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OF THE SYMPTOMATOLOGY OF CORTICAL LESIONS OF THE BRAIN.

BY C. W. COVERNTON, M.D., ETC., TORONTO.

(Translation from "Le Progrès Medical").

M. le Dr. Dario Maragliano, physician of the Asylum for Insane at Reggio Emilia, has recently published an interesting work on the symptomatology and diagnosis of cortical lesions of the motor zone of the brain. This attempt at didactic systematization of symptoms by which the lesions of the cortical structure may be comprehended, merits careful attention. It shows the important hold on the foreign mind the doctrine of motor localization has taken, and proves that this doctrine, notwithstanding the opposition it encounters, penetrates every day more deeply into the clinical domain under the patronage of accomplished physicians equally apt in the examination of patients and in the practice of autopsies. The paper of M. Maragliano is in effect essentially clinical; the author has understood the truth developed under various circumstances by M. Charcot, namely, that the study of cerebral localizations in man should only be undertaken with the assistance of notes taken at the bedside and confirmed by autopsies, and that if experimental physiology seeks to throw a light on clinical study, it can in no case subject it, or speak magisterially in a domain which is not its own. The two principal symptoms of cortical lesions of the motor zone are convulsions and palsies. The convulsions of cortical origin have been carefully studied in recent times; they are often designated under the name of partial epilepsy or Epilepsy of Jackson. They are generally unilateral, often even confined to one extremity or to an isolated muscular group. They may become gen-

eralized, but their fundamental character is not to be general at the first onset, but to appear first in the face or in an extremity or in a limited segment of an extremity, according to the seat of the lesion provoking it. Often they are not accompanied by any loss of consciousness, and in cases where loss of consciousness occurs it takes place some time after the onset of the convulsions, instead of being initial, as in cases of true epilepsy. Partial epilepsy has a great diagnostic value; it indicates an irritative lesion of the motor zone, that is to say, a lesion which does not destroy abruptly the office of the cortical structure. Palsies of a cortical origin are associated, or not, with partial convulsions, sufficiently frequently they are accompanied by a primitive contraction. Most frequently they commence under the form of a monoplegia, and may remain limited to parts primarily attacked or extend progressively to the entire half of the body, according as the cortical lesion remains stationary or extends successively to all the cortical motor centres of one hemisphere. In other cases palsy follows an inverse march; it assumes at the beginning the hemiplegic form, then it diminishes little by little in certain parts and fixes itself on others in a condition of incurable monoplegia, for once they are definitely established, cortical palsies are accompanied like those which result from central lesions, with secondary contraction and descending degeneration of the medulla spinalis. In short, vaso-motor palsy is in general less marked following cortical lesions, than as a consequence of central lesions, or to speak more exactly, is dissipated quicker and more completely in the first case than in the second. To recapitulate, the dissociation, the progressive establishment or the gradual disappearance, the variability, the frequent conjunction of primitive contraction, the relative lightness of accompanying vaso-motor trouble, such are in the opinion of M. Maragliano the principal characteristics of palsy of a cortical origin. The other symptoms of lesions of the motor zone have less importance than the preceding; they may nevertheless be useful aids to diagnosis, and merit therefore a notice. Lesions which are limited exactly to the motor zone never give rise to anæsthesia. Calender, in St. Bartholomew's Hospital Reports for 1869, attributes a great diagnostic value to the existence of intense cephalalgia occupying a fixed locality, persistent, obtuse and heavy. Some ob-

servations seem to show the exactitude of this view, and to point out that if even cephalalgia is not observed in all cases, it corresponds often when it does exist with the seat of the lesion. When there is no spontaneous pain, it is possible some times to reveal, by percussion of the head, a pain limited more or less intensely. Percussion ought to be practised directly with the finger (middle by preference), by striking light and rapid taps over different points of the cranium. When a localized lesion exists at the surface of the brain, this methodical exploration provokes frequently an intense pain at a limited point, which corresponds with the seat of the cortical lesion. Dr. Robertson, in the *Journal of Mental Science*, July, 1878, p. 274, reports some cases in which this method had been to him of great assistance in establishing diagnosis.

Cranial thermometry may also in certain cases render real service. Studied in recent times by Broca, E. Maragliano, Gray (*Journal of Nervous and Mental Diseases*, July, 1878), and still more recently by Paul Bert (*Biological Society Meeting of 18th January, 1879*), it has already given some precise results from which the clinical observer may derive profit. In order that thermal variations may have value, it is necessary that there should be between two symmetrical points of the cranium a very notable difference (one degree centigrade at least) for differences of some tenth of a degree only may be observed in physiological conditions. The diseased side will, besides, be sometimes colder, sometimes hotter, than the healthy side, according to the nature of the lesions of which it is the seat. It will be colder, for example, if we have to do with arterial obliteration, and hotter when an inflammatory lesion is concerned.

Such are the principal signs of cortical lesions of the motor zone. It is necessary to add that, besides these direct signs, the physician may often utilize in a diagnostic point of view, considerations drawn from the march of the disease, from the summing up, which we think it right to translate textually. If there exists, he says, convulsions, limited or making an appearance at first before becoming general, in a group of isolated muscles, not accompanied or accompanied only tardily with a loss of consciousness; if consecutive to these convulsions or alternating with them, there are

circumscribed palsies or hemiplegia, the gradual apposition of which may be considered as the reunion of several monoplegias; if this palsy is accompanied with precocious contraction or with aphasia: if there is in the palsied limbs only a slight and transitory elevation of temperature; if, finally, we discover an obtuse pain spontaneous or provoked by percussion, occupying a circumscribed part of the head, the diagnosis of a cortical lesion nature of certain lesions, or of certain concomitant functional troubles. Aphasia, for example, coincides much more often with cortical lesions than with central lesions: its existence alone presupposes a cortical lesion. Softening concerns more often the cortical than the central portions; if for reasons not necessary to enumerate here, there is reason to think that the patient under observation is affected with softening, the conclusion would be probability of cortical lesion. In utilizing all these elements, we may often arrive at determining in a precise and certain manner a diagnosis of cortical lesion. Unfortunately it is not always thus, and in a good number of cases diagnosis is uncertain and even impossible. M. Maragliano indicates the principal clinical eventualities in the following cannot be in doubt. A reunion of all these symptoms is not even necessary to assure the diagnosis. The simultaneous existence of partial convulsions and of a palsy in the form of monoplegia or hemiplegia, permits the diagnosing with a sufficient certainty a cortical lesion of the motor zone. The aspect of things differs when convulsive phenomena are absent, even when all other symptoms are existing. Diagnosis loses all character of certainty in this case; it becomes simply probable. It is impossible also to diagnose a cortical lesion in cases where lesion of that structure is so extended as to destroy from the commencement the whole of the motor zone, as that happens as a following to the obliterations of the cortical branches of the fissure of Sylvius. Hemiplegia, then, differs in no particular from the ordinary variety of central origin. Finally, diagnosis will be impossible when we find ourselves in the presence of a total hemiplegia, on the mode of evolution of which no particulars can be gathered. We add no commentary to these conclusions, which appear to us to be the actual statement of our knowledge,—the most probable expression of the truth.

Correspondence.

YELLOW FEVER AND ITS CAUSES.

To the Editor of the CANADA LANCET.

SIR.—The following letter appeared in the *Halifax Chronicle*, August 9th.

"The miserable defect of any clear and consistent view of the causes of this disease induces me to publish an idea formed from an early acquaintance with some of its features in Antigua, in the West Indies. There, certainly, it has arisen as an epidemic among the British troops, at irregular intervals without being imported. To ignore this certainty is to be ignorant of everything most signal in relation to the disease. But the obscurity which still involves its causes arises, I think, from one prevailing error which always clouds the subject.

Everybody knows that it is a disease of hot climates, and that a certain degree of cold checks the prevalence of the disease. But of the two other atmospherical conditions which conduce to generate the disease, one has not been sufficiently appreciated, and the other has been entirely mistaken.

Climatic conditions everywhere are always three, at least.

1. The condition of heat or cold is indicated by the thermometer.

2. The condition of density or rarity (weight or lightness) is indicated by the barometer.

3. The condition of humidity is measured by the hygrometer. (The opposite poles of this third axis are dryness and moisture.)

Now, with regard to the second condition—viz: the density or rarity of air—it is known in Jamaica that the density of hot air aggravates the danger of yellow fever. A certain elevation—about three thousand feet—is said to be "above the fever level."

But as to the third point—of humidity—I write to declare that a constant error has precluded a right view of the concurrent causes which produce the disease. Instead of humidity being a cause of yellow fever, it is the absence of aqueous vapor that causes it. Hot air, *dry* and condensed, inhaled for any protracted period, is the predisposing cause of this disease, and therefore an atmosphere of cold aqueous vapor is the remedial condition indicated.

This atmosphere must be produced artificially in hot climates, as the chief essential to the recovery of yellow fever patients. A yellow fever climate is exactly opposite to that cold, aqueous, mountain vapor of the Highlands of Scotland, which is so conducive to health and to a blooming complexion.

In connection with a changed atmosphere to act on the patient through the lungs, baths instant upon attack, and frequent afterwards, will be obviously beneficial as operating through the skin on the depraved functions, and tending directly and indirectly by the aqueous vapor rising from them, to correct the vitiated blood. The fact mentioned by Dr. Read, of the immunity from yellow fever of one hundred and fifty boys who bathed regularly once or twice a day, at Mr. Hammersley's floating bath, strongly supports my view. Frequent bathing would on my theory be prophylactic, as well as remedial during the prevalence of an atmospherical epidemic. The one thing needful for escape from the disease would be an abundance of cool aqueous vapour. Heavy rains in the West Indies sweep away an epidemic which has lasted through dry brilliant weather. This fact noticed by my father, Dr. Musgrave, of Antigua, who wrote on the disease after experience of several epidemics, points to the same conclusion. I venture to urge the use of blocks of ice in the sick rooms to give off cold vapour, in order to cool, to rarefy, and to *make humid* the air inhaled, and I beg you by inserting this letter in your journal to give publicity to this suggestion.

I am, Sir, yours etc.,

BURNTHORN MUSGRAVE.

Salisbury, N.S.

To the Editor of the CANADA LANCET.

SIR,—I am very much pleased to observe the discussion in reference to the Treasurership of the Medical Council. This is one of those questions that requires to be ventilated in the columns of the LANCET, and you deserve the thanks of the profession for giving it the publicity it merits. However agreeable it may be to the present occupant, and advantageous to the medical school of which he is the president, I can assure you his action is not endorsed by the profession generally in this part of the country. Several medical men who are firm friends of Dr. Aikins, have expressed their surprise that he should hold on to the office, while

his position is so open to assault. The officers of an institution like the Ontario Medical Council should be above the suspicion of using their position to the advancement of their own private interests.

The affairs of the Medical Council have been frequently the subject of adverse criticism. Nor can this be wondered at, while it retains in office men who place their own private interests before the general good of the profession. It is to be hoped that the new Council, to be elected in June next, will make a clean sweep, and inaugurate a new and better régime.

Yours truly,

Aug. 20, '79.

LEONIDAS.

Selected Articles.

HYPODERMIC MEDICATION.

The *National Medical Review* says: Physicians of the present day carry in a pocket-case more active elements of prompt medication than used to be packed in a good-sized pair of saddlebags of a quarter century ago; and these modern condensed preparations for subcutaneous injection, as we all know, in many respects supersede the old-fashioned way of administering medicines. In cases of unconsciousness, delirium, strangulation, or other condition in which the patient can not or will not swallow, the proper remedy, in nicely-graduated quantity, injected hypodermically answers just as well as if taken in the stomach; and in many cases, even when the patient can take remedies in the usual way, hypodermics respond more promptly and favorably than other plans of treatment.

We give the following list as embodying the principal conditions in which hypodermics have been employed:

Ununited Fractures. Glacial acetic acid, five to ten minims, between ends of the bones with hypodermic syringe. Iodine has also succeeded, used in same way.

Surgical Shock. Quinine, six grains, hypodermically, with one third grain of morphia.

Urticaria. Saturated solution of bisulphite of soda, injected directly into the part affected.

Hemoptysis. Sclerotinic acid, substitute for ergotine, five per cent solution injected in the neck or arm.

Tumors. Just before removal, hypodermic of half grain of morphia, with a thirty-sixth grain of atropia, directly into the growth.

Chloroform-poisoning. One tenth grain of digitaline, hypodermically, followed an hour afterward

with one tenth grain of atropia in similar manner, has been successful.

Erysipelas. Carbolic acid, three-per cent solution, eight or ten injections at the same time, so as to surround and cover the inflamed regions; also salicylic acid in same manner.

Carcinoma. Acetic acid, one part to three of water, injected into the cancer has proved successful in shriveling the tumor and obviating an operation.

Cerebral Apoplexy has been successfully treated by subcutaneous injections of ergotine in the arm.

Hæmorrhage. In an obstinate case, resisting all other means, three eighths grain of chlorhydrate of pilocarpin, hypodermically, quickly proved successful.

Puerperal Convulsions. Chloral subcutaneously has been pronounced better than when swallowed.

Foreign Body in Oesophagus. Threatened strangulation from impaction of gullet has been promptly relieved by inducing vomiting. Apomorphia, one tenth grain, hypodermically. Emetina is also suggested in same way.

Strychnia-poisoning. Caffein, one grain, hypodermic; alcohol in same way is also suggested; chloral injections are also mentioned.

Puerperal Eclampsia. Veratrum viride, two to four drops of the tincture, subcutaneously, as required to keep the pulse down to about sixty. Pilocarpin, two-per-cent solution, is also recommended.

Trichinosis. Tincture of ergot and ergotine have effected speedy cures, hypodermically, into muscles affected.

Skin-diseases caused by Animalculæ. Sulphuric, carbolic, salicylic, or sclerotinic acids, hypodermically, as in erysipelas.

Nasal Polypus. Carbolic acid, one part; glycerine, four parts; twenty drops sunk into tumor by means of hypodermic syringe effectually dissipated polypus in case reported.

Eczema. Arseniate of soda, hypodermically, in solutions of one fifth, one half, and one per cent, commencing with ten minims of the weaker and gradually increasing is recommended.

Nocturnal Enuresis. Two very small doses of the nitrate of strychnia, injected in the vicinity of the rectum at suitable intervals, have proved successful.

Croup. Sulphate of atropia, one-per-cent solution, has proved successful in a desperate case, injected in the neck on level with pneumogastric. Three drops, repeated after four hours.

Congestive Chills. Ten drops of tinct. belladonna, hypodermically, every fifteen minutes, until the pulse became distinguishable, succeeded where the patient was unconscious and unable to swallow, followed by hypodermics of quinine, brandy, or whiskey.

Goitre has been successfully treated by subcutaneous injections of ergotine, one third, gradually increased to one grain.

Membranous Croup. Equal parts of water and sol. ferri perchlor., injected into the trachea, piercing the needle through just below the thyroid cartilage, dissolves the membrane, enables its expectoration, and substitutes tracheotomy.

Erectile Tumors have been successfully treated by injections of perchloride of iron and chloride of sodium in solution, the tumor to be surrounded by a ring.

Abortion has been caused by hypodermics of pilocarpin. This should insure caution.

Hemorrhages. Hemoptysis, hematemesis, and uterine hemorrhages have all been arrested by hypodermics of ergotine. If pain, add morphia.

Night-sweats. Atropine has given good results in injections of about one fortieth of a grain at bedtime.

Tetanus. Chloral hydrate is recommended in conjunction with chloroformization, alternating it with other powerful anodynes and antispasmodics.

Infantile Convulsions. Morphia, subcutaneously, with inhalations of five drops of nitrite of amyl immediately following, have proved successful.

Retention of Urine from paralysis of the bladder, accompanying typhus, variola, and hydrocephalus has been promptly overcome by hypodermics of ergot in the fossa behind the great trochanter.

Arrest of Perspiration. Pilocarpin, the alkaloid of jaborandi, will cause more or less profuse sweating, according to amount injected beneath the skin.

Opium-poisoning. Quite rapid recovery is reported to have followed warm hypodermics of fluid extract coffee in thirty-minim doses. Caffein citrate and sulphate atropia are also considered antidotes to opium.

Suspension of Salivary Secretion. Pilocarpin used as heretofore explained excites salivation.

Chorea. Curare, in hypodermics of from one tenth to one twentieth of a grain daily, has been found valuable in this disease.

Obstruction of the Bowels. Aloin has been used with success, subcutaneously, to move the bowels.

Hydrophobia. Much amelioration of the symptoms has followed hypodermics of curare.

Bubo has been aborted by injecting carbolic acid into the centre of the swelling.

Syphilis has been treated by solutions of some of the mercurials, injected locally.

Hernia is more easily reduced by giving a hypodermic of morphine with or without atropia.

Dysentery. Morphia, hypodermically, in one-third-grain doses, has been found more rapid in relieving tenesmus than any other opiate.

Epilepsy. Curare, in solution, seven grains in twenty-five minims water, with two drops hydrochloric acid. About once a week inject about

eight drops beneath the skin. It has cured cases of several years' standing within two months.

Snake-bites. Ammonia, brandy, carbolic or salicylic acids are all recommended, hypodermically, in case of snake-poison, and have been injected with benefit directly into a vein.

THE USE OF THE FORCEPS AND ITS ALTERNATIVES IN LINGERING LABOR.

The admirable opening address of Dr. Barnes was not followed up with the ability which might have been expected, some of the addresses being prolix and not very ehifying. The opinion of the leading English obstetricians on this subject have much interest, however. Dr. George Kidd, of Dublin, in reference to the "high operation," thought no one would hesitate to apply the forceps when the os is nearly or entirely dilated, and the head lying at the brim and making no progress. The point is, are we to use the forceps when the os is undilated? Dr. Kidd thought not. Even when the os is dilatable, he thought manipulation better. Even, also, when the os was dilated to an inch and a half, to proceed and introduce the forceps to drag the head down through it, was, he believed, a dangerous practice. He preferred the warm bath chloral, or chloroform, etc. When, however, there is some minor disproportion or a malposition, Dr. Kidd would use the forceps high up with the os undilated. "But," he concluded, "to let it go forward as our teaching that we may always use, or should always use, the forceps early in the first stage of labor, when there is no urgent demand for it, except the time that has been passed, would I think, be most unfortunate for society, and for our profession."

Dr. Thorburn, of Manchester, inveighed against the use of ergot with an undilated os, and urged the more frequent employment of chloroform. Prof. Stevenson, of Aberdeen, and Mr. Newman agreed with Dr. Barnes. Dr. Malins, of Birmingham, maintained that in the majority of cases in which the "high operation" is used the alternative of turning is as efficient as easy, and as safe a practice as the use of the forceps. Dr. Alderson and Mr. Worship followed, urging the frequent employment of the forceps. Dr. Edis considered the forceps as an aid to supplement the defective arrangements of nature, and not as a last resort. When evidence of flapping powers showed itself, he would apply outside pressure by the hands or with a binder. He would not use ergot. Dr. Lombe Atthill thought that if any aid was necessary to midwifery, the forceps was superior to any other. With respect to the use of ergot, this was absolutely prohibited in the Rotunda Hospital, under his

management. The real question at issue, he thought, was whether the use of the forceps was justifiable in cases in which the os was not fully dilated. As to this, Dr. Atthill said, "I avoid the use of the forceps before the os is fully dilated in all cases in which I can do so; but, on the other hand, if a case occurs in my practice in which I believe it imperative to deliver the woman before the os is fully dilated, I unhesitatingly have recourse to the use of the forceps, notwithstanding that the os uteri is not fully dilated. I believe that practice is safer than the practice of version."

Dr. McClintock, of Dublin, could not agree with Dr. Atthill in his denunciation of ergot. He (Dr. McClintock) customarily used it in the later stages of labor, and could see no objection to its employment. He considered it a most valuable remedy, and not likely to do harm. He agreed with Dr. Barnes as to the use of the forceps in the higher operation. Dr. Roper, of the Royal Maternity Hospital, appeared as the most strenuous opponent of frequent use of the forceps. When used in lingering labor due to inertia, he used ergot at the same time. Although ergot stimulates the uterus to increased action, it does not always succeed in expelling the child. When the influence of the ergot is expulsive, the forceps is not needed. When, however, the uterus under the influence of ergot merely seems to contract upon the child, death will ensue unless the forceps are used to aid expulsion. We cannot expel the child by pressure from without on the fundus, as we can the placenta. Yet these manipulations may excite the uterus to contraction. The forceps may also be used in the opposite variety of cases, where in robust primiparæ the powerfully-acting uterus in the end is unable to overcome the rigidity of the soft parts of the outlet. We are warned by the pains becoming less forcible and frequent, and there is less movement with each pain. Here we should anticipate the occurrence of dead-lock, and supplement the powers of nature before the break-down takes place.

As to the high operation, Dr. Roper had never seen a single case of death, either of child or mother, or of damage to the maternal structures, from a protracted first stage of labor. Of course, it is understood that allusion is made to natural labors, with the exception of a rigid state of the os uteri. A wide distinction must be kept up between a head above the brim which does not come down, because in the one case it is obstructed by the brim itself (a bony obstruction) and in the other by the rigid os and lower segment of the uterus. In nervous women who bear their pains badly, the forceps may be used with propriety. The forceps are used too frequently, and it is possible that much of the gynecological work of the present day results from this frequent interference with the natural functions in childbirth.

Dr. Roper himself has only used the forceps eighty times in nine thousand three hundred and eighty-nine cases.

Dr. Braxton Hicks spoke of *trismus* of the uterus, where the foetus is held firmly grasped; and here chloroform may be substituted for the forceps to advantage. This irritable condition of the uterus is sometimes brought on by the too early use of ergot. Occasionally fissures of the cervix occur without the forceps having been used, and occasionally, perhaps, the forceps used high up is blamed for these.

The discussion was then adjourned to a later meeting.—*Med. Times.*

PARACENTESIS PERICARDII.

Dr. John B. Roberts read a paper at the Philadelphia County Medical Society, (*Med. Times*), entitled "Is Paracentesis of the Pericardium Justifiable?"

Dr. Wm. Pepper said that this operation is one of a group which he had always been inclined to claim for medical men rather than surgeons, as the operation itself is a comparatively trifling one, while the questions of the time for the operation and its conditions are of the greatest interest and importance. He agreed with Dr. Roberts in his reply to the caption of the paper, and thought that recorded results were sufficient to authorize an affirmative answer to the question.

From observation of post-mortem examinations in which unsuspected pericardial effusions are sometimes found, he had concluded that such large effusions are not infrequent, but that they may be, and doubtless often are, entirely overlooked during life. And yet the physical diagnosis is, as a rule, very simple and easy, the only possible difficulty being in the case of a dilated heart, where there is a feeble, asystolic action of the ventricles, accompanied by extended area of dullness. That this difficulty exists must be admitted, since cases have been reported in which paracentesis of a dilated heart has been performed under the impression that there was fluid in the pericardial sac, and this in the hands of men whose position is evidence that they were competent to decide. Of course, the case is different where the physician has watched the patient from the beginning, as in a case of acute rheumatism, where frequent examination of the heart is required. In such cases he would detect the early friction in the pericardium before the effusion of blood in sufficient quantity to separate its layers. The difficulty in diagnosis would only occur where you are called in to see a case that is fully developed; but even then there are points that would generally prevent a mistake: these are the altered intensity of the sounds, the relation of the cardiac impulse to the

intercostal spaces, and the outline of the percussion dulness; and it would seem that with due attention to these points no mistake can occur. There are complicated cases, however, where some doubt must remain. In a patient operated upon recently, there was a large pleuritic effusion accompanying one in the pericardium. In such a case he would recommend that the pleural effusion should be removed by the aspirator, and, if necessary, the pericardium can be subsequently tapped. This course was adopted in the case referred to; and it was found that after removal of the fluid from the pleural cavity, the effusion in the pericardium was absorbed without further interference, under medical treatment.

In regard to the point selected for introducing the needle, he would prefer one that is a little farther from the sternum than Dr. Roberts has recommended, and in the fifth interspace, as being less likely to injure the ventricle; at a site about on a line with the nipple, a little to the outside of the position of the normal apex beat.

In performing the operation, a moderately-large aspirating needle is preferable to a small one, since inflammatory effusion in the pericardium is apt to contain shreds of lymph which would clog a small needle. It is difficult to introduce a plunger to clean a small tube, and they are also less easily reintroduced if it becomes necessary to remove them to clean them. For this particular operation he had devised an instrument which can be used without danger of scratching the heart, but which he had only tried on the cadaver.

In regard to the operation, it has simplicity in its favor. As the results are always brilliant in the marked relief and improvement it affords, and as it frequently prolongs life so as to give time for the action of other remedies, it will compare favorably with any other procedure in the field of legitimate surgical operations.

Dr. Roberts stated that he had not intended to recommend a very small aspirating needle, but one of moderate size. He would not use a large one, on account of the injury to the pericardium, and the probability of subsequent leakage into the pleural cavity, and possible pleurisy. As regards the shape of the trocar, he believed that Fitch's dome-shaped trocar was less likely to injure the heart.

In regard to the diagnosis, too much stress is laid upon the pyramidal shape of the dulness; the statement in the books is that it is a *rule* triangle, and it might happen that because it was not more perfect some doubt might exist as to the diagnosis.

MARTIN'S OPERATION OF EXTIRPATION OF THE KIDNEY.

Dr. J. Marion Sims (*Am. Med. Bi-Weekly*, from *Med. Record*) "It has remained for Dr. Martin,

(son of the late Prof. Edward Martin), to open up a new field for and a new method of doing this operation. He has now extirpated the kidney five times—four times successfully. And, strange to say, he has done the operation for what is known as floating kidney. His operation before Listerism would have been wholly unjustifiable. But now it is justified by its simplicity and its success. It is as simple, if not as easy, as ovariectomy, and quite as successful. Certainly so in Martin's hands. I had the satisfaction of assisting at Martin's fifth operation, on the 19th of April. The operation is by abdominal section. Instead of using a single table, five feet long, for his operation, he has two tables, each about two and a half feet long, end to end, one being a little lower than the other. The patient was chloroformed in her own chamber, and then brought into the operating room, and placed on the table, with the head to the window. The head was on the lower table, the pelvis on the higher one. The head was placed low, with the intention of preventing syncope, the chief source of danger in the use of chloroform. Martin's spray apparatus is an enormous affair that will work for hours. It was placed six feet or more from the patient, and the spray passed over the assistants and fell on the patient, not in a dense cloud, but in a sort of mist. It seemed to me to be "too much of a good thing."

The operation was begun at ten minutes to 8 a.m., and was finished in twenty-six minutes. It was done slowly and with great pains-taking. The incision was begun about two inches above the umbilicus, and extended two inches below it. The bleeding from the edges of the abdominal wound was arrested as in ovariectomy, with hemostatic forceps. The peritoneum was then incised. Some folds of small intestine protruded, and were pushed back and retained by a carbolyzed sponge probang. The kidney was then pushed to the abdominal incision by pressure on the loin behind, where it was seized with a vulsellum and securely held. The peritoneum investing it was then opened longitudinally; and the kidney was enucleated and brought freely into the peritoneal cavity. Some large veins on the surface were ligated, and its attachments (consisting of the renal artery, renal vein, and ureter with cellular investments) were tied in sections, just as we secure a broad pedicle in ovariectomy. The pedicle (so to say) of the kidney, necessarily running longitudinally with the kidney, about three fingers' width long, was transfixed and tied with five separate ligatures. The kidney was then neatly dissected away from the pedicle and removed. The pedicle was dropped back into its proper place behind the peritoneum; the peritoneal cavity was then carefully sponged dry; and the external wound was closed with interrupted sutures. The sutures and ligatures were carbolyzed silk. Anti-

septic dressings were applied, and the patient removed to her bed." There seemed every probability that she would recover, but death occurred three days later from peritonitis. All his cases were for floating-kidney. "Heretofore we have told our floating-kidney patients that they must accept their condition as incurable. Whether we will readily follow the bold example of Dr. Martin, and extirpate floating kidneys hereafter, is a question.

Dr. Sims refers to a case of kidney disease, complicated with abscess and stone in the pelvis of the kidney, and says: "In such cases as this there is certainly a future for Martin's operation. In such a case as this we might cut down on the kidney, as Martin does, and if we found a stone in the pelvis we could remove it, close up the incision with suture, return the kidney to its place, and leave the case to nature's efforts."—*St. Louis Clin. Record.*

PHARMACOPŒIA OF THE PENNSYLVANIA HOSPITAL.

MISTURÆ.

1. *Mistura Feyri Arsenicalis.*

R. Vini Ferri..... f 3 iij
Liq. Potassii Arsenitis.....
Syrupi, aa f 3 ss
Aquæ..... f 3 ss

M.

Dose, one teaspoonful, diluted, after meals.

2. *Mistura Antimonii Composita.*

R. Vini Antimonii..... f 3 j
Syr. Epicac..... f 3 ij
Tr. Opii Camph..... f 3 j
Spts. Ætheris Nitrosi..... f 3 ij
Ext. Glycerrhizæ..... gr. xv.
Aquæ..... f 3 ij

M.

Dose, one to two teaspoonfuls.

3. *Mistura Acida Astringens.*

R. Acidi Sulphurici Arom..... m xl
Ext. Hematoxyli..... 3 j
Tr. Opii Camph..... f 3 iv
Syrupi Zingiberis q. s. ad. f 3 j

M.

Dose, two teaspoonfuls.

4. *Mistura Cretæ Composita.*

R. Mist Cretæ..... f 3 v
Tr. Catechu,
Tr. Opii Camph.....aa f 3 iss

M.

Dose, a teaspoonful.

5. *Mistura Olei P. osphorati.*

R. Olei Phosphorati..... m xvj
Olei Gaultheriæ..... in viij
Muc. Acaciæ q. s. ad..... f 3 j

M.

Dose, one to two teaspoonfuls.

6. *Mistura Potassii Chloratis et Ferri.*

R. Potassii Chloratis..... 3 ss
Tr. Ferri Chlor..... f 3 j
Aquæ q. s. ad..... f 3 j

M.

Dose, one teaspoonful.

7. *Misturat Ferri Aperiens.*

R. Ferri Sulph..... grs. ii
Magnes. Sulph..... 3 ii
Aquæi..... 3 j

M.

Dose, a tablespoonful.

8. *Mistura Potassii Iodidi co.*

R. Potas Iodidi..... grs. xx
Hydrarg. Perchlor..... gr. i-6j
Aquæ Cinnam..... 3

M.

Dose, two to four teaspoonfuls.

—*Hospital Gazettee.*

SOURCE OF THE ALARMING HEMORRHAGES OF PHTHISIS.

The difficulties experienced when we search for the exact point of the origin of the vascular alterations in hemoptyses have been a most serious obstacle to an exact knowledge of its pathology. This explains why the discovery of aneurisms of the arteries of the lungs in phthisis is of recent date, since, in spite of a few facts previously published, it is principally due to the researches of Rasmussen, made popular in France by Professor Jaccoud. Having had occasion to observe two cases of hemoptysis in my service at the Laennec Hospital, I have been fortunate enough to discover easily the point of origin of the hemorrhage by the aid of a method of which I wish to explain in a few words.

The first idea which comes to the mind in making these anatomico-pathological researches is to open the bronchial tree, in following the branches by which it comes into the trachea. It is impossible in this way to find the ruptured vessel, for the trachea, as well as the large and small bronchial tubes, is filled with a bloody mucus which everywhere appears nearly the same. The mechanism of these terrible hemorrhages is as follows: The blood flowing from the arterial perforation into the cavity flows continually into the corresponding bronchial tube, thence into the trachea, where by the respira-

tory movements it is mixed with air. It results, therefore, the acts of inspiration draw this bloody mucus into the bronchial ramification, so that the subject succumbs not so much by the amount of blood lost as by the obstacle to respiration produced by the presence of a liquid in the air passages. This was the cause of death in the two patients mentioned in this communication, and I am convinced that it is the rule in the majority of cases.

To discover the vessel whence the blood had during life proceeded, I placed a canula in the pulmonary artery and injected water. Finding this came out by the right bronchus, I then fixed the canula in the right branch of the pulmonary artery, opened the principal bronchial tubes and again injected. Then finding the liquid issuing from a single lobe, the canula was fixed into the vessel of this lobe, and the corresponding bronchial tubes being cut the injection continued. It was now easy to follow by dissection the bronchial tube from which the water issued, and to come directly upon the cavity, and see the liquid issuing by the perforation of the artery. In this preparation, I show you a branch of the pulmonary artery of the third or fourth order adhering to the wall of the cavity into which it projects. The ulcerative process which has continually enlarged the cavity in the pulmonary tissue has respected the arterial tunics which it has partially isolated from the tissue of the lung surrounding it; but under the influence of the ulceration the artery is altered at a portion of its circumference. The vascular tunics, weakened by disease, yield to the pressure of the blood, and distending form a true aneurism, whose coats are the internal and middle coat of the artery implicated. The walls of these small aneurisms are still further weakened by a caseous degeneration of their elements, and finally burst, producing the hemoptysis.

In the first of my cases a young man of twenty-five years, had pulmonary symptoms for eleven months. Signs of large cavities existed at the apex of the left lung. A first hemorrhage, estimated at six ounces, stopped easily; three days after it was renewed, and the patient died in about a quarter of an hour, after losing about two quarts of blood and mucus. The post-mortem showed a sacciform aneurism of the size of a large nut projecting into the cavity, and developed on an artery of the third order, which also projected from the wall of the cavity. In the sac were two perforations, one-eighth of an inch in diameter. In my second case, besides the pulmonary aneurism which caused the fatal hemorrhage, I found another unbroken in a cavity in the opposite lung.—*Gazette des Hospitaux*—*Western Lancet*.

PATHOLOGY OF ADDISON'S DISEASE.

In the *Archiv de Physiologie Normal et Patholo-*

gique, 1878, Nos. 5 and 6, M. Jacquet arrives at the following conclusions: 1. In Addison's disease the bronzed skin one finds only as a lesion of the sympathetic system, and pigmentation, without atrophy, of the nervous cells of the ganglia which are in the neighborhood of the diseased suprarenal glands. 2. The degeneration of a part of the nervous fibres attaching the semilunar ganglia to the nervous centres ought to be regarded as secondary and consecutive to the process of sclerosis which accompanies the tuberculization of the capsules. 3. That lesion is insufficient to serve as the basis of a pathogenic theory of Addison's disease. 4. Hyperpigmentation of the nervous cells of the great sympathetic and of the cerebro-spinal system is a fact of the same order as the hyperpigmentation of the epidermic cells of the Malpighian plexus. 5. This hyperpigmentation renders probable the existence of an alteration of the blood by the substances which a suprarenal gland would, in the normal state, be employed in utilizing by transforming them. 6. The alteration of the blood by functional or organic insufficiency of the suprarenal glands is a pathological phenomenon analogous to that which exists in chronic uremia. 7. Alongside of the melanoderma, by alteration of the suprarenal tissue, there seems to exist cases in which the melanoderma is due to the lesion of other blood-making organs. 8. Clinical researches in Addison's disease ought especially to be directed to the chemical analysis of the blood and the urine.—*London Med. Record*, April 15, 1879.

ON SCURVY.

The following clinic on Scurvy, by J. M. Da-Costa, M.D., is reported in the *Hospital Gazette*:—This disease is not often met with in private practice, but we meet with it very often in the wards of hospitals. There have been a number of cases recently under my charge in this hospital and I have thought it worth while to bring the most marked of these cases before you to-day and to devote a short time to a discussion of its symptoms and treatment.

CASE I.—T. H., æt. 35, a strong, well built, hardy sailor, has been on a two months voyage on an English ship which sailed from Cardiff, Wales, to Carthagen, Spain, and thence to this city. During this time he subsisted almost entirely on salt food. Two weeks prior to his admission (yesterday), he began to suffer pain in his bones, and particularly in the large joints, *i.e.*, ankle and knee. The left ankle, indeed, became so swollen in the course of this attack that he had not been able to work at all during the eight days prior to his entrance into the hospital. There was no ap-

pearance of fever during this time, and he always slept well at night. His bowels were constipated, however, and he complained of a moderate amount of debility.

What he came here for and what was the worst symptom to him, were the peculiar rheumatic pains, (I use this expression in his sense, and not in my own), which he felt, especially round his left ankle and knee. These, indeed, were the predominant features of the disease when he first came.

Upon examining him yesterday, I found that these pains were associated with numerous ecchymotic spots most plainly visible on the inner aspect of the left ankle. Joined with this ecchymosis, there was some swelling—the skin presenting a glazed appearance as if it had been painted with collodion, but the resident physician assured me that this was not so. There is some slight want of power in this foot (left) and some pain upon motion. There is also general pain in both the knees.

But let me turn to the other symptoms. The one which is the most significant is the appearance of the gums. They look spongy and scorbutic, particularly in the upper jaw. The tongue is clean. The breath was at first fetid, but is less so now. The man's bowels are constipated. The urine was examined, and found to be acid, and free from pus albumen. The patient's temperature upon admission was normal, *i.e.*, $98\frac{1}{2}^{\circ}$, and it has remained so since.

Upon auscultating the chest, and more particularly the heart, I can plainly distinguish a systolic, soft murmur. This murmur is most marked over the body of the left ventricle. The area of the splenic dulness is enlarged so that it extends to the margin of the ribs. The hepatic dulness is normal. There is no cough and has been no hemorrhage from the nose or lungs, and no dropsy. This concludes the clinical record of the case. Before I expatiate upon the character and treatment of the disease I will show you this other case.

CASE II.—This case is less marked, and were it not that the man comes from the same ship, has eaten the same restricted diet, and has been exposed to the same circumstances, his true condition might very easily escape notice. He complains of the same pseudo-rheumatic pains (excuse the expression), and his debility is still more marked than in case number one. This is the history:

W. B., *æ*t. 29, a sailor; has had the same shooting pains in his legs. His tongue is clean as in

Case I. His gums are spongy. He has had no fever. There is no albumen in his urine. No marked dyspepsia and no special depression of mind. His bowels are also constipated. There is in this case also the same soft, systolic murmur over the body of the left ventricle, with much greater rapidity of the action of the heart than existed in *Case I.* This case is not quite so pure a one of scurvy as *Case I.*, as the man has a specific history.

And we might well attribute the rheumatic pains to this specific condition were they not explainable otherwise.

Having then examined these cases with sufficient accuracy, let us group them together, see in how far they are alike, and close with a few explanatory remarks.

And first let me call your attention to the causative element of the disease. The men are both sailors, and have been limited for a long time to the same salt diet, and exposed to the same hardships. This salt diet fails to meet the requirements of the system. You all know that scurvy is produced most commonly by the withdrawal of the vegetable juices from the diet. It is, in other words, as we now understand it, oneness or sameness of diet, for even fresh animal food will produce it if no other diet be allowed. The peculiar elements supplied to the blood by vegetable foods are wanting. Salt provisions are, however, much more likely to bring on the disease than a long continued fresh meat diet. In this respect the cases are alike.

This brings us to a consideration of the symptoms, and the question arises, are the symptoms presented by these two men, the symptoms of scurvy, are these typical cases? in fine, what are the peculiar symptoms of scurvy? What I have styled *pseudo-rheumatic* pains are a very common feature of the disease. These pains have quite frequently been mistaken for those of rheumatism in the lower extremities. A patient with these pains will very often consult you for rheumatism, when his other symptoms will show you very plainly that the case is not one of rheumatism at all. Another point—these pains, like rheumatism, are usually associated with some stiffness of the joint and with the production of pain upon motion. They are almost always limited to the lower extremities; at all events, it is in the lower extremities that they are most marked.

These pains are present in both of these cases, and in both of them we find spongy gums, which are, without doubt, the most reliable diagnostic sign of scurvy. In both cases the tongue is clean and there is but slight, if any, gastric derangement. In both cases there is constipation, and in case number one some fetor of the breath. These symptoms, *viz.*: clean tongue, constipation, and fetor of the breath are all common to scurvy.

In *Case 1* there are some additional points of interest; one of these is the peculiar ecchymotic eruption on the inside of the left ankle. This is a symptom very peculiar to scorbutic extravasation. There is also in *Case 1* some enlargement of the spleen, and this, although the man has never had malarial fever, so that it has a still greater significance as a symptom. So too, we find in both cases what is not generally recognized as an accompaniment of scurvy, namely, a soft, systolic, ventri-

cular blood murmur, which is unassociated with any symptom of cardiac enlargement. In neither case have there been any febrile phenomena, and in neither case have we been able to discover any albumen in the urine. With this I think that I have exhausted the category of symptoms.

Do such cases ever occur in private practice, you will, with great propriety, inquire of me. To this question I will answer both yes and no. Marked cases of the disease are not likely to present themselves in private practice, but less marked instances you will most undoubtedly meet with. If you know what fully developed scurvy is, you will understand these less marked instances. Emotional persons, living in luxury, begin to bring themselves down in diet. They never have very much appetite, and they think the less they eat the less they will suffer from dyspepsia. Such persons drop first one and then another article of food, and are in reality starved, although driving about in handsome carriages. Such instances may not be striking ones, and yet you will find in them spongy gums, lassitude, fetor of the breath, clean tongue, and a more or less strongly marked tendency to constipation. These people, too, have pseudo-rheumatic pains. They have tried electricity, perhaps, and tried limiting their diet, and made a tour of the various baths, and yet their pains are not improved. You may be surprised to hear me say so, but I assure you that these are real cases of scurvy, although they are only half developed. Certainly my diagnosis would not seem to be sustained by the circumstances of the patients, and yet I have cured very many such cases by this key, and by therefore, putting them upon the proper treatment for scurvy.

I have even known of the existence of ecchymotic spots on the legs of such people just as is the case here, and this, too, in those living upon the best of the land, and with apparently everything to gratify their tastes.

What are we to do for these cases? How are we to treat scurvy? I am now speaking of the proper treatment of *Case I*, for in *Case II*, the scurvy is evidently complicated by specific disease. Of course, the first thing to be done is to vary the diet and particularly to let the patient eat whatever vegetables may happen to be in season. Among vegetables I may mention particularly celery, spinach and onions. Onions, though not imparting the most pleasant of odors to the breath, is a most excellent anti-scorbutic. Let the patient eat potatoes and a varied vegetable diet. Then the fruits are always of value, such as oranges, lemons, grapes etc. Our object, of course, should always be to introduce the ingredients of vegetable food into the diet in their most inviting form.

When the fresh vegetables cannot be easily procured, lemonade, freely partaken of, is a very fair substitute. With it the patient should eat a moderate amount of fresh meat and fish.

As regards medicinal agents, irrespective of diet, the mineral acids do most good. These remedies are of especial value in such cases as these now before you, where we have noted the presence of a distinct murmur, not of cardiac, but of anæmic origin. To the mineral acids, we can of course add iron.

Case I has been taking the tincture of the chloride of iron with muriatic acid—twenty drops of the former with ten drops of the latter (strong muriatic acid) well diluted, thrice daily. With this treatment I look for a decided abatement of the symptoms.

In *Case II*, I will carry out this same treatment to some extent, for as there is a syphilitic eruption present he will require specific treatment in addition. With this in mind, I have given orders that he should have one twenty-fourth of a grain of the bichloride of mercury thrice a day. The rules of diet must be the same for this man as for *Case I*.

Time will not allow of my engaging in the speculation as to whether scurvy can be prevented by the proper use of lime juice, a supply of which all captains should carry with them when going upon a long voyage. All I can do is to merely hint at the subject, which if properly and fully considered would carry me far beyond my allotted lecture hour.

TREATMENT OF EPILEPSY.

A. McLane Hamilton, M.D., says in regard to the treatment of epilepsy, (*Medical Record*.) I am in favor of combining bromide of sodium with bromide of ammonium, equal parts of each, and of administering sixty grains of the combined salts together with thirty grains of hydrate of chloral daily. The doses should be divided so that the largest may be given a short time before the fit is likely to occur; that is if any regularity in the occurrence of the convulsions can be distinguished. Of course this quantity may be increased if occasion requires. In other cases the bromides given in combination with bicarbonate of potash and some simple bitter tonic, as recommended by Brown Séquard, will produce wonderful results. These remedies are especially serviceable in the nocturnal forms of the disease, and, in fact, are to be commended in the treatment of attacks of an irregular character. I will caution you against giving the bromides with the mere idea of exhausting, as it were, or stamping out the disease. It is of the utmost importance to combine with them cod-liver oil or some other fat making material which improves the nutrition of the nervous substance. It has been my good fortune in many instances, where the bromides have been given in excessive doses (even to the point of producing full bromism, and yet without producing any apparent effect upon the disease), not only to diminish the

number of seizures by reducing the quantity of bromides administered—and giving cod-liver oil, cream, extract of malt or linseed oil—but to decidedly improve the general health of the patient. If the disease has appeared in a patient over twenty years of age, especially when the characteristics of the disease are such as I have described when speaking of syphilis as a cause, we may use the combined iodide and bromide treatment, or, better still, the bichloride of mercury. One secret of success in the management of this form of the disease, and in fact nervous syphilis in general, is to push the administration of the iodides as far as we can safely go, and this must be done rapidly. Whatever you do in the treatment of this discouraging affection, be consistent and methodical; it is extremely injudicious to make changes and try new combinations when the patients are doing apparently well, or even some time when no change follows, or to relax your vigilance over the invalid's personal habits. For epilepsy is essentially a disease, I believe, in which there is a habit, if it may be so called. In many cases, in fact in a large proportion of all, there is a regular recurrence of the fit; and every day gained after the time when the attack usually occurs is to the patient's advantage, and helps to break up the tendency to regularity.

DIARRHŒA OF CHILDREN.

Dr. A. A. Smith (*Med. Record*) gives the following in regard to the treatment of diarrhœa in children.

Whatever the cause, all children, whether infants or those older, ought to be kept quiet when suffering from diarrhœa. They should be kept in a partially darkened, quiet room, free from noise, and all talk in the room should be avoided, especially when the child is asleep. The nervous system in childhood is so impressible it is easily disturbed, and any disturbance of this kind aggravates the diarrhœa. Infants under one year ought to be kept lying down as much as possible. They should not be jolted up and down, as is the custom of most nurses and some mothers, in order to amuse them. If the child is under one year, let it be placed on a pillow, if the diarrhœa is severe, as it can be kept quiet more easily in this way than when lying on the lap. Even in changing the napkin care should be taken to move the child as little as possible. Don't be afraid to keep the room well ventilated in which the child lies. Mothers are usually over careful for fear the child may take cold, and on this account are apt to keep the room too closely shut up. When the child is awake it can be carried carefully into open air, always in the shade. Salt-air is beneficial to almost all forms of diarrhœa in children, and this specially so in re-

gard to city children. We in the city, therefore urge a ride on the salt water, or taking the child to the sea-shore if possible. In all cases, in children under a year, if the diarrhœa is severe, keep warm applications over the abdomen: make a spice bag. Take a half ounce each of cloves, allspice, cinnamon and anise seeds pounded, but not powdered, in a mortar, put these between two layers of coarse flannel, about six inches square, and quilt them in. Soak this for a few minutes in hot spirits (brandy, or whiskey, or alcohol), and water equal parts, and apply it to the abdomen warm, renewing it when it gets cool. In this way we not only get the effects of a poultice, but we also get the sedative and antiseptic effects of the spices. Great heat, with influences that depress the nervous system, bad hygienic surroundings, improper diet, too early weaning, bottle food, and dentition, are among the causes that predispose to diarrhœa.

EXTIRPATION OF THE UTERUS.

[Dr. Marion Sims *Medical Record*, gives the following account of the operation by Prof. Schröder of Berlin.]

The name of Schröder is well known amongst us. We are all familiar with his classic work on gynecology and with his great success as an ovariologist since his adoption of Listerism. He is yet a young man, with a splendid record and an assured brilliant future. I saw in his wards an interesting case of extirpation of the uterus for sarcoma.

The operation had been performed about ten days before, and the patient was convalescent. She was nearly forty years old, and had a tumor about the size of an egg in the body of the uterus. A bit of it was scraped out with the curette, submitted to the microscope, and found to be malignant.

Prof. Schröder then determined to extirpate the organ. He made the incision as for ovariectomy; drew the uterus up from the pelvis; transfixed the cervix with a double ligature antero-posteriorly, just above the vaginal junction; tied one on each side, including the corresponding part of the broad ligament just as Péan does; and then he amputated the body of the uterus from the cervix at the os internum. This left a raw surface about an inch and a half in diameter, which Péan and others have been in the habit of pulling outside through the lower angle of the abdominal incision, and fixing it there, as they did the pedicle in ovariectomy. The clamped pedicle and Listerism are antagonistic, if not incompatible. Prof. Schröder did not wish to leave a sloughing pedicle outside; nor did he wish to leave a suppurating one inside the peritoneal cavity. And he hit upon this happy idea. He excised the cervix conically from the amputation surface down to the surface at which it had been trans-

fixed with the ligatures; and then he brought its thin edges together antero-posteriorly, and secured them with fine interrupted carbolized silk sutures. Thus the incised surfaces were brought into contact internally, leaving only serous surfaces in contact in the peritoneal cavity. It was beautiful in theory and successful in practice; for the patient recovered, with the pulse and temperature remaining very nearly normal all the time.

SPINAL IRRITATION.—TREATMENT BY APPLICATION OF BLISTER TO SPINE.

A.B., under the care of Dr. McCall Anderson, (*Glasgow Medical Journal*, July, 1879,) a rather anæmic weakly-looking young woman, aged 21, was admitted on 2nd June, 1879, complaining of persistent vomiting of several months' duration. She had been exceedingly healthy until her seventeenth year, when menstruation was suppressed for two months, and since then she has always complained of more or less weakness. Her occupation as a weaver was very laborious, the hours of labour being long, and she had to work in a bent posture, the chest being almost constantly pressed against a steel bar in front of the machine. Her meals were hurriedly taken, and her diet consisted chiefly of tea and bread and butter. In January last she became unable for work, at that time her appetite had quite failed, and she suffered from pains in her chest; her breathing became very laboured, and at times she had a sensation of choking, feeling a desire to have the window opened. She was also troubled with a hard dry cough, unattended with expectoration. The application of mustard poultices and, later, of tincture of iodine failed to relieve the pain; but about the middle of January she began to vomit mouthfuls of food, about fifteen minutes after meals. The vomiting was easy and painless, and there was no preceding nausea nor any sensation of pain while the food laid in the stomach. The vomited matters consisted of undigested food, mixed with green streaks and patches, blood was never observed to be present. The regurgitation of the food went on getting worse, occurring after every kind of food and at gradually decreasing intervals after meals, sometimes even taking place during the act of eating. In March last a blister was applied over the epigastrium, and was followed, after a week or two, by iodine; but this treatment afforded no relief. In spite of everything which was tried, the symptoms became gradually worse, and in May she began to suffer from severe pain across the stomach and upper part of the bowels. The pain, which was constant, and so severe as to confine her to bed, subsided shortly before admission to the hospital. Since the commencement

of her illness her bowels have been very costive. She now menstruates regularly. On examining the abdomen on admission, it was seen to be extremely collapsed, so much so that normal tympanites was difficult to make out, and the abdominal aorta was seen pulsating quite distinctly. There was a certain degree of tenderness in the epigastrium, and pressure here caused some convulsive twitching of the trunk and hands. No tumour could be felt, and there was no evidence of disease in other organs. An examination of the spine, however, showed that there was distinct tenderness for about two or three inches at the junction of the middle and lower dorsal regions. A consideration of the symptoms of the case appearing to negative the existence of any organic disease of the stomach or any cerebral affection, Dr. Anderson is of opinion that they may all be reasonably ascribed to spinal irritation. The tenderness of the spine, age, and sex of the patient, her nervous, almost hysterical, temperament, and the character of the symptoms generally, confirm this diagnosis.

The treatment consisted in the application of a blister over the painful part of the spine. The vomiting ceased after the blister rose, and the patient has vomited only once since, and this was in connection with taking some purgative medicine. Her diet, which was at first rather restricted, has now been enlarged, and an improvement is already observable in the general condition of the patient.

LAPAROTOMY—REMOVAL OF PEDICULATED UTERINE FIBROID.—RECOVERY.

The following case, under the care of James B. Hunter, M.D., Surgeon to the New York State Woman's Hospital, etc., is reported in the *New York Medical Journal*:—M. R., aged thirty-three years, was admitted to the Woman's Hospital, January 31, 1876. She had been married ten years, and had had five children and three abortions. Four years earlier, after a confinement, she noticed a small "lump" in the left side of the abdomen. One year before admission she became pregnant, and at the fourth month began to have pain in the left side. She was also much larger than at the same period in former pregnancies. She could feel the tumor as a mass distinct from the uterus. At eight months she was delivered of a still-born child. Pain in the left side and left limb had been constant from the fourth month, but ceased after delivery, though the tumor continued to increase in size. The abdomen was thirty-seven inches in circumference, measured over the tumor.

Saturday, February 12, 1876, at the request of

Dr. Thomas (whose assistant I then was), and assisted by Dr. C. S. Ward and the House Staff, I performed laparotomy in the usual manner. Having made an incision five and three quarter inches long in the abdominal walls, and evacuated a large amount of ascitic fluid, I was able to insert the hand and examine the tumor satisfactorily. It proved to be a solid fibroid, of the size of a large cocoa-nut, attached to the uterus by a rather short pedicle. Thomas's clamp was used, close to the uterus, and the pedicle severed. The abdomen was then thoroughly sponged out, and the incision closed by eleven silver sutures, a glass drainage-tube being left in, close to the clamp. The operation occupied thirty minutes.

February 13th.—There was good reaction after the operation. Pulse 96; temperature 102°. Morphine enough given hypodermically to relieve pain.

14th.—Pulse 80; temperature 104°. *15th.*—Pulse 78; temperature 102 $\frac{3}{4}$ °. *16th.*—Pulse 78; temperature 102 $\frac{3}{4}$ °. *17th.*—Pulse 78; temperature 101 $\frac{1}{4}$ °. *18th.*—Pulse 78; temperature 102 $\frac{1}{2}$ °. *19th.*—Pulse 74; temperature 101 $\frac{1}{2}$ °. *20th.*—Part of the sutures were removed.

From this time the patient progressed slowly toward recovery, continuing weak. The clamp was removed February 23rd, when the pedicle was drawn an inch and a half below the level of the integument, but the space left was gradually filled, the patient recovered her strength, and was discharged March 29th.

A MUSEUM OF HYGIENE.

The Parkes Museum of Hygiene was opened in London on June 18th, with good prospect of becoming a useful and interesting institution. It is designed to be a centre of instruction for the public, and is officered by men of such high reputation in sanitary science as to insure a prospect of its accomplishing the object it proposes. It is intended to include in its collections everything, from literature to machinery, which may be of sanitary value, or incite to sanitary study.

We hope that the success of this institution may lead to the establishment of a similar one with us. There are few cities the population of which has a greater need than ours to be thoroughly acquainted with the ways of preventing disease. A museum which would be a centre for the diffusion of such knowledge, and which, by its existence and the display of its collections, would call attention to the progress that is made in it, could not fail to benefit the city. We are now constantly exposed to infection from without, and the development of disease from within. It appears that we cannot have our streets kept clean, nor can we pull down

the wretchedly-built tenement-houses that inclose them. It is possible, however, to diffuse more widely the fact of the danger of living beside a garbage-heap, of being fanned by the exhalations from a sewer, and of being personally or domestically unclean. Besides, sanitary science has now reached such maturity in knowledge, such richness in literature, and can show such ingenuity and skill in its mechanical and architectural devices, that it deserves a place where it may record its work and display its successes.

Museums of all kinds seem to find ready support and appreciation among our citizens. We recall the fact that the fossil tracks of the Thick-Toed Birds are elegantly displayed, and not infrequently gazed upon in Central Park, and that the Two-Headed Nightingale warbles to large audiences in the Bowery. There are, in addition, plenty of places where our moral or æsthetic sense may be feelingly appealed to, and we ask, why not create a museum whose prosperity would indicate something more than love of pure science, a fine artistic taste, or a morbid fondness for freaks of Nature?—*Med. Record.*

CARBOLIC ACID IN DIPHTHERIA.

Dr. J. I. Rooker, (*American Practitioner*) in giving the results of his experience in the treatment of diphtheria says: "I am inclined, from my previous observation of the disease and my experience in this epidemic, to believe that the disease can be often cut short by a strong solution of carbolic acid, used locally with the spray producer; but that to attempt the use of gargles, especially in children, is worse than useless; that if the atomizer is thus used, it certainly prevents the formation of the pseudo-membrane. I am also of the opinion that in old and well-formed cases it may prove successful. I remember to have had in the family of Mr. L. a very severe case. The patient had been suffering for six or seven days prior to my seeing her. When I was called the disease had assumed the laryngeal form; there was difficult breathing and almost complete loss of voice. In this case Richardson's atomizer was used, in connection with the glass mouthpiece. In a short time after I commenced these applications of a solution of carbolic acid, the case slowly recovered.

"Carbolic acid has been used in the treatment of this disease by others before me. Dr. Eastman, of Indianapolis, read an interesting paper on this disease before the Hendricks County (Indiana) Medical Society, which was published in the *Indiana Medical Journal*, I think in 1872. While I do not claim priority in the use of carbolic acid in the treatment of this malady, I do claim that to my knowledge no one has used it with the atomizer,

and with the persistency with which I used it in my practice. In about twenty families where there were cases of the disease, I had the unaffected members of the family use the atomizer, and in but one instance did the prophylactic treatment fail of success.

HEART FAILURE IN A CASE OF ASCITES AND HYDROTHORAX RELIEVED BY THE INTRAVENOUS INJECTION OF AMMONIA.—(*Clinic by Prof. Flint, New York.*)—The next case that I have to show you is one that most of you will, no doubt, remember as having been before the class last week. I will not read the history over again, but will simply remind you that the patient had had hydroperitonæum, for which she had been tapped soon after her admission to the hospital (which occurred three days before), and that the pleural cavity of the right lung was still filled with liquid at the time you saw her. A week ago I dwelt upon the connection, as a general rule, of hydroperitonæum with cirrhosis of the liver, but stated that although in the majority of instances it was found that the latter stood in a causative relation to the former, there was no evidence to cause us to believe that this patient had been addicted to the use of alcohol. As this is the accepted cause of cirrhosis of the liver, we therefore concluded that the present was one of those comparatively rare cases in which hydroperitonæum existed without cirrhosis. A considerable amount of fluid had been removed by the tapping, and the patient, you will remember, was weak and quite nervous.

The subsequent history of the case has proved a most interesting one, and it is on that account that I have brought it to your attention again. On the day that you last saw her the patient began to suffer very greatly from nausea, without being able to vomit much, and the ineffectual efforts which she made towards emesis caused her much distress. She was ordered a half ounce of whisky every three hours, but in spite of this did not seem to gain any strength, although she did not suffer much from dyspnoea. The following day she was still found to be very weak, but with no marked dyspnoea, and it was now noted that she was quite apathetic, so that she had to be persuaded to take her nourishment and stimulus. On the day after that the house physician was hastily summoned by the nurse, on account of the extreme exhaustion of the patient. When he reached the bedside he found her almost completely unconscious, that she would continually slide down in the bed, and that she could not be aroused to take notice of anything. The eyes had a vacant stare, the pupils were dilated, the tongue was dry and brown, and the jaw had fallen, so that there seemed to be no question that she was actually moribund. Under these circumstances paracentesis thoracis was promptly

resolved upon, and ninety ounces of fluid was thus withdrawn from the pleural cavity. During the operation ten or twelve half drachms of whisky were administered hypodermically; but in spite of this the pulse, which had before been very weak, disappeared altogether at the wrist, while the cardiac impulse grew so feeble that it could scarcely be felt at all. It had been hoped that when the fluid had been removed, and the lung thus allowed to expand, so that respiration might be more satisfactorily performed and the blood more readily oxygenated, the evidently failing forces of the patient would rally, but this did not prove the case. The hypodermic injection of whisky having been found to be of no service in overcoming the extreme exhaustion present, half a drachm of liquor ammoniæ, diluted with an equal quantity of water, was injected directly into a vein of the arm, care being taken first to expose the vessel by dissecting up the skin over it, and that the needle of the syringe directly entered its lumen. The cutting of the skin did not make the slightest impression upon the patient, who was now apparently altogether unconscious, but in ten or twelve seconds after the liquor ammoniæ entered the circulation there was a marked increase in the strength of the pulsation of the heart. At the end of two minutes the pulse could again be felt at the wrist, and after two minutes more she gave a sigh, and began to rouse herself. She was soon able to take four ounces of egg-nog by the mouth, and in half an hour from the time that the ammonia was administered she declared herself to be quite comfortable, and was breathing more naturally than she had done at any time since her admission. From this time on she took a considerable quantity of egg-nog, which was very well borne, and by evening was still further improved in every way. During the next two days she continued to grow better, and on the third, which was the day before yesterday, she felt well enough to sit up for a time.

I have been exceedingly interested in this case, and the various features of it have been so well brought out in the history that I have just read that it seems scarcely worth while to make any remarks upon it. Still, in order that the most important points may be the more strongly fixed in your minds, perhaps it will be well for me to make a few comments upon them. Here was a patient, with a large accumulation in one of the pleural cavities (having previously had hydroperitonæum in addition), who continued to grow weaker day by day, in spite of the most persistent stimulation, until at length the house physician was called to her bedside to find her actually moribund, as indicated by her whole appearance and condition. Whatever was to be attempted for relief, therefore, must needs be done as promptly as possible. First of all it was resolved to remove the fluid from the chest, under the hope that by

thus causing an expansion of the hitherto crippled lung an improvement might be brought about; but, notwithstanding the fact that all through the operation a large quantity of whisky was administered hypodermically, the patient still continued to sink, until her situation seemed as desperate as it could well be. Then it was that the measure was resorted to which I believe was undoubtedly the means of saving her life, namely, the injection of ammonia into the circulation, especial pains being taken in order that the point of the needle of the hypodermic syringe should actually pierce the coats of the vein, but not transfix the vessel. The effect was certainly remarkable. The idea in employing the ammonia in this way was to tide over the failing system of the patient in this crisis of exhaustion until the powers of nature could rally once more from the depression which had paralyzed them, and the attempt proved eminently successful.

I confess that this practice was something altogether new to me. I had heard of ammonia being used in this way for the neutralization of the poison of venomous serpents in persons who had been bitten by them, but I do not remember ever to have seen the record of a case in which it was employed for the same purpose, and was followed by the same admirable results, as in this instance. Here the special object of the injection was to bring the stimulating action of the ammonia to bear directly upon the failing heart, and this case certainly seems to establish beyond a doubt the utility of this remedy as a cardiac stimulant.

Since the day before yesterday, when the last note was taken, the patient has continued to improve steadily, until to-day we find her in such a condition that there seems to be scarcely any doubt of her complete restoration to health.—*Boston Med. & Surg. Journal.*

ASPIRATION OF THE KNEE-JOINT IN ACUTE AND CHRONIC EFFUSIONS, AND THE VALUE OF MARTIN'S ELASTIC BANDAGE.—The surgical section of the American Medical Association, May 6, 1879, (*Herald Medical*.) Drs. Marcy, Post and Gross reported cases of dropsy of the knee-joint and other joints successfully treated by aspiration and pressure. Dr. Post referred in favourable terms to first aspirating and then overdistingending the sac with a solution of carbolic acid, according to the method of Calender. All admitted the importance of attention to the constitutional condition of the patient and to other local remedial agents—such as counter-irritants, compression, &c., as aids to aspiration.

FOREIGN BODIES IN THE BRAIN.—Dr. Wharton, (*Medical Times*), July 19, '79, gives the following analysis of 316 cases of foreign bodies in the brain:—

Sir Benjamin Brodie, in analysing ten cases of

musket-ball lodged in the brain, says, "In two cases of them the ball was extracted, and one patient recovered, while the other died. In the remaining eight cases the ball was allowed to remain; two of these patients died, while six recovered. Of the latter, one died several weeks afterwards, of inflammation of the brain, induced by excessive drinking, and another died in the course of the following year, from sunstroke." In the following collection of cases, more than thirty times the number analysed by Brodie, the results are as follows: of the three hundred and sixteen cases, one hundred and sixty recovered while one hundred and fifty-six died.

In one hundred and six cases the foreign body was removed, death following in thirty-four cases, recovery in seventy-two cases.

In two hundred and ten cases no attempt was made to remove the foreign body, death following in one hundred and twenty cases, recovery in eighty-eight cases. It should be here stated that some ten patients who recovered sufficiently to attend to their regular occupations, but ultimately died at periods varying from three to fifteen years from the effects of their injuries, have been classed as having recovered.

Considering the severity of the injury, the proportion of recoveries is large, but on examination of the cases it will be observed that many of the recoveries were not complete, the patients afterwards suffering from epilepsy, vertigo, impairment of mind, incapacity for physical exertion, paralysis, loss of sight and hearing. In one hundred and eleven of the cases of recovery the above-named symptoms were wanting, while they were present in forty-nine cases.

In the one hundred and eleven cases that recovered without bad symptoms, the foreign body was removed in fifty-six cases and allowed to remain in forty-five cases. The question of interference for removal of foreign bodies is one which has caused much discussion, but on which I think authorities are now generally agreed. In the following collection of cases the results of its removal were not only most satisfactory as regards recovery but also as regards the completeness of the recovery. There can be no doubt that the presence of the foreign body increases the gravity of the injury, and that when its position can be clearly located, and when its removal is not accompanied with too great a destruction of tissue, it should be attempted. The difficulty of locating the foreign body is seen to be great, for when it has once passed out of sight the surgeon has no means of discovering its position, except by the probe. Extreme care should be exercised in passing a probe along the track of a foreign body in a wound of this nature, as little force is required to cause the probe to pass through the unresisting brain structure in a course different from that taken by

the vulnerating body, and the surgeon may add other wounds to an already most serious injury. On the other hand, where the body cannot be accurately located, all attempts to find it by frequent probing should be desisted from, for, as has been shown, a large number of cases have recovered where it has not been removed, and there is a possibility of its becoming encysted, and of recovery taking place in this way, or of life at least being prolonged.

I think that Prof. Thomas Longmore, in his article on trephining in injuries of the head, expresses the opinion of the best surgeons of the present day. He says, "If the site of lodgment of the projectile is obvious, it should be removed with as little disturbance as possible, but trephining for its extraction when the place of its lodgment is not definitely known, but where the projectile is only supposed by inference to be lodged in a particular spot beneath the cranium, is an unwarrantable operation."† The presence of the foreign body in the brain in many cases excites inflammatory action, which may be either rapid or slow in its progress, sometimes destroying large amounts of brain-tissue before the case ends fatally. That cerebral abscess is a frequent cause of death is clearly shown by the fact that it was present in at least fifty-three of the fatal cases where post-mortem examinations were made; in many other cases the examination was made solely with reference to the location of the foreign body, and the condition of the surrounding tissues is not stated.

Apoplexy is also shown to be a cause of death in these injuries, but much less frequently than abscess. Pressure of the foreign body on the venous branches, interfering with the return of blood, causing effusion into the cavities of the brain, and this effusion by its pressure interfering with the function of the nerves which have their origin from the base of the brain, is also noted as a cause of death. Convulsions and coma, also resulting from this interference with the circulation of the blood in the brain, are frequently noted. A tendency to coma, it might be here stated, as in all head injuries, is a most unfavourable symptom, nearly every one of these cases in which it was marked proving fatal.

The presence of the foreign body in the brain seems to predispose to inflammatory action; in some cases of recovery where the foreign body remained in the brain, the cases progressed favourably until some cerebral excitement was experienced; five cases are recorded where death took place suddenly after excessive drinking, in one case during the excitement of a game of cards, in another after a slight injury of the head.

Seven cases were complicated with hernia cere-

bri; three of these proved fatal, four ending in recovery.

In quite a number of cases the foreign body remained in the brain for some time without causing any unfavourable symptoms, when suddenly cerebral symptoms were developed and death quickly followed. I think that the experiments of M. Flourens will help to explain these cases. He introduced leaden bullets into the brains of rabbits and dogs. The balls were placed on different parts of the upper region of the encephalon and on the lobes of the cerebellum. The balls left to the action of their own weight penetrated by degrees the substance of the brain, and ultimately stopped at the base of the cranium, the passage made by the balls healing after them.* This fact that bodies were found to change their position may account for the sudden deaths in cases where their presence had previously occasioned little trouble. With regard to the fatality of injuries of different parts of the brain, authorities differ. Guthrie says that an injury of apparently equal extent is more dangerous in the forehead than on the side or middle of the head, and much less so on the back part than on the side.†

Brodie, on the other hand, says, "I have not been able to discover in the works that I have consulted a single instance of recovery from a wound of the posterior lobe of the cerebrum, cerebellum, or medulla oblongata, and in the great majority of cases where a cure has taken place the injury has been confined to the frontal bone and the parts of the brain which are covered and defended by it."‡

Brodie's opinion that recovery is more apt to follow wounds of the anterior portion of the brain is strengthened by examination of the cases where the foreign body penetrated the frontal bone, of which there were one hundred and thirty-two, followed by death in fifty-eight cases and recovery in seventy-four cases.

There were fifty-eight cases of penetration of the parietal bones, followed by twenty-seven deaths and thirty-one recoveries.

The occipital bone was penetrated in twenty-three cases, with sixteen deaths and seven recoveries.

The temporal bones were penetrated in thirty-one cases, with twelve deaths and nineteen recoveries.

Wounds of the orbit were by far the most fatal, eighteen in number, followed by seventeen deaths and one recovery, although the persons were in many cases unconscious of the injury, and the unfavourable symptoms developed suddenly.

* Dublin Med. Press, July to December, 1862.

† Guthrie's Comments on Surgery, p. 259.

‡ Works of Sir Benjamin Brodie, vol. iii. p. 83.

† Holmes's System of Surgery, vol. ii. p. 181.

The sphenoid bone was penetrated in five cases, with four deaths and one recovery.

In forty-nine cases where the wound of entrance was not definitely stated, there were twenty-two deaths and twenty-seven recoveries.

THE GREAT CONTAGIOUSNESS OF DIPHTHERIA.—
The *Boston Med. and Surg. Journal* says:—American physicians have not, we think, been sufficiently aroused to the very great danger of contagion and development of the worst forms of the disease from patients who are mildly affected. In his account of the outbreak of diphtheria in the grand ducal family of Hesse-Darmstadt, Oertel¹ says the virulence of the imported infectious matter, its direct transmission by kisses, and the quantum which was brought into play by this mode of transmission are of grave importance. We are fully justified in making direct use here of the results of experimental investigations and attempts at inoculation. The intensity of the affection, the degree of the anatomical lesions, and the rapidity with which the process destroys the life of the animal were in all Oertel's experiments, under like conditions, proportionate to the quantity of inoculated diphtheritic matter. We likewise see in practice that those cases run the most rapid and most fatal course in which *direct* transmission of contagious matter has taken place. Proof is to be found in the number of physicians who have fallen victims to the disease while in attendance on such cases.

Oertel says the diphtheritic contagium, the parasitical nature of which has become a conviction of his, is little volatile, is disseminated especially in the diphtheritic membranes and in the buccal fluid; and the infection takes place, in most cases, by its direct transmission, either by means of the atmospheric air, or by touching objects to which it adheres. Such objects are especially those coming in contact with the mucous membrane of the buccal cavity, etc., as spoons, tumblers; also pocket-handkerchiefs, etc. The propagation of the diphtheritic contagium is much rarer, and we shall have to admit this way of transmission only when we are really in the position of completely excluding all other possibilities. It should be remembered by our readers that out of a household of sixty-eight persons, only the members of the grand ducal family were affected (six of whom were attacked). Oertel says that diphtheria was imported into Munich from without in 1863, and has prevailed there ever since.

The treatment pursued in the case of the grand ducal family was that which Oertel has used for more than twelve years, and which he says he still finds the most efficacious in comparison with other modes. It consisted of isolation, inhalation

of a disinfectant spray every hour or half hour for fifteen minutes or longer, and inhalation of hot steam (112° to 122°). The following solutions were made use of according to the period of the affection: 2.5 per cent. solution of potass. chl.; a 0.1 per cent. solution of salicylic acid; and in the case of the grand duchess, when the septic decomposition began to become alarming, a 0.25 per cent. solution of permanganate of potash, injections of freshly prepared dilute chlorine water, the solution containing from twenty-five to thirty per cent. of the officinal chlorine water. In those instances in which the fibrinous exudations began to involve the larynx, either the fluids just mentioned were exchanged for lime-water, or the latter was inhaled alternately with the others. Oertel believes, after experiment and bedside practice, that lime-water is the best means for the solution of fibrinous membranes. Internally the fever and the septic infection were combated by the administration of salicylic acid and benzoate of soda in large doses (the grand duchess could not take quinine), and everything was done to keep up the strength by wine, arrack, cognac, and the ethereal tincture of the acetate of iron.

Oertel does not believe in the specific action of sulphur; yet it was used in some of the cases, so many letters came, especially from England, urging its use. [It is strange that all these cases recovered.] Articles which had come in contact with the patient were disinfected; also all the rooms and corridors.

THE APPLICATION OF JUNOD'S BOOT—Being desirous of seeing Dr. Junod apply his boot, I visited him one day by appointment in Paris, in January, 1877; he having previously informed me that the apparatus should not be applied for at least three hours after a meal. I was shown into a very small room, which served him as a bedroom, study, and consultation room. After a few minutes, he produced a bag containing the well known brass boot, some India rubber circular bands, from eight to ten inches deep, and some long narrow strips of the same material, about two inches wide. Dr. Junod proposed to apply the boot to my leg; first covering the foot with the corner of a towel previously warmed, he wrapped the rest of it round the limb to above the knee. I then put my leg and foot into the metallic boot, which had been also warmed before the fire; a band of muslin folded six or eight times, with a little cotton-wool interposed, was applied two or three times round the leg, on a level with the mouth of the boot, which reached to just below the knee: and over the muslin he wound a strip of the narrow India rubber band. He had previously stretched a wide India rubber circular band over the mouth of the apparatus, and now slipped its free margin over my knee,

¹ British Medical Journal, January 11, 1879.

and flattened it out so that it reached several inches up the thigh. The India rubber bands are very thin; and, as an additional precaution, one of the narrow strips was wound two or three times round the limb, overlapping the edge of the circular band.

Dr. Junod then screwed the tube of a small air-pump, six or seven inches long and an inch and a half in diameter, to the boot, giving me the pump to work. After about a dozen strokes, a very good vacuum was produced. I felt the pressure chiefly above the upper rim of the foot, but nothing in the foot. The limb was bare, with the exception of my sock, which was left on. Dr. Junod now took the air pump, and gave a few strokes from time to time, which I felt at once by the increased pressure. He usually continues the application for an hour, at the end of which time the limb, in ordinary cases, is found much swollen in size, with all its soft parts considerably harder to the touch; and twenty-four hours generally elapse before the swelling and hardness entirely disappear. In my case, the boot was only kept on a quarter of an hour; and, notwithstanding this, the leg was decidedly increased in bulk, and felt harder from the ankle upwards, the circumference of the calf being two *centimètres* greater than that of the other leg. I could see no change in the foot. The leg was uncomfortable, and felt as if it had been bruised all over, or as if I had greatly overwalked myself with that leg.

Dr. Junod's attention was first attracted to this subject when, while still a student, he was called to see a young woman suffering from severe cerebral congestion; and the thought struck him that, by means of atmospheric pressure, blood might be drawn to the extremities to relieve the congestion of the head; he devised the requisite apparatus, and the patient was cured.

If pain be felt at any moment, the tube of the air-pump must at once be discontinued, and the pressure removed. Dr. Junod felt my pulse from time to time, as syncope is sometimes apt to occur. As it was, I felt extremely tired the rest of the day, and also next morning. When I called on Dr. Junod, a few days afterwards, he explained that a spare individual like myself was more influenced by an application of the exhausting boot than a plethoric person, who had more blood, and whose circulation was therefore less effected when a certain quantity was detained in one limb. Dr. Junod has an appointment to the Paris hospitals, with an almost nominal salary, and has hardly any private practice, except when he is called in consultation as a last resource. He has succeeded sufficiently often in saving life to justify his faith in his invention. According to him, in regular treatment, an hour's daily application of the boot is essential.—BERNARD ROTH, F. R. C. S., Grand Parade, Brighton.—*Brit. Med. Journal.*

THE TREATMENT OF CHOLERA-INFANTUM.—Dr. Charles H. Avery, of New York, (*Medical Record*), writes that he has adopted the following treatment in cholera-infantum with very great success: He first directs that a poultice be made as follows, and applied over the stomach: Take of pounded gloves, cinnamon, and ginger, each, one teaspoonful, add a small quantity of flour, and then moisten the whole with brandy. Spread the mixture on and cover with thin flannel, and so fasten it that it will be kept in position. Occasionally moisten the poultice with brandy, which can be done without removing it. One teaspoonful of the following mixture is then ordered every two hours for children over three months old.

R. Acid carbol	gr. xxiv.
Spts. vini	gtt. xxiv.
Aq. menth pip	℥ iss.
Mucil. acac	℥ vi.
Syr. papaver	℥ vi.
Tr. opii	gtt. x. M.

As a rule the vomiting ceases before the hour arrives for the administration of the third dose; frequently before the second dose is given.

The passages from the bowels are not arrested by the medicine, but within twenty-four or forty-eight hours they begin to change in character, soon diminish in frequency, and afterwards cease altogether. The diet of the child is restricted to barley-water and milk. If it is a nursing child, barley-water is administered before it is allowed to take the breast.

If the vomiting is severe, the child is *not allowed to take anything*, except the medicine, for three hours.

If there is marked evidence of acidity of the digestive tract, teaspoonful doses of the following mixture are given every ten or fifteen minutes for two or three hours.

R. Mistura cretæ	℥ ij.
Syr. rhei	℥ i. M.

To this he sometimes adds fifteen grains of hydrarg. cum creta.

As a substitute for the above antacid mixture, he sometimes gives ten grains of subnitrate of bismuth, and five grains of pepsin three times a day.

The leading features of the plan which he recommends are: the spice poultice, the barley-water and milk diet, and the medicines according to the first prescription.

SELF-LIMITATION IN CASES OF PHTHISIS.—Dr. Austin Flint, (*N. Y. Med. Jour.* August), read a paper giving the result of his observation in cases of phthisis that completely recovered or ceased to advance. He held that the favorable course of certain cases was due to self-limitation of the disease, as was claimed by him in an article pub-

lished in the "American Journal of Medical Sciences," January, 1858, in which there were reported twenty-four cases of recovery. During thirty-four years of observation he had collected a sufficient number of cases ending in recovery, in which there had been either no treatment or treatment that could not be considered of a curative character, to prove that the disease in certain instances might be either self-limited or non-progressive after a period. He excluded cases of acute tuberculosis, cirrhosis of the lung, and interstitial pneumonia.

Of 670 cases of phthisis, occurring during thirty-four years, 44 ended in recovery. In 31 cases the disease ceased to progress for varying periods, ranging from several months to several years. He considered the non-progressive cases as proving that the disease ended, although recovery from the lesions did not take place, and felt justified in adding both together, making in all 75 cases out of 670.

Of the 44 cases of recovery, practically no treatment was pursued in 13; and of the 31 cases of arrest, in 15 there was no treatment. In several cases of both groups there was no change in the method of life, and in a considerable number the change was not of such a character as to be important. Dr. Flint said that all of the cases referred to were reported in detail in his book on phthisis.

In regard to the prognosis, the symptoms indicating a favorable issue were slight increase in pulse and temperature; small amount of loss of flesh, and a fair appetite; in other words, tolerance of the disease.

In regard to the lungs, the more limited the lesions, the greater the tendency to limitation; and, although there was limitation in cases of large lesions, the amount of diseased tissue did not admit of restoration.

FORCIBLE DILATATION OF THE SPHINCTER ANI IN TREATMENT OF HEMORRHOIDS.—Dr. G. T. Carter, Professor of Physiology and Pathology, Evansville Medical College (*Am. Med. Bi-Weekly*, Feb., 1879), reports twelve cases of hemorrhoids treated by forcible dilatation of the sphincter, with the happiest results. He uses an instrument devised by himself for the purpose, which is so constructed that the blades, six inches long and three-fourths of an inch broad, may be dilated by means of a screw, from two inches in circumference to six or more, retaining the same circumference throughout their entire length.

A peculiarity noticed in all long-standing cases was a small outlet to an enlarged bowel. In some of the first cases, when he neglected to cause an evacuation before operating, the operation was immediately followed by the discharge of enormous quantities of feces; in one case an impacted plug,

four inches in diameter, came away. His own observations have led him to conclude that "hemorrhoids are never the precursors, but always the result of constipation, or other obstruction to the free flow of blood to or from the anal region," and that "varices are only modes of equalizing excessive pressure, hence it is a good rule to remove the pressure."—*Detroit Lancet*.

THE THERAPEUTIC VALUE OF HYDROCYANIC ACID.—Dr. Keith Norman Macdonald calls attention to the therapeutic influence of hydrocyanic acid in arresting the night-cough of children after failure with the bromides. He has lately demonstrated its beneficial effects in a case in which it completely arrested a cough of sixteen months' standing in forty-eight hours. The patient, a child four years of age, suffered from night-cough, for the relief of which bromide of potassium and ammonium and change of air had been in vain prescribed. At length the following mixture was administered:—

R. Acidi hydrocyanici *m* viij.
Syrupi simplicis *fl.* ʒij.
Aquæ distillatæ *fl.* ʒij. M.
Sig., one teaspoonful every four hours.

The first few doses did not appear to produce much effect, so the dose was increased to a teaspoonful and a half every three hours when necessary. The good effects of the remedy became at once apparent, especially in the night attacks. It was particularly noticed that when a paroxysm of cough came on it ceased suddenly and unexpectedly five minutes after each dose. Within a week a cure had been effected, and the patient now appears to be in the full enjoyment of robust health.—*The Edin. Med. Jour.*

SALICYLIC ACID IN ACUTE RHEUMATISM.—Dr. Moore, in an article in the (*N. Y. Med. Jour.* August), sums up his remarks on the treatment of acute rheumatism by salicylic acid as follows:

1. That its most beneficial effects are manifested in the more acute cases. In sub-acute cases there is less, and in chronic cases not any advantage from its use.
2. That it should be given in doses of not less than twenty grains, every two hours, in an adult.
3. That its use should not abruptly terminate on the subsidence of the pain and fever, but the interval between the doses should be more and more prolonged.
4. That, by its employment, "rheumatic fever" may, in a majority of cases, be made a disease of hours, or at most of days, instead of months as it formerly was.
5. That, by the brevity of the febrile condition, the chances of cardiac complication occurring are diminished.

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TORONTO, SEPTEMBER 1, 1879.

THE BRITISH MEDICAL COUNCIL.

A brief session of the General Medical Council of Great Britain was held in July. The meeting was principally summoned to elect a President—and Dr. H. W. Acland was again appointed for the usual term of five years.

In the course of the sitting an important correspondence between the Imperial Government and the Canadian Government in respect of the action of the Dominion towards medical men of the United Kingdom was laid before the Council by Mr. Miller, the Registrar. Last year a registered practitioner of Great Britain wrote to the Registrar, stating that the Legislatures of Quebec and Ontario had refused to acknowledge the British registration as in force there, and had proceeded against him for being an unregistered practitioner. The subject was brought before the Lord President of the Privy Council, who subsequently sent to the Council a correspondence which had passed between the Colonial office and the Marquis of Lorne respecting a claim for protection set up by the medical men of Ontario, and to which the Province proposed to give effect by imposing a heavy registration fee in cases where British physicians sought registration in Ontario. Sir Michael Hicks Beach, in a letter to the Marquis of Lorne, said:

"I join in the hope expressed by the Lord President that neither the Dominion Government nor the Provincial Government of Ontario will adopt any measures to impair the rights of medical men registered in this country to practise throughout the Queen's dominions. There would naturally be much objection in this country to the imposition of unreasonable and prohibitive fees such as appear to be proposed, as it was never contemplated that the concession made by the Imperial Act of 1868 in favor of the colonial authorities

should be employed as a means of depriving medical men registered in this country of the privileges which they possess under the Act of 1858; and it is to be feared that there would be much difficulty in inducing Parliament to pass the provisions in favor of the colonial practitioners in the Bill now before them, if it is known that new impediments are being created in Canada to the exercise by English registered practitioners of the rights which they at present enjoy. I request that you will lay this despatch before your Ministers, and I shall be glad to receive any observations which they or the Provincial Government of Ontario may desire to offer in regard to this matter."

To this Lord Lorne replied by enclosing a petition from the Ontario College of Physicians and Surgeons, stating at the same time that the petition had been presented to him by an influential and representative deputation, including the Prime Minister, the Minister of Public Works, and the leading physicians and surgeons in Ontario. He also enclosed the report of a committee of the Privy Council of Canada, which report had been approved by the Governor General. This report said:

"The Committee of the Privy Council, having had before them the petition of the College of Physicians and Surgeons of Ontario to your Excellency, beg leave to report that, in their opinion, the 31st clause of the Act 21 and 22 Vic., cap. 90, passed by the Imperial Parliament in 1858, known as 'The Medical Act,' was manifestly an interference with the rights of government and legislation then possessed by the several Provinces which were afterwards united by the British North America Act, 1867; and that the statute 31 Vic., cap. 29, passed since the Dominion was constituted, is a still greater interference. The committee cannot help thinking that these Imperial Acts were passed without the attention of Parliament having been called to the fact that they infringed upon the legislative power conferred upon the Provinces and the Dominion, and feel assured that on the subject being brought before the notice of her Majesty's Government steps will be taken for the repeal of the objectionable provisions. It is obvious that if this legislation is permissible with respect to the medical profession, it might with equal propriety be extended by the Imperial Parliament to every profession, trade, and occupation in Canada, and would thus be subversive to the rights of self-government graciously conceded to the people of the Dominion. The committee, therefore, concur in the prayer of the said petition, and beg leave to recommend that this matter be brought by your Excellency under the serious consideration of her Majesty's Government, and they

suggest that advantage should be taken of the circumstance of a Bill now being before the Imperial Parliament relating to the medical profession, by inserting a clause in it repealing those provisions of the said Acts which affect Canada."

The petition of the Ontario College, which was incorporated in 1869, stated nearly the same points, and urged that a grave injustice would be done to the Canadian institutions if the qualification of the various licensing bodies of Great Britain and Ireland should, through the medium of the British Medical Registrar, entitle persons holding these licences to practise medicine in the Province. These claims were submitted to legal opinion by the Imperial Government and also by the General Medical Council. The reply of the Parliamentary counsel was as follows :

"The petition of the College of Physicians and Surgeons of Ontario is based on an entire misapprehension of the law. They assume that the Act 31 and 32 Vic., cap. 29 (which authorized Colonial Legislatures to enforce the registration, within their jurisdiction, of persons registered under the Act of 1858) gave to persons registered in the Medical Register of the United Kingdom a right to practise in the colonies. This is not so. The Act of 1858 (21 and 22 Vic., cap. 90), which was in force at the time when the College of Physicians and Surgeons of Ontario was established, when the Canadian Federation Act was passed, gave to practitioners registered in the Medical Register of the United Kingdom a right to practise throughout the Queen's dominions. The Act 31 and 32 Vic., cap. 29, relaxed the law in favor of the colonies by allowing a Colonial Legislature to require registered United Kingdom practitioners to be registered in the Colonial Register, but it preserved the right of those practitioners by allowing them to claim registration as of right. Under this Act, if the Ontario Legislature requires medical practitioners registered in the United Kingdom to be registered in Ontario, the Ontario Registrar is bound to register them; but otherwise the Ontario Registrar is not bound to register them, although unable to prevent their practising without being registered. It is true that a person may be registered in the Medical Register of the United Kingdom for a medical qualification or a surgical qualification alone—a defect which the pending Bill proposes to remedy by requiring a double qualification for registration; but at present registration will not entitle the possessor of a surgical qualification to practise medicine, or the holder of a medical qualification to practise surgery, inasmuch as under section 31 of the Medical Act, 1858, he is only entitled to practise according to his qualification. The Privy Council of Canada have not

committed the mistake as to the law which the Ontario College have done; but they omit to notice that at the time the Act of 1858 passed, the Ontario College did not exist; and, indeed, for all that appears there may have been at that date no licensing body whatever in the British North American Provinces. Nor are the Privy Council correct in stating that the Act of 1868 is a greater interference with their self-government than the Act of 1858, because the Act of 1868 does not compel a colony to register United Kingdom practitioners, but authorizes a Colonial Legislature to do what it could not do under the Act of 1858—namely, to require a registered United Kingdom practitioner to be re-registered in the colony. To preserve the rights conferred by the Act of 1858, it was necessary to provide that if the Colonial Legislature itself requires such registration it shall not take away those rights, and shall be bound to register such a practitioner without further examination. The interests of Canada would appear to be to maintain the privileges given by the Act of 1858, as, if the pending Bill passes, a holder of an Ontario diploma will be able to be registered in the United Kingdom Register, and thus be able to practise under his Canadian diploma throughout her Majesty's dominions."

The opinion of Mr. Ouvry, for the Council, was to the like effect, and the president, in reply to the Privy Council Department, said the Medical Council had aimed to procure equal privileges for all who were equally deserving, and would greatly deplore any action by the Home Government or by the Colonial Legislatures which should check, or tend to check, this result.

The correspondence was entered on the minutes.

QUEBEC MEDICAL BILL.

There is at present a Bill before the Legislature of Quebec, to amend and consolidate the Act relating to the medical profession in that Province. It was introduced by the Hon. Dr. Church and has passed the second reading. According to the provisions of the Bill, the profession of Quebec is to be incorporated under the name of the "College of Physicians and Surgeons of Quebec." The affairs of the college are to be conducted by a board of governors, forty in number, elected for three years, thirty to be chosen from among the members of the college, and ten to be nominated by the universities, colleges and incorporated medical schools, viz., the University of Laval at Quebec two, Uni-

versity of Laval at Montreal two, McGill College two, Bishop's College two, the Medical Department of Victoria College two.

The board of governors shall constitute "The Provincial Medical Board," and no person shall be allowed to practise medicine, surgery or midwifery in the Province of Quebec until he obtains a licence from this board. Every person who has obtained or who may hereafter obtain a medical degree or diploma in any university or college mentioned in the Act shall be entitled to a licence without examination, provided that such diploma has been obtained after four years of professional study; and the board may grant the same privilege to holders of diplomas in medicine from other British, Colonial or French universities or colleges. Those who have not obtained a degree or diploma from any of the institutions mentioned in the Act shall, in order to entitle them to the licence, pass an examination in medicine, surgery and midwifery before the Provincial medical board, and also furnish evidence of having complied with the rules and regulations laid down by the board.

The board has also power to establish a preliminary or matriculation examination which all students commencing the study of medicine must pass, or otherwise present a certificate of having passed an equivalent examination in some college in Her Majesty's dominions, and acceptable to the board. The subjects of the preliminary examination are English or French, Latin, geography, history, algebra, arithmetic, geometry, belles-lettres, and one of the following optional subjects—Greek, natural, or moral philosophy.

Persons from recognized colleges outside of Her Majesty's possessions must first matriculate (or furnish an equivalent matriculation certificate), attend one six months' course of lectures in a Provincial school, and pass a professional examination before the Provincial medical board.

The Provincial medical board shall have power to regulate the study of medicine, preliminary examination, curriculum to be pursued, duration of study, etc., make rules for the guidance of the examiners, and prescribe the subjects and mode of examination. They have also power to appoint assessors to visit and attend the medical examinations of the various universities, and to report to the board upon the character of such examinations. Candidates for the licence must have studied medi-

cine for a period of four years from the date of matriculation, attended three 6 months' courses of lectures in an approved university or college, and present certified tickets on two courses of lectures on each of the leading branches, and one on each of the minor ones.

The Act also provides that any person who has attended medical lectures during three sessions in any medical school in Her Majesty's possessions, and who has been actually in practice for a period of thirty years, shall be entitled to registration without examination. Provision is also made for the admission of women to practise midwifery.

The members of the College shall pay an annual fee of \$2. A tariff of fees shall also be laid down by the board to be charged in towns and country for attendance and services, such tariff to be valid when approved by the Governor in Council of the Province. This clause is an improvement on the Ontario Medical Act, in which the tariff is simply approved by the Council, and places its legality beyond a question of doubt.

These, together with some penal clauses somewhat similar to those of the Ontario Medical Act, are the main features of the bill. The bill is an improvement on those that have preceded it, but it is very imperfect, inasmuch as it does not provide for a central examining board, which ought to be made an essential feature in all medical legislation of the present day. It is impossible satisfactorily to raise the standard of education when certificates from several different and competing universities and schools are received as of equal merit, and entitling the holder to the licence. It is notorious that the standard of the different medical schools in Quebec is not uniform, and it is most unfortunate that the authorities of Laval, who are blamed for standing in the way of a central board, by refusing to surrender the rights of their students under their charter to demand registration without examination, should oppose so wholesome a reform in medical education. Laval has everything to gain and nothing to lose by sanctioning the formation of a central examining board, and we trust soon to see that important feature engrafted upon the present medical bill.

THE BRITISH MEDICAL ASSOCIATION.

The forty-seventh annual meeting of the British

Medical Association was held in Cork, commencing August 5th, and continued in session four days. The attendance was as usual very large and the meeting was a most successful one. Among the visitors from abroad were Drs. Charcot, Mussy, Gallard, Ball and Bonnafonte of Paris; Martin, Weber-Lich and Hirschberg of Berlin; Pacchiotti of Turin; Cordes of Geneva, and Sayre, Seguin, Loring, Turnbull, Da Costa, Yandell, Palmer, Byford and Beard of America.

The President, Dr. O'Connor, Prof. of Medicine, Queen's College, Cork, delivered the annual address, in the course of which he referred to the improved sanitary condition of Cork, as evidenced by the diminished death-rate, disappearance of typhus, etc.—due to the increased water supply and improved sewerage. He showed that Cork had, during the last half century, regained its educational character. They had a school of design, a musical academy, and a large number of educational establishments, besides asylums, hospitals, etc. He then alluded to the objects of the Medical Association, in furthering the common brotherhood of the profession and in advancing medical knowledge, and the mutual advantages of the practical physician and the scientist, the work of each aiding the other in establishing a rational basis for the treatment of disease. He gave to hygiene a high place among the recent advances in knowledge.

The address in medicine was delivered by Dr. Alfred Hudson of Dublin, on "Laennec: his Labors and their Influence in Medicine," and was a most eloquent and interesting one. He pointed out that Laennec was the initiator of *method* in our investigations of disease, and alluded to the influences of his work on the progress of medicine, and its moral effect on the members of our profession. No one will doubt that the acquisition of the vast amount of subjective data upon which we now base our conclusions, must tend to make us more honest and truth-seeking. Although he was eminent as a pathologist, his fame will always depend in great measure upon his clinical investigations.

Mr. Savory's address in surgery, on "The Prevention of Blood-poisoning," was most interesting and instructive and was listened to with marked attention. Although he did not make an attack upon Lister's "antiseptic dressing," he laid parti-

cular emphasis on the statement that "the best results have been achieved by the simplest means," which, if admitted, would be fatal to the claims of Lister's method. He dwelt very strongly on the necessity of great care and attention to the dressing of wounds; the patient's health and surroundings; the selection of the operative procedure; and while he admits the ingenuity of Mr. Lister's practice, and the good which has followed its use in hospitals, he complains that what is called "antiseptic surgery" fixes the attention too exclusively upon the dressing of the wound, to the exclusion of other matters of at least equal importance. Mr. Savory is not a believer in the germ theory, for he says, "if it be true, what possible explanation is to be given of the kindly healing of exposed wounds?" This difficulty is one which has been felt by every surgeon of experience, ever since the theory was broached. If the air be thus loaded with germs, and if one or two of them slipping through the dressing or introduced by the fingers or an instrument are sufficient to cause an attack of pyæmia, how is it possible for wounds to heal kindly that are completely exposed? Mr. Savory's address shows the need of more definite information on many of the most essential points of surgical treatment, and more especially full and definite comparison between the results of antiseptic and ordinary surgery.

Dr. Sayre, of New York, gave a demonstration on Hip Disease before a large audience.

The address on "State Medicine" was delivered by Dr. Andrew Fergus, and was, as might have been expected, a most able and interesting lecture.

In the sections, Dr. Andrew Clark, of the London Hospital, delivered the address on medicine, taking for his subject "Medical Education—Present State of Therapeutics—Prospects of Experimental Enquiry." The address in the surgical section was delivered by Dr. W. K. Tanner of Cork, on "Surgery in Cork—a Retrospect," and the address in the obstetrical section was by Dr. Playfair, on "Intra-uterine Medication." Some of the most interesting of these addresses will appear from time to time in our columns.

The honorary degree of M.D. was conferred upon the retiring (Dr. Falconer) and incoming presidents by the Queen's University, Dublin, in commemoration of the meeting of the Association in one of the colleges of the University.

DOCTORS' PRESCRIPTIONS.

The *Evening Telegram* of this city has recently been making an investigation into the practice common among certain druggists, of allowing the doctors a percentage on all prescriptions sent them. Although we have no sympathy with the practice, we do not think it is a matter that interests the public one iota, as the druggists charge a very nearly uniform rate for the prescriptions put up by them. But there is a subject which interests the public much more, and that is the habit among nearly all druggists of prescribing over the counter for persons who apply to them for medicines for various ailments. This is a very serious matter and one which ought not to be overlooked, and the enterprising editor of the *Telegram* would do an infinitely greater amount of good if he could be the means of arousing the public to the danger of trusting their lives in the hands of men who have never made such special study of "the ills that flesh is heir to," as to enable them to diagnose and prescribe for disease with any degree of skill and certainty. The discussion so far, has brought to light the fact that nearly all the doctors send their prescriptions to the druggists, thus throwing a handsome revenue into their treasury, and they certainly ought to be content without endeavoring to rob the doctors of their fees for prescribing. Some of the druggists in this city have also been known to traffic in the doctor's prescriptions, and the latter have been obliged to discontinue sending them to such druggists to be filled up. Apart altogether from the percentage system which we are not now discussing, for, as we have said, it is not a matter affecting the public interests, it is not only very convenient, but also most expedient, that the doctor should send his prescriptions to a druggist upon whom he can rely, who fully understands his mode of prescribing, his handwriting, his abbreviations, etc., and who keeps those medicines constantly on hand that he is in the habit of prescribing. This is, we apprehend, one of the chief reasons why patients are sent to a particular druggist to have their prescriptions filled. Although druggists are as a rule as honest as the generality of tradespeople, they are not all or always to be relied upon. Instances have occasionally come to light, where the druggist has been tempted to substitute one kind of medicine for another, and pro-

bably a less expensive one, or, in the case of costly medicine, to diminish the quantity ordered. Physicians have therefore found it to their interest to deal with certain druggists and to hold them responsible for the proper carrying out of their directions. The druggist who receives all the prescriptions of a particular physician, will be more careful and anxious to retain his confidence, than the druggist who receives only a casual one.

MEDICINAL FLUID EXTRACTS.

Much dissatisfaction has been expressed by the profession with the many and various manufactures of so-called fluid extracts, and we regret to say that the objection has in many cases been well founded. The administration of medicines in this concentrated form has grown in favor of late years, but the unsatisfactory results often obtained has led to serious doubts as to their efficacy. We have had brought to our notice the *Medicinal Fluid Extracts* made by Messrs. Wyeth & Bro. of Philadelphia, and from what we know of the reliable character of these chemists, we can confidently recommend their preparations to the attention of the profession. These *Extracts* have been thoroughly tested and proved to be all that is claimed for them. Samples are being distributed among physicians throughout the country and the manufacturers ask for them a fair trial. These extracts are well prepared and of full strength, every one of them representing absolutely the activity of the drug, grain for minim.

In drawing attention to the above we desire to notice some of the other valuable preparations of this firm. Their *Dialyzed Iron*, now so favorably known, was originally introduced by Wyeth & Bro., and is now acknowledged to be the only preparation that has fulfilled all the claims made for it. Physicians must not be surprised if, in using dialyzed iron of spurious and inferior quality, they do not get the desired results. We have used the preparation made by Wyeths and have found it to give entire satisfaction.

Their *Compressed Powders* are also very elegant in form, and, being free from all excipients, are very soluble. They are fast growing in popularity, and physicians may rely in obtaining the best results in prescribing them.

Wyeths' Elixirs, Beef Iron and Wine, Cod-liver Oil with Hypophosphites, Peptonic Pills, and Chlorate Potash Tablets have been thoroughly tested and largely prescribed, and have given the profession the utmost satisfaction.

BEAUTIFUL PICTURES.—Messrs. Stinson & Co., of Portland, Maine, publish only the better class of pictures, and it is well known that anything coming from this reliable house is of standard merit. We have just received copies of four very fine steel engravings, which they have just brought out. The plates were engraved in London, at an expense of four thousand pounds sterling. These engravings are after paintings by great modern masters of art, and the artists who engraved the plates stand in the front rank of the world's renowned engravers. They make up the finest and most elegant set of works of high art ever brought out by American publishers.

We have also to acknowledge the receipt of a beautiful and finely executed chromo, "The Cally Lily," which is a perfect gem in its way. The above firm stands at the head of the art publishing business in America. We call attention to their advertisement in another column.

CANADIANS IN ENGLAND.—The following gentlemen have passed the primary examination of the Royal College of Surgeons, England; J. C. C. Cleaver, W. F. Cleaver, W. H. Henderson, of Kingston, Ont; J. B. Lawford, T. G. Hockridge, and G. R. Butler of McGill College, Montreal; and H. Teevan of Toronto. The friends of Dr. Teskey, M.B., of Trinity College Toronto, and G. H. Cowan, M.B., will be glad to learn that they have successfully passed the final examination of the Royal College of Surgeons England and have been admitted members of that body. G. T. McKeough, M.B., M.R.C.S., Eng., Trinity Medical College has recently obtained the L.R.C.P., London and Edinburgh. He has also been elected a Fellow of the Obstetrical Society of London.

CANADA MEDICAL ASSOCIATION.—The meeting of the Canada Medical Association will be held, as previously announced, in London, commencing on Wednesday the 10th inst. The following papers have been promised:—On Alcohol, by Dr. Bucke; Entropion and how to cure it, by Dr. Alt; Placenta Prævia, by Dr. Workman; Uterine

Fibroids, by Dr. Rosebrugh; Dermoid Cyst of Ovary, by Dr. Grant; Demonstration on Medical Anatomy of Brain, by Dr. Osler; Pilocarpine in Iritis, by Dr. Buller; Remarks on Therapeutics and Materia Medica, by Dr. Playter; Use of the Long Forceps by Dr. Temple; Science of Medicine and Common Sense, by Dr. Curry, &c., &c.

PAPER JACKET INSTEAD OF PLASTER OF PARIS IN SPINAL DISEASE.—Dr. A. M. Vance of New York (*Med. Record*, June 21st) has been using for some time past a jacket of brown manilla paper stiffened with glue (1) and oxide of zinc (2), instead of Plaster of Paris *a la Sayre*, in the treatment of spinal disease. It is constructed with laces down the front so as to be tightened, or removed at pleasure. The advantages claimed for this plaster are that it is much lighter, more durable, not being friable like plaster, and may be made to fit more accurately by means of the laces.

DIGITALIS COMBINATION.—A correspondent asks us to republish the formula of Dr. Kerr's "Digitalis Combination." The recipe contains four officinal and three non-official ingredients; officinal—opium, dulcamara, and stramonium, of each one ounce, digitalis, half an ounce; unoffical—sium lineare (water parsnip), cicuta maculata (water hemlock), conio-selinum canadense (hemlock parsley), of each one ounce—the whole to be reduced to a fine powder. The usual dose for an adult is six grains.

LACTOPEPTINE.—We have on more than one occasion drawn attention to the excellence of this elegant pharmaceutical preparation, in the treatment of indigestion, vomiting of pregnancy, cholera infantum, etc. Now that the latter disease is so prevalent, it may not be out of place to refer again to this remedy as a most invaluable agent in its treatment. Combined with chalk, bismuth, or lime water, it is of especial service and may be confidently recommended.

A THIRD CORPUSCULAR ELEMENT IN THE BLOOD.—Dr. Norris, at a recent *conversazione* given by the College of Physicians, London, demonstrated by a series of transparent micro-photographs, the existence of a third corpuscular element in the blood. He says it has hitherto escaped recognition, owing to the fact that it possesses the

same color and refractive index as the liquor sanguinis, and is, therefore, invisible in that fluid.

SIMPLE ELIXIR. —

R Spt. Orange	℥ ij
Spt. Cinnam	M x
Alcohol.....	℥ iv
Syrup	
Aqua.....	aa. ℥ vi

M.

This is used as the base of all other elixirs, and if colored red by tincture of cochineal is called *red elixir*. Spirit of oranges is made by dissolving one ounce of oil of sweet orange in fifteen ounces of stronger alcohol.

THE NEW ARCTIC EXPEDITION.—The arctic exploring party, fitted up at the expense of James Gordon Bennett, of the New York *Herald*, and under the auspices of the United States Government, sailed in the steamer *Jeanette* from San Francisco for the Arctic Sea early in July last. The commander is Lieut. de Jong, and among the scientific staff is J. Collins, Professor of Meteorology.

THE DISCOVERER OF ANÆSTHESIA.—In an article first published in the *Virginia Medical Monthly*, and which is now published in pamphlet form, Dr. J. Marion Sims claims that Dr. Crawford W. Long, of Athens, Ga., was the discoverer of anæsthesia. Dr. Long extirpated a tumor from the neck of a patient in March, 1842, while she was completely anæsthetized by the inhalation of sulphuric ether.

THE UBIQUITOUS NEWSPAPER REPORTER.—Another of these ubiquitous newspaper reporters has been making free use of the name of a medical man in the *Leamington Post* of July 31st. In a chapter of accidents (five in number) the Dr's name has been paraded in each case, almost leading to the conclusion that he is the only man in that part of the country competent to treat accidents of the nature referred to.

TREATMENT OF ACNE PUNCTATA.—This affection which is characterized by the appearance of black specks on the face and neck, occurring about the period of puberty, is best treated by dusting the face with precipitated sulphur every night, with an ordinary puff used for toilet purposes. It will

usually effect a cure in about a week. The sulphur if scented with oil of roses or lemon will be less objectionable.

CREDIT TO WHOM CREDIT IS DUE.—We notice that some of the British, and also a few of our American cotemporaries, in copying from the CANADA LANCET, refer to it as the *Canada Medical Journal* (which of course is correct in a certain sense). Although "there isn't much in a name," yet we prefer our own to that of any other.

COLLEGE OF PHYSICIANS AND SURGEONS, QUE.—The preliminary examination of candidates for the study of medicine and surgery is announced to take place at Laval University on Thursday, 18th inst. The semi-annual meeting of the Provincial Medical Board also takes place at Laval University on the 23rd inst.

CORONERS.—The following gentlemen have been appointed Coroners for their respective counties: Charles A. Jones, M.D., of Mount Forest, for the County of Wellington, J. H. Webb, M.D., of Waterloo, for the County of Waterloo, and J. Lane, M.D., of Mallorytown, for the Counties of Leeds and Grenville, Ont.

CURARE IN HYDROPHOBIA.—Several cases of hydrophobia have been reported lately in which curare has been successfully used in the treatment of this hitherto intractable disease. The success has been such as to warrant the conclusion that a remedy has at last been discovered for the treatment of hydrophobia.

LIME JUICE.—The London *Lancet* prescribes an ounce or two of pure West India lime juice, with sugar, as the best drink for hot weather. 'The *Lance'* is right. But unless our memory fails us, he has left out one or two of the ingredients.—*Philadelphia Evening Bulletin*.

TO TEST FOR ALBUMEN.—Pour some nitric acid in a test tube, then drop the fluid supposed to contain albumen down the side of the tube. If albumen be present an opaque white ring is seen on the surface of the acid. Dr. DaCosta says this is the most delicate test with which he is acquainted.

RETIREMENT.—Dr. McCaul, President of University College, Toronto, and Prof. Croft have

been superannuated and retired on two-thirds of their permanent salaries. These gentlemen have been connected with the University for a period of thirty-five years.

NOVEL REMEDY FOR HAY FEVER.—Dr. Sebastian (*Med. Herald*) recommends the wearing of a thick ladies veil over the face and mouth during the critical season as a preventive. He has employed it with most successful results in his practice.

BLEEDING IN PUERPERAL FEVER.—Dr. Ellerslie Wallace of Philadelphia recommends copious bleeding in the treatment of puerperal fever, to be followed by full doses of the watery extract of opium. He has no faith in leeches or blisters.

APPOINTMENTS.—Dr. King, of this city, has been appointed physician to the "Mercer Reformatory for Women," and also to the "Ontario Industrial School for Girls," both of which are in course of erection in Toronto.

We understand that Dr. Canniff of this city proposes to form a class for private instruction in pathology, clinical medicine and surgery, during the winter session, time and place to suit convenience. He will also give clinical lectures at the Toronto Hospital.

The death of Mr. Maunder F.R.C.S. Surgeon to the London Hospital is announced in our British exchanges.

Reports of Societies.

MICHIGAN STATE BOARD OF HEALTH.

The quarterly meeting of the state board of health was held in Lansing on the 8th of July, all the members were present.

The president presented a letter from Theodore H. Monk of the meteorological office at Toronto, asking for a set of reports of this board, as they desire to inaugurate a system of health and weather observations similar to that of the Michigan board. Secretary Baker presented a communication from the secretary of the epidemiological society of London, expressing great interest in the work of the Michigan board, especially that for the registration of disease.

A letter was presented from Mr Avery of Balti. more relative to lead poisoning as set forth by Dr. Kedzie's article on that subject, and claiming that he had demonstrated that electroplating the tin cans used in preserving fruit, and tin utensils of all kinds, with a thin coating of silver would prevent any poisoning thereby.

A communication was presented from A. J. Murray, veterinary surgeon at Detroit, relative to "cattle diseases in Michigan," and their relation to public health; also a part of a letter from a member of the National Board of Health on a similar subject.

Secretary Baker presented his report of the work in the office during the last three months. It included the distribution of a large number of the regular reports and other documents, and of the registration report of births, marriages and deaths. These were sent to meteorological observers, regular correspondents, sanitary exchanges, and other persons interested in such subjects in Michigan. Meteorological observations were regularly taken in the office of the board, and a condensed statement is each week published in the *Lansing Republican*. Weekly reports from over 60 observers of diseases have been received, examined and filed. A number of meteorological instruments have been purchased and sent to observers, and some new stations have been established. A demand for weekly reports of diseases has been made on health officers of cities, as fast as the names have been furnished by the city recorders. The secretary has spent considerable time in supervising vital statistics, particularly those for 1877, and in studying deaths from certain diseases in a series of years.

The board has in contemplation the examination of candidates in sanitary science, and the examination papers on this subject used in the university of London and other foreign colleges have been secured for study in this connection.

Dr. Lyster reported a plan for the examination of physicians in sanitary science.

Dr. Hitchcock made a report of depot privies, and made specific recommendations for remedying the nuisances which now prevail.

He said depot privies should never have a vault, but should be water closets connected with a sewer, or be supplied with dry earth or coal ashes; and it should be made the special duty of a station

employee to see that the floors are scrubbed daily, the closets kept clean and in perfect operating order, and the whole closet thoroughly disinfected each day. In places where a sewer is not accessible, the closet in which the dry earth or coal ashes is used should be often cleaned, and the refuse buried. For water-closets he recommended "Rhoad's Porcelain seated hopper closet" supplied with Meyer's No. 1 Patent waste preventing cistern. This closet is arranged to flush when the door is opened and is just the thing for public places, as the hopper is non-absorbent and the shape prevents persons using it from getting on it with their feet. For smaller stations where a water closet could not be used, he described and recommended an exceedingly simple dry earth closet but insisted upon the necessity of every-day attention to it by an employee at the station.

The committee on sanitary conventions recommended that one be held in Detroit in December or January, and the next at Grand Rapids. Efforts will be made to get as large an exhibition of sanitary appliances together as possible. Manufacturers and dealers in sanitary appliances are requested to forward catalogues, advertisements etc., and to correspond with the secretary relative to placing their wares on exhibition.

A sample of red flannel from Dr. Nash of Lapeer, reported to have caused sores, had been examined by Dr. Kedzie, and found to have been colored with aniline which contained arsenic and tin.

The next regular meeting of the board will be on October 14th, '79.

Books and Pamphlets.

A CLINICAL TREATISE ON DISEASES OF THE LIVER. By Dr. Fred. Theo Frerichs. Translated by Chas. Murchison, M.D., &c. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

The above work has just been issued from the press, in 3 volumes of the usual size of "*Woods Library of Standard Medical Works*." The name alone of the illustrious German author, might suffice for a guarantee of the excellence of the treatise, which is, beyond question, the most comprehensive, as well as the most luminous exposition of the morbid affections of the liver ever yet contributed to the science of medicine, and affords another

proof, were any wanted, of the indomitable industry and persevering practical research of our German professional brethren.

The very first lines of the author's preface cannot fail to prepossess the reflecting reader with a favourable opinion of the work, and to incite to its thorough exploration. "At the present day," writes Frerichs, "it is agreed, that the science of life is undivided, and that no real defined limits exist between the varying phenomena." And again,—"Our general views of disease have been simplified since we have ceased to disconnect it from the phenomena of life, as something foreign and endowed with a peculiar and individual existence; while the several pathological processes have been rendered more intelligible, since they have been referred back to their physiological origin, and since their fundamental structural lesions have been carefully and thoroughly examined."

In these rational preliminary enunciations, the cultivated professional reader will promptly see that he may anticipate high gratification and valuable instruction, from the studious perusal of the entire work. How different this doctrine, from the antiquated, and far too long time hallowed, conceptions of disease, which regarded every malady that "flesh is heir to," not only as something alien to the phenomena of life,—a distinct concrete entity,—foreign to the realm of vitality, "endowed with a peculiar and individual existence!" Such, indeed, at the present day, is still the conception of the ignorant, and such constitutes the almost entire trading capital of all quackery and charlatany. Not before the great central fact of the affinity,—nay indeed, of the very identity—of disease and health, has been recognised, can a fair start be made in the rational study and pursuit of medicine.

To signalize any special chapter of Frerichs' treatise, might be but to run the risk of unwittingly falling into unjust or ignorant oversight of the higher merits of many others; but, in truth, an adequate review,—much less, indeed, a competent criticism, of these volumes, would be a labour as far above our abilities, as its extent would be beyond the available limits of our space for this department of journalistic recognition. Yet we cannot close this brief notice without allusion to the frightful exhibitions of the consequences of

tight lacing, shown in the plates given in the third chapter of vol. 1.

We had almost begun to say, that could our young ladies, (and their mimetic sisters of the industrial classes), only see, even in wood-cut plates, the fearful havoc perpetrated on their God-given natural organs, and especially on their lives, by the present ruling mania of transformation of their truly æsthetic original figures into dissociate, wasp-form monstrosities, they might tremble on the brink, and resolve to content themselves with that personal outline which the Creator—has beneficently bestowed on them;—but no, it is, and ever has been, and forever will be, utterly bootless, to remonstrate against this, or any other feminine aberration. They must fulfil the behests of destiny. The rigid Darwinian law of the "survival of the fittest" demands the weeding out of all soil-cumberers, in order to afford room and adequate sustenance for the more robust and more sensible survivors. So nice, delicate, pale darlings, pull away whilst your ribs are yet pliable, reduce at once your waists and your lives to the "shortest span," and leave the field to your physical and mental betters, who know better than to squeeze the maternal zones so far away up and down into the arctic and antarctic regions. Poor liver! poor stomach! poor pent up, and crammed down colon! whither must ye drift; which way shall ye flee? Which way ye flee is, as was that of Milton's Satan—hell. We say nothing in behalf of the spleen, for though only in women is its office well understood, in them its loss would be rather salutary than hurtful.

There is one class of the medical profession who are reaping a golden harvest from female follies and maternal misdirection. These are the *Gynaecologists*. If we may believe all we hear, read, and see, there are not 500 women over 25 years of age—nor 600 girls over 14, in this city, who labour not under some form of other or uterine trouble. This evil is still more common south of the Lakes than here. It would be more common in Canada, were our practitioners more astute, and less general in the States were women there more *r. ally* modest.

Suggestive writers, such as Frerichs, are sure to draw their readers away into tangential by-paths. In fact no man with half a heart, or ever so little head, could read his third chapter of the 1st

volume, and inspect the plates, without being thrown into a fit of compassion towards the peninsulated heart caskets every day met by him on our thoroughfares; but they must go on and complete their work of self-immolation, for they all, and all their seniors, say the men admire small waists, and why should not all girls do their best to please and capture the lords of their destiny? Poor fools, both!

We sincerely hope that our erratic jottings will not in any serious degree detract from the reader's pre-estimate of the book now before us; but should such unfortunately be the result, the mis-adventure must be soon corrected by every one who determines to possess it, and will sedulously master its contents; and assuredly no better disposal of either his money or his time can he possibly make.

"MAN'S MORAL NATURE." AN ESSAY BY RICHARD M. BUCKE, M.D., Medical Superintendent of the Asylum for the Insane. New York: G. P. Putman's Sons. Toronto: Willi g & Williamson.

Though Dr. Bucke is not so flagrant a heretic in medicine, as Dr. Poole, whose work was briefly noticed in the April number of the LANCET, we must not say that in the regions of moral or theological science, he evinces a whit less of bold insubordination than his adventurous confid e. Dr. Poole well nigh repudiated all pretensions to originality in physiological therapeutics, whilst proving to his own satisfaction, the general principles of his thesis from the writings of many eminent authors, who had failed to reach the logical conclusions which he deduced from their recorded facts and opinions. Dr. Bucke has rehabilitated, in very attractive garb, an old doctrine which has been, [though often only incidentally, or quaintly,] propounded by several eminent physiological moralists; among whom Dr. B. particularly recognizes the lamented Bishat, whose early demise was one of greatest losses ever sustained by medical science. Bishat said that "all which relates to the passions appertains to the organic life." Dr. Bucke says "the physical basis of the moral nature is probably the great sympathetic nervous system." The two propositions are essentially identical, as any person who reads Dr. B's book cannot fail to perceive.

Hardly any careful and dispassionate investigation of human actions and character, can hesitate to admit that in their development and manifesta-

tion, something more than, and different from, mere intellectual sovereignty, bears sway. This is a fact which has either escaped the consideration of legislators and jurists, or has been ignominiously ignored by them; hence their pertinacious adherence to their blood-stained dogma, that moral and legal responsibility must be gauged by the capability of delinquents to distinguish between right and wrong; a doctrine which utterly excludes from the realm of judgment, all recognition, or consideration, of the entire range of our affectional nature, than which nothing can be more absurd, or more barbarous. Dr. Bucke, in the course of his essay, designates a certain class of persons as "*moral idiots*." We remember, reading, a couple of years ago, the report of a trial for murder, in which Dr. Bucke gave evidence, as an alienistic expert, and designated the prisoner by this very term. We presume Dr. B. will not have forgotten the contempt with which his deliverance was received by the prosecution and the court, nor the derision showered on him by certain erudite editors. It was our belief at the time, based on the general tenor of the evidence, that Dr. Bucke's expression was the exact designation of the prisoner's psychical condition, and we are now gratified in finding in his book an explicit exposition of this mental defect. Dr. Bucke adduces various reasons for his supposition "that the moral nature and the intellectual are really distinct functions, or rather groups of functions." We are rather disappointed in finding that amongst these *reasons*, he gives first place to the conventional aphorism by which he alleges all nations are wont to depict the emotions.

"In the first place," writes Dr. B. "we feel that our emotions have their seat, not in our heads, but in our bodies, and the languages of all nations and of all times refer the emotions to the heart, in and about which organ are grouped the larger ganglionic masses of the great sympathetic system." This appeal to the authority of all nations and all times appears to us as but a limping reason to be stationed in the front rank of any argument; for what absurdity or what moral monstrosity, might not be sustained on this authority? Dr. B. must surely be well enough read in his own specialty, to know that witchcraft and demoniacal possession were, until very recently, believed in by all nations, and that not merely were they in all languages spoken of by the vulgar—as indisputable facts, but that even the

most eminent jurists and theologians so regarded them, and descanted learnedly on their enormity. Was it not held by some overwise ancient physiological moralists, and accordingly subscribed to by many disciples, that the seat of the soul is in the stomach? And considering the potent influence of this organ over the moral manifestations of all mankind, and all animal kinds, would it be a greater stretch of assumption to ascribe to it the seat of all the affections, than to its far less susceptible neighbour, the heart?

We do not feel half pleased with Dr. Bucke for telling us that the "moral nature" (that is the *emotional*, or as Bishat has it, the "*vie organique*,") of woman, obtains preponderance at the expense of the intellectual capacity. Dr. B. says, "we know that her brain is smaller than that of man," and "we have reason to believe that the great sympathetic is larger relative to her size." We doubt if either of these propositions has been established. Woman's brain is smaller, no doubt, than that of man, but so is her body; and as to the assumption that her sympathetic nerve system is larger—because to supply certain organs not found in man, it should be so, though this is an element called for by Dr. B's theory, it is neither a demonstrated fact, nor if demonstrated, would it follow that the aggregate influence over the moral economy would thereby be augmented. How do we know that the smaller sympathetic realm of the reproductive system in man, is not an ample equivalent, if not indeed an over-match, for that of wider extent in woman? That in both sexes the reproductive system may be under the arbitrary control of the sympathetic system, we are not called upon to dispute; but we think no observant physiologist, or moralist, will deny that the intensity of the sexual passion in man, and in the males of all animals, is almost supremely greater than it is in the opposite sex. Quantity is not quality. We know a very eminent and able man whose hat would probably sit on the summit of Dr. B's head, and yet all who know this gentleman are astonished to think how so small a brain masters so much.

Dr. Bucke has very skillfully utilised the Jewish race, who certainly should feel very thankful to him for the moral altitude to which he has elevated them, and not the less so because they may not, before, have felt conscious of their own superior merits. Dr. B. alleges that the moral nature of the

Jews must be better than ours, because "their lives are better." We are always thankful for new facts, and this is certainly new to us. But the Dr. says he has still a surer ground for this fact, than the half-dozen or so credited to his money-loving brethren. "This ground," he writes, "is that the Jews have initiated the most advanced religions of the world, during the whole course of its history." In these religions no doubt Dr. B. ranks Christianity as the most excellent. Is it the general opinion of modern Christians that their religion has been but a natural *evolution* of Judaism, and that to His mere Hebrew affiliation Jesus was indebted for His competence to enunciate His new faith? If so, one of the most potent arguments adduced by writers on "the evidences,"—the miracle of its most unpropitious origin, is completely sapped. Why, Dr. B. tells us in another place that only one thorough, educated, Jew became a Christian, and for his conversion a miracle had to be wrought. Does this look like intellectual evolution? If Christianity was but a sublimated Judaism, why was it not most largely embraced by the highest intellects of the nation, instead of by a few poor and ignorant fishermen? Verily had the religion of Jesus never found a more congenial soil than that of Judea, we doubt whether it would to day number so many millions of professors. Had not Constantine become a convert, and commanded his legions to follow him, would the Pope now sit in Rome? Truly, if Christianity was a mere evolution, or outcome of Judaism, it must have sprung, not from Jewish intellectual eminence, but from Dr. Bucke's supereminent Jewish "sympathetic nerve system;" and perhaps Dr. B. will be content with this concession.

There is no small gratification in reviewing a book so replete with substantial, clever and courageous writing, as is the little volume now before us. If we have singled out a few passages to which we decline subscription, our readers must not infer that we hold in low estimation the general substance of the work. It is assuredly a work which has cost its author much thought and large study, and it is written in a style, which, though not always elegant, is yet attractive and terse, and we welcome its entrance into Canadian literature, as a first fruit's offering highly creditable to our young Dominion. Should a second edition be called for, as we sincerely hope may be the fact, we would recommend

the correction of a few grammatical oversights, which may be chargeable against the compositor, or the proof reader; for example on page 39, "the mental image of all forms of hopelessness and infancy awaken;" a singular nominative governing a plural verb. Again at top of page 164, "to justify the expectations which he or she excite." Every writer who has had experience of the havoc often made in his text by ignorant or conceited typos, must well understand the annoyance thus caused to an author of such ability as this book proves Dr. Bucke to be.

ELEMENTARY QUANTITATIVE ANALYSIS. By Alexander Classen, Professor in the Royal Polytechnic School, Aix la Chapelle. Translated by Edgar F. Smith, A.M., Ph. D. Published by Henry C. Lea, Philadelphia: Willing & Williamson, Toronto.

This is a compendious little treatise which must be of great value to the analyst and practical chemist. "It has been adopted as a text-book in the laboratories of almost all the prominent German universities and polytechnic schools, and has taken rank by the side of the older and larger works on the same subject," and has been translated into the French, Russian, Polish, as well as now into English.

A MANUAL ON EXAMINATION OF THE EYES.—By S Landott, Directeur-Adjoint of the Ophthalmological Laboratory at the Sorboune, Paris. Translated by Swan M. Burnet, M.D. Published by D. G. Brinton, Philadelphia; Willing & Williamson, Toronto.

This work must, of course, be best appreciated by the specialty for whose instruction it has been designed. It is given in 24 lectures, which are illustrated by 44 well executed plates, with a chart at the end, "of the movements of the eyes, and their derangements."

Births, Marriages and Deaths.

At Bloomfield, on the 30th of July, A. C. Bowerman, M.D., to Miss Ida E. Bedell of the same place.

In Aberdeen, Scotland, on the 30th of July, W. S. Muir, M.D., L.R.C.S. & P., Edin., of Truro, N.S., to Catharine Jane, eldest daughter of W. Lawson, Esq., of Aberdeen.

On the 7th of June, Robert Campbell Fair, M.D., of Orangeville, in the 38th year of his age.

At Brockville, on the 27th ult., J. H. Morden, M.D., of heart disease.