action passed before his eyes. Pascal, whenever in intense thought, beheld a fiery gulf open by his side. If his attendants placed a chair between him and the precipice, composure might return, as he beheld an obstacle between himself and danger,—so portentous is the power of diseased imaginations! Descartes, whom I need not characterize as one of the greatest minds known to fame, was followed, as he supposed, by an invisible person, calling on him to search for truth. Metastasio, who described in his exquisite writings the sensations of incipient madness, drew it from his own unhappy experience. Crudent, the author of the famous Concordance to the Bible, wrote it while insane. He was three times within an asylum, once before he was twenty years of age. Joan of Arc, the maid of France, suffered from a physical disorder, which any physician recognizes now as the forerunner of insanity; and a thousand facts show that this maiden of poetry was a victim of a form of insanity, in which there is the full conviction of his possession of supernatural power. Kean, the actor, died from mental strain, in personating Othello. Rousseau was followed by a life-long delusion that he was persecuted by the entire world. Jerome Cardan, the greatest physician and natural philosopher of his time, was tormented with hallucinations, as was Paracelsus, also.

Pascal, to whom I have already referred, and whose mathematics were only second to Newton, after he had broken down his physical frame by

fastings and vigils, and overworked his weary brain, actually wore an anulet against the demoniac visitations that destroyed his peace.

Indeed, "overwork of the brain," it has been justly said, "is unlike an excess of labor when demanded of other organs. They refuse to discharge their functions when overtaken, or gradually gaining rest, are at last enabled to accomplish the task. Overworking the stomach destroys the appetite, and the duty is no longer imposed. Overworking the muscular system does not break down that, but rather the nervous system with which it is so nearly connected. The overworked lungs throw part of their work on the liver, and the overworked liver on the kidneys. But the overworked brain finds no helpmate in the economy of the organism." Lest one appear to judge rashly, let us look more closely to the record.

Torquato Tasso, whose *Jerusalem Delivered*, alone ranks with the *Paradise Lost*, the *Iliad*, and the *Divina Commedia*, the four great epics of mankind, was born in 1544, and was the son of the poet, Bernardo Tasso. To scan his life in a few lines, his young brain was tutored with Greek and Latin at seven years. At seventeen he had written an epic. It was in 1565 that he met Lucretia and Leonora, sisters of the Duke of Ferrara, at the court. With them he lives in close friendship, and for them he entertains the loftiest admiration. While at the ducal court, he hears that his great poem has been published by stealth in an Italian city, without his authority or the corrections he designed. This unmans him; he imagines himself pursued by enemies, and even draws his sword upon the peaceful servant of the Duchess of Urbina. He is arrested, but his condition speaking for itself, is given to the care of a physician. Soon he grows worse—he leaves even his beloved manuscripts behind and flies. By and by he begs to be allowed to return; but the evil returns, and he once more roams away to Mantua, Padua, Venice—everywhere fleeing an imaginary pursuer. At last he ventures again to Ferrara, and no one noticing the poor wretch, he abuses the Duke in the presence of his court. For this he languishes long years in a prison cell at St. Anne's Hospital, while all through the Italian peninsula, six editions of his won-

derful poem are enriching the publishers and delighting the people to such a pitch that, until this day, the very peasants know and repeat his musical stanzas. Seven years of dreary confinement ensued long after apparent restoration; but the malady recurs at Florence, and also at Rome. For just as he had reached the fruition of his hopes, and by a solemn act, the Pope had decreed his coronation with the poet's laurel on the 25th of April, 1595, that very day the exhausted frame succumbs, and the garlands of honor fall upon the brow of death.

In tracing the history of extraordinary men who have lived in extraordinary delusions, Emanuel Swedenborg must not be forgotten. This celebrated philosopher, a geologist and man of scientific learning, filled many offices of distinction in Sweden, from which he voluntarily retired when, as he says, he was introduced to the spiritual world while in London in 1743. For about thirty years he spent his time alternately in Sweden and England holding converse, as he believed, with heavenly spirits and receiving their revelations. He imagined that he maintained long conversations with the most eminent of the dead of antiquity. He described with minute detail the form and fashion of the abodes of blessed saints in Heaven, and his works fill many volumes. In private life he was honest, learned, virtuous and a profound thinker. These revelations were received while he was in long bodily trances. He died suddenly of apoplexy, in 1772. You say, perhaps, that he only differed from other lunatics, by a purer life and more intense mentality, and has long been forgotten. No, indeed; his church is to day one of the recognized religious denominations of this country, and there are edifices for Swedenborgian service, in many of the largest and most intelligent cities of the United States. Some of his prophecies have been regarded as wonderfully correct, such as predicting a great fire at Stockholm at the very hour of its occurrence. But to one who would enquire farther, it is only necessary to say, that angel and saint and demon, all talk in his books, as ordinary men of the eighteenth century did, and all the minute explanations of natural phenomena, alas, are based only upon the rude conceptions of a century ago, and none



of his revelations anticipated the truth even as it is known to-day. Yet, to this day a million or two of people are enthralled by the fascination of a maniac's dream!

I approach the name of the Colossus of English literature with profound reverence. Never was the truth more deeply illustrated than the mind's great powers lie behind, and beyond and immeasurably above the miserable accidents of bodily organization; and yet never was the dividing wall that in the play of fitful disease cuts off the communion of the nobler part, with fallen man, more sadly, but vividly displayed, than in Samuel Johnson. This great essayist, the formative artist of late English, the author of the exquisite *Rasselas*, the compiler of the first great Dictionary of our tongue, which has been a mine of wealth for all its successors,—Johnson, the good and great, who bore the ills of fate with such fortitude, maintained his integrity in the sorest temptation, and became the very arbiter of the tongue he spake, by universal consent, *him* we have known; but how is our sympathy increased when we know his inner life! It is full of lessons to illustrate what I would say.

His father was beyond fifty and his mother over forty when they were married. The father was afflicted with melancholy, and only saved from absolute insanity by constant horseback exercise. With a sedentary life, he at once relapsed. Samuel was himself scrofulous, and was even taken to London, prayed over, and touched by Queen Anne, but unfortunately it was of no avail. He was blind in one eye, the result of his disease, and subject from his earliest years, to moods of the deepest gloom. We are told by his biographer, in significant language, that "his malady broke out before he left the University, in a cruel form." In his twentieth year, it came upon him in a dreadful manner. It happened at Litchfield in the college vacation of 1729, and he was never perfectly restored. He declared long after, that all his labors and enjoyments were "mere interruptions of its baneful influence." Sometimes he was unable to tell the hour by the clock. He walked to Birmingham and back again, frequently, in hope to drive away the malady by forcible exertions. He placed his

medical supervision in the hands of his god-father, Dr. Swinfen, and was mortally offended when the Doctor revealed the truth to his own daughter. Again and again, he touchingly laments his constant hovering upon insanity. In writing of the unfortunate poet, Collins, who was in confinement, he says "Poor Collins! I have often been near this state, and have it therefore in great commiseration."

He would place his hand on all the posts set by the sidewalk in the streets, and if by chance he missed one, he was unhappy until his steps were retraced. He would shut himself up for days, to walk from room to room sighing and groaning; to go out of doors, he must take a certain number of steps, and with a certain accustomed foot, in a definite place. His grimaces, gestures, and mutterings terrified strangers. At a dinner table, he would stoop down, and twitch off a lady's shoe. He would conceive an aversion to a particular street, and could not be induced to walk there. The poet, Christopher Smart, it is well known, who was afterwards committed to an asylum, exhibited his mental disturbance, by falling on his knees to say his prayers in the street. Like him, Johnson would suddenly call out sentences of the Lord's Prayer while in a crowded drawing-room, and in the gayest company. With senses morbidly asleep, and imagination morbidly active, his life was one long torture. Many a man, so wretched, would have shot or hanged himself. He had the appetite of a beast of prey; were the meat spoiled or the butter rancid, so much the better; he would devour until the veins of his forehead swelled to repletion. Hallucinations of hearing pursued him; miles away, again and again, he thought he could hear his mother call him by name.

Yet he struggles manfully; he feels that he is lost, unless by stern self-control, he may stay the on-rushing tide. He drinks less wine, and never at night any more; he struggles to moderate his appetite; seeks exercise and keeps his mind busily employed. He marries a widow as old as his own mother, short, fat, coarse in manners and in features, painted, deeply dressed in gaudy colors, and void of grace. But, with his one eye, and that short sighted, he pronounces her lovely, is a true and

loving and noble husband, and long after he buries her in her sixty-fourth year, speaks of her to his friends, as "Pretty creature!"

He writes *Rasselas* for a hundred pounds to defray the expenses of his mother's funeral. As the years go by, oblivion creeps over, and he is wrapped in complete idleness and despondency. When in Kent, September 18th, 1768, he writes: "I have now begun the sixtieth year of my life. How the last year has been passed, I am unwilling to terrify myself with thinking. I was disturbed at church this day in an uncommon degree, and my distress has had little intermission. This day it came into my mind to write the history of my melancholy. I know not whether it may not too much disturb me." Eight years after, he writes: "When I survey my past life, I discern nothing but a barren waste of time, with some disorders of body, and disturbances of mind very near to madness, which I hope He that made me will suffer to extenuate my many faults."

He had the gait of one in fetters; his habits were uncouth, voice loud and imperious, temper violent, with a great readiness to take offence. He advises Boswell against melancholy in these words, good for all times, "If you are idle, be not solitary; if you are solitary, be not idle."

He loved poor Savage, another wretched poet and unhappy man of genius. The wildest romance would barely equal this man's real fate. As a famous writer says: "An Earl's son, and a shoemaker's apprentice, he feasted among blue ribbons in St. James's Square, and lay with fifty pounds weight of iron on his legs in the condemned ward of Newgate. He dined on venison and champagne when he might borrow a guinea; to-morrow he appeased the rage of hunger with scraps of broken meats, and lay under the piazza of Covent Garden, or as near as he could get in the ashes of a glass house." When the sons of misfortune parted, it was in tears—Johnson to his long internal strife, Savage to die heartbroken, in the west of England, in Bristol jail.

In 1784, Dr. Johnson left his friends at Litchfield one morning, and set off at an early hour, returning at night weary and drenched with rain. There was a silence—no one ventured to ask the reason. After a solemn pause,

he said that fifty years before, during an illness of his father, he had refused that father's request to ride to Uttoxeter market and take his accustomed place at the stall where he sold books—all out of boyish pride. To do away with this sin, he said, that day he had gone, and, indeed, had stood in the market place bare-headed in the pelting rain for one hour, before his father's ancient stall, exposed to the jeers of the populace, performing solemn penance in the sight of heaven. Monumental marble now represents him in that act of filial devotion. The end was soon to come—rapidly recurring fits of anger and melancholy are succeeded by a stroke of paralysis; for a week he cannot speak and cannot write. Dropsy, so common with the insane, closed the scene. The next year, December 13th, 1784, the fatal moment which had been unutterable dread all his life, came to find him in serene frame, patient and gentle, his noble mind, his true self, ready for translation to a world of peace, with the dark clouds of a lifetime rolled away forever.

*To be Continued.*

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### "HARMLESS DELUSIONS."

The death of Mr. Malcolm Douglas, one of the proprietors of the *Chelmsford Chronicle*, by jumping, or throwing himself, from a railway carriage, having contrived "to elude the vigilance of his attendant" while under treatment for "harmless delusions," draws attention once more to a delicate and difficult question. The notion that *any* delusion can be *harmless*, when regarded as an indication of the mental condition, is among the most perilous of misconceptions. It may not appear of much moment that a poor man imagines himself a millionaire, or an "otherwise rational" person believes that he has made a discovery which, when it comes to be known, will relieve most mundane sufferings, and probably usher in the millennium. There are not wanting instances of wondrous delusions which have been cherished with impunity, and, so far as the public are aware, without working any particular social mischief. Nevertheless, the mind that has begun to delude itself is no longer to be trusted, and it is a matter of pure chance

whether the form in which its derangement is manifested may be confined to mere childish conceits, or suddenly perhaps assume a disastrous tendency.

When visiting Bethnal House for the purposes of the report which recently appeared in the *Lancet*, the *Lancet* Commissioner on Lunatic Asylums had more than one opportunity of observing the condition of Douglas. He was clearly in the early stage of that fatal disease known as the general paralysis of the insane—a malady which is so commonly overlooked, or misunderstood by the profession, because, as a rule, only one or two small muscles of the larynx, the nose or the upper lip—or the eyes—are for a long time affected, and when seen in the earliest stage the invading malady expresses itself by twitching or faltering rather than inaction. The case of Douglas attracted special attention, as offering an interesting proof that the wildest notions of the insane are coherent. He had translated a poem, and interpolated something about somebody's pills. When asked why, he said it was simply done as a literary joke to enliven his paper. The subject was the Pilgrim. He was asked why he had not played on the word *grim*, the first syllable, *Pil*, having obviously suggested the supposed pleasantry—wandering thought as it was in fact. He seized upon the suggestion, which had not apparently previously occurred to him, and, seemingly gratified on finding a decent excuse for his literary escapade, promised to adopt it. Douglas was an exceedingly intelligent man, but manifestly the subject of an insidious and dangerous disease. The notion of his being treated for "harmless delusions" was absurd in the extreme. The vain imagination that delusions may be harmless generally lies at the bottom of these neglected and too often fatal cases. The error cannot be too pointedly exposed.—*London Lancet*.

**ADMINISTRATION OF CHLOROFORM.**—In the accounts of deaths from chloroform recently reported, it is said in almost every instance that a piece of lint once folded or a fine handkerchief was used. In the Glasgow Royal Infirmary the chloroform is always dropped on a thick towel, folded at least four times, and with them death from chloroform is almost unknown.—Letter from S. to *Brit. Med. Jour.*

## Translations.

### TREATMENT OF CONVULSIONS IN CHILDREN.

*From the Revista Medico-Quirurgica of Buenos Ayres.*

M. Blachez, in charge of the Supplementary Children's Clinic, laid down in one of his last lectures the following rules of conduct which ought to guide our practice in these cases :—

If the attack is single, and shows no signs of recurrence, the physician ought to content himself with calling hygienic measures into force, such as proper conditions of ventilation, etc.

If the attacks are persistent, or repeated at short intervals, revulsives should be employed, running over the whole of the lower limbs, and applications to the temples of compresses wet with cold water, or water mixed with ether.

At the same time it is right to employ compression of the carotids, recommended by Trousseau. By this means the improvement commences in two or three minutes, and if after this time it does not manifest itself in a very evident manner it will be useless to persist in it. Then it will be convenient to have recourse to inhalations of chloroform, given gently, and never in a rough manner, it being here more important than ever to remember the sage precept of allowing the air to penetrate, mixed with the vapours of chloroform. In certain cases there may be some special indication to fulfil, as, for example, the administration of an emetic, if it is well established that indigestion is the cause of the convulsion.

Once the attack subsides, it is necessary to modify the general eclamptic tendency, by having recourse to antispasmodic remedies. There is need for much prudence and no lack of importance in the dose which is ordered. In a child from eight to fifteen months the powder of gentian ought not to exceed thirty centigrammes, and in children of seven years not more than fifty, always beginning with five centigrammes. The maximum dose of belladonna powder would be about ten centigrammes, beginning with one and gradually increasing. In the administration of this substance it is necessary to exercise the closest observance of the throat and pupils. The oxide of zinc in doses of ten centigrammes every two hours, and the same of James' Pow-

der, in which M. Blachez does not recognise any special advantage. For the fulfilment of all the indications the bromide of potassium and the hydrate of chloral are preferable. Of the first ten to twenty centigrammes every two hours until fifty or sixty are reached in a child of the first-named age, and two or three grammes in one of seven years. In case the effect of the medicine has not become apparent in twenty-four hours the dose must be increased. The bromide of potassium mixed with the chloral gives the best results, the dose of this last being twenty-five centigrammes in the infant, and fifty in the older (child).—*Crónica Médico-Quirúrgica de la Habana.*

NOTE ON THE PATHOLOGICAL ANATOMY OF THE FACIAL PARALYSIS OF THE NEWLY-BORN CONSEQUENT ON THE APPLICATION OF THE FORCEPS.

From *Le Progrès Médical.*

MM. Parrot and Troisier publish a note on the pathological anatomy of the facial palsy of the newly-born consequent upon the application of the forceps. They have had an opportunity at the Hospital "de la Rue d'Enfer" of making a post mortem examination of three infants who presented this lesion. In these cases, as in all those in which the nerve is divided in its continuity, whether by transverse section, or by ligature where the compression has been sufficiently strong to disorganize it, the peripheral extremity presents a progressive alteration which eventuates in the disappearance of the myeline and of the axis-cylinder. Then follows in the altered nerve a restoration of all the elements which had disappeared or been affected; and in a very short time (forty to sixty days) it has recovered its normal structure. A remarkable fact is the existence, at the site of the stylo-mastoid foramen, of a line of demarcation, very distinct, between the exterior portion of the nerve, which is the seat of the lesions, and the cranial portion which has preserved an absolutely normal appearance. There had been, therefore, compression of the nerve at the site of the stylo-mastoid foramen by a blade of the forceps, and the paralysis might even be limited to one-half, upper or lower, of the face, if the

compression had only been upon one of the branches of the facial nerve. As a consequence, there follows a simple atrophy of the muscles supplied by the nerve. But the muscles undergo, like the nerves, a complete regeneration, which explains the trifling nature of facial palsies consequent on the application of the forceps: these palsies are always recovered from.

TREATMENT OF THE HYPERPYREXIA OF ACUTE ARTICULAR RHEUMATISM.

From the *Gazetta Medica Italiana.*

In some cases of acute articular rheumatism the febrile movement has been remarkable for a rapid, instantaneous increase of temperature, with grave cerebral phenomena (which, in France especially, is frequently called "cerebral rheumatism"), and which tends to a speedy dissolution. Brand and Meding formerly described a case of similar nature, which, thanks to cold compresses and frequent bathing, terminated in recovery. Wilson Fox, in England, has observed two cases with successful issue: in one the temperature reached 43.3 centigrade; in the other 41.8. In these cure was effected by the energetic employment of external refrigerant measures, together with the internal use of powerful stimulants. According to the three authors just mentioned, this method of treatment has been tried by many other physicians, and in every case with a satisfactory result. Prof. Heubner has observed another of such cases, in which, in spite of its fatal termination, there was still reason to note how the refrigerant and stimulant treatment could prove of service in the hyperpyrexia of rheumatism.—From *Il Morgagni.*

THE HYDRATE OF CROTON CHLORAL AS AN ANÆSTHETIC.

From the *Revista Médico-Quirúrgica* of Buenos Ayres.

At a meeting of the Society of Biology, on the 6th of May, M. Choupe communicated the results of his experiments with croton chloral as an anæsthetic, summing up in the following conclusions:—

1st. The hydrate of croton chloral, employed in intravenous injections, produces an anæsthetic sleep much more rapidly, and in smaller

doses than the hydrate of chloral. Comparing the effects of the two substances in two different individuals, it is seen that fifteen grains of croton chloral produces the same anæsthetic effect as forty-five grains of chloral.

2nd. The anæsthesia is as profound as that produced by chloral.

3rd. The intravenous injections of croton chloral appear less immediately dangerous than those of chloral, but M. Chouppe is not in possession of sufficient data to compare their ulterior effects.

M. Trasbot says that he has often found pulmonary hæmorrhages in horses arrested by the intravenous injection of chloral or chloroform. M. Gallipe drew attention to a late assertion of Liebreich, to the effect that chloral produces an anæsthesia of the head before the rest of the body, and that it is always more noticeable in that part.—*Gazzetta Médica da Bahia*.

#### SUGAR IN THE BLOOD.

M. Abeles (Der physiologische Zuckergehalt des Blutes), in *Wien. Med. Jahrb.*, 1875, p. 269, found that sugar was present in the blood of all regions of the body of the dog in not inconsiderable quantity, averaging 0.05 per cent. He showed that this existed in the form of grape sugar by its action in reducing copper oxide and bismuth; by fermentation; by its circular polarization to the right, and by the properties of its combination with alkalies. The arterial blood contained on the average 0.047 and the venous 0.053 per cent. of sugar. The blood of the right heart and of the vena cava just after the junction with it of the hepatic vein, showed no perceptible difference in the amount of sugar they contained, which was opposed to the view that it was derived from the liver.—*Brit. & For. Medico-Chir. Rev.*

#### TREATMENT OF ACNE WITH SAND.

Dr. Ellinger strongly recommends frictions of the skin with fine sand in the treatment of comedo and acne of the face in young children. The sand should be regular in grain, not dusty or lumpy. Before the friction the skin must be thoroughly washed with soap and water. It is then to be kept damp for half an hour, and,

finally, the affected parts are to be rubbed for a short time with the sand, which is to be used slightly wet, afterwards any adhering sand must be sponged away. The same method is applicable to certain cases of psoriasis, eczema, lichen, acne rosacea, and freckles. If the eruption be situated on the trunk or limbs, each friction must be preceded by a prolonged use of a moist compress on the part.

#### VERATRUM AS AN ANTIDOTE TO OPIUM.

From the *Gazzetta Médica Italiana*.

Dr. Todd thinks that veratrum shares with belladonna the property of acting as an antidote to opium. He refers to these facts for proof:—Four cases of opium-poisoning recovered under the influence of hypodermic injections of veratrum; in one of these patients atropine had been tried without effect. One of the two who died had taken an extremely large dose of the poison, and there had elapsed too long a space of time between the ingestion of the opium and the administration of the veratrum, to hope for recovery. Death, however, appeared to be manifestly delayed by the antidote. In less than six hours this patient received, by hypodermic injection, four grammes of the tincture of veratrum viride, without depression of the pulse; on the other hand, the veratrum seemed, in this case, rather to sustain than enfeeble cardiac action. The second that died was a child of thirteen years, suffering from meningitis, to whom morphia had been administered up to the point of producing symptoms of poisoning. These disappeared under the influence of the cold tubing and three injections, of three drops each, of the tincture of veratrum viride; death occurred later, but from the effects of the meningitis, and not from the toxic action of the opium. . . . From *Riv. Clin. di Bologna*.

FOR COLLIQUATIVE SWEATING.—Sponge with hot vinegar, and give one-hundredth of a grain of atropia hypodermically.—*Vir. Med. Monthly*.

FOR PRIAPISM.—Twenty drop doses of tincture of veratrum viride at bedtime.—Dr. Gibbons, in *Pac. Med. Jour.*

THE CANADIAN  
*Journal of Medical Science,*

A Monthly Journal of British and Foreign 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 sending their addresses to the corresponding editor.*

TORONTO, APRIL, 1877.

CANADIAN DIPLOMAS.

We are glad to learn that the obnoxious resolution of the Board of Trade in London with reference to Canadian graduates not registered in England acting as surgeons on the Allan Line of Steamships has been rescinded. Apropos of this the following extract from the London *Lancet* will be gratifying to Canadians :—

A CANADIAN GRIEVANCE.

The *Medical and Surgical Journal*, published in the Dominion, in its issue for February, deals at considerable length with the ineligibility of surgeons other than those possessing British qualifications for appointments on board emigrant and passenger ships sailing from British ports. It strives, and we think successfully, to show that the educational tests by which admission is gained to the profession are as comprehensive and exacting in Canada as those imposed in England, and submits that Canadian surgeons holding qualifications equivalent to those conferred at home should not be excluded from serving on board vessels which are identified with the progress, enterprise, and wealth of the colony—vessels that are performing the passenger traffic of the colony, that are subsidised by the Government of the colony, that carry the mails of the colony, and are in every way colonial vessels, except in being registered as British ships. Our contemporary winds up by quoting a letter written by Sir Hugh Allan, of the firm of Allan Brothers, Liverpool (whose steam-ships are as

fine as any on the sea), in which that gentleman stigmatises the requirements of the Board of Trade as unjust and a slight upon the Dominion. We believe that the Canadian Government will be asked to make a representation on the matter.

THE LATE DR. HAMILTON.

A special meeting of the Hamilton Medical and Surgical Society was held at the Royal Hotel, on Saturday, the 3rd inst., at which the following resolutions of regret and sympathy were unanimously concurred in by the members present :—

Moved by Dr. Rosebrugh, seconded by Dr. Case :

“That the members of the Hamilton Medical and Surgical Society, having heard of the decease of their late brother, Dr. Hamilton, of Flamorough, desire to express their great regret at the loss which the profession and the community have sustained by the death of one who has been so long a faithful and worthy practitioner, and a useful citizen.”

“That this Society tender their sincere sympathies to the bereaved family of our brother.”

“That this Society do attend, in a body, the funeral of our deceased brother.”

“That the Secretary be instructed to forward a copy of these resolutions to the family of the deceased, and also a copy for publication.”

PERSONAL.—On the occasion of Dr. W. F. Coleman, late Surgeon to the Eye and Ear Infirmary, removing from Toronto to St. John's, New Brunswick, he was entertained by his medical friends in the city and presented with an address expressive of the high position he has held in their estimation, and wishing him all success in the new field of his labours. Dr. Coleman has been for some time in practice with Dr. Rosebrugh, and has lately returned from Vienna, where he spent several months studying Ophthalmic and Aural Surgery, to the practice of which he intends devoting himself exclusively. We cordially join in the address presented to him, and hope that the success which will meet him in St. John's will equal his merits.

SEABURY AND JOHNSON.—On our last page will be found the advertisement of this large and successful firm. From the award of the Jurors' at the Centennial Exhibition, they must be unequalled for the *originality, reliability, and general excellence* of their manufactures. The members of the firm are practical pharmacists and chemists, and manufacture in the most approved and practical form the most extensive line of plasters ever produced.

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#### BOOKS AND PAMPHLETS RECEIVED.

*Clinical Notes on Small Pox.* By WILLIAM OSLER, M.D.

*Annual Report of the Asylum for Insane,* Toronto, for the year ending 30th Sept., 1876.

*Annual Announcement of the Medical College of the Pacific.* Session of 1877.

*Milk Sickness.* By W. H. PHILLIPS, M.D. Reprinted from the *Cincinnati Lancet and Observer.*

*Fifty-first Annual Report of the Massachusetts Charitable Eye and Ear Infirmary* for the year 1876.

*Relations of Medicine to Modern Unbelief.* A Valedictory Address by RICHARD O. COWLING, A.M., M.D. Reprinted from the *Louisville Medical News.*

*A Case of Progressive, Pernicious Anæmia.* By WILLIAM GARDNER, M.D., and WM. OSLER, M.D., L.R.C.P., Lond. Reprinted from *The Canadian Medical and Surgical Journal*, March, 1877.

*The United States Pharmacopœia and the American Medical Association.*

This pamphlet will be sent to any physician who will enclose address and a three cent stamp to Dr. H. C. Wood, 1631 Arch Street, Philadelphia.

*A Directory for the Dissection of the Human Body.* By JOHN CLELAND, M.D., F.R.S., Prof. of Anatomy and Physiology in Queen's College, Galway. A. Piddington, 248 and 250 Yonge-street, Toronto; H. C. Lea & Co., Philadelphia. 1877.

*Webster's Unabridged Dictionary*, the advertisement of which appears in another column, has reached such a high position in the estimation of everyone, and is so well known, that comment from us is scarcely necessary. We can highly recommend it to anyone wishing a complete dictionary for reference on all subjects.

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#### ALCOHOL.

The "world" is in "a pet of temperance," and a very good "pet" it is, and one that shall have no discouragement from us. The party which has the great credit of having roused British opinion to some adequate sense of the urgency of this question is disposed to show no quarter to the article alcohol. It is only evil, in every form, to all persons, of all ages. It in no way helps in the removal of disease. Syncope, hæmorrhage, fever, the ordeal of great operations, are no justifications for administering it, for do not persons emerge from all these states all the more quickly and surely when alcohol in every form is withheld? If it be said that these are the views of only lay persons, or of uninfluential and unscientific physicians, it is not so. At this very conference Dr. Richardson summed up his researches by saying that in its action on the living body alcohol "deranges the constitution of the blood, unduly excites the heart and respiration, paralyses the minute bloodvessels, increases and decreases, according to the decree of its application, the functions of the digestive organs, of the liver, and of the kidneys, disturbs the regularity of nervous action, lowers the animal temperature, and lessens the muscular power." This is not a soft impeachment, proceeding as it does, from one who has studied "alcohols" in all forms more perhaps than any physiologist or physician living. Perhaps, it may be said, he has some qualification to offer, some good effects to set off against these bad ones. Let us hear the witness on this point. "It will be asked, was there no evidence of any useful service rendered by the agent in the midst of so much obvious bad service? I answer to that question, that there was no such evidence whatever, and there is none."—*Editor London Lancet.*

## Meetings of Medical Societies.

### WESTERN AND ST. CLAIR MEDICAL ASSOCIATION.

The annual meeting of this Association was held on Thursday, 1st instant, at the Rankin House. A short session took place in the forenoon, Dr. J. L. Bray, the President, in the chair; Dr. T. K. Holmes acting as secretary *pro tem*. There were also present Drs. Fleming, Murphy and Abbott, from Chatham; Drs. Carney, of Windsor; Smith, of Morpeth; Hicks, of Duart; Richardson, of Blenheim; and Dr. Tye, of Thamesville. After the proceedings of the last meeting had been read and approved the session closed.

After recess the following gentlemen were elected officers of the Association for the ensuing year:—

President—Dr. A. McLean, of Sarnia.

Vice Presidents—Dr. D. Fleming for County of Kent; Dr. Casgrain, of Windsor, for Essex; Dr. Poussette, of Sarnia, for Lambton; and Dr. Thompson, of Strathroy, for Middlesex.

Secretary—Dr. Holmes.

Treasurer—Dr. Tye.

In the absence of the newly-elected President, the chair was taken by Dr. Fleming, Vice President. Various items of routine and business were disposed of. The formation of County Associations was taken up, and resulted in a passage of a resolution instructing the Secretary to prepare a series of questions, such as he may deem necessary, to be forwarded to each of the Vice Presidents, who will communicate the same to the qualified practitioners in each County with the view of eliciting opinion as to the desirability of forming County Associations, the replies to be reported to this Association at the next meeting. Dr. Richardson, of Blenheim, read an able and instructive paper on "Thermometry in Disease." This was fully discussed, and the invaluable aid of the thermometer in forming a diagnosis of a disease was unanimously assented to. Dr. Richardson was awarded a vote of thanks by the Association for his excellent and carefully prepared paper.

Telegrams were read from various members regretting their inability to be present.

Dr. Murphy read a paper on "The use of Cold Affusions in restoring the Normal temperature in Malarial and other Diseases." This paper was also well received, and although opinions somewhat differed as to the time when the bath, as a remedial agent, should be used, yet all were agreed as to its importance. The discussion on this paper evoked the opinions of all present. Its general features were in harmony with the opinions advanced by the Secretary, Dr. Holmes, in his paper on "The treatment of Convulsions depending on a high Temperature of the Body," read before the International Congress of Medical men held in Philadelphia last summer.

The notes taken of a case most interesting to medical men, one of "Placenta Previa," occurring in the practice of Dr. Hicks, were of unusual interest.

An opinion of Mr. John A. Mackenzie, of Sarnia, as to the legality of electing a President other than the representatives at the Provincial Medical Council was read and received the endorsement of the Association.

The Association reaffirmed the resolution passed a year ago requesting the Medical Council to appoint an examiner (Dr. Holmes was named) from the Association, the practice hitherto being to choose examiners from among the Council only.

The Association adjourned to meet at Windsor next May.

At the Meeting of the Obstetrical Society of London, held on February 7th, Dr. Elkington, of Brockville, Ontario, mentioned a case of spontaneous inversion of the uterus. Labour was natural. On the third day the uterus became suddenly inverted, owing, apparently, to the exhibition of a large dose of castor oil. It was easily reduced, and the patient did well. The author thought that an equally-distributed pressure on the fundus of the uterus after expulsion of the placenta, occasionally gave rise partial inversion.

**SMALL-POX AMONGST GOATS.**—Small-pox has appeared in an epizootic form among the flocks of goats near Los Barrios, Gibraltar, and orders have been issued to prevent the entrance of goat milk or flesh from the infected districts into the garrison. Meantime the outbreak is the subject of a special enquiry.



### Miscellaneous.

IN a very voluminous sarcomatous tumour of the breast, over the surface of which was spread a rich network of veins, terminating in two large trunks opposite the clavicle, M. Mollière ligatured the two trunks to avoid exhausting hæmorrhage. No ill consequences followed.—*Lyon Médical.*

At the meeting of the Surgical Society of Paris, on the 10th of January, M. Horteloup showed two salivary calculi which he had extracted from "Wharton's Duct," and which presented this peculiarity: that their large extremity was directed towards the buccal cavity.

AN OCTAVE OF TRIPLETS. — The *Lyon Médical* relates the case of a married woman living in Paris who has just given birth to a triplet, comprising her twenty-second, twenty-third, and twenty-fourth children. This woman, in the course of her married life of nine years, has given birth to twenty-four children, all born three at a time and in perfect health. Unfortunately for the husband, who is desirous to transmit his name to posterity, this remarkable family party consists entirely of girls.

DR. GURDON BUCK, of New York, died on the 6th of March, from Bright's disease, at the age of 70 years. He was a very notable surgeon, and was also the author of many improvements in surgical apparatuses. "His method of treating fractures of the thigh by the weight and pulley was at once recognised by surgeons throughout the civilized world as the establishment of an original principle of the utmost value" (*Med. Record*). His chief successes, however, were in auto-plastic surgery; and he published a work, within the last year of his life, entitled, "*Contributions to Reparative Surgery.*"

NEW ANÆSTHETIC AGENT. Rabuteau, in a memoir read before the Académie des Sciences, states that he has investigated the physiological properties and mode of elimination of hydrobromic ether. He has satisfied himself that this anæsthetic agent, which possesses properties

intermediate to those of chloroform, bromoform, and ether, might be advantageously employed to produce surgical anæsthesia. The hydrobromic ether is neither a caustic nor an irritant. It can be ingested without difficulty; and applied without danger, not only to the skin, but to the external auditory meatus and to the mucous membrane. It is eliminated completely or almost completely, by the respiratory passages, in whatever way it may have been introduced into the system.

TREATING BLISTERS BY OSMOSIS.—M. Ungerer recently saw an extensive scald, which had for twelve hours been treated with cold water without relief from the agonizing pain, or reduction of the swelling. The experiment of immersing the limb in a saturated solution of salt was followed by most surprising relief. The abatement of the pain was immediate, and in four hours both the pain and swelling were gone. The next day the hand differed from the other only by a very slight swelling and redness.

CHLOROFORM IN HÆMOPHTYSIS.—We extract from the *Lyon Médical* and the *Journal de Thérapeutique* the following paragraph giving a remarkable result obtained from the application of chloroform. A man, forty years of age, suffering from tuberculosis in an advanced stage, was seized with hæmoptysis which could not be arrested with ice, with turpentine, with ergot, and the application of heat and sinapisms to the extremities. Doctor Alex. Weir, seeing that his patient would soon succumb, had recourse to the local application of chloroform. Upon a piece of flannel of the dimensions of the affected part he poured two ounces of this liquid, applied it immediately to the chest, and covered it thickly with several layers of clothes to prevent its evaporation. The effect was instantaneous, the cough and the hæmorrhage ceased immediately and in a definitive manner. This man, who was addicted to drink, died later on, while on a drunken spree, with a tremendous hæmorrhage, which was instantly fatal. Dr. Weir is of the opinion that the chloroform here acted as a revulsive—we are of the same mode of thinking.—*Tribune Médicale.*

**MODERATE DRINKING.**—Sir Henry Thompson presided Wednesday night at a public meeting in Exeter Hall, called by the National Temperance League to discuss the question of moderate drinking. Sir Henry Thompson said he doubted whether in many cases, or perhaps in any case, alcohol was valuable in the dietary of healthy people. Indeed, he was not quite sure that to a great many people it was not injurious. He believed that alcohol had a certain value to the human body under very exceptional circumstances, but upon this fact he founded one of the strongest arguments for not bringing it into our daily food. Alcohol acted as a stimulant to the nervous system, and might, for instance, enable a pedestrian who had suddenly broken down to go on and win his bet, although he thus drew a bill on the future. Dr. B. W. Richardson said that his experience of moderate drinking was that it was the moral mainspring of all the drunkenness in the land, and of all the crime to which it led.—*British Med. Journal.*

**PEROXIDE OF HYDROGEN AS A DISINFECTANT.**—The extraordinary powers of hydrogen peroxide as a disinfecting and oxidizing agent have been known for a long time, but the complicated and tedious method of its preparation has been a bar to its adoption on a large scale. Mr. Charles T. Kingzett, in conjunction with Mr. Zingler, have recently instituted some experiments, based on certain researches on the hygienic influences of the pine and eucalyptus trees, by which they ascertained that by exposing a mechanical mixture of water and turpentine to a current of air at normal summer temperature, a solution containing hydrogen peroxide and camphoric acid—the result of splitting up of the turpentine—may be readily obtained. The solution is an aqueous one, containing no oil of turpentine; it appears to be non-poisonous, and is absolutely without harm to textile fabrics. It does not injure carpets or furniture when applied to them, and is slowly but perfectly volatile. It is hoped shortly to produce large quantities on a manufacturing scale, for use in watering roads and streets, and in private houses, hospitals, and other localities where prompt disinfectants are required.—*From Pharm. Jour. and Trans., Dec., 1876, 451.*—*New Remedies.*

**THE SUDDEN CHECKING OF OPIUM EATING.**—The eminent Sir Robert Christison, after a large experience in the treatment of such cases, says that no good can be done by “gradual reduction,” and that it can be safely left off abruptly, even after many years’ indulgence. He recommends bromide of potassium to allay irritability, and chloral to procure sleep. For the first three days the patient suffers from great depression, loathing, sickness, and vomiting. By the fourth night he falls asleep and awakes refreshed, and in most cases the progress afterward is very satisfactory. There is, however, great danger of a relapse. Should diarrhœa supervene, suppositories of morphia should be ordered.

**SALICYLATE OF SODA IN GOUT AND NEURALGIA.**—The statements that have recently been made by several writers, that salicylic acid and salicylate of soda, when given in acute rheumatism, relieve the pain more certainly than the swelling, indicate the trial of these substances in affections where pain may be a chief characteristic. Dr. C. Cunzi (*Deutsche Zeitschr. für prakt. Med.*) recommends salicylate of soda as a means of rapidly relieving the pain of gout. In two cases of gout of the foot a single dose of one drachm was followed, in three hours, by complete cessation of the pain; the swelling, however, remained ten days longer. Dr. L. Hoffmann (*Berliner Klin. Woch.*) has found it remarkably efficacious in gout of the hands and feet, and relates successful cases of its use in sciatica, tic doloieux, and intercostal neuralgia. He recommends half a gramme to be taken in a gelatine capsule every hour.—*Dr. Med. Jour.*

## Births, Marriages, and Deaths.

### MARRIED.

On Wednesday, March 7th, at the Manse, Beaverton, Charles Thompson Noble, M.D., to Ann, daughter of the late Robert Johnstone.

On the 27th of January, 1877, at St. Peter’s church, Camberwell, John Lassells Potter, eldest son of Dr. Potter, of Romford, Essex, to Kate, youngest daughter of George Wordley, Esq., of Larkens Farm, Orsett, Essex, England.

### DIED.

On the 9th inst., Wilhelmina, daughter of Dr. Aikins, aged nine months and twenty days.



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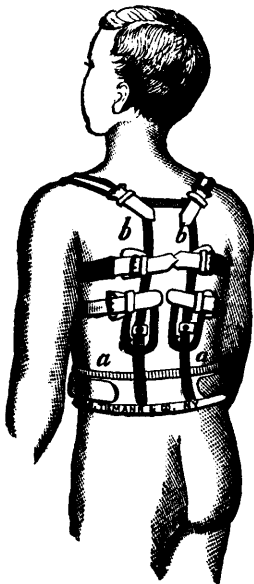
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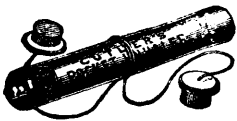
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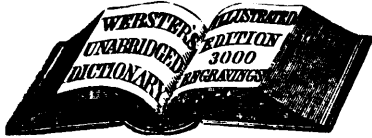
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Cobalt sulphate.....	.014	Sodium chloride.....	.326
Manganese sulphate.....	.257	Calcium fluoride.....	trace.
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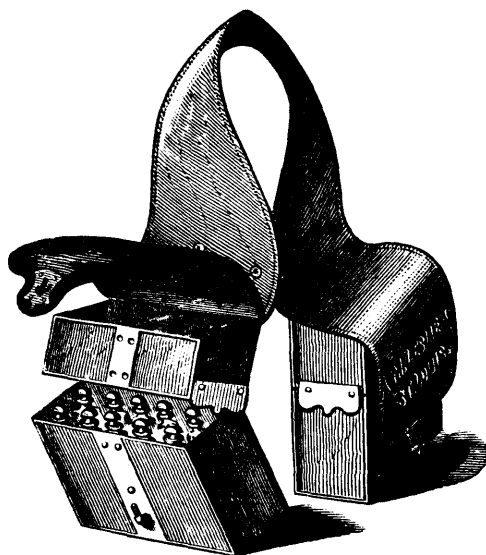
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