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CONTENTS.

A.

- Abdomen in Ascites, Faradisation of, 305.
Abnormal Respirations, 45.
Abortion, The Management of, 273.
Abscesses of the Neck cured without deformity, 176.
Acephalous Monster, 41.
Acetonæmia in Saccharine Diabetes, 208.
Acetonuria, 267.
 Pathology of, 141.
Acne Rosacea, 268.
Action for Slander, 146.
Address to Dominion Medical Association, 289.
Adhesions in Ovarian Tumours, 364.
Adonis Vernalis, 260.
After pains, 243.
Air into Veins, Entrance of, 309.
Air Test, 331.
Albuminuria, Hygienic Treatment of, 76.
Alcohol, Anstie's Test, Modified, 141.
Alkali Salts, Physiological Action of, 77.
Amenorrhœa Permanganate of Potash in, 123.
American Medical Association, 214.
 Public Health Association, 281.
 Surgical Association, 213.
Ammoniated Chloroform, 76.
Anæsthetic Mixtures for Small Operations, 174.
 Sickness, 309.
Anasarca Unilateral, 116.
Anatomical Examinations at the Council, 150.
Anatomy, 351.
 Teaching of, 327.
Annual Dinner, McGill, 24.
Anthelmintics, 257.
Anthrax, Resorcin in, 271.
Antidote for Rattlesnake Poison, 45.
Antiseptic Midwifery, 176.
 Operation, New Method of, 47.
Arsenical Poisoning, The Liver in, 142.
Arsenic, Post-mortem Diffusion of, 329.
Arterial Tension, 324.
Artificial Fecundation, 340.
Asafoetida, in Fœtal Development, 123.
Asthma, The Cause of, 116.
 Renal, 142.
Auscultation of Trachea and Mouth, 172.

B.

- Bacilli in Phthisis, 113.
 of Tubercle, 209, 259.

- Bacillus Tuberculosis, 193.
 Not a Parasite, 236.
Bacteria of Syphilis, 40.
Beard's Bromide Comp., 237.
Beef Tea and Pepper in Delirium Tremens, 331.
Belladonna Plaster, Poisoning by, 141.
Births, Marriages and Deaths, 224, 256, 352, 384.
Bleeding by Aspirator, 336.
Blennorrhagic Periurethral Tumours, 121.
 Sciatica, 142.
Blood, Composition of, 262.
 Quantity in the Body, 18.
Board of Health, Provincial, 25.
Book Notices— *Passim*.
 Ann. Report National Board of Health, U. S., 31.
 U. S. Pharmacopœia, 32.
 Student's Manual of Venereal Diseases—Suppression of Urine—Guide to Practical Examination of Urine Medical Electricity—Guide to Therapeutics and Materia Medica, 60.
 Papers of N. Y. Medico-Legal Society—Relative Mortality after Hip-joint Amputation—Dr. Norris' Third Corpuscle, 61.
 Illustrated Medicine and Surgery—Allen's Human Anatomy, 92.
 Fourth Annual Report Illinois State Board of Health—Medical Diagnosis, 93.
 Illustrated Quarterly of Medicine and Surgery—Practical Medical Anatomy—Diseases of the Liver, 94.
 Compend of Anatomy—Nerve Prostration and Hysteria—Illustrations of Dissections—First Annual Report Provincial Board of Health of Ontario, 127.
 Pocket Therapeutic and Dose Book—Manual of Gynæcology, 154.
 Rheumatism, Gout and Allied Affections—Legal Medicine—Scrofula, and its Gland Diseases—Experimental Pharmacology, 155.
 Transactions North Carolina Medical Society—Diseases of the Skin, 156.
 Pathological Anatomy and Pathogenesis, 157.
 Diseases of the Eye—Manual of Gynæcology—Handbook of Medical Electricity—Manual of Auscultation and Percussion—Diseases of the Prostate, 187.
 Tenth Report Michigan Board of Health—Illustrated Medicine and Surgery—Anatomical Technology, 188.
 Fortieth Annual Report Utica Asylum, 189.

- Book Notices—*Continued.*
- Allen's Human Anatomy, 223.
- Microscope and its Revelations—Handbook of the Diagnosis and Treatment of Diseases of the Throat and Naso-Pharynx—Therapeutic Handbook of U. S. Pharmacopœia—Practitioners' Ready Reference Book, 252.
- Pathology and Treatment of Diseases of the Ovaries—The Diseases of Women—A Treatise on Therapeutics, 253.
- History of Quarantine—Illustrated Medicine and Surgery—Essentials of Pathology, 285.
- Dispensary of the United States, 319.
- Electro-Therapeutics, Erb—Cholera Pamphlet—Anatomy, Gray's, 350.
- Physical Diagnosis, 351.
- Treatment of Wounds, Pilcher—The Roller Bandage, Hopkins—What to do First in Accidents and Emergencies, Dulles—A Manual of Pathology, Coats, 380.
- Quiz Compend: Materia Medica and Therapeutics, Surgery—Transactions, Maryland Medical and Chirurgical Faculty—Types of Insanity, McLane Hamilton—How to Draw a Simple Will, O'Sullivan, 381.
- Medical Student's Manual of Chemistry, Witthaus—International Encyclopædia of Surgery, Vol. III., Ashurst, 382.
- Excision of Knee, Fenwick—Chemistry, Attfield, 383.
- Boracic Acid, 238.
- Bothriocephalus, 268.
- Brain, Softening of, 39.
- Brantford City Hospital, 374.
- British Association, 315.
- Bromides in Nausea, 269.
- Bromine, 363, as a Disinfectant, 20.
- Bronchitis, to Relieve Irritation in, 171.
- Bruit de Galop, 208.
- Bunzlau, Drainage of, 343.
- C.**
- Cadaveric Movements, 18.
- Caffeine in Heart Disease, 261.
- Calculus, Vesical in a Newly-born, 14.
- Calx Sulphurata, 169.
- Campbell Memorial Fund, 281.
- Canadians Abroad, 87.
- Cancer of Tongue, Operative Treatment of, 210.
- Uterine, 376.
- Canniff, Dr., 147.
- Canons of House Drainage, 269.
- Carbolic Anæsthesia, 309.
- Cardiac Murmurs, Disappearance of, 329.
- Cases in Practice, 106-161.
- Casts, Urinary, 269.
- Diagnostic value of Renal, 358.
- Catarrh, American, 362.
- Catarrhal Conditions, Powders for, 169.
- Caustic Anæsthesia, 240.
- Cerebral Nerves, Cross Action of, 262.
- Cerebral Syphilis, 271.
- Chancere, Excision of, 271.
- Chancroidal Virus, Heating of, 224.
- Chloral in Albuminuria, 44.
- Chloroform, Death under, 57.
- Cholagogue, 79.
- Chordee, 171.
- Chromic Acid in Tongue Affections, 259.
- Cinchona Salts and Picric Acid, 332.
- Cincinnati Board of Health, 342.
- Circulation in Coronary Arteries, 228.
- Citrate of Magnesia, Solution of, 363.
- Clavicle, Separation of Epiphysis of, 32.
- Cleaning Catheters, 288.
- Cleaning Sponges, 287.
- Clinical Instruction at the Toronto General Hospital, 178.
- Clinical Thermometers, 19.
- Clubfoot, its Early Treatment, 172.
- Co-Education of the Sexes, 29.
- Coffee vs. Alcohol, 78.
- Syrup of, 363.
- Coitus, Accidents, of First, 347.
- Coldest Town, 128.
- Colic, Quinine in, 14.
- Collapse, Salt Solution in, 14.
- Collodiographic Process, 44.
- Coma of Carcinoma, 176.
- Diabetic, 43.
- Compound Cubeb Paste, 238.
- Connecticut Coroner's Law, 342.
- Constipation, Treatment of, 269.
- Convalescent Wards, T. G. H., 214.
- Convallaria Majalis, 15, 260.
- Coronary Arteries and Semi-Lunar Valves, 171.
- Correspondence, 64, 90, 124, 284.
- Corrigenda, 147.
- Corrosive Sublimate in Midwifery, 371.
- Cotoin, 78.
- Cotton Wool for Umbilical Cord, 372.
- Cough and Expectoration, 41.
- Mixture, 331.
- Council Examinations, 87, 147.
- Crane, Surg.-Gen. Chas. H., 342.
- Credit to Whom Credit is Due, 96.
- Crotaline in Tetanus, 331.
- D.**
- Dangers of Experiment, 255.
- Daniel's Cell Modified, 59.
- Death under Chloroform, 57.
- from Dichloride of Ethidine, 59.
- Delirium Tremens, Cold Douche in, 172.
- Dementia Paralytica from Syphilis, 120.
- Diabetes, 16.
- Diabetic Coma, 43.
- Diagnostic Value of Renal Tube Casts 358.
- Dialysed Iron, 119.
- Diapedesis, Physical Explanation of, 13.
- Diphtheria, Turpentine in, 113.

Dispensary for Women, 281.
 Distilled Water in Eye Lotions, 210.
 Doctors' Signs, 151.
 Dominion Medical Association, 246, 280.
 Dropsy, 361.
 Duties of the Profession to the Indigent, 84.
 Dysmenorrhœa, Cause of Pain in, 49.
 Dystocia Due to a Vaginal Cicatrix, 353.

E.

Ear Affections in Diphtheria, 144.
 Economical Pill, 20.
 Ectopy of Heart, 270.
 Eczema of Hands, Lotion for, 238.
 Oleate of Bismuth for, 270.
 Treatment of, 265.
 Editors, Association of American Medical, 124.
 Elbow Dislocations, Reduction of, 366.
 Electric Lamp for the Microscope, 159.
 Electricity, a Cardiac Stimulant, 59.
 Indications for the Use of Dynamic or
 Static, 117.
 Elephantiasis Arabum, 309.
 Emphysema, 110.
 Encephaloid Cancer, 367.
 Enteric Fever, 296.
 Epidemic Tuberculosis, 43.
 Epigram, an old, 28.
 Epilepsy, 14.
 Epistaxis, Cannabis Indica in, 83.
 Ergot in Delirium Tremens, 79.
 Ergotin, to Prevent Abscess in the Injection of, 332.
 Erysipelas, White Lead Paint in, 122.
 Treated by Barwell's Method, 165.
 Erythema Nodosum, Complications of, 266.
 Ether, Administration of, 242.
 Etheromania, 332.
 Excipient for Pills, 210.
 Excision of Primary Syphilitic Sore, 83.
 Exhibition of Sanitary Apparatus, 280.
 Experiment and Principle, 384.
 Extirpating Warts, etc., 84.
 Extirpation of Kidney, 367.
 Eye in Liver Disease, 78.

F.

Fallopian Tubes, Tuberculosis of, 123.
 Fawcett, Illness of Mr., 32.
 Feline Test for Defective Sewer Pipes, 32.
 Femur, Reduction of Dislocated, 121.
 Fibro-myxoma, 355.
 Flies, How to Drive them from a room, 255.
 Danger from, 362.
 Fordyce Barker on Young Men, 224.
 Foreign Body in Female Bladder, 271.
 in the Rectum, 166.
 Fracture of Neck of Femur, Simulating Luxation, 239.
 Freckles, Removal of, 255.
 F. R. C. P., London, 214.

G.

Galactagogue, a New, 238.
 Gastric Digestion, Free Hydrochloric Acid in, 329.
 Gelsemium Sempervirens in Tetanus, 43.
 General Paresis, Lesions of, 45.
 Glass Mother, 347.
 Glosso-Labio-Laryngeal Paralysis, 137.
 Glycerine and Gluc, 17.
 Gluc in Skin Disease, 140.
 Internal Use of, 168.
 Gold Bromide in Epilepsy, 142.
 Good Hint Lost, 160.
 Government Protection Needed, 29.
 Grateful Patient, A, 375.
 Guano, Tea and Coffee from, 160.

H.

Hæmorrhage in Hip Amputations, How to Control, 241.
 from Lancing Cervical Glands, 270.
 Hair, to Promote the Growth of, 79.
 Harvard Anniversary, 315.
 Centennial, 357.
 Medical Centenary, 338.
 Head Presentations, Causes of, 243.
 Health Aphorisms, 305.
 Heart's Action, 261.
 Displaced, 271.
 Symptoms Sequent to Peripheral Nerve.
 Lesions, 46.
 Heavy Brain, 53.
 Herpetic Tonsillitis, or Diphtheria, 108.
 Hip Disease, Case of, 101.
 Joint Disease, 321.
 Subperiosteal Amputation of, 175.
 Holmes, O. W., Banquet to, 150.
 Home Hospitals for the Well-to-do, 52.
 Hospital Reports, 74.
 Hot Water in Chloroform Narcosis, 310.
 Hyarthrosis of Knee, Treatment of, 82.
 Hydatid Cyst of the Prostate, 120.
 Hydrargyrum Formidatum in Syphilis, 46.
 Hydraulic Method of Overcoming Urethral Stric-
 tures, 224.
 Hydrophobia, Historical Case of, 160.
 Hydrotherapy, Precautions in Use of, 305.
 Hyoscyamin Hydriodate, 237.
 Hysteria in Children, 172.

I.

Ichtyol, 82
 Therapeutics, 207.
 Impermeable Applications in Skin Diseases, 120.
 Indications for the Use of Digitalis, 160.
 Indigo Test for Sugar, 266.
 Infant Fifty-six years old, 310.
 Inosuria, 362.
 Instrument Cases, 348.
 Integrity Medical Aid Fund, 53, 86.
 International Medical Congress, 282.
 Intra-uterine Infection 47.

Iodine in the body, Test for, 20.
 in Eczema, 144.
 Iodoform, 261.
 Dressings, 334.
 Pencils, 159.
 Symptoms of Poisoning by, 78.
 To Conceal the Odour of, 160, 170.
 Is Consumption Contagious, 234.
 Isolation Hospital, 312.

J.

Jequirity in Old Granulations, 144.
 Ophthalmia, 209.
 John of Gaddesden, 191.
 Journalistic, 56, 214.
 Journal of the American Medical Association, 248.

K.

Kelley's Method of Reduction of Elbow Dislocations, 366.
 Kern's Cataplasms, 121.
 Kidneys, Extirpation of, 367.
 Floating, 15.
 Kingston Medical School, the Recent Difficulty with, 26.
 Koroniko in Chronic Dysentery, 79.

L.

Lead, Iodide in Mastitis, 259.
 Le Fort's Operation for Prolapsus Uteri, 310.
 Lepra, Lupus and Cancer, Differential Diagnosis of, 82.
 Leprosy from M. Hutchinson's Standpoint, 230.
 Ligamentum Teres, Use of the, 15.
 Ligature of Arteries, 210.
 Lingering Labours, How to Shorten, 368.
 Lingual Ulcers, Diagnosis of, 242.
 Linseed Meal, 96.
 Lithotomy for Catarrh of the Bladder, 143.
 Litmus Paper Improved, 210.
 Liver Abscess without Hypochondriasis, 77.
 Loose Bodies in the Knee Joint, 242.
 Lupus, 161.
 Erythematous, Chrysarobin in, 83.
 Luxations, Operative Interference in, 367.
 Lymphoma Malignant, 78.

M.

Manitoba Medical College, 375.
 Marriages, 64, 224, 384.
 Marriage of Drs. Stowe and Gullen, 181.
 Materia Medica Trouble at McGill, 56.
 Maternal Impressions, 347.
 McGill Medical Faculty, 150.
 Median Nerve Anastomoses of with the Ulnar, 240.
 Medical Amenities, 256.
 Association, Dominion, 316.
 Ontario, 215.
 Council and Medical Schools, 28.
 of Ontario, Meeting of the, 179, 221.
 College for Women at Toronto, 146.
 Examinations, Results of, 148.

Medical Graduates, 151.
 Knighthood, 375.
 Miscellany, 124.
 Officer of Health for Toronto, 51, 87, 375.
 School for Women, 124.
 Schools of Canada, 337.
 Toronto, 245.
 School Dinners, 340.
 Society, Hamilton, 379.
 New Brunswick, 282.
 Rideau and Bathurst, 63, 251.
 Toronto, 62, 88, 146, 151, 185, 219, 248, 344, 376.
 Students, 313.
 Meeting, Canada Medical Association, 311.
 Provincial Board of Health, 183.
 Medico-Legal Journal, 214.
 Micrococci of Cerebro-Spinal Fever, 172.
 of Erysipelas, 176.
 Microzymes of Human Milk, 208.
 Milk, Continuous flow of, 279.
 Mitral Regurgitation, 164.
 Moral Insanity, 10, 33.
 Morphia and Pregnancy, 371.
 Myxœdema, 260.
 Pathogeny of, 20.

N.

Naphthalin Dressings, 143.
 Nephritis of Pregnancy, 133.
 Nervous Disease, Anomalous Case of, 204.
 New Code, the, 87.
 Triumph of the, 343.
 New Medical Schools of Buffalo, 315.
 Newspaper Offences Again, 147.
 Nickel Salts, Therapeutics of, 330.
 Notes from the Skin Clinics of Vienna, 8.
 on Therapeutics, 1, 97, 200, 257.
 on Three Drugs, 170.
 Nurses, Directory for, 282.
 Nursing, 326.
 Nussbaum's Treatment of Cancer, 335.

O.

Obituary, 30, 64, 128, 158, 191.
 Obturator Hernia, 334.
 Occlusive Mixture, 336.
 Odours, Specific, 267.
 Oesophagitis, 80.
 Oleate of Bismuth, 270.
 Ontario Board of Health, 282.
 College of Pharmacy, 375.
 Local Elections, 123.
 Medical Association, 123, 246.
 Meeting, 180, 211.
 Museum, 180.
 and a Pathological Museum, 145.
 Papers read before the, 212.
 Medical Council Meeting, 211.

Osseous Pains, 116.
 O Tempora! O Mores! 86.
 Ovarian Cyst, Rupture of, 48.
 Ovariectomy, a Case of, 75.
 Four Cases of, 131.
 for Fibrous Tumour, 18.
 Goodell, 144.
 Ovary, Removal of Solid Tumour of the, 323.
 Ovule, Migration by Vibratile Cilia, 243.
 Oxygenated Water on Albuminoid Substances, 142.

P.

Pancreas, Symptoms of Cancer of the, 237.
 Papers to be Read at Dominion Medical Association, 281.
 Paraldehyde and Strychnine, Antagonism of, 363.
 Paralysis Agitans, 96.
 Parasitic Inflammation of the Ear, 5.
 Pelletierine, How to Administer, 120.
 Tannate, 79.
 Pepsine, 383.
 Percentage on Prescriptions, 340.
 Percussion, 15.
 Perils of the Profession, 49.
 Perineal Lacerations, Rigidity of Anal Muscles a Cause of, 277.
 Perineum, Primary Operation for Lacerated, 84.
 Peritoneum, Surgery of, 307.
 Permanganate of Potash Pills, 159.
 Perosmic Acid Injection in Malignant Tumours, 242.
 Personals, 30, 96, 128, 157, 191, 223, 254, 286, 320, 343, 344, 384.
 Petrone on Solid Pneumonia, 116.
 Phlegmasia Alba Dolens, Influence of Crural Gland on, 278.
 Phthisis, Cause of, 43.
 Physical Diagnosis, 19.
 Physiological Teaching, 341.
 Pilocarpine, Contraindication for, 170.
 Placenta Prævia, Hæmorrhage in, 178.
 Plaster of Paris Pessary, 177.
 Immediate Treatment of Fractures of, 332.
 Pleural Adhesions, 142.
 Pneumonia Acute, Treatment of, 77.
 Poisoning by Mistake, 314.
 Cases of, 225.
 Porro's Operation, 29.
 Portal and Hepatic Venous Communication, 330.
 Post-Graduate, School, New York, 52.
 Post-partum Polypoids, 243.
 Pregnancy, Certain Diagnosis of, 311.
 New Sign of, 17.
 Premature Delivery for the Prevention of Blindness, 122.
 Labour, Induction of, 279.
 Private Asylum for Ontario, 338.
 Professional Services, Value of, 58.
 Prolapsus Uteri, 37.
 Provincial Board of Health Meeting, 183.
 University, Our, 372.

Ptomaine of the Amnion, 348.
 Public Health Association, 339.
 Pulmonary Surgery, 46.
 Syphilis, 114.
 Pumpkin Seed, How to Administer, 120.
 Pupillary Phenomena in Children, 77.
 Pylorus, Resection of the, 176.
 Pyrogallic Acid in Phagædenic Chancre, 83.

Q.

Quackery, the Suppression of, 213.
 Quadruplets, 303.
 Quinine in Intestinal Colic, 14.
 New Synonym for, 256.
 Quiz Classes, 374.

R.

Radcliffe, J. Netten, 183.
 Railways, Influence of, on Health, 342.
 Rattlesnake Poison, Antidote for, 45.
 Rectal Feeding, 79.
 Rectum, Anatomy, Surgery and Hygiene of the, 336.
 Relation of Hospital Staffs to Students, 247.
 Residential Chambers, 55.
 Resorcin in Anthrax, 271.
 Respiratory Murmurs, Origin of, 238.
 Rheumatism of the Heart, 15.
 Rhus Toxicodendron in Rheumatism of Nerve Sheaths and Tendons, 330.
 Royal College of Surgeons, England, 288.
 Rupture of Female Bladder, Operation for, 48.
 Rusting, to Keep Instruments from, 256.

S.

Salt Solution in Collapse, 14.
 Sanitary Gatherings, 374.
 Inspectors, 279.
 Science, The Promotion of, 304.
 Sarcoma, 143.
 of Clavicle, 294.
 Injection of Arsenic for, 272.
 Sawdust Dressings, 336.
 Scabies, Chlorinated Oil in, 142.
 Scarlet Fever and Slow Pulse, 44.
 Sciatica, Extension in, 46.
 Screw Worms, 284.
 Sea Sickness, Bromide of Sodium in, 288.
 Septicæmia Puerperal, 139.
 Sex diagnosed from Fœtal Pulsations, 371.
 Sister Schools, 28.
 Skin Clinic, 72.
 to Prevent Discoloration of, 237.
 Smartweed as an Emmenagogue, 18.
 Smoke Test for Drains, 29.
 Sodium Salicylate, Action of on the Heart, 120.
 Softening of Brain, Treatment of, 39.
 Sound in the Oesophagus, 192.
 Souvielle Caught, 287.
 Speculum, Application of the, 84.
 Spina Bifida, New Operation for, 143.

- Spina Bifida Robson's Operation for, 210.
 Spinal Cord, Paths of Conduction in, 112.
 Roots, Minute Anatomy of, 42.
 Spiritual Visitor, A, 375.
 Spleen, Removal of the, 144.
 Sponges, Bleaching of, 336.
 Cleaning of, 287.
 Starch Digestion in Infants, 267.
 Sternum, Removal of the, 47.
 Stimulants, Sub-cutaneous Injection of, 258.
 Straight Bodied Position in Labour, 49.
 Strychnine in Dilatation of the Heart, 15.
 Students' Complaints at McGill, 24.
 Residential Chambers, 55.
 Victory, The, 27.
 Styes, Treatment of, 242.
 Subluxation of Foot, 272.
 Sueing for a Diploma, 256.
 Sugar Dressing for Wounds, 368.
 Sulphurous Acid in Arresting Phthisis, 169.
 Summer Session A, 27,
 124, 180.
 Sunday Sickness, 192.
 Sympathetic, Function of the, 262.
 Syphilides, 45.
 Syphitisation of a Monkey, 96.
 Syphilis, Late Hereditary, 268.
 Reinfection of, 144.
 The Treatment of, 170.
- T.**
- Tannate of Sodium in Chronic Nephritis, 368.
 Tanti Nominis Umbra, 21.
 Tartar Emetic, 305.
 Tea Injections Antidotal to Opium, 238.
 Teachers and Students, 57.
 Tetanus, Rattlesnake Poison in, 331.
 Tinctura Ferri Citro-Chloridi, 169.
 Toothache, 272.
 Chloroform Injection in, 175.
 Toronto Medical Schools, 314.
 Dinners of the, 373.
 Public School Board, 244.
 School of Medicine Medical Society, 29, 340.
 University, Senate of, 181.
 Results of Examinations, 182.
 Toxicity of Poisons, 238.
 Trachelorrhaphy Sutures, 47.
 Training School for Nurses, 145.
 Tribulations of a Country Obstetrician, 348.
 Trichina, Discovery of, 30.
- Trinity Medical Literary and Scientific Society, 343, 378.
 School, 28.
 and the Kingston School "Troubles," 85.
 School and Kingston Students, 54.
 Truth through Error, 96.
 Tubercle Bacilli in Children, 268.
 Demonstration of, 287.
 Turpentine in Diphtheria, 113.
- U.**
- Ulcer, Chronic, Cured by Erysipelas, 308.
 Umbilical Hernia, Strangulated, 263.
 Unilateral Anasarca, 116.
 University of Toronto Examiners in Medicine, 29.
 Club, 375.
 Endowment, 372.
 Urethral Caruncle, 177.
 Strictures, 80.
 Spasmodic, 243.
 Uric Acid, Synthesis of, 18.
 Utero-placental Circulation, 272.
 Uterus, Rupture of, 346.
- V.**
- Vaccinia from a Calf's Saliva, 209.
 Vaginal Pregnancy, 263.
 Douche, Paralysis from, 371.
 Valvular Insufficiency, 79.
 Varicocele, Treatment of, 122.
 Vascular Changes in Amputated Limbs, 143.
 Vaseline in Abdominal Distension, 21.
 to Prevent Evaporation, 348.
 383.
 Venesection, 167.
 Verbascum Thapsus in Phthisis, 172.
 Viburnum Opulus, 261.
 Vital Statistics for the Dominion, 22.
 Vivisection, 65.
 Vleminckx's Solution in Acne Rosacea, 268.
 Vomiting, Functional, of Hysteria, 235.
 of Pregnancy, Popcorn in, 123.
- W.**
- Watson, Sir Thomas, 54.
 Whooping Cough, 16.
 Woman's Medical College, The, 179.
 Women on General Hospital Staffs, 247.
 Druggists, 375.
 Workman, an Address by Dr., 129.
- Z.**
- Zymotic Pyrexia, Treatment by Inhalation, 209.

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THE CANADIAN PRACTITIONER

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Original Communications.

NOTES ON THERAPEUTICS.

BY R. L. MACDONNELL, B.A., M.D., M.R.C.S.

(Asst. Demonstrator of Anatomy, McGill University, Montreal.)

Every medical man has his share of the worry and annoyance arising from the treatment of hysterical and allied disorders. He who has an hysterical spine in his practice cannot be happy. He is doomed to be supplanted by the hydropathist, the homœopathist or the movement cure man. In Montreal, we are constantly hearing of such cases being cured by faith, and, inasmuch as the miracle is much advertised in the evening papers, we are assured of a fine supply of such cases in the future. What bliss it must be for the hystero-malingero hypochondriac to read of the record of her sufferings in a newspaper, her early history, her devotion, her domestic virtues, how many doctors came, saw, and shook their heads. The Weir Mitchell plan of treatment has come to the rescue though, and will undoubtedly do much to keep the neurasthenic out of the hands of the quack.

The profession in England seem to hold a very high opinion of this line of practice. The "Systematic Treatment of Aggravated Hysteria and Certain Allied Forms of Neurasthenic Disease," was the title of a paper read by Dr. Playfair* to open the discussion upon this subject at the meeting of the British Medical Association at Worcester last August.

* *British Medical Journal*, August 19, 1882.

Dr. Playfair has had 18 months' experience of this treatment, and has not only acquired a daily increasing confidence in the value of Weir Mitchell's method, but has had more satisfactory and surprising results from it than he has ever before witnessed in any branch of his professional experience, and now he more confidently undertakes the care of a well selected case of this kind, than he does that of almost any other malady that comes under his notice.

When he talks of the "useless system of drugging with so-called nerve tonics," one feels inclined to cry "hear, hear." At the same time that we are giving these medicines the psychological causes are all at work, "the injudicious and constant nursing, the craving for sympathy, the fact that the sick-room becomes the centre of interest for the patient and her friends, the constant discussion of feelings and symptoms." At this period of pessaries, of lacerations, of flexions, which has succeeded the "ulcerated os" period, and now, when every pain, every ache, every passing abnormal sensation is pounced upon by the gynæcologist as appertaining to his special field of work, it is highly comforting to read the words of one so eminent in that branch of medicine as Dr. Playfair. "It would be a great mistake, however, to conclude that there is any necessary or constant connection between the two. Indeed, although very frequently the nerve state has originated in connection with uterine disease, in a large proportion of the cases I have seen it has completely

overshadowed the original local disorder. I am sure that I should not, in common honesty, make the somewhat humiliating confession that, in many instances, overmuch and injudicious local treatment, has, in my opinion at least, intensified, and kept up the now dominating neurasthenic disorder as in a case under my care as I write, in which the patient may fairly be said to be suffering from pessary on the brain—so incessantly is she thinking of one or other of the seventy-nine different instruments which she has had inserted in the last few years in America and in this country."

The case best suited for systematic Weir Mitchell treatment is the worn and wasted, often bedridden woman, who has broken down, either from some sudden shock, such as grief, or money losses, or excessive mental or bodily strain, beginning with simple debility more and more yielded to, until at last all power of effort is lost. Coincident with this is the total loss of appetite, the profound anæmia, and the consequent wasting of the tissues.

Then follow the graver forms of hysterical disease, such as paresis, or paralysis, vomiting, disorder of motion, hystero-epilepsy, and many others which constitute the despair of the physician.

The principal elements in the systematic management of these cases are:—

1. The removal of the patient from unhealthy home influences, and the placing her at absolute rest.
2. The production of muscular waste, and the consequent possibility of assimilating food by what have been called "mechanical tonics," viz., prolonged movement and massage of the muscles by a trained shampooer, and muscular contractions produced by electricity.
3. Supplying the waste so produced by regular and excessive feeding, so that the whole system, and the nervous system in particular, shall be nourished in spite of the patient.

Dr. Playfair cites four cases to illustrate

the class of disease to which this method is applicable and the uselessness of all ordinary treatment in such conditions. In one of his cases no less than twenty-five medical men had been consulted, this number including the names of many of the most eminent consultants in the country, of itself a sufficient proof that all that the most advanced medical knowledge and skill could do had been tried in vain.

Case I. A young lady with hysterical vomiting, which she had had for six years. Latterly, she could keep nothing upon her stomach but a single mouthful of milk, and this only when mixed with whiskey; so that in this way she was taking three to four glasses of spirit daily. Weight 63 lbs. In three days after isolation, she was keeping down two quarts of milk, without the aid of whiskey. In ten days she was eating with an enormous appetite, and in six weeks she left town weighing 106 lbs., a gain of 43 lbs., and has since remained quite well.

Case II. A girl aged seventeen. Hysterical hemiplegia of four years standing, during which time she had never been out of bed. Severe cough, which had resisted all medication. No food could be taken beyond milk, a biscuit and an orange. At the end of a month Dr. Playfair drove her out in his carriage, dropped her at the top of the street in which she lived, and made her walk down to pay her parents a visit. She has since remained quite well. The cough ceased forty-eight hours after she was removed, and was never heard again.

Case III. This next instance is an example of the kind of case best suited for this treatment. No definite illness, no simulated disease, but a general breakdown. An invalid all her life; sometimes headache and nausea; at others, spinal irritability, giddiness, etc. Never happy unless seeing a doctor or taking physic. She was wasted to a skeleton. Her chief complaints were nausea, headache, backache, intense nerv-

ous depression and timidity (so that she was unable to speak to a stranger), and absolute anorexia; skin dry and rough; menstruation irregular; entirely dependant on chloral and morphia for sleep. Had been nine years upon her back. In six weeks she was walking about. She now plays tennis, goes out to picnics and parties, and enjoys life like any one else.

Case IV. This case must be well known to many members of the profession, since there is scarcely a consultant of eminence who has not seen her during the sixteen years her illness has lasted. Dr. Playfair's acquaintance with the case is curious. He first saw on the esplanade, at Brighton, a remarkable party at which everybody was looking. The chief personage in it was a lady, reclining at full length on a long couch, and being dragged along, looking the picture of misery, emaciated to the last degree, her head drawn back in a state of opisthotonos, her hands and arms clenched and contracted, her eyes fixed and staring at the sky. There was something in the whole procession that struck him as being typical of hysteria. She had been dragged about Brighton in this way for ten or twelve years. Dr. Playfair took charge of the case on the 14th January, 1882. She exhibited the following symptoms since 1864, when she was first attacked with paralysis of the left arm: complete paraplegia, left hemiplegia, complete hysterical amaurosis. She had been bed-ridden since the illness began, and had not passed urine spontaneously for sixteen years. There was "awful suffering in the spine, head, and eyes," requiring the use of chloral and morphia in large doses. The following are the brief notes from Dr. Playfair's note-book on the day of his first visit: "I found the patient lying on an invalid couch, her left arm paralyzed and rigidly contracted, strapped to her body to keep it in position. She was groaning loudly at intervals of a few seconds, from severe pain in her back. When I attempted to shake her right hand, she begged me not to touch

her, as it would throw her into a convulsion." Said to have had epilepsy as a child. Daily and hourly attacks of loss of consciousness. The left arm and both legs are paralysed. Takes hardly any food and is terribly emaciated.

The first night she was in the Home Hospital, in Fitzroy Square, she shrieked and groaned so much that no one in the house was able to sleep. On the next afternoon, between 8 p.m. and 11.30 p.m., she had had nine violent convulsive paroxysms of an epileptiform character. The next day she was quieter. On the fourth day she passed urine spontaneously, and the catheter was never again used. In two months she went a sea voyage to the Cape. She now remains in robust health, and joins with pleasure in society.

In the discussion which followed, Dr. Clifford Allbutt mentioned a case he had sent to Dr. Playfair from Yorkshire. She was removed to London under chloroform, swung in a hammock. She was cured in about six or eight weeks, then went on a sea voyage, and was perfectly well ever since.

Dr. H. Bennet (Weybridge), felt inclined to break a lance in favour of the old Hippocratic doctrine, which referred hysteria in many cases to the uterine organs, especially in young females. He had introduced to the profession a fact now generally acknowledged, viz., that uterine disease, inflammatory and otherwise, was not unfrequently found in virgins. He had, in many cases, cured them merely by getting at the disease, and removing it.

Dr. Playfair, in reply, said that he had not sufficient experience of the effect of the treatment in men, although, doubtless, in suitable cases it might answer well. In chorea it certainly did good. Real organic disease is a positive contra-indication. Hitherto none of his cases have relapsed.

AGARIC IN THE NIGHT-SWEATS OF PHTHISIS.

Agaric* is a fungus of the larch. It is known in botany as the *agaricus laricis*,

* Dr. Murrell—*The Practitioner*, November, 1882.

boletus laricis, and the polyporus officinalis.

It is an old remedy, having been in use in the treatment of the night sweating of phthisis for over a century. Dahan used it successfully in 1797. Rayer of Paris employed agaric in a large number of cases at the Hôpital de la Charité. A pamphlet was published by E. Bisson in 1832, containing an account of the results of its use in 14 cases, as follows:—1. White agaric may be employed with advantage in the treatment of the night sweating of phthisis. 2. In doses of four, six, eight, or ten grains, given at bedtime, for some days, it usually checks sweating, when the patient is not at the same time suffering from diarrhœa. 3. When diarrhœa is also a prominent symptom, the agaric should be given in combination with opium. 4. When the diarrhœa is persistent and not checked by opium, agaric is contra indicated. 5. Agaric not only checks sweating, but induces sleep and prevents exhaustion. 6. Even if powerless to cure phthisis, it retards the progress of the case, and relieves the patient of one of the most dangerous and distressing symptoms. Andral, in the Hôpital de la Pitié, used it extensively. The dose employed was usually from six to eight grains, in two pills, gradually increased to thirty-six grains, divided into six pills. On one occasion, he gave a patient first thirty, then forty-eight, and finally sixty grains. It checked the sweating, but caused violent purging. Trousseau usually gave about nine grains at bedtime.†

Dr. Murrell has treated sixty-four cases of night sweating with agaric. In fifteen of these there was cavity of the lung. To ten patients he gave pills of three grains of the powder each. The sweating was checked, but the action was slow and not certain.

† Agaric has a place in the French Codex. Its preparations are a powder and a liquid extract. A general account is to be found in the *National Dispensatory of Stille and Maisch*.

The pills of the powder being bulky, he gave to eight patients three-grain pills of the extract of agaric. Each pill was the equivalent of nine grains of the powder. The results were better. To thirteen patients thirty-grain doses of the powder were given. This set up purging. Twenty-grain doses reduced the sweating and did not cause diarrhœa.

Dr. Murrell concludes that it is a good remedy, and there are times when it may be used with advantage; but he much doubts if it is equal to atropia, picrotoxine, pilocarpine, or Dover's powder.

Dr. John M. Young‡ takes a more favourable view of the drug. He used a tincture of the powder, of the strength of ten grains to the drachm, but the active principle agaricine, in 1-12th-grain doses, was found a more convenient mode of administration.

His conclusions are as follows:—1. Night sweating becomes lessened proportionately to the amount of the drug administered; and if sufficient doses be given, becomes effectually checked or prevented, according to the time of administration. It works well in cases of sweating not dependant on phthisis. In the quickness of its action it resembles atropin. 2. Its effect in sweating is not more marked than its effect in promoting sound sleep, and relieving troublesome cough, especially that of phthisis. This is the fact most notable to the patients themselves, a gradually increasing feeling of drowsiness following its administration, in most cases. In one case in particular, the first large dose of tincture of agaricus checked troublesome and painful coughing during the night.

Fungus Agarici is mentioned in Quincy's "Compleat English Dispensatory," London, 1749. It is classed as an eccoprotic, and no mention is made of its being useful in any other way. Dr. Grant, of Ottawa, advocated its use in acute rheumatism.

‡ *Braithwaite's Retrospect*, July, 1882, p. 72.

His article is to be found in the *British American Journal of Medical Science* for 1862, vol. iii., p. 92.

IODINE IN ERYSIPELAS AND SMALLPOX.

The *British Medical Journal* has published lately, amongst its therapeutic memoranda, statements commendatory of the action of iodine as a paint in erysipelas. Strangely enough, this old practice was given as if it were something new. After a month or so the writer discovered that he was in error in supposing he was the originator. My earliest recollection of erysipelas was seeing a friend's face painted in this manner. All the medical writers whose works are at hand mention iodine in this connection. Fournieux Jordan, quoted by Ringer, recommends blisters or iodine. Tanner ("Practice of Medicine") states that "boundary lines may be drawn on the sound skin with tincture of iodine or nitrate of silver." Smith ("On Diseases of Children") thinks it a better remedy for arresting the extension of erysipelas than nitrate of silver. It should be applied to the margin of the sound skin to the distance of two inches. In the 1848 edition of "Dunglison's Practice of Medicine," Dr. Davies, of Hertford, England, is quoted to the effect that the tincture of iodine, diluted with two parts of alcohol, and applied by means of a camel's hair brush, is an excellent application.

In the issue of the same journal, of the 30th Sept., 1882, Dr. Henry Tomkins writes that it is useful in the above mentioned modes of application, more particularly the one quoted by Dunglison in 1848. In smallpox too, he advocates its use. Now, long ago, at least thirty years ago, Dr. Crawford, one of the physicians of the Montreal General Hospital, and a lecturer in McGill College, published an article containing the results of his treatment of smallpox cases by iodine paint, and claiming that it prevented the subsequent pitting.

PARASITIC INFLAMMATION OF THE EAR.

(Read before the Canada Medical Association.)

BY J. FERGUSON, B.A., M.B., L.F.P.S.

Assistant Demonstrator of Anatomy, Toronto School of Medicine.

The knowledge of this peculiar, limited form of inflammation in the external ear, caused by the presence of a fungus growth, dates a new era in otology. For, although several examples had been observed by Mayer, Paccini, and Karl Cramer, also a short contribution on the subject by Schwartz, yet it was not till the comprehensive work of Wreden on the diseases of the ear appeared that it became really known. In late years the pathology of otomycosis has been greatly enriched by the worthy efforts of Burnett, Blake, Cassels, Hagen, Bezold, Lowenberg, and Hassenstein.

The fungus growth, occurring most frequently in the ear, belongs, according to the statement of Wreden, to the species *aspergillus nigricans* and *flavescens*; according to Bezold, to the *aspergillus fumigatus*. The less frequently occurring fungus formations in the ear are the *trichothecium roseum* observed by Steudener, the fungus with grass green conidia described by Hagen, the *otomyces purpureus* of Wreden and Burnett, and the *ascophora elegans* of Tröltzsch.

The examination of the fungus mass removed from the ear yields a somewhat flattened epithelium, breaking down; and a manifold interlaced mycelium texture, from which arise, perpendicularly, cylindrical strong walled, often divided stems, which carry the head of the fungus or sporangium. This sends out from the central bladder-like widening or receptaculum the radius upon which are placed lengthened cells. On the free ends of these latter are seen the round conidia or spores.

The colour of the various varieties of the fungi depends for the most part on the colour of the conidia. This statement is particularly true of those found in Britain and Germany, and almost entirely in regard

to the case I am recording. The conidia in the *aspergillus nigricans* are blackish brown, in the *aspergillus flavescens* yellowish or greenish, and in the *aspergillus fumigatus* greyish black. According to Burnett, the sporangia in the *aspergillus glaucus* are smaller and narrower than in the *aspergillus nigricans*. The *aspergillus fumigatus* possesses the smallest sporangia, and, according to Bezold, seldomer than the above species gives rise to well-marked inflammation in the ear.

Ætiology.—The fungus spores, having reached the external ear, from the air, begin under favourable circumstances to bud and increase rapidly. According to Bezold, the development of the fungus mass has been observed to be most vigorous after the dropping in of some oily substance, which, like all fats, forms an agreeable nidus for the parasites. That by the dropping in of a fungus producing medicated solution otomycosis can be produced, has not hitherto been made certain by experiment; yet there is every reason to think that such may really take place in the ear. On the contrary, the statement of Bezold can be confirmed, that the ear fungus develops in persons who dwell in damp, muddy localities, as is shown by numerous observations. Often there is no exciting cause visible for the disease.

Occurrence.—This form of otomycosis appears mostly in full-grown persons, or in the middle years of life, hardly ever in children, and seldom in aged individuals, and shows itself oftener in the poor classes than the rich. The common occurrence of fungi in persons with catarrh of the middle ear, depends certainly upon the frequent habit of dropping into the ear some kind of oil. In chronic discharge of the middle ear, the fungi very often develop themselves on a moist crust, especially on the application of chloride of iron, too weak to give rise to inflammatory symptoms. Burnett twice saw the fungus growth extend into

the cavity of the tympanum. In profuse discharge from the middle ear parasites have not as yet been noticed.

Symptoms.—The fungus growth can exist without symptoms, while spreading over a greater part of the ear passage and the coating of the membrane, so long as it has its seat only in the epidermis. But if the vegetation extends into the rete malpighii, and comes into contact with the living tissue, that form of inflammation arises which we call otitis parasitica externa. As to the truth that the mycelium can extend into the deeper tissues, this is made clear by several preparations of perforated membrana tympani, in which the peripheral remainder appeared pierced through by the fungus. This was so in a case of Dr. Politzer's. As the *aspergillus* extends into the deep tissue a very severe kind of inflammation is produced. In one case of chronic catarrh of the middle ear, Politzer found, on examination, small sulphur yellow masses, supported on short stalks. These were most abundant in the bony part of the passage; while inflammatory symptoms were wholly absent. A slight excoriation was visible, and in a few days severe symptoms set in, with an abundant growth of the fungus beneath the epidermis. In another example, where the growth of the *aspergillus* remained without symptoms, he made a cut through the epidermis. In the course of a few days there was noticed along the cut a painful infiltration. The subjective symptoms of otitis parasitica externa are great itching and shooting pains, which increase to violent darting pains along the side of the head and neck. In most cases ringing in the ears and dullness of hearing are associated. If you examine the external ear, you find, in *aspergillus nigricans*, the bony part of the passage and the coating of the tympanum especially, of a black, or somewhat black colour, as if sprinkled with coal dust. On using the syringe, this, in the form of

threads of considerable thickness, is washed out. On the surface of these can readily be seen, with the naked eye or a lens, the characteristic black points or sporangia. In *aspergillus flavescens* the surface seems as if covered with lycopodium. After the removal of the living membrane from the bony passage and the tympanum, it is found for the most part to be stripped of epithelium, swollen and red.

History.—The duration of otitis externa parasitica depends on the spread of the fungus growth and the earlier or later commencement of treatment. Where the process is allowed to take its own course, or where the true nature of the disease is not recognized by the attending physician, then the inflammation may continue for many weeks, and, as has been observed in several cases, lead to the perforation of the membrane. In many cases the symptoms of inflammation disappear quite independently of the continuance of the fungus, only to return, after an interval of weeks or months, with renewed vehemence. On examining such cases we often find the meatus filled with an infiltrated polished fungus membrane. Immediately on the removal of the membrane in the inflamed condition, an evident cessation of the pain and subjective symptoms occurs, and in favourable cases there is rapid healing. But where, after the removal of the membrane, no anti-parasitic remedy is used, frequently on the following day, with severe symptoms, the meatus is again covered with fungi similar to the one removed on the previous day. Relapses are thus of frequent occurrence, until the parasite spontaneously dies out, or is removed by treatment.

Diagnosis.—The diagnosis of fungus growth in the ear presents no difficulty, if, on distinct symptoms of otitis externa, an examination with the ear speculum shows the coloured characteristic condition. Sometimes there are dark brown epidermal flakes syringed from the ear that might pass for

fungoid growths; but which are due to colouring with foreign particles. In doubtful cases the microscope soon settles the matter.

Prognosis.—This generally is good in otitis externa parasitica, if, on the application of a remedy, there is rapid healing, or even after perforation of the tympanum, the inflammation soon subsides. If, on the other hand, there remains a certain amount of inflammation, and the person continues to live in a damp locality, a favourable result to treatment may be long delayed.

Treatment.—After the fungus growth has been removed by syringing as well as it is possible, as well as the greater part of the false membrane, the meatus is filled by means of a warm spoon, with rectified alcohol. This is allowed to remain in for about quarter of an hour, and repeated twice a day. Should this give rise to too severe burning pain, the alcohol must be diluted with an equal amount of distilled water for a short time, and the full strength gradually resumed.

The success of this treatment is usually so great that after two days no spores of the fungus are visible in the meatus; while it and the membrana tympani are covered with a dry, tender epidermis. The ringing, pain, and deafness are nearly gone. For the complete prevention of any residual trouble, Politzer advises the patient to continue the use of the alcohol for a considerable time. In one case he used it four weeks, in another for nearly a year. In the case I had under my care, the disease had been contracted in Saginaw City. The alcohol was used, and with such good effects that after ten days no trace of fungus could be found, and the tissues appeared to be quite healthy. There was no perforation, but the disease was well marked on the membrana tympani.

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Drs. Joseph Hearn and Oscar H. Allis have been elected Surgeons to Jefferson College Hospital in Philadelphia.

NOTES FROM THE SKIN CLINICS, VIENNA.

BY W. H. AIKINS, M.D., L.R.C.P., LOND.

There exists a friendly rivalry between the professors on skin diseases in the Vienna University, each trying to excel the other in bringing before their classes the most interesting cases. In this way there is usually something good every day. The male patients, when presented to the class, have to mount a stage perfectly naked, so that all parts of the body are at the same time exposed, and eruptions existing on different parts can readily be compared. The diagnosis is made and the case lectured on usually without any questions being put to the patient. Prof. Neumann, though lecturer on syphilis, has many skin cases not connected with that disease. A favourite treatment of his for soft syphilitic ulcers is the application of iodoform. One part of iodoform is dissolved in six parts of ether sulph. and the solution sprayed on the sore. The ether very rapidly evaporates, leaving the crystals of iodoform firmly adhering to the ulcer.

An interesting case of sycosis parasitica was seen in his clinic. A middle aged man had a well defined soft tumor on his chin, about an inch in diameter. Its surface was smooth and flat, and the few short hairs still remaining on it were atrophied and broken. On squeezing it, a quantity of serum was pressed out. It was five weeks since the patient first noticed anything there. In ninety-five per cent. of the cases, sycosis parasitica follows on herpes tonsurans, but here the surrounding skin was quite free from disease.

This was but the eighth case the professor had seen, and was thought to have been caused through the use of an unclean razor, which is considered to be the cause in ninety-five out of every hundred cases; though, of the seven which were seen prior to this, the disease was proved, in four of them, to have come through infection from

animals, two from horses, one from a cow, and the fourth from a dog. The diagnosis of sycosis parasitica was subsequently confirmed by a microscopic examination of some of the removed hairs, and the patient treated by cleanly shaving the chin, and the application of a sulphur ointment. When he was again seen, twelve days after the treatment was commenced, he was practically cured.

Two other cases which we saw in the clinics of Profs. Kaposi and Neumann, respectively of pemphigus vulgaris and erythema, were reported for the *Wiener Med. Zeitung*.

Pemphigus Vulgaris.—A corpulent patient, fifty years of age, had a chill fourteen days ago, and since then has lost flesh. He sleeps badly and has no appetite. A year ago, he had a mild attack of the same disease. Scattered over the whole of the body, particularly on the chest, back and right arm, there are numerous crusts and bullæ, the latter from the size of a pea to that of a hazelnut. The thin walled bullæ are tensely filled with a cloudy, yellowish fluid; some of them are situated on healthy and others on erythematous skin, which has here and there an eczematous appearance.

The right arm is oedematous and swollen, and considerable serum comes from it where the corium is laid bare, and also from the bullæ which have burst. Some of the fluid was caught in a test tube and heated. A large quantity of albumen was present. Pemphigus vulgaris consists in successive eruptions of bullæ in the superficial layers of the epidermis, accompanied by feverish symptoms. The bullæ last an uncertain time. During the attack they never come twice in the same spot and disappear without leaving scars. The forms of this skin disease are very numerous, and one finds on looking over the literature of the subject ninety different kinds described. Hebra divided the disease into two principal forms, the benign and malignant. The benign is

associated with moderate fever, rapid pulse, and many crops of bullæ. The localization is irregular. The bullæ may lie widely apart (*p. disseminatus*), or appear singly and superficially situated (*p. solitarius*). These two varieties are accompanied by no fever, and the subjective complaint consists only in the moderate itching, with a feeling of tension where there are bullæ, more or less sleeplessness and loss of appetite. The disease lasts from two to six months. Frequently there are relapses, and Prof. Kaposi mentioned the case of a friend who had suffered during the whole of his life from *p. solitarius*. In *p. hæmorrhagicus* the bullæ are filled with a bloody serum, which, after a day or two, becomes purulent, and when they disappear there remains a brownish pigmentation of the skin. Often many fresh bullæ appear around one just healed (*p. circinatus*). They may also be seen in serpiginous lines (*p. serpiginosus*.) As belonging to the malignant form, we have, *p. foliaceus*, where after a blister-like raising of the epidermis, the rete malpighii is laid bare, the fever is more intense, and the patient dies of asthenia. The croupous or diphtheritic variety is still more malignant; for, after the bursting of the bullæ, the skin becomes covered with a yellowish-grey diphtheritic-like membrane, and the corium becomes infiltrated, hard and necrotic. Also, in the malignant class may be numbered *p. pruriginosus*, in which the patient, in consequence of the incessant itching, never allows bullæ to form, but scratches off scarcely-formed vesicles, and, as a result, in this variety there are excoriations and numerous eczematous crusts. The benign form, through frequent relapses, may take on a malignant character, and, on the other hand, the malignant form often runs a favourable course.

The cause of Pemphigus is not known. Great attention has been paid to the examination of the contents of the bullæ,

which have the same reaction as that of blood serum. It is thus evident that by a copious bullous eruption the quality of the blood becomes greatly deteriorated, and the patient correspondingly reduced in strength. There has also been found in the contents of the bullæ the constituents of urine, and from this fact it has been supposed that Pemphigus is associated with kidney disease, a fact which was several times established through *post mortem* examinations.

Unfortunately, there is no efficient medicine to prevent or cure the disease, and the local and general treatment must be directed to relieving the symptoms; tensely filled bullæ should be opened; the places from which the epidermis is removed to be rubbed with an ointment; quinine given where there is fever, and a continuous bath to relieve the pain.

The patient has been already five days in the bath, and is much improved; he sleeps well, has a good appetite, suffers no pain, and has now no fever. The water of the bath is kept at a temperature agreeable to the patient.

Erythema.—What is to be particularly observed on looking at the patient standing before you, is, that on the back there is a row of whitish-red, oval spots, their centres being of a normal colour. The shape of every spot approaches the circular, but when several run together, the division line between them disappears, and the eruption is seen in the form of serpiginous lines. It is called gyrate, if it is an erythematous eruption, and spoken of as serpiginosus in the papular pustular and ulcerative forms. This form of eruption is most frequently observed in the extremities; when it is found on other parts of the body, it is associated with a suppurative process, with pyæmia, and particularly with retained pus in pleura or peritoneum. In the case of this patient, the cause of the erythema is easily known, for there is an induration on the penis, with swelling of the lymph glands. Every

erythema connected with syphilis, and having the circular contour, is a late form, four to six months after infection; or it may appear after several years when there has been a relapse; seldom later than six, never after ten years. *Lepra anæsthetica* very greatly resembles the erythemata; only, when they last a long time, they are not red, but of a dark brown colour. Moreover, in *lepra anæsthetica* there is nerve thickening and muscular atrophy, and the anæsthesia is not limited merely to the spots of the eruption, but is found on other parts of the body.

MORAL INSANITY—WHAT IS IT?

(Read at a meeting of Toronto Med. Soc., Dec. 14, 1882.)

BY J. WORKMAN, M.D., TORONTO.

(Late Superintendent of Toronto Asylum for Insane, etc.)

In the whole range of medical literature there is, perhaps, no nosological term which has been provocative of keener criticism within the ranks of alienistic specialists, and certainly none which has invited more of rapid pedantic invective, in the outside world, whether at the bar, or in the bar-room, on the bench, or in blue-stocking sewing circles, than the hapless misnamed creature which I have selected for your present merciful consideration. I would trust that, as the untimely born thing had no voice in its own baptismal designation, but has owed the infliction to one of our own countrymen, who was dissatisfied with the names previously given to it by a couple of Frenchmen, too recently before, and too soon after the battle of Waterloo, you will approach the subject with becoming moderation, and, as far as in you may lie, endeavor to rescue it from the opprobrium under which it has innocently suffered.

In the year 1835, Dr. Pritchard gave to the British public his very valuable treatise on insanity. Nothing can be more unfortunate than the enunciation, in any department of science, of an erroneous doctrine by an author of celebrity. The world has suffered enormous evils, resulting from this source; and, I fear, not a few of its insane

portion have been subjected to very unjust and very unwise judicial penalties, as the direct outcome of Dr. Pritchard's indiscreet nomenclature. Had he been content with the simple depiction of cases of unquestionable mental alienation, so graphically, and I doubt not, so faithfully recorded by him, in which the prominent and high overtopping manifestation of mental alienation, was that of moral abnormality, or utter disregard of the proprieties and conventionalities of social life, his work might well command enduring veneration and gratitude; but he had the misfortune to introduce into the science of alienism that ill-fated term—*moral insanity*—as significant of a form of the disease in which the intellect continues quite intact. It is not outside the range of the possibilities, that, had he dubbed his new birth by some different name, and insisted less pertinaciously on its specificity, his theory might have had a longer run of uncontroverted domination. I think, had he consulted me, I would have advised him to call it *Insane Morality*, and, I think, any discerning reader who will calmly and carefully analyse the seventeen cases given by him as illustrations of the malady, would admit the desirability of the change. But, what is the use of writing a book that introduces nothing of novelty? Pirel, in 1809, treated of a form of insanity, apparently very similar to, if not identical with, Pritchard's Moral Insanity. He called it *Manie Sans Delire*. His pupil Esquirol, following docilely in the footsteps of his venerated master, expanded the subject, and, in one of the best works yet devoted to the subject of mental disease, he has given several examples of the same affection, but like Pritchard, he tries his hand in the nominating line of business. Pinel's *Madness without Delirium* and Pritchard's *Moral Insanity*, become, under his sponsorship *manie raisonnante*—reasoning madness—a designation which, to ninety nine and more, of every hundred of the uninitiated, who have been taught to believe

that the insane always rave and never reason, could not fail to appear utterly absurd. Hence, no doubt, Pinel and Esquirol, and all who have ever expressed concurrence in their theory, have been regarded as themselves insane, and have been much pitied as victims, by contagion, to the dreadful malady, to the practical study and amelioration of which they had too earnestly devoted their time and their untiring efforts.

Yet, gentlemen, there is much valuable instruction in the works of Pinet, Esquirol, and Pritchard, to all such as will sedulously distil it out. The insane do not always rave, nor do those who rave, always do so; the insane sometimes reason, occasionally indeed, a little too sharply, as I have often known, for those who address them as if taking them for mindless bipeds; and I apprehend it is within the knowledge of most of us, that the morality of the insane is not always of unexceptionable purity.

Every man must, from his own consciousness, feel convinced that the human mind, or if I may without offence use the term, the human soul, embraces, in its domain, something more than mere intellect. We all *feel* as well as *think*, and our judgment is often influenced by our feelings; in too many instances, indeed, the latter obscure or warp, or even completely subjugate the former. It is a great error to cut the mind up into distinct and independent principalities, any one of which may pass into a state of rebellion or anarchy, without disturbing the peace or even endangering the normal integrity of others. Those who have had sufficient opportunities of observing the primary manifestations of mental disease, must be able to testify, that in very many instances, long before any disorder or impairment of the intellect has been noticed or detected, some unaccountable change has been exhibited in the feelings, the moral sentiments, or the conduct and social demeanour of its destined victims.

The temper which, erewhile, was mild, equable and cheerful, has become irritable, changeable, morose or perhaps extravagantly joyous. The loving husband has become harsh and tyrannous, the tender parent has become capriciously cruel to the children once the objects of his intense love, the happy home has been transformed into a den of perpetual misery, strife, recrimination, and, but too frequently, acts of dangerous violence. It is needless to amplify the picture. Materials for the filling up may be found in many an unhappy household. Within the last few days a case has come to my knowledge strikingly illustrative of the fact which I here desire to accentuate. The subject of it was, till within a few months past, an intelligent, industrious, good-living man. In consequence of falling off in business, he became gloomy, taciturn and utterly despondent. He continued in this state for some weeks, but under the kind and judicious care of a devoted and sensible wife, improvement gradually took place, and his former mental composure returned. Meeting with a chance of embarking in a line of business suited to his capacity, and very restorative to his exhausted purse he became very energetic, and as fertile in speech as he before had been reticent. He resided not far from me, and I watched him with solicitude. I feared that he would bear his prosperity no better than he had done his adversity. My fears have been too fully justified. He has recently embarked in a very problematic business enterprise, despite the advice of his wife and all his best friends; his temper has become very irritable and at times ominously violent. His wife and the children, have been forced to leave him. Their religious pastor has approved of the precaution, and after hearing full details, I have advised her not to venture back until a promising change is apparent.

Now, what is the present mental condition of this poor man? So far as his

intellect is concerned, no outsider coming to do business, or to converse with him, detects any flaw or impairment, and I believe it would be impossible for any three medical practitioners undertaking examination of his mental state to find in his conversation, or his deportment towards them, adequate facts to enable them to fill up the first question required to be answered in the statutory certificate of lunacy, which is indispensable to the commitment of a person to asylum custody. Should he commit some capital offence, every judge, jury, or crown prosecutor, that I have yet encountered, would pooh pooh the idea of his insanity; the newspaper reporters would, in due course, have to record of him, *abiit ad plures*. And yet, gentlemen, this man's case is exactly one of that class which Pritchard, Ray, and other illustrious writers have ventured to call *moral insanity*; but woe and abiding ridicule betide the medical witness who might, when pushed by an ardent prosecutor to mention the *class* of insanity in which he would place the case, be so indiscreet as to utter this term! He would be sure to hear the prisoner ordered to be *corded* up, and he would feel inclined to try the experiment on himself as his only escape from the tortures awaiting him at the hands of a few who bid fair for yet passing a satisfactory examination for asylum honours.

It is indeed high time that the obnoxious, death-bearing words should be expunged from the literature of alienism and from the minds of the whole community. It is my belief that the term is as unhappy as it is uncalled for. An extended and close *practical* study of insanity in its every phase and degree, from its earliest inception up to its final culmination, would, I think, convince every careful observer that the line of demarcation drawn by some writers between what they have called *moral insanity* and unsoundness of the intellect, is

often very untraceable, and that lapse of time and intimate observance are all that is necessary for its total obliteration. Of 17 cases of moral insanity recorded by Pritchard, hardly one, I think, will stand the test of critical analysis. They were all more or less dashed with streaks of actual impairment of intellect, or the majority of them ran on into undeniable mental overthrow; one, indeed, turned out to be a case of a form of intellectual wreck, which, at the present day, no asylum physician could fail to recognize as appertaining to the most hopeless and the most salient of all the forms of mental dethronement. I refer to general paresis,—a form of brain disease which would appear to have been but little prevalent, or little known, fifty years ago, but which, in the present day, seems to be making deathly strides, even in our sparsely peopled Province.

Those who throw their aspersions broadcast over the entire speciality of alienism, or as they are pleased to dub these toilers in the service of humanity—the mad doctors—because of their enunciation of facts and opinions which their detractors have never had either the opportunity, the desire, or the courage to investigate, know assuredly but little of the true merits of the subject on which they so confidently pronounce judgment.

I have devoted a good deal of time, and of careful research, to the enquiry as to the present and past expressed opinions of asylum physicians, on the vexed question of moral insanity; and I have found the views which close observance had early constrained me to entertain, so abundantly corroborated by a multitude of able writers and speakers, as to render retrogression from my position a very improbable, if not impracticable, movement.

(To be continued.)

Wm. Carden Cousens, of Ottawa, has been elected L.R.C.P. & S.E.D.M.

Selections.

A PHYSICAL EXPLANATION OF DIAPEDESIS.

Dr. D. J. Hamilton read before the Edinburgh Royal Society a paper on the circulation of the blood-corpuscles, illustrated by physical experiments. His views contribute greatly to the formation of a sufficient physical theory of the migration or diapedesis of the blood-cells from the vessels. It is known that the white cells are lighter than the plasma, while the red cells have nearly the same density. The white cells thus flow along the upper wall of the vessel, where they are subject to friction, and are carried slowly along by the slower peripheral current. The red cells move along the axis, exempt from contact with the walls and from friction, and are hurried on by the swifter axial current. Alteration in the density of the plasma might modify or invert this relation, so essential to the circulation; mere hydræmia without any other disorder might thus lead to obstructive vascular disturbance of a serious kind. The so-called passive congestions and inflammations of albuminuric dropsy may have this cause; loss of albumen altering the general density of the plasma. Experiments were shown with a curved tube to illustrate how, when the blood current is slowed, even in stasis, the white cells gather at the periphery of the vessel. A light sphere in a low stream cannot pass the first bend, but lingers at the upper surface. A sphere of the same density as the liquid passes on quite easily. With a quicker stream both spheres are carried on. Thus in a vessel, when as in inflammation the current slows, a filtering action is exerted by the tube upon the white cells, the red cells being carried on. Another experiment was shown to illustrate the way in which the white cells thus gathered in the surface layer of the plasma are driven through the vessel wall. A tube

was taken, in which a portion, six inches long and embracing half the circumference, had been replaced by a membrane with pin-point apertures. Pieces of thin gelatine, half an inch square, were introduced, and circulated with the water in the tube. So long as the distal end of the tube was open the water did not exude from the apertures, much less the pieces of gelatine. When the end was obstructed, the current slowed and the pressure raised, fine jets of water issued from the pin-holes; the pieces of gelatine gathered there, and were extruded in great numbers, though they were perhaps thirty to sixty times as large as the apertures. First appeared a budlike process outside; this enlarged, and finally the whole mass pushed through, just as is a leucocyte in diapedesis. The author's conclusions are:—1. The leucocytes in inflammation are driven through the natural apertures in the vessel-wall by the diverted blood-pressure. 2. They are extruded in greater numbers than are the red cells, because in the slowing of the stream they have gathered at the periphery and are applied as it were over the apertures in the vessel wall: the red cells are still circulating freely in the axis of the vessel. If the circulation be suddenly stopped as by a ligature of a vein, the red cells pass through the walls in greater numbers than the white; there has been no time to form a peripheral layer of white cells. 3. The amœboid movements of the white cells may help in their extrusion, they are not the primary factor. Any soft pliable bodies would be similarly extruded. In lipæmia oil-globules pass through the vessel-walls when there is obstruction, and form abscess-like collections of oil outside and around the vessels.—*The Practitioner*.—*American Medical Weekly*.

According to the *Record*, there are in New York 5,000 hospital beds, Dispensaries that treat 200,000 patients yearly, and 2,000 medical students.

SALT SOLUTION IN COLLAPSE. — E. SCHWARTZ, (*Berl. Klin. Woch.*) has made some careful observations on the action of a solution of chloride of sodium injected into the veins of dogs from which two-thirds of their blood had been abstracted. The solution should be 0.6 per cent. strong, and the indications for it in men are acute anæmia and collapse of long, severe operations. The following examples are collected :

1. Prof. Beschoff.—For post partum hæmorrhage. Infusion of 1250 grm. Recovery.

2. Küstner.—For collapse from an unfinished operation for carcinoma of the ovary. Infusion of about 1,000 grm. Immediate recovery after the injection. Second, collapse and death.

3. Kocher.—Severe iodoform poisoning after exarticulation of the femur. Collapse. Infusion of 500 grm. Recovery.

4. Kümmell.—Acute anæmia after extirpation of a large hydronephrosis. Infusion of 1000 grm. Immediate revival; but death afterwards from insufficient action of the remaining amyloid kidney.

5. Kümmell. Acute anæmia after resection of the knee in a woman, 61 years. Infusion of 500 grm. used. Recovery.

6. Schwartz.—Great collapse after extirpation of a degenerated cervix uteri. The bleeding excessive. 1000 grm. were injected into the median vein. No radial pulse. Brachial pulse 132; scarcely perceptible. Pupil did not respond. Unconscious. As the solution was gradually being thrown in recovery took place. Death from septic peritonitis. It should be injected slowly, taking about 20 minutes to the operation, and at 33°c.

Dr. Derby says, in the *Record*, that ten grains of quinine, given in the early stages, will prevent an attack of intestinal colic, or, administered at any stage, will speedily effect a cure.

VESICAL CALCULUS IN A NEWLY BORN CHILD.—At four days of age the infant cried when micturating. At times the urine would not pass. By raising the pelvis higher than the head the child was relieved, and the course of the urine re-established. But in a month this little manœuvre failed to give relief. A calculus was found impacted at the middle portion of the urethra. It was extracted by dilatation and lubrication of the urethra. Its weight was 25 centigs., its length 8 mm., width, 4 mm.—composed of urates. The urine contained many crystals of uric acid. The paternal grandparent had been calculous, but not the parents.—*Lyon Méd.*

EPILEPSY.—M. Magnan, (*Le Progr. Méd.*) speaking of epilepsy, says, that of all remedies the bromides are the most successful, and of these, potassium bromide. It should be given in solution with some aromatic or bitter vehicle. From 4 to 8 grm. must be given daily, and in severe cases 10 to 12 grm. The treatment must be continued for several years. When the attacks lessen in frequency and severity, the treatment may be intermitted for 5 or 6 days occasionally, and later on for 15 or 20 days. The system should be kept under the control of the remedy for years in this interrupted way. If bromide of potassium proves of no use as it sometimes does, then try other bromide, as silver or zinc. There are cases in which the bromides are quite useless. These should be treated with zinc, valerian, and good nerve tonics. When all these fail, much good may follow the constant use of the cold douch. He greatly favours the simultaneous use of a number of agents useful in the disease; and makes the remark that cases which resist the bromides, douching, salts of silver and zinc, when given separately, improve speedily when they are employed at the same time.

266 students are attending the Toronto General Hospital this session.

THE USE OF THE LIGAMENTUM TERES.—

In a paper read before the last meeting of the British Medical Association, and published in the *British Medical Journal*, Mr. Henry Morris, of the Middlesex Hospital, very clearly establishes the fact that "the object of the ligamentum teres is to retain in place, steady and control the head of the femur during the action of those muscles which flex, adduct and at the same time rotate outwards the lower limb," being thus assistant to the outer half of the ilio-femoral band of the capsule. In man it is not necessary to the perfection of the hip joint.

PERCUSSION.—Dr. Whittaker, in a clinical lecture, recently given at the Samaritan Hospital, and reported in the *Cincinnati Lancet and Clinic*, says:—"Let me here call your attention to one important point. It is not so much the *sound* you rely on in percussion as the impression you feel on your finger, used as a pleximeter when it is being struck with the other hand. Where there is dullness, you feel pain when striking on the finger, which is not felt when there is resonance. The feeling in your struck finger is different when placed against a solid hard substance and upon a hollow, resonating body. For this reason, the fingers are to be preferred to the pleximeter and hammer, as you can judge of the condition of things even when there is too much noise to distinguish the differences in sound."

RHEUMATISM AND THE HEART.—VOHSEN (*Wien. Med. Woch.*) states that of twenty cases of acute articular rheumatism, nine suffered from heart complications. The ages were from 9 yrs. to 14 yrs.

1. In nearly half the cases (9 in 20) there was endocarditis, and, later, well-marked valvular insufficiency.

2. The heart complication begins mostly in the first and second weeks of the disease.

3. While the sodium salicylate has a good effect on the joints, it exerts no control over the heart affection.

4. The mild forms of acute rheumatism especially predispose to heart complication, hence the most careful examination of the heart in mild cases is necessary.

FLOATING KIDNEYS.—Skorczewsky, at a watering-place in Galicia, found 32 females and 3 males with floating kidney, out of 1,080 females and 392 males examined. In 19 the right organ and in 11 the left was affected. In 5 (pluriparæ) both organs floated. S. thinks the affection far more common than supposed, and that physicians overlook its existence. None of the 35 above mentioned were sent on account of the kidneys. The condition depends, he thinks, chiefly upon disappearance of circumrenal fat, atony of tissues from acute fevers, and pressure of hypertrophied abdominal viscera. Co-existence with malarial hypertrophy of spleen was often observed (most commonly in left displacement) and the author strongly recommends examination of kidneys in all malarial affections.—*London Med. Rec.*—*Buffalo Med. and Surg. Journal.*

STRYCHNINE IN DILATATION OF THE HEART.—MARAGLIANO, (*Zentral für Mediz. Wissen*), in reference to the action of strychnine in dilatation of the heart, says:

1. That from one to two days after ordering the strychnine, the dilatation begins to disappear, and after the lapse of five or six days, severe cases may be recovered from.

2. That if, after a slight reduction in the size of the heart, the strychnine be withheld, the dilatation speedily returns.

3. That, in order to obtain these results, 2 to 3 Mgrm. daily of the sulphate of strychnine are sufficient.

CONVALLARIA MAJALIS.—DR. B. STILLER, (*Wien. Med. Woch.*) gives a report of 21

cases of heart disease treated with convallaria majalis. The period of trial extended from February, 1881, to October, 1882. The examples included almost every variety of cardiac trouble. The results were very unfavourable indeed. After a fair trial of the *c. majalis*, he had to fall back upon digitalis in every instance.

DIABETES.—Dr. Hugo Eugel, in the *Phil. Med. Times*, outlines a treatment of true diabetes advanced by Dr. Theodor Clemens, of Frankfort-on-the-Main, and which has met with constant success at the hands of the Carlsbad specialists. The treatment consists in attention to the dietary, the exhibition of liquor brom-arsen, and the application of electricity.

The liquor brom-arsen is a solution, in glycerine and water, of the arsenite of bromine, such that two drops of the solution represent the twenty-fourth of a grain of arsenite of bromine. It is not contended that it will cure any case in the last stages, although great benefit has been derived from its use even at advanced periods of the disease. The dose is from one to four drops or more, in a wine-glassful of water, three times a day and immediately after a meal, which should consist largely of meat. The dose must be increased gradually till a decided impression is made upon the percentage of sugar in the urine. It is maintained at this until its effect is lost, and then the dose is increased, and this process continued until the sugar entirely disappears.

The thirst and diuresis is quickly lessened, and at the same time the percentage of sugar is decreased. Diabetics can take large doses continuously without deleterious effects.

Sugar is frequently overlooked, even when sought for, and this on account of decomposition. Dr. Clemens uses a few drops of a solution of thymol 2.0, alcohol 30.0 to preserve the urine. This has no effect upon the reduction and polarisation tests for sugar.

In regard to the diet, Clemens follows Schiff's views, and distinguishes between the liver and brain diabetics. In the former, the percentage is uninfluenced by the presence of hydrocarbons in the diet; in the latter it is favourably acted upon. The diminution of the chlorides in the urine is looked upon as a grave prognostic—in fact pointing to a near and fatal termination.

Inhalation of oxygen developed by electricity is an useful adjuvant; and still more efficacious was found the transmission of sparks and shocks of static electricity through the liver and other parts of the body.

WHOPING-COUGH.—At the last meeting of the Medical Society of London, Mr. Dolan read an abstract of a paper on the pathology and treatment of whooping-cough, for which he had received the Fothergillian gold medal of this Society. Dealing with some points of pathogeny, he expressed his dissent from the view of Guéneau de Mussy, that the malady was a bronchial adenopathy, its chief symptom being induced by pressure on the vagus by the enlarged glands, and showed that this glandular enlargement was not always present in pertussis; and, further, that the glands may be swollen without producing the characteristic cough. The disease, indeed, bore much resemblance to those diseases the causes of which are now believed to be minute organisms or fungi. Its highly contagious nature, period of incubation, effervescence and defervescence, its regular course, and the immunity from subsequent attacks, were grounds of analogy determining the place of pertussis in the group of diseases caused by protoplhytic fungi. The attempt by Linnæus to prove that all diseases were produced by animalcula, or had an insect origin, foreshadowed the conclusions now arrived at by the discoveries of Pasteur. In 1867 Poulet found bacteria in the sputa of pertussoid patients, and Letzerich had induced whooping-cough

in rabbits by inoculating the trachea with sputa from the human subject. The author had repeated these experiments, and found that whilst inoculation with the blood of whooping-cough patients was without effect, that of sputa and other secretions caused death. He had found also, on microscopic examination of sputa, ordinary bacteroid forms and a microbe resembling the *Spirochaete plicatis* of Cohn. The application of special methods of staining, as employed in the detection of the *Bacillus tuberculosis* would no doubt reveal the special microbe of pertussis. Admitting the fungoid nature of pertussis, its contagious property was easily explained by germs being thrown off into the air and received into the body, setting up constitutional disturbance, and subsequently attacking the pulmonary epithelium, giving rise to all the phenomena of pertussis. No pathognomic lesions could be detected on post-mortem examination, for the simple reason that whooping-cough was rarely fatal. Death resulted from complications which were very numerous. As to glycosuria in whooping-cough, he had found it present in fourteen out of fifty cases. Turning to the question of treatment, he pointed out the necessity for measures of isolation in preventing the spread of the disease, for the enforcement of which measures the cooperation of all classes of the community was needed; and, although the course of the disease could not be controlled by treatment, the patient could be placed in the most favourable circumstances towards recovery; certain painful and prominent sources of trouble could be relieved, and complications guarded against, so as to assist nature in her efforts to throw off the disease. There is no panacea or specific remedy; but if the dependence of whooping-cough upon a specific virus be the true explanation of its pathogeny, the lines on which its rational treatment and prophylaxis are to be pursued become clearer and more hopeful.

Dr. J. A. Wessinger, in the *Detroit Clinic*, draws attention to the poisonous properties of *Nerium Oleander*, a conspicuous conservatory plant and ornamental shrub, and narrates a case of poisoning by it. The symptoms were an extensive eruption on lips, face, hands, neck and ears, beginning as points of deep red colour, then papules, and finally large blebs upon an inflammatory basis, and accompanied by an intolerable itching and burning sensation.

A NEW SIGN OF PREGNANCY.—Iorisenne, in the *Archives de Tocologie*, points out a new sign of pregnancy which is serviceable even in the first two months of gestation. It is, in his view, based upon the old law of Graves, that in cardiac hypertrophy the radial pulsations remain constant whatever the position of the body. He assumes the existence of this hypertrophy, and states it as a fact, that in the pregnant woman an examination of the radial pulse uniformly gives the same number of beats per minute in the standing, the sitting, and the recumbent postures, whereas, under ordinary circumstances, there is a variance of from ten to twenty beats.—(We have been able to verify this in one case.—ED.)

GLYCERINE AND GLUE.—A German chemist, named Puscher, of Nuremburg, reports that he has met with great success in using glycerine with glue. Generally, after the drying of the glue, the thing to which it is applied is liable to break, tear or spring off; but, if a quantity of glycerine, equal to a quarter of the quantity of the glue, be mixed together, that defect will disappear. He also states that glycerine will blot out pencil marks from paper so as to leave no mark whatever, and a paste made of starch, glycerine and gypsum, will maintain its plasticity and adhesiveness longer than any other cement; and he therefore recommends it for cementing chemical instruments and apparatus used by pharmacists.—*Boston Journal of Chemistry, Louisville Medical News.*

SMARTWEED AS AN EMMENAGOGUE.—The *Medical News*, in a recent editorial, directs attention to the emmenagogue properties of the *Polygonum Hydropiperoides*. As an emmenagogue it is indicated in states of anæmia, functional torpor of the ovaries and uterus due to systemic depression, and is contraindicated in the condition of plethora. Its power to stimulate the uterine circulation renders it useful in menorrhagia, and in metrorrhagia due to relaxation of the uterine vessels. Subinvolution of the passive kind, with a sluggish circulation, cold hands and feet, and general depression, are also benefitted by this remedy. The best form for administration is the fluid extract in 5 to 30 minim doses, mixed with glycerine and wine, 3 or 4 times a day.

OVARIOTOMY FOR FIBROUS TUMOR.—W. WIEDOW (*Zentral. für Gynakol.*) gives the results of twenty ovariectomies for fibrous tumors of the uterus. In fifteen recovery took place at the menopause; in one case the menses returned; in another recovery subsequent to enucleation; in one there was temporary improvement and some disappearance of the tumor, but death in nine months from another cause; and in three cases death occurred, in two from the operation, and in one from the disease.

SYNTHESIS OF URIC ACID.—It has been announced from Vienna that Dr. Horbaczewski, in Ludwig's laboratory, has accomplished the synthesis of this substance. This is the first synthesis in physiological chemistry that has ever been made.

THE QUANTITY OF BLOOD IN THE BODY.—Messrs. Ghreant and Quinquaud have determined the volume of blood contained in the system of a live mammal, and find it to be between one-twelfth and one-thirteenth of the body weight.

Dr. A. V. Macan has succeeded Lombe Athill in the Mastership of the Rotunda.

Miscellaneous.

CADAVERIC MOVEMENTS.

The *Journal of Medicine and Pharmacy*, of Algiers (Sept., 1882), publishes a paper of MM. Puga-Borne and Richard Cannon (of Valparaiso) on the *post mortem* movements of the cadaver of a woman. These movements had, it appears, been the occasion of an inquest and medico-legal inquiry.

The movements that are observed after death are numerous: 1. Microscopic movements, Brownian and vibratile; the first independent of life, the second persisting 30 hours after death. 2. Movements due to the cadaveric rigidity, produced by the hardening of the muscles (flexion of the thumb on the palm of the hand, elevation of the lower jaw.) 3. Movements of the elastic tissues, retraction of the arterial walls, for example. 4. Movements by spontaneous contractions of the muscles of organic life, such as defecation and miction *post mortem*. 5. Movements of the heart. 6. Movements by spontaneous contraction of the muscles of the life of relation. Such are the muscular palpitations by irritation of the muscular fibres from contact with the air. 7. Spontaneous movements of the limbs in choleraics. The example is well known of the Indian soldiers whose limbs were obliged to be bound after death (*Cholera Gazette*, 1832), and the oft-quoted fact which Brown Séquard witnessed in 1848 at the Hospital Gros Caillou. 8. Movements from direct excitation of the muscular fibres, such as those of the contraction called idio-muscular. 9. Movements from direct excitation of the motor nerves. 10. Movements by direct excitation of the sensitive nerves, such as the reflex movements of the heart, the digestive passages, and secretive ducts.

These movements do not indicate persistence of life, as is vulgarly believed. The kind of death has also a bearing upon the production of these movements of the corpuscular period of life. This fact, not men-

tioned by the physicians of Valparaiso, results from the recent works of Brown Séquard on the properties of the nervous system.—*L'Union Méd.*

CLINICAL THERMOMETERS.—Dr. Edward R. Squibb published, in the second number of *Ephemeris*, an excellent article on Clinical Thermometers which has not attracted the notice which it deserves. The clinical thermometer has always been supposed to be an instrument of precision, but that this is not so, probably more than one medical man has found to his sorrow, when he has relied upon it in making his diagnosis. No doubt many can remember the time when they have been frightened at the high temperature registered, and have either ceased to put reliance in thermometric diagnosis, or have tested their thermometer and found it one, two, or even three degrees out of the way. A good instrument is very valuable, but, as Dr. Squibb says, a poor one is an abomination and a fraud. It is certainly odd that after so many years they have been in daily use, that, as a rule, physicians have hardly suspected that a thermometer (at least a good-looking one) could testify falsely. Dr. Squibb tells us how to select a trustworthy instrument, and this without regard to its appearance or price, both of which are so deceptive. Errors may arise from imperfect tubes or from careless construction, but the most important source of error lies in the fact that for three years the glass continues to contract, so that the most carefully-made thermometer may soon become useless, unless it has been properly "seasoned" before being graduated. This contraction of the glass continues for about six years, but the error for the last three is so small that it may be neglected. An old instrument, the error of which is known, is of great value, as it may be used to determine the errors in others. On the thickness of the glass will depend the sensitiveness of the thermometer. If the

glass is too thick, then it will register too slowly, and time will be lost; if too thin, it will be easily broken. Therefore, test your thermometer, and by experiment determine the shortest time that is required for it to attain its highest reading. This ought to be reached, on the average, in from six to eight minutes. See that the register does not shake down too easily, for many a thermometer has been destroyed by the rough shaking of an easily moving register. Get an instrument which can be read easily. Finally, slowly and carefully heat the thermometer in warm water until the column of mercury is within one or two degrees of the top. If, on cooling, the mercury is pushed down, there is too much air in the tube, and the instrument must be discarded. Do not buy a thermometer unless with it there be a certificate from either the Yale or Kew Observatory, stating the variations from the normal standard. The older the certificate the better. Even after every precaution, it is better to verify the correctness of the thermometer in daily use every few months.—*San Francisco Western Lancet, Cinclin. Med. News.*

PHYSICAL DIAGNOSIS.—*O. Wendell Homes*: I have often felt, when seeing hospital patients worried by hammering and long listening to their breathing, in order that the physician might map out nicely the diseased territory, the boundaries of which he could not alter, as if it was too much like the indulgence of an idle and worse than an idle curiosity. A confessor may ask too many questions; it may be feared that he has sometimes suggested to innocent young creatures what they would never have thought of otherwise. I even doubt whether it is always worth while to auscult and percuss a suspected patient. Nature is not unkind in concealing the fact of organic disease for a certain time. What is the great secret of the success of every form of quackery? *Hope kept alive.* What is the too fatal gift of science? *A prognosis of*

despair. "Do not probe the wound too curiously," says Samuel Sharp, the famous surgeon of the last century. I believe a wise man sometimes carefully worries out the precise organic condition of a patient's chest, when a very wise man would let it alone and treat the constitutional symptoms. The well-being of a patient may be endangered by the pedantic fooleries of a specialist.—*Michigan Medical News.*

BROMINE AS A DISINFECTANT.—In a paper on the above subject; read at the Berlin Apothecaries' Congress, Dr. Franke, of Charlottenburg, called attention to the fact that the difference between disinfection and deodorisation has only recently been appreciated by the general public. It is, however, now known that many inodorous substances are highly dangerous communicators of disease. The researches of Dr. Koch have brought to light the fact that a number of so-called disinfectants which have been employed for many years are quite insufficient preservatives against many kinds of disease-germs. Thus of late the search after new and reliable disinfectants has been actively carried on. Bromine has materially decreased in price since its production on a large scale at Stassfurt has made it an article of commerce, and Dr. Franke claims to have succeeded in obviating the difficulties which its strong corrosive qualities and other circumstances placed in the way of its general adoption. By the employment of organic acid combinations of alkalis he has succeeded in obtaining in a fluid form eight-tenths of the volume of bromine. The evaporation of the bromine is, he states, thereby considerably retarded and a permanent disinfection facilitated. For mere deodorisation a comparatively small quantity of bromine suffices, while for real disinfection a greater bulk is required. Experiments made by the Berlin sanitary officials have resulted in the fact being established that three and a half ounces of

bromine could disinfect a space of 918 cubic feet against the most inveterate forms of infection, for removing which sulphurous acid had proved unsuccessful. Other experiments showed that for simple deodorisation one-third of an ounce of bromine, hung up high, is sufficient for a space of 7,000 cubic feet. With reference to the use of bromine in the practice of medicine, he remarked that in a gaseous form bromine could be introduced into parts of the body not accessible to any other corrosive agent. In connection with the corrosive properties of bromine, he stated that petroleum had been accidentally discovered to be a cure for burns caused by bromine in a fluid state.—*London Lancet.*

AN ECONOMICAL PILL.—The everlasting pill was composed of metallic antimony, which was believed to have the property of purging as often as it was swallowed. This was economy in right earnest, for a single pill would serve a whole family during their lives, and might be transmitted as an heirloom to their posterity. We have heard of a lady, who having swallowed one of these pills, became seriously alarmed at its not passing. "Madam," said the physician, "fear not; it has already passed through a hundred patients without any difficulty."—*Paris Pharmacologia.*

TEST FOR THE PRESENCE OF IODINE IN THE BODY.—Dr. Henry A. Lediard, F.R.C.S., of the Cumberland Infirmary, says (*Brit. Med. Journal*) that calomel dusted on any ulcerated surface in persons taking iodide of potassium gives rise to a yellow tint. Added to the saliva of such persons it also determines a canary yellow colouration. The simultaneous administration of mercury internally does not affect the reaction.

M. Henrot presented a case of myxœdema. The pathogeny of this affection he attributed to hypertrophic lesions of the pituitary body, of the pineal gland, and of the great sympathetic.—*Lyon Méd.*

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.*

TORONTO, JANUARY, 1883.

TANTI NOMINIS UMBRA.

“What’s in a name?” A good deal of inconvenience, sometimes, and too many letters. Hence it is that, with the beginning of a new year and volume, and the infusion of new life into our *libellum*, it has seemed to us desirable to assume a more convenient title. Perhaps a mere whim would seem sufficient justification for a change in an unimportant matter; but, as good reasons are forthcoming, they may as well be told. In the first place, then, the similarity of our former name with that of the *Canadian Journal of Science* (Literature and History) has been the constant source of postal irregularities, delays and re-deliveries; secondly, in very numerous instances our contemporaries, in making excerpts from our columns, have omitted to credit them to the proper source, owing, as has been alleged, to the interminability of our name, admittedly too long for convenient citation; and thirdly, because we believe it will be a source of convenience to our readers and correspondents to have a shorter title to refer to or address us by.

Our new issue presents two other departments, to which we may be permitted briefly to refer. The first is the addition of Dr. Nevitt’s name to our editorial staff, which, we trust, our subscribers will regard as an earnest of our determination to cover as wide a field as possible in catering to their literary demands, and to spare no effort or labour to make the JOURNAL, in the fullest

sense, a compendium of British and Foreign medical science, criticism and news. We have, in the past, from time to time enjoyed the benefit of Dr. Nevitt’s collaboration; but, in the future, we shall possess his constant and undivided care and attention. The second new feature is a change of publishers and printers; and, while we admit that we expect great things from the new, it is only just to add that we have no fault to find with—we have nothing but praise and commendation for—the old. The change of printers results simply from the transference of our business department to Mr. Carswell’s firm, whose energy, business ability and facilities give us reasons for expecting enhanced pecuniary success for our undertaking. In severing our relations with the *Guardian* office, we experience much regret; and, in giving expression to that sentiment, we desire to convey to Mr. Wilson, the foreman, and his staff, to Mr. Pearson, the binder, and his, our cordial thanks for their good work and successful efforts in our behoof, their unremitting attention and obliging disposition invariably manifested throughout the seven years of our connection with them.

In conclusion, we thank our contributors and subscribers for past assistance and support, and, trusting that the next new thing to be commented on will be a greatly augmented subscription list, we wish one and all, at this auspicious juncture, a happy and prosperous New Year.

Dr. WM. C. BURKE, jr., in the *New England Medical Monthly*, says:—“In the last three or four months of pregnancy, all women suffer discomfort from the distension of the abdominal walls, which I have found greatly relieved by the free use, at least once a day, of some unctuous material, as vaseline or sweet lard, and in many cases the formation of the *lineæ albicantes* is prevented.”

The Post Graduate Schools in New York are said to be succeeding well.

VITAL STATISTICS FOR THE DOMINION.

Most of our readers are aware that the Canada Medical Association has, for the past two or three years, had a special committee at work endeavouring to interest the Dominion Government in the establishment of a system of vital statistics. The efforts of this committee were so far successful, that the Dominion Parliament last season voted \$10,000 towards that object. Last September the committee was re-appointed.

In some, as yet unexplained, way, the Montreal City Board of Health and the members of the Canada Medical Association connected with it seem to have stepped into the place of the committee and summoned delegates from various places and bodies in the Lower Provinces and from the City of Toronto. Dr. Canniff, Chairman of the Committee of the Canada Medical Association, having in the meanwhile observed that such a meeting was to take place, summoned the members of the committee to be present.

As a result then of the invitations from these two sources, the following gentlemen assembled in Ottawa on the 6th December:

Halifax.—Drs. Wickwire, Morin, Almon, Farrell, W. H. McCoy, M.P.P., Mayor Fraser and Hon. Dr. Parker.

Charlottetown.—Dr. Conroy.

St. John, N. B.—Drs. Botsford, Harding, Daniel and Bayard.

Fergus.—Dr. G. Orton, M.P.

Londonderry.—Dr. Macdonald.

Montreal.—Col. A. A. Stevenson, Ald. J. H. Mooney, F. N. Boxer, C. E. J. W. Beaudry, C.E., Ald. Fairbairn, Drs. Hingston, Howard, Larocque, Campbell and Mount.

Quebec.—Mayor F. Langlier, Dr. R. F. Rinfret, Dr. N. E. Dionne and Dr. Roy.

Toronto.—Ald. Taylor and Drs. Oldright, Canniff, G. Wright and Playter.

Ottawa.—Dr. P. St. Jean, Mayor; Drs. J. A. Grant, John Sweetland, S. Wright, Henry Wright, H. Hill, H. B. Small, F.

X. Valade, A. Robillard (Health Officer), R. Mark and A. J. Horsey.

In the afternoon, a meeting was held at the Russell House. Ald. Mooney, of Montreal, was called to the Chair, and the following resolutions were adopted:—

Resolved, That, in the opinion of this meeting, in order the better to prevent disease and preserve human life, it is advisable that the Dominion Government should organize and sustain a uniform system of vital statistics for the Dominion.

Resolved, That, as immediate action is necessary, the Federal Government be invited to initiate at once a system of vital statistics where organized local boards of health are established, so that the statistical information may be utilized by these bodies.

Resolved, That, as Provincial legislative action is necessary, it is suggested to the Federal Government that it communicate with and secure the co-operation of the Provincial Governments to pass such legislation as will harmonize with and obtain the object of the preceding resolutions.

In the evening, the Hon. Mr. Pope entertained the delegates at a dinner at the Russell House.

An adjourned session was afterwards held and the following resolution adopted:

Resolved, That it is desirable that a Central Bureau of Vital Statistics be established, and if found to be within the province of the Federal Government a comprehensive system of health returns.

On the following morning, 7th December, the delegation met at the Russell House and proceeded to the Parliament Buildings, where they were met by Sir Charles Tupper. Dr. Taché, Deputy Minister of Agriculture, was also present. Dr. Parker made a few remarks, stating that the delegation appointed to wait upon the Minister of Agriculture would be glad of the advice and assistance of Sir Charles. The resolutions were then read to the latter gentleman by the Chairman, Ald. Mooney.

Sir Charles Tupper thought them very

good, but suggested that they might have gone one step further, and have advised an amendment to the British North America Act, whereby the Dominion Government might take up matters connected with public health.

The question was asked whether, at present, questions of public health in connection with immigrant inspection, the sanitary conduct of factories, the adulteration of food, and other like matters, could not be taken up by the Dominion. Sir Charles replied that they could, but that the bulk of health matters affected civil rights, which, by the Act, was left to the Provincial Legislatures.

On the retirement of Sir Charles, the following resolution was moved by Dr. Campbell and carried:—

Resolved, that, inasmuch as it appears by the British North America Act matters of public health are relegated to the Local Governments, this delegation has not included it with the subject of vital statistics; nevertheless, they are of opinion that it would have been better had it been placed under the direction of the Federal Government, and beg to suggest that an effort be made to obtain an amendment to the constitution in that direction.

Dr. Oldright pointed out that the Local Governments and the Municipalities were so intimately connected in such questions as drainage, reclaiming of marshes, water works, etc., that it was admitted on all hands that the Provincial Governments must deal with them, and that it would be well that this co-operation in matters of public health should not appear to have been overlooked in the resolution.

At this moment, the Hon. the Minister of Agriculture entered, accompanied by Sir Charles Tupper and Hon. Mr. Caron.

Ald. Mooney then called upon the Secretary, Dr. Farrell, to read the resolution.

Sir Charles Tupper made a few remarks in support of the resolutions, but added

that there would have to be co-operation by the Provincial Governments.

Hon. Mr. Pope replied favourably, that the subject was an important one, and that the Government would have to act carefully, but would give the matter its best attention.

Hon. Mr. Caron also addressed the meeting, and bespoke for this important matter the careful attention of the Minister of Agriculture.

The latter gentleman, in response to a vote of thanks, said it was he who had to thank gentlemen who came such a distance to advise on the matter.

At one o'clock, many of the gentlemen met again at the Russell House, to carry out a suggestion of Mr. F. Boxer, C.E., for the formation of a sanitary association.

Dr. Taché attended and read the sketch of a plan which had met with the approval of the Minister, and which provided that the collection of vital statistics should be commenced immediately, and should at first be limited to the capitals of the various Provinces and all cities having a population of more than 25,000, on condition that those various places should have regularly organized local boards of health and a medical health officer. The legislative grant to be apportioned out, each such city receiving a certain amount, according to population; one-fourth of such amount to supplement the salary of the health officer.

Ald. Mooney was obliged to leave for home, and Dr. Playter offered to relieve him of his duties as chairman. Ald. Mooney accepted the offer, and put it to the meeting, which also accepted it. The meeting then adjourned to a later hour, when those who were present formed themselves into a provisional committee, and instructed the chairman and secretary to draw up a constitution.

In the evening, the remaining delegates took their departure.

Dr. J. Burdon Sanderson, F.R.S., has been elected to the Waynflete Professorship of Physiology at Oxford.

ANNUAL DINNER, MCGILL MEDICAL SCHOOL.

The students of this institution held their annual dinner at the Windsor Hotel, on Monday evening, December 19th, about one hundred and fifty being present. Among the guests were Principal Dawson, Drs. Lavell and Sullivan, of Kingston; Prof. Bovey, Mayor Beaudry, C. J. Coursel, M.P., Rev. Principal McVicar, G. W. Stephens, M.P.P., J. J. Curran, Q.C., M.P., the members of the Faculty, and several other gentlemen. Mr. Cameron acted as chairman, while Messrs. Johnson, Wishart and Darcy occupied vice-chairs.

After the usual patriotic toasts, and one to the President of the United States, Mr. W. G. Johnson proposed the "Alma Mater."

Prin. Dawson, who responded, expressed the hope that their Alma Mater would always continue to do all she could for her children, and that the undergraduates would strive to assist her in maintaining the reputation of old McGill. He referred to the late Dean of the Medical Faculty, Dr. Geo. W. Campbell, who, he said, set an example which the students should all follow, if they wished to become upright and successful men; and, if this were done, they would do honour to their Alma Mater, and McGill would have no reason to feel ashamed of either her students or graduates.

The chairman then proposed "The Dean and Professors."

Dr. Scott, in responding, said he had been connected 43 years with the McGill University, and had been engaged as a teacher in the Medical Faculty for 38 years. To show the progress which the Medical Faculty had made, he said that at the organization of the Faculty there were 13 students, and this year they had 187. He concluded by thanking them for the hearty manner in which they had received the toast.

Drs. Lavell and Sullivan, in responding to the "Sister Institutions," were very cordially received. The latter gave some ex-

planations of the recent troubles with the students at Kingston, and at the same time referred to the honourable and upright manner in which the Medical Faculty of McGill University had acted throughout the whole matter. He was sure that they would reap their reward for their action, and it was mainly for the purpose of showing their appreciation of their services that he and his friend Dr. Lavell had come down to this gathering. Dr. F. W. Campbell, Dean of Bishop's College, also responded.

Many other toasts were proposed and responded to, including the "Montreal General Hospital," "Our Guests," "The Class of '83," "The Freshman," "The Ladies," and "The Press."

After spending a most enjoyable evening, the assembly dispersed after singing "God save the Queen."

STUDENTS' COMPLAINTS AT MCGILL.

The students of the first and second years in McGill Medical College, Montreal, are much exercised about the lectures they receive in *Materia Medica* from Prof. Wright. They consider that the subject is not treated in a way to be of any practical use to them, and, while such is the case, they unfortunately have to wade through his dry and useless details in preparing themselves for examinations, as the lecturer examines in this subject, and his questions can only be answered from notes taken from his lectures. At a meeting held before the holidays, a petition was sent to the Faculty asking for a change. In justice to the students, it may be said, that such complaints are by no means new.

We learn from the *Canada Baptist* that "a very practical and highly appreciated lecture upon the Preservation of Health was delivered to the students of McMaster Hall, on the 1st of December, by H. E. Buchan, M.A., M.D. We commend Dr. Buchan's example to the imitation of others.

PROVINCIAL BOARD OF HEALTH.

The regular quarterly meeting of the Board was held in the Parliament Buildings, on the 30th Nov. and 1st and 2nd of December. The members present were Dr. Oldright (President), Drs. J. J. Cassidy, C. W. Covernton, P. H. Bryce (Secretary), Rae (Oshawa), Yeomans (Mt. Forest), and Prof. Galbraith. Amongst the most important business transacted may be mentioned the report of the Committee on Legislation, suggesting the compulsion of all Municipal Councils to appoint a local board of health and health officer, and the general application of the vaccination laws, instead of to cities only. In committee of the whole, other clauses were added, prohibiting the use of conveyances by infected persons without notice, the sale of infected bedding or clothing previous to disinfection, the use of infected vehicles or tenements without disinfection under the supervision of the Local Board, and a clause abolishing the proclamation in epidemics, and vesting full repressive powers in the hands of the Provincial Board. An amendment of the Public Health Act of 1882 was also introduced, to the effect that the chairman and secretary (the chief health officer), should be appointed by the Lieut.-Governor, at an annual salary to be from time to time determined, and that the other members of the Board, when attending the Board or its committees, should receive a *per diem* allowance. On motion of Dr. Oldright, it was decided to ask the Legislature to give the Board power to order an examination of the water supply in any municipality, to regulate the construction, cleansing, and closing of wells. Also, to prohibit the transfer of any dead body from any municipality without a certificate from the Division Registrar that the particulars of such person's death have been registered with him. Prof. Galbraith was added to the Committee on Sewerage and Water Supply, and he and Dr. Oldright were authorized to issue a circular to municipalities touching these

subjects. The report on the causes of malaria in Madoc and other places was discussed and adopted. Dr. Cassidy presented his report on the recent outbreak of typhoid fever in Stratford, referring it to contamination of the water supply by sewage. Dr. Covernton presented a most interesting and instructive report, as delegate to the International Medical Congress at Geneva, and in it adduced very cogent proof of the value of compulsory notification of infectious diseases by the practitioner. The report of the Special Committee appointed to enquire into the details and modes of working of the Boards of Health of Boston, New York and Albany was read, discussed and adopted. Drs. Yeomans and Cassidy were appointed to confer with the Minister of Education respecting the provision of a text book of hygiene for schools. Dr. Bryce read the report of the committee appointed to investigate the causes of the outbreak of typhoid fever at Lambton Mills, referring it to uncovered privy pits, washings from contaminated linen, and slaughter houses. Dr. Cassidy introduced a resolution to prohibit the immediate slaughter of animals after long transits, and to provide for the establishment of licensed slaughter houses in all large cities. Also, to procure the periodical inspection of dairies, with a view to the prevention of the spread of infection by milk. After passing votes of thanks for information supplied from various sources, the Board adjourned.

The Garfield Board of Audit have granted the following sums in payment of the fees of the physicians who attended the late President: Dr. Bliss, \$6,500; Dr. Agnew and Dr. Hamilton, \$5,000 each; Drs. Reyburn and Boynton, \$4,000 each; Dr. Susan Edson, \$3,000.

A doctor is a *pillar* of Society. His enemies say, that he can kill with *powder* without shot, and that his *drops* are almost as dangerous as the hangman's.—*Grip*.

THE RECENT "DIFFICULTY" AT THE KINGSTON MEDICAL SCHOOL.

The unfortunate events which recently occurred in connection with this Medical Institution created much interest among both the profession and the laity. The Faculty of the School decided, some time ago, to organize a course for females, intending originally to give an entirely separate set of lectures. This plan was changed, however, and the time-table so arranged that both males and females attended the same lectures. With few exceptions, the course was smooth, until early in December, when the females took exception to the conduct of the males at one of the lectures. The lecturer on physiology, while treating of the larynx, mentioned the fact that, in former times, it was the custom in Italy to perform castration on young boys who were good singers, in order to preserve their voices from the changes which take place at puberty. This was received with laughter and applause from some of the males, which was not checked by the lecturer. On the contrary, the latter went on to dilate on the subject, and made references to this operation on the lower animals, which were received with cheers and stamping, the males at the same time looking directly towards the seven females present. The latter then left the room in a body, and made a complaint to the Faculty, the gist of their complaint being, not the subject matter of the lecture, but the manner of the delivery on the part of the Professor, and the way it was received by the male students. The learned Professor, we are told, "felt grieved at the proceedings," and considered the action of the complainants an insult to himself. He declared that everything said to the students should be known to them "in the interests of science." The male students, who considered they had derived great benefits from the *scientific* remarks of the lecturer on the important subject of castration of

little boys and the lower animals in connection with the physiology of the larynx, sympathized with their injured Professor, held an indignation meeting, and sent a memorial to the Faculty which was offensive in tone, and was concluded with the following words: "We have, therefore, resolved, that if the females are allowed to attend our classes after Christmas, or to have any connection with this College after this session, we will be compelled, much against our will, to go elsewhere next session." This was signed by 54 students.

The Faculty returned this memorial "as not being respectful," and at the same time intimated that they had not yet decided to give the government of the college into the hands of the students. Excitement ran very high, numerous meetings were held, and pledges of mutual fidelity, long and loud, were interchanged *ad infinitum*. Negotiations were opened with various medical schools. In the midst of the excitement, a proposal came from the Faculty of the Trinity School of Medicine in Toronto which filled the hearts of the students with delight, while, at the same time, it caused amazement alike in the minds of the Kingston Medical Faculty, the profession, and the public. The offer was as follows: Trinity School would take the seven who had paid their fees at Kingston, without any charge, and the remaining fifty, who had paid nothing at Kingston, for half the ordinary yearly fees.

This astounding offer, made at such a time, of course made the récalcitrant students masters of the situation, and they at once sent their ultimatum to the Faculty, demanding, not only separate lectures and examinations, but also that the females, at present attending, should not be allowed to do so after Christmas, but should wait until the summer. The Faculty being unable to accede to all these demands, a deadlock ensued, and a deputation of the citi-

zens of Kingston, composed of the present Mayor and three ex-Mayors, waited on both parties, and succeeded in arranging a compromise, by which the Faculty promised to give the female students separate lectures, as well as a separate examination, and the males agreed to go on with the regular course.

THE STUDENTS' VICTORY.

The Kingston contest is at an end, and we have to acknowledge that the male students, with the substantial assistance given by the Faculty of a rival School, have achieved a signal victory. We regret exceedingly the methods they have chosen to accomplish their ends. The unseemly levity which they displayed on the enunciation of ordinary physiological facts was, under the circumstances, not only uncalled for, but even exceeded the bounds of ordinary decency. While we feel compelled to censure the students, we cannot help thinking that the learned exemplifier of physiological castration might have checked the first signs of such conduct in his audience, if he had been so disposed; in fact, we fear, he did not even make the attempt.

Whether the students will derive great satisfaction from their victory, we know not. Let us see what they have accomplished. The results will affect the female students but little, as they will receive their regular course of lectures in due time; but the members of an already hard-worked Faculty will feel the blow most seriously, as their work will be doubled in giving two courses instead of one.

It is a most unfortunate circumstance at the present juncture, when so much is being said and written against students in general, which is both uncharitable and unjust, that the Kingston medical undergraduates should have pursued a course which has been almost universally condemned by all classes in the community. We hope the medical students in all our schools will consider the question in all

its bearings, and learn the lesson which is so clearly indicated. If difficulties arise, or if they have grievances of any kind whatever, let them carefully consider the questions which may arise, and if they have any requests to make let them do so to the authorities that be, in a respectful manner. If they act in this way, they may rest assured that they will always find friends who will render them all the assistance they possibly can; and if they are temperate, dignified, and just in their demands, they are likely to receive all the consideration they are fairly entitled to.

A SUMMER SESSION.

We are glad to know a Summer Session is to be established in Toronto this year. The Toronto School has taken the initiative and made all arrangements for giving a course of lectures, which will commence on or about the 24th of April, and continue until the end of the first week in July. The following will be among the subjects treated:—Diseases of the Digestive Organs, Nervous Diseases, Diseases of Women, Joint Diseases, Orthopaedic Surgery, Plastic Surgery, Tumours, Diseases of Children, Prescribing, Psychology, Physiological Chemistry, Practical Chemistry, Botany, and Pathology.

Special attention will be given to clinical work in the General Hospital. It is expected that the Trinity School will also organize a Summer Session, and the timetable for clinical lectures and bedside instructions will be so arranged that all the students attending the Hospital will have the opportunity of receiving practical clinical instructions from the lectures in both schools. With the largest and best ordered Hospital in Canada at their disposal, and a double staff of teachers to make use of the large amount of material at hand, we can have no doubt as to the success of the undertakings, and we hope the students will fully appreciate the great advantages offered to them at the almost nominal sum of twenty dollars for the course.

SISTER SCHOOLS.

The attempt on the part of the Trinity Medical School in Toronto to make capital out of the misfortunes of a rival School at Kingston, was one of the most remarkable and indefensible acts which occurred in the recent troubles. The offer of the former to accept some of the students of the latter free of charge, and others who had not paid anything for the half course, received for half the ordinary sessional fee, while negotiations for the settlement of their difficulties were still in progress, was such a transparent effort to completely destroy a sister institution that no amount of casuistry or sophistry will explain it away. All lovers of fair play and ordinary straightforward dealing have united in characterizing such conduct as ungenerous and disreputable in the highest degree.

While the members of the Faculty were struggling under difficulties which threatened utter destruction to their college, they very naturally expected to receive the sympathy at least of those institutions with which they were on friendly terms of relationship; and, with the exception mentioned, we believe it was accorded to them. We are also certain that the graduates and many friends of this school, which has done such excellent work in the past, were heartily sorry for the troubles which arose, and just as heartily glad when a settlement was effected. We hope the able and deserving men composing the teaching staff will be enabled to perform the double work imposed upon them, and that their teaching in the future will be as efficient as it has been in the past.

AN OLD EPIGRAM.

"Chirurgus medico quo distat?—scilicet isti;
Enecat hic succis, enecat ille manu.
Carnifice hoc ambo tantum differre videntur
Tardius hi faciunt, quod fecit ille cito."

Distinct the doctor from the surgeon stands—
One slays with drugs, the other slays with hands;
Of both the only difference from Jack Ketch is,
They slowly do what he at once despatches.

THE ONTARIO MEDICAL COUNCIL
AND THE MEDICAL SCHOOLS.

While discussing the Kingston troubles we have to consider the action which the Council would be likely to take when the students presented themselves for examination. The Council requires certificates of attendance at 75 per cent. of the lectures delivered in each session. If the authorities of the Trinity Medical School had succeeded in capturing the Kingston students they would have been in a position simply to certify attendance at half a course of lectures. It is not likely, nor do we see how the Council could have accepted such certificates. A refusal to do so would have placed the students in a very awkward position. While we have before us such a striking example of the methods which a school may adopt to add to its numbers, we must consider it a matter of congratulation that we have a central Examining Board which is in a position to deal justly with all questions which may arise between the various medical colleges in the country.

TRINITY MEDICAL SCHOOL.

We are authorized by the Dean of this School to say that, when the offers were made to the Kingston Medical Students, his Faculty thought the latter had entirely withdrawn from their School; but we have not heard why the Trinity Faculty decided to give credit for lectures delivered by lecturers who refused to give certificates for the same, without waiting twenty-four hours to enquire as to reasons for such refusal. How was it that less consideration was shown to the Faculty than the Students? Probably all will acknowledge that there was undue haste displayed, and some will persist in assigning certain causes for such haste.

We have much pleasure in announcing the re-election of Mr. Wm. Mulock, M.A., to the Vice-Chancellorship of the University.

UNIVERSITY OF TORONTO—EXAMINERS IN MEDICINE, 1883.

At a meeting of the Senate, on the 22nd December, the following appointments were made:—Physiology and Pathology, Geo. Wilkins, M.D.; Medicine and Therapeutics, F. R. Eccles, M.D.; Midwifery and Forensic Medicine, D. B. Fraser, M.B.; Anatomy, M. H. Aikins, B.A., M.B.; Surgery and Surgical Anatomy, F. Le M. Grasett, M.B.; Clinical Medicine and Surgery, C. O'Reilly, M.D.; Hygiene and Medical Psychology, C. W. Covernton, M.D.; Chemistry, W. H. Ellis, M.A., M.B.; Biology, H. Montgomery, M.A., B. Sc. Dr. McFarlane gave notice of motion to introduce a statute, making certain alterations in the Medical Curriculum. At the last meeting it was decided not to require, in future, the thesis for M.D. to be written in the Examination Hall.

THE CO-EDUCATION OF THE SEXES.

We have neither the space nor the inclination to enter into the discussion of this question at the present time, but the *vexations and tribulations* of the Faculty of the Kingston Medical School have shown that the trial of such a system in that Institution has proved a disastrous failure. Some friends of the system consider that it has not had a fair trial; but, be that as it may, it is extremely unlikely that it will get any further trials in Kingston for some time to come. It has been tried, on a small scale, in one of the Toronto Schools, and has proved so unsatisfactory that, we understand, it has been decided not to admit any female students in the future. Whatever our opinions may be on the subject, however, we certainly sympathize deeply with the females of the Kingston School, who have not been treated with that courtesy and respect which is always due to those of the *gentler sex* .

VARSAITY.—Mr. W. H. Blake will act as editor in the place of Mr. F. C. Wade, resigned.

TORONTO SCHOOL OF MEDICINE
MEDICAL SOCIETY.

This Society has held regular fortnightly meetings during the first half of the session, which were well attended by students and graduates. Interesting papers have been read by various members—among the contributors being Mr. Ferguson, Mr. W. H. Carlton, Mr. J. Stewart, B.A., and Mr. R. Hearn.

The Library and Reading Room belonging to the Society is well stocked, and has been highly appreciated by the members. At the last meeting, the President announced that a hundred dollars worth of books were to be added to the Library during the holidays.

GOVERNMENT PROTECTION NEEDED.—Under this caption, Dr. Henry B. Baker, Sec. Board of Health of Michigan, publishes a letter in the *Lansing Republican* , making a powerful appeal to Congress for an appropriation for the continuance of the immigrant inspection service, now partially sustained by the National Board of Health.

PORRO'S OPERATION.—Dr. Clement Godson, of St. Bart's Hospital, performed Porro's operation on a dwarf, aged 24, for pelvic distortion. The mother was 52 inches high; the child 20, 9½ lbs. in weight. The operation was completed in less than one hour. The highest temperature recorded was 99.4°; maximum pulse 80. Up to last accounts (Dec. 9th), both mother and babe were doing well.

THE SMOKE TEST FOR DRAINS.—This test is being much used in both England and Scotland, and is very satisfactory. It is applied by a small machine with powerful fanners, which blow the smoke of ignited cotton waste, saturated with oil, into the drainage system, and in due time the smoke issues from all defective points and imperfect traps, showing clearly where the fault lies.

PERSONAL.

The late Mr. Daniel J. Greenshields, of Montreal, left by will \$40,000 each to McGill University and the Montreal Hospital.

Dr. James Ross, jr., was married to Miss Gooderham on Thursday, December 14th. The happy couple left the same day for California, where they expect to spend the winter.

With Mr. Mosely, pledged to revive the teaching of human anatomy, Prof. Sander-son for physiology, and the reversion of the Lichfield trust once more into medical channels, the lost school of medicine in Oxford bids fair to be restored.

Prof. Wm. Pirrie, M.D., L.L.D., F.R.C.S., Edin., late Professor of Surgery in the University of Aberdeen, whose resignation, after a connection of 50 years, we lately had occasion to record, died from septicæmia, the result of prostatic abscess, on 21st Nov., aged 74. He will chiefly be remembered as a teacher, and by his work on the Principle and Practice of Surgery. He is said to have had the largest practice and income north of Edinburgh.

WELL DESERVED RECOGNITION OF A PHYSICIAN'S SERVICES.—An address, handsome silver tea service and a purse of \$450 in gold were presented to Dr. John Coventry, Mayor of Windsor during the last three years, Dec. 28th, in recognition of his private worth, and public services, especially during the summer, when he abandoned his large professional practice for a number of weeks during the prevalence of small pox, for the purpose of devoting his whole time to his duties as chairman of the Board of Health in combatting that disease.

OBITUARY.

Dr. R. H. Russell, of Quebec, brother of Dr. J. P. Russell, of Toronto, died 7th December, at the age of 63.

Obernier of Bonn died on the 26th Oct., aged 43. He was best known to English readers as the author of the section on Diseases of the Brain, in *Ziemssen's Handbuch*.

Dr. Milne, of Claremont, died from intestinal hemorrhage, from rather obscure causes. He was formerly a student in the Toronto School of Medicine, where he met with the same success that characterized his after efforts in practice.

Dr. McGregor died in Winnipeg, December 3rd, from congestion of the lungs. He graduated in McGill in 1861, and practised for a number of years in Chatsworth, Co. Grey, where he was well known, and very popular. In April last he went to Winnipeg, and almost at once his practice became large. He remained there up to the time of his illness, which is said to have lasted only fifteen hours.

Dr. James A. Sinclair, who died at the early age of 30, was a sample of our best type of young Canadian practitioners. He was possessed of good abilities, always industrious, and was most faithful and attentive to his duties in practice. He studied in the Trinity Medical School, and graduated in 1877, after which he commenced practising in Hastings, being very successful, until about one year ago, when his health failed, and he was obliged to give up work. During the last few months, he lived at the residence of his father in Colborne, where he died, December 21st.

THE DISCOVERY OF TRICHINA.—From the late Mr. Gulliver's *Autobiography*, it appears that to Dr. Arthur Farre is due "the original and true description of the trichina spiralis, and its claim to a higher organization than had been allowed for it by Prof. Owen." Hitherto, on the authority of Mr. Wormald and Prof. Quekett, Paget has always got credit for this discovery.

Book Notices.

Menstrual Amblyopia. By M. F. COOMES, M.D. (Reprint from *Medical Herald*.)

Weekly Bulletins of the Provincial Board of Health. By P. H. BRYCE, M.A., M.D., Secretary.

Allen's Atlas of Anatomy. The publishers of this excellent work on anatomy, the first two parts of which were reviewed in our December issue, are, we omitted to state, Messrs. Henry C. Lea's Sons & Co., of Philadelphia.

Weekly Reports of Health in Michigan for Nov. and Dec., Weekly Meteorological Reports from Lansing, Mich., and Reports of Deaths in the City of Lansing, for Nov. By HENRY B. BAKER, M.D., Sec. Board of Health.

Some Thoughts on Phthisis, with special reference to the Value of Laryngeal Symptoms in Diagnosis. By M. T. COOMES, M.D. Louisville, Ky. (Reprint from *Archives of Laryngology*.)

The New York Medical Journal.

The first weekly issue of this journal has come to hand, and presents a very creditable appearance. It contains the first of Dr. W. B. Carpenter's Lectures on Human Automatism, five original communications on Carbolic Acid and Antiseptic Surgery, by such names as Willard Parker, H. B. Sands, Robt. F. Weir, I. Williston Wright, and W. T. Bull, a case of Osteoma of the Conjunctiva, by E. G. Loring, a letter from Boston, book notices, editorials, reports of societies, reports on progress of medicine, new inventions, etc.

The Medical Record Visiting List for 1883.

New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This is one of the best we have seen, of good shape and size, well bound, and very conveniently arranged.

Vick's Floral Guide, 1883. James Vick, Rochester, N. Y.

Although the founder of *Vick's Floral Guide* has walked the way of nature, and now rests beneath the flowers whose cultivation so fully occupied his life's attention and gladdened his living spirit, as well as recompensed his labours, yet through the filial care of his four sons, the *Guide* survives, and in its ever increasing beauty keeps green his memory. Apart from the valuable information with regard to plants and vegetables which it contains, the *Guide* is so artistically issued that, in the profusion of its well executed illustrations, it is indeed "a thing of beauty" and perennial joy.

The Popular Science Monthly. D. Appleton & Co., 1, 3 & 5 Bond St., New York.

This excellent periodical, so well fitted for the physician's recreation and his family's instruction, and a valuable addition to his office table, commences the new year with an admirable number. The topics most likely to gratify professional interest are:—The Great Comet of 1882, by Prof. C. A. Young; Scientific Philanthropy, by Alfred Fouillée; Traces of a Pre-Indian People, by C. C. Abbott, M.D.; Bodily Deformities in Girlhood, by C. Roberts, F.R.C.S.; Curiosities of Superstition, by Felix Oswald, M.D.; The Gospel of Recreation, by Herbert Spencer; The Influence of General Education on Observation; Sketch of Prof. Henry Draper, M.D. An equal number of other articles of general interest is also to be found in it.

Annual Report of the National Board of Health (U. S.) for the year 1882.

Although, through the niggard parsimony and mistaken economy of Congress, in cutting down the appropriation in its behoof, the National Board of Health is not able, in this its 4th Report, to show the same amount of good work done in the cause of

public health as in former years, yet it may well be proud of what, in the face of adverse circumstances, it has accomplished. The Report concludes with an able refutation of the absurd and groundless charges made against it; and we sincerely trust that Congress will this year have the wisdom not only to undo the folly of the past, but will also bring forth fruits meet for repentance, and greatly amplify the capacity of the National Board of Health in its life-saving, health-preserving, and, hence, money-saving mission.

Analysis of Eight Thousand Cases of Skin Diseases. By L. DUNCAN BULKLEY, A.M., M.D. (Reprinted from the *Archives of Dermatology*. New York: G. P. Putnam's Sons, 27 and 29 West 23rd St.

The Pharmacopœia of the United States of America. Sixth Decennial Revision. By authority of the National Convention for revising the Pharmacopœia, held at Washington, A.D. 1880. New York: Wm. Wood & Co., 1882.

There are considerable differences between this and the former editions of the *Pharmacopœia*. In the working formulæ the introduction of parts by weight, and the use of a quasi decimal system are the chief changes.

The strength of the opium preparations has been changed so as to present a uniformity, all having the opium in a ratio of ten to one. Thus the acetum and the vinum have been lowered, and the tinctura and tinctura deodorata raised to the conventional standard.

A new set of preparations, termed abstracta, have been inserted. They are concentrated powdered extracts, made up with sugar of milk, and are about twice the strength of the crude drug and of the fluid extracts. In Dover's powder the potassium sulphate is replaced by sugar of milk.

A series of tables is appended to the volume, giving much necessary and useful information.

The type is remarkably clear; the paper and binding all that could be desired.

MISCELLANEOUS.

The late serious illness of Mr. Fawcett, Postmaster General of England, has been due to a combination of diphtheria and typhoid fever, a coincidence so rare that Murchison, in his vast experience, met with it but once. The distinguished patient has been under the care of Dr. Andrew Clark.

The *Canada Medical and Surgical Journal* of Montreal, in noting the proposal to establish a Hospital Medical School in Toronto, asks the question—Where is the Faculty of Medicine of Toronto University? As an answer to that question, we would refer our contemporary to the C. S. U. C., c. 62, es. 46 *et seq.*

FELINE TEST FOR DEFECTIVE SEWER PIPES.—Cats have a great fondness for the odour of valerian. So an ingenious Boston woman, suspecting some defective pipes, borrowed two cats and shut them up in the suspected room; then, having purchased some oil of valerian, poured it into the highest basin in the house, and proceeded down stairs to watch the result. She was gratified to find both manifesting a preference for a certain spot in a closet near which a waste pipe ran; and here, on further inspection, a complete separation of the pipe was discovered.

SEPARATION OF THE EPIPHYSIS OF THE CLAVICLE BY MUSCULAR ACTION.—At the Clinical Society, of London, lately, Mr. Christopher Heath brought forward a case of this kind. It occurred in a boy, aged 14, whilst raising his arm violently to bowl at cricket. The inner end of the clavicle was unduly prominent, presenting a sharp edge. The supra sternal notch was distinct, and a thin lamella was felt between it and the gap on the right side. Reduction was accomplished by laying the patient down, and retention secured by means of a plaster of paris bandage. Mr. Heath took occasion to insist strongly on the great utility of the plaster bandage in fractures of the clavicle and humerus.