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THE
Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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SUBSCRIPTION, $3 PER ANNUM.

☞ Literary Communications may be addressed to any of the Editors. ☞ All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, FEBRUARY, 1885.

Original Communications.

ACUTE CIRCUMSCRIBED CUTANEOUS ŒDEMA.

BY J. E. GRAHAM, M.D.

(Read before Toronto Medical Society, Dec. 18th, 1884.)

Three or four years ago a patient came under my observation presenting the following history:

C. M., aged 27, merchant, was healthy and strong up to five years ago, when he noticed swelling of the hands and feet, accompanied by pain and redness. The swollen condition produced weakness and stiffness of the fingers and toes. In about a week's time the swelling disappeared, and with it the other unpleasant symptoms. In two or three weeks he had a second attack, which lasted about the same time as the first. Since that time he has had repeated attacks at intervals of a few weeks. Latterly the swelling has lasted longer, and has frequently extended to other parts of the body. The arms, legs, and scrotum have been swollen at various times. The scrotum has often swollen to three or four times its normal size. He has also noticed that the slightest injury will produce the swelling. If, for instance, he catches a ball, the hand in an hour or so will become so swollen that he can scarcely move the fingers. In the same way, the pressure of a tight band around the wrist will cause an attack. During the last few months they have differed somewhat from their former character. They do not last more than three or four days in one place, but when they disappear in one part of the body they appear in another. The largest patch which has ever existed in one place extended from the wrist to the elbow. A number of patches exist often on different parts of the body at the same time. The condition is not influenced by the seasons.

The disease has become of so formidable a character that the patient has to give up his business. If he happens to strike anything, or runs against a hard substance, a swelling follows.

Present condition: On the right hand there is a very considerable swelling. The wrist and back of the hand are swollen and puffy. The hand is double the ordinary size. There is a patch on the left wrist, which the patient expects to extend over the whole hand. There is a slight elevation of temperature, and the pulse is somewhat increased in frequency. The arm was examined, but no striking abnormality was found.

Having never seen or heard of a similar case, I scarcely knew what line of treatment to adopt. Turkish baths were recommended, and alkali with belladonna were tried for a time. Ergot was afterwards prescribed. None of the remedies appeared to have any lasting effect, and the patient passed out of observation after five or six weeks' treatment.

The history was not then published, as no such case had ever come under my notice. It was thought that the diseased condition was allied to urticaria and the cause might exist in a rheumatic diathesis.

In the June number of the *Edinburgh Medical Journal*, 1883, there appeared an article written by Dr. Jamieson, of Edinburgh, entitled "Acute Circumscribed Cutaneous Œdema." In it was given a history of a case very similar to mine, except that the rheumatic condition was much more marked. Dr. Jamieson, like myself, did not know how to designate the disease until he read a paper by Quincke, which appeared in the July number of the *Monatschrift für Praktische Dermatologie.* I will give a short account of his case.

Miss M. E., aged 60, has been a governess with families in the country nearly all her life, and till rather more than seven years ago was in good health. She then became affected with pains of a rheumatic nature in the neck. The parts did not swell and the pains passed away. Soon, however, they located themselves in her right wrist, which became hot and enlarged. Then the fingers of the right hand swelled at their joints and the metacarpo-phalangeal articulation took on the same morbid action, which was plainly enough that known as rheumatoid arthritis. The joints of the feet became similarly affected. About the same time that the rheumatoid arthritis first showed itself she was annoyed with curious subcutaneous swellings which always attacked the face, came on suddenly, and at regular intervals. The loose tissue about the eyelids was the most common seat of the e swellings, but they also occasionally attacked the lips. When the eyes were to be involved headache and some degree of feverishness were experienced, then a sensation as if of tension of the outer canthus, soon followed by swelling of the eyelid, which gradually spread from the outer side till, in course of twenty-four hours, the whole of both eyelids, and even some of the skin beneath, was distended by serum. The eye was completely closed by the œdema, and the watery-looking skin had a somewhat purplish hue. The swelling subsided gradually, as long an interval as five days occasionally elapsing before it had quite gone. The œdema, however, generally vanished in three days. At first the attacks occurred at intervals of about four weeks, but they soon became more frequent—once a week, or still oftener.

It will be noticed that this case differs from mine in two or three points: (1) The well-marked rheumatic history; (2) That the swellings did not come on as quickly. In my case, in two or three hours the parts would become intensely swollen. (3) In my patient various parts of the body were affected, particularly the extremities, and the swellings were often produced by a slight traumatism.

In the main feature, however, the two cases are sufficiently alike to be put under the same heading. I have therefore entitled my paper, Acute Circumscribed Cutaneous Œdema.

There is no doubt, as Dr. Jamieson says, mild cases are of not infrequent occurrence, and that cutaneous swellings, which are attributed to the sting of bee or other insect are simply cases of the disease in which the condition is of a passing character.

Milton has described under the head of Giant Urticaria, five cases which somewhat resemble the one already described. In his cases other skin eruptions accompanied this condition, and the urticarial symptoms were very marked.

In the *Berliner Klinische* of January 12th, 1880, the history of two cases were given, which resembled those described by Milton. Duhring mentions a case recorded by Julen in the Cincinnati *Lancet* and *Observer*.

Quincke has, however, given the most complete account, and I will conclude by quoting Dr. Jamieson's translation.

It is characterized by œdematous tumefaction of the skin and subjacent cellular tissue in circumscribed spots, which measure from two to ten centimetres across. These, he says, are found most frequently on the extremities, particularly in the neighbourhood of the joints, also on the body and face, especially the lips and eyelids.

While the swollen portion may at times be reddish, they are quite as often of the natural hue of the skin, or pale and translucent. A feeling of tension in the places affected are usually complained of, but there is seldom any itching. Portions of the mucus membrane may be attacked, as the lips, velum palati, pharynx and entrance of larynx.

It has been inferred from the symptoms in one case that the gastro intestinal mucous mem-

brane may be attacked. In one instance repeated serous effusions into the joints took place. The swellings develop suddenly, as a rule, in several places at once, reach their acme in an hour or two and then as suddenly vanish —lasting from several hours to a day. The disease may be more protracted by the eruption of several successive tumefections. There is little constitutional disturbance. When the disease attacks an individual more than once it assumes a milder form, and generally selects the same localities as the first invasion. Such recurrences take place at varying intervals, sometimes every week, with almost typical regularity throughout a series of years.

As exciting causes may be mentioned sudden chilling of the surface, catching cold, and excessive bodily exertion. The disease seems to be more frequent in men than women, and in one case was hereditary. As analogous of acute circumscribed œdema, Quincke makes mention of menstrual œdema, the intermittent œdema —following malarial fevers—and the so-called articular swellings.

The pathology of this disease is not well understood. It is probable, however, that the lesion exists in the vaso motor system, and that owing to sudden dilatation of the capillaries the œdema takes place.

There does not appear to be any specific treatment. Attendance to diet, alkaline cathartics, alkalies together with atropine have been found of service. In my case Turkish baths had a beneficial effect.

SEPTICÆMIA.

BY B. WHITEMAN, M.B., SHAKESPEARE.

Mrs. M., of Pickering Township, was delivered of her first child, Nov. 11th, 1884. The child was not large, as when one week old it weighed eight pounds. Dr. E., a neighbouring physician, was in attendance, and, after waiting for some time, delivered, under chloroform, with forceps. He stated that she would have got through naturally in about one hour, but that she was becoming exhausted, and for that reason he considered it best to assist her.

On the 12th she appeared to those about her to be doing fairly well, except that she complained of a good deal of soreness.

On the 13th she had a severe chill, followed by fever. Dr. E. saw her that day and informed her that she was doing as well as could be expected. This allayed the anxiety of the friends. When Mr. M. suggested that if she was not doing all right, he would like a consultation, he was informed by that functionary that it was not at all necessary, as there were no serious symptoms. Mr. M. wrote to me telling about the chills and fever, but stated that the doctor thought she would soon be all right. On receipt of his letter I wrote to Dr. E., asking about her condition and requesting him, if she was at all seriously ill, to write or telegraph me and I would go down and drive out with him to see her. As I suspected from Mr. M.'s letter that there might be some septic absorption, I outlined some treatment that I would prefer, laying particular stress upon the importance of thorough irrigation of the vagina, and uterus also, if necessary, with antiseptic fluid, stating that my plan is to place the patient on a fracture-bed, with head and foot resting on chairs, then placing a pail under the hips to catch the water, and using a large quantity of some dilute antiseptic, of which I preferred tr. iodine in water, and using a fountain syringe to continue the irrigation until any cause of septicæmia is removed. In reply I received a note from Dr. E. stating that Mrs. M. was, in fact, quite well and, that there was no cause for any uneasiness in regard to her; also that he agreed to what I proposed, except the propriety of intra-uterine irrigation. This letter was dated Nov. 18.

On the 20th I received a telegram asking me to come down. I was met at Pickering by Mr. M. on the afternoon of the 21st. He explained that he did not know whether he had done right or not in sending for me; but he was of the opinion, either that the doctor did not understand her case or else he was deceiving them. He stated that Dr. E. was always telling them that she was getting better, while they could all see that she was getting worse, also that the doctor was particularly anxious that I should not be sent for.

Arrived at the house, I found the patient

very ill indeed; muscular twitchings, delirium, dizziness; tongue greatly swollen, with indentations of teeth at sides, and coated with thick white fur; very thirsty, and frequent vomiting. Pulse, 144; temp., 105° under tongue; in axilla 102.5°; respiration rapid and irregular; hands and feet cold, with cold perspiration; abdomen enormously distended by tympanitis, with general soreness of the whole body, and very tender over uterine and ovarian regions. On extending my examination to the private parts, I found them covered tightly by a large flaxseed poultice, which, I was informed, the doctor had ordered. I raised it up and found that it held in the vagina a large amount of purulent fluid (just what one would expect to intensify blood-poisoning) lying in a severe laceration of the perineum, which I found extended right down to the sphincter ani muscle. The raw surface was covered with a diphtheritic membrane, and the whole private parts were enormously swollen. Delivery was accomplished by the use of the forceps, and Mrs. M., on regaining consciousness, complained of a great deal of smarting pain, and told her husband and sister that she thought the doctor must have torn her. This the doctor explained by telling them that there was a very slight laceration of the perineum which, however, he informed them would not signify.

On enquiring what was done to keep the parts clean, I was told that the doctor had directed that a pint of water (without any antiseptic) be injected into the vagina night and morning, and followed by three tablespoonfuls of dilute permanganate of potash, all the time carefully avoiding any attention being given to the wound which he had made. I was also informed that he had made a visit half an hour before I arrived, and when told that I would soon be there and asked to wait, said that he had not time, that she was no worse than the day before (when he said she was doing well and would soon be all right). He told them that there was no use making so much fuss about her, and appeared quite annoyed that I had been sent for. As he was going off he stated that he might come back in the evening. As Mrs. M. was so sore that she could not be moved without great pain, and the doctor not having told them to get a bed-pan for even the slight washing that he had advised, the bed was too wet to be comfortable. I proceeded, with the assistance of a carpenter, to make a fracture-bed, that she might be moved more easily to change her bed, and also that we might thoroughly irrigate the parts requiring it. By the time I was ready to place the patient on the fracture-bed Dr. E. returned. He informed me that he was giving suppositories of morphia and iodoform, with tincture veratrum veride internally. As she was then exhibiting symptoms identical with those produced by poisoning with veratrum veride, besides her heart being so weak that it could not drive the blood to the surface and extremities, I could not consent to any more of that drug being given. This appeared to offend Dr. E. So he would listen to nothing I had to say about the patient. He proceeded to read to me out of a book a statement of how she had been when he had visited her at different times before. When I told him that she was suffering from septicæmia, and that I did not expect her to live twenty-four hours, he coolly told me that he did not deny that she was seriously ill; but if I was willing to take the responsibility I might have her treated any way I wished. When I proposed giving quinine, I was informed that he had no faith in it. When I proposed thorough irrigation of the vagina on the fracture-bed, and told the doctor that he should either have done this himself and showed the attendants how, or remained in the room and seen that it was properly done, I was informed that he did not come there to be a nurse, that she could not be moved on a fracture-bed, and there was no use of any more washing than he had ordered, as it would soon fill up again. Though why, in view of that fact, he considered even that much necessary, he did not state. As we could not agree, the doctor left with the understanding that he should return next forenoon, while I was to remain over night with her. As I felt that there was but little hope for her recovery, I did not feel justified just then in advising a change of medical attendants. So I concluded to remain with her and see what could be done. After his departure I learned from the family

that while telling her and her husband that she was doing well and would soon be all right, he told a neighbor woman that she was seriously ill and he could not say what might set in. This I did not like, as I always consider that the party who employs a medical man and pays him for his services is the one entitled to his opinion. I am aware that it is one of the expedients of quackery to tell different stories to different individuals, and then, no matter what the result, some one is brought up to whom the doctor told how the patient was, and it is explained that a tender regard for the patient's feelings prevented the doctor from stating the case truly. But I consider it a matter for regret that any registered practitioner of this Province should be guilty of such conduct. The friends informed me that she had been very hot and thirsty from the 13th, with frequent chills; they thought more wandering, but not so hot, on the 21st, the day I saw her.

When left alone with the patient I had her carefully lifted on the fracture-bed, as previously stated. Then I began irrigation with a large fountain syringe, made from a wooden pail. Into this I poured two ounces of tincture iodine to the pailful of soft water at 110°. I prefer it pretty warm at first on account of the greater cleansing power of warm water. This gave considerable pain, as the parts were very hot and tender; but by adding cold water until the temperature came down to 80° she expressed herself as much relieved by the irrigation. In all, I used about a pailful and a half the first time. I then had her removed to her bed, leaving the fracture-bed under her, and had applied to the vulva cloths wet with warm water, sprinkled with a solution of the acetate of lead and carbolic acid.

This, with the thorough cleansing and making her bed fresh, which had not been done since her illness, made her more comfortable. I next prepared twelve powders, of one grain each of opium, quinine and digitalis, and gave her one in wafer paper. Her stomach was so irritable that I feared to try a large dose of quinine as yet. This was Nov. 21, 7 p.m.: pulse, 144; temperature, 105°. At 7.30, pulse, 136; temperature, 105°. At 10.15 p.m. used pailful of wash and gave powder.

Nov. 22, 1.30 a.m.: pulse, 132; temperature, 104°; repeated irrigation, using pailful of water, with half ounce of tincture iodine; also gave powder, to which I added quin. sulph. grx. She has not vomited since first powder, and has slept quietly since last dressing. The slight fall of temperature and improvement of her heart's action gave me some hope, and, considering the way matters had gone, I thought best to advise a change of medical attendance. So Dr. W. was sent for. He arrived about 5 40 a.m. Nov. 22. At that time her pulse was 135; temperature 104°.

After making a careful examination Dr. W. told Mr. M. and myself that he could not hold out any hope of her recovery, but he would do what he could for her. It was agreed to continue the irrigation and powders as above every three hours when she was awake, also to apply turpentine stupes over lower part of abdomen. We also decided to send for Dr. G., one of the oldest and most respectable physicians in that part of the country. Dr. G. also agreed as to Mrs. M.'s dangerous condition at the time, especially objecting to leaving a patient in that state without attempting to repair the laceration or keep purulent matter out of it. At 10.30 a.m., pulse, 129; temperature, 102°. We now gave enema of turpentine, ℥j; castor oil, ℥iv, in starch emulsion. At 12.20 p.m., it produced an evacuation from the bowels, causing the expulsion of a large amount of flatus and giving relief to the tympanitis. Pulse, 124; temperature, 101° At this time gave powder of pepsin and bismuth, as she complained of nausea after some soup which she had taken. This was the first nausea since I gave the first powder, although constant before, though I attribute the relief more to the irrigation than the powders. I may also mention here that although she had chills and fever constantly before, she did not have another chill and her temperature never was higher than 102°. At 3 p.m., pulse, 120; temperature, 101°. At 4 p.m used catheter, as she could not urinate, and found urethra torn. I now decided to give half a powder at a time as she was quite comfortable and slept a good deal. At 6.45 p.m. gave quin. sulph. gr x. Pulse, 123; temperature, 101.5° She sleeps quietly; twitchings

ceased at 7.30 p.m. Pulse, 121; temperature, 102°. I had now to leave for the evening train. There was slight reaction at this time, owing to the stream in irrigating at 4 p.m. having run out along the tube above the wound and not washing it out properly. I pointed this out to the attendants, and directed them to see that the outgoing stream went to the bottom of the laceration.

The rest of the notes are extracted from telegrams and notes from her subsequent medical attendant.

Nov. 23rd, 2.30 p.m.—Pulse, 120; temperature, 101.5°.

Nov. 24th, 4 a.m.—Pulse, 118; temperature, 101.5°. This day she vomited frequently, complaining of pain over the left ovary. At 4.30 p.m. felt much better. Pulse, 114; temperature, 95°; tympanitis and swelling greatly diminished.

Nov. 25th.—Pulse, 110; temperature, 100°; progressing favourably.

Nov. 26th.—Pulse, 88; temperature, 98.5°.

From this time she progressed fairly but slowly, owing to the deteriorated condition of her blood. Her appetite improved, and she began to sit up a little, until Dec. 11th she had an attack of indigestion with severe palpitation of the heart. As she was in great distress, and her medical attendant was at the time confined to his bed through illness, I was telegraphed for. I arrived on the 12th. She had severe vomiting, with constipation and palpitation of the heart. As she was in a much better condition to be examined than at my previous visit, the swelling all gone, and most of the soreness, I examined and found a laceration of the os and cervix uteri about one inch and a half long, which, I believe, would account for the metritis from which she has suffered since the labour, and which, I believe, was produced by the forceps. There was no raise of temperature during this attack nor any chills; and her pulse, when quiet, was about 80°; when disturbed by vomiting, 96° Since that time she has taken iron in form best agreeing with her stomach, with dilute mineral acid and nux vomica, medicine requiring to be changed frequently owing to her weakened digestion.

At last accounts she was sitting up for a while every day and, with assistance, could walk across the floor, and, as far as I could learn, fairly convalescing.

THE USE OF CARBOLIC ACID IN PURULENT AFFECTIONS OF THE EYE.

BY G. HERBERT BURNHAM, M.B., M.R.C.S. ENG.

(Read at Ontario Medical Association, Hamilton, June, 1884.)

I shall begin by speaking of the employment of this remedy in reference to the disease, gonorrhœal conjunctivitis, in which I was the first to use it in the way in which I shall shortly mention. As you know, the usual remedies for this dangerous affection are very often completely powerless to stay its downward progress. This sad admission I on my own part can unreservedly make, for during the long period that I was Resident Surgeon at the Moorfields Eye Hospital, London, a great many opportunities were given me of verifying this statement. Having found out that a strong solution of this acid did not in the slightest degree injure the cornea, I began to try its effects in gonorrhœal ophthalmia, and I am glad to say with the happiest results. I am so thoroughly aware of its great power in combatting this inflammation that I now never use any other treatment. This conclusion, I beg to repeat, has been arrived at in open competition at Moorefields Eye Hospital with all other known remedies. There are many forms in which this inflammation affects the eye, such as great serous chemosis of the palpibral and ocular conjunctivæ, or dense swelling of the lids and a more opaque thickening of the conjunctivæ. This latter infiltration may become so great that the appearance of the lids when everted is that of diphtheritic ophthalmia, that is, a mottled, greyish look, with inability to remove any of the infiltration. This variety is the most severe and dangerous, and also the least frequently met with. The treatment consists in the *free* use of *pure* carbolic acid and iced water-bathing. I may perhaps make the proper application of the treatment clearer to you by narrative, a supposed case.

A patient comes with red, swollen, inflamed lids, rather brawny-looking; conjunctivæ much swollen, pain, and a more or less marked secretion from the eye. I order him to bed; then have placed at his bedside a basin of cold water with a large lump of ice in it. With this water he keeps almost constantly bathing the eye, and in the intervals places cloths wet in the iced water upon his eye. Sometimes the temperature is so high that these cloths actually steam after being a few seconds in position. The relief given by this cold application is great and immediate. At night time a nurse should sit up so as to keep up the treatment continuously. The use of the carbolic acid begins at the same time. At first I put into the eye a solution of the strength of 1 in 40 so as to accustom the eye and patient to it, then the 1 in 20 or 5 per cent. solution, that is to say 24 grains to the ounce of water. As the discharge increases I use it more frequently till finally it is employed every hour, day and night, and with no sparing hand. If possible, the lids are everted and the lotion freely applied, flooding the eye with it. I also cause the eyeball to be moved about by the patient so that the lotion can get to every part. In very bad cases it is impossible fully to evert the lids even after free discharge has begun; and here this strong caustic is very valuable, as it flows so readily beneath the lids. Its effect on the complications which arise, such as transparent ulcers and infiltrations of the cornea, is most prompt and satisfactory. These former come as the result of great pressure on the cornea of the swollen conjunctivæ, and which in other kinds of treatment so often lead to perforation with prolapse of iris. Now, however, it rarely if ever occurs. The only corneal complication I now fear is the dense yellow infiltration without abraded surface. In other words, a true infiltration, not an ulcer, as this latter term is only applied when there is an external abraded surface. In the infiltration the lotion cannot, as in the case of the ulcer, come into direct contact with the seat of inflammation. Herein lies the danger, that the inflammation goes on extending inwards till hypopyon ensues. This condition is now followed by ulceration of the thin epithelial covering of the outer surface of the infiltration with perforation of the cornea, and more or less severe complications through entanglement of the iris. Any operative interference with the cornea, where profuse purulent discharge is present, is always fraught with great danger, so readily does the wound become infected. As the discharge lessens and alters in character, the 5 per cent. may be used alternately with a 1 in 40 solution, and later this latter altogether. As the eye approaches nearer a normal state a still weaker solution may be prescribed. Another great advantage is that this 5 per cent. solution smarts sharply, but only for about thirty seconds, and when it is all over a feeling of comfort and relief supervenes.

I consider the carbolic acid treatment most decidedly superior to all others. By its strong antiseptic and astringent properties it follows out, more closely than any other treatment has ever done, the true line of practice in these cases. Its usefulness is by no means limited to gonorrhœal ophthalmia, for in all purulent affections of the conjunctivæ and cornea, together or separately, I have used it with excellent results. When the conjunctivæ is not much implicated the 1 in 40 solution, or even weaker, is about as strong as will be needed or comfortably borne.

The limits of this paper do not allow me more than to mention, as I have done, its employment outside of the one affection I have brought before your notice. If it were otherwise, I could give most satisfactory accounts of its beneficial effects.

In conclusion, I may say that I do not now consider it so necessary to—in fact, I do not—shield the sound eye, as this lotion renders the discharge so much less noxious. The constant bathing, and keeping the patient lying on his affected side, are all the additional precautions I adopt.

LOBAR PNEUMONIA SIMULATING MENINGITIS.

BY J. EARLE JENNER, M.B., L.R.C.P. LOND.
(House Physician, Toronto General Hospital.)

So closely does this affection, occurring in children, simulate cerebral disease in a consider-

able proportion of cases, that it has been described by French writers under the name of cerebral pneumonia; and so frequently has the mistake been made by eminent men of confounding the two affections during the early stage, that we learn the great importance of invariably making a careful physical examination of the chest in every instance when called upon to treat a child suffering from acute disease. Whether the symptoms point to an affection of the chest or not, this rule should be observed at each visit until the diagnosis is established beyond the possibility of a doubt. The pneumonic inflammation may be central at the outset, in which case physical signs would be entirely absent, or so faintly perceptible as to escape recognition until the inflammatory process spread to the periphery of the affected lobe, this process of extension requiring perhaps two or three days. If the pneumonia remain central the diagnosis becomes still more difficult.

This form of pneumonia may occur at any age, but is most frequent in children and old people. The leading points of difference between meningitis and cerebral pneumonia are that in the latter constipation is not so marked nor is vomiting so frequent and persisting.

The following case I narrate in detail, as it shows a remarkable similarity to cerebral disease:—

Case.—E. H., aged 8 years; complains of headache, nausea, loss of appetite, sleeplessness, and feverish symptoms.

Family history.—On the father's side good. The mother is delicate, and had three maternal aunts who died of phthisis. She has had four children, all living; no miscarriages. Patient is the eldest of four brothers. The two next him in age are dark-skinned, stout and rugged; the youngest, a light complexioned child of eighteen months, is puny and delicate, has enlarged glands of neck and eczema of scalp and face.

Personal history.—Patient was never a rugged, hearty child; was brought up at the breast, and weaned at thirteen months; began to take artificial food at seven months. Six months ago he had a fit, and was dull and drowsy for some hours after. He never had any severe or protracted illness to date. General health during past three or four months has been failing. He takes cold easily, and is often troubled with a cough; expectorates considerably at times; sputa described as that of bronchitis. The head sweats a great deal; feet and hands are always moist and often cold; the appetite has been somewhat capricious, and there has been slight diminution in weight. Patient is fair and freckled, features regular and refined; muscles are plump, but soft and flabby; bones are slender, no enlargement or deformity of the points; teeth are large, smooth, and regular, no enlarged glands. He is of a quiet disposition, fond of books and school, and takes an unusual interest in the welfare of his younger brothers. He learns readily, and is in fact a remarkably precocious child.

History of present illness.—Patient has not seemed quite so well lately, and on the evening of 1st inst., (four days ago), complained of slight pain in the right ear, which lasted with moderate severity for three days. Hop poultices were applied, and the patient lost but one night's rest from the pain. On the 2nd inst., about noon, he had "fit," was convulsed for a minute or two, but did not become rational for several hours. He has eaten nothing for three days, and complains of constant headache accompanied by photophobia and painful sensitiveness to sounds. There was slight delirium yesterday afternoon and during the night.

Present condition—Saturday morning, April 5.—Patient is rational, and answers questions with remarkable cleverness. No complaints of pain save in the head and eyes; the headache is entirely frontal and very intense. When not molested he lies quietly on left side, with eyes closed tightly, knees drawn up, and arms extended, with hands between the knees. He is deaf in right ear, from which during the night considerable bloody pus discharged. Temperature, 102°F.; pulse, 112; respiration, 36 to the minute.

Digestive system.—Tongue thickly coated, and dirty white color; throat congested, breath heavy and offensive; no appetite; has been some vomiting; no hæmatemesis, no abdominal pain or tenderness. Liver and spleen neither perceptibly enlarged nor tender; position and sounds of heart normal; pulse full and resisting.

Respiratory system.—Respiration, 36; shal-

low and somewhat abdominal. *No cough*; no hæmoptysis. On physical examination, the breath sounds seemed to be unduly harsh all over and percussion note decidedly resonant. No other variations from the healthy chest sounds could be detected. Urine is high-colored and scanty: sp. gr. 1.030; no sugar; albumen, one-sixth. After making a careful physical examination of the chest and abdomen for evidence of disease, which is my invariable practice on seeing a child for the first time, and finding nothing to warrant a diagnosis of disease in either region, I suspected tubercular meningitis, but told the parents that I could not pronounce positively on the case as it was somewhat obscure, and that it would in all probability manifest itself plainly in the course of a day or two. His mother stating that he had recently passed worms, I left a worm powder (santomine and calomel); ordered tepid bath if skin became hot and delirium supervened; applied cold compresses to head and mustard draught to feet, which were cold, also mustard poultice to epigastrum; to keep windows and door open, but darken and quiet the room and keep fire if necessary.

Saturday evening.—Patient began to "wander" about noon, the delirium increasing until now he is talking almost constantly. At times he lies with his head thrown back, rolling it from side to side, occasionally uttering a shrill cry. Eyes closed tightly, and patient is very irritable. The decubitus same as in the morning, but he frequently changes position. Bowels have not moved, though he took the worm powder containing three grains calomel early this morning. There has been no action of the bowels for several days. Passes his water, which is scanty and red. Has been considerable bilious vomiting. Face is flushed, but has been pale during the day; skin very hot and dry. Temperature, 105.5°F.; pulse, 160; respiration, 48. The breathing is violent and convulsive, chest and abdomen heaving at each respiration; percussion resonance quite tympanitic over both sides of chest, and breath sounds remarkably puerile.

I put him in a tepid bath, gradually cooling the water until the temperature of the body fell to 100°F., when the patient became quite rational and said he had no pain except the headache. A re-examination of the chest gave no further information. I gave him calomel, gr. iv., and pulv. jalapæ, gr. viij., in one powder, to be followed by a seidlitz powder in the morning. After taking him out of the bath temperature fell one degree more and he soon went to sleep. Ordered bath repeated if necessary, and left a mixture of pot. brom., gr. xv., and ext. ergotæ fld., ℥ xv. to the dose, to be given every two hours, if delirious; also two-grain powders quinine every two hours until seen again. Substituted ice bag for compresses to head, and ordered mustard pediluvia. On leaving, temperature, 99°F.; pulse, 100; respiration, 30.

Sunday *morning*.—Patient is in a violent delirium, and has been so since midnight. The bath was not repeated, they were "afraid he would catch cold." The face is pale, but the mother states that a few hours ago it was covered with livid purple spots. These can be reproduced by pressure or drawing the nail over the surface, and will remain for some time. He lies quietly for a few minutes; eyes shut tightly; head thrown back; the face twitching frequently, especially the upper lip, which gives him a grinning appearance. Decubitus this morning is the "en chien de fusil," or gun-hammer position of the French. There is tonic carpo pedal spasm, and the fingers work rapidly as if rolling pills. His mother says he will pick and pull at the bed clothes for an hour at a time. There is marked ataxia. When aroused and asked to put out his tongue he opens the mouth widely and with some difficulty, the muscles of the lower jaw acting convulsively. He makes hideous grimaces in attempting to protrude the tongue, without accomplishing it, and has considerable difficulty in closing the mouth again. Tongue is dry and brown, and he mutters incoherently, his mind seeming to dwell on fire. He asks for a pipe, and when given a match tries to light it on the bedclothes, then, putting it to his mouth, makes a pretence at smoking. Suddenly he starts up, screaming "Fire! fire!" and flings the sheets from him, protesting they are on fire and burning him up. Then he talks of school, books, the chicken, his younger brothers, and many other things, all in

a breath. The skin is dry and hot; abdomen retracted. Breathing is now entirely thoracic. Bowels have not moved yet. Legs and arms are cold. Temperature, 105.5°F.; pulse, 130; respiration, 40. Medicine has been given regularly. Some vomiting this morning stained with bile. The parents objecting to the general bath, I applied napkins wrung out in ice-water (containing a little whiskey, to prevent "catching cold") to the chest and abdomen, changing them constantly, according to Dr. Sidney Ringer's plan. Put legs and arms into hot mustard bath. In twenty minutes the temperature fell to 100°F., and the patient asked for a drink. I got him to take an ounce of castor oil, then gave him lumps of ice to suck, and he soon went to sleep. Put a fly blister on back of neck. Continued ice pack to head and senapisues to feet; to give an enema in two hours if oil does not operate. Mixture to be combined with additional five grains pot. brom. to each dose. Patient was sleeping when I left him. Has been taking nothing but milk and beef tea since I saw him first. Ordered wet napkins to be reapplied as above if necessary. (Believing the trouble to be purely a head affection I did not again examine the chest until Monday morning).

Sunday night.—Oil operated freely. Copious dark and offensive stools were passed. No worms came away. Has been some vomiting. Delirium has been constant, but not so violent. Seems to understand what is said to him, but cannot control his movements or speech. Marked ataxia. Is lying on his back now. Knees drawn up. Carpholagia and tonic spasm of hands and feet. Muttering delirium. Temperature, 105°F.; respiration, 50. Continued treatment, and repeated bath with same result as before, but could not prevail on the parents to administer this part of the treatment in my absence.

Monday morning.—Patient slept none at all during the night. Was very restless, but not so violent, muttering all the time and picking at the clothes. Temperature, 104°F.; pulse, 140 and weak; respiration, 48. Hands and feet cold. Repeated mustard pediluvia; gave liquor sponge bath. When he became rational he said he had pain in the right side, and had been noticed to cough some during the night. On examining the chest again, I found marked puerile breathing over left side and upper one-third of right chest, while fine crepitation could be heard posteriorly over the lower two-thirds of right lung. Percussion resonance was also diminished over this part. I immediately put on linseed meal poultice, covering the entire right chest; gave pulv. doveri to ease pain; a mixture of liq. am. acet and spts eth. nitrosi to promote perspiration; some quinine powders, and ordered diet of milk, beef tea and egg-nog. Pot. brom. mixt. to be discontinued. Cold pack to be continued as long as headache is severe.

Monday night.—Patient has been easier and rests much better, dozing a good deal. Is quite rational at times, but there is considerable delirium still. Headache not so intense nor senses so acute. Temperature, 103°F; pulse, 120. Bowels have moved freely twice since last night. Tongue still brown and dry. Marked crepitation all over lower two-thirds of right lung, front and back. Increased stimulants to ℥iij Hennesy's brandy in twenty-four hours and gave quinine gr. ij. every four hours.

Tuesday morning.—Patient had good night. Is quite rational. Has considerable cough, which causes pain. Tongue moist. Skin moist and pale. Temperature, 101°F.; pulse 112; respiration, 40. Signs of consolidation present. Reduced the quinine and gave an expectorant of ammonia, glycyrrhize and syr. tolu.

This case made a complete and uninterrupted recovery, and on the 20th April—fifteen days after my first visit—the lung had returned to its healthy normal condition, the case having terminated by resolution.

Remarks.—The initiatory convulsion, high fever, rapid pulse, and violent delirium, with ataxia so early, led me to think it might be an acute menigitis, due to disease of the petrous portion of the temporal bone, which would also explain the occurrence of suppurative otitis, the discharge from the ear continuing for several days. But the history of the patient led me at first, before the more sthenic type of the symptoms manifested themselves, to fear the tubercular form of meningitis.

I gave an unfavorable prognosis, and requested consultation on Sunday evening. But

the friends thought it useless. So the case, fortunately for me, remained under my care.

The case was doubtless one of central pneumonia from the beginning, as the termination would necessarily preclude any possibility of meningeal inflammation. There was probably an unusual amount of cerebral congestion accompanying it.

The ear trouble proved to be an abscess in the external meatus, which discharged for a fortnight, and then ceased. The patient could hear the watch with that ear at my last visit.

Selections.

HÆMOSTATIC PILLS.—M. Huchard (*Lyon Med.*) uses pills prepared according to the following formula for hæmorrhages from whatever cause:

Ergotin	each, 30 grains.
Sulphate of quinine	
Powdered digitalis	each, 3 grains.
Extract of hyoscyamus	

Divide into twenty pills, of which from five to ten are to be taken daily. The ergotin and quinine are introduced because of their vaso-constrictor action; the digitalis and hyoscyamus with the double view of regulating the heart and diminishing the nervous irritation.—*N. Y. Med Jour.*

"Prof. S. W. Gross brought a case of gumma of the breast before the class last season, which was interesting, both because of the infrequency of its occurrence, and of its resemblance to malignant disease. Gumma of other parts of the body are met with almost every day in hospital practice, but it is extremely uncommon to find this manifestation of the syphilitic poison on the female breast. The patient, who was 28 years old, and appeared to be in good health, complained of trouble in the left breast. Examination showed a cake-like superficial tumour involving the skin and subcutaneous connective tissues. The skin over the tumour was livid in color, and the nipple was retracted into it. These signs apparently pointed to superficial scirrhus. But from the absence of pain, and axillary involvement, as well as the history of a dissolute husband and three miscarriages, Professor Gross concluded that it was a gumma. The woman was put on the mixed specific treatment, and the tumour disappeared in a short time."

PERMANGANATE OF POTASSIUM.

Mode of prescribing permanganate of potassium. As this salt is so readily decomposed, yielding up its oxygen to any organic matter present, it is obviously necessary to be very careful in preparing and administering it. It should be given dissolved in pure water, or in compressed tablets or pellets. I have used the compressed tablets of Messrs. John Wyeth & Brother, of Philadelphia, which contain no excipient, and are, therefore, entirely free from objection, the material being simply compressed without the addition of any foreign material. They are readily administered in this form, or they can be dissolved in pure water, whenever a solution is desired. These tablets are typically adapted to the purpose—indeed present advantages not possessed by any other possible mode of administration.

Ordinary distilled water, after standing a few hours exposed to the air, begins to exhibit evidences of turbidity, due to the growth of an organism, a penicilium, and after some days it becomes so much clouded with organic matter as to be unfit for the solution of permanganate of potassium. River water or rain water boiled and filtered may suffice for immediate use but whenever it can be obtained, fresh distilled water should be employed for this purpose. A pellet of this salt may be used to determine the requisite freedom from organic matter. Dropped into the water under examination, the beautiful violet colour imparted to it should not be discharged. The prompt disappearance of the colour signifies the absence of chemical agencies fatal to the permanence of the salt. The solution should be well diluted when taken, and should be given when the stomach is empty. A small dose repeated at short intervals, say a grain or two every half-hour, until four or six grains have been taken, is preferable to the exhibition of this amount at one dose. Given in this way, and commencing the administration in about four hours after meals, the diffusion of the salt into the blood is, probably, secured. There are two periods during the day when the administration of the remedy can be

practised—the proper interval after breakfast, and after dinner or luncheon. The same considerations should govern the administration of the pellets or compressed pills, undissolved, and sufficient pure water should be taken after them.

Having more or less irritating quality, permanganate of potassium is contraindicated in cases of acute inflammation of the stomach. It is specially indicated in chronic *gastric and gastro-intestinal catarrh*, accompanied by fermentative changes in the food. Eructations of gas, vomiting of a yeast-like material containing *sarcinæ*, and an acid fermentation of the starchy and saccharine constituents of the food, are relieved often very promptly by the administration of this salt. As the action is intended to be restricted to the stomach contents, the proper time for the administration of the remedy is two or three hours after meals.

When the catarrhal process extends into the duodenum, and involves also the bile-ducts, this remedy has seemed to be highly efficient. Beside the evidences of stomachal and intestinal indigestion there is present more or less biliousness, manifes ed in a muddy complexion, yellow conjunctiva, high-coloured urine and a general *malaise* due to the presence in the blood of immature materials and unoxidized products of the retrograde metamorphosis. This is a very common state of things, and is the result of several factors: improper feeding, catarrh of the gastro-intestinal and hepatic mucous membrane, and imperfect preparation of the food for absorption. The permanganate, in this condition of things, does good in several directions: it checks fermentation of the food elements prone to this process, acts favourably on the catarrh of the mucous membrane, but especially promotes oxidation in the tissues undergoing metamorphosis, and whilst it thus stimulates metabolism, helps to consume in the normal way the products of waste. Uric acid which appears in the urine, under the action of permanganate of potassium is converted into urea, the form in which it is normally excreted.

One of the most important therapeutical applications of the permanganate of potassium, and a recent discovery, is in the treatment of *amenorrhœa*. We owe this valuable improvement, as indeed many others, to Drs. Ringer and Murrell. They have shown that this remedy is remarkably certain when applied in suitable cases. Given in doses of two to five grains three times a day, for several days preceding the menstrual molimen, this agent is quite sure to start the flow. The kind of case to which the permanganate is adapted is that characterized by torpor, anæmia, or deficient activity of the menstrual apparatus. On the other hand, it is contraindicated whenever an acute congestion or a general condition of sthenic reaction exists. Confirmatory evidence has been offered in this country, as well as in England and on the Continent. For example, we find the following coming from Russia: Dr. S. M. Lvaff prescribed it in ten cases of amenorrhœa. In seven of these the remedy succeeded—the menstrual function was restored to its normal activity. The good results achieved by the use of the permanganate in amenorrhœa induced by Dr. A. V. Vargunin to essay its administration in *dysmenorrhœa*, characterized by scanty menstruation and anæmia. In this case, also, the result was fortunate, and complete relief was obtained. Congestive or mechanical dysmenorrhœa are conditions not suitable for the action of such a remedy.—*Extracted from Roberts Bartholow's article, N. Y. Med. Journal.*

ANTIMONY IN ECZEMA.

Dr. Hardaway made the following remarks at the St. Louis Medico-Chirurgical Society:

I would like to mention the result of some new remedies in skin diseases which may interest all. Some time ago I remember when Dr. Malcolm Morris' new book came out, among other things that were recommended in acute eczema was tartar emetic; this was recommended in acute cases, in very small doses, of course. This had been recommended by Cheadle, and Morris indorsed the remedy. Since that time Morris has called attention to the value of the wine of antimony. He has used it in a number of cases of different forms of skin disease, frequently in eczema. I have used it largely in several dozens of cases and the results have been very satisfactory; indeed, I was very much surprised. Morris begins with four drops and increases to

seven and a half of the wine of antimony. I have tried it in a number of cases, not selected cases, and I must say that the result has been most satisfactory in controlling the itching, which is always the principal factor in keeping up the disease. I have given it in acute and chronic cases of eczema and I have given it in pruritus and in nearly every instance the result was to stop the itching. My experience is not large enough to say in what cases it is indicated and in what it is contra-indicated; but so far as I have given it, it has been very satisfactory. For example, I found that in acute, vesicular eczema it has done well, alleviating the itching; and I found in chronic papular eczema, where as you know the itching is most intense, that it has relieved the itching very markedly and sometimes absolutely abolished it. I have used it in some cases of pruritus with good results. If the pruritus depended upon some mechanical difficulty, of course it would be only a palliative measure, but it is satisfactory to have some such remedy. What its action on the skin is I do not know, but it certainly does less harm than arsenic. The use of arsenic in acute skin diseases is very general and very pernicious, and arsenic does not control the itching. A desideratum has always been with dermatologists to get something to take the place of salves, lotions, etc., and recently in Germany, Pick, of Prague, has formed a gelatine cake; it is gelatine and water made into a cake and combined with a certain proportion of chrysophanic acid, or other drugs. Still later, Professor Kaposi, of Vienna, has substituted gutta-percha, and particularly with the use of chrysophanic acid. It is rather a curious fact that I have had a patient suffering from psoriasis who was by trade a manufacturer of printer's rollers; he had an inveterate psoriasis. Now in the manufacture of printer's rollers, gelatine is used, and this gentleman experimented a little himself, and got to use it, as I know, because I saw it applied to his person before Professor Pick's article appeared. The gutta-percha solution is much better than gelatine. The gelatine process was modified afterwards by Unna, of Hamburg, by adding a certain amount of glycerine; but the difficulty was found to be that it was smeary. The advantage in using gutta-percha, is that it dries immediately, and by using five or ten per cent. of chrysophanic acid, and painting it on with a camel's hair brush, we have much more satisfactory results. It enables us to brush it in, which is an advantage because it remains fluid a few minutes and enables us to brush it in before it is solid. I have used tar, but tar being oily is objectionable. With gutta-percha, you can paint the patches and in a few minutes it is dry. This solution sets closely and only peels off gradually. If you use it too strong or too frequently, you will get a characteristic dermatitis, so one must be very careful as to the strength. Five per cent. or a little more is sufficient. Then, finally, in this same line of investigation, Dr. Unna, of Hamburg, introduced what he calls—well it is difficult to transla e it—however he takes muslin with very wide meshes and diachylon ointment; he then scrapes the side that goes outside and lets the ointment remain on the inner side; this is cut into pieces, and in some cases it acts admirably. In erythematous eczema of the forehead, where we want to make an application, it can be kept on very admirably, where the use of ointment would be disagreeable; we can take these pieces cut just to fit, and thus we have a constant application; it is also advantageous in case of eczema of the fingers and hands or other places where we want to make any application. Another remedy that fulfils the same indication has been suggested by Lassar. I may say here, that the Germans are becoming very practical therapeutists in this department of medicine. Lassar makes a mixture of half a drachm of salicylic acid, half an ounce of oxide of zinc and starch, and two ounces of vaseline. When put on the skin where there is no great heat or moisture, it dries, and the vaseline disappears, and you have a coating of salicylic acid and starch left on the surface which is very difficult to rub off, and in some cases it is very advantageous to use this remedy. These are a few things that have recently been mentioned; the wine of antimony is something quite useful, and as far as my experience goes is quite satisfactory.—*Courier of Medicine.*

Dr. Buchanan has again been arrested in Philadelphia for issuing bogus medical diplomas.

Dr. Austin Flint, jr., adds four more cases of diabetes to the fifty-two reported to the American Medical Association. The patients were placed on strict anti-diabetic diet and Clemens' solution of arsenite of bromine, beginning with three drops, increased to five, was also given. Of these four cases three were permanently relieved. In conclusion he adds: "Diabetes has become to-day a disease easily and certainly curable provided that the treatment be not begun too late."—*Med. Compend.*

THE TREATMENT OF POLYURIA. — Lunin (*Jahrb. f. Kinderheilk*) reports a confirmed case of polyuria in which the daily amount of urine was reduced within a week from eight to five litres by seven-grain doses of salicylate of sodium. Valerian was then given (an infusion of the root, 1 part to 20 of water), with the result of further reducing the amount to two litres and a half. Within three weeks the amount of urine fell almost to the normal, and there was a decided improvement in the general condition of the patient.—*N. Y. Med. Journal.*

TO DESTROY THE ODOUR OF FOUL BREATH, THE SMELL OF THE AXILLA, AND THE FETOR OR THE SWEAT OF THE FEET.—

℞ Potass. permanganat..... gr. vj.
Aquæ ..... ℥vj.

Sig.—Apply frequently.

It is a fact too little appreciated by physicians that success in practice often depends more on attending to some such trivial affection as the above than on the successful management of a complicated medical or surgical case.—*Medical Monthly.*

INGROWING NAILS.—Pure carbolic acid does better than any other remedy for ingrowing nails. The 95 per cent. acid runs in between the nail and the irritated flesh, and allays the irritation. In every case where it has been used, the *Boston Journal of Chemistry* reports that the pain ceased at once, and immediate recovery ensued.—*Med. Summary.*

THE TRUE VALUE OF NERVE STRETCHING IN THE TREATMENT OF THE PRINCIPAL SYMPTOMS OF LOCOMOTOR ATAXY.—At the congress of German naturalists, held at Salzburg, last September, the question of the value of nerve-stretching in locomotor ataxy was thoroughly discussed, and all were agreed that, after a transient stage of amelioration, the disease advanced unchecked. This opinion has since been confirmed at the meeting of the Verein für innere Medicin of Berlin, held on the 31st of October, when Drs. Bernhardt, Leyden, Litten, Goldammer, and Israel cited numerous facts which placed the conclusion beyond doubt, that elongation of the great nerve-trunks in locomotor ataxy can lessen the darting pains for a few weeks, and renew cutaneous sensibility and equilibrium; but the pains, driven from their original seat, appear in the trunk, the loss of equilibrium is soon more marked than before, and the skin again loses its sensibility.—*Deutsche Med. Woch.* —*Medical Monthly.*

ESSENTIALS FOR THE SAFE ADMINISTRATION OF ETHER.

Dr. David W. Cheever concludes on article on the administration of ether in the *Boston Medical and Surgical Journal*, by giving the following essentials for its safe use:

An empty stomach.

A loose neck.

A free abdomen; no corsets or skirt bands.

Removal of artificial teeth.

An easy semi-recumbent position.

A sponge wrapped in towels for the ether.

A gag and forceps for the tongue.

When stertor occurs, the patient should be tipped forward, the cheek opened with two fingers, the tongue drawn out, the fauces swabbed. To insure safety, the surgeon should hear every respiration of the patient.

Anæsthesia from sulphuric ether is of two forms:

1. Primary anæsthesia, which is a moment of confusion coming on after a very few inspirations. At this moment a felon can be opened without pain, and the patient wake at once.

2. Comatose anæsthesia, for prolonged opera-

tions. Ether may be given almost indefinitely. To relieve the hopeless agony of tetanus, I have had it administered for twenty-four hours.

If you would avoid asphyxia, nausea and headache, and be safe, use only the best and the purest anhydrous sulphuric ether.—*Medical Chronicle.*

SKIN GRAFTS FROM THE FROG.

Dr. William Allen (*Lancet*) finds that bits of skin from a decapitated frog make grafts which admirably answer all purposes, forming a source of supply always at hand in the country, except during the winter months, being easily employed on account of their uniformity in thickness, and necessitating no pain to suffering humanity. The skin of a single frog yields grafts for an enormous extent of surface and preserves its vitality so long that, if the patient is at a distance, the portion of skin required can be carried by the surgeon in his pocket for an hour or more without injury, provided it is wrapped up in gutta-percha, or other waterproof tissue, to prevent drying. As witnessed in three cases, the frog grafts at first act as human grafts are known to do, but later on their behaviour is different. Thus, soon after being applied they disappear, but after a short time they appear again as a thin transparent film on the surface of the granulations, some of the films being raised in the centre and depressed at the edges, forming small conical elevations. At this period the skin at the edge of the wound takes on a very rapid growth, but, curiously enough, the grafts themselves grow but little, and some stop growing altogether, this being so different from what occurs in the case of human skin grafts. If the wound or ulcer is a large one, the rapidity of epidermal growth at the circumference also soon diminishes, unless stimulated afresh by a second application of grafts, so that often a series of settings of grafts is needed before the granulations are closed over with skin. Material for graft-making, however, being so easily procurable, the large quantity of seedlings required offers no difficulty.

Dr. Allen applies to this process the views of Stricker regarding the existence of sexes in the tissues. The colonies of epithelial corpuscles at the edges of the ulcer remain quiescent through lack of one sexual element, which the grafts no sooner supply than reproduction rapidly sets in, fertilization being probably brought about through the medium of the fluid which bathes the surface of the granulations. If the sexual theory accounts for the process, the skin that grows after the application of the frog grafts must be of the nature of a new breed, a cross between human and frog epidermal elements. The disproportionate growth between the frog grafts themselves and the circumferential epithelium in no way invalidates this supposition, seeing that a somewhat analagous condition exists among animals when families of the same species are crossed with one another, fertility being greatest on the side that tends to degeneration, and less on the side that aims at a higher development.—*Journal American Med. Association.*

CRYSTAL PEPSIN.—The surgical value of pepsin as a dissolvent is well shown in a note in the *Northwestern Lancet.* The editor of that journal states that he was once called upon to relieve the distress occasioned by a bladder distended with clotted blood. He injected a scruple of Jensen's crystal pepsin in an ounce of warm water, and had the satisfaction of seeing the patient pass a full stream of urine and disintegrated blood, in less than twenty minutes. —*Med. and Surg. Reporter.*

RESORCIN IN THE TREATMENT OF POISONED WOUNDS.—Andeer (*Monatsh. f. prakt. Dermat.*) reports a series of cases in which dissection wounds accompanied by inflammation of the lymphatics, and in some cases by constitutional disturbance, were treated with applications of an ointment containing equal parts of resorcin and vaseline. The urine showed the greenish color indicative of the absorption of the drug, and in every case the pain and inflammation were relieved within a few hours.—*N. Y. Med. Journal.*

Reduction of Ischiatic Luxation by Forced Extension of the Thigh and Rotation Outwards.—Dr. Angé reports a case of luxation of the hip in a child. The injury was received by a load of wood falling upon him, throwing him backwards. The legs were close together, the left leg extended, and the thigh slightly flexed upon the pelvis—the limb was adducted—the summit of the left knee over the internal condyle of the right femur, the internal border of the left foot resting partly on the bed—the patient lying on his back. There was slight shortening. There was a depression at the cotyloid cavity, the trochanter prominent and carried outwards and forwards, the gluteal fold raised, and the femoral head could be felt in the gluteal region—movement is painful, adduction and rotation inwards possible, but abduction and rotation outwards impossible. The usual methods of reduction proved unavailing. The child was then turned on its face, and the thigh forcibly extended by being seized above the knee and slowly extended upon the buttocks, and rotated outwards, when the head slipped into the acetabulem. Recovery was complete and satisfactory.—*Jour. de Méd. de Paris.*

R. B. N.

Lithotriptic Potion.—(Pecker.)

Borate of ammonium	℥ij.
Distilled water	℥iv.
Simple syrup	℥ss.

Tablespoonful in plenty of water every two hours. For nephritic colic.—*Jour. de Méd. de Paris.*

Charcot's Joint Disease.—A very important discussion of this subject has recently occurred at the London Clinical Society. The names of the prominent men who participated in the debate are a sufficient assurance that the question was illuminated with the light of the best minds of the profession. The general tendency of the meeting was to consider the affection not as a distinct disease, but rather as a form of chronic rheumatic arthritis occurring in patients with locomotor ataxia. There was a disposition on the part of the surgeons present to regard the nervous theory of its production as rather an imaginative way of explaining a gross surgical condition.—*N. Y. Med. Jour.*

Arbutin in the Treatment of Catarrh of the Bladder.—Schmitz (*Centralbl. f. klin. Med.*) says that arbutin, which becomes changed within the system into hydroquinone, a body having the formula $C_6H_6O_2$, is a valuable remedy in vesical catarrh. He suggests the following as a convenient preparation:

Arbutin	75 grains;
Distilled water	7 ounces.

Dose, one tablespoonful every two hours, containing about eight grains of the drug. A marked improvement in the condition of the urine is noticed within two or three days after beginning the treatment. The writer speaks in rather a guarded way concerning the usefulness of this remedy, and admits that its high price forms a decided objection to its general use.—*N. Y. Med. Jour.*

Atropia in Choloroform Inhalation.—Referring to death by syncope during anæsthesia by chloroform, Poirier refers to the experiments of MM. Dastre and Morat, in which they utilize the known power of belladonna to paralyze the moderator nerves of the heart. Experiments were first made on dogs, and the results obtained were so encouraging that Aubert, Gayet, and Tripier, surgeons, of Lyons, were induced to try it on the human subject, and they obtained gratifying results.

The following solution was employed:

Atropiæ sulph	$\frac{1}{11}$gr.
Morphiæ hydrochlor	1½ grs.
Aquæ dest	2½ ʒ.

Hypodermic injection of a Pravaz syringeful was given from twenty to thirty minutes before the inhalation of the chloroform. The advantages of this procedure, which is now daily practised in the hospitals of Lyons, are the following: Security, greater rapidity with which anæsthesia is produced, absolute quiet of the patient, ease with which consciousness returns, and simplicity of results.—*Le Progrès Medical.—Medical News.*

Treatment of Epithelioma of the Neck of the Uterus.—Dr. Chéron, referring to the Italian experiences with this practice, employs the nitrate of lead in ulcerating epithelioma of

the uterine neck. After cleansing the surface with charpie moistened with glycerine, or washing out the canal with perchloride of iron solution if there is much oozing of blood, he applies to the ulcerated surface with an insufflator the following powder: Plumbi nitrat. purif., ʒi.; Lycopodii, ʒij. The powder is kept in position by a suitable tampon. Under the action of this preparation the suppuration diminishes sensibly and the odour disappears. The hæmorrhages are also suppressed. After twelve or fifteen of these applications, the engorgement of the cul-de-sac diminishes, and the general health is greatly improved.—*Journal de Therapeutique.*

THE NERVE-COUNTERFEITS OF UTERINE DISEASES.

Gentlemen,—The crying medical error of the day is, in my opinion, the mistaking of nerve-disease for womb disease. From this widespread delusion it has come to pass that no organ in the human body is so overtreated and, consequently, so maltreated as the womb. Fine lesions of nerve-ganglia are hard to make out, however exacting their symptoms. Take, for instance, insanity or epilepsy; even in the dead-room their lesions often elude our instruments of precision. But the womb, unfortunately, being reachable, seeable, and directly treatable, is charged with almost all the ills that female flesh is heir to; and it is too often made the scapegoat for headaches and nape-aches, for spine-aches and backaches, and for various other so-called uterine symptoms which may be due solely to nerve-exhaustion, or malnutrition of nerve-centres, and not to reflex action from some real or supposed uterine disorder. Then, again, misled by traditional teaching, by such a name as woman (womb-man), by such a misnomer as hysteria (womb-disease), we yoke our practice to theory. So whenever we find a train of *hysterical* symptoms associated with a disordered or displaced womb in a *womb-man*, we jump with doubled energy to the conclusion that the uterine lesion is not a symptom, or a sequence, or a coincidence, but the factor, and at once proceed to treat it accordingly. Then, again, forgetful that the imponderables are great forces in nature, that a single mental stimulus to unstable nerve-molecules will awaken many reflexes, we overlook the tyranny of woman's oversensative organization, and underrate the influence of nerve perturbations or of psychical disturbances.

To substantiate these assertions, let me recall a case to your memory: Six weeks ago to day I brought before you a very helpless invalid, who, accompanied by her husband and her sister, had just arrived from one of our Southern States after a long journey made on a litter in a baggage-car. She was a large, stout, and well-conditioned woman, forty-two years of age, and the mother of several children. Eleven years ago she gave birth to her youngest child. The labour was easy, but her getting up was slow, and when she tried to walk she suffered so much pain that before long she took to her bed, where she had stayed ever since, growing more distressed and more helpless every day. During all this time she had, to use her own language, "been doctored for womb-disease," but without benefit. She could lie in only one position, viz., partly on her right side and partly on her back, with her knees drawn up and her hips higher than her head. To keep this unnatural and ludicrous position, a large folded blanket and half a dozen pillows were needed. Then she had a thick pad placed between her knees and a perforated one under her right ear. In addition, "to keep her womb up," she wore a formidable looking abdominal brace. Her lower limbs were, she alleged, paralyzed, and, in fact, as you will remember, I thrust a pin several times into them below the knee without inflicting the slightest pain. Her appetite was poor, her bowels extremely costive, her monthly periods regular, but painful and somewhat free. She was wakeful at night, full of aches and pains, and had an irritable bladder, which kept her and her nurse pretty busy. Her feet and hands were always cold, and she complained of being always very tired. A more helpless creature could hardly be met with; a more padded and bolstered and upholstered one I never saw before.

But the case turned out more promising than it at first looked. As soon as I had laid eyes on the woman, and had asked her a few

questions, I felt sure that her mind was more diseased than her body, and that she was, in short, hysterical. These conclusions were arrived at for the following reasons: *Firstly*, she was too well nourished for a person with any serious uterine disease. *Secondly*, her skin, excepting that on her legs, was so over-sensitive that she would not let me palpate her abdomen, or make a vaginal examination. *Thirdly*, there was a suspicious capriciousness about her pains; they were too irregular and shifting for fixed organic disease. *Fourthly*, there was an indescribable affectation of suffering, and exaggerated self-consciousness which made her enjoy the description of her aches and pains. *Fifthly*, she wore the tell-tale hysterical mask; that is to say, while she spoke of her sufferings in language and tones consonant with their alleged severity, there was no play of the features, no movement of the facial muscles; her face was as blank and unmeaning as a mask. Lastly, her history revealed two nerve-shocks: the sudden death of one of her children just before her lying-in, and a family trouble—a skeleton in the closet—which had worried and fretted her for many long years.

You will remember that, in order to make a thorough diagnosis, I was obliged to put her under ether, and the following information was gleaned: The vagina was flabby and lax; the womb perfectly movable, but somewhat lower than it should be; the os externum slightly torn, but not enough to warrant an operation. The sound gave a measurement of barely three inches, and there were the usual signs of uterine catarrh. Now, such lesions should not make a woman bedfast. Many a poor woman is earning her daily bread by hard labour, and many a lady is faithfully discharging her social and domestic duties, although handicapped by reproductive organs in a far worse plight than our patient's. So I told you, then and there, that she was bedridden from her brain and not from her womb; and that I should pay very little attention to the latter organ, which had already been overtreated.

To-day, after the lapse of six weeks, I, with no little pride, bring her again before you, to show you the result of the treatment. The uterine lesions are not much better, and they probably never will be until the change-of-life; yet her pads, and pillows, and bolsters, have been laid aside, and her abdominal brace is no longer in use. Her last period was still free, but without pain. She moves about, as you see, without difficulty. She goes upstairs and downstairs all over this large building, and she has walked several of our long squares in the streets. Yesterday she rode in the street-cars to a dentist, two miles away, and had six fangs out. To-morrow she starts alone for home. Now, what has brought about this marvellous change? And why is she so well when her uterine troubles still exist? These are the questions which I know you are asking yourselves, and I shall try to answer them as soon as she is out of hearing.

Before making this case the text of my lecture to-day, let me briefly allude to another one which I have lately treated in my private hospital, and which is a sample of many others. A very weak and emaciated lady, sent to me for uterine trouble, had ptosis of the right eyelid, complete paralysis of the lower extremities, and such anæsthesia in them that the prick of a pin could not be felt. She also had irritable bladder, weariness, wakefulness, costiveness, and cold feet. Further, she had a retroversion of a hypertrophied womb, which had been very ably treated by her physician. These uterine lesions had drawn him off the scent, and had led him to the belief that they alone were the causes of her ill-health. But my reasoning was this: Why, if so, is she still helpless when the womb is kept in place by the pessary which she is wearing? I soon found out the true cause, which was mental distress at the engagement of her daughter with an unsuitable person. Without local treatment of any importance, and simply by moral and constitutional remedies, she left me in seven weeks' time, not cured—for she did not stay with me long enough—but so immensely improved that the ptosis, the paralysis, and the loss of sensation had disappeared; the constitutional symptoms had vanished; she had gained much flesh, and was able to walk about with the aid of a cane. Of course the cause of her worry was not removed, but the effect of the treatment made her better able to bear it, and not to exaggerate it.

I know of another sofa-ridden lady, of wealth, who had for many years been locally treated by some of our best gynecologists. She was put on her feet and made well by a family quarrel resulting in a prolonged law suit. These are the cases which are so constantly being cured by mesmerists and itinerants, and by faith and pilgrimages. I could give you the history of other such bedridden cases sent to me for uterine treatment which, without any such treatment whatever, were restored to health. Many cases I have had which, of course, needed, in addition, some local treatment; but what I wish strongly to impress upon you to-day is that, in the vast majority of bedridden or of sofa-ridden women, it is not so much any existing uterine trouble that puts them on their backs as it is nerve-exhaustion from some nerve-shock. For in these days of mental overstrain, nerve-exhaustion, or neurasthenia, as it is technically called, is a most common disorder in our over-taught, over-sensitive, and over-sedentary women. It manifests itself by hysteria; by spinal irritation; by a lack of nerve-coördination, and by a crowd of reflex symptoms, among which those of a uterine complexion often overshadow, and indeed outlast all the others.

I have not the time to go into a study of that marvellous kinship which exists between mind and matter; but let me draw this too common picture from life: A young girl who entered puberty in blooming health, with red cheeks and without an ache, is overtasked and overtaxed at school, and her health begins to fail. She loses her appetite, lies awake at night, and grows pale and weak. She has cold feet, blue finger-nails, and perhaps complains of inframammary and ovarian pains. Headache and backache, and spine-ache and an oppressive sense of exhaustion, distress her. Her monthly periods, hitherto without suffering, now begin to annoy her more and more, until they become extremely painful, and at these times dark circles appear under her eyes. Her linen is stained by a leucorrhœa, and bladder troubles soon set in. She is wearied beyond measure by the slightest mental or physical exertion; the short visit from a friend will upset her for the rest of the day; a grasshopper is a burden to her, and she finally becomes very nervous or hysterical. Now, very unfortunately, the idea attached to this group of symptoms is that the womb is at fault. A moral rape is, therefore, committed by a digital or a speculum examination, and two lesions will be found—firstly, as a matter of course, the natural virginal anteflexion, and secondly, a slight uterine catarrh. These are at once seized upon as the prime factors, and she is accordingly subjected to a painful, an unnerving, and a humiliating treatment for the flexion and the endometritis. Unimproved, she drags herself from one consulting-room to another, and finally, in despair, she settles down to a sofa in a darkened room and becomes the spoiled pet, or the vampire of the family.

Now, Gentlemen, ten to one - yes, a hundred to one, for I speak from a large experience—this overwearied brain-crammed girl needs a uterine treatment no more than you need one. Her anteflexion is natural; her leucorrhœa merely a passing symptom. She has simply jaded nerves,--worn-out ganglia, and unless they are treated, and in the way that I shall presently indicate, she is probably doomed to hopeless invalidism.

You will naturally ask me, what is the explanation of such misleading symptoms? What means this headache, this backache, these uterine and vesical symptoms? What is the interpretation of these counterfeits of organic mischief? The precise pathology I cannot pretend to give, for the mystery of life has never been solved, and cerebation and innervation are still the riddles of the sphinx; but I take it to be essentially malnutrition of nerve-centres followed by disturbances in the circulation of the nerve-fluid, and consequently of the blood. The nerve centres of this brain-crammed girl, or of the worrying, fretting, and grieving women, to whose cases I have just referred, were unable to bear the strain thrown on them, and they broke down. But jaded nerve-centres make poor blood and faulty circulation, and from these come cerebral and spinal irritation and general exhaustion.

For the treatment of this disease we are indebted wholly to one of our Trustees, Dr. S. Weir Mitchell, and to him we owe a large debt of gratitude for teaching us how to cure cases

which had hitherto been the opprobrium of the profession. In the treatment there are five ends to be secured—nutrition, sleep, rest of body and of mind, freedom from pain, and an equable circulation.

The question of nutrition is an important one, because these women are either wholly without appetite, or they reject wholesome food. Repair not equalling wear, the starved brain cannot repose, and the starving nerves clamor. By beginning the treatment with iron, with malt, and with a diet of skimmed milk, usually, after a week's time, the patient begins to crave solid food. Fixed rations of wholesome food at fixed hours are now given, together with as much new milk between times as the patient can possibly digest, and it is wonderful how much food a delicate woman can dispose of. A goblet of milk is always given at bedtime, so as to distract to the stomach the morbid self-attention of the brain. Also for its soothing and hygienic effects the patient's body is bathed every day by the nurse. By these simple measures fat is rapidly made, sleep is induced, and nerve pains are allayed, in invalids who have been reduced to the last degree of emaciation, and who have hitherto resisted every kind of treatment, even a local one, for supposed or for real uterine troubles.

Seclusion is indispensable, first to free the mind from care, and next, to remove the invalid from the injurious home environments. The therapeutic effects of massage and of electricity on the circulation are very striking in nerve-exhaustion; but, while very analogous in their action, they need a somewhat extended explanation. The four principal movements of massage are:

1. Stroking, friction, or surface rubbing.
2. Kneading, or deep rubbing.
3. Tapping, or percussion.
4. Passive and active motion, by movements of flexion, abduction, adduction, and rotation, the patient either being passive or resisting.

The first two pleasantly stimulate into action the vaso-motor nerves, and the terminal filaments of cutaneous nerves. They also exercise the muscles without volition, and, therefore, without expenditure of nerve-force. Electricity does the same thing. Now this is a very important item in the treatment, for all voluntary muscle-work is nerve-work, and the nerve-capital in these cases is too small to be drawn upon. Percussion made by quick strokes with the ulnar margin of the palm, or with a wet towel, or with two rubber balls mounted on whalebone stems, temporarily stuns the nerves; and these surprises effect molecular changes, by which lax fibre and tissues of loose consistency are strengthened. Again, both massage and electricity raise the body temperature, stimulate the nervous system, promote the secretions, and increase the peristaltic action of the bowels.

In all my cases the interrupted current was most commonly used, the galvanic current being reserved for stubborn and deep-seated pains.

The foregoing treatment was the one to which our patient of to-day was subjected, and to which she so marvellously responded. Of local applications she had but four, and these were made more for the moral effect than for any hygienic purpose.

This treatment answers admirably also for the spurious womb-ails and nerve perturbations of the climacteric. Nothing so truly controls the heats and chills, the shiverings and sweatings, the nerve-tinglings and emotional explosions, so common at the change of life. Of course, it would be unreasonable to suppose that all local treatment is to be excluded from the Rest-cure, as it is technically called. Putting a woman to bed cannot cure a torn cervix, or a cervical stenosis, or an acutely bent womb. But, what I claim for it is, that it has in my hands cured granular erosion, menorrhagia, intermenstrual ovaralgia, prolapsed ovaries, coccygodynia, and most of the diseases arising from passive congestion. It certainly is a specific for amenorrhœa, or for scant menstruation, and also for dysmenorrhœa when not dependent upon a sheerly mechanical cause. While in the treatment of the reflex uterine symptoms of nerve exhaustion, nothing can compete with it. The lesson, then, which you will take home with you to-day is, that urgent uterine symptoms are not always evoked by uterine disease, and that there exist many nerve-counterfeits of uterine disease.—*Extracts from clinical lecture by Dr. Goodell, Medical News.*

THE EXTERNAL USE OF CHLOROFORM IN LABOUR.—The Chicago *Medical Journal and Examiner* calls attention to a peculiar method of using chloroform in labour, which originated, it is said, with Dr. A. Svanberg, of Sweden. This doctor claims to have found that, in severe cases of labour where rigidity of the os has caused an obstacle to delivery, the external use of chloroform is very advantageous. His method consists in applying a piece of flannel soaked in a mixture of chloroform and sweet-oil (one to one or two to one) to the abdomen between the symphysis and navel. Then by light strokes over the cloth he makes sure that it is close to the skin. In severe cases (after five minutes) he pours on more of the mixture. After from five to twenty minutes Dr. Svanberg always finds that the rigidity is so much lessened that any desired manipulations, such as turning, may be performed.

Five cases are reported, illustrating the efficacy of this measure.—*N. Y. Med. Record.*

PILLS FOR UTERINE HÆMORRHAGE.—Gallard, according to the *Jour. de Méd. et de chir. prat.*, uses pills made as follows:

Ergotin,
Subcarbonate of iron, each... 180 grains;
Sulphate of quinine ..... 36 "
Powdered digitalis..... 18 "

Divide into one hundred pills. Four to be taken daily.—*N. Y. Med. Journal.*

COCAINE IN VAGINISMUS.—Dujardin Beaumetz reports a case of vaginismus in which painting the internal surface of the labia minora and the entire circumference of the vaginal orifice, with a four per cent. solution of the muriate of cocaine, so relieved the pain that no spasm was produced on the introduction of a speculum, whilst before the painting not even the finger could be introduced without giving rise to the most severe pain, followed by spasmodic closure of the orifice.—*Jour. de Méd. de Paris.* R. B. N.

Puck says that the medical student and the young man who writes for the newspaper are very much alike, in this—that frequently each is in want of a subject. The subjects are also often alike in that they are pretty sure to get cut.

TREATMENT OF PLACENTA PREVIA.

Turn by the bimanual method as soon as possible, pull down the leg and tampon with it and with the breech of the child the ruptured vessels of the placenta. *Do not extract the child then*, let it come by itself, or at least only assist its natural expulsion by gentle and rare transactions. Do away with the plug as much as possible; it is a dangerous thing, for it favours infection and valuable time is lost with application. Do not wait in order to perform turning until the cervix and the os are "sufficiently dilated to allow the hand to pass." Turn as soon as you can pass one or two fingers through the cervix. It is unnecessary to force "your fingers through the cervix" for this. Introduce the whole hand into the vagina, pass one or two fingers through the cervix, rupture the membranes, and turn by Braxton Hicks' bimanual method. Use chloroform freely in performing these manipulations. If the placenta is in your way, try to rupture the membranes at its margin; but if this is not feasible, do not lose time, perforate the placenta with your finger, get hold of a leg as soon as possible, and pull it down.

Up to this moment the treatment is an energetic *active* one. Experience shows that flooding now ceases. The next part of the treatment is of an *expectant* nature. A quick extraction made now would cause rupture of the cervix and fatal postpartum hemorrhage. Wait, therefore; give the patient time to rally her powers, wait until pains set in, and then assist nature by exerting slow and gentle tractions. If the child is in danger during this time, let it run its risk, let it die if necessary, but do not endanger the mother by quick extraction.

Cervical laceration is always a dangerous thing; it is particularly dangerous, however, in placenta previa, on account of the great vascularity of the tissue of the cervix and its liability to rupture. Atony of the uterus is also a disagreeable complication, especially in cases of placenta previa, where there generally is not much blood to lose. Both these dangers may be got rid of by an *expectant treatment after turning*. Pains generally set in quickly, the cervix distends rapidly, and the child is born

generally between one and two and one-half hours after turning.

In his admirable treatise on placenta previa, Sir J. Y. Simpson says: "*Two great sources of danger*, in fact, require to be taken into consideration in relation to the operation of turning in each individual case of placental presentation, namely, *first*, the danger of too long a continuance of the hemorrhage, and consequently the exhaustion, and even the death of the patient, if the operation be not performed sufficiently early; and, *secondly*, the danger of contusion and laceration of the cervix uteri and its included vessels, if the operator, afraid of delay and of the effects of hemorrhage, proceeds to deliver too soon." *The method we recommend obviates both of these dangers: In turning early, it arrests hemorrhage; in allowing nature to expel the child, it prevents laceration of the cervix.*

True, no regard is taken of the child's life in acting according to such rules. This is a grave objection to the method, and must be considered at length. I will here only mention our opinion on this subject, returning to details later on. Our opinion, briefly, is that:

1st. The prognosis for the child being in all events bad in placenta previa (premature labour, anemia of the mother, disturbed circulation in the placenta, abnormal presentations of the child, prolapse of the cord and operations necessitated by such presentations); 2nd. The value of the mother's life being incomparably greater than that of the child, it is not right to allow the mother to run even the risk of fatal hemorrhage, in order to save a child's problematic life. 3rd. Our results being not worse for the children than these hitherto obtained; our results being, on the other hand, surprisingly good for the mothers, we have a right to claim superiority for our manner of proceeding.—*Lomer, in Amer. Jour. of Obstetrics.*

Official returns show a remarkable increase of suicide in France. Five years ago the number per 100,000 inhabitants was seventeen; it is now nineteen. Hanging and drowning are most popular, and next in favour are firearms and charcoal fumes. April, May and June are the favourite months of the Parisian suicide.

THE
Canadian Practitioner.
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

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

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TORONTO, FEBRUARY, 1885.

VERATRUM VIRIDE IN PUERPERAL CONVULSIONS.

Dr. Sprague, of Stirling, whose letter appears in this issue, calls attention to the large doses of tinct. verat. virid. recommended by Dr. Thayer, as reported in our columns of last month, viz., one drachm, repeated every hour if required. This remedy given in such doses will certainly produce alarming symptoms, resembling those of collapse. It is said, however, that such effects are only temporary. Dr. Fordyce Barker has used it extensively in certain forms of puerperal fever with excellent results, but we do not know that he gives more than ten minims as his maximum per hour. It is somewhat remarkable that only one case of fatal poisoning in an adult, and two in young children have been reported. We agree with Dr. Sprague, however, that the administration of this drug in such doses as either Dr. Barker or Dr. Thayer advises requires the most careful watching; but we think there is no evidence to show that such administration will be likely to produce a fatal result. It is, of course, generally understood that the medicine should not be given where prostration exists, as indicated by a feeble pulse and cold extremities.

With reference to its use in puerperal convulsions, it is recommended in cases of the sthenic type, and is supposed to act in the same way as venesection, but the weight of evidence points to the fact that blood letting, as a depleting agent, is infinitely superior to veratrum viride in this class of patients. It should be remembered in this connection that venesection does something more than simply reduce the

pulse rate, inasmuch as it directly and promptly takes away from the blood certain noxious matters. We have no doubt that in properly selected cases the old-fashioned bleeding is a most excellent remedy, and we feel certain it is too often neglected at the present day.

A PLUMBING INSPECTOR.

At a recent meeting of the Toronto Medical Society a resolution was passed recommending the appointment by the City Corporation of a Plumbing Inspector. A large number of the cases of malaria and typhoid fever, which have been so prevalent this winter, have no doubt been caused by defective drainage.

It is very aggravating, if one can use so mild a term, for a householder, after spending an almost fabulously large sum of money on plumbing, to find that a serious defect in the drainage has been the cause of illness, perhaps death, in his family. If a competent and upright man were appointed as inspector of plumbing, many of these defects would be seen to and remedied at the proper time. In many cases, too, a large amount of money is uselessly spent on extra ventilating shafts, etc. This might be saved if the plumbing was done according to a thoroughly scientific system. We have heard of one instance in which five thousand dollars was spent in the plumbing of an ordinary-sized dwelling. Very much less than half this amount would have been sufficient for all practical purposes.

IMPURE ICE.

A point in our domestic economy on which we do well to be careful is our ice supply. We are forced to be dependent on it for a certain portion of every year, and in many ways find it necessary and useful throughout the year. It is of great importance to know the source from whence it is taken, and it is well to have this source as pure as possible, even though the ice be used purely for refrigerator purposes. There are many uses to which ice is used for cooling purposes, such as being placed on fish, meat and butter, in which it comes in contact with the substance, and is quite capable of contaminating it. Independently of drawing the supply off a known sewage-polluted source, it is well for ice-dealers and local health authorities to consider well the sources from which the ice is cut. Large areas of practically still water, with no outlet, are apt to foster confervoid growths in summer, which, dying in the fall, pollute the water to a greater or less extent. A careful examination of these should be made before the ice is cut, for although the greater number of persons know, now, that ice does not purify water in freezing, there are a great many persons who do believe it does so.

We hail with satisfaction the action of the local board of health in Toronto, in fixing a limit within which ice shall not be cut upon the bay. No ice can be cut within 500 yards of the shore, and the City Commissioner is empowered to forbid its being cut within this limit, under the full penalty provided by the by-law; there ought, therefore, to be reasonable expectation of finding it pure enough for drinking purposes. A curious circumstance came under our notice in this connection which is worth mentioning, as it may lead others to notice similar evidences. In cutting ice for refrigerator purposes near the Northern Railway docks in Toronto harbour, the ice was noticed be full of air-holes. This was supposed to come from the agitation of the surface of the water in freezing. However, on cutting the second crop from the same area it likewise was found to be full of air-holes. An examination of the surroundings led to the belief that these air-holes were caused by the air-bubbles rising from the bottom of the water. This theory is probably correct, for any one who will watch the surface of the water at any point along the line of the wharves, will not fail to see a continuous line of air-bubbles rising all the time, and the presence of these in the ice is well marked by the air-holes. We are glad to learn that no ice is to be cut, for refrigerator purposes even, on this area, as it comes within the 500 yards limit. We commend these observations to the consideration of our readers.

The physicians of Woodstock have formed a Medical Society. The meetings are held twice a month and have been of a very interesting character.

ABDOMINAL SECTION.

What is an abdominal section? There is some uncertainty on this point, and it is very difficult in some cases to decide when an operation should be considered an abdominal section. Mr. Lawson Tait includes all cases in his practice in which the peritoneum is opened, and nothing more. Such a definition will include such operations as herniotomy, in which the sac is opened, and will exclude such as nephrotomy and nephrectomy, when the cutting is done from behind without injuring the peritoneum. Perhaps this is quite as satisfactory as it can be under present circumstances, though it seems a pity that such operations as nephrectomy cannot be always included.

LAWSON TAIT'S ONE THOUSAND ABDOMINAL SECTIONS.

Mr. Tait has given a short report of one thousand cases of abdominal section in the New York *Medical Record.* All extra-peritoneal operations are excluded, while among those included are umbilical herniotomies, and all other cases where the peritoneum is opened. He performs no herniotomies, excepting those of the umbilical variety.

From his analysis we take the following:

	CASES.	DEATHS.	PERCENTAGE MORTALITY.
Exploratory incisions	94	2	2.1
Ovariotomies (including op'ns for par-ovarian tumours)	405	33	8.1
Removals of appendages	307	17	5.5
Hysterectomies	54	19	35.5
Incomplete operations	30	15	50.0
Open'gs for drainage of pelvic abscesses & other purposes	55	..	..
Hepatotomies	12	..	..
Open'gs for acute and chronic peritonitis	9	2	22
Extra-uterine pregnancies	11	2	18.0
Other sections	23	3	13.0
	1000	93	9.3

When we consider the fact that among these are included his early operations, such as fifty ovariotomies with a mortality of 38 per cent., we must admit that the record is a marvellous one; and we will expect very brilliant results from the distinguished surgeon's *next thousand.*

A NEW ANTIPYRETIC.

The new remedy, antipyrin, is still attracting attention in Europe, and many reports have been made of its use. These accounts, which are summarized in a recent number of the *Medical Chronicle,* are uniformly favourable. It is found to be a more powerful agent in reducing temperature than salicylate of soda; but, like the latter drug, it has a depressing action upon the heart. Profuse perspirations occasionally follow the use of the remedy, but it rarely causes vomiting.

Cahn, who writes in the *Berliner Klinische Wochenschrift,* is of opinion that not only is the temperature reduced in fever, but that the medicine has a beneficial effect in other ways upon the course of the disease.

Lecchi has found that in phthisis it reduces the temperature without causing sweating or hæmoptysis. Its use is occasionally followed by a skin eruption.

The dose is—for children under one year, 3 grains; under five years, 7½ grains: for adults, 30 grains. It may be given in water and is not nauseous.

DR. SULLIVAN AND THE SENATE.

We have much pleasure in offering our congratulations to our friend the Hon. Dr. Sullivan, of Kingston, on his recent appointment to the Senate. This action on the part of the Government will, we are sure, be highly appreciated by the Profession of Canada, among whom Dr. Sullivan was always deservedly popular, as evidenced by his unanimous election in 1883 to the office of President of the Dominion Medical Association.

TREATMENT OF PLACENTA PREVIA.

We desire to direct attention to the plan of treatment recommended by Lomer, which we publish in this issue, as we consider it suitable for the great majority of such cases. It may be described briefly thus: Give chloroform, introduce whole hand into vagina, pass one or two fingers through cervix, rupture membranes, turn by bimanual method, bring down a leg, and then trust chiefly to nature's efforts to complete the delivery.

CAFFEINE.

An instance of how the minds of great men often run in the same channels has recently occurred. It will be remembered that in the December number of this journal, Dr. Reeve, in his article on cocaine, mentioned the fact that he had made experiments with caffeine, as an anæsthetic, with negative results. In the *British Medical Journal* of Jan. 3, 1885, Dr. Argyll Robertson, the celebrated ophthalmologist, of Edinburgh, also published an account of experiments he had made with caffeine. The results were similar to those given by Dr. Reeve. He concludes the article with the following sentence :—

"To prevent needless repetitions of experiments, I have thought it desirable to publish these negative results, so far as the anæsthetic effects of caffeine are concerned."

PROPOSED HOSPITAL FOR CONSUMPTIVES.

We have received from Southern California the Los Angelos *Daily Herald* of Jan. 4, 1885, containing a letter written by Mr. C. White Mortimer, formerly of Toronto, but at present British Vice-Consul at Los Angelos.

Mr. Mortimer advocates the establishment of a Hospital for Consumptives at Los Angelos, similar in character to one which has been for some years in existence at Mentone. The principal object of the institution would be to enable people of limited means who are suffering from lung disease to take advantage of the favourable climate of California. Many persons are now deterred from going to the Southern States, not so much by the expense of getting there as by the high prices charged for board, lodging, and medical attendance. It would also be a great boon for those who are going alone to have some definite place to go to. Many are made worse by exposure and fatigue in looking for suitable lodgings.

Clement Godson, in the *British Medical Journal*, reports a case where, with cocaine locally applied, he was able to snip off vascular growths from the meatus urinarius. He used an eighteen per cent. solution, but thinks a weaker one would suffice.

BENEFIT SOCIETIES.

The relation of the medical profession to benefit societies has been a matter of much discussion during the last few years. We have in Ontario a very large number of labourers, skilled mechanics, and even employers of labour, who belong to these various organizations. There is also a constantly increasing membership, as shown by the opening of new lodges and the establishment of new orders.

The method by which these societies obtain the services of a physician is usually as follows: When a new lodge is opened, or a vacancy occurs in one already in existence, the names of a number of physicians are proposed by members, an election takes place, and the medical man who obtains the largest number of votes becomes the lodge physician. He holds office for one year only, and may be superseded at the end of that time. As a general rule, however, the lodge retains the same physician for a number of years.

The fees paid are usually one dollar a year from each member, and when medicines are provided the amount is a dollar and a quarter. In many instances, however, very much smaller fees have been accepted. When a medical man thus becomes a lodge physician, he in many respects places himself in an awkward position. He has, in the first place, to attend a number of members who voted against him in the lodge, and we all know how disagreeable it is to attend those who are not anxious to employ us. He is also bound to attend patients at unreasonable hours, for fees quite inadequate for the services rendered.

With all its drawbacks, however, the system has been tolerated as it was considered to be for the benefit of the poor; and there is no doubt that many in this way obtain medical attendance who could not pay the ordinary fees. In this Province, however, it would be safe to say that half of all the members of such organizations are quite able to pay the ordinary fees, and the profession are thus giving their services for little or nothing to men in good circumstances, and in that way losing thousands of dollars a year.

Matters have come to such a pass in some of

the western towns that the medical men have combined together to refuse attendance on lodges. In one locality the action has been unanimous, and the societies have brought in a physician from the outside. We fancy that the lot of that practitioner will not be a "happy one," and we do not apprehend that his residence there will be very prolonged. The members of societies will feel that they are employing an inferior man, for no other would take such a position, and will soon come to the conclusion that in medicine as well as in other departments the best is always the cheapest.

These societies are a great temptation to young medical men, as through them practice is more easily and quickly obtained; but it is difficult to find a physician who has been through this ordeal who will not express regret that he ever accepted the position of lodge doctor. We could point to several instances of premature death, the result of the overwork and over anxiety attendant upon the duties of lodge surgeons. In many instances the demands made by the members of lodges are so unreasonable that the young practitioner, while endeavoring to please his patrons, sinks under the heavy burden.

Those who survive find that after some years these very members, as they become wealthy, will discard the "lodge doctor," and employ one who may be no better but who has an outside reputation.

THE DISPENSARY ADVANTAGES in New York are so extensive that the poorer, and sometimes even the middle classes, are enabled to get good medical and surgical advice without pay. Since the two institutions for advanced medical learning have been established, there is not enough clinical material "to go around." It is now no common matter to find "interesting cases" hiring themselves out at rentals ranging anywhere from twenty-five cents to one or two dollars per lecture, and if this thing goes on, the possessor of a well-marked case—say, for example, of lupus—may regard his "face as his fortune."—*Med News.*

Last year Massachusetts enjoyed almost a total immunity from small-pox, but nine cases, with one death, having been known to occur, which is less than for any year since 1844.

Hospital Notes.

TORONTO GENERAL HOSPITAL

CASE OF GUNSHOT WOUND.

Under the care of Dr. McFARLANE.

(Reported by Mr. J. Pickard.)

Miss McM., aged 19. Admitted to Toronto General Hospital, Oct. 12, 1884, under Dr. McFarlane's care.

On the evening of Aug. 16th last, about dark, while going through the bush, heard three reports from a gun, fired in quick succession. Saw the flashes, but did not see by whom the shots were fired. Felt something strike the left arm, giving her severe pain, and believed she had been shot. Shortly after reaching home the arm was examined and found to be much swollen, presenting a small, round wound near the centre of the biceps, about four inches above bend of the elbow. No aperture of exit was to be seen. There was considerable hæmorrhage.

The arm was poulticed, and next morning a physician probed the wound but could find no foreign body. The poulticing was continued, and after three days a copious discharge began and continued about three weeks, when the wound closed.

She kept the arm slightly flexed, and while quiet it gave little pain, but when any motion was made or any traction made on it, she experienced severe pain, beginning at axilla and following the course of the musculo-spiral nerve around the humerus and down the posterior aspect of fore arm to extremity of thumb and index finger.

Dr. McFarlane, believing some foreign body to be pressing on and irritating the nerve, made an incision two inches long, commencing two and a half inches posterior to, and about on a level with the site of wound, cutting down upon the musculo-spiral nerve. A small bullet, completely flattened, lying upon the bone, its edge in contact with the nerve, was found and removed. The wound made healed rapidly, and patient left hospital two weeks after operation, the pain very much relieved.

Meetings of Medical Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

(From our own Correspondent.)

At a meeting of the above society, held on the 9th inst., Dr. Hingston exhibited an enormous calculus which he successfully removed from a young man eleven years ago. The stone after its removal weighed five ounces and five drachms, and measured in breadth 5.4 c.c.m. ($2\frac{1}{8}$ inches), in length 7.3 c.c.m. ($3\frac{1}{8}$ inches), and in thickness 3.3 c.c.m. ($1\frac{1}{4}$ inches). This is the largest recorded stone ever removed by the lateral method. Dr. Hingston's object at the present time in exhibiting this calculus was to show that the recent statements made by Sir Henry Thompson, that it was not possible to remove a stone from the bladder by the lateral method when in excess of three ounces, were not correct. Dr. Hingston, however, did not wish it to be understood that he advocated the lateral operation for all cases of stone in adults that were not crushable. He was of the opinion that Sir Henry Thompson's dictum, although not completely true, was in the vast majority of cases so, and that it was a safe working rule to follow.

Dr. T. D. Reed showed photographs of a man, aged 60, whom he has had under observation for several months, suffering from an enormous scrotal tumour. The patient, who is a French-Canadian, first noticed a swelling of his scrotum fourteen years ago. It has steadily increased in size until the present time. It measures fourteen and one-half inches in length and thirty inches in its greatest circumference, and reaches from the pubic bones to within an inch of the patellæ. The dragging of the mass, the estimated weight of which is fourteen pounds, on the pubic tissues, has resulted in a complete burying of the penis. On the side of the tumour there is a slight groove, and the outline of the penis can be traced upwards from this. When he urinates, he elevates the mass with his hands and leans his back against a wall. In this way he is able to protrude the glands and project the stream a sufficient distance to prevent it coming in contact with the surface of the tumour, which is very tender.

Dr. Reed was of the opinion that there are three distinct pathological conditions present in the mass. He believes that the upper portion is simply a hernial protrusion, the middle a hydrocele, while he looks upon the lower part as being composed for the most part of hypertrophic scrotal tissue.

Dr. Alloway related the history of a case which he stated was of more interest from its extreme rarity than of serious importance to the patient. The patient, a young married lady, mother of two children, youngest about four years of age, consulted him about one year ago concerning a pain in her right side, backache, and general decline in health. On making a vaginal examination in Sims' position, a large cyst-like, bluish body occupied the whole of the posterior fornix space, and so overlapped the vaginal portion of the cervix and os uteri that it was with difficulty that these structures could be brought into view. The cyst proved to be purely submucous, and its fluid contents separated the mucous membranes from the submucous tissues, from a point extending from the os up the posterior surface of the vaginal cervix, a short distance on the posterior vaginal wall. At this there was a slight catarrhal condition of the vaginal wall, but there was no evidence of there having been a laceration or previous attack of pelvic inflammation. Dr. Alloway kept the patient under observation for nine or ten months, and, observing that the cyst had not undergone any change during this time, concluded that it probably resulted from injury incurred during the last labour, and had existed ever since. From its size and position it was quite possible for it to have acted as a bar to conception during all this time. A piece of the wall of the cyst on the cervix was removed with the scissors, and about an ounce of greenish, limpid serum escaped. The fornix and vagina were packed with cotton, and the patient was kept in bed for a week.

There is still a slight discharge of serum, and the cyst lining will probably require cauterization before it is completely obliterated. The abnormal symptoms previously complained of by the patient have disappeared. Dr Alloway exhibited a diagram showing the position of the growth, and said he had never met with a like condition, nor had been able to find such an one recorded.

TORONTO MEDICAL SOCIETY.

Extracts from the Proceedings of the Society.

SARCOMA.

Dr. Grasett reported the following case:

Kitty Webb, 20 years of age, lived with her guardian until he married her, at the age of 15. One year after her marriage she had her first child, and one year and nine months after she had her second child.

Admitted Aug. 20th, and examined about the same time. Complained of a large tumour which involved her whole thigh. She has been ill for nineteen months with it. Until this time enjoyed good health and was regular in her habits as to food and drink.

General surroundings at home were pleasant. About twenty months ago she felt a pain in her left leg, about three inches above and to the outer side of the knee. Shortly after it was followed by a swelling. Pain then extended to the knee-cap. Swelling was hard and white. She put on liniment, but it still kept on growing. Two months after noticing it first, changed doctor. The doctor then began poulticing it. Four or five weeks after this time the doctor lanced it and there came away blood and water. Still kept on poulticing it, but since last winter did nothing for it.

Family history.—Mother is dead—died in child-birth from a hurt. Child was not born. Father may be living, and was a strong man. Have four sisters and one brother, all healthy.

State on admission.—She was very much reduced in flesh, so much so that it was not thought advisable to operate on her and amputate her leg at the hip joint.

Tumour was very large and hard. She complained of a good deal of pain when you touched it. On the 18th of October the dimensions of the tumour were taken. It measured 24 inches long, 31½ inches in circumference, and 32 inches over the nodules.

Complexion blonde, features thin, height medium, she was very much emaciated. Temperature normal.

Morphine was given to allay the pain, and nutritious food to keep up her strength.

The tumour kept on enlarging. Her appetite was good up to the last. About two weeks before she died complained of shortness of breath. On percussing her chest found marked dulness, but, on account of her weakness, did not examine her further.

Post-mortem Examination by Dr. Teskey.—The tumour was mostly encapsuled, with well-defined margins and no enlargement of the adjacent lymphatic glands. Upon making a longitudinal incision through it, numerous small disconnected portions of bone were found, especially towards its central part, which appeared to be the remaining traces of the original bone, which had otherwise entirely disappeared. The substance of the tumour was rather soft, mostly pale and transluscent in appearance, with yellowish and dark patches, which were the result of fatty degeneration and of extravasated blood undergoing varying stages of degeneration; it also contained several cysts.

Examination of the rest of the body.—Brain normal; right pleural cavity contained about a pint of serous effusion, with adhesions of the base of the lung to the diaphragm; heart weighed 8 oz., normal in position and size; right ventricle contained a pale clot, left ventricle contracted; right lung filled with metastatic tumours, so as to completely destroy its functions as a respiratory organ; left lung also similarly affected, but to a much less degree. Several tumours were found growing internally from the parietes of the thorax; liver depressed 2½ inches below the margin of the ribs, slightly congested, weight 3 lbs. 10 oz., no tumours found in it; spleen and kidneys normal; uterus and ovaries normal. A tumour about 2 inches in diameter was found, which had grown towards the abdominal cavity from the body of the second lumbar vertebra. The consistency of all the secondary tumours was very soft, resembling very much that of brain tissue. Upon microscopic examination, it was found that the characteristics of the tumours were those of a round-celled sarcoma, being composed of small, round cells, with but little intercellular substance, and this was especially characteristic of the secondary growths.

RUPTURE OF HEART.

(Reported by Dr. Cameron.)

J. L., aged 36, an habitual drunkard from early life, was admitted to the Hospital on November the 26th, suffering from an acute attack of alcoholism. He was extremely shaky and cyanotic, but not constantly delirious. His pulse was small, frequent, and irregular, and my clinical clerk, Mr. Logan, reported a systolic apical murmur, assigned to mitral regurgitation. He was confined to bed, placed on a milk diet, and given tr. ferri. mur. et tinc. capsici, in moderate doses, at frequent intervals, together with bromide of potash, in half-drachm doses, at bedtime. He went on fairly well for a couple of days, but on the third day, during the absence of the nurse from the ward, he got out of bed to pass his urine, and while in the act of micturition, he fell down upon the floor. He was immediately lifted upon the bed, but in the course of a couple of minutes expired. The consent of the friends to an autopsy could not be obtained, and so the heart was hastily surreptitiously removed. The pericardium was found filled with blood, and on removal the heart presented the rupture of the right ventricle seen in the specimen. On testing the valves, it was found that the pulmonary and aortic valves were thoroughly competent. Owing to the position of the rupture, it was difficult to be certain about the tricuspid, but the outer segment of the mitral valve was very considerably contracted and crippled in its action. The other organs could not be examined.

It was said by some one that the patient had stated, after admission to the Hospital, that a doctor had told him 14 years ago that his heart was affected.

Frequency of location of heart rupture—Elléaunce's statistics: L. V., 23; R. V., 7; L. A., 3; R. A., 2. Olivier's: L. V., 34; R. V., 8; L. A., 3; R. A., 2.

In Kashmire, where there is no vaccination, the mortality from small-pox is frightful. The history of twenty-five families was recently taken, in which it appeared that out of 190 persons born, exactly 100 died of small-pox. All the others, except two children, had had the disease.

Correspondence.

LONDON LETTER.

(From our own Correspondent.)

London is growing to be a city of considerable importance, commercially, numerically, and medically, and perhaps a few notes from this district might interest some of your numerous readers. Our population, including the suburbs, is certainly over thirty-five thousand, and the number of medical men more than keeps pace with the increase of people. Situated as we are, in the midst of such a rich agricultural district, we cherish the hope of becoming an important inland city and medical centre. Already we have a hospital containing over one hundred beds, which attracts patients in considerable numbers from the surrounding districts, and is fast growing in popularity. The present genial and enterprising Superintendent, Dr. Belton, seems to be imbued with the spirit of his work, and determined to place the institution under his charge in the front rank in regard to excellency of management. Although only a short time in charge, there are plenty of indications to show that we have got the right man in the right place.

The training school for nurses is supplying what is much needed, viz., a class of nurses skilled in more than the culinary art, able to appreciate important changes and symptoms, and thus give valuable assistance to the physician in charge.

The amount of valuable clinical material furnished by the hospital has induced the medical men of the city to found a medical school in connection with the Western University. Such enterprises are rarely born with a silver spoon in their mouths. Nevertheless, their efforts have been very successful, and the London Medical School is now an assured success.

The Western University Medical School dinner was a grand success. Nearly one hundred sat down to a spread which did justice to the skill of the caterer, Mr. Moore, of the Tecumseh House. Among the many excellent speeches was that of Dr. Tye, of Chatham. In his usual happy manner he expressed his sympathy with the medical student, and said

he could not see why London should not have a good medical school. He said he believed in small schools, and remarked that if London continued to send as good students as he had examined at last Council Examination, it would not long remain a small school. My space will not permit me even to refer to the many other interesting and instructive addresses. A very pleasant evening was spent, the speeches were all good, the music was delightful, and the wine the best Adam's ale in the Dominion.

I shall now close by reminding you that we have a good, live medical society. Although a little bilious at times, it turns out some excellent papers. The last meeting was particularly interesting, and the society did itself the honor to elect Mr. W. Saunders, F.R.S.C., an honorary member. With your permission, in my next letter I shall send you a few notes from our hospital.

SAUGEEN AND BROCK DIVISION.

A meeting of the Territorial Association of the Saugeen and Brock Division was held in the town of Harriston on the 8th day of January, 1885. The following resolutions were carried :—

"That all the proposed amendments to the Medical Act, except clause 4, meet with our approval, and that instead of appointing a taxing officer this meeting recommends the adoption of a uniform tariff for the whole Province, legalized by the Medical Council, signified by the seal of the College and the signature of the President, as provided in Section XVI. of the Ontario Medical Act."

"That all medical students after the year 1887 shall be required to matriculate and attend a course of at least two full sessions in the Arts department of some University recognized by the Medical Council."

"That the members of this Divisional Association now assembled desire to express their approval of the course pursued by the Medical Council and also of their present representative, Dr. Douglas, during the past five years."

Referring to the tariff lately issued by the Grand Trunk Railway as regards medical attendance upon their employees and passengers :—

"That the medical tariff rates issued by the Grand Trunk Railway be disapproved of, and that we recommend that no medical practitioner in this Division do sign it."

(Signed,) R. Douglas, *Chairman.*
Llewellyn Brock, *Sec.-Treas.*

Dear Editors,—On page 18, January number, of your valuable journal, I notice that tinct. verat. virid. is by Dr. Thayer recommended in drachm doses. I think doses so heroic are somewhat *ultra*, otherwise, fatal; and that some explanation is necessary concerning it. From an extensive use of said medicine I would not dare to give one-fourth of dose said to be given.

Yours most truly,
J. S. Sprague.

Stirling, Ont., Jan. 20, 1885.

Obituary.

THOMAS C. HOWE, M.D.

It is with deep regret that we publish the notice of Dr. Howe's death at the early age of thirty-six. Dr. Howe was an old student of the Toronto School of Medicine, and graduated in the year 1868. He remained for a year or two in his native place, Dundas, and then removed to the neighbourhood of Buffalo, where he established a large practice.

On account of a severe attack of asthma he was compelled to give up for a time the medical profession. He then went into partnership with his brother, in the wholesale leather business, in this city. His ardent love for his profession induced him to return to it. He then went to Australia, thinking that there he might be freed from his old enemy. His health at first appeared to have been quite restored, but the asthma again returned and was the predisposing cause of death.

Dr. Howe was a clever student, a kind and generous man, a good practitioner, and a faithful friend.

DR. LORNE COLIN CAMPBELL.

Dr. Campbell died at Port Arthur on January 4th, at the age of 34. He was a son of the late Dr. Duncan Campbell, of Toronto. He passed through the regular medical course in Toronto, and graduated in Victoria University, taking the Council license the same year. He acted as Physician to the Silver Islet Mining Co. for five years, until May, 1884, when he went to Port Arthur, and remained there until the time of his death.

DR. FRANK J. DOLSEN.

Dr. Dolsen died suddenly in Portland, Oregon, January 19th. He attended lectures in the Toronto School of Medicine, and graduated in Toronto University, in 1882, with high honours. He then went to England, where he remained a year, and took the M.R.C.S. Eng. On his return he spent a short time at his home in Chatham, and then went to Portland, Oregon, where he commenced practice. A short time ago his friends received encouraging reports of his prospects. Dr. Dolsen was one of the most able and popular among the graduates of recent years from Toronto. He was beloved alike by teachers and fellow-students during his medical course, and as a consequence his sad and unexpected death is most keenly felt by his numerous friends. Poor Frank Dolsen! he was one of the few almost without a blemish. Long will he be held in the kindliest remembrance by those who knew and loved him best.

Book Notices.

A Pharmacopœia for the Treatment of Diseases of the Larynx, Pharynx, and Nasal Passages. With remarks on the selection of remedies and choice of instruments and on the method of making local applications. By G. M. LEFFERTS, A.M., M.D. New York: G. P. PUTNAM'S SONS.

This little volume was prepared for the use of the students attending Dr. Lefferts' classes in the College of Physicians and Surgeons of New York, and contains the formulæ of such local applications as are adapted to the treatment of the various affections of the larynx, pharynx, and nasal passages, which were found to possess practical worth. The formulæ have been collected from various authorities, many of them are original. What is recommended in this work can be accepted as having been thoroughly tested.

Personal.

Dr. Gould has removed from Goodwood to this city.

Dr. Flock has removed from Leamington to St. Thomas.

Dr. G. R. McDonagh, L.R.C.P. Lond., of Goderich, is now in Vienna, where he purposes spending a couple of years in special work.

Dr. A. F. McKenzie (T. S. M., 1884), of Wingham, has gone to New York to take a post-graduate course.

Dr. Covernton, formerly of Winnipeg, has returned from abroad. He will practice in Toronto.

MARRIED.

PATTERSON—PELTON.—At Spadina Avenue Methodist Church, Toronto, on Wednesday, January 14th, 1885, by Rev. T. Griffith, M.A., J. W. Patterson, M.A., M.B., Harrowsmith, to Miss Sylvia Pelton, Toronto.

Miscellaneous.

Prof. Schweninger, forced on the University of Berlin by Bismarck, has the pleasant duty of lecturing to empty benches. Cannot the Chancellor send him students at the point of the bayonet?—*N. Y. Lancet.*

OLEATE OF CHLORAL COMP. FOR PRURITUS.—The writer has had the above compound prepared for pruritus ani, the itching of eczema and all other similar cases in which an itching exists which it is deemed expedient to allay temporarily until the means, employed for permanent relief, act. The compound is made

by mixing together one-half drachm each of camphor and chloral and adding to this one ounce of oleic acid. This makes a clear brown liquid having the odour of camphor, and it may be scented to suit the taste of the patient.—*St. Louis Cour. of Med.*

TREATMENT OF BURNS BY BORACIC ACID OIL.—C. J. Bond, F.R.C.S., writes to the *British Medical Journal*:—

It is now a year since we began to use boracic acid oil as a dressing for burns at the Leicester Infirmary, at first simply in the form of a mechanical suspension of the powdered acid in olive-oil. I have found that 18 grains of powdered boracic acid dissolved in a drachm of hot glycerine, and added to an ounce of olive oil, forms a kind of imperfect emulsion, the glycerine retaining the acid in solution when cold. This can be easily shaken up with the oil. This makes a non-irritating and doubly antiseptic dressing, and extensive burns treated thus, and covered with a layer of some antiseptic wool, require to be disturbed but seldom, and if not perfectly aseptic, are far "sweeter" than when dressed with, for instance, the carron oil.

As a lubricant for catheters, sounds, etc., this boracic oil with glycerine possesses advantages. It is superior to olive oil, because of its antiseptic property; and better than carbolic oil, because it is less irritating and much more stable; boracic acid being non-volatile. Glycerine itself, too, is a dressing of considerable value by virtue of its dehydrating power.

THE CROW AND THE COUNTRY DOCTOR—(A MEDICAL FABLE.)—A flock of Crows were much alarmed one day at the sight of a strange object in the midst of a field upon which they customarily fed. They at once called upon an Old Crow who practised his profession in those parts, and who made a specialty of corns, to give his opinion about the matter. The Crow, having examined the object, shook his head, and said that it was a serious case, and that it was lucky he had been summoned so soon, though he should have been called earlier, and he would like the advice of his friend, the Owl, who had had the benefit of travel abroad, and who was particularly skilful in cases which called for the Steady Use of the Eyes. He would also like to have the Frog, who was spending his summer vacation by a neighbouring pool, and who had a wide reputation for his physiological knowledge, to see the case. The Crow, the Owl, and the Frog met, and having studied the object at a suitable distance withdrew to the shade of a High Wall in order to deliberate. The Frog first opened his mouth, and observed that it was a nice Case, which reminded him of a very curious experience that he had had with a piece of Red Flannel two summers before, when he received a severe contusion upon the centre of Goltz. After telling all about this very apposite event, the Owl observed that such cases were extremely rare. He had, however, had two very much like them, the details of which he had forgotten. He then related some very humorous obstetrical stories, which much amused the Crow.

Having received these opinions, the Crow thanked his Colleagues for the valuable light they had furnished. He had himself been at first disposed to think the trouble a case of *Terror Corvorum*, or Scare-Crow; but the advice given reminded him now that the appearance in the cornfield exactly resembled a doctor whom he occasionally met, and who, after practising medicine for forty years, was at present trying to live on what he had saved.

This diagnosis was finally agreed upon, and reported to the anxious Crows outside, who were much relieved.

MORAL.—This story shows the profit that is got from consultation, and the lucrative nature of the practice of medicine.—*Boston Medical and Surgical Journal.*

M. Bochefontaine swallowed some pills made up from five cubic centimetres of diarrhœal liquid, from a woman in the algid stage of cholera. He experienced a little fever, and slight constipation, and then recovered completely.—*L'Union Méd.*