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CANADA  
MEDICAL & SURGICAL JOURNAL  
APRIL, 1884.

Original Communications.

VALEDICTORY ADDRESS DELIVERED TO THE  
GRADUATING CLASS OF MCGILL COLLEGE,  
29TH MARCH, 1884.

By GEORGE ROSS, A.M., M.D., Professor of Clinical Medicine.

*Gentlemen-Graduates*—A few words at parting are never amiss. If we have been permitted to guide and assist you in your studies for the past four years, that task is now accomplished, and our relative positions of teacher and student exist no more. That you have utilized the opportunities afforded you is proved by the possession of that parchment of which each has good right to be proud. It is the seal of your *Alma Mater*. She declares that you have faithfully served during the fixed time of probation—that you have shown that diligence which is absolutely essential for the attainment of knowledge—that your acquirements have been subjected to rigid and fairly critical tests—that, finally, you have been able to withstand the scrutiny of those very inquisitive persons, the examiners, and, therefore, she has granted you her *Testamur*. Wherever you go, you now have by you that which will always testify for you—that which will bear witness to your capability and fitness to be entrusted with the important duties and offices of the physician. I need not dwell to you upon how important these duties and privileges are. I believe that not one of you would be standing here to-day if he had not felt drawn towards this profession by a conviction of its intrinsic nobleness and dignity. Only this I might say, that the more a physician is imbued with a love of

his calling, the more frequently his mind dwells upon the abstract laws of cause and effect—the more satisfaction he feels in developing the power of tracing effects to their ultimate cause—the more he feels compelled to work on the sure foundation of science in this direction—the more real pleasure he experiences in succeeding in his search after truth (no matter how apparently *small* a truth)—the better physician he must be ; and the better physician he is, the better man he must also necessarily become. Nothing can be more regrettable than the career of a medical man who casts aside all lofty aspiration or high aims connected with his profession, and contents himself with a daily toil of what then becomes an uninteresting routine. No matter how restricted may be a man's social or local advantages—no matter how isolated he may be—no matter how uncongenial his surroundings—no matter how discouraged he at times may feel—no matter how the world may treat him : yet, if he have a real, deep-down love for scientific work, he can make that work repay him for all, for it can make his life a life of pleasure, of animation, and of keen interest, in place of a life of care, disquietude, disappointment, and irritation with the world at large. Too many men, finding themselves, owing to circumstances, settled in some small locality, give themselves up to the monotony reigning around them, continue the jog-trot of a hum-drum existence, and leave this earth just no worse and none the better for their having occupied, temporarily, a spot upon its surface. This need never be. The problems of medicine and surgery are legion in number,—they lie open before us all, awaiting only the diligent application of our reasoning powers, upon accurately-observed facts in sufficient numbers, for their solution. It is true that the greater number of discoveries and advances in modern science and practical medicine have been made by the dwellers in great cities, men who devote their lives to special departments of enquiry and thereby acquire great learning and wisdom. But, admitting this, we should always remember that some of the greatest of all recent advances in our Art have been initiated and promoted by men living quiet and obscure lives until their great discoveries introduced them to public notice.

We have not far to look for illustrations of this fact. A plain, Kentucky doctor—his name was MacDowell—some years ago thought out the treatment of a form of dropsy which was called fatal. It was common, for thousands of victims died from it every year. He was the first to perform an operation for its relief. Thus was introduced one of the most successful of the operative procedures of modern times—one which, in the hands of men like Sir Spencer Wells, Dr. Keith and others, has been the means of saving many, many lives and relieving untold misery. Another of America's greatest men, one whose recent sudden death two continents still mourn—Marion Sims—initiated and advanced the great improvements which have made his name famous whilst still a mere practitioner in a small town in Virginia. True, such men as these would perhaps have compelled greatness anywhere: nevertheless, do not their lives show that professional work of even the very highest importance may be founded and completed along with the apparently commonplace duties of the general practitioner?

General practitioner—that is what most of you will necessarily become. It is only in large centres that the division into physicians and surgeons and specialists can be made. The general practitioner is sometimes apt to look with envious eyes towards his more favored brethren who have devoted themselves to a particular branch of medicine. But the general practitioner—the family physician—is the backbone of the profession. He may have a life more laborious and less freely rewarded than his neighbour the specialist, but never let him forget that his calling is equally respected, more responsible, and requiring the same talents for the full performance of its duties. Some think that this idea of dividing the field of medicine into separate departments is an invention of modern times. Not so, however. Herodotus tells us that amongst the early Egyptians the science of medicine was distributed into different parts. He says: “Every physician was for one disease not more, so that every place was full of physicians: for some were doctors for the eyes, others for the head, others for the heart, and others for occult disorders.” Although generally admitted that certain special-

ties of the present day have done much to advance their own departments and science in general, yet it is thought by many that in numerous instances unnecessary divisions have been created, and that the future will rather show concentration of the offices than their multiplication.

We are often accused of being sticklers for etiquette. "Don't be so very particular," people will say when urging a line of conduct to a *confrère* which, in your opinion, verges upon the unprofessional. "Don't be so precise; just leave off a little of that straight-laced etiquette and no harm will be done." Never listen to them. They cannot be made to understand the real and good reasons underlying the excellent rules for our mutual guidance which have long been laid down by our foremost men and our oldest associations. Be quite sure of one thing, that a medical man, and especially a young medical man, always errs on the right side when he inclines towards a severe interpretation of the rules of conduct. Many are the specious arguments and the sophisms which will present themselves to you to help explain the reason why these rules may, in any given case or in general, be relaxed. There is no safety in listening to the voice of the tempter. To keep a clear conscience, you must do right and behave fairly, squarely, and openly to your professional *confrères* from the very start. This, on your part, may sometimes give offence, and perhaps stand in the way of your advancement or your interest. Never mind that. I have seen many a man cause himself infinite trouble and endless warfare with his neighbors by an early false step in this direction; but I never yet saw one who had reason to regret a firm adherence to a strict interpretation. No rules can be made to govern every case: no code of ethics can be complete. Aim at securing a conviction in your own mind that you have always been acting as one gentleman should act towards another. Then you cannot possibly go wrong.

At this season, when each of our colleges is adding its quota of graduates to a profession whose ranks may seem already full, one is apt to hear the commonplace remark, "There are too many doctors"; and to the tyro this is a discouraging sentiment.

But never mind. It is as true of Medicine as Webster said of the Law, "There is always room at the top." Aim, every one, at being one of the top-men. A good man—that is to say, in the sense in which we often use it, a thorough, capable and well-informed physician—will always find that there is a place for him, no matter where he goes. It is only the man who is content with a stagnant mediocrity who is heard complaining of overstocked profession, of want of appreciation, of the temptation to irregular practices, and of difficulty in maintaining strict professional relationship. He is the man who, on graduation, is amply satisfied with what he knows, and takes good care that he is not afflicted with any further burden of knowledge. High aims, a modest estimate of your own present attainments, and a constant desire to add thereto, united to perseverance, form together the only means by which you can hope to escape from the dangerous lethargy of a sleepy contentment. Amongst the men whose names at this moment (as always in the past) command universal respect in the profession, you will find no idlers: they are all workers, hard workers. Work, with a physician, must, to a large extent, signify and imply study. To impress upon you who have so recently been groaning under the heat and burden of the past session, with its climax in the fiery furnace of the examination-room, it may seem cruelty to urge the necessity for further similar exertion. Rather, just now, would you, with the wise king, exclaim, "Much study is a weariness of the flesh."

What shall I say upon the value of character to a physician? His good name is the breath of his nostrils. Of him more than of any other probably may it be said that, robbed of it, he is "poor indeed." A clean record, therefore, in all your relations with your patients and your *confrères* must be maintained with scrupulous and with zealous care. On this subject the following words from a recent American writer are most appropriate:—  
"It must be admitted that with professional men, the medical man pre-eminently stands on his own acquirements and honorable conduct in life, and to him character is something that cannot be over-estimated. The unworthy minister may be

“arraigned and refused the charge of a congregation, the lawyer  
“who acts dishonestly may be disowned by the bar and denied  
“recognition and standing in the Courts, but the medical pro-  
“fession has no such protection against offenders. The only  
“Court to which the medical profession can appeal is that which  
“is in perpetual session, the public, and in that court there is  
“no bar to recognition on account of conduct, character, or  
“acquirements. There each man stands for himself. He may  
“robe himself in the honorable name of the profession, and do  
“honor to it by his life, or he may dishonor it without being  
“arraigned or cast out. He may obey or disregard them, for,  
“in the view of that great court before which he practices, once  
“a doctor, always a doctor.”

Cultivate, I pray you, the habit of a strict adherence to the real and true facts in all cases on which you give an opinion. We are all prone to error, even after having exhausted all our best efforts at arriving at a solution of some difficult medical problem. But on no account should we ever willingly distort the exact truth as it may show itself to us for any apparent advantage such would seem to afford. Yet, how often this is done! How notorious it is that certain individuals who are no credit to our profession make a constant practice of calling a mild and self-curable disease by some formidable name, that they may, upon recovery ensuing, receive from the *quidnuncs* all the credit of the cure. This point is thus forcibly alluded to in the recent Presidential Address of the New York State Medical Society: “When the pre-eminent importance of accurate diag-  
“nosis is considered, when the difficulties that environ its acqui-  
“sition are appreciated, when it is understood how patient and  
“enduring are the observations that lead up to the mastery of  
“the nomenclature of medicine, and the comprehension of the  
“varied conditions it represents, it is humiliating to hear the most  
“profound disorders that affect mankind bandied about in com-  
“mon speech as the veriest plaything of the hour. The diph-  
“therias that come into homes as plentifully as summer showers  
“over the landscape, and pass away as soon—the peritonitis that  
“disturbs the quiet of the night, and is dissipated with the

“ morning dew—the pneumonia and spinal meningitis that early recognition and prompt specific lead in a few days to vigorous health, are all recounted, with flippant unconcern, in drawing-room and social circle, in the highway, in the mart. These are not the manufacture of the people, for the terms are foreign to domestic culture. It were refined cruelty to charge upon the doctor such consummate ignorance ; better far, to credit him with the knavery that can command untruth to advance his interests or fortune.”

There is one thing that no school can teach, no professor impart—a thing that time alone can give you. As time alone can mellow and impart a special flavor to the juice of the grape which no art can imitate, so only lapse of years can give to the physician that experience without which he is yet crude and untried. But why not avail of the experience of all those who have gone before ? That cannot altogether be done. It has been very truly said that “ neither nations nor individuals profit much by the experience of other nations and other individuals.” And it is the same with the physician. Each must go through his experience for himself, “ learning through suffering, succeeding through blundering, attaining to the calmness of wisdom through the pains of disappointment.” But there are eyes and no eyes. Some men of half a century’s practice are as devoid of experience, in the true sense of the word, as the beginner of yesterday : because, seeing, they see not. We hope that your training here has been such that you have acquired the gift of observation, and the habit of thinking upon what you have seen. If so, your success is sure.

Do you really know the nature of the life upon which you now are fairly launched ? Theoretically, you do ; practically, you will. No one will say that it is a life of ease, and as certainly it cannot be one of indolence. A physician’s life is not to be judged of from the popular notions concerning it, but can only be understood from the words of one who has actually experienced its vicissitudes. We all have our trials, no matter how placed. Interference, silly suggestion, blame, calumny, preference given to the shallow pretender, are the least of these,



and the most easily borne. But who credits us with the awful responsibilities? Who takes into account the struggle of our failures? Who thinks of the wear on our sympathies? Who knows the humble toil, the physical labor, the mental strain of him whose name may be in every mouth in a metropolis? And the life of that most deserving and most hardly-worked of any of us, the country practitioner, what is it but toil, toil, especially if his field of work be some sparsely-settled portion of the country? This is the dark side. Is there not a bright one? Yes. The true physician is the welcome visitor, the one to whom all turn in trouble, and to whom family secrets are confided with the freest faith that they will be sacredly guarded: he is eagerly sought in hours of danger and anguish, confident that he has the power of relieving: he is the hope of many, the friend of all. This surely, spite of the hardships inseparable from it, makes a splendid calling.

But besides the individual benefits it is in the power of the medical profession to bestow, how many opportunities are open to its members for the advancement of the general community! The early studies of many will have imbued them with a love for natural science, and a pursuit of some of its branches may be both a source of great enjoyment to themselves and also of improvement to all those within their influence. The great movements for the amelioration of the well-being of places and communities must always command our sympathies, and some must always be led by medical men. Sanitation is a subject now assuming in every civilized country a national importance, and constant exertion is required to force our governments and legislatures to believe that its problems are deserving, even from the low standpoint of pecuniary economy, of the attention of the highest talent the country can produce. To aid in effecting this, individuals must be acted upon. They must be taught and made to believe (for, simple as it may seem, thousands *do not practically* believe) that pure water, pure air, general cleanliness, the prevention of decomposition, the stamping out of the germs of disease, affect him and his individually.

The physician, to be true to himself, must have *faith* in the

means he uses for combating disease. Hoffmann—he whose name attaches to the famous anodyne—says in one of his writings, “*Fuge medicos et medicamenta, si vis esse saluus.*” (If you would be whole, beware the doctor and his drugs.) Here is rank scepticism. Such scepticism it is too much the fashion of the present day to cultivate, admire and imitate. Pray do not be amongst those medicinal nihilists. Try to draw a line between the known and the unknown. Learn well what has been truly proven concerning the action of drugs. Observe in every case you can the exemplification of these actions. Thus you will come to feel certain of being able to produce a given result by the employment of a given remedy under given conditions. Thus you *must* have faith, and you can give a reason for the faith that is in you, and will not be driven about by every breeze of novel therapeutics, but holding fast to that which is good, will attack the enemy with weapons whose temper you know, and whose keen edge you are confident can be trusted.

The great desideratum for the student of the present day is practical instruction. Of theory, of didactic lecturing, of scientific courses, he gets galore. For the teaching of the actual matters pertaining to that art at which he is to work and by which he is to live he must trust to his hospital studies. No wonder that the most thoughtful often look back regretfully to the days when the old-fashioned system of apprenticeship was still in vogue. The actual and familiar contact of a man of experience with the novice, the imparting, day by day, of rules and observations gathered together in the mind of the teacher through many years of study and treatment of disease in its varied forms—this produced results of a practical nature very difficult to achieve at the present day. That most genial writer, the author of “The Autocrat of the Breakfast-table,” in an address to his class, describes, in humorous fashion, a day’s journey of Master Giles Firmin with his apprentice Luke. They go together a-horseback on a round of visits, and Luke stands by at each house and hears his master talk to the sick-folk and give his orders. When they are on the road again, Luke plies him with questions, to which grave and intelligent replies are given. In conclusion, Dr.

Holmes moralizes thus: "When I compare," he says, "the direct transfer of the practical experience of a wise man into the mind of a student—every fact one that he can use in the battle of life and death—with the far-off, unserviceable 'scientific,' truths that I and some others are in the habit of teaching, I cannot help asking myself whether, if we concede that our forefathers taught too little, there is not a possibility that we may sometimes attempt to teach too much. I almost blush when I think of myself as describing the eight several facets on two slender processes of the palate bone, or the seven little twigs that branch off from the minute tympanic nerve, and I wonder whether my excellent colleague feels in the same way when he pictures himself as giving the constitution of neurin, which, as he and I know very well, is that of the hydrate of trimethyle-oxethyle-ammonium?"

Let me quote, in addition, the following further remarks of the same writer upon the comparative value of scientific knowledge and practical acquirements to the physician: "Medicine, sometimes impertinently, often ignorantly, often carelessly called 'allopathy,' appropriates everything from every source that can be of the slightest use to anybody who is ailing in any way, or like to be ailing from any cause. It learned from a monk how to use antimony, from a Jesuit how to cure agues, from a friar how to perform lithotomy, from a soldier how to treat gout, from a sailor how to keep off scurvy, from a post-master how to sound the Eustachian tube, from a dairy-maid how to prevent smallpox, and from an old market-woman how to catch the itch-insect. It borrowed acupuncture and the moxa from the Japanese heathen, and was taught the use of lobelia by the American savage. It stands ready to-day to accept anything from any theorist, from any empiric who can make out a good case for his discovery or his remedy. 'Science' is one of its benefactors, but only one out of many. Ask the wisest practising physician you know, what branches of science help him habitually, and what amount of knowledge relating to each branch he requires for his professional duties. He will tell you that scientific training has a value independent of all

“ the special knowledge acquired. He will tell you that many  
“ facts are explained by studying them in the wider range of  
“ related facts to which they belong. He will gratefully recog-  
“ nize that the anatomist has furnished him with indispensable  
“ data, that the physiologist has sometimes put him on the track  
“ of new modes of treatment, that the chemist has isolated the  
“ active principles of his medicines, has taught him how to com-  
“ bine them, has from time to time offered him new remedial  
“ agencies, and so of others of his allies. But he will also tell  
“ you, if I am not mistaken, that his own branch of knowledge  
“ is so extensive and so perplexing that he must accept most of  
“ his facts ready made at their hands. He will own to you that  
“ in the struggle for life which goes on day and night in our  
“ thoughts as in the outside world of nature, much that he  
“ learned under the name of science has died out, and that  
“ simple, homely experience has largely taken the place of that  
“ scholastic knowledge to which he and perhaps some of his in-  
“ structors once attached a paramount importance.” The ten-  
dency of all modern medical teaching is to decrease the amount  
of theoretical and didactic teaching and increase that which is  
personal and practical,—to replace the work of the lecture-room  
to a great extent by that of the Hospital, the Laboratory, and  
the Practical Anatomy Room,—to substitute for written and  
oral examinations upon given courses of lectures the far better  
tests of bedside diagnosis, of practical chemical analysis, and  
questions upon the cadaver. It is believed that this school is  
fully alive to the onward tendency in medical education, and  
will make ample provision for giving it effect.

I feel, gentlemen, that I have presented to you but a few  
meagre and disjointed thoughts suggested by the important  
events of this day. Be assured, however, of the fact that the  
interest of this Faculty in each one of you does not cease when  
you leave its halls. Your Alma Mater hears with keenest  
pleasure of the favor in which her children are held, and of the  
honors bestowed upon them in distant places: she mourns most  
sorrowfully over the faults and even sins of some, but garners  
carefully the good deeds of those whose lives shed lustre on her

name. Trusting that to you it may be given to add new laurels to those already won by many of your predecessors, I beg to wish you from myself, and on behalf of my colleagues whom I have the honor to represent, farewell and God-speed.

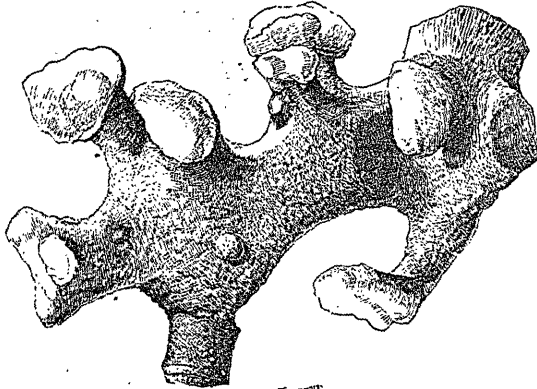
## REMARKABLE CASE OF RENAL CALCULUS.

(With Engraving.)

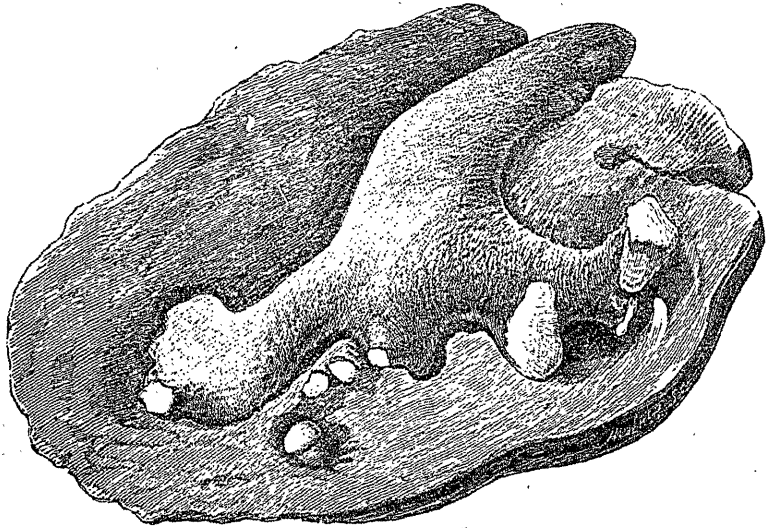
By J. A. MACDONALD, M.D., MONTREAL.

Drs. Ambrose and Ricard, from whose patient the specimen was obtained, gave the following history :—

On the 29th of January, they were asked to see the patient on account of a very severe pain in the right lumbar region, which came on rather suddenly that day. The pain was so severe that an opiate was necessary. The patient was a stout, healthy-looking man, about 44 years old. Over 20 years ago he had suffered from a severe pain in the same region ; on this occasion he had been laid up in bed, was feverish, and lost flesh. He was then told that he had "fever." Was ill about six months ; recovered perfectly from the pain, and was free from it till twelve years ago, when he suffered from it more or less for two years. This attack did not interfere with his general health. From this time, had no return of it till the present attack. For over ten years has suffered slightly from palpitation of the heart on exertion, and his wife said his heart beat very strongly ; also suffered from occasional attacks of morning vomiting and greatly constipated bowels. For a great number of years, had to pass his urine once or twice during the night. Before this attack of pain he had been as well as usual. For the next four days he suffered severely. The pain was always strictly confined to the lumbar region, and was somewhat paroxysmal. No further symptoms were made out. The urine was not examined for albumen. On the morning of the 2nd February his physicians were sent for suddenly, and told that the patient had been returning to bed after having his bowels moved, when he was suddenly seized with an intense shortness of breath. They found him breathing very rapidly, quite cyanotic, almost pulseless, but quite conscious. He died about



LEFT.



RIGHT.

W. RAFAEL,  
1884.

DR. MACDONALD'S CASE OF RENAL CALCULUS.

four hours from the onset of the attack, retaining consciousness to the last.

At the post-mortem examination, which was only partial (the abdomen alone being examined), the following condition of the kidneys was found :—Both appeared a little larger than usual ; capsules easily removed ; kidney substance quite healthy. In the left was a large calculous mass like a piece of coral ; this mass entirely filled the pelvis, and branched out into the infundibula and many of the calyces. This stone is shown separately in the woodcut. The mucous membrane of the pelvis and infundibula was perfectly healthy. In the right kidney, the stone did not branch into so many of the calyces, but presented a long branch, descending about an inch and a half into the ureter. Mucous membrane healthy. This stone is shown in the kidney. There were no small stones in either kidney. The other abdominal organs were healthy.

This case presents the following exceptional points : 1st, The peculiarity of the calculi. 2nd, The almost entire absence of symptoms. 3rd, The healthy condition of the kidneys.

1st. Cases in which one stone has been found of this shape are not very uncommon ; but that a calculus should form in each kidney and take on the form of the cavity of that kidney so exactly is certainly very rare. I have not been able to find any reported cases.

2nd. The only symptom in this case that could be referred to his renal disease was the pain in his loin, from which he suffered on three separate occasions. There was no history of renal colic or bloody urine. Of course, we would not find pus, as the man did not suffer from pyelitis. There are many cases reported of patients dying with renal calculi, and even with very extensive renal disease, and that in patients who were under observation, without their renal disease being at all suspected.

3rd. The most remarkable point about the case is that these calculi should have been present in his kidneys all those years without causing any destruction of their tissue. As you will see by this report, there was not even the slightest pyelitis. Renal calculi are far from rare, and stones of a much larger size than

this frequently found ; but cases in which calculi of any size exist without more or less disease of the kidney are extremely rare.

In Vol. X. of the Transactions of the Pathological Society, Mr. T. Holmes relates a case of a very large calculous mass in one kidney, with very slight (if any) disease of the kidney itself. There was no history of renal disease ; the urine contained no albumen. The patient died of an entirely different disease. This case approaches the one here related very nearly in many points,—the large stone, absence of symptoms, the healthy condition of the kidneys, and the death due to some other cause. But even here only one kidney was affected.

In Vol. XX. of the same Transactions, Dr. Church gives a case in which a small oxalate of lime calculus was found in the kidney of a woman aged 35. The kidney was quite healthy, and the only symptoms of the stone were pains in the loin during childhood.

In the museum of St. Bartholomew's Hospital are two specimens of renal calculi in almost perfectly healthy kidneys. One is the section of a kidney of a child five months old ; the pelvis of the kidney is nearly filled by a calculus ; the substance of the kidney is healthy. The other is a section of a kidney, with a calculus filling the pelvis and chief infundibula ; the substance of the kidney is indurated, and its surface contracted.

From the foregoing reasons, the shape of the stone, the few symptoms, and the healthy condition of the kidneys, it is probable that the stones were formed very slowly, the process extending over a number of years, and thus the kidneys became gradually accustomed to the presence of the foreign bodies.



## LETTER FROM STRASBURG.

*(From a Special Correspondent.)*

MR. EDITOR,—When one has seen Strasburg's famous Cathedral, its magnificent new fortifications, and its University buildings, he has seen all there is worth looking at in this quaint old city ; but all these are scarcely equalled anywhere else in Germany. By planting a strong University, and by strongly garrisoning the city, the Government has taken the best possible means of thoroughly Germanizing this old Alsatian fortress. The population of the place, including the military, which swarm everywhere, reaches about one hundred thousand, but any slower, more old-fashioned city it would be hard to find. To me its University proved almost its sole attraction, and I shall try to show that it is one of the finest in Germany.

The new buildings, both those for pure science and those for medicine, are built in the most substantial, modern, and magnificent style of cut-stone. Those for science—the laboratories for chemistry, physics and botany being distinct buildings—are, indeed, palaces of learning. They are situated just on the outskirts of the town, in a fine open space, the grounds being in excellent order, while the botanical gardens, utilized for study, are an especial attraction. There are also several large green-houses of handsome architecture, and a worthy astronomical observatory. The main building, in which the business departments, as well as some of the teaching, will find place, is a particularly imposing structure ; its uppermost story being adorned on all sides by the most admirable figures, in stone, of the great men of learning of the past. Among these I espied that of Johannes Müller, and in the enthusiasm awakened by the memory of this the great, the greatest of physiologists, could scarce refrain from taking off my hat.

These buildings are all opened for the first time this year. The same may be said of some of those used by the Medical Faculty. The latter are in another part of the city—in fact, close beside the Hospital. The new Institute for Physiology is almost finished. Those for Pathology and Anatomy, and that

for Physiological Chemistry, were quite ready for occupation this year. The "Psychiatric clinic" is on the way to construction, but the Institute for Pharmacology is not yet begun. Experimental Physiology and Pharmacology are still conducted in rather poor quarters in the old building opposite to the Hospital entrance.

The "Bürger-Spital" is as old and as quaint-looking as the other buildings of the town; but its inside has been rendered tolerably attractive by the judicious use of paint, by good ventilation and scrupulous cleanliness. The floors are painted. The "surgical clinic"—or wards, &c., devoted to surgery—on the contrary, is new, elegant and modern in every respect. Strasburg has in all the Faculties about 900 students, and the Government has provided not only the finest of buildings, the best of apparatus, an ample library—in a word, all the *materia docendi*—but also professors, most of whom stand in the very front rank and several of whom have but few equals in the world. De Bary, the botanist; Fittig, the great chemist (organic); Hoppe-Seyler, the physiological chemist; Goltz, the physiologist; Von Recklinghausen, the pathologist; Kussmaul, the physician (kliniker); Schmiederberg, the pharmacologist. All these men stand quite in the front, and some have, perhaps, no equal. It will be noted that I mingle pure scientists and medical men together. This results partly from the high standing of the medical professors in Germany, and also from the fact that in Strasburg the University Society is called "*Der Naturwissenschaftlich-Medicinischen Verein.*" It is composed of two sections, the scientific and the medical, which meet on alternate Friday evenings. I was a very regular attendant, "as guest," at this Society, at which all the professors and all the assistants, as well as others, come together. The members of each section largely attended the meetings of the other, and with evident benefit, especially to the medical men. Such a Society is a prophylactic against narrowness. In neither section do the speakers use manuscript, mostly eschewing even notes, but they all make free use of the black-board (drawing), and occupy the attention of the meeting for generally one hour. As a rule, there is very little discussion;

however, as an exception, a very lively debate sometimes ensues. At a meeting of the scientific section, a privat-docent addressed the Society on some experiments he had been making upon "Color-perception in Insects." An animated, but perfectly good-natured, discussion ensued, in which the following professors engaged: Kundl, the physicist; De Bary, the botanist; Hoppe-Seyler, the physiological chemist; Goltz, the physiologist; Lacqueur and Stilling, oculists,—all mighty men of valor in the scientific world.

Among the subjects presented on different occasions to the meeting may be mentioned—(1), Mastoid Abscess and "Autophonie," by Kohts, aurist; (2) Ileus, &c., Kussmaul; (3) Paraldehyd as a Hypnotic, by Jolry, the psychiatrist; (4) Antisepsis, Freund. Before the scientific section, with many of the medical men present: (1) Influence of Warmth on Plants, by the Assistant in Botany; (2) Tree-cutting (Der Baumschnitt), Prof. Zacharias; (3) Paper-manufacture, by Rosl, chemist; (4) Bacteria, by De Bary, the botanist. Freund thought that sepsis was often effected in lying-in women by gases taken up by the vagina when sitting over a water-closet; he also thought there might be absorption through the vagina, &c., from the intestines. De Bary treated the bacteria question almost purely from a morphological point of view. He made reference to Lankester's (London) work, but scarcely mentioned Pasteur.

The attendance of the professors at the meetings of the Society is exceedingly regular. Nor are subjects of only a practical character brought before the medical section, but the contrary. Professor Solly, before, perhaps, the most crowded house of the whole semester, detailed results of his latest experiments on the cerebrum. Solly opposes the theories of Hitzig and Ferrier with the deepest conviction that they are baseless. His results are very striking, and I doubt if it is possible for any one to see Solly operate, remove a very considerable part of the fore brain, and then note the results in the dogs, and still believe in the Hitzig-Ferrier localization theories. There may be localization, and this Solly admits, but not as we have heard of it as yet. Many suppose the localization hypothesis derives powerful sup-

port from clinics and pathology—from symptoms and morbid anatomy. It is true that physiology may and has profited by the suggestions, the confirmations of a disordered system, but that clinics and pathology can *demonstrate* any physiological truth is very doubtful. By the most exact methods yet known to experimental physiology, there is room enough for fallacy, and as for the comparatively crude and imperfect methods of the clinics and pathology most nearly deserving the epithet scientific, we must be very much on our guard I venture to suggest. I cannot help thinking that not a few physiologists themselves fail to realize how many sources of error may interfere with their conclusions. A physiologist, above all men, needs caution. A few weeks after Solly's address, his first assistant, Dr. Ewald, demonstrated the action of some apparatus he had himself invented. One set especially seems worthy of attention. It was an arrangement by which slight variations (2 mm. of mercury) of blood pressure could be noted and recorded without opening the artery concerned at all. As is well known to experimenters, the clotting of the blood in all experiments involving the opening of the artery is a serious difficulty. By Ewald's apparatus, which was most ingenious, this is entirely obviated.

Von Recklinghausen, among other courses, gives what he calls a "demonstration course" twice weekly. All the specimens obtained in the dead-house in the intervening days are brought together, and being appropriately slit up and labelled, are placed on circular tin trays with narrow rims, then constituting "preparations." These are placed on tables brought end to end, thus forming two long rows. The observers sit on chairs opposite these specimens. The professor then delivers a two-hours' discourse on the material of the day, speaking a perfect stream the whole time. The specimens are passed from him to the students in order, and, at the same time, microscopic slides, to further illustrate the particular specimens, go from one to the other. The microscopes used are Hartnack's and Zeiss' ordinary powers; the specimens mostly stained with picro-carminé. This method, it will be observed by many readers, is substantially the one employed at McGill University in Montreal by Professor

Osler ; the likeness being accounted for by the fact that both teachers were former pupils of Virchow. Von Recklinghausen is very slow to publish his views, and very conservative as to the new themes in regard to micro-organisms and disease. He does not believe they play a principal role (Hauptrolle), and Von Recklinghausen has few equals in Germany as a pathologist.

About a month ago the celebration of the opening of the new Institute for Physiological Chemistry took place, Prof. Hoppe-Seyler reading an address before a distinguished audience, consisting of most of the professors, many eminent officials, &c. Among those from a distance was Baumann, now "ordinary" professor at Freiburg, and Hoppe-Seyler's most distinguished pupil. The professor's subject was : "The History of Physiological Chemistry and its relation to Medicine." He alluded to the injurious influence of the scepticism of the old Vienna school of the days of Skoda, Rokitansky, &c., when anatomy was regarded as the one, the only thing.

The new Institute is most perfect and most magnificent,—perhaps without an equal anywhere in the world. It seems like a fitting reward for the veteran investigator whose early work—indeed most of whose work—was done with the very limited resources and under discouragements that would have crushed any ordinary man. But genius cannot be crushed, and Hoppe-Seyler is an example of that truth. But, fortunately, medical men everywhere are now beginning to see that the future progress of medicine and physiology must largely be through chemistry. Yet what subject do medical students more slight than their chemistry, which is an *absolutely essential basis for the most modern physiology*, not to speak of its relations to pharmacology, clinical medicine, &c. ?

Schwalbe, formerly of Königsberg, has succeeded Waldeyer in the chair of Anatomy. He is a good teacher. On Saturday morning he gives a two-hour lecture on Embryology ; but allows of an interval of five or ten minutes, during which the students can step out of their seats and relax the chain. It is doubtful if any class of men can successfully fix the attention for two successive hours on one subject, at least as dealt with in a lec-

ture. I was glad to observe that here embryology is dealt with by the department of Anatomy, to which it properly belongs; physiology is already overburdened, and in Strasburg chemical physiology is treated of in one course by Prof. Hoppe-Seyler all the semester through, and experimental physiology as a separate course by Prof. Goltz.

One morning Hoppe-Seyler casually mentioned in his lecture that there was to be seen in Strasburg an old ecclesiastical work dating long before Harvey's time, in which the circulation of the blood was described much more minutely than it had been by Harvey, and in such a way as to show a practical acquaintance with the facts.

Fillig, the renowned writer on organic chemistry, has a magnificent laboratory and lecture-room and a large number of students. He shows a powerful grasp of his subject, but as an accomplished lecturer he is, in my estimation, inferior to his distinguished pupil and former assistant, Prof. Remsen, of Johns-Hopkins University, Baltimore.

It is with regret I must record that of late the anti-vivisection mania has spread even to Germany, and that Goltz and Ludwig have been made the subjects of the most abominable caricatures. And it is singular that these two great teachers, with Burdon-Sanderson in England, who have been singled out for the attacks of these fanatics, are men of unusual kindness and goodness of nature. Goltz recently wrote an able defence of vivisection, "Wider die Humanaster." He is admirably fitted for such a task, which comparatively few men could judiciously undertake.

Of the clinical instruction at Strasburg I am not prepared to speak in great detail, my interests lying in other directions. Kussmaul, now an old man, holds a clinic every morning at 9 o'clock. A patient is brought into the theatre and some students selected to make the examination and diagnosis, he being thoroughly questioned by the venerable teacher. He is much revered by his pupils, as is also Von Recklinghausen. The surgical clinic is, I believe, conducted in a similar manner by Prof. Lücke.

I had almost forgotten to note that one of the most successful popularizers of science of the day in Germany, Oscar Schmidt, is professor of Zoology here. He has edited a number of English works of elementary science, such as Foster, Balfour, Roscoe, &c. In the popularization of science there is room for great improvements among the Germans.

The museum for Natural History is large and liberally stuffed with specimens, but all in admirable order. I should suppose it could be made to stock about three American museums of the same size. Entrance free and admirable regulation; the janitor is strictly forbidden to accept gratuities. The poorest can and do go to this museum every day in the week. I must not further trespass on your space, Mr. Editor, but trust that this rather rambling outline account of a famous university—one so far south that it is visited by comparatively few from America—may prove of some little interest to your readers. If it does not, then must I say, in the words of a well-known character, "They are not the men I took them for." T. W. M.

### UNILATERAL HYPERIDROSIS AND TABES DORSALIS IN A FEMALE.

BY T. D. REED, M.D., MONTREAL, Prof. Materia Medica, Mont. Col. Phar.

Mrs. L.,\* aged 39, married seven years; has had one child, six years ago, which only lived a few days. In July, 1883, after a long walk, was surprised to find a copious perspiration on the right side of the face and head. Previous to this time she had a dry skin and did not sweat. She now finds that with active exercise, or with the warmth of the bed at night, or with nervous excitement as by fright, her hair on the right side of the head becomes wet, while beads of sweat appear on the face, throat and neck, limited to the right side. Simultaneously with the breaking out of the perspiration, the right cheek and ear become red and perceptibly hotter than the left. There is considerable injection of the conjunctiva at that time, and lachrymation is easily excited in the right eye at all times. The pupil

\* This patient was shown at the meeting of the Medico-Chirurgical Society, Jan. 11th, 1884.

of the same eye is constantly dilated ; both pupils respond but very slightly to the stimulus of light. There is some tenderness, on deep pressure, at the middle of the right sterno-mastoid muscle. Chronic inflammation of the right cervical sympathetic is presumed. If this nerve is at fault, the symptoms in the case indicate, that while the vaso-motor fibres are in a state of paralysis, the pupillary fibres are in a state of irritation.\* The patient appears in good health, but is short-minded, and has at times a voracious appetite. Pulse feebly felt in both wrists, 85 standing. Urine very pale, free from glucose and albumen.

*Tabetic Symptoms*—Has had fulgurant pains in spots in the legs. When asked about her feet, said she had noticed them to be “asleep” sometimes, and had found her gait at times awkward, so that she has stumbled ; once she fell on the sidewalk, cutting her lip. The toes seemed to droop. Knee jerk absent. Stands well with eyes closed. No ataxia of legs ; no numbness noted. Syphilis cannot be positively excluded.

Has one sister living. Father and mother died at an advanced age. Nothing known of neurotic disease in the family history.

I am indebted to Dr. Buller for having made a careful examination of the eyes ; he reports nothing diagnostic in the fundus. The right pupil measures  $4\frac{1}{2}$  mm. and the left  $2\frac{1}{2}$  mm. in the shade ; accommodation good. Right lens has a few small pigment spots, suggestive of former slight iritis, and is a little turbid, indicating incipient cataract. Optic nerves slightly pale, but probably not exceeding physiological limits. Field of vision not impaired ; color sense perfect.

The diagnosis of tabes dorsalis depends on the Argyll-Robertson pupils, fulgurant pains, and absence of knee-jerk. There is no evidence of neoplasm or aneurism in the neck or thorax to account for the hyperidrosis. The case is noticeable on account of the rarity of tabes in females in this country. No satisfactory reason has been given, as yet, for the great comparative exemption of the female sex. Neurologists of vast experience, such as Weir Mitchell of Philadelphia and Buzzard of London, refer only to three cases each.

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\* *Vide* Eulenburg and Guttmann on Sympathetic, trans. by Napier, fol. 58, for a similar case.



## REPORT ON PHARMACOLOGY AND THERAPEUTICS.

By JAMES STEWART, M.D.,

Professor of Materia Medica and Therapeutics, McGill College.

## BICHLORIDE OF METHYLENE.

Recently renewed attention has been drawn to this anæsthetic by M. Léon le Fort of Paris. It is over a dozen of years since its introduction as an anæsthetic into surgical practice. It has never been extensively employed, the reason of this being, that shortly after its introduction two or three deaths were attributed to its use. The preparation which is usually sold for bichloride of methylene resembles chloroform in its action upon the heart. It is a cardiac depressant, and, in over-doses, produces death by its paralyzing action on the heart. Considerable discussion has taken place as to the relative safety of chloroform and the bichloride of methylene. Spencer Wells has used the latter to induce anæsthesia in several hundred laparotomies, and without a death. He even did not notice a single dangerous symptom in any of the cases where it was administered. Others, however, have not been so fortunate in its use. Up to the present time there are 10 deaths recorded from it, and many cases have been reported where alarming symptoms made their appearance either during or after the inhalation of the substance, rendering necessary the most energetic treatment for the restoration of the patient. The great advantage that Spencer Wells claims for the bichloride of methylene in laparotomies is that it very seldom produces vomiting. It is owing to the great tendency of chloroform to produce vomiting that he has discarded it.

Methylene possesses the disadvantage that it cannot be used in hot weather on account of its low boiling point (87°). This is the reason why its vapor escapes so rapidly from the blood. Its effects are speedy, but not persistent. As a rule, there are no disagreeable sensations experienced from taking it.

B. W. Richardson, who introduced it into practice, said that the effects on himself were simply an impression that he had merely closed his eyes and opened them again. There is, at times, muscular disturbance preceding the state of complete anæsthesia, but this is not nearly so frequent as from the use of chloroform and ether.

Bichloride of methylene resembles bromide of ethyl in the quickness of its action and the rapidity with which a patient recovers from its anæsthetic effects.

Léon le Fort submitted several samples of the bichloride of methylene to the chemist, Regnaud, to test their purity. The latter found all that were obtained in Paris to be not what they were represented, but simply a mixture of chloroform and alcohol; while a sample obtained from Spencer Wells' purveyor proved to be a mixture of chloroform and methylic alcohol, in the proportions of 7 parts of chloroform to 1 part of methylic alcohol by weight. Le Fort has had considerable experience in this latter combination, made by adding the methylic alcohol to the chloroform, and not as it is usually manufactured. He says that the *stage* of excitement is of much less intensity and shorter in duration than from chloroform. In only one case was there vomiting, and then food had been given an hour previous to the administration of the anæsthetic.

Dr. Junker has administered this anæsthetic mixture of chloroform and methylic alcohol in 20 cases of laparotomies performed by Dr. Bantock in the Samaritan Hospital. The ages of the patients ranged between 23 and 69 years, and in all, the course of the anæsthesia was all that could be wished. The patients appeared as if in normal sleep, and awoke to full consciousness soon after stopping the administration of the anæsthetic mixture.

Judging from what has been published on the action of this anæsthetic mixture, or what commonly is known as English bichloride of methylene, it would appear to be a safer anæsthetic than chloroform, and in addition, to be almost free from the disagreeable effects which so often attend the administration of both chloroform and ether. It is a great point in favor of an anæsthetic that is to be used for abdominal operations, that it very seldom gives rise to vomiting. We know how frequently it follows both ether and chloroform, and if Regnaud's mixture proves to be nearly as safe as ether, then it will no doubt find extensive employment in abdominal surgery.

#### ON THE ADMINISTRATION OF SALICYLIC ACID.

The antipyretic effects of salicylic acid is one of the most

remarkable and important therapeutical discoveries of our age. Its antipyretic effects are, as is well known, best seen in acute rheumatism, but it is not alone in this disease that it reduces fever. The temperature of typhoid and other specific diseases is considerably influenced by it. In giving it internally, the points necessary to be borne in mind are the disturbing effects of very large doses and the rapidity with which it is eliminated. It should therefore be given in full doses at first, until its full physiological effects are brought about, and then continued in smaller doses, frequently repeated. It is best given in wafers or cachets. It should not be packed in capsules. About three doses of 20 grains each, at intervals of two hours, usually bring about decided symptoms of cinchonism (ringing in the ears, &c.) Ten grains every two hours, with intervals, gradually increasing to every three and four hours, will serve to keep up the effects. With the appearance of the symptoms of cinchonism, the temperature commences to fall, and, if the case is one of acute rheumatism, by continuing the acid in the smaller doses, frequently repeated, it is not apt to rise again. It is a curious and very important circumstance that full doses of salicylic acid or the salicylate of sodium do not interfere with the digestive functions of the stomach, and yet a very small quantity will prevent the action of pepsine.

A saturated solution of salicylic acid is a very good vehicle for the solution of alkaloids intended for hypodermic use. The acid dissolves in about 300 parts of water. If a drachm of it be added to a pint of water, and the mixture well shaken, a saturated solution, with some undissolved acid at the bottom of the bottle, will be the result. Then, if this be used entire, or diluted with an equal proportion of water, for making hypodermic injections, such a solution will remain free from growths of all kinds for an indefinite length of time, and will not be more irritant than when made from water alone.

#### THE ACTION OF COPAIBA ON THE URINE.

Quincke finds that the addition of hydrochloric acid to the urine of a patient who has taken copaiba causes it to become rose-colored or purple. This occurs immediately when the urine

is warmed, and at the border between the urine and the acid when they are poured in layers into a test tube. This coloring matter, or copaiba red, as the author terms it, gives three spectroscopic bands—a thin and indistinct one to the left of D, a brighter and a darker one in the green, and a broad indistinct one in the blue. When the urine is allowed to stand, the copaiba red becomes decomposed and the bands disappear. Nitric acid has a similar action to hydrochloric, and concentrated sulphuric acid also produces copaiba red rapidly, but destroys it again quickly. Quincke considers that the copaiba red is a strong acid. Possibly it is from this substance that a resinous body which appears in the urine is formed. The spectroscopic examination of copaiba red is interfered with by the turbidity which occurs on the addition of an acid; but the addition of alcohol cause this to disappear. When copaiba resin is administered instead of the balsam, the turbidity in the urine on the addition of acid appears more quickly than after the use of copaiba oil, but the red color never appears. It reduces copper on boiling very readily, but does not reduce bismuth. This effect occurs more readily with the resin than with the oil. Quincke thinks that the spectroscopic detection of copaiba in the urine may be useful as a means of diagnosing cases of doubtful glycosuria.

#### PARALDELYDE.

This—the latest addition to our hypnotic agents—promises to be useful and to fill a place not occupied by either opium or chloral. It is a colorless liquid at the ordinary temperature, although it, like glacial acetic acid, crystallizes if cooled below 50°F. It is obtained by treating aldelyde with dilute sulphuric or nitric acid. Its odor and taste somewhat resemble aldelyde, but it does not cause the same suffocating action when respired. It is soluble 1 in 10 of water. First introduced by the Italian physician Cervello as a hypnotic, it has now been used for a sufficient length of time to demonstrate that in some particular cases it is preferable to both opium and chloral.

Dujardin-Beaumez has quite recently published the result of his investigations into the action of this drug. This included comparative observations with other known hypnotics and ano-

dynes. All the patients taking paraldehyde found it much less disagreeable than chloral. After administering an hypnotic dose of paraldehyde, the patient generally, in the course of 15 to 20 minutes, falls into a calm, refreshing sleep, which lasts from eight to twelve hours. Some subjects, especially females, experience a transient dizziness previous to falling asleep. No untoward effects follow its administration. No heaviness or headache is felt on awakening. It does not cause constipation. The perspiration after large doses exhales a strong odor of aldehyde. Dujardin-Beaumez considers that as a pure hypnotic, paraldehyde is superior to even chloral and opium. It does not, however, possess any pain-stilling powers, so that if there is any pain present it will not act as an hypnotic. It is in the sleeplessness, unattended with pain, that its utility is seen. It has been found to act very well in the insomnia of the morphia-maniac, and in cases of simple wakefulness unattended with pain.

The dose is 15 minims to one drachm, given in syrup.

#### THE DANGER OF LARGE DOSES OF QUININE.

Is the use of quinine in large doses ever dangerous in hyperpyrexia, with tendency to heart failure? Especially in cases of typhoid fever, it has often been contended that large doses of quinine are responsible for sudden deaths when this agent has been given.

The physiological action of quinine on the circulatory system in small doses (from 2 to 5 grains) is that of a tonic. It stimulates the heart, both in frequency and force. It has, however, been suspected for some time that, in large doses (from 20 to 60 grains), it has a directly opposite action—that it acts as a cardiac depressant. From recent experiments performed by Laborde, this supposition appears to be well grounded. These experiments seem to prove that there is a connection between the sudden deaths in typhoid and other low forms of fever and large doses of quinine. The effect may be brought about in a double manner, either by a direct depressant action on the heart from a single large dose, or to the cumulative effects of many doses bringing about a diastolic arrest. When the excretory powers of the kidneys are diminished, then the quinine is retained in the blood and acts deleteriously on the heart.

There arrives a time in diseases like severe typhoid and pneumonia where heart failure is apt to set in, and where, in consequence, large doses of quinine will prove dangerous. This, in the case of a severe pneumonia, occurs about the fifth or sixth day, and during the second week in typhoid. The temperature, after heart failure begins, may be as high or even higher than before. This is an important fact, in view of the almost routine practice of prescribing large doses of quinine in high temperature, whatever the condition of the heart may be. Large doses of quinine begin to show their antipyretic effects in from one to two hours after their administration; they reach their maximum effects in from 6 to 8 hours, and the effects remain for 24 or 36 hours. These facts should be borne in mind when we decide to administer agents to counteract the depressant effects of quinine on the heart. In giving ammonia, for instance, for this purpose, it would be useless to give a single dose of it; but it should be administered at short intervals for at least 36 hours to counteract the effects of a single large dose. Dr. A. A. Smith of New York says that he has found small doses of opium to be the best antagonist to the depressant action of quinine on the heart. In doses of from a quarter to half a grain, opium is a cardiac stimulant, besides being, under conditions of high temperature, a great sedative to the nerve perturbation which accompanies such a condition.

#### THE USES AND MODES OF ADMINISTRATION OF DESICCATED BLOOD.

Desiccated blood is indicated in all cases where it is desirable to give iron. It is not only a hæmatinic, but also a nutritive agent of high value. When well prepared, it is odorless, and can be taken quite readily. It may be administered either by the mouth or by the rectum, preferably, however, by the former method. Dr. Stewart, the introducer of it into practice, recommends it to be given with glycerine and brandy, or simply in solution in water. He recommends the following formula:—

℞ Desiccated Blood, - - ʒ vi.

Aq., - - - - - ʒ iii.

Dissolve and add: Brandy, }  
Glycerine, }   āā - - ʒ i.

*Sig*—A tablespoonful three times a day.

In cases of fever, it is not well to give over a teaspoonful at a time to commence with, and as the stomach will bear it the dose can be increased. When preparing an aqueous solution, it is recommended to pour the scales into the water and not the water into the scales. Of course, cold water should be used, as hot water will coagulate it.

#### A FATAL CASE OF ETHER INHALATION.

Mr. T. Holmes records in the *British Medical Journal* for March 15th a death from the administration of ether. The patient was a married woman, aged 43. She was sent up from the country on account of a fibrous tumor of considerable size growing from the uterus into the vaginal cavity. After remaining in the hospital for a few days, it was decided to remove the tumor on account of the patient becoming weak from the loss of blood. In all other respects she appeared to be healthy, with the exception of a goitre of considerable size. While taking the ether, a sort of whistling sound was observed in the breathing, which ceased on the chin being raised. When she had become insensible (but before the corneal reflex had ceased), the couch was wheeled into the operating theatre, and as she was being raised on the operating table, it was noticed that her breathing had ceased, and that the face was very livid; the pulse was beating regularly. The tongue was at once pulled forwards, and as this did not restore the breathing, artificial respiration was at once commenced, but as this produced no result, the trachea was rapidly opened and a large tube introduced, the artificial respiration being still persevered in. This seemed for an instant to promise success; her face became a little less livid. The attempt at respiration soon failed. A catheter was now passed down the trachea, and attempts made to inflate the lungs—at first with the mouth, then with a bellows—but all in vain. For a long time the pulse could be felt in the femoral artery, full and regular at first, then less distinctly, till it ceased, and it became clear at length that all attempts at resuscitation were fruitless.

At the post-mortem examination, nothing was found to explain the cause of death; the lungs, heart and kidneys were normal. The goitre, according to Mr. Holmes, had no part in the fatal

issue. The case appears to be one of direct paralysis of the respiratory centre in the medulla, brought about by the depressant action of the ether.

No mention is made of the purity of the sample of the anæsthetic employed, except that it had been used on three previous occasions without giving rise to any untoward symptoms. Judging from the recorded cases of deaths from ether inhalation, it would appear that this deplorable accident is much more common in England than it is on this side of the Atlantic. Whether this is owing to their using a less pure ether in England or not, it would be hard to say.

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### Reviews and Notices of Books.

**A Treatise on Pharmacy:** Designed as a text-book for the Student, and as a guide for the Physician and Pharmacist, containing the officinal and many unofficial formulas, and numerous examples of extemporaneous Prescriptions.—By EDWARD PARRISH, late Professor of the Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy. Fifth edition, enlarged and thoroughly revised. By THOMAS WIEGAND, Graduate of the Philadelphia College of Pharmacy. With 256 illustrations. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Brothers.

The last edition of Parrish's great work has been thoroughly revised, and brought in accord with the new U.S. Pharmacopœia. The work justly ranks next to the U.S. Dispensatory in the completeness and thoroughness with which it deals with the subject. The subject is discussed under the following heads: Part I—Furniture and Implements. Part II—On Pharmacopœias, Weights and Measures, Temperature, Generation and Heat, and Heat as applied to Pharmaceutical purposes. Part III—Pharmaceutical Process and Apparatus. Part IV—Inorganic and Pharmaceutical Chemistry. Part V—Pharmacy in its relation to Organic Chemistry. Part VI—Galenic Pharmacy. Part VII—Extemporaneous Pharmacy; Appendix. Part VIII



treats at length the subject of prescriptions, the language to be used in them, and the best method of writing them; the art of selecting and combining medicines; medicine suited to the liquid form; chemical and pharmaceutical incompatibles, extemporaneous solutions, &c. The appendix is devoted to directions for the management of the sick chamber and diet for the sick.

To the physician in the country, or to anyone who dispenses his own drugs, this is a work of great value. Next to thoroughly understanding the actions of a drug stands the knowledge of how to administer it in the most approved form, and we know of no work in the English language that is more likely to aid a man in acquiring this knowledge than the work under consideration. No pharmacist who aims at being abreast of the times can afford to be without it.

**A Manual of Practical Hygiene.**—By EDMUND A. PARKES, M.D., F.R.S., late Professor of Military Hygiene in the Army Medical School, &c. Edited by F. S. B. FRANÇOIS DE CHAUMONT, M.D., F.R.S., F.R.C.S., &c. Sixth edition, with an appendix giving the American matters relating to Hygiene, prepared by and under the supervision of FREDERICK N. OWEN, Civil and Sanitary Engineer. Vols. I. and II. New York: Wm. Wood & Co.

This important and valuable standard work of Prof. Parkes has now been incorporated into the "Library of Standard Authors." It contains the full text of the most recent English edition, together with all the woodcuts. The additional remarks which are interpolated by the American editor considerably increase its usefulness in this country. In its present form it certainly makes one of the most extensive and most reliable works of reference to be had.

**Surgical Applied Anatomy.**—By FREDERICK TREVES, F.R.C.S., Assist. Surgeon to the London Hospital. Illustrated with 61 engraving. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Brothers.

This is one of the series of manuals for students, and is mainly

intended for the use of those preparing for their final examination in surgery. The practitioner, however, will find much in it that will prove of benefit to him in his daily practice. There is a short description (excellent as far as it goes) of the cutaneous distribution of the nerves. This is a portion of anatomy, although of great practical importance, which, until quite recently, has been much neglected. Fortunately for the practitioners of the future, the majority of the anatomists of the present day are alive to the vast importance of applied and scientific anatomy.

### Books and Pamphlets Received.

THE MEDICAL DIRECTORY OF PHILADELPHIA FOR 1884. Edited by Samuel B. Hoppin, M.D. Philadelphia: P. Blakiston, Son & Co.

TRANSACTIONS OF THE AMERICAN OPHTHALMOLOGICAL SOCIETY. Nineteenth Annual Meeting, 1883. Published by the Society.

ILLUSTRATIONS OF THE INFLUENCE OF THE MIND UPON THE BODY IN HEALTH AND DISEASE: Designed to elucidate the action of the imagination. By Daniel Hack Tuke, M.D., F.R.C.P., LL.D. Second American, from the second English, edition. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Brothers.

A STUDY OF THE BLADDER DURING PARTURITION. By J. Halliday Croom, M.D. Edinburgh: David Douglas.

ON THE PATHOLOGY AND TREATMENT OF GONORRHOEA. By J. L. Milton. Fifth edition. New York: Wm. Wood & Co.

LEGAL MEDICINE. By Charles Meymott Tidy. Vol. III. New York: Wm. Wood & Co.

### Society Proceedings.

#### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, Feb. 15th, 1884.*

T. A. RODGER, M.D., PRESIDENT, IN THE CHAIR.

DR. OSLER exhibited the following pathological specimens:—

1. *Portions of Muscle, Intestine and Kidney from a Horse dying of Toxic Hæmoglobinuria or Azoturia.*—Dr. Osler mentioned that this disease was rather common here, and that usually the animals recovered. The disease generally attacks well-fed, well-cared horses which have been kept in the stable for a few days and then put to work again. The horse, while in the stable and on taking him out, appears perfectly well, but after an hour

or two's work becomes weak, trembles and falls, and may die in 24 hours. The muscle shown was from the gluteal region, which is the part most affected. It had a parboiled appearance, was pale, and much infiltrated with serum. The intestines were deeply congested. The kidneys were somewhat swollen, soft, and congested. On section, the Malpighian tufts and cortical portion were seen to be engorged. Microscopically, the muscles had a teased appearance, with the striæ almost obliterated. The kidneys showed the Malpighian tufts to be congested. The epithelial cells of the tubules were filled with granular matter. The urine drawn by catheter was coffee-colored, and contained albumen and large granular tube casts. This disease is thought by Williams and Fleming to be caused by an excess of nitrogenous matters in the blood, though the pathology is not at all clear.

DR. ROSS said it was very remarkable to see such advanced tissue changes produced in so short a time, and asked Dr. Osler if the disease might not have been latent, and suddenly, from some outside cause, develop somewhat in the same way as does acute inflammatory nephritis in a child recovering from scarlet fever. The child, though appearing well, is really not so, for a slight cold may suddenly light up the latent kidney trouble.

DR. OSLER thought that possibly Dr. Ross' theory might help to clear up some of the difficulties

2. *Organized Thrombus of Left Iliac Vein.*—This specimen was solid and firm, with absence of coloring matter of the blood. Dr. Osler remarked how variable was the time taken to organize a thrombus. Here it took only three days to be as far advanced as in other cases of ten or even fourteen days' duration.

3. *Dermoid Cyst of Ovary containing sebum, hair and teeth.*—This specimen, about the size of two closed fists, was removed by Dr. Fenwick, and contained five teeth, one of which, attached to a piece of bone, was a well-formed incisor.

4. *Rapidly-formed Scirrhus of the Liver, with Tumor at side of the neck.*—The above was removed post-mortem from a man sent to the hospital from Ottawa. He came to have the tumor in the neck removed. On admission, no abdominal trouble

was noticed or suspected. The tumor in the neck was situated in the upper triangle, moveable, and had been growing six or eight months. It felt as if it could easily and safely be removed, but symptoms of difficulty in swallowing and alteration of voice pointed to implication of the pneumogastric nerve, so that the case was watched for a few days, when it was observed that the liver was enlarged. The man said he had been growing larger for about three weeks. He had been a hard drinker. From the rapidity of growth and absence of jaundice, Dr. Shepherd diagnosed cancer, and had him transferred to the medical side, under Dr. Ross. On dissecting out the neck tumor, which was about the size of one's fist, Dr. Shepherd found it attached to the deep blood-vessels and nerves, the pneumogastric being deeply involved, and some of its strands separated. The liver weighed nearly nine pounds; on its under surface was a huge, isolated mass, with secondary nodules around.

DR. OSLER said that both tumors were scirrhus, and that it was hard to say which was the primary.

DR. SHEPHERD thought the one in the neck must be, from the fact that it had been growing so much longer.

DR. ROSS said that this growth in the liver was the fastest he had ever seen; every forty-eight hours would show a noticeable increase in size. The man never had pain till ten or twelve days before his death, when he had some inflammation of the peritoneum.

*Sarcomatous Tumor removed from the Thigh.*—DR. PERRIGO exhibited the above, which he had removed from a lady aged 38, the mother of six children. It was attached to the periosteum, below and a little behind the great trochanter, extending under the gluteus maximus, and completely filling the hollow between the trochanter and tuber ischii. It did not involve the muscles, but simply displaced them. It rested upon the sciatic nerve. The patient first consulted Dr. Perrigo, about two years ago, for sciatica, and about one year ago he detected a tumor about the size of an egg, and freely moveable. It increased in size steadily, and during the past three months very rapidly. Four or five years ago this lady had had an attack of phlegmasia dolens,

from which she made a tardy recovery. The tumor was about six inches long by four thick. A recurrence is looked for.

*Puerperal Fever.*—DR. ALLOWAY read a paper\* on this subject, in which he strongly advocated the use of suppositories containing 10 grains each of iodoform and boracic acid, made by pressure, with cocoa butter. As a prophylactic vaginal antiseptic injection for normal labors, he recommends a solution of Hydrarg. Bichlor.,  $\frac{1}{2000}$  strength. He laid stress on the fact that the syringe used must be a new one.

DR. KENNEDY said he had seen a very large number of cases of puerperal fever; he had had three outbreaks of the disease in the lying-in department of the Western Hospital, and a great many in the practice of his *confrères*. In the hospital, he had noticed how easy it was for the disease to originate, and was struck with differences in the temperatures according to the nurse on duty. With some nurses the temperature ran high, but with others very little change would be observed, and he believed that strict antiseptic precautions were more necessary with obstetric cases than in surgical operations. In the first outbreak in hospital, it spread from a private patient attended by a physician who at the time was in close attendance on a case of puerperal fever outside. He stated that most of the modern authorities on obstetrics grouped under the heading of puerperal fever all the different conditions which might arise during the puerperal state; but, personally, he did not think it proper to look upon a pelvic cellulitis, inflammation of the uterus, or a phlegmasia dolens, as more than being coincident with the fever, although it was thought by some that these conditions were alternatives of the disorder. Some years ago a paper was published in an English periodical giving three forms of the affection. First, the pyæmic; next, auto-infection; and, thirdly, by contagion. He believed that this division was the best, and agreed fully with his own observation. The pyæmic form was rare, and that by contagion also less frequent than by auto-infection,—the latter form comprising by far the greater number of cases he had

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\* See March (1884) number of this journal, page 456.

seen. As for the general treatment of these cases, it must be chiefly preventive, and he had found good results from Dr. Goodell's plan of placing the patient upon quinine in combination with an acid, and adding either morphia, ergot or digitalis, as may be indicated. During the presence of the fever, he had found turpentine in 10-drop doses every four hours to be of great value. For the local treatment, every case would require to be treated according to the coexisting complication. As for iodoform, this had been used in the Western Hospital for over three years, being introduced into the uterus whenever the discharge from that organ was offensive; and as the majority of cases in hospital were primipara, vaginal lacerations were frequent, and in these it was the constant practice to introduce iodoform suppositories after each injection. For the injection, he at first used carbolic acid, but although this was more cleanly, the permanganate of potash, was now preferred on account of its more powerful action in purifying the discharges and in destroying septic germs. Of the induction of puerperal fever by zymotic disease, he would mention a case which occurred in hospital. A young girl, who had been an inmate for some time awaiting her expected confinement, was allowed to visit her friends, at whose home there were sick children. A fortnight afterwards she was taken with labor pains and delivered naturally. At the time her temperature was noticed to be  $103^{\circ}\text{F}$ . As puerperal fever was suspected, she was isolated. The following day the bright rash of scarlet fever covered her entire body, and the nature of the disease thereby indicated. Death ensued; and in this case there could be no doubt of its cause, which could not be true puerperal fever, as it manifested the high febrile state before the labor, which latter was somewhat premature and a consequence. In connection with this subject, he would draw attention to that condition which was known as milk fever, the weed or ephemeral fever. Very little mention was made of this disturbance by the later obstetric authorities, but a separate chapter would be found in Churchill. As he had known some of his younger *confrères* to mistake it for puerperal fever, he thought more attention should be directed to it. Formerly it was more

common, and its rarity now must be ascribed to the better diet prescribed, and also to the child being suckled soon after birth, not waiting until the breasts became gorged with milk, as was the old practice. In hospital, the few cases which had occurred were in badly fed women, and had given an opportunity to students to diagnose between the two conditions. These cases were always marked by the violence of the chills, which commenced between the shoulders. In septic forms, the chill spread from the extremities. This difference was strongly diagnostic; and as ephemeral fever ran its course in from 24 to 48 hours, marked by profuse sweating and high temperature, it was often treated by a placebo so as to allow the case to run its course for illustration. Generally Aconite and Ammon. Acet. was given. He had no doubt that such cases were often mistaken for puerperal fever, and treated by large doses of quinine, the subsequent rapid termination of the case being ascribed to the influence of the quinine. In puerperal fever, he had no faith in the large doses of quinine usually given, not having seen any beneficial results from their use.

DR. TRENHOLME said his experience with puerperal fever was limited to consultations with others, having never had a case in his own practice. He believed each case ought to be treated, not by any rule, but separately. He also spoke against the common method of twisting the placenta for removal of the membranes, believing that it often breaks inside, enclosing a small clot of blood, which would do mischief by decomposing. He advocated Dr. Goodell's rule of getting the patient to walk from the bed on which she had been confined to her own room, and also of allowing her to sit up each day for a short time to favor drainage.

DR. GARDNER remarked that while he admitted the great value of intra-uterine antiseptic injections, and of intra-uterine use of iodoform in the manner recommended by the reader of the paper, it could only be useful in forms of puerperal poisoning by absorption of septic stuff from the decomposition of matters contained in the uterus—the sapræmia of Matthews Duncan; the ichor-apræmia of others. He believed with Dr. Robert

Barnes\* in the existence of another form of puerperal blood-poisoning, with fever, due to failure of the lymphatic system and liver to modify the waste stuff thrown into the circulation from the disintegrating uterus and appendages, and to failure of the excretory organs—the lungs, kidneys and skin—to remove from the system that same waste-stuff. In such a form of fever, he could not see how such remedies could have any effect. Their utility must always be limited. With reference to the mode of intra-uterine injection, he had had recently a case of enucleation of a large sloughing sessile myoma, in which the after-treatment consisted in retaining within the uterus for a fortnight a double drainage-tube, through which irrigation, at times continuously, and again intermittently, was practised, which suggested to him that this might, in some puerperal cases, be the best method of securing drainage and of irrigation of the cavity of the uterus. The conditions, it is true, are not exactly similar. In both there is a raw surface on the interior of the uterus, but in one there is superadded the importantly complicating blood conditions from the presence of waste-stuff from the disintegrating uterus. In the case of the myoma alluded to, the antipyretic effect of the irrigations was most marked several times in the course of the after-treatment.

DR. KENNEDY mentioned having recently to treat an unusual accident, viz., dislocation of the head of the humerus, with fracture of the coracoid process of the scapula.

DR. SHEPHERD made a few remarks on the difficulty of diagnosing such cases.

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### Extracts from British and Foreign Journals.

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

**Acute Rheumatism.**—The following appeared in the *Jour. Am. Med. Ass'n.*, Dec. 22, 1883:—Under this head the December number of the “Proceedings of the Medical Society of the County of Kings” has four distinct articles. Dr. Benj. Edson describes a case of the acute form treated by

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\* *Amer. Jour. Obstet.*, vol. xv., page 53.



sodium salicylate grs. x. every three hours, and relieved in two weeks' time. It returned in a sub-acute form and proved very obstinate, not being removed by the sodium salicylate. Chorea developed, and the symptoms were finally subdued by— $\mathcal{R}$  Ext. cimicifugæ fl. ʒ ss, potass. iodidi grs. v, four times a day.

Dr. H. A. Fairbairn reviews the results of treatment of acute rheumatism, taking from the English journals the reports of between four and five hundred cases treated by salicin and salicylate of sodium, all being recorded hospital cases. The conclusions drawn are that they (these drugs) make comfortable an otherwise painful and distressing ordeal; that the duration of the disease, as a rule, is not shortened by it, and the heart not protected; that it fails entirely in some cases. The dose varied from ʒiiss to ʒij in divided doses (of sodium salicylate) during the twenty-four hours. By some ʒj doses were given every two hours or hourly, until relief was afforded. Accidents having occurred during its administration, and sudden death having followed, the recognition of the presence of a powerful drug, and the consequent care necessary in its use, would seem to make this last dose a hazardous one. Dr. MacLagan prefers salicin in ʒi to ʒij doses hourly for six hours, then every two hours. In two cases given, improvement was marked in twenty-four hours and the patients convalescent in four days. Salicin is preferred, as not producing depression, and therefore not prolonging convalescence. The drug must be given in large doses, so as to thoroughly saturate the system. The use of methyl salicylic acid, or oil of wintergreen, is reported in ten cases at St. Luke's Hospital, New York, as employed with good results in  $\mathfrak{m}$ x to  $\mathfrak{m}$ xv every two hours. Here Dr. Fairbairn makes a point of dwelling on the importance of looking to the activity of the eliminating organs when using such powerful drugs. The blister treatment, applied over the heart and about the joints, has sixty-four cases recorded to its credit as cutting short the fever, relieving pain and having no heart complications. Dr. Fairbairn found relief given by large doses of the tincture of the chloride of iron, in weak and anæmic cases, where neither the alkaline nor salicylate treatment ap-

peared to do good. Dr. Craig, of Jersey City, reports benefit in forty-eight hours, and a cure in five to six days, from the use of the syrup of hydriodic acid in ʒij doses every two or three hours until relief, then ʒj three times daily. Dr. Flint, of New York, allowed a number of cases of acute rheumatism to pursue their course without any treatment. They all recovered, the mean duration of the disease being a little under twenty-six days. Our most approved method of treatment gives about the same average.

Dr. J. E. Richardson writes enthusiastically in favor of the treatment of acute rheumatism by the salicyl compounds, giving a brief analysis of thirty cases so treated. He used the salicylate of sodium, eighty grains to the twenty-four hours. In several cases there was a decided cumulative effect; in but one, however, was this effect toxic. Local treatment by cotton wool and hot fomentations and the use of opiates was not neglected. There was no hyperpyrexia in these cases, and in nearly fifty per cent. the temperature did not exceed 102° F. Subsidence of pyrexia occurred, on the average, in 3.1 days. In fifteen cases it had become normal at the end of forty-eight hours. The average duration of joint pain was 4.5 days. The average time in which patients were kept under observation was 10.1 days, this being the time they were able to resume their employment. Heart complications occurred in one case; this was a case of endocarditis. He believes the salicyl treatment *lessens* the tendency to heart disease, probably through the reduction of temperature and the destruction of the rheumatic poison. Relapses took place in five cases while the patients were still under tolerably full doses of the drug. Dr. Richardson draws the following conclusions:—1. The more acute the case the more marked the relief afforded by the salicyl compounds. 2. If beneficial effects are to result from the use of the drug, they should be observed within forty-eight hours. 3. If the remedy is administered early in the disease, and in not too large doses, the tendency to heart disease is greatly diminished. Dr. W. B. Chase, in considering the "Prophylaxis of Rheumatism," recognises first the direct transmission of the rheumatic diathesis;

then its prevalence in the temperate zone and under the meteorological conditions of humidity with a low temperature. Consequently, his prophylaxis is introduced by directions of how to avoid exposure and the wearing of proper clothing, such as silks and woollens, next to the skin. A proper care of the emunctories, as bathing for the skin to keep the perspiratory glands in good working order, and attention to the urinary secretion is dwelt upon. Alcoholic drinks are assumed to be a prolific cause of rheumatism, but in what way is not clearly defined. The undue formation of lactic acid in acute rheumatism is recognised as the cause of the hyperacidity of the secretions, and Bartholow's three types are given, viz. :—1. Active, sthenic cases in persons of robust health, youth or early adult life. Treatment: Salicin and its compounds. 2. Asthenic cases in the anæmic and debilitated, often the young. Treatment: Tr. ferri chloridi. 3. Obese persons and beer-drinkers, with flabby muscles and acid indigestion. Treatment: Alkalies. Probably most persons of rheumatic antecedents will derive benefit, and thereby reduce the liabilities to its constitutional development, by more or less frequent use of natural alkaline and sulpho-alkaline waters.

**The Treatment of Epilepsy.**—By Dr. William Pepper.—This teacher, in the *Medical and Surgical Reporter* for January 12, 1884, says:—In a hospital we see the most unfavorable cases of this disease, for the sufferers rarely come to us until they have had a variety of treatment outside and until the physical and mental condition has become seriously impaired by the disease. Although an institution of this character is one of the worst places for the study of the therapeutics of epilepsy, there is no better place for the study of the symptomatology, pathology and diagnosis of the disease. I want you in the very beginning of our consideration of these cases to disabuse your minds of the idea that epilepsy is an incurable affection. In many cases it is incurable, yet there are many cases which are very amenable to treatment.

In the majority of cases the disease shows itself in some during childhood, or, if the disease itself does not appear, the

child will show a tendency to it. For instance, the child will have one or two convulsions when teething or at the beginning of an attack of measles or scarlet fever; and after teething is over or these attacks of acute disease have passed away, the child will have no spontaneous convulsions for a number of years, and the parents will have entirely forgotten the circumstance, until the age of seven, eight or nine arriving the child, without apparent cause, will again have a convulsion, and from that time be a confirmed epileptic. Such is very commonly the history. Still more usual is it for the occurrence of some accident to arouse this tendency to convulsion—for instance, a child will have a fall, striking its head, and after that convulsions will be developed. In another class the tendency is so great that the convulsions occur from the most trivial causes, as fatigue, excitement, indiscretion in diet or other form of reflex irritation.

Among the predisposing causes inheritance is a powerful one. When a child comes of a family of strongly marked nervous temperament, and if the child began at an early age to show a tendency to irregular nervous manifestations, the probability is that there is such a profound morbid tendency of the nervous system that no effort will control or eradicate it. Another predisposing cause is long-continued exhausting illness. This may excite a tendency to convulsions at any age. Where there has been no inherited tendency, and where the child has not shown a disposition to convulsions, these attacks after protracted disease are not of so unfavorable omen as where they come on in consequence of a constitutional tendency.

I need not say to you that accidents in children often produce this tendency. Children so frequently meet with accidents, that it is exceedingly difficult to say whether the convulsions have resulted from a blow or whether the child has an inherited tendency which is just showing itself. Still you will be pressed for an opinion by the parents. If the accident was followed by unconsciousness and paralysis or mental affection you will have no hesitation in expressing the opinion that some injury has been done, and according to the seriousness of the injury and its curable character will be your prognosis. More frequently,

however, you will be forced to conclude that the shock to the nervous system has excited the convulsions. If the injury has been slight, the prognosis is bad; but if the injury has been severe, the prognosis is more favorable. If there is evidence of permanent injury to the brain, the prognosis is of course unfavorable.

In children with convulsions, where there is a history of an injury with perhaps some lesion of the head, you will often find it difficult to decide whether or not any operative interference should be adopted. Usually you will find that you cannot decide upon having the head trephined. Yet I am satisfied that we ought to trephine the head for epilepsy more frequently than we do. Wherever there is a lesion of the cranial walls, although there may be no depressed fracture where there is possibly some lesion of the membranes and where the convulsions cannot be controlled, my judgment would be strongly in favor of trephining. I have seen some excellent results follow this treatment.

Another and extremely difficult question comes up in the treatment of young children, and that is the question of intellectual development and training. A child of five or six is attacked with epilepsy. Such children are often among the brightest and most intelligent, and frequently are even precocious in their intellectual development. Yet it is clear that if the brain becomes excited by study, too much reading, or violent play, the convulsions will become more severe and frequent. To decide how far we should interfere with intellectual work, and how far the advantages of such interference counterbalances its disadvantages, is one of the most difficult problems to solve. My own judgment is decidedly against allowing these children to study or go to school. If taught, they should be taught at home, and emulation, ambition and excitement of every kind should be studiously avoided. Specious as are the arguments pressed upon you by the parents against this plan, the results of yielding are usually bad.

Epilepsy, even when taken at the earliest period, is not a disease which in my experience has been cured by drugs alone.

When I have succeeded in eradicating this tendency, and the cases are rare in which success has been attained, it has not been by drugs alone. It has been by the regulation of diet, regimen and hygiene, and secondarily by drugs. But allowing the child to go to school, and when the convulsions become more frequent increasing the dose of bromide of potassium, and when that loses its effect changing to bromide of calcium, bromide of lithium or hydro-bromic acid, can have only one ending, and that is the enfeeblement of the whole nature of the patient, mental, moral and physical, and the settling upon him of a hopeless bromide habit without eradicating the epilepsy. There are some few cases in which a radical cure can be effected by drugs. There is a large number of cases where, with proper hygiene and the continued use of suitable remedies, the disease can be kept in check indefinitely. There is still a larger number of cases, and this may be said of almost all cases, in which if you depend upon drugs alone, and do not pay the first and closest attention to the regulation of every point of the daily life, you will find that the case goes from bad to worse, and that the effects of the drug have been bad, without influencing the disease. There is an enormous amount of damage done by the way in which bromides are used in convulsive affections.

The child requires a certain amount of training, and should be encouraged to use its mind in certain ways, for this exerts a beneficial and tonic influence. As I have said, the stimulus of competition, as in schools, is always an injury. These children, therefore, require a totally different arrangement of their daily life from that of healthy children. It should be based upon the fact that they are suffering from nervous prostration as well as nervous irritation. In speaking thus I do not allude to those cases in which some source of reflex irritation has been allowed to continue and keep up the convulsions. Such a child seems to me to be suffering from nervous prostration in a very real sense, and I think that the best results will be obtained by treating the child for that condition.

I should regulate the life of such a child in the following way:—Go to bed at seven o'clock, and lie in bed until eleven

o'clock in the morning; take a walk, come in and study, dine; after dinner, play or walk again, then rest and retire at the hour mentioned. Sometimes this can be carried out; at other times the child is so restless that any attempt to enforce such rules will do more harm than good. Where the child can be restrained, I regard prolonged rest in bed as one of the most useful adjuncts to the treatment of juvenile epilepsy. I have seen remarkable results follow this line of treatment.

I shall allude to only one more point to-day, and it is one about which much has been said of late—that is the question of genital irritation, as provoking attacks of epilepsy. I think that too much attention and importance has been given to this point. I think that you will be doomed to disappointment if you expect to have a great deal of good follow the circumcision of adherent and contracted prepuces, which is the most common expression of genital irritation. In the female, there are a few local causes of irritation of the genitals. I know that there are cases in which an inherent prepuce with irritation of the mucous membrane has excited the convulsion, and after the removal of this cause no other convulsions have appeared. Far more commonly, it will be found that children who, with an adherent prepuce, get convulsions, are epileptics in whom that may be one of the exciting causes, and although this may be removed it will leave behind the epileptic tendency, and convulsions will occur from some other cause. In some cases after the operation of circumcision complete relief has followed, but in a larger number of cases the condition of the prepuce has been found to be only one of the elements of irritation.

The same thing is true of worms in the intestinal canal. This is a rare cause, and still more rarely is it the only cause of irritation. We should, of course, carefully search for these causes of external irritation and remove them, and above all, as far more important, should we see to it that there shall be no condition of intestinal irritation.

**Antiseptic Obstetrical Methods.**—By Dr. W. W. Jaggard, of Chicago, Ill.—In the *Medical News* of January 26, 1884, this writer says:—Prof. Carl Braun prac-

tised antiseptic methods in obstetrics with critical exactness in the Vienna Lying-in Hospital before the discoveries of Weber, Billroth, Pasteur, Schwann, Koch and Lister were made known. It is the object of this paper to sketch briefly one of his contributions—Vienna Antiseptic Obstetrical Methods.

I. *Hospital Ventilation*.—Ten wards of the so-called new wing of the Vienna General Hospital have been used, *without interruption*, from 1834 to the present time, for the practical instruction of physicians in obstetrics. The paramount importance of perfect ventilation received immediate recognition upon Braun's accession to the control of the hospital.

Braun says upon the subject of hospital ventilation (*Gynäkologie* p. 884):—"I have arrived through practical observation at the recognition of the fact, that the rapid and effective prevention of putrefaction by means of generous and adequate ventilation, is to be regarded as a good prophylactic rule against puerperal fever; that not the greater number of puerperal women who are annually cared for in a hospital, and not the greater number of puerperal women in one room, but the insufficient change of air in a cell for one individual in the smallest hospital, is to be regarded as the important factor in the spread of puerperal fever; that puerperal women, therefore, in order to be effectually guarded against puerperal fever must be isolated, not by insulated houses and gardens, not by stone walls, but by the continuous conveyance of large quantities of fresh, pure, warm air by means of a cheap, practicable, easily executed method."

II. *Treatment during last weeks of Pregnancy*.—During the period prior to confinement (a space of four or six weeks) the pregnant woman is compelled to take baths at regular intervals, and her axillary temperature is carefully noted. Her last act before entering the lying-in chamber is to take a warm bath, in which soap is vigorously employed.

*Treatment during Parturition*.—Upon entering into the lying-in chamber in the first stage of labor, if her temperature is pathological, she is transferred at once to another ward. Vaginal examination is permitted an individual upon the conditions:



(1) That for the space of twenty-four hours preceding he has not been within the sphere of contagion of any zymotic disease, and that his hands have not come in contact with any wound or cadaver; (2) that his hands are absolutely clean.

After a vigorous application of soap and nail-brush in a two and a half per cent. solution of carbolic acid, the hands are rendered thoroughly antiseptic. Before making the examination it is customary to dip the exploring finger into a solution of hydrochloric acid in glycerine.

During parturition it is usual to douche from time to time the external genitals with some antiseptic fluid. In every case of protracted labor, after rupture of the bag of membranes, sitz baths at regular intervals are enjoined.

When operative procedure is indicated, the vulva and vagina are thoroughly irrigated with a two per cent. solution of carbolic acid before the introduction of any instrument. Extreme attention is paid to the exclusion of air from the uterine cavity during the process of irrigation. After the completion of the irrigation, a *bacillus*, containing five grammes of iodoform, is introduced within the uterine cavity, and an equal quantity is usually placed within the vagina.

Perineal ruptures and episiotomy wounds are carefully cleansed and immediately united by *serres fines* or sutures. Contused and lacerated wounds of the vagina are painted over with neutralized tincture of sesquichloride of iron, acetic clay, tincture of iodine, Goulard's extract, thymol, or carbolic oil. All wound surfaces are finally dusted over with iodoform powder.

The axillary temperature of each patient is taken and recorded at intervals of three hours during the entire period of parturition. If the temperature becomes abnormally high, the patient is at once isolated.

In a recent lecture upon this subject Braun said:—"I am perfectly convinced that every parturient woman in a febrile condition on account of endometritis, with or without *tympanites uteri*, possesses the capability of infecting, during her stay in the room; whether the transport of the pernicious influence is effected by the examining finger or by the polluted air pene-

trating the vagina, I should like to leave undecided. I, myself, hold that the one as well as the other mode of transport is possible."

IV. *Treatment during the Puerperium.*—Immediately after labor the soiled linen is removed, and the patient enveloped in linen sheets heated to 100° C. (212 F.) After the patient has had a brief period of sleep, the midwife cleanses, with a bit of absorbent cotton, the skin of thighs, abdomen and vulva, and wipes the surfaces dry with a clean, warm towel. Sponges have been for years banished from the clinic. The rules for the further treatment of the puerperal condition are:—

1. A rapid healing of the uterine wound is best effected by quiet, restricted diet and absolute cleanliness. To maintain cleanliness it is seldom necessary to inject lukewarm water into the vagina, and still more rarely are we compelled to irrigate the uterine cavity.

2. To prevent the absorption of the pus secreted by the uterine surface (a) fill all the bloodvessels to their maximum capacity, by the exhibition of generous quantities of lukewarm, sweetened drinks; (b) avoid depletion by diuretics, diaphoretics, or purgatives.

3. Secure uterine contraction during the third stage of labor and in the early hours of puerperium, even if no *post-partum* hemorrhage is threatened. This rule is especially imperative during the existence of epidemics of puerperal fever. Uterine contractions may be secured by massage of the abdomen and fundus, application of the binder or the exhibition of ergot.

4. Puerperal ulcers of the genitals, caused by the irritant action of the lochial secretion upon the traumatic effects of labor, must be rendered proof against the absorption of pus, during the first eight days, by the local application of potassium permanganate, basic sesquichloride of iron or tincture of iodine.

5. To arrest the fermentation process in the blood, or to limit its pernicious tendencies, five to fifteen grains of quinine may be exhibited daily with advantage. Axillary temperature of 39° C. (102 F.), pulse frequency of 100, dysphoria, constitute indications for the immediate use of the drug.

**The Exchange of Gases in Fever.**—Lilienfeld has recently conducted some experiments on the exchange of gases in animals in a state of fever. (*Pflüger's Archives*, Bd. XXXII., pp. 293-356.) The experiments were made in such a way that he was able to determine during a long period the interchange of oxygen and carbon dioxide—(1) when the animal's temperature was normal, and (2) when it was thrown into a state of fever by the injection of a putrid infusion of hay. He found that, without exception, both the absorption of oxygen and excretion of carbon dioxide were increased in fever, and also that the influence of the fever was greater in an animal which had been starved than in one which was fed up to the time of beginning the experiment. This difference he refers to the fact that in the last case the sudden cessation from feeding would alone diminish the amount of oxygen required. He also found that the ratio of the carbon dioxide expired to the oxygen inspired was not altered by the fever. This constancy of the respiratory ratio  $\text{CO}_2:\text{O}$  proves that Senator's assumption, that in fever the processes of oxidation are incomplete, cannot be accurate; but that the amount of tissue change is increased in fever, whilst the processes of oxidation are carried on in the same manner as in health, but to a greater degree. This increase of the processes of oxidation cannot be a consequence, but must be the cause, of the rise of temperature, since it took place in animals injected with the hay infusion, although their temperature was prevented from rising by keeping them in a bath at a suitable temperature. In one experiment even, in which the temperature of the animal's body was kept below normal by means of the bath, the interchange of gases was increased, this being probably due to the artificial cooling causing a compensatory increase in the production of heat. The author here again agrees with Finkler that the body has the power of regulating its production of heat in a state of pyrexia, as well as in health. Lilienfeld agrees with Zuntz that the rise of temperature, so far from being a salutary reaction of the animal's body in order to destroy the cause of the fever, is rather prejudicial to it, and at the same time favorable to the development of the pyrogenic organisms.—*Centralblatt für Klinische Medicin*, January 19th, 1884.—*Medical Times & Gazette*.

CANADA

# Medical and Surgical Journal.

MONTREAL, APRIL, 1884.

## THE TREATMENT OF DIPHTHERIA.

If any proof were needed of our feebleness in dealing with diphtheria, it would be found in the great number and variety of the medicinal agents that are being constantly recommended for the treatment of this disease. Seldom a year passes without the publication of a new "specific." The latest agent that is confidently said to possess this power is corrosive sublimate. It is recommended to be applied locally, and used also internally. Locally, it is applied in the strength from  $\frac{1}{1000}$  to  $\frac{1}{500}$ . Internally, it is administered in the usual doses. Judging from the marked antiseptic properties possessed by this mercurial compound, it would appear, if the prevailing notions on the pathology of the disease are correct, to be the agent, above all others, that would be likely to do good. From recent experimental investigations, it has been abundantly demonstrated that of all our antiseptics, corrosive sublimate is the one which is the most powerful and at the same time freest from untoward effects. This only applies, however, to its power in destroying the micro-organisms of putrefaction, and not to the power that it may possess over the "micrococcus" of diphtheria. Although it has not been as yet proved, it is highly probable that diphtheria is due to the deposition in the affected tissues (mucous membranes) of a micro-organism; that the disease is, in the first place, a local one, and that its constitutional effects are secondary to the local changes which take place in the mucous membranes, and to the absorption into the blood of the micro-organism. Even if this view of the nature of the disease be the correct one, and even if corrosive sublimate proves to be our most powerful manageable antiseptic,

it does not by any means follow that we have in this agent a cure for diphtheria. It is impossible, in practice, to carry out the antiseptic treatment of a diphtheritic sore throat in such a manner as thoroughly to destroy all the infected tissues, even were we able to apply our remedy in the pre-exudation stage, and if impossible in this early stage, how much more so must it be when the mucous membrane becomes covered with membranous patches. Probably the most important local use of any of our antiseptic agents is the influence they exert on the mucous membrane in the neighborhood of the infected patches, and not on the diseased parts.

In the local treatment of diphtheria, something is wanted in addition to an antiseptic. We want an agent that is capable of rapidly dissolving the membranous patches. Two substances have been introduced into practice during the last two or three years, which have been confidently said to possess this power. These are papayotin and pilocarpine. The former acts by directly dissolving the exudation, while the latter, it is said, floats the patches away by giving rise to an exudation of serum on the surface of the mucous membrane. The papayotin is applied locally; the pilocarpine is given internally. In a certain measure both these agents fulfill what is said regarding them. Owing, however, to the great difficulty and expense in obtaining the papayotin, it has not yet been used sufficiently to demonstrate what degree of usefulness it does possess. The untoward effects which are apt to follow the free use of pilocarpine will always render it a dangerous remedy, when given in the doses necessary to produce its full physiological effects on the salivary glands. Unless it produces free salivation, it cannot be of any use in "flushing" the throat; and in the doses necessary to produce these effects, it acts more or less as a cardiac depressant. A cardiac depressant is, of all agents, one to be used with the extremest caution in diphtheria. There are several deaths recorded from heart failure in diphtheria where pilocarpine was administered, and where it was supposed to have had more or less share in bringing this about.

A recent writer speaks very highly of the success which he

found follow the treatment of diphtheria by the internal administration of corrosive sublimate in the usual medicinal doses.

It is highly improbable that corrosive sublimate can have any beneficial action when used internally. All of it that can with safety be introduced into the blood cannot exert any antiseptic influence, and it is inconceivable that it can act in any other way.

### McGILL UNIVERSITY—ANNUAL CONVOCATION.

The annual convocation of the Medical Faculty of McGill University took place on the 29th March, in the William Molson Hall, which was crowded to overflowing on the occasion. The proceedings having been opened with prayer by the Ven. Archdeacon Leach,

HON. JUSTICE MACKAY delivered the following address respecting the late Chancellor of the University, Hon. Justice Day :—

Since we last met in convocation a great loss has fallen upon the University by the death of our late Chancellor—the Hon. Mr. Justice Charles Dewey Day. He was its first chancellor under the amended statutes of 1864, and for thirty-two years was president of the Royal Institution for the Advancement of Learning. He continued actively to discharge the duties of those offices until his death, which occurred in England in January last. He had in his lifetime filled several positions of honor in this Province ; he was solicitor-general, and one of the chiefs practising at the bar of this city when, in 1845, he was offered and accepted a seat in the Queen's Bench, of which he continued to fulfil the duties until 1857, when he was appointed (we may truly say by reason of his fitness) one of the commissioners to codify the laws of Lower Canada. As a judge, the deceased was remarked for his practical energy, his great talent for despatch of business, and for analysis, his soundness of judgment, and his impartiality. He frequently presided at jury trials, which in his time seem to have been resorted to more frequently than nowadays ; his charges to juries, and these are things that sometimes try judges, were remarkably practical, lucid, sound and judicial. In 1864, upon the completion of the codes, which will ever remain a monument of his and his colleagues' industry

and learning, Judge Day retired from the bench ; but he never ceased to interest himself in the affairs of this University, whose growth and progress, from very small beginning, he was witness of and powerfully contributed to. When he took office the students in arts numbered three, in the law faculty four, and in medicine fifty-three. In 1883 the students in arts numbered : undergraduates, 99 ; partial and occasional, 58,—in all, 157. The students in law numbered 26, in medicine 204, and the school of applied science was working with students, undergraduates 55, partial and occasional 14—together 69. In 1881, when the financial condition of the University was discouraging, the late chancellor, assisted by our worthy principal, prepared a statement of its affairs, accompanied by an appeal to the public for aid. This he supported by an eloquent speech at a public meeting. The result, as you know, was encouraging ; friends of the University seemed to be *raised up*, liberal donations were made to it, and it was relieved from its embarrassment. At the first meeting of the governors after the melancholy news of Judge Day's death reaching us, it was resolved :

“ That the governors of McGill College deeply lament the irreparable loss which this University has sustained in the death of their late colleague, the Hon. Charles Dewey Day, for thirty-two years the President of the Royal Institution for the Advancement of Learning and first Chancellor under the amended statutes of 1864, and one of the earliest and most valuable members of this Board.

“ The history of the University is intimately bound up with the long course of his administration, and its progress and prosperity in a great measure are due to his eminent ability and the wise counsels that have at all times been rendered by him to promote its interests and welfare.

“ The governors desire to record the high appreciation and esteem they feel for the great worth of his private and public character, the memory of which will be ardently cherished with reverence and affection by those whose privilege it has been to be personally and officially connected with him.”

And at the meeting of the corporation of the University, held yesterday, a resolution of like substance was unanimously agreed to. The resolutions referred to free me, in a degree, from saying some other things that I might have said. I am confident that they will be approved by each and every person present in

this hall and by all who take interest in the affairs of the University, as a true and just tribute to the memory of an old and faithful servant of it, a worthy man, the blank left by whose decease it will be very difficult to fill up.

DR. HOWARD, Dean of the Medical Faculty, then read the awards of prizes and honors in medicine, as follows:—

The total number of students registered in this Faculty during the past year was 207, of whom there were from Ontario, 110; Quebec, 49; Nova Scotia, 5; Manitoba, 1; New Brunswick, 22; Prince Edward Island, 5; Newfoundland, 2; West Indies, 3; United States, 10.

The following gentlemen, 40 in number, have passed their Primary Examination on the following subjects: Anatomy, Practical Anatomy, Chemistry, Practical Chemistry, Materia Medica and Pharmacy, Institutes of Medicine, and Botany and Zoology. Their names and residences are as follows:

J. H. Armitage, Newmarket, O.	Thos. G. McGannon, Prescott, O.
H. S. Birkett, Hamilton, O.	J. W. McMeekin, Chesterfield, O.
D. A. Cameron, Strathroy, O.	J. M. McKay, River John, N.S.
D. Corsan, Woodstock, O.	Guý F. Palmer, Ottawa, O.
J. L. Clark, Waterloo, Q.	Alf. T. Platt, Picton, O.
M. A. Craig, Glen Water, O.	N. G. Powne, Nashville, Tenn.
W. C. Crocket, B.A., Fred'ton, N.B.	W. P. Pringle, Cornwall, O.
W. W. Doherty, Kingston, N.B.	G. H. Raymond, B.A., Springfield,
John L. Duffett, Leeds, Q.	A. Raymond, Moulinette, O. [N.B.
John Elder, B.A., Huntingdon, Q.	F. D. Robertson, Lennoxville, Q.
Thos. M. Gairdner, Bayfield, O.	W. M. L. Rowat, Manotic, O.
J. B. Gibson, Cowansville, Q.	A. T. Schmitt, Faribault, Minn.
Geo. J. Gladman, Lindsay, O.	F. J. Seery, Fredericton, N.B.
J. H. Y. Grant, Ottawa, O.	W. A. Smith, Montreal, Q.
Smith Gustin, London, O.	A. Russell Turnbull, Russell, O.
P. H. Hughes, Strathroy, O.	W. W. White, B.A., St. John, N.B.
John A. Kinloch, Montreal, Q.	F. J. White, Green's Pond, Nfld.
Ed. P. McCollum, Duart, O.	Charles Wilson, Cumberland, O.
W. J. McCuaig, Vankleek Hill, O.	D. J. Wishart, B.A., Madoc, O.
H. J. McDonald, Alexandria, O.	A. N. Worthington, Sherbrooke, O.

The following gentlemen, 34 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from the University. In addition to the primary subjects as mentioned above, they have passed a satisfactory examination, both written and oral, on the following subjects: Principles and Practice of Surgery, Theory and Practice of Medicine, Obstetrics and Diseases of Women and Children, Medical Jurisprudence and Hygiene, and also Clinical Examinations in Medicine and Surgery conducted at the bedside in the Hospital:—

J. L. Addison, West Flamboro, O.	John A. Duncan, Duncanville, O.
Jos. A. Barrett, Fenagh Vale, O.	E. J. Elderkin, Apple River, N.S.
Hy. J. Clarke, Pembina, Dakotah.	W. A. Ferguson, B.A., Richibucto.
John R. Church, Aylmer, Q.	C. E. Gooding, Barbadoes, W.I.
Sheldon E. Cook, Aultsville, O.	Geo. A. Graham, Hamilton, O.
T. B. Davies, New Edinburgh, O.	Jas. A. Hutchison, Goderich, O.



C. H. Johnson, Almonte, O.	Timothy O'Brien, Brudenell, O.
W. G. Johnston, Sherbrooke, Q.	Wm. Porteous, Pembroke, O.
Patrick N. Kelly, Rochester, Minn.	W. Scott Renner, Jordan Station, O.
Thos. H. Landor, London, O.	L. D. Ross, Montreal, Q.
J. H. McLellan, Summerside, P.E.I.	Geo. B. Rowell, Abbotsford, Q.
J. P. McInerney, Kingston, O.	R. F. Ruttan, B.A., Napanee, O.
Wm. McClure, B.A., Lachute, O.	E. H. Smith, Prescott, O.
G. N. McLean, B.A., Pictou, N.S.	W. A. De W. Smith, Montreal, Q.
John C. Meahan, Bathurst, N.B.	H. E. Smyth, Worcester, Mass.
David B. Merritt, B.A., Ottawa, O.	Felix D. Walker, Launching, P.E.I.
W. M. F. Nelson, Montreal, Q.	S. F. Wilson, M.A., Springfield, N.B.

Of the above gentlemen, Messrs. Hutchison and E. H. Smith are under age, and await their majority before receiving the degree. Messrs. W. Johnston, Church and McClure await the completion of four years from the date of matriculation before receiving the degree.

The following have passed in Anatomy and Practical Anatomy:—  
J. E. Gray, F. H. Orton, V. H. Morgan, J. F. Williams, A. F. Schmidt, L. H. Carter, and Walter C. Cattenach.

The following have passed in Chemistry:—S. W. Boone, K. Cameron, Douglas McG. De Cow, E. H. Earl, J. Graham, A. Grant, T. J. Haythorne, A. D. McMillan, J. G. Owens, L. G. M. Pomeroy, Alf. Poole, L. F. Ross, B.A., W. G. Stewart, G. C. Stephen, and H. P. Wilkins.

In Practical Chemistry:—E. H. P. Blackader, S. W. Boone, W. D. Brown, — Cunningham, D. McG. De Cow, J. D. Flagg, G. C. Gardner, J. E. Gray, R. A. Kennedy, R. C. Kirkpatrick, Eug. McKay, V. H. Morgan, T. H. Orton, L. E. M. Pomeroy, A. Poole, — Ross, A. F. Schmidt, G. C. Stephens, and H. P. Wilkins.

The following have passed in Materia Medica:—L. H. Carter, D. McG. De Cow, J. E. Gray, T. J. Haythorne, R. A. Kennedy, — Kirkpatrick, V. H. Morgan, Eugene McKay, J. G. Owens, F. H. Orton, Alf. Poole, L. F. Ross, G. C. Stephen, A. F. Schmidt, H. P. Wilkins, and J. F. Williams.

The following have passed in Physiology:—L. H. Carter, D. McG. De Cow, J. E. Gray, H. V. Johnstone, R. A. Kennedy, V. H. Morgan, Eug. McKay, G. A. McMillan, F. H. Orton, A. Poole, L. F. Ross, B.A., A. F. Schmidt, G. C. Stephen, and Jas. F. Williams.

The following have passed in Medical Jurisprudence:—F. H. B. Allan, T. H. Armitage, R. H. Arthur, P. Aylen, T. A. D. Baird, J. A. Barrett, F. N. Burrows, L. H. Carter, A. W. Campbell, G. A. Cassidy, W. C. Cattenach, D. Corsan, W. G. Daly, J. H. Darey, B.A., H. Daze, D. W. Eberts, W. A. Ferguson, B.A., F. G. Finley, Wesley Groves, Smith Gustin, E. O. Hallett, A. Hanna, H. T. Hurdman, R. T. Irvine, C. H. Johnson, H. D. Johnson, Wm. H. Klock, H. J. Macdonald, N. McCormack, Wm. McClure, B.A., M. C. McGannon, J. T. Mackenzie, J. H. McLellan, J. W. McMeekin, D. L. McMillan, D. T. McPherson, D. F. Merritt, Alex. B. Osborne, J. G. Owens, G. F. Palmer, A. T. Platt, F. H. Powell, — Robertson, R. F. Ruttan, B.A., J. L. Sibley, B.A., H. E. Trapnell, F. Tupper, J. A. R. Wilson, and E. G. Wood.

The following have passed in Hygiene:—J. H. B. Allan, T. H. Armitage, R. H. Arthur, T. A. Baird, G. W. Boggs, W. Bowen, B.A., F. Burrows, A. W. Campbell, L. H. Carter, A. Cassidy, W. G. Cattenach, D. Corsan, M. A. Craig, W. S. Daley, J. H. Darey, B.A., H. Daze, W. W. Doherty, D. W. Eberts, F. G. Finley, J. D. Flagg, W. Groves, E. Hallett, A. E. Hanna, F. Harkin, R. F. Hurdman, R. T. Irvine, H. D. Johnson, H. V. Johnstone, W. H. Klock, J. L. Mattice, H. McCormack, H. J. McDonald, M. F. McGannon, J. McClellan, J. McMeekin, — McMillan, D. F. McPherson, A. B. Osborn, J. G. Owens, G. F. Palmer, A. T. Platt, L. E. M. Pomeroy, B.A., F. H. Powell, A. M. Robertson, J. L. Shibley, B.A., G. C. Stephen, H. E. Trapnell, J. A. K. Wilson, and E. G. Wood.

The following have passed in Pathology:—J. H. P. Allan, P. Aylen, T. H. Armitage, R. H. Arthur, T. A. D. Baird, J. A. Barrett, F. N. Burrows, A. W. Campbell, D. H. Cameron, L. H. Carter, G. A. Cassidy, W. C. Cattenach, D. Corsan, M. A. Craig, W. S. Daly, H. Daze, J. H. Darey, B.A., D. W. Eberts, W. A. Ferguson, B.A., F. G. Finlay, Smith Gustin, W. Groves, A. Hanna, E. O. Hallett, F. M. Harkin, H. T. Hurdman, H. V. Johnstone, H. D. Johnson, W. H. Klock, W. McClure, B.A., W. McCormack, M. C. McGannon, J. H. McClellan, J. W. McMeekin, H. J. McDonald, D. L. McMillan, D. T. McPherson, D. P. Merritt, Alex. B. Osborne, J. G. Owens, G. F. Palmer, A. T. Platt, F. H. Powell, — Robertson, R. F. Ruttan, B.A., J. L. Shibley, B.A., H. E. Trapnell, J. A. R. Wilson, and E. G. Wood.

The following have passed in Physics:—J. P. Aborn, J. A. Berry, G. W. Boggs, D. J. Flagg, J. M. Fraser, A. W. Gardner, L. E. M. Pomeroy, W. P. Pringle, M. G. Powne, S. W. Boone, K. Cameron, J. Boyd, W. Christie, A. W. Cowie, W. M. Donald, C. L. Easton, C. J. Edgar, W. E. Ellis, E. J. Evans, E. Fillimore, A. J. Grant, W. Hall, A. G. Hall, C. W. Haenschel, E. D. Holden, J. M. Johnson, J. A. Kelly, H. A. Laffeur, D. D. McDonald, A. D. McDonald, G. C. Richardson, A. F. Ritchie, D. L. Ross, A. F. Schmidt, D. J. Scully, D. Sinclair, G. C. Stephen, W. G. Stewart, J. F. Williams, S. P. Williams, H. P. Wilkins, and T. G. Norman

The following have passed in Botany:—*1st class*—N. G. Powne, J. A. Dickson, S. J. Norman, J. M. Fraser, Wm. Hall, E. J. Evans, D. D. McDonald, E. J. Edgar, A. D. McDonald, N. R. Pringle, D. J. Scully, A. W. Haenschel, and S. P. Williams. *2nd class*—J. A. Ferguson, W. M. Donald, J. W. Johnson, C. L. Easton, J. A. A. Kelly, J. F. Brunet, A. M. Cowie, G. L. Richardson, D. L. Ross, — Aborn, W. G. Ellis, F. Loucks, and A. G. Hall. *3rd class*—D. Sinclair, H. McKinnon, F. W. Fillimore, — Boggs, J. J. Cameron, E. L. Quirek, J. A. Berry, J. Boyd, Wm. Bowen, A. L. Hamer, W. D. Parker, C. J. Polthier, W. D. S. Ferguson, A. H. Davis, A. B. Giles, J. P. Aylen, R. F. Ritchie, and A. F. Woodruff.

The following have passed in Histology:—P. Aylen, J. A. Berry, G. W. Boggs, S. W. Boone, Wm. Bowen, J. Boyd, K. Cameron, W. Christie,

A. W. Cowie, D. McG. DeCow, J. A. Dickson, W. M. Donald, C. J. Edgar, W. E. Ellis, E. J. Evans, J. A. Ferguson, W. D. Ferguson, E. Fillimore, J. D. Flagg, J. M. Fraser, A. W. Gardner, J. E. Grey, A. G. Hall, W. Hall, C. W. Haentschel, A. L. Hamer, J. W. Johnson, P. N. Kelly, F. Loucks, B. A. Lafleur, D. D. McDonald, A. D. McDonald, I. J. Norman, W. D. Parker, L. G. M. Pomeroy, N. G. Powne, W. P. Pringle, D. L. Ross, G. C. Richardson, D. Sinclair, D. J. Scully, — Williams, F. A. Woodruff, H. D. Wilkins, and — McKinnon.

### MEDALS, PRIZES AND HONORS.

The Holmes Gold Medal for the best examination in the Primary and final branches was awarded to Wm. A. Ferguson, B.A., of Richibucto, N.B.

The prize for the best final examination was awarded to Jas. P. McInerney, of Kingston, N.B.

The prize for the best Primary examination was awarded to Smith Gustin, of London, Ont.

The Sutherland Gold Medal was awarded to John Elder, B.A., of Huntingdon, Q.

The following gentlemen, arranged in order of merit, deserve honorable mention :—

*In the Primary Examination*—N. G. Powne, H. S. Birkett, J. A. Kinloch, J. Elder, B.A., W. W. White, B.A., W. J. McCuaig, W. C. Crockett, B.A., G. H. Raymond, B.A., John L. Duffet, C. W. Wilson, F. J. Seery, Geo. B. Rowat, A. R. Turnbull, E. P. McCollum, and G. F. Palmer.

*In the Final Examination*—Geo. A. Graham, R. F. Ruttan, Wyatt D. G. Johnston, Edwin J. Elderkin, and Thos. B. Davies.

### PROFESSORS' PRIZES.

*Botany*—Prize, N. E. Powne, of Nashville, Tenn. For the best collection of plants—Prize, J. E. Gray, of Coldstream, Ont.

*Practical Anatomy*—Demonstrator's Prizes: 2nd year, H. S. Birkett, of Hamilton, Ont. 1st year, D. L. Ross, of Winthrop, Ont.

*Pathology*—Prize awarded to Edwin C. Wood, of Londesboro, Ont.; and honorable mention to Fred. G. Finley, Montreal, Q.

The degrees were then conferred by the Ven. Archdeacon Leach, the formalities being gone through with in the usual manner.

DR. J. P. McINERNEY, of Kingston, Ont., was then introduced, and delivered a very exhaustive valedictory address on behalf of the graduating class.

PROF. GEO. ROSS, A.M., M.D., was next called upon, and delivered an address to the graduating class. (*See page 513.*)

THE CAMPBELL MEMORIAL FUND.

DR. HOWARD, Dean of the Medical Faculty, before the meeting concluded made the following announcement:—For the information of the numerous friends of the University and of the Medical Faculty, I have much pleasure in stating that the movement begun in the session of 1882-83 to raise an endowment fund for the purposes of medical teaching and to commemorate the name of our late lamented dean, Dr. Geo. W. Campbell, has been successful. The subscriptions to that fund amount to \$51,575, and a building lot worth about \$700 to \$1,000, and some of our friends have yet to be heard from. This generosity on the part of the friends of medical education enabled the faculty to call upon the Hon. D. A. Smith to redeem a promise that, in the event of \$50,000 being subscribed as a Campbell Memorial Fund by the 1st of August, 1883, he would present the faculty with a like sum. I am sure that you will be pleased to hear that on the day that Mr. Smith was shown the list of subscribers to the Campbell fund he sent a cheque to the Dean for the amount promised, and thereby created the "Leancoil Endowment" of the medical faculty. We are very grateful to him, not only for the munificent gift of money, but also for the influence his promise, given at the very outset of our undertaking, exercised upon many of our generous subscribers. These moneys are administered by the Board of the Royal Institution in the interests of the medical school.

The faculty of medicine of McGill University avails itself of this, its first public opportunity, to acknowledge also the services rendered to medical education in this province, the grateful tribute paid to the memory of its late Dean, and the substantial benefit conferred upon this university, by another distinguished citizen, Mr. George Stephen.

A day or two after the announcement of the medical faculty to raise a Campbell memorial fund, Mr. Stephen sent word that he would give \$50,000 to the Montreal General Hospital to

commemorate Dr. Campbell's memory, and bonds to that amount were paid over in November last to that institution for the purpose of erecting a Campbell wing or building, and in which the professor of clinical surgery of McGill College should always have beds for teaching clinical surgery.

The medical faculty is very grateful to the many generous friends who have given such practical evidence of their good will.

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CANADA MEDICAL ASSOCIATION.—The next meeting of this Association will be held in this city on the 25th, 26th and 27th of August next. Lawson Tait, Burdon Sanderson, and a number of other distinguished English scientists will be present.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—From *Science* we learn that Sir Joseph Hooker has been nominated one of the vice-presidents for the Montreal meeting of the British Association. Instead of Mr. Crookes, Prof. W. G. Adams will give one of the public lectures. A well-attended meeting of the organizing committee of the chemical section has been held, under the presidency of Prof. Roscoe. Promises of papers were received from several well-known chemists, and a small executive committee was formed to draw up a list of papers and to communicate with Canadian and American chemists. A list of subjects for papers in the engineering and mechanical sections has been prepared, particularly with the view of being treated by Canadians. Sir J. H. Lefroy has accepted the presidency of the geographical section. Prof. Burdon Sanderson has consented to act as deputy for Prof. Williamson, the treasurer.

—Dr. Lachapelle, one of the professors of Laval branch in Montreal, has made a very serious charge against the authorities of the Victoria Medical Faculty. He states, through one of the evening papers, that the professors of the latter school gave information beforehand to the candidates for the degree of the questions which would be asked at their written examination. He declares that he has documentary evidence of the correctness of this statement. The President of Victoria has denied the

charge, claiming that some of the papers were fraudulently obtained by some of their students. As the matter remains still to be investigated, we refrain from further comment.

—A move is once more being made to revive the project for a Protestant Insane Asylum for this Province. It seems to be in good hands, and we do hope will succeed: not because we think Protestant and Catholic lunatics require to be separated, but because there is *no* medical treatment in our present Provincial Asylum, and this, we trust, in the new Institution, will be looked upon as of the first importance.

—The annual meeting of the Association of American Medical Editors will be held in Washington on May 5th at 8 p.m. The annual address will be delivered by President Leartus Connor, M.D., on "The American Medical Journal of the Future, as Indicated by the History of American Medical Journals in the Past." Dr. N. S. Davis will open the discussion on "How far can Legislation Aid in Elevating the Standard of Medical Education in this Country?" All members of the profession, especially journalists and authors, are invited to be present and take part in the meeting.

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### Obituary.

LANSFORD P. YANDELL, of Louisville, Ky., one of the most prominent physicians in the United States, died recently at his home from angina pectoris. He was a physician of very high attainments, and had a good reputation as a writer and teacher. He was senior editor of the *Louisville Medical News*, and a prominent member of the American Medical Association.

DR. CASPAR WISTAR, of Philadelphia, who formerly occupied a very prominent position in the profession of that city, died on the 17th of March, at the advanced age of 75 years.

GEORGE ENGELMANN, the accomplished physician and eminent botanist, died in February at his home in St. Louis, just after the completion of his 75th year.

### Medical Items.

—The celebrated Berlin physician, Prof. Frerichs, has been raised to the order of nobility. This is the fourth physician who has lately received the honor, the others being Von Langenbeck, Ranke and Lauer.

—Drs. McLean and Duncan, of Fergus Falls, Minn., have recently been appointed surgeons to one district of the St. Paul, Minneapolis & Manitoba Railway. Their many friends will be glad to hear of their increasing success in this western country.

—Dr. Weichselbaum of Vienna says that he has discovered tubercle bacilli in the blood of a patient affected with acute miliary tuberculosis. They were not numerous, and care had to be exercised in order to find them, yet they undoubtedly existed. If this proves to be true, it will give us a valuable means of arriving at a certain diagnosis in these cases. Tubercle bacilli have also been found in the blood in cases of tuberculous meningitis.

—It is high time for the profession to throw over, once for all, the foolish pedantry of writing the directions in a prescription in a language which ninety-nine out of a hundred prescribers are utterly ignorant of, even in its canine variety. The most obstinate Latinists at the College of Physicians probably agreed with us when they came across the following prescription by one of their members in last week's *Lancet* :

“**R** Infusi foliorum recentium saxifragæ, ʒ iii  
 (Faciât et aqua calida xcviii Fahr., per boras sex;  
 foliorum, 1; aquæ, x.)  
 Glycerini, - - - - - ʒ i      Miscæ.

Fiat injectionem, ut bis die utendum.”

There is considerable naïvete about that prescription.—*Times*.

—At a meeting of the Society of Physicians in Berlin, on February 13th, Dr. Siegmund read the history of a case of chyluria in a man aged 45. The filaria was not present in this case, and Siegmund did not believe in it as a cause of chyluria. In the discussion which followed the reading of Siegmund's

paper, Senator remarked that for several years he had a patient with chyluria under observation. Senator's patient was born in Germany, but had lived for a number of years in the Rocky Mountain regions of America—in a region where mosquitoes and other insects ("Greenheads") were very common. Senator said that recently Hirsch and Ewald said that mosquitoes bore a certain relation to tropic chyluria.

—The question has been raised as to the frequency of epilepsy in the colored race by the remark of Lawson Tait in a discussion as to deafness in white cats: "Every kind of white animal that I have kept as a pet has proved to be the subject of epilepsy, and the association is suggestive, when we are told, as I have been frequently, that the disease is unknown among negroes." A. G. Bell, in a recent communication in *Science*, says that so far as the American negro is concerned this is not true. Another writer in the same periodical maintains that epilepsy is more frequent in negroes.

—The occurrence of a distinct form of micro-organism in the sputa of pneumonic patients has recently been demonstrated by Drs. Poel and Molan, of Holland, thus confirming the experiments of Friedländer and others. Poel found these organisms in great abundance in the pneumonic exudations of the lower animals, and also in exudation present in the lungs in the human subject. These micro-organisms are micrococci, and are identical both in man and the lower animals. The identity of the virus in the pneumonia of men and the lower animals has further been proved by the cultivation and inoculation of each, producing identical results.

—Dr. E. H. Bartley, chemist to the Brooklyn Board of Health, has made a report to that body in regard to the "rock and rye drops" which, although flavored with fusel oil, are constantly sold at the candy shops in large quantities to school children; and in it he says: "In some of these candies the oil is not thoroughly mixed or diffused, and occasionally a good-sized cavity is filled with fusel oil. Estimating that a child may buy



and eat half a pound of this candy, containing 5-7 grains of the oil, it will be seen that it will take the maximum dose for an adult, and will probably experience distinct symptoms, such as dizziness, headache, or even slight intoxication." A fatal dose of fusel oil is stated by the best authorities to be from 1.4 to 1.6 grammes, or the quantity found in two pounds of this candy.

—During the year 1883, 606 cases of diphtheria were admitted into the Hôpital Trousseau, in Paris; 165 of these were pharyngeal, and 441 affected the larynx or air passages. The mortality in the pharyngeal cases was 40 per cent.; ten of the cases dying from paralysis, and the remainder from the toxic effects of the diphtheritic poison or some intercurrent disorder. The proportion of paralytic cases is very large, and the mortality extremely high. Of the 441 diphtheritic croups, 359 were operated upon, with 244 deaths, a mortality of 68 per cent. The 359 cases operated upon included 40 cases of croup complicating measles, and 30 who were under two years of age; and amongst those who recovered after tracheotomy, there was an infant of 13 months, three under 20 months, and two which were complicated with measles. The cases which were not operated upon were for the most part those cases in which there was widespread diphtheria of both pharynx and larynx, and which were moribund when admitted. These results have been the most satisfactory that they ever had in the Hôpital Trousseau. It is interesting to note that several cases of paralysis occurred after *laryngeal* diphtheria, thus pointing strongly to the identity of laryngeal diphtheria and membranous croup.

—Dr. T. D. Crothers, Secretary American Association for the cure of Inebriates, Editor *Quarterly Journal of Inebriety*, Hartford, Conn., says:—"BROMIDIA: This remedy or combination is peculiarly fitted for the cases who come under our care, and those who are working with inebriates and opium cases, of all others, should be made familiar with it."