

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

CANADA

MEDICAL & SURGICAL JOURNAL

MAY, 1879.

Original Communications.

SOME PRACTICAL HINTS

ON THE

GENERAL TREATMENT OF THE INSANE ;

BY HENRY HOWARD, M.D., M.R.C.S., ENG.,

Attendant Physician to the Longue Pointe Lunatic Asylum, President of
Montreal Medico-Chirurgical Society.

MR. VICE-PRESIDENT AND GENTLEMEN,—During my long, forced, absence from you in consequence of my broken arm, I felt, as soon as I was able, I could not better employ my time, nor could I in a more becoming manner prove to you my gratitude for your kindly expressed sympathy, than by preparing a paper to read before the society ; and as I had heretofore given you so many papers of a theoretical character, that this paper, at least, should be practical. Of course you will understand that being thus employed was a pleasurable recreation to me. No one recognizes more fully than I do the necessity that there is for the animal man to have rest from both physical and mental labor, the former more particularly ; but when that rest is forced upon us by having our bones broken, we do not value it very highly, perhaps not as much as we should. When we recover we may be led to see how good it was for us, but when we are suffering, it is hard to convince us where the good comes in. As to mental rest it is certainly necessary for us all, but that is

best obtained by changing our mental occupation, from time to time, so as not to weary our minds by always dwelling upon the one subject. I know of nothing more destructive to the brain-worker than always poring over the same work, never taking an hour of recreation, never condescending to the *wise folly* of a good hearty laugh. The best advice, I think, we can give to all labourers, whether their work be mental or physical, is to follow the advice of that philosophical individual, Mark Tapley, and be "jolly" under any circumstance.

I propose, gentlemen, this evening to give you a few general remarks on the treatment of the insane; and when I speak of the insane, I confine my remarks to those who having been sane, have from some cause or other lost their sanity and become insane, and here I would at once state, that, properly-speaking, we never *cure* these patients; they *recover* their sanity which they lost, and we aid in this recovery by prudent and well directed treatment, as we retard their recovery very frequently by unwarrantable interference and ill-directed treatment. No matter from what exciting cause a sane person loses his sanity, if he do not recover his sanity or die during the maniacal attack, he gradually descends into a state of imbecility, in which he dies, sometimes after a short, sometimes after a long period of time.

It is not necessary for me to inform the members of this society that there is no such thing as a specific for the cure of insanity. How could there be when there are so many direct and remote exciting causes to produce it? It may be due to some functional derangement, some reflex action, deranging the brain or its coverings; or it may be due to some direct irritation of the brain or its meninges, or to some lesion of the brain substance or its coverings; it may be due to an increased or diminished quantity of blood, it may be caused from thrombus, from aneurism, or congestion, it may be caused from abscess, from tumour, or from softening of the substance of the brain. Seeing then, gentlemen, that there are many remote and direct causes which produce insanity, how can there possibly be a specific for the cure of insanity? Yet, we find, every day, our medical literature and newspapers teeming with remedies for the cure of

insanity, because some one recovered his sanity while taking some particular medicine, which, probably had no more to do with the recovery of the patient than if he had taken so many drops of cold water. When you see these reported cases, I beg that you may not let them produce any strong impression upon you. When you for a moment think of the anatomy of the brain and its appendages, and its connection with the whole human frame, even to our most minute organs, by means of the sympathetic nerves; when you consider the nerves of sense, the motor nerves, all forming one great arch, and all connected with the brain; the sensory nerves and the vaso-motor nerves; when you remember that every nerve has its own proper centre, either in the brain, the spinal marrow, or some of the numerous ganglia of the sympathetic, and that the brain, so to speak, is the grand centre of all, you are not surprised to learn that many cases of insanity arise from some functional or organic derangement, of some of the many important organs, whether it be the heart, lungs, liver, kidneys, organs of generation, or organs of digestion. Aye, I might even mention our members of locomotion, for I have seen insanity caused by the amputation of a limb, and some of our greatest physiologists have pointed out the fact, of brain and nerve wasting from the loss of an arm. Again, when you remember that the work of the brain is never done, that it is never at rest, you are not surprised to learn of all the organic changes that it is subject to, any of which may give rise to insanity. I say the brain never rests, for to have perfect rest there must be unconsciousness, and there is no such thing as unconsciousness, during life and health. When we see a person in a very sound sleep, we say he is unconscious; he may be to many things, but not to everything. Make some unaccustomed noise, and let that noise be an alarm of danger, for example, and you will see how soon the person will wake up; or touch him with your cold hand, and see how quickly he will start and open his eyes; or bring a light into a dark room where a person is asleep, and you will have the same result, or put some unpleasant odour under his nose, you will have the same result. I know a gentleman and

such is his abhorrence of the smell of a bug, that if one gets into his bed and comes within smelling distance of his nose, he will awake immediately, with a feeling of nausea, light his candle, and if possible expel the intruder. So you see in the most deep *healthy* sleep the brain hears, sees, feels and smells; so that it is never unconscious, but keeps, as it were, constant guard over us. I need not tell you, gentlemen, that all consciousness is centred in the brain; it is the brain that feels, that hears, that tastes, that smells, that suffers. Eulenburg and Gutman in their "Physiology and Pathology of the Sympathetic System of Nerves," speaking of "Neuralgia Mesenterica," say: "At the present day we need not discuss the doctrine believed in by Tanquerel des Planches, and many other physiologists of his time, that the sensory and motor centre for the intestinal viscera is to be found only in the ganglia of the sympathetic. We know, on the contrary, that the sensorium commune in men is exclusively cerebral, that is, that sensory impressions are felt only in the brain, and that also the movements of the vegetative organs are in various ways controlled and modified by the cerebro-spinal nervous centres, as has been proved by numberless experiments and pathological observations relative to the stomach, intestines, ureters, bladder, uterus, vasa deferentia, &c. Such a statement as 'Tanquerel, des Planches' would now be an anachronism. If we keep in view the neuralgic nature of the group of symptoms known as enteralgia or colic, the only important subject for investigation is concerning the peripheral course of the irritating action; whether—to express it more clearly—this is conveyed to the sensory centre by *sympathetic* or exclusively by *cerebro-spinal* afferent fibres. In the first case the sympathetic would have to be regarded entirely a sensory nerve, the analogue of the sciatic nerve in sciatica, or of the trigeminus in prosopalgia." This is an interesting quotation in many particulars, but my object is to prove to you, from such authorities, that sensory impressions are felt only in the brain. True we attribute the pain to the part affected, for example, a friend of ours could tell you of a case that came under his observation some few weeks ago, when at midnight, he found his patient, an old gentleman, sitting in a

hip-bath, and suffering most excruciating pain in the lower part of the rectum, that is to say the rectum was the part affected ; but, of course, it was the brain that took cognizance of it ; this was a case, according to authorities just quoted, of spasmodic contraction of the sphincter ani, analogous to colic, but in a different part of the intestinal canal. I am happy to tell you, that the said old gentleman soon obtained relief from the treatment prescribed by his physician. One point more with regard to the brain, and that is, does the healthy brain ever cease to think ? That is, does it cease to think when we are asleep ? From a psychological and physiological study of the question I do not think it does. What are our dreams but thinking, thinking at random, if you will, but still thinking. But the fact is better established by the many cases on record of men working out difficult problems during their sleep that they had failed to work out during their waking hours. It may be said that the brain is perfectly unconscious under the influence of chloroform or narcotics ; it may be so, though that requires proof ; but then the brain is not in a normal state under the influence of narcotics or chloroform, and I speak of it in its normal state. And now, gentlemen, I have given you a very meagre outline of the anatomy and physiology of the nervous system, simply to show you that the brain is the great nervous centre in man, and how exposed it is to suffering from a thousand physical causes, in addition to what it has to suffer mentally ; and as in a previous paper I stated to you that *suffering* was the grand exciting cause of insanity, to those who had in them an insane neurosis, you will not be surprised that so many become insane ; but your surprise will be that more do not become insane, again remembering the physiology of the nervous system. You will see that where there are so many causes, direct and indirect, for interfering with the healthy action of the brain, you will not be surprised at what I have stated, that I knew of no specific treatment for insanity. Therefore, I can only give you some general remarks. There is one symptom always present in all cases of insanity, although it arises from different causes, and that symptom is *insomnia* ; no matter whether the cause be organic or functional ; whether it be dependent upon the circu-

latory system, the organs of generation, the urinary organs, or the digestive organs, the motor nerves, or the sensory, the sympathetic or the vaso-motor nerves; in all cases of insanity you have insomnia, and your first care must be to procure for your patient sleep, and for this purpose you have various hypnotics, but you must be very cautious how you use them, for I have seen very great evil result from the use of this class of medicine, one I would mention in particular, and that is *chloral*. I speak of this from the difficulty of knowing the dose to prescribe in each particular case, and from the fact that I invariably find that after its effects have passed away it leaves the patient more excited. You have also beer, porter, brandy, whiskey, wine, the different preparations of opium and belladonna, &c. You know how these different hypnotics act as well as I can tell you, and you must be guided in their use by the cause that produces the insomnia; you would not give the same hypnotic for anæmia of the brain as for hyperæmia; you would not give the same hypnotic to a full-blooded over-fed man that you would to a half-starved, wretched creature. In all cases you would be guided by circumstances. All of these hypnotics you can give by the mouth, some you can give hypodermically, or by enema. Sometimes you will find that a sedative, such as bromide of potassium, or digitalis, will be the best remedy to produce sleep, particularly when the insomnia is excessive, with heart-palpitation, or due to the long-continued use of stimulants where delirium tremens was threatened; I have had patients recover, and the only medicine I gave them was five drops of the tincture of digitalis three times a day, and that for a few days only. Again, you will not press bromide of potassium if there is anæmia of the brain, whereas you will give it freely if there is any irritation of the organs of generation. Where the insomnia is due to psychosis, you will give a stimulating hypnotic, these are the cases where your beer, wine and brandy come into use.

I would speak of the hot bath as one of the best of sedatives, and indirectly a hypnotic, but even this remedy must be used with caution. In Paris asylums, however, they are used to an excessive degree, even to keeping a patient in them for twelve

consecutive hours, having him well fed, or as they say "stuffed" while in the bath.

I have no experience of this treatment, and do not desire to try it, any more than I desire to try their large doses of morphia by the hypodermic plan. Counter irritants will sometimes prove the very best hypnotic that you can use, particularly the mustard poultice over the abdomen. I have had patients go to sleep in a few minutes under the irritation of a mustard poultice, where all other hypnotics have failed to produce sleep. As a general rule, you will always find, at least I have always found, that in cases of insanity there is always excessive constipation; indeed I have generally found the large intestine impacted with fecal matter, and this more particularly in cases of hysterical mania. Whether this is cause or effect it is very hard to say. I am inclined in many cases to look upon it as a cause, from the fact, that after a good purging of calomel and jalap, I have frequently found an insomniac sleep well, and not only sleep well, but recover without further treatment. When we remember the distribution of the sympathetic nerve and its numerous ganglia there is nothing far-fetched in supposing, that such impaction of the large intestine, causing continual pressure upon these nerves should act as an exciting cause of insanity, more particularly if the case be one of hysterical mania. When we are sure of what is the cause of hysteria. I will tell you the cause of hysterical mania. All I can say at present is that it is exaggerated hysteria; and it appears now to be generally admitted that it is due to some derangement of the ovaries. This view is strengthened by some authors stating that direct pressure made on the ovaries, through the abdominal parietes will arrest an attack of hysteria, I cannot speak of this treatment from observation, for although there may be no great difficulty in making pressure with the hand upon the ovaries, it would be a very different affair in a case of hysterical mania; indeed I have found that the less I touch these hysterical maniacs the better; for even the feeling of their pulse will, very frequently, excite them to a fearful degree, and much as I wish sometimes to examine their heart sounds to assist me in my diagnosis, I

abstain from the examination in consequence of the terrible excitement I have seen it produce. You will ask what are the other symptoms in hysterical mania necessary to be known to guide our treatment. In the second number of *Brain* there is an article by Milner Fothergill, M.D., (M.R.C.P.) on the "Neurosal and Reflex Disorders of the Heart," in which he says: "The circulation is closely linked with the emotions, not only the heart but the peripheral vessels with their large muscular walls. In joyous emotion we find the peripheral vessels dilated, the extremities warm, and the heart beating vigorously. On the other hand dread and anxiety contract the arterioles, the face is pallid, and the hands are chill, the blood-pressure in the arteries heightened, and the renal secretion is profuse." Again he says * * * * "Just as there are persons whose stomachs are easily deranged, others where the liver is readily disturbed; so there are those whose brains are quickly upset, and whose hearts beat excitedly from very slight causes." * * * * "The heart was regarded by the older physiologists as the seat of the emotions, and it is certainly in intimate relation with the reproductive organs." You see then how necessary it is to know the state of the heart in a case that you suspect to be hysterical mania; you may, however, be pretty sure when you have the cold extremities, you have with that nervous palpitation, and you will at once perceive that the treatment in such cases must be both sedative and tonic. The best sedatives I have found in all cases of mania, particularly in the hysterical form, are bromide of potass. and digitalis, and the best tonics arsenic and nux-vomica,—of course, I speak as a general rule.

From time to time you see in our medical periodicals certain medicines as cures for epilepsy and epileptic mania. I have tried very many of these remedies, and I have seen better results from the mixture recommended by Brown Séquard than from any other medicines; as long, however, as we remain in ignorance of the cause of epilepsy we cannot place much confidence in any remedy. The following are the best remarks on the subject, I quote again from Eulenburg and Gutman: "The relation of epilepsy to the sympathetic system, is still

very obscure, on the whole the view formerly advanced by us appears lately to have gained ground: that many cases, especially of so-called peripheral epilepsy are of an angio-neurotic nature, and owe their origin partly to a direct, and partly to a reflex irritation of the vaso-motor nerves. Benedikt states that the epileptic attack is primarily caused by sudden spasms or relaxation of the vessels, and presents the most complete analogy to neuralgic attacks, only that here the irritation affects chiefly the vaso-motor nerves, and so leads directly or indirectly to anæmia or hyperæmia of the brain. He also thinks himself justified in assuming that the hippocampus major indicated by Meynest as the part affected in epilepsy is a vaso-motor centre, irritation of which, whether from the cerebral hemispheres or by reflex influences from the periphery, induces the phenomena of the epileptic seizure."

Nothnagel holds, on the strength of his formerly cited experiments, that the cervical sympathetic has a certain control over the actions of the pia mater, contraction of which is accompanied by contraction of the arteries of the brain, which have the same origin; and therefore believes that the epileptic seizure is the result of the anæmia of the brain consequent on the reflex contraction of its vessels. According to this theory the sympathetic plays a most important part in bringing on the epileptic attack, as most of the vaso-motor nerves of the pia mater are included either in the cervical part of the sympathetic or in the ganglion supremum. Other investigators (Schultz, Riegel, Jolly,) have not, however, confirmed the experimental grounds on which this doctrine rests.

When, gentlemen, we see such different opinions from the greatest physiologists and pathologists of the day, as to the cause of the epileptic seizure, we must see how uncertain is any mode of treatment. However, the deadly pallor that comes over the patient, with the cold extremities and feeble pulse just before the seizure, would lead us to believe that the sympathetic and vaso-motor nerves play an important part in the attack. My own experience of epileptic maniacs is, that they never recover; true, that they get over the maniacal attack, but for it only to

come on again, generally with more violence. I am not even prepared to say that any medical treatment will shorten these maniacal attacks, they seem to get over them just as well without as with medicine; putting them in the cell and leaving them alone seems to answer all purposes. But for the time being they are a most dangerous class of maniacs, and, as I stated to you in my paper on the Medical Jurisprudence of Insanity, so impulsive as never to be trusted. You must not suppose that all epileptics are maniacal, many, very many epileptics pass through life most intelligent men, and live to a good age and never show symptoms of insanity. These epileptics rarely apply for relief to medical men, and when they do they very soon get tired and give up treatment. There is a form of epilepsy, when not accompanied by mania, that you may keep in subjection by medical treatment, that is by attending to their general health, and every couple of months giving Brown Sequard's mixture for eight or ten days, changing it occasionally for *atropine*. I speak of that form that the French designate "*Petit Mal*." In this form the patient never falls to the ground, never foams at the mouth. They simply get a sudden spasm as they describe it, of the heart; the face becomes deadly pale, there is slight twitching of the eyelids and corner of the mouth, the person is still for a moment of time, and the fit passes off, very frequently in less than a minute. I have a patient, at present, in the asylum who is an epileptic maniac, and always knows when his severe fits are coming on by having these slight attacks which he calls "side shows."

I do not propose to give you in this paper, all the different forms there are of insanity, and the symptoms to be found in the different forms; to do so would take months daily lecturing. All I proposed was to give you a few general remarks applicable to nearly all cases, and that you should be guided in your treatment by general, well-understood, and recognized, medical principles, and that you should not be carried away with the idea, that certain medicines and a certain mode of treatment cured insanity and cured epilepsy.

I will now speak of the moral treatment applicable as a general

rule to all cases of insanity. A medical man or any one else whose duty it is to exert a moral influence over their insane patient, must not think he can do so by looking *stern* or *fierce* at them; that was a delusion in former days, but it is long since played out. We must begin with a feeling to our patient of pity akin to love, and the sooner we come to love our patient the better for the patient and ourselves; no action of our patient must ever shock our sensibilities, no matter how gross or unseemly that action may be. We must always remember that their whole thoughts and ideas are perverted, and that in virtue of their disease they are irresponsible beings, we must look upon all their acts and actions with a feeling as near as possible to the feelings of a mother when she looks upon the actions of her baby child. Whatever chance there is in gaining a moral influence over an insane person by kindness, there is no chance whatever by being cross and angry with them, or by punishing them. These remarks I wish to stamp deep in the memories of all those who have anything to do with the treatment or management of the insane.

When any organism is deranged from any cause, whether it be organic or functional, the first thing we must do is to try and procure *rest* for that organ. Therefore, the first thing we have to do in all cases of insanity is to procure rest for the brain, and this I believe is best accomplished, as a general rule, by removing the patient as speedily as possible from friends and from all their surroundings, and placing them in a well-directed and well-managed insane asylum, where they will meet with no contradiction to their insane views; where they will have no one to dispute with, or enter into discussions to try and convince them that they are talking folly, yet where they will at once feel that they are under both moral and physical control, the former always, the latter if necessary. It is astonishing how soon an insane person yields himself to the moral condition that pervades a well-managed insane asylum, and how seldom it is found necessary, even with the worst cases, to have resort to physical restraint. I would not have you to suppose that I am opposed to physical restraint, because sometimes it is actually necessary,

not only for the safety of others but for the safety of the patients themselves; but I would have you to believe that I would have such restraint the exception, not the rule. As such restraint very frequently, particularly if long-continued, only makes the patient more excited, the best restraint to an excited patient is to place him in a cell and leave him alone; understand, I do not mean a dark cell, for darkness is as pernicious to the insane as to the sane brain. In a paper I read at one time before this society, I said the best means to develop the youthful brain was by good feeding, good clothing, good air, and healthy exercise, in fact that you developed the brain as you did the bone and muscle of the body; now if this be the best means to develop the youthful brain, you can easily understand how it must be the very best means to re-create the diseased or disordered brain. Remember that suffering of one sort or other is the great exciting cause of a sane man becoming insane, and do not let your patient have any suffering that you can relieve him of. Give him all the amusement you possibly can to divert his thoughts from himself; whether that amusement be playing cards, or working in a garden, but let there be no compulsory labour. With regard to giving patients enough of good wholesome food, you may be sure as long as an insane person does not put up flesh, but daily diminishes in weight, he is not improving mentally; if you will have a strong mind you must have a strong body

I hope, gentlemen, from anything I have said you would not be led to suppose that I have given up my theory of heredity, on the contrary, the greater my experience, and the more I study the opinions of others, the more am I convinced of the truth of this theory, and in conclusion I will quote on this point some statements from very high authorities.

In the January number of the *Journal of Mental Science* (for 1879), there is an article headed "Researches in Idiocy, by J. MIERZEJEWSKI, Professor in the Medico-Chirurgical Academy of St. Petersburg, translated by Dr. D. HACK TUKE," in which he makes the following statement: "The study of the anatomy of the brains of Idiots is a vast field accessible to

research, which may serve to throw light upon some questions of psychiatry hitherto obscure, but which possesses an undeniably practical value. It ought to enable us to comprehend better the questions which relatè to *hereditary* insanity. It is undeniable that the vices of physical conformation of ancestors are transmitted to their descendants, and that this phenomenon is the *point de depart* of pathological varieties.

There are not only physical malformations, but also *moral* perversions, which are subject to the laws of hereditary transmission. We understand, in short, that moral perversions in the ancestors accompanying malformations of the brain are susceptible of being transmitted from one generation to another. We are disposed to admit equally the existence of anomalies of the brain in those individuals who present a predisposition to *hereditary* insanity."

I should have told you, gentlemen, that this is from the summary of a paper read by the Professor at the Paris International Congress of Mental Medicine, August, 1878.

In the first number of *Brain* for April, 1878, there is a splendid article on "Brain Forcing," by T. Clifford Allbutt, M.A., M.D., Physician to the Leeds Infirmary. I wish it could be placed in the hands of every school teacher in the world, and indeed in the hands of every parent. He makes the following statement, speaking of the brain; "Quality as I have said, cannot be had for the asking, it is fitful in its growth and often born out of due time. It should be favoured by the continuous inheritance of culture, but the mode of its epiphany lies in the same darkness with that developmental nismus which lies behind the advance of life upon the globe. *Inherited*, as it doubtless must be, yet its arising cannot be foreseen in the span of human generation." You see that I have not given you my belief in heredity any more than I have my belief that mind and body are one, on the contrary I have shown you strong reasons why I should adhere to these, which have been called by some of my opponents, "Dr. Howard's pet theories."

You will naturally say what benefit do you derive from my remarks, if all the insane are to be sent into the lunatic asylums.

But I only made this the rule, there are exceptions to it. There are those who will not let their friends be placed in an asylum, under any consideration ; and there are those, who, if placed in an asylum would receive more harm than good ; when you meet with those cases you will have to treat them in their own dwellings. You will then have to convert a part of the house into an asylum, in so far that you must separate your patient from the immediate family, and provide a good keeper and nurse-tender for them who will strictly carry out your instructions. Five different members of the society have had such cases, where I have been called in consultation, and each and every case have recovered their sanity. So you see it is necessary that you should give some of your attention to the treatment of insanity. I do not see why many cases of mental disorders should not be treated at home, and by any medical practitioner who chooses to treat them, particularly cases of puerperal mania, when removal is sometimes attended with great danger to the patient : but I also think, as I have already said, that the necessary physical as well as the moral force should be used, and the treatment that has proved efficacious in asylums, should be applied to similar cases when treated outside. But as a rule, for the reasons already given, I believe an asylum the best place for the treatment of the insane.

There is one thing, however, you can all do, and which you are bound to do, and that is to always remember that prevention is better than cure ; and it is for you to use your best efforts to prevent the increase of insanity by opposing with all your persuasive powers, brain forcing in both the young and middle-aged ; by, when you are consulted on the marriage question, honestly telling those who seek for your advice the danger to be apprehended from persons marrying where there is hereditary taint, by teaching men to live sober, chaste and cheerful lives, observing moderation in all things. Above all you must impress upon society that if we wish to diminish insanity and its twin sister crime, we must do so by diminishing poverty and ignorance. It is not yet established, and I am not prepared to say that it ever will be, that all criminals are insane, yet it is very hard to believe that a man can be *very sane* who forces society to deprive him of his freedom and place him under restraint.

FRACTURE OF THE PATELLA,

PLEURO-PNEUMONIA DURING CONVALESCENCE:
THROMBOSIS OF PULMONARY ARTERY.

BY THOS. G. RODGER, M.D., POINT ST. CHARLES.

J. B., æt. 45 years, a tall, powerfully-built man, met with a fracture of the patella on the morning of the 20th of December, 1877. Nothing particular (transpired during the first month,) more than is commonly met with during attendance upon such cases, and at the end of that period I removed the splint appliances, and I put the knee-joint in a preparation of plaster-of-paris, which, by-the-way, the patient spoke of as being very comfortable. At this time union felt pretty firm, and everything in connection with the fracture seemed doing well.

On Monday, the 4th of February, the seventh week from the date of the accident, I was requested to visit the patient, and found that he had not been feeling well for two or three days, yet not sufficiently ill, as he thought, to seek for advice.

I found his face very much flushed, and he appeared somewhat excited and anxious; tongue coated, bowels constipated. He drew my attention to the large quantity of urine he had passed during the last twelve hours: filling six pickle bottles, sp. gr., normal, of good color, and no albumen. Pulse 120; temperature, 100°, respirations 40.

Has had no chill, no cough; there is no dulness on percussion behind, and only a few crepitant rales heard during deep inspiration, audible only for a time, then disappearing. Treatment R. Liq. ammon. acet. with tinct. digitalis, and poultices of linseed meal and mustard to the chest.

February 5th.—Face still very much flushed, and breathing hurried. Pulse 110; temperature, 99 2-5°. Bowels acted freely during the night. Complaining of pain in the right side on deep inspiration. Faint pleuritic friction-murmur to be heard at point referred to as seat of pain. Slept very little all night, and required to occupy a half-sitting position for comfort, owing to dyspnoea.

6th.—Patient somewhat easier this morning, and passed a better night, countenance also bearing a less anxious expression.

Pleuritic friction still distinct, though faint, but entire absence of cough, a few crepitant rales to be heard posteriorly at base of the lungs, but no dullness. Advised change of posture to-day; in fact have been urging so for many days back, but patient is afraid to move on account of fracture.

7th.—Temperature $100\ 3\text{-}5^{\circ}$. Pulse 120, and he is restless and nervous. Complains of suffocation, or tightness about the chest. Heart and lungs both examined, the former perfectly healthy, the latter not presenting anything more than already mentioned. Respiration hurried, dyspnoea considerable. Will not allow himself to be much disturbed, and has taken very little nourishment, but considerable alcoholic stimulants.

8th.—Much the same as yesterday, only that he has taken more nourishment.—Has been sitting up for a short time on sofa.

9th.—Still no change. Slept well during early part of last night.

10th.—Restless all night. Pulse, 120; temperature 101° . Again complaining of feeling of suffocation.

I asked Dr. Drake to see the case with me this morning and after examining the patient thoroughly, he agreed that possibly the symptoms were due to long confinement to bed, and again it was urged that the sitting posture be adopted.

Cardiac and alcoholic stimulants to be still continued.

10 p.m.—Pain in the side, very severe, administered gr. morph. mur. (hypodermically). Dyspnoea not so severe.

11th.—Has had a pretty good night, and feels comfortable. Face still slightly flushed. Pulse 112. Temperature 100° . Pulse, 40. He has been lying on his right side since early morning, and says that he thinks that he breathes more freely in that position.

12th.—Did not sleep all night, very restless. Bowels moved freely early this morning. Temperature $102\ 3\text{-}5^{\circ}$ Pulse 128; respirations, 50. Called Dr. Drake in consultation again to-day. Found slightly diminished resonance on percussion at the lower angle of both scapulæ, but on auscultation the respiratory

murmur is quite indefinite in character. No heart murmur can be detected, but the action of the organ is somewhat tumultuous in character. No cough whatever. Had a slight attack of syncope this afternoon on sitting up to take a little nourishment; and again made reference to the feeling of suffocation, before referred to.

14th.—I was summoned very early this morning, the patient having been very restless all night, complaining of severe pain at the lower end of the sternum, and immediately below the right nipple. Again administered $\frac{1}{3}$ gr. morphia hypodermically. Pulse, 120; temperature 100° ; respirations 45. 10. p.m. Still making complaint of pain at lower end of sternum, and below the right nipple. Speaks of the pain as being constant, attended with a feeling of tightness.

Ordered hot poultices of linseed and mustard, and left word with attendants that if the pain continued or became worse to send me word.

At midnight patient expressed himself as feeling much easier, and was about to have a poultice applied, when he was again seized with a syncopal attack, and before I reached the house, which was in a few minutes, expired.

POST-MORTEM, BY DR. OSLER.

Patella is fractured in transverse direction, segments united by fibrous tissue. Some of synovial folds are injected, in spots hæmorrhagic.

Heart of average size. Clots in right auricle, and in the ventricle there is a small, tolerably firm, buff-coloured clot closely interwoven with the chordæ tendineæ. On slitting up the pulmonary artery, a firm thrombus occupies the trunk, adherent to the lower wall, and it extends into the right and left branches, not entirely filling their lumina, but closely united where in contact with the *intima*. On further dissection the thrombi can be followed into many of the branches of the 3rd and 4th degree. They are reddish-brown in colour, firm, not laminated, but of leathery consistence throughout.

Nothing of special note in left chambers.

In right pleura half a pint of turbid fluid; upper lobes crepitant and of good colour, and on section there are one or two spots of red hepatization. Pleura over the part inflamed.

No infarctions. Left lower lobe also dark, and but slightly crepitant, but no hepatization. Nothing of note in other organs.

CASE OF INTUSSUSCEPTION,

WITH SEPARATION AND PASSAGE BY STOOL OF 17 INCHES
OF INTESTINE.—RECOVERY.

BY L. TREMAIN, M.D., EDIN., OF CHARLOTTETOWN, P. E. I.

Read before the Medico-Chirurgical Society of Montreal.

We are indebted to Dr. James McLeod of Charlottetown, Prince Edward Island, for the following very interesting case from notes taken at the time by Dr. Tremain. The specimen was shown at the meeting of the Medico-Chirurgical Society of Montreal, held on the 2nd May, 1879.—ED.

On the 12th March, 1879, I was called to see Albert Best, aged 14 years, who had been ill for some nine days, suffering from constipation and pain in the abdomen. He had been under the care of another medical man, but in consequence of his absence I was requested to see the patient. I found considerable pain, some tenderness and tympanitic distention of the abdomen. There was no fever, the surface of the body was cool, and his pulse not over 80. I was informed that he had had no passage from his bowels since the 2nd March. There was a look of much anxiety, he had been vomiting freely during the day, and I was shown a chamber utensil, which was half full of vomited matter, thin and feculent. This was the third time he had vomited a quantity of matter similar in quality.

Before I saw him, I was informed that he had had several enemata, and some purgative medicine, but no result had followed except the discharge of some hardened masses from the lower bowel. Hot fomentations had been used freely and constantly. I ordered immediately large enemata of warm water, and repeated them frequently throughout the treatment, at the same time I ordered six powders of calomel and opium, which were repeated every four hours. I saw him frequently throughout the three following days, during which time the treatment consisted in the administration of opium, without the calomel, hot fomentations over the abdomen, and enemata. On the 16th his bowels were freely moved, which gave much relief, and he took nourishment

which he retained. During all this time there were no decided symptoms of inflammation, his pulse was never over 90, and the temperature was almost normal; but there did exist tenderness on pressure over the abdomen. On the 16th he appeared to be doing well, and the following day he got up and dressed. This indiscretion was followed on the 19th by a tendency to diarrhœa, which was, however, arrested by the use of opium.

On Saturday, 22nd March, he suffered from some discomfort and pain in the abdomen; his bowels had not moved for two days, and his friends gave a cathartic pill, and, as there was much pain fomentations were applied and a dose of solution of morphia given in the evening. The following morning, Sunday the 23rd, he had a free motion and passed by stool a portion of intestine, after the passage of this, he had two more motions, liquid in consistence, no blood but feculent in character, after which he was free from pain, and slept well during the night. I had not seen the patient since the previous Wednesday, as at time he appeared to be convalescing, and I ceased my attendance. On Monday, 24th March, I was again requested to see my patient, his friends being anxious about what had been passed by stool. They kept it for my inspection and at the visit I found him looking much better and stronger. There was some soreness of the bowels, on pressure over the abdomen, but perfect absence of all pain, his pulse was about 75, skin natural, tongue clear, and he was taking his food with a relish. He felt so well that he desired to be up and dressed, but I deemed it more prudent to keep him still in bed. The following day, Tuesday, he was much in the same condition. Had a stool in the evening accompanied with some pain, which was relieved by a draught of solution of morphia, and he passed a comfortable night; from this time he gradually recovered, and is at present in fair health.

I will now endeavour to give a description of the portion of intestine passed: When laid on a flat surface it measured seventeen inches in length, attached to its outer surface was a portion of the mesentery about $2\frac{1}{2}$ inches in width; the diameter of the tube varied from $1\frac{1}{2}$ inches, at its smallest end, to three inches

at or about its centre. The smallest extremity was dark and easily broke down when handled; it was considerably fringed. The cavity can be filled with water, when it presents the usual appearance of a portion of bowel. There was no appearance of exudation of lymph on the peritoneal covering; with the exception of one extremity the color was that of normal bowel, though darker than in the healthy state, and was firm in consistence, the valvulae conniventes being well seen. The portion of bowel I secured at the time of my visit on Monday the 24th, and after cleansing it preserved in a mixture of carbolic acid and alcohol, for the purpose of sending it to the museum.

Charlottetown, P. E. I., April 20, 1879.

Hospital Reports.

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

MEDICAL CASES UNDER DR. OSLER.

I. *Miners' Phthisis.*

Reported by Mr. Rankine Dawson.

J. T., æt. 60, native of Cornwall, admitted April 16th.—Father, a miner, died at the age of 63, of consumption. Mother at age of 85. Has worked in mines since the age of 14; in lead and tin until 15 years ago, when he came to America, and since then has worked in copper, zinc and plumbago mines. Has enjoyed good health during the greater part of his life. Is a moderately temperate man. About three months ago noticed a slight cough, which has persisted ever since. He has failed gradually in health and strength, and has not been able to resume work. On March 3rd, came to Lennoxville where he remained twelve weeks, and then came to Montreal. Has attended the out-door department of the Hospital for three weeks.

April 18th.—Examined for the first time.

An elderly, moderately emaciated man; appears to prefer the sitting posture. Face and hands a little suffused, as if capillaries were over-full.

Chest.—On inspection right side somewhat sunken in front, and does not expand so freely as the left. On percussion, dullness for three fingers' breadth below right clavicle, clear over 3rd and 4th ribs, dullness again below, merging with that of the liver. Clear note at left apex in front and over both bases behind. On auscultation, cavernous breathing at right apex, with a loud click at end of inspiration. Expiration is prolonged and accompanied by whistling râles at the left apex and at the bases. Breath sounds are feebler in left than in right scapular region. Expectoration viscid and glairy. Heart's impulse cannot be felt, dullness much diminished. Sounds normal. Pulse 90, feeble; temperature normal. Bowels regular; urine dark-coloured.

During the evening he sank rapidly, respirations became shorter, heart's action feeble, and he died about midnight

Post-mortem.—In abdomen, liver depressed, reaching nearly to the navel. In thorax, left lung extends over beyond the middle line; no adhesions on this side; right lung universally adherent.

Heart.—Right chamber full of blood and clots; 20 ozs. escaped on removal of the organ. Right auricle large; tricuspid orifice dilated, measuring over 15 Ctm. in circumference. Right ventricle dilated and hypertrophied; chamber measures from pulmonary ring to apex 15 Ctm., wall, about middle, 7 m. in thickness. Left ventricle appears of normal size. Valves healthy. Weight of organ 445 grms.

Lungs.—Moderately dark in colour. Left crepitant, except at one area behind. Pleura covering the lung uniformly dark, except at the posterior part of lower lobe, where it is thickened and of an opaque-white colour. Entire upper and anterior part of lower lobes emphysematous. A number of small firm spots can be felt, and these on section of the organ are seen to be dense fibroid areas, excessively pigmented. Except in these spots, and about the vessels and bronchi, the lung tissue is not of a dark, but rather of a slate-grey colour. Behind in an elongated area, extending through both lobes, measuring 18 by 6 Ctm. and 4.5 Ctm. in depth, the lung tissue is converted into a firm fibrous mass of inky blackness. On section it cuts with resistance,

surface smooth, but in places there are small irregular spaces as if the tissue were breaking down. They could not be traced in connection with bronchi and contain dark-coloured fluid.

Right lung.—Pleura very much thickened over antero-lateral regions, not so much so at posterior part and about the root. At the lower and front part there is an encapsulated pleurisy, about the size of the palm of the hand, containing 5 to 6 oz. of clear fluid.

On section of the organ a cavity, the size of an orange, half-filled with purulent matter, is found at the apex, occupying chiefly the posterior part. It has very thick walls, especially in front, where the pleura is greatly developed. Very few trabeculae exist on the walls and none cross the cavity. A long extension from it passes downwards and forwards towards the middle lobe. The extreme apex and the entire anterior margin are composed of dense, firm, excessively pigmented fibrous tissue, which also surrounds the cavity in its lower and anterior parts. Middle lobe is emphysematous, lower lobe crepitant; on section numerous fibroid and pigmented areas as in other lung. At its anterior margin it is compressed by the encapsulated pleurisy above referred to. No caseous masses in either lung. Mucous membrane of bronchial tubes thickened; they contain a good deal of secretion. Bronchial glands pigmented and hard, none caseous. Nothing of special note in the other organs.

Remarks.—This case supplements in an interesting manner the one I reported in this journal in 1875, in which the disease was in an early stage; and fully sustains the statement then made—from an examination of three specimens—that “in its essence the disease would appear to consist of an overgrowth—a hyperplasia—of the fibrous tissue of the lungs induced by the chronic irritation to which they are subject by the inspired particles of carbon, a veritable cirrhosis, or, as it might appropriately be called, the black cirrhosis of miners.” The detailed histological description will appear in the forthcoming Pathological Report of the Hospital.

II.—*Acute Bright's Disease in a child. Remarkable persistence of blood-corpuscles and casts in the urine after disappearance of Albumen.*

Reported by Mr. Andrew Henderson.

R. B., æt. 5, an inmate of the Ladies' Benevolent Home for the past two months; previous to which time he had suffered great privations. Admitted to Hospital April 1st, with dropsy. Had been ailing for a few days before admission, but, owing to the illness of the Matron of the institution, no satisfactory account could be obtained of this period of his illness. According to Dr. Wilkins there were no evidences of diphtheria or scarlet fever. When admitted there was general dropsy; urine scanty, bloody and albuminous, specific gravity 1040; and pain in lumbar regions. Heart's action much increased. Temperature 101°. Vomited a good deal.

April 3rd.—Urine 12 oz., sp. gr. 1030; contains blood and albumen. Temperature, 101°.

5th.—Swelling of arms and face almost gone. Urine 15 oz. Less albumen. Heart's action not so violent.

7th.—Case transferred to Dr. Osler. Urine 24 oz., clear, light-coloured, no albumen. Temperature 99°.

9th.—Examined carefully. Skin soft, no signs of desquamation. Throat normal. Dropsy has entirely disappeared. Nothing special observed in examination of heart, lungs and digestive organs. Urine 26 ozs. contains no albumen, but blood corpuscles and casts exist in the sediment.

12th.—23 ozs. of urine; no albumen. Fine granular casts, and blood corpuscles; latter not in sufficient numbers to colour the urine, four or five can be seen in each field of the microscope.

18th.—Urine examined each day. Casts persists in considerable numbers. No albumen. Blood corpuscles not noticed to-day.

23rd.—23 oz. of urine; no albumen. Sp. grav. 1008, very clear and watery-looking. Blood corpuscles but no casts.

24th.—20 oz., dark and more natural-looking in colour. Albumen in small amount for the first time since the 5th.

27th.—20 oz., sp. grav, 1010. Blood corpuscles and casts still to be found. No albumen.

29th.—Still a few blood corpuscles to be found in each field of the microscope. No casts.

May 8th.—Urine has been normal during past week. Patient removed to the Home quite well.

Reviews and Notices of Books.

The National Dispensatory,—containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines,—including those recognised in the Pharmacopœias of the United States and Great Britain.—By ALFRED STILLÉ, M.D., LL.D., Professor of the Theory and Practice of Medicine, and of Clinical Medicine in the University of Pennsylvania, and JOHN MAISCH, Ph. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy, with two hundred and one illustrations. Royal 8vo. pp. 1628. Philadelphia: HENRY C. LEA, 1879.

We well remember when we were students the United States Dispensatory by Wood and Bache. In those halcyon days it was looked up to with great respect as an authority upon all matters pharmaceutical and even therapeutical. Neglect, however, to issue it under successive editions, to keep it *au courant* with the latest advances of Medical Science on the branches within its domain, has cast it into comparative unfitness for the present times. Its place is well taken by the National Dispensatory recently published from the press of Lea of Philadelphia. This last work is upon the same model as its predecessor. Like it, and indeed like all other "Dispensatories," the alphabetical order of taking up the description of the remedies included is that which is adopted. This has the advantage of facilitating reference; and is free from the objections so easily raised against any system of classification. Contrasted with the older treatise, this one is certainly far superior. Without entering into minute details, it may be safely said to be better because it is more comprehensive. It includes, as the title states, the medicines given not only by the United States' Pharmacopœia,—but also those contained within the British one. The extent of the work may be inferred from its containing 1628 pages, 8vo. It has also the indispensable requirement in a standard work of being modern, that is to say presenting the reader with information upon the various subjects quite up to the day. New remedies of any worth, and the latest preparations which are

recognised will be found in their respective places, set forth in a clear and masterly way. As an example we may mention Ferrum Dialysatum, or Dialysed Iron. In vain might the inquirer turn over the pages of other works on *Materia Medica* for a satisfactory account of this popular agent. In the learned volume, however, before us, there is in two pages an admirable digest of what one would like to know on the subject. Any work, pharmacological or medical, in which Dr. Stillé has had a hand, would commend itself to the favorable consideration of all who know anything of his great abilities. His able work "*Therapeutics and Materia Medica*" is a monument of his research and industry and talent. We know not what special part devolved upon his associate, nor have we before made his acquaintance; but, from the general goodness of the articles and the apparent equality of merit in their treatment, we conclude that he is if not "a foeman worthy of his steel,"—a collaborateur worthy of the pen of his senior. We need hardly say the getting up of the work is as excellent as of others that have been issued by the same well known publisher.

Clinical Lectures on Diseases peculiar to Women.—By LOMBE ATTHILL, M.D., Master of the Rotunda, Dublin, &c., &c. Fifth edition, revised and enlarged, with illustrations, 8 vo. 342. Philadelphia: LINDSAY & BLAKISTON, 1879.

This excellent manual is from the pen of a thoroughly practical man who has enjoyed unusual opportunities as Master of the Rotunda Hospital, Dublin. The work has received universal commendation, and on the subjects treated of in these pages, it remains unrivalled as an instructor.

The work consists of seventeen lectures, which we presume form the base of the course delivered by Dr. Atthill before his class. In the first lecture we have, after a few introductory remarks, some very excellent hints on the method of conducting an examination in cases of diseases of the uterus, or vagina; these consist essentially of digital examination, the use of the speculum and the uterine sound. The author points out the necessity of examination both by touch and sight to facilitate an accurate diagnosis. Leucorrhœa, vaginitis and vaginismus form

the subjects in the second lecture. In this are given some practical suggestion in the management of that almost constant pruritus which is so distressing a feature in these affections. In the ensuing four Lectures, the derangement of menstruation are discussed, after which, we have two Lectures on uterine polypi and uterine fibroids. The author then passes on to the consideration of inflammation of the cervix uteri, both acute and chronic, endometritis and endocuvicitis; we next have lectures on displacements of the uterus, enlargements of the uterus, the varieties of cancer with the treatment.

There are two lectures on ovarian disease, cysts, unilocular and multilocular, and dermoid. Ovariectomy is then discussed, and the statistics of the results of the operation. He gives the wonderful success of Mr. Spencer Wells, showing the steady decrease in mortality of the operation in the practice of that surgeon, who reports a mortality of only fourteen per cent. in his private practice. On this subject the author remarks: "I cannot but feel that no small portion of this success is due not only to the dexterity of the operator, but to the skill which he has exhibited in selecting suitable and rejecting unsuitable cases, a dexterity and skill which all cannot hope to attain, and I fear that the average of all the operations undertaken in Great Britain, will still show a considerably higher mortality than that here recorded."

The remaining two lectures are devoted to uterine therapeutics. These lectures throughout are written in a most pleasing style, full of interest and practical instruction, and we freely commend the work to our readers. It is to be had of Dawson Brothers, St. James Street.

Medical Chemistry, including the outlines of Organic and Pathological Chemistry. — Based in part on Riché's *Manual de Clinic*. By C. GILBERT WHEELER, Prof. of Chemistry in the University of Chicago, &c., &c. 8vo. pp. 424. Philadelphia: LINDSAY & BLAKISTON; Chicago: J. S. WHEELER, 1879.

This is a valuable addition the many works on Chemistry which have issued from the press during the past few years. The

author in publishing it trusts, "that the necessary conciseness, "in method and form of expression," has not in any way affected the clearness and comprehensiveness of the arrangement. He states that it would have been easier to prepare a larger work, but that as this is intended for advanced students, or at least for those who are familiar with inorganic chemistry, he confined himself to what was essential without encumbering "the work with a re-statement of that which appertains to the theory of chemistry in general."

The first part of the work is devoted to the subject of organic chemistry, and in the second part animal chemistry is discussed, in which will be found the chemistry of digestion, and of the various substances connected with that process. The chemistry of the blood, respiration, animal heat, muscular action, and also of the various secretions, as the urine, sweat, milk, soft tissues, osseous substance, dental tissue, and also exudations. The author makes use throughout of the metric system, and the temperatures indicated by the centigrade scale. We commend this little work to our readers, it contains much material that is not to be found in other chemical text-books. It is very neatly issued from the press on good heavy toned paper.

Health Primers.—No. 1. Exercise and Training. No. 2. Alcohol, its use and abuse.—By W. S. GREENFIELD, M.D.—No. 3. The House and its surroundings.—No. 4. Premature Death, its Promotion or Prevention. New York: D. APPLETON & Co., 549 and 551 Broadway, 1879.

With a view to popularize as much as possible the all-important subjects relating to health, a series of concise primers have appeared in England under the editorial management of J. Langdon Down, M.D., Henry Power, M. B., J. Mortimer Granville, M.D., and John Tweedy, F.R.C.S. Some fifteen subjects have been selected in the series, and the contributors are already known to the profession as writers of eminence. The first four primers of the series have appeared on this side of the Atlantic, being republished by the Messrs. Appleton & Co. The objects of the writers are in every way commendable,

as their efforts will stimulate the public at large to know how to avoid disease. What a vast amount of misery, disease and death might be saved to the human family by even a smattering of knowledge on health subjects. These health primers are short, concise, and written in a popular style, and within the reach of all. We trust they may be largely circulated and largely read. They inculcate, line upon line and precept upon precept, what is best for the maintainance of the minds and bodies of men in a perfect condition of health. These little books are full of instruction, and should become generally known. These little primers are to be had at a nominal price, and we hold that such a series of useful books will be of incalculable benefit to the public generally, and that a careful perusal of them will recall many facts in regard to our organization which ought to be widely disseminated. They are to be had of Dawson Brothers, St. James St.

American Health Primers.—Hearing and how to keep it.—
By CHARLES H. BURNETT, M.D. 12mo., pp. 152. Philadelphia: LINDSAY & BLAKISTON, 1879.

As we remarked above, for the purpose of instructing the public generally in what concerns our perishable bodies, a number of gentlemen in England associated themselves together and issued a series of health primers. A somewhat similar commendable scheme is being followed on this side of the Atlantic. Our American friends fully appreciate the value to the public of making known what is hurtful to both body and mind; and in giving to the American reader what will be found of great value, they have determined to publish a series of popular works on subjects distinct and separate from those selected by the English writers. The first of the series is before us. It is divided into three parts having several chapters in each part. In part one we have described in familiar language the anatomy and physiology of the ear. In part two will be found described the chief diseases and injuries of the ear. This is given in such a style as to indicate the avoidance of improper treatment. In part three is given the

general hygiene of the ear. This little work is written by a gentleman who is aurist to one of the hospitals in Philadelphia, and also consulting aurist to the Pennsylvania institute for the Deaf and Dumb. It is full of instruction, and will be found to fulfil the object desired in its publication.

A Clinical Treatise on Diseases of the Liver.—By Dr. FRED. THEOD. FRERICHS, Prof. Clinical Medicine in the University of Berlin, &c. In three volumes. Vol. 1, Svo. pp. 224; Vol. 2, pp. 228; Vol. 3, pp. 226. Translated by Charles Murchison, M.D., F.R.C.P., &c. New York; Wm. Wood & Co., 27 Great Jones St., 1879.

These three volumes form a part of the Library of Standard Medical authors which are being published by Messrs. William Wood & Co., of New York. These volumes will be regarded with more than usual interest at the present time, as both the author and translator have been removed by death. Still, this work remains a monument of accurate observation and untiring industry, a reliable book of reference in diseases of the liver. Written nigh twenty years ago, the information contained is as fresh and applicable as though its publication carried with it all the freshness of a new work. There are numerous illustrations on wood, and on the frontispape of each volume will be found a coloured lithograph. Many of the figures here portrayed are copies of plates which were issued to accompany the English translation of the work which appeared some years back in the New Sydenham Society. We regret to observe that some of the wood engravings in the text of these volumes are very poor, indeed we think they mar the appearance of the work, giving to it an unfinished cast which is not in keeping with the general get up of these volumes. It is true that those volumes are issued at a nominal price, and therefore we are not to expect too much. This we admit, but we should be far more contented to see the illustrations left out altogether, than to have the entire volumes spoiled by second or third-class wood cuts. We should be sorry to damp the ardour of the publishers by uncalled for observations on this subject. We make these observations believing as we do that kindly criticism is beneficial in every

way, and that it will in all likelihood call attention to what may have been an oversight in examining the work done before admitting it to publication: that is excluding or refusing to receive work of this nature which is not up to the level of a skilled workman. Frerichs on the liver is so well known and so generally appreciated by the profession that no observations as to merits are demanded at our hands. We need only in conclusion remind our readers that three monthly volumes are coming to hand with regularity. We have before alluded to the scheme as proposed and being in good faith carried out by the Messrs. Wood of New York.

An Atlas of Human Anatomy, illustrating most of the ordinary Dissections, and many not usually practised by the student.—By RICKMANN JOHN GOODLEE, M.S., F.R.S. Quarto. part 1st, four plates. Philadelphia: LINDSAY & BLAKISTON, 1878. Montreal, DAWSON BROS., St. James Street.

We have seen the first fasciculus of the American reprint by Lindsay & Blakiston, of Philadelphia, of Mr. Goodlee's plates, and we are well pleased with them. The possessor of a Maclise or a Lizars might imagine that he had all that was desired in the way of plates, but these plates are entirely different from any of their predecessors. Though artistically not so fine as Maclise's, anatomically they are quite as correct. Their peculiar utility lies in the fact that they represent dissections not usually made by either teacher or student. Inasmuch as the surgeon must be prepared to cut everywhere and anywhere, it behoves him to let his studies extend beyond the limits of dissecting-room routine.

Tablets of Anatomy and Physiology.—By THOMAS COOKE, F.R.C.S. Second edition. Longmans, Green & Co.—
Tablets of Physiology.—By same author.

These tablets in book form are now making their debut amongst the members of the profession in America. However, they are old friends of ours, and we know their usefulness. The student will find that Mr. Cooke's teaching is very exact, very clear, and best of all, very condensed. We should advise no

student to depend entirely on a book of this sort. The author does not wish him to do so, but he should use his tablets to refresh his memory before presenting himself for examination. The physiological tablets we like very much. The student of to-day has so much theory and conjecture to deal with that he will hail with delight the appearance of this book, which supplies him directly with the acknowledged facts of Physiology. We recommend students to provide themselves with the tablets on Embryology, for they will thus gain great assistance in mastering this difficult subject.

Habershon on the Alimentary Canal. Second American from the third enlarged and revised English edition. Philadelphia: HENRY C. LEA, 1879.

We can do very little to add to the favourable reception which has already been given by the Medical press of the world to this well known treatise. We however, remind our readers that this is a new edition of a work for which the demand was so great that previous editions were rapidly exhausted. The author has taken the opportunity of the book being out of print for some years, to embellish what he has already written, and to add new matter of very considerable importance.

We commend to all practitioners a careful perusal of Dr. Habershon's work. More especially, we draw attention to the number of cases of intestinal diseases recorded in its pages, cases of extreme interest clinically and pathologically. This careful record shows that this work is no compilation, but a careful exposition of the author's personal experience.

An Introduction to Pathology and Morbid Anatomy.—By T. HENRY GREEN, M.D., Lond., &c. Third American from the fourth revised English edition. 8vo., pp. 331. Philadelphia: HENRY C. LEA, 1878.

This work has received an addition of much new matter which renders it more complete. All the chapters have been carefully revised, and the number of illustrations have increased. We have on a former occasion noticed at some length this excellent treatise which still retains its position of being a favorite textbook.

Extracts from British and Foreign Journals.

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

Intestinal Obstruction and Death.—

(Fatty change (and failure) of the muscular wall of the gut, as a direct, and indirect cause of intestinal obstruction and death. By FOURNEAUX JORDAN, F.R.S., Surgeon to the Queen's Hospital, professor of Surgery at Queens's College, Birmingham, Consulting Surgeon to the Women's and the West Bromwich Hospitals.)—For several years past, I have from time to time seen cases in which, with, perhaps no premonitory symptoms, continuous vomiting and tympany, lasting one, two, or more days, have been followed by death. While these symptoms appeared in some cases to come on spontaneously, in others and and I think, more frequently, they followed some abdominal or pelvic operation. The case, as a rule, happened in fat persons, in persons with large abdomens, in persons with signs of degeneration in various organs and with a history of habits which lead to visceral changes. Examination of the bodies disclosed great internal accumulations of fat, and occasional indications of visceral degeneration, but, curiously, no obvious or recognized cause of intestinal obstruction. In all the cases, the intestinal canal was greatly loaded with fat, and presented a strikingly yellow appearance; in some cases, indeed, it seemed to be simply a tube of fat. In one case the microscope conclusively showed that the unstriped muscular fibres of the bowel were converted into fat. In observing and reflecting on these cases, of some of which I shall speak later, I have arrived at the following conclusions:

1. The smooth muscular fibres of the bowel are subject to fatty degeneration, which may become more or less complete; and that, consequently, they may, and do in given cases, wholly cease to contract.

2. This fatty change of the essential element of the gut-wall when it ends in complete cessation of contractility, causes death by intestinal obstruction. Fatty failure of the intestines being in some cases extensive in area and reaching high up towards

the stomach, the ensuing obstruction is acute, the vomiting incessant, and death early. In other cases, there may be less complete, or more limited, or irregularly distributed fatty change; and there will follow a slower or more fitful stream of symptoms and a later death.

3. Fatty transformation in the gut is more likely to appear (though perhaps not exclusively) in fat, especially very fat persons; in those who from natural tendency, are liable to have fatty degeneration of other organs, especially of the heart. Death in heart cases is quick and direct; in intestinal-cases, slower and more indirect, but nevertheless very certain.

4. As premonitory syncope or exhaustion may happen from time to time before death from heart-fattiness, so "attacks" of obstruction may run before final obstruction from intestinal fattiness.

5. Failure of the bowel is helped on by continued flattulent distention, however it arises; the altered muscular fibres being so injured, by overstretching that they never regain their functional contractility. Herein may be traced a likeness to atony of the bladder, where, it is well known, long-continued distension is in certain cases followed by entire loss of contractility; and it is not unlikely that fatty conversion of the muscular wall of the bladder is the basis of certain obscure cases of retention and cystitis coming on after middle age. It is conceivable that healthy gut may become the subject of fatal atony from long-continued stretching; but some, however slight, fatty change would, greatly favor such a result.

In a limited number of cases, death is due directly to failure of intestinal action, and may come with obviously exciting cause. The muscular fibre is now no longer muscular. In a large number of cases, death comes more indirectly from some immediate shock to the abdominal organs. In strangulated hernia, when fatty bowel is present, the blown-out tube never again contracts. The vomiting continues, or returns, and death follows, notwithstanding that reduction has been easy and complete, and that there is no inflammation, or gangrene, or other cause of death. All injuries and operations in persons with failing gut are liable

to be followed by vomiting, which ceases only with death. Especially is this so on operations on the abdominal or pelvic organs. Herniotomy and lithotomy are now and then followed by fatal vomiting, and subsequent search brings nothing to light; no injury to the peritoneum, no hæmorrhage, to the inflammation, no other lesion; nothing but hugely distended bowel.

The case which led me to believe that, in certain instances death begins in the gut from entire cessation of action in the intestinal muscular fibre, and that the cessation was due to fatty degeneration, I now briefly cite.

Several years ago, a lady so stout that she had long been confined to her room—the staircase of her house was also narrow and awkward—without any previous complaint, began to vomit. The vomiting, at first occasional, became incessant and faecal in character, and she sank in two or three days. I examined the body. The intestinal canal was from end to end enormously distended with gas, but there was nowhere any localized obstruction of any kind. The bowel was strikingly yellow in appearance; and the amount of fat, not only on the body, but within the abdomen, could only be described in words that would savour of caricature. After the most careful examination, no other appearances could be found to account for death.

Another case which made a vivid impression in my mind, was that of an exceedingly stout man. He got out of doors a little in a specially made phaeton with a bottom so low that it just cleared the road, and was reached with one short step. Without injury or premonitory incident of any kind, symptoms of intestinal obstruction (sometimes urgent and sometimes with intervals of ease) set in, and in a few days he died. A very yellow distended bowel was seen; indeed, I remarked in this case, as I have in others, "The bowel seems a tube of fat." The distension was not uniform, but more in some coils than in others. There was, however, no band, or twist, or stricture, or cause of obstruction of any kind. I had not yet concluded that death might be caused by fatty failure of the gut. I was more suspicious, and afraid that it might be so, or I should have called in the aid of the microscope.

In a case of strangulated hernia, in a very stout man, the bowel was reduced easily and with marked gurgling, and for a few hours he seemed better, but vomiting returned, and he died. On examination no inflammation, or gangrene, or apparently adequate cause for death was found. The abdominal organs were greatly loaded with fat. The heart was somewhat softer than natural. The extreme yellowness of the bowel so struck me, and my reflections and fears had now taken so clear a shape, that I determined to have a microscopical examination of the muscular fibre of the bowel. This was carefully made for me by an experienced microscopist, Dr. Wood (one of our staff), and left no doubt of the marked fatty change in the suspected structure. Dr. Wood did not content himself with the appearance of the fatty intestine; he examined portions of healthy intestines, and found a striking contrast.

Not long ago I had two cases of lithotomy, both of which ended fatally within twenty-four hours, after several hours of incessant vomiting. The cases were singularly alike, a description of one will serve both. A big fat "drinking" man of sixty had enlarged prostate and large vesical calculus. There was no tangible evidence of renal or other visceral disease. There was no peculiarity in the operative steps to account for the result. I could not to-day alter any single step in the operation for the better. He was free from hæmorrhage or marked shock. His condition for a few hours was quite comfortable; then occasional vomiting set in, and tympany of the abdomen appeared. The vomiting became frequent and was associated with great exhaustion, and ended fatally. In a subsequent examination, a description of the appearances would answer for both bodies. The internal organs were loaded with fat; the heart was somewhat pale and soft; and the kidneys were not healthy. The intestinal canal was singularly and uniformly yellow, and everywhere enormously distended. There was no signs anywhere of inflammation, or peritoneal injury, or extravasation of blood, or infiltration of urine.

I believe the operation here destroyed the vitality, so far as contractility was concerned, of the bowel. Flatulent distension

followed, and irremediably spoiled the gut. This condition, affecting all or a large portion of the canal, and affecting it even to the vicinity of the stomach, was practically a condition of acute, high up, and complete obstruction.

Here the question naturally arises, what are the customary explanations now and heretofore, of the causes of death after continuous vomiting which follows the reduction of strangulated hernia, which follows also operations for uncomplicated herniæ, which follows lithotomy and other operations on the pelvis and abdomen. The very variety of the explanations testifies to their improbability. One says shock; another says shock with feeble heart; another says ether or chloroform vomiting; another says rapid septic poisoning; another says incipient peritonitis. I am far from saying that these, or some of them, are inadequate causes of death under certain circumstances; but they do not satisfy account for death in the cases I bring forward. In pure shock, with or without cardiac degeneration, vomiting is rare; in cases of say, crushed knee-joint, or amputation at the hip, or even in severe abdominal injury (in healthy persons), nervous muscular action dwindles down to death without vomiting. That ether or chloroform vomiting should recur after some hours of comfort is at least hypothetical; hypothetical is also rapid septic poisoning without rigor or rise of temperature, and any other likeness to the known septic state. Peritonitis without the slightest sign of peritonitis is too metaphysical a pathology to grasp. In fatty change and a consequent failure of the gut, we have an explanation which is based on clinical and microscopic observation, which clears up all difficulties, and which is consistent with known pathological laws.—*British Medical Journal*.

Therapeutic value of Croton-Chloral.

—In a very interesting paper read before the Ulster Medical Society, Dr. Riddell, (*Dublin Medical Journal*, April, 1879), reports his experience of the great therapeutical value of croton (butyl) chloral. He mentions first a case of severe paroxysmal headache ineffectually treated for many years by all the great guns of the *Pharmacopœia*, but cured by five grains of butyl-

chloral twice daily and ten grains taken at night dissolved in spirits of wine and glycerine, with a little acid and syrup of orange to cover the flavor. The patient continues the five-grain doses at night, and now enjoys better health than she has done for years. Since that case, Dr. Riddell says they have used it largely—sometimes failing, sometimes relieving—till, by keeping an account of all his cases, it began to be clear, which were most benefited by the drug. Since then, the number of cases relieved (some permanently) has increased. These cases are: headache in females arising from mental distress; those cases of headache frequent at the menopause—in fact all those called neuralgic, except a few arising from internal mischief, are benefited and in many instances cured. In that distressing species of neuralgia called *tic douloureux*, he has found it in many cases acting like a charm. Of course, he does not include any arising from cranial or intercranial causes. He has tried it in neuralgia of the ovaries, but no good resulted. In insomnia, it is not so reliable, as the hydrate; but in some cases where, the loss of, or inability to, sleep is accompanied by a weak or fatty heart, it is to be preferred, as it has no weakening effect on the central organ of the circulation. In one case of delirium tremens, where the circulation was very feeble, the combination of croton chloral with digitalis had a wonderful effect, and it seemed as if the drugs could be given together in much smaller doses to produce the same results than singly. In this, he pushed it from ten to thirty grains every three hours, with drachm and two-drachm doses of the infusion of digitalis. In pain arising from caries of teeth, he has found it useless in most cases, and in all inferior to Richardson's "*tinctura gelsemini*"; but in one case of a nervous young lady, by giving her two ten-grain docs, he was able to extract a tooth next to painlessly, to her great satisfaction. In these cases, it is in affections of those parts supplied by the fifth pair of nerves that it is of most use; but to be of service, the drug must be given in far larger doses than prescribed in the *Pharmacopœia* for adults, five grains three or four times daily, gradually increasing if required; if stimulants be wanted, dissolve it in rectified spirit; if not, dissolve it in

glycerine. In all cases complicated with hæmorrhoids, give glycerine. If anæmia exist, combine it with iron, or what he believes better, arsenic; then gradually lessen the chloral, in all cases he has found it better to give it in solution than in powder or pill. Dr. Riddell mentions also severe pain with photophobia, and blepharospasm after injury, in which atropia failed, but ten grains of butyl-chloral repeated in an hour gave complete relief; and a case of acute painful facial carbuncle, in which the effect of ten grain doses every three hours was "simply marvellous," the disease going through its subsequent stages almost without the patient knowing anything of the matter from the sense of feeling. This remedy is probably less used in practice than its remarkable anodyne powers deserve.—*British Medical Journal*.

Congenital Inguinal Hernia.—(Operation for the radical cure of congenital inguinal hernia in the child. By George Buchanan, M.A., M.D., Professor of Clinical Surgery in the University of Glasgow.)—Professor John Wood's operation for the radical cure of inguinal hernia in the adult is, on the whole, so successful and so free from danger, that I am surprised so few of the many hundreds affected with hernia in every community seek the relief it affords. I presume it is because there must always be some hesitation in accepting the present risk, however small, which accompanies an operation; and a hope that the much greater danger of strangulation may never occur. But in the case of young boys the risk arising from an operation is much less. I think it has been shown that the peritoneal cavity, especially under antiseptic precautions, may be opened with impunity. But even this risk is, in Mr. Wood's plan, not encountered; but it seems to me strange that boys who have a congenital hernia which cannot be kept permanently reduced by any apparatus—a state of matters which every hospital surgeon sees repeatedly—should be allowed to grow up with a deformity which prevents them from being useful and happy members of society, and debars them from a great many employments.

I confess, however, that I have been disappointed with the results of my attempts to cure congenital hernia in children by Mr. Wood's operation with pins used subcutaneously. Either I did not succeed in pushing them through the anatomical structures I intended, which is so easy to do in the adult with the strong curved needle, or I failed to lock them, and twist them as it is necessary to do; but, from whatever cause, in the two cases on which I operated the result was unsatisfactory. The hernia came down as soon as the pins were taken out.

I determined, therefore, to perform an operation consisting of opening the sac and obliterating the canal by the introduction of strong sutures. The steps followed will be best understood by the report of a case which formed the subject of a clinical lecture.

Robert Inglis, aged sixteen months, was the subject of congenital inguinal hernia, which was observed shortly after his birth. It was small when first noticed, but soon increased in size; and it had grown with his growth. It was on January 9th, 1879, about the size of a turkey's egg, and distended the left side of the scrotum. It could be reduced with ease; but it was easily slipped down, and no apparatus or bandage could retain it in its place. Trusses had been tried at various times; but no sooner did the child move than the hernia came down. On returning it into abdomen, the fingers was rapidly pushed through the inguinal opening; but even then, unless pushed far up, the bowel slipped down alongside of it.

Before performing any operation, I accustomed the little patient to the pressure of a bandage. I returned the bowel, and applied a large thick pad, which was bandaged very firmly with figure-of-eight-bandage round the groin. This retained the hernia in its place for some hours; but the movements of the child and repeated fits of crying brought it down usually within twenty-four hours.

On January 25th, 1879, I performed a radical operation as follows: The patient having been put under the influence of chloroform, the rupture was returned and kept up by the finger of an assistant. A longitudinal incision was made along the

whole length of the sac, from opposite the internal ring to the bottom of the scrotum, this divided all the textures down the peritoneal sac, which, as usual, had been thickened by the presence and movements of the hernia. With the handle of the knife and a few touches of its point, I separated the sac from its superficial structure, leaving the posterior part lying over the cord, which was seen behind. I now divided the sac into two halves by a transeverse cut, except at the back, where it was adhering to the cord. One half was folded down over the testicle, so as to form a sort of *tunica vaginalis*. The upper half was rolled into a sort of ball or plug which I pushed into the internal abdominal ring and had it kept there by the assistant. I now approximated the walls of the inguinal canal much in the same way as in the wire operation for the radical cure of hernia in the adult. The superficial structures having been previously pushed aside and slightly dissected from off the abdominal aponeurosis, the relations of the rings and the canal could be felt and in great part seen. I took a strong nævus-needle and pushed it through the external pillar of the canal at a spot opposite the internal ring; then guiding it with the point of my left forefinger lying in the internal ring, I made it lift up the lower border of the internal oblique muscle, and emerge through the internal pillar of the external aponeurosis about half an inch above its lower edge. A strong waxed silk thread was now passed through the hole at the point of the needle, which was then withdrawn, pulling the thread with it. The thread was then tightly tied, including the structures through which the needle had been passed, and so fixing into the internal ring the rolled-up bit of the sac, care being taken that the external raw surface of the sac should be turned outwards toward the integument which was to cover it. A little below the first stitch, a second was introduced in the same direction, care being taken to avoid the structures of the cord, which lay at the bottom of the wound. The edges of the external ring were now drawn together tightly above the cord by a strong silver wire; this was made to take a very strong hold, by passing the needle first through the external pillar across the ring, and through the internal pillar. In

making the internal puncture, I passed the point of the needle so far towards the *linea alba* as to make it pierce from below the tendon of insertion of the *rectus muscle*, so as to give a firm hold. When the wire was drawn through with the needle, it was clamped, so as to squeeze together the boundaries of the external ring; and it was retained in that position by a little rod of silver with a hole at its point, through which the two ends of the wire were passed; and having been drawn tight, they were fixed by a turn round the rod. The silk threads were clipped short; and the wires with the little clamping rod, to which they were fixed, were allowed to hang out at the bottom of the wound. The edges of the incision were now united with thin silver-wire sutures, and the wound dressed with antiseptic precautions. The child was placed on a St. Andrew's cross, the upper arms of which were joined by a sheet of calico on which the body rested; the legs being securely bandaged with strips of adhesive plaster to the lower limbs of the cross. The pelvis and chest were also securely fixed to the apparatus. In this way, the movements of the child were effectually controlled.

Two days after the operation the scrotum was swollen, as if a portion of hernia had escaped from beneath the bandages; but this proved to be only a soft fluctuant swelling, probably an effusion of serum into the artificial *tunica vaginalis*, which had been formed by the folding down over the testicle of the lower half of the hernial sac, as described in the operation. In two days, this swelling had disappeared, and the scrotum was in its natural state. On the fourth day after the operation, the wound was dressed. It was found almost united, except in the place where the wires were left hanging out. On the tenth day, the little clamp and wire were removed, and the parts were found quite matted together.

It is unnecessary to detail the further progress. The dressings were changed every two days, and at the end of four weeks cicatrisation was practically complete. The child was then freed from restraint; but, for precaution, a bandage was still applied round the groin.

May 1st. At this date, the radical cure of the hernia is

perfect. No amount of exertion either of the limbs or on crying has the slightest effect on the inguinal region of the abdominal walls.

The result has exceeded my expectations, and I shall not hesitate to practice the operation in all similar cases, and even to adopt it as a means of accomplishing a radical cure in cases of strangulated hernia in which an operation for the relief of strangulation has become necessary.—*British Medical Journal*.

Edema of the feet occurring in Typhoid Fever—(in connection with Abscesses in thigh and lumbar region).—By Dr. CUFFER, "Interne des Hopitaux," (condensed from *la France Medicale*).—Abscesses in the thighs, lumbar and sacral regions are frequently met with as sequels of typhoid fever. They are due, no doubt, to prolonged and enforced dorsal decubitus. They are either superficial or deep, and contain pure pus or a mixture of pus and blood, the latter the result of the breaking down of small sanguineous tumours. As a rule they are about the size of a small nut, but occasionally large collections of pus are met with which have taken their origin from the coalescence of smaller ones. These little collections are sometimes very difficult to detect, the ordinary symptoms of suppuration being marked by those of the disease. The sign the writer draws particular attention to is œdema of the feet, which always accompanies this pus formation, and is a certain guide to its detection. It is entirely a distinct thing from phlegmacia dolens. He cites from cases in which slight œdema of the feet led to the abscesses in the thighs and lumbar regions.

Medical Tariff in Germany.—According to the *Augsburg Gazette*, the minister of public instruction in Prussia, has submitted to the Society of Medicine at Berlin, a scheme for fixing the remuneration of medical men. This is the Tariff:

1. For the first visit to a patient 2 marks, (one German mark is equivalent to 1 franc, 25 centimes.)
2. For every subsequent visit, 1 mark.

If there should happen to be more than one patient under the same roof, the fee for each subsequent patient shall be 1 mark.

3. For consultation with one or several practitioners. For the first consultation, 5 marks, for each subsequent consultation, 3 marks.

4. For office consultations: First consultation $1\frac{1}{2}$ mark.

5. Subsequent consultations $\frac{3}{4}$ of a mark.

6. Attendance from 10 P.M. to 7 A.M., three times the fee fixed in (1) and (2), and double the fee in (3) and (5).

7. For an examination with the ophthalmoscope, laryngoscope or other diagnostic instrument, 2 marks.

8. For administration of Chloroform, for diagnostic purposes, 3 marks.—*Le Progres Medicale*, 29th March, 1879.

Belladonna in the Treatment of Intestinal obstruction.—Dr. NORMAN KER reports five cases of intestinal obstruction which have been cured by the administration of large doses of belladonna. The treatment consisted in giving one or two grains of belladonna every hour, together with opiate fomentation to the belly and warm applications. Nearly all the patients were in a dangerous condition, but were entirely cured, the remedy taking effect in six to nine hours. One patient took 16 grains of the extract. The author gives no precise account of the cause of the obstruction.—*The Practitioner*.

Rare Anomaly—Single Kidney.—A rare anatomical curiosity was found at the autopsy of a patient who died of typhoid fever, in the practice of Dr. Crocq, of at St. John's Hospital, Brussels. There was no right kidney. The left kidney was generally hypertrophied, weighing 420 grammes. It occupied its usual place in the abdomen. A mass of connective tissue the size of a small nut represented the right kidney. The renal vessels on the left side were large, those of the right merely rudimentary.—Condensed from the *Presse Medic.*, belge of 24th March, 1879.

CANADA

Medical and Surgical Journal.

MONTREAL, MAY, 1879.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

The annual meeting of the Council of the College of Physicians and Surgeons of the Province of Ontario was held on the 13th May and subsequent days, and some very remarkable business was transacted. It is reported that "Dr. William Clarke spoke at great length as to the visit of the deputation to Ottawa for the purpose of soliciting the repeal of the British Regulation Act, which repeal was earnestly desired by the Medical Profession of Canada." Avast there, as Jack would say, Dr. William Clarke does not represent the Medical Profession of Canada, however much he may the territorial division of Saugeen and Brock. What the "British Regulation Act" provides, we are unable to state, as we were not aware of the existence of such an act, however, we are led to infer the terms of its provisions, by the concluding portion of Dr. William Clarke's address. He stated that "Sir John A. Macdonald had received the deputation, and promised to get the act repealed so far as it concerned Canadian students. His Excellency the Governor-General also received the deputation, and, sympathising with the profession, promised to make the necessary representations to the Imperial Government to have the Act repealed." So that we are thus far provided with the fact that it is an Imperial Act, and that it in some way affects the Canadian student. But Dr. William Clarke goes a step farther and complains of the grievance to the effect, that, unless repealed Canadian students can actually go to Britain, pass the

examinations and return and compel registration. This, then, is the gist of the whole matter: a Local Corporation composed of probably a fifth of the entire Medical Community of this Dominion, acting under a charter granted by the Local Provincial Parliament of the Province of Ontario, has the effrontery to send a deputation to the Government at Ottawa, which deputation assumes to represent the Medical Profession of Canada. We have no doubt that Sir John A. Macdonald took in the position at a glance, and to get rid of the importunity promised to look into the subject. We can only remark that if the Right Honourable gentleman does so, he will, we have no doubt, come to the conclusion that the British Regulation Act had better be left as it is, inasmuch as it does not in any way affect the interests of the Profession of this Dominion however much it may be the self-imposed importance of the College of Physicians and Surgeons of the Province of Ontario.

But we are told, moreover, that if such a thing were permitted, that is, that the Canadian student should exercise his right of citizenship and go to Britain for his education, that the Medical profession of this Dominion would be endangered thereby. This is a most remarkable statement, and we were amazed to see it reported as coming from a man in perfect possession of his faculties. When we read this report in the *Globe* we came to the conclusion that the reporter was poking fun at Dr. William Clarke, but we notice that a literal copy appears in the columns of the *Canadian Journal of Medical Science*, so that we are forced to the conclusion that these were actually the utterances of Dr. William Clarke, late President of the College of Physicians and Surgeons of the Province of Ontario.

Well, all we can say is that these views are crude, and we hope that the good sound common sense of the profession in Ontario will not be influenced by any such undigested material.

The College of Physicians and Surgeons of Ontario is simply legislating to favour the educational institutions of Ontario. This would be well enough, if it did not lead to a lowering of the standard of education in that Province; and as we are all interested in that question, we in this other province of

the Dominion have a right to speak. The Ontario men can afford to learn a practical lesson from the Japanese. That nation lived alone and avoided the contaminating influence of all outside barbarians, until they met with our neighbors south of 45°, when they learned that it was to their advantage to receive foreigners. Our Ontario brethren will in time discover that the true means of serving their own educational institutions, is by affording to their students as many advantages as they can get abroad, in fact, competing honourably and keenly with all outsiders, and cease to try and build up a false reputation by legislative restrictions. There is nothing to be apprehended in our students going to Britain for an examination, and any man who returns to this country with a British qualification ought to be admitted to registration at once, that is on what his papers show forth.

The profession in Great Britain is asking for a change of the Medical Act of 1858 under which it is governed, and we have no doubt, that of the many bills of amendment at present before the Imperial House of Commons, bearing on matters medical, a useful and satisfactory measure will come forth. But, whatever is obtained from the Legislature, we do not think it likely that one of the prominent features of the present act, that of securing recognition of all Registered Practitioners in any portion of Her Majesty's Dominions will be surrendered;—nor indeed is it necessary that it should be. The anomaly of obliging men who have attended a lengthy curriculum of study and who have passed before any of the examining bodies in Great Britain, to again submit to examination in any of the Colonies is to our mind very objectionable. We will not refer to the *personelle* of our Provincial Boards, they are elective bodies, and unfortunately the examiners are occasionally men who never attended a course of lectures; some who never passed any examination. We desire to see united action of the whole profession in this Dominion with a single door of entrance to the profession. By securing such a measure we believe the best interests of the profession would be served, and then we might reasonably expect recognition from the institutions of Great Britain. All

university degrees ought to be honorary, conferring on the holders the right of using certain distinctions such as Doctors in Medicine or Masters in Surgery. But the possession of such a distinction need not confer the right to practice. All candidates ought to be compelled to pass before a common Board of Examiners to be composed of the leading men of the Profession and not, as is the case at present, of men taken from the rank and file, who, as a rule, are not qualified for the position they fill. If such had been the case in Ontario we would not have had at the last meeting of the College the lamentable spectacle of a Committee being struck to enquire into the truthfulness of the allegations of certain delinquencies on the part of the Board of Examiners which in the Scotch acceptance of the term remained unproven.

A PRIVATE HOSPITAL.

The following circular was received from Mr. Samuel Strong, late Steward of the Montreal General Hospital, who has established in the city a private hospital for the better class of pay patients. Many persons have an objection to enter the wards of a public hospital; this objection is now removed in the opening of this house.

This institution is a comfortable home situated in a pleasant locality, in the vicinity of the Windsor Hotel, and on the main avenue to the mountain park. The house is large, roomy and provided with every essential for an institution of this character. Mr. Strong is a middle-aged, but active and energetic man, and has had a large experience in the management of hospitals both in England and in this country. The nursing department is under the immediate supervision of Mrs. Strong, who formerly belonged to Miss Nightingale's establishment, and who is a thoroughly competent and reliable nurse. It is not the intention of the proprietors to admit infectious diseases, as they wish to retain it exclusively for surgical cases. We may observe that since the opening of the house, we have had under our charge several patients who came to us from the country for surgical

relief, and they received every care and attention, and to us the order and regularity of the house was the same as is met with in other well conducted establishments. In making this announcement to our friends both in the city and country districts we trust they will lend a helping hand to render this home one of the acknowledged institutions of this city.

213 PEEL STREET,

MONTREAL, 26th May, 1879.

DEAR SIR,—I beg to inform you I have taken the house as above for the reception of paying patients, to be attended by their own medical advisers, and I ask your support.

The nursing will be personally superintended by a well-known, trained hospital nurse.

The terms will be \$2.00 and \$1.50 per day according to accommodation, exclusive of medicines, wines and spirits, etc.

I remain, Dear Sir,

Yours, faithfully,

SAMUEL STRONG.

PICTURES FROM THE PARISIAN HOSPITAL.—Professor (who has his class in the wards) to patient, “ what is your occupation ?” Patient (who has pulmonary disease), “ Musician, sir.” Professor, to class: “ There, gentlemen, at last I have the opportunity of demonstrating what I have often told you in the Lecture room, that the wear and tear on the respiratory tract caused by the blowing of musical instruments, is a fertile source of just such difficulty as our patient here labors under. To patient, what instrument do you play, sir ?” Patient: “ The bass drum !”