

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

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

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

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

Continuous pagination.

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

THE

# DOMINION MEDICAL JOURNAL.

VOL. II.—No. 5.

TORONTO, ONT., JANUARY, 1870.

PRICE, \$3 PER ANN.  
(In advance, \$2 "

## Original Papers.

### TRICHINA SPIRALIS.

By A. EBY, M. B.,  
SEBRINGVILLE.

(Concluded.)

Hartwig is said to have boiled trichinous meat for 24 minutes without destroying them, but 3 minutes additional boiling is said to have killed them effectually. Virchow soaked trichinous meat in so strong a solution of chromic acid as to coagulate the muscular tissue, yet the animals on being freed from their capsules showed by their movements that life was not extinct.

Clinically, a case of trichinous infection may be divided into four stages.

#### I.—STAGE OF INCUBATION.

No symptoms are observed for the first few days after eating trichinous meat. As above stated, it takes from three to four days for the full development of the animal, and a few more days pass before the first symptoms caused by the migration of the young become manifest. As a rule no symptoms are shown until the sixth or seventh day after partaking of the diseased meat. The symptoms, however, may come on at any time from two days to four weeks. The time and the severity of the symptoms greatly depend on the amount of meat eaten.

#### 2.—PERIOD OF GASTRO-INTESTINAL IRRITATION (STADIUM INGRESSIONIS, RUPPRECHT.)

This comprises the period from ingestion to the tenth or twelfth day. The earliest symptoms in mild cases is oedema of the face, especially below the eyes. In severe cases, besides the oedema, there is more or less fever, with gastric catarrh, and diarrhoea. In some of the

epidemics, vomiting was one of the earliest symptoms. Violent colic, fetid breath, cardialgia, eructations, anorexia, with a general feeling of malaise, were observed in others. While cholera was observed in some of the epidemics, there was obstinate constipation in others. As a rule, during the first stage, no symptoms manifest themselves, but what are daily met with in cases of gastro-intestinal irritation, due to other causes. That it is extremely difficult to distinguish cases of trichinosis in this stage from typhoid or typhus fever may be gathered from the fact that the earliest cases of trichinosis were generally, at first, taken to be cases of fever, until other symptoms and actual demonstration showed the fallacy of the diagnosis.

#### 3.—PERIOD OF MUSCULAR IRRITATION, (STADIUM IMMIGRATIONIS, RUPPRECHT.)

About the end of the first week there will be oedema of the face. In some cases this will successively invade the forehead, temples and face. The eyes become injected and watery, with photophobia and painful movements. There may be oedema of the tongue and glottis. Ophthalmoscopic examinations are said to exhibit oedema of the retina. Hoarseness is commonly observed, due to the immigration of the entozoa into the larynx. There may be partial deafness from closure of the eustachian tube. The fever rises—the pulse ranges from 85 to 120. The respiration varies from 30 to 36 per minute. The temperature rises to from 101° to 106° Fahrenheit. If the affection commenced with diarrhoea, this will continue; but if there was constipation, this will remain so. The skin is generally very active, perspiration being often enormous. The perspiration will often produce an eruption similar to that in typhoid

fever. This sweating may continue for several weeks, and often only on a single part of the body. Muscular contraction usually shows itself about the second week, and now becomes a marked symptom. Pressure on the muscles, which are hard and swollen, produces agonizing pain. The swelling generally commences on the ends of the muscles nearest the centre, and extends towards the extremities. Pressure on the muscles produces a sensation like that of india rubber. The muscles of the neck, back and limbs are often rigid. Being unable to move, and sleep being impossible on account of the pain, the patient lies motionless on the back. Death usually takes place between the fourth and fifth week. In grave cases, typhoid symptoms set in about the fourth week; the fever which had previously subsided now reappears; the pulse rises to 112 to 144, and the respiration to 40 or more. The tongue becomes dry; the abdomen is tympanitic, and in fatal cases there is involuntary emissions of urine. In most cases the fifth week marks the period of improvement.

#### 4.—PERIOD OF CONVALESCENCE (STODIUM ECGRESSIONIS, RUPPRECHT).

In this period, improvement gradually takes place. The fever subsides; the pulse falls, and the frequency of respiration diminishes. Sometimes pleurisy or pneumonia will complicate the convalescence. The perspiration subsides, and sleep returns; but the appetite is generally poor, and the prostration is great. A new swelling may now appear usually about the malleoli. This may continue until there is general dropsy due to anæmia. This, with appropriate treatment, will gradually subside, and the patient recover his health.

*Treatment.*—There is little to be said in regard to treatment. Various articles have been proposed as specifics, but have all failed on further trial. The only treatment that can be recommended is one taking cognizance of the various symptoms as they arise. During the existence of the fever, cooling drinks and sedatives may be given. In the latter stages, active stimulation may be necessary. Beef tea and pure brandy will be beneficial. As a prophylactic, may be

mentioned, thorough boiling, as the only protection. Fortunately, the disease is very rare in Canada; but I have reason to believe, that many cases, usually diagnosed as fever, are really cases of trichinosis. I have met with several cases in which I suspected this disease, but had not the means for diagnosis.

In conclusion, I beg to give credit for my information to the authors of the numerous articles on this subject that have appeared in the *American Journal of Medical Sciences*.

### ENORMOUS TUMOUR IN A CHILD EIGHTEEN MONTHS OF AGE.

By G. T. ORTON, M.D., M.R.C.S., ENO.  
FEBRUS, ONTARIO.

The child which was the subject of this abnormal growth came under my care at the latter end of August, 1869. The attention of his parents had been drawn to the tumid condition of his abdomen about a month or two previous, by an old gipsy woman, who told them that something serious was affecting the child. They consulted a medical man several times, who, however, seemed to think it was merely such a pot-bellied condition as is not uncommonly seen in children whose digestive organs are deranged, either by eating too ravenously, or from worms, existing in the intestines. Evidently he had not the slightest suspicion of any serious disease, and the tumour I am about to describe entirely escaped his observation. The child, when first presented to me, appeared to be decidedly delicate, was tall for its age, face pale, and features somewhat pinched, eyes bright and clear, arms and legs flabby, and the abdomen very markedly tumid, pulse was feeble and gave 110 pulsations per minute, tongue somewhat coated with a yellowish fur. From the examination, thus far, I was convinced there was some serious cause for the ill health of my little patient, and when I came to make a closer examination of the abdomen, was not greatly surprised to find a hard tumour, of considerable size. My conclusion was, that I had a case of tubercular disease of the mesenteric glands, in a very advanced state, but confess that I could ill account for its peculiar position and shape. The space it

occupied was as follows: In its longest diameter it extended from the middle of right iliac fossa up to the back of the loose ribs on the same side, which it caused to bulge anteriorly, below a broad cornu stretched forward to a line between the umbilicus and symphysis pubis, above a similar cornu occupied the right hypochondriac, and one half of the epigastric regions, the centre of the tumour filled the right lumbar region, leaving the umbilical region almost entirely free. It thus presented a somewhat semi-lunar or horse shoe shape. The bowels and stomach were apparently forced, in a great extent, to the left side.

The only explanation of its position and shape I formed at the time was that in the earlier stage of the disease in the mesenteric glands, some inflammatory action had existed by which adhesions were contracted with the abdominal wall on right side; and also possibly with the kidney posteriorly. I did at one time afterwards ask myself if it could be possible that this was an abnormal growth of the right kidney from disease, but never having seen or read of a kidney attaining such a size, and the affection of the mesenteric glands being of much more frequent occurrence in children, I abandoned the idea. My prognosis in the case was of course extremely unfavourable; little, indeed, could be expected from treatment. However, I watched the case with a great deal of interest. Cod liver oil, iodide of iron, hypophosphites, &c., were administered to try and keep up the child's general health, but great irritability of the stomach existed, and I soon gave up all attempts to even prolong life. The tumour rapidly increased with corresponding emaciation of rest of body. Before death the tumour appeared to occupy nearly the whole of the abdominal cavity, except a narrow space along the left side, which gave room for the stomach and intestines. The thoracic cavity seemed almost obliterated, so much did the tumour press upwards. A point worthy of remark in this case is that the urine never exhibited any abnormal characters, until towards the very last, when it became somewhat bloody, was scanty, and had a very strong odour, but not more so than is frequently observed when dissolution is approaching from

other diseases. The evacuations from the bowels on the other hand, were constantly deranged, and very offensive, having much the character they present in *tabes mesenterica*.

Death at last released the little sufferer, and with the assistance of Drs. Paget and Pentland, of Elora, I performed a post mortem examination. Upon opening the abdominal cavity, very little fluid escaped, and the tumour, somewhat lobulated in appearance, and covered with peritoneum, at once presented itself. Slight adhesions existed between it and the small intestines, also with the duodenum and under surface of liver. In endeavouring to remove the tumour, it became very apparent that the peritoneum was reflected into the lateral and anterior walls of the abdomen, and also posteriorly over the spinal column, which made me exclaim—why this is, after all, the right kidney, in a state of tubercular disease!—and so it proved to be, for a space at the back of the tumour was uncovered with peritoneum, and only separated by cellular tissue from the lumbar muscles, and no other kidney could be found on that side. The opposite kidney was in a healthy condition, but fully the size of that in an ordinary adult. The other abdominal viscera were, to all appearance, perfectly free from disease, though very pale and attenuated.

The tumour, when removed, weighed eight pounds and a half, and measured, around the centre of its longest circumference, two feet eight inches, and at its shortest, one foot seven inches.

Wishing to preserve it as a pathological specimen, I only made a slight incision into its substance, and found it to consist of grey tubercular matter, in a somewhat softened condition; indeed, evidently in places, degenerated into unhealthy pus.

The chief points of interest in this case seem to be the rapid growth and extraordinary size which this diseased kidney attained in so young a child.

A query is also suggested to my mind, viz: when one kidney is clearly diagnosed to be in a state of incurable disease, which must result in death to the patient, would it not be advisable to attempt removal? I see no insurmountable

reason why it should not be attempted. True, great difficulty would be experienced in the performance; but I think, not more risk to the patient than in the operation of ovariotomy.

### Selected Papers.

#### On the Hypodermic Use of Morphia in Diseases of the Heart and Great Vessels.

BY T. C. ALLBUTT, M.A., M. D. CANTAR, F.L.S.  
PHYSICIAN TO THE LEEDS INFIRMARY.

(From the Practitioner.)

The present paper is written in the hope that the mode of treatment I am about to propose is one of very high utility, and likely to bring comfort to many sufferers. So strongly, indeed, am I convinced of its importance, that I feel I ought not to delay the publication of my observations, although I now publish them under the pressure of many engagements. Any one of my readers, physician or not, who has watched at the bedsides of those who have died of heart disease or thoracic aneurisms will never lose the painful memory of their sufferings, or forget that of all modes of death these are, perhaps, the most terrible. Is it not rather a common than an uncommon fate to see men and women, otherwise healthy and with promise of life, placed at a fearful disadvantage by some injury in the heart or aorta, and who feel, with the undulled sensibilities of comparative health, how a mechanical fault at the very centre of the loom of life, and against which no bodily strength nor any device of medicine can prevail, is dragging them surely downwards week by week and month by month? I think there is scarcely any extreme illness so distressing as the latter stages of these maladies, when a patient, often with a clear head and a good stomach, can only cling convulsively to a life he would willingly lose, and with gasping breath, a striving heart, and swollen limbs, hardly finds a moment's rest from torment. The inability of most of these patients to lie down, the banishment from their beds, and the dread of night, which comes to other men as a friend, are perhaps the chief of their trials; and, as it would seem, by a wanton cruelty of nature we are forbidden to give to them that great consoler of the sufferings of others—opium. Will it not be a boon to them if there be yet some means by which the peace of an opiate can be given to relieve their anxious watchings? I was myself led by such experience of another's suffering to seek for remedial means in heart and aortic diseases;

and if I have been in any way successful, I am more than rewarded.

My farther experience of the *Prunus Virginiana*, and the gratifying testimony of others—of many strangers, moreover, who came to tell me of it at the British Medical Association—its increasing sale, too, at home and abroad, all convince me still of its utility. But in the latter stages of heart disease, when the wild cherry is either impotent or unequal to much help, I believe we have in the morphia syringe an invaluable ally.

From small and timid beginnings I have gone forward with this marvellous remedy, until I find myself now justified in using it fearlessly in any form and in any stage of heart and aortic disease. No matter how swollen the limbs, no matter how agitated the pulse, no matter how blue and how turgid the face and lips, I now never hesitate to inject morphia, and scarcely ever fail, even up to the time of the dying agonies, to give relief decided enough to earn the warm gratitude of the patient. At such times one feels the blessing of being a physician.

I believe I am right in supposing that the injection is not known in cases of this kind; if I am wrong, I must crave the reader's pardon. In my own consultations, however, I not only find it unknown to, but naturally dreaded by, my professional brethren. I never see it mentioned in the medical journals, and I have spoken of it to many leading physicians in London and elsewhere, who have confessed their own ignorance of the remedy, and have urged me to make it known. My friend and colleague, Mr. Teale, indeed, is quite familiar with this use of morphia, and I have the great advantage of his warm testimony in its favour—a testimony wholly unbiassed by me, for he had hit upon the remedy for heart disease almost or quite as soon as I began it, and he has never gone back from it.\* I have found, also, that in every case in which another medical man has used the injection at my instance, so far from being alarmed by it, or dissatisfied, he has thenceforth regarded it as his best friend.

I use the hydrochlorate of morphia in doses varying from one-tenth to one-third of a grain; I seldom use half a grain, except in such a case as intense pain from angina or intrathoracic tumour. I always begin with one-eighth or one-sixth; and in ordinary cases I find a quarter of a grain the proper dose—in a case, say, of mitral regurgitation with pulmonary congestion in an otherwise healthy

\*Mr. Teale tells me that he accidentally discovered the remedy when injecting for a painful ulcer a patient who also had heart disease.

adult. The dose is best given in an evening, and should always be followed by perfect quiet in the room. This last is an important element in all cases of injection of morphia. The urine should be examined, and the drug withheld or given with caution if albumen be found. I think, however, there need be no great fear of it during albuminuria only secondary to the heart disease, unless there be reason to suppose that excessive renal congestion be present, and head symptoms at hand.

Once or twice I have injected morphia in small doses to mitigate suffering in patients with heart disease associated with granular kidney, and in whom no head symptoms had appeared. I have done it, however, in fear and trembling, and I think the risk is better avoided.

(To be continued.)

### Ether as a Stimulant-Sedative in the Neuroses of the Aged.

(From the Practitioner.)

By the kindness of Sir James Alderson, President of the College of Physicians, we have been put in possession of the following facts. They were recently communicated to Sir James by Sir Frederick Pollock, late Chief Baron of the Exchequer, who has been good enough to desire us to publish them.

The long and arduous legal career of Sir Frederick Pollock is too well known to require more than a passing reference; it may be stated here, however, that he always combined with his proper legal studies and duties a large amount of literary, and especially of scientific, reading. A more active and continuous devotion of life to intellectual work has rarely been practised by any one. Favoured with an almost absolutely unbroken health, Sir F. Pollock has reached the great age of 86, yet still retains his mental energy and activity; while as regards physical status, with the exception of the inevitable decline of muscular energy, he at present scarcely betrays his age in any noticeable manner. About six years ago, however, he was led to adopt ether-inhalation by the occurrence of symptoms which, though not dangerous, were annoying, and had a chronic depressing tendency. Besides a certain amount of indefinable nervous malaise, he suffered specifically from gastric flatulence and painful spasm, occurring almost constantly during meals. His attention was drawn to the possibility of getting relief from these inconveniences by taking some stimulant-narcotic, and he remarks, in one of his notes, that many elderly persons, who have lived intellectually laborious lives, have taken to the use

of tobacco, or of opium, with a view to assuaging sleeplessness, and other nervous troubles which are very common at that period of life. Both tobacco and opium, however, disagree with Sir F. Pollock, or at least fail to produce the required effect. He therefore made experiments with the best rectified ether, which he inhaled from an ordinary bottle applied to one nostril; and it soon became apparent that a few whiffs, taken in this manner, were sufficient at once to quiet spasm and pain, and to induce a general tranquility of the nervous system. It is needless to say that only very small quantities of ether can enter the blood in such inhalations as are now described, since not only does much escape at once into the air, but of that which is actually breathed a large proportion is simply expired again without being absorbed; and the smallness of the dose physiologically appropriated is sufficiently proved by the fact that true anæsthetic phenomena are never produced. At most, when several strong whiffs have been taken continuously, especially if the temperature of the ether has been raised by holding the bottle a long time in the hand, a dizziness has been produced—just enough to amount to slight vertigo when the standing posture has been attempted; but on careful enquiry it does not appear that this degree of etherisation is necessary for the relief of the uncomfortable sensations on account of which the practice was originally adopted. So far from consciousness being disturbed or clouded by the use of the ordinary small doses of the vapor, it would seem that the intellect is both tranquilized and fortified by them. They fail to produce the least numbness of peripheral sensory nerves. Nor do they at all compel sleep; although, by removing nervous irritability, they evidently favor its occurrence when it would otherwise be difficult to procure.

(To be continued.)

### Compound Fracture of the Patella—Recovery.

By J. P. ALDRIDGE, M. D., F. R. C. S.

We clip the following case from the *Boston Medical and Surgical Journal* as an instance of what modern conservative surgery can accomplish. For our own part we would hesitate to undertake such a case without the assistance of a careful nurse and a tractable patient. An impetuous Irishwoman, once under our care for dislocation of the patella, nearly lost the use of her knee joint for life through persisting in getting up the same evening the dislocation was reduced, a proceeding she repeated day after day, only going to bed when

our arrival was expected. Actions for malpractice were not quite as common as they are at present, or we might have been at some difficulty in vindicating our then juvenile professional reputation before an *intelligent jury*:—

On Christmas morning last I was called to a woman, aged 53, who had sustained a severe injury. On arriving, I found a transverse fracture of the patella, with a wound laying open the cavity of the knee-joint, and extending round the knee on either side as far as the outer and inner boundaries of the popliteal space. The leg lay in a flexed position, exposing the cavity of the joint, but the lateral ligaments were not ruptured. Part of the fractured patella protruded through the wound; there was considerable hemorrhage, but not requiring the tying or acupressing of any vessel. I may here mention that the patient had inflammation of the joint, with deep-seated abscesses in the thigh, some years before, which resulted in partial stiffening of joint.

On the morning above named she was proceeding upstairs in the dark, and fell, stumbling down two steps, her leg doubling under her. She states her knee struck on one of the steps, which caused the mischief; but probably the violent doubling of the leg caused the contracted muscles of the thigh to bear violently upon the patella, the ligamentum patellæ resisted, and the bone gave way. Be that as it may, the injury was severe, and one requiring no small consideration. After careful examination, I resolved to try and save the limb, so, with the aid of my assistant, Dr. F. W. Smith, replaced the parts into their proper position, and brought the edges of the wound together by means of silk sutures and adhesive plaster. The parts were most accurately and carefully adjusted, a few turns of a bandage placed around the thigh to prevent muscular contraction, as also over the calf of the leg. I laid the knee in a pillow-splint, raising the leg a little. At noon the same day found her very restless, and administered an anodyne, which soon composed her, and she expressed herself easy, and slept several hours.

26th.—Still quiet; no fever; pulse 79.

27th.—Slight constitutional disturbance; pulse 84.

28th.—More composed; had a good night.

29th.—Removed sutures and applied more strapping; found the whole extent of wound united by first intention, and skin natural and cool. Left the knee exposed to the air and covered lightly with a fold of blanket placed over a cradle.

Since then, recovery has been most complete, and without the slightest constitutional disturbance,

free from pain, and enjoying good rest; to use her own words, "I have been quite easy, sir, ever since you took out the threads."

A month after the accident the patient could sit up, and in six weeks, with some assistance, walked into another room.—*Medical Times and Gazette.*

#### Notes on Some Cases of Erysipelas.

By JOHN W. MARTIN, M. D., M. Ch.

In the following remarks, I merely wish to record the observation of a few points which I think are possessed of some interest.

During the last eight months, three well-marked cases of erysipelas of the head and face have come under my notice, the subjects being all persons in the poorer ranks of life, two of them women, and one a young man.

CASE I.—Mary K., æt. 45, wife of a laborer; the attack commencing six weeks subsequent to her confinement.

CASE II.—Mary M., æt. 35, wife of a factory laborer, and mother of nine children. Has always been delicate, and during the three months preceding the attack had to give up work.

CASE III.—Maurice D., æt. 22, factory operative; unmarried.

In all, the form of attack was phlyctenoid; there was a period of *latency* for a week before the appearance of the eruption, as marked by languor and a general feeling of "malaise," and the attack itself set in with the usual symptoms of nausea, vomiting, pain in the back, loaded tongue, quick pulse, and confined bowels. In all, the glandulæ concatenatæ were painfully swollen and tender, accompanied by a feeling of stiffness in the neck.

The most careful enquiry into the cases of the two women could elicit *no history of lesion of any kind* from whence the attack might have had its starting point, thus forming exceptions to what Trousseau, in his excellent chapter on erysipelas states to be almost universally the rule.

In the case of Maurice D., there was sore throat accompanying, but not, as far as I could learn, preceding the attack; but there was *no lesion* in the neighborhood of the brow, eye, cheek or ear, where the blush first exhibited itself.

In each of the cases the climax, as shown by thermometrical observations, was reached at periods varying from the sixth to the eighth day, the highest temperature varying from 101 one-fifth degs. to 101 three-fifth degs.

In all, at the point where convalescence was becoming thoroughly established, there was a fall in

the temperature several degrees below normal, varying from 94 one-fifth degs. to 97 four-fifth degs., the most careful observations being made to establish these temperatures.

A similar fall in temperature, before the establishment of convalescence in febrile disease, has been observed and recorded in some thermometrical observations made by my father during an epidemic of typhus fever that occurred in Portlaw in the winter of 1866, and the spring and summer of 1867.

In *all*, chemical examination of the urine showed the presence of sugar; in the case of Mary M., the test for uric acid was followed immediately by a copious precipitate, its presence being confirmed by the microscope. I am sorry to add that I omitted this test in the other two cases.

The treatment in all cases consisted in dusting the part affected, well with flour, the exhibition of mild aperient medicine, of muriate tr. of iron and wine  $\zeta$ iv. daily, the patients being given as generous a diet as possible.

The points of interest seem to me to be:—

1. Is there a true period of latency culminating in the febrile symptoms usually preceding the eruption? or, are the febrile symptoms dependent on the engorgement, tenderness and accompanying constitutional disturbance set up in the neighboring glands, by the presence of a lesion of some kind or other, from whence, according to Trousseau, the eruption takes its starting point?

2d. Is there in all febrile diseases, as a rule, a fall in temperature below normal before convalescence is established?

3d. Is sugar usually present in the urine of erysipelatos cases?—*Dublin Medical Press and Circular*.—*Boston Med. and Surg. Reporter*.

#### Uræmic Diarrhœa.

Dr. J. M. Fothergill remarks (*British Medical Journal*, Nov. 20, 1869) "In congestion of the kidneys, the flow through the convolute capillaries is impeded, and the excretory actions of the kidneys is thus lost, and the blood becomes laden with effete products and water; thus altered in its physical properties, it flows sluggishly and stagnates in the capillaries, including those of the intestinal canal; spontaneous catharsis comes on, and the balance of the circulation is restored. In chronic renal disease, this becomes more necessary, and is frequently manifested. The inefficient action of the renal secreting cells, together with dilated, contracted, or thickened capillaries, produce frequently an impeded circulation; congestion and further

impeded flow follows; the depurative action of the kidneys, for the time being, is held in abeyance; and blood-poisoning ensues."

Diarrhœa, therefore, in these renal conditions, Dr. F. considers to be of greatest service, freeing the blood from its retained effete products.

"Whenever, then, diarrhœa occurs in a person, he says, "presenting the appearance of renal disease, and more especially if there be present albuminuria, or the symptoms of any renal congestion, it may be desirable to hesitate about arresting the alvine flux until some other channel be patent. From the known intolerance of opium in renal disease, preparations of the solanaceæ should be administered where the suffering is great. The skin should be immediately acted upon by the hot air bath, or otherwise; hot poultices, sprinkled with mustard, should be applied across the loins when the bath is over. Nutritive support should be given; and a mild diuretic of digitalis, and citrate of potassa in infusion of buchu or calumba, may be administered as soon as the kidneys are somewhat relieved."

If a little flux remain, a little powdered cassia or cinnamon may be prescribed, and the more powerful astringents should only be administered when the danger to life is imminent; and of these, a mixture of sulphuric acid and infusion of logwood, is perhaps the least objectionable. But astringents should be used warily and cautiously; absorbed into the blood, they astringe and arrest the activity of the bowels, but, at the same time, check and impede the action of the renal secreting cells, whose restored and renovated activity it is of the utmost importance to keep up. The action of the skin must be fostered, and the patient carefully protected from atmospheric changes, to which these sufferers are very sensitive; and as soon as convenient, the patient must be given steel, and the other adjuncts to nutrition. In the first mild case which occurs, I shall feel inclined to try a combination of nitrate of potassa, nitric ether, and pernitrate of iron. Whichever plan be adopted, it is desirable, while affording the maximum amount of benefit, to eliminate, as far as possible, the elements of danger."—*Am. Jour. of Med. Sciences*.

#### Another Letter from Dr. Marsden.

To the Editors of the *Canada Medical Journal*:

"O! magna vis veritatis." Cic.

GENTLEMEN,—From the tone and tenor of your remarks on my "Analysis of the Ontario Medical Act," contained in the November number of your journal, it would seem that a deliberate and con-



scientious change of opinion on any given subject was dishonorable, and is a heinous offence in your eyes, if the conversion does not accord with your views. You express great astonishment at my "sudden conversion," and add: "no one was more, bitterly opposed to the Bill at Toronto," &c. Why did you not say, "on the first day," which would have been strictly true. As I said in my paper, "it was not until the second day's proceedings of the Association, when this matter had been discussed and agitated both in and out of the meeting, that I, and I may safely add we, began to understand the Act." If I have not sufficiently explained my reasons for my conversion in my "analysis," I will not now tire your readers, nor take up your valuable space, by an attempt to do so, as it would only be a repetition of what I then said, and still think, and which any one may read that is interested.

Now, gentlemen, although I have been guilty of the great crime of differing in opinion with you on this subject generally, it is a satisfaction to see that you admit with me, "that the Act so far as relates to the penal clauses is a good measure."

The undignified taunt about seeking to amend "our own Act based on the Ontario Medical Act of 1869," applies, with a singularly bad grace, to one who has devoted his whole professional life, without regard to time or money, to obtaining useful Medical legislation, and who has been greatly instrumental in securing what little we have that is worth having.

An experience of about forty years of Medical practice and Medical legislation has convinced me of the fact, that there is no branch of art or science which is so little understood or cared for, or so badly manipulated by legislators, as physic; and, the little good that has been attained by legislation is more due to accidental circumstances, coupled with vigilance and perseverance on the part of certain members of the Medical Profession, than to the sympathy or good will of the legislators, with whom politics, and not physic, is ever the motive principle. This, however, is not surprising when we consider the difficulties and impediments that have constantly beset Medical legislation in Great Britain and Ireland, as well as elsewhere.

You are aware, gentlemen, that, bad as this Act is in your estimation (and still defective as it is in mine,) an attempt has lately been made to amend the Ontario Medical Act of 1869, by a bill introduced on the 3rd inst. by the Hon. Mr. McMurrich.

By whom were these amendments sought? By the regular Profession? Certainly not; but by the Homoeopaths and Eclectics. Does not this clearly demonstrate the fact that if the regular members of the Medical Profession are not satisfied with the Act, the irregulars are still less so? These latter used every possible means to ensure success, and were only defeated in committee (on the 7th inst.) by the exertions of the regulars. If they were so universally dissatisfied with the Act

as you gentlemen suppose, and they saw even the shadow of a chance of amending it, why did they not go into its whole merits in committee? Because they well knew the state of parties (medical as well as political) both in and out of the Legislature, and were certain that any change that might take place would "amend" for the worse; and "the Act being the best that could be obtained at the time," they determined to protect it until they saw a chance of getting a better.

Your last number contains an article headed, "Quebec Medical Society," to which you gave insertion "with pleasure, and are glad to find that at all events the members of the Quebec Medical Society do not endorse the statements of Dr. Marsden with regard to the Ontario Medical Bill."

Had Dr. J. B. Blanchet, furnished you the names of the members present at that numerous and influential meeting, you would have seen that besides the concoctor of the resolutions so unanimously adopted, there were only four junior members of the Profession present, including the Secretary. I entirely absolve the respected President, who occupied the Chair on this memorable occasion, from any complicity or sympathy with this fragment of the Quebec Medical Society, which presumes so authoritatively to contradict my statement, and speak for the Society. I have conversed on the subject with a larger number of the members of the Quebec Medical Society than composed that meeting, (and am prepared to furnish their names if required) who entirely "endorse my sentiments, with regard to the Ontario Medical Act, and some of them who, like myself, were originally of a different opinion. I have found none, however, that are ashamed to acknowledge their conversion.

As the meeting referred to is stated to have been held "at the Medical Faculty of Laval University," (sic) you may suppose that allusion is made to persons and not to a place; and that so distinguished a body as the Medical Faculty of Laval University had anything at all to do with the meeting. Beyond permitting it to meet in their rooms, they had no more to do with it than any of the Medical Faculty of McGill College; no, not even as members.

Finally, gentlemen, although you do not entirely concur in my sentiments or opinion of the Ontario Medical Act—for it is only a matter of opinion after all—it is satisfactory to me to be able to inform you that I am receiving letters from members of the Medical Profession of Ontario, as well as from members of the "Medical Council," heartily approving of my analysis. Until you change your opinions (which I have every reason to believe you will when sufficient time has been given to test the working of the Act), let me assure you that I shall be as ready in the future, as I have ever been in the past, to use my best exertions and influence to elevate and maintain the character of the Medical Profession, and promote its unity, with singleness of purpose, not only in the Province of Quebec, but throughout the Dominion; making our motto, "Charitas—Veritas—Unitas."

I am, Gentlemen,

Yours, &c.,

W. MARSDEN, M.A., M.D.,  
Place d'Armes.

Quebec, Dec. 27th, 1869.

# The Dominion Medical Journal,

A MONTHLY RECORD OF  
MEDICAL AND SURGICAL SCIENCE.

EDITORS:

UZZIEL OGDEN, M.D.,  
J. WIDMER ROLPH, M.D., L.R.C.P., Lond.

TORONTO, JANUARY, 1870.

## VALEDICTORY.

Affairs of a private and personal nature having occurred, I have been reluctantly compelled to resign the proprietorship and editorial function of this journal to Drs. Ogden and Rolph; in doing so I desire to express my gratitude to the members of the profession who have so kindly supported me in my endeavours to establish a Medical Journal in this Dominion. The JOURNAL is now upon a paying basis, and if the same generous support is accorded to my successors, they will have no reason to complain. During the period of my editorial management, the JOURNAL has at all times been thoroughly independent; its columns were open to those members of the profession who desired to express their views upon the medical questions of the day. The Ontario Medical Act has been the chief and most important topic which we have had to consider, and although my views were in opposition to those of a respectable minority, I have not feared to give full and free opportunities for discussion upon this very important subject; and in taking leave of my readers, and the profession generally, I would impress upon them the importance of earnestly supporting our brethren in the Medical Council, who, guided by the highest motives, have devoted their time and talents for the laudable purpose of elevating the profession, and doing away with those crying evils which have disgraced us in times past. Feeling confident that the JOURNAL will still continue to be thoroughly independent, and that the efforts of its Editors will be devoted to the advancement of Medical Science in this Dominion.

I remain,

Yours gratefully,

L. BROCK.

Dr. Brock calls the attention of subscribers to the accounts which he is issuing, and hopes they will forward to him promptly; if not paid in the course of two weeks he will draw upon them through the Express Company.

It may be "a nice thing to be an editor in the country," and in our boyhood we used to fancy he must be a happy fellow, in slippers and gown, seated in his arm chair, jotting down all the witty things, over which, as youngsters, we used to laugh with a gusto which always helped digestion, and sometimes almost made us break the Tenth Commandment. But to edit a Medical Journal like the DOMINION, to be circulated all over the globe, and read, and criticised, and abused, and laughed at, by a class of censors so well versed in the art as medical critics are known to be—or, as Gail Hamilton says, "to furnish shavings and dry wood for burning yourself at the stake"—is not conducive to quiet slumber; but circumstances, or the fates, have placed us in the chair, minus the cushion, and it has been a maxim of our life "to do with our might whatever our hand findeth to do."

As we have undertaken the charge of this journal, we wish a word or two with our friends (and we would have said, with our foes, if we had any.)

We believe there is talent and material enough in our Dominion to make a good, readable journal, and we mean, if possible to develop it. We have the promise of contributions from a number of gentlemen of well known ability and standing in the profession, whose names will be a sufficient guarantee of the value of our pages and the certainty of our success.

We hope our friends will contribute the results of some of their failures and mistakes, as these are often more instructive than their successful cases. If they dislike to publish a failure over their own names, let us have it over an assumed one.

We receive a large number of British and American journals, from which we intend to select very freely, and in such a way as to give our subscribers the cream of the current literature at a cost very far below the combined cost of the originals. In this way we hope to make the DOMINION MEDICAL JOURNAL a professional necessity in Ontario at least, and fill its pages with matter of practical benefit to our busy, thinking, hard-working provincial friends, in advance of the usual more cumbersome half-yearly abstracts and retrospects.

Our journal, being monthly, will be of portable size, easily carried, and will furnish a pastime when waiting for the slow operations of nature at the bedside.

We think it will be of peculiar value to our younger brethren, whose incomes will not warrant them in subscribing for a number of British and Foreign journals, but whose ambition prompts them to keep pace with the current medical and scientific literature.

We hope to make our "Notes and Queries" department the means of supplying a large amount of information, on points which suggest themselves from time to time, to our friends, as they "go their busy rounds," and thus help to solve some of the perplexities and doubts which often arise. We hope to be the medium of communication between practitioners in different parts of the country, and promote the habit of thought, reflection and observation among our younger brethren.

Furthermore, we shall devote our energies to the elevation and consolidation of the regular profession, believing that, with a membership of nearly two thousand, we are strong enough, if formed into a Grand Lodge, to assert our rights and maintain our privileges in the face of any opposition likely to be met with.

Finally, as we have no enemies, we expect to be handled with gloves; being men of peace we desire no war, but if any one should in the future desire a tilt with us, we warn all such, that we belong to that class so much beloved by our old friend Johnson, "good haters"; but as we have for many years discarded the lancet, for veratrum viride and opium, we firmly believe that no inflammation or disturbance is likely to arise among our journalistic members, which cannot be satisfactorily controlled or allayed by the judicious use of anodynes and sedatives.

"Forewarned, forearmed."

---

### UNIVERSITY DEGREES.

Now that the examinations for the license to practice in Ontario have been placed in the hands of a central Board, it behooves the Universities to consider well the new position which they will occupy. Hitherto their function has been that of examining the youth of the Province, with a view of ascertaining their fitness for the practice of medicine. Now, however, the medical profession of Ontario enters upon a new and untried phase of its existence, and the various teaching bodies have to submit their students, if not to a higher, at any rate to a more uniform test of merit. But our object, at present, is rather to consider the effect which this change may have upon our Universities, who still have the right, which they will no doubt largely exercise, of conferring medical degrees; which, though not entitling the holder to practice, will (if the power be judiciously used) on that account only be considered the greater honour.

The licensing system of the mother country, much as it may need improvement, possesses great

advantages in this respect. The status of every member of the profession is very readily determined by his qualifications. England has her qualified practitioners, Licentiates of the Society of Apothecaries, and Members of the Royal College of Surgeons; men who are unquestionably fully qualified for the practice of the profession. Yet it is not to such that her high hospital appointments and lucrative consulting practices lie open. For these, higher qualifications are necessary; and the Fellowship of the Royal College of Surgeons, and the Membership or Fellowship of the Royal College of Physicians, or the M. B. or M. D. of London University, are honours by which a medical man in England can prove himself entitled to a high position in the profession.

On the other hand, in the United States, every institution alike grants the degree of M. D., and every legally qualified practitioner is a doctor of medicine. Hence a graduate of one of the highest American universities—some of which are unsurpassed anywhere—ranks no higher than one from a college where the curriculum is imperfect, and the examination almost nominal.

In this way not only have the public no guide (except, perhaps, a bitter experience) by which they can ascertain the real qualifications of a man, but also the practitioner himself loses that greatest stimulus to high attainments—a proper recognition of them by the profession. It is only by encouraging men to aspire to something above mediocrity, by distinguishing between the average practitioner and the thoroughly scientific physician and surgeon, that we can raise up amongst us a class of highly educated men.

So far we have done well. We have succeeded in establishing, though not without defects, the great principle of a Central Examining Board, which alone admits to the profession, and guarantees that all its members are properly qualified. But now let us go further, and let all our Universities raise the standard of their degrees. While they were the principal means by which the profession was supplied, such a proceeding would have been manifestly unfair. But now that their degrees have no such power, they can afford to take a higher stand, and make them the stamp of the thoroughly educated and scientific physician.

---

We commence the publication in this number of two most valuable articles from the *Practitioner*: one, on the hypodermic use of morphia in diseases of the heart, the other on the use of ether in the neuroses and spasms of the aged. We commend both to the careful perusal of our readers.

## SEMINARY DIETETICS.

Few subjects are of more vital importance to the welfare of the present and future generations, than the hygienic conditions under which our children are placed at boarding schools. There is no doubt, but during that period of their lives and development, the foundation is laid for much of the pain and suffering with which our daughters meet in after life.

Have we not all known many instances wherein girls previously healthy, have returned from the academy so broken down in health and strength of body and mind, that when they came to assume the cares and anxieties of maternity, they have become nervous, irritable, exacting, unable to perform properly their household duties, a source of constant anxiety to their husbands and friends, a burden to themselves, and too often the occupants of premature graves?

This should not be the case, and we maintain, that any system of education, that does not return our children to us better developed in both body and mind, (and consequently more healthy,) is wrong.

If their minds are to be educated only at the expense of their bodies and lives, and the health, comfort, and happiness, of those with whom they are to be associated in after life; then, in all sincerity, we say, let them be uneducated.

*Mens sana in corpore sano*—is said to have embodied a living principle for the old Greeks and Romans. In all their schools they steadily kept in view the healthy development of the body, while providing for the culture of the mind; knowing well how much the healthy working of the mind depended upon a healthy condition of the digestive organs. It has been stated by the President of Amherst College, that where the laws of health are violated, "the once active student becomes physically indolent; his mental powers are dulled; his movements and appearance indicate physical deterioration, and every year some lives are sacrificed."

From a paper in the *Cincinnati Medical Repository*, we learn that by the establishment of a gymnasium at Amherst College, and proper attention to the health of the students, "fresh, ruddy and healthful countenances have taken the place of the sallow, sickly, careworn looks, that of old greeted the observant eye."

The writer says "students are sent away to their meals or their studies, as the case may be, with an appetite to relish, and a stomach to digest without difficulty, classics or mathematics, physics or meta-

physics, beefsteak or roast pig, mincepies or plum-pudding."

The writer very clearly shows that not only has life been saved by the greater attention paid to the healthy development of the body, but there has been an equal gain to the scholarship of the college. Now, if these results have been produced by a wise regard to the hygienic conditions under which our sons have been placed, why should they not be secured for our daughters, whose welfare should be as highly prized by us as that of our boys; while they are also much less able to protect themselves from those little oppressions to which they are often subject within the walls of educational institutions.

Many of our seminaries are wholly unprovided with any adequate means of furnishing satisfactory and healthy bodily exercise, while the diet is of such a character, that no growing girl, making large drafts on her nervous power, by her mental work, can long maintain a vigorous or healthy state of digestion. They are often, too, while dispirited by the separation from home and friends, still further depressed by cold rooms and improper exposure to inclement weather, at times when the female system absolutely requires rest and protection. A diet roll may contain all the elements required for the growth of the body, but if it is not sufficiently varied—if there is too much sameness, day after day, and there is not enough bodily fatigue incurred—the appetite will soon pall, digestion and nutrition will languish, the girl will become anemic, nervous, excitable, and often broken down in health for life. We know that the diet furnished at some of our boarding-schools, for months at a time, has been bread and butter, with tea or coffee, for breakfast; bread and butter, without drink of any kind, for lunch; bread and butter, with tea, for supper, with a very good dinner of meats, vegetables, &c., and we know that notwithstanding the good dinner, the dislike to the frequent repetition of bread and butter without change for so long a time, has produced the utmost loathing on the part of girls, towards the whole diet roll, and severe attacks of indigestion from which it has taken weeks to relieve them.

A peculiar effect observed in these cases, and one which we have often before seen among the children of our public charities where bread enters largely into their daily diet, is that with a flabby state of the muscles and a pasty appearance of the face, the bowels become so tumid that in many instances the ordinary clothing could not be worn.

We hope the profession will take notice of this matter, in the exercise of their functions as medical

advisers to these otherwise valuable institutions, and we trust they will use all their influence towards the establishment of a more rational hygiene than that which we know exists at present in some of our ladies' schools.

### LIGHT WINES.

We are glad to find that light French Wines are becoming very popular in Toronto, and to a considerable extent taking the place of what has been hitherto drunk under the name of Port and Sherry.

When we consider that their cost is less than half that of ordinary wine, that the strongest of them does not contain more than 25 per cent. of alcohol, and the lighter clarets perhaps about 18 per cent, it will at once be apparent what an advantage it would be to our people if they could be induced to take them into general use, and drink them instead of *Canadian forty rod*, which is destroying the stomachs and ruining the constitutions of too many of our population.

The climate of Canada is such as precludes the use of beer, to the same extent, at any rate as in the mother country, and its place has been supplied, to a great degree, by the use of spirits, generally none of the best. The effect of this change has been noticed in the British regiments stationed in Canada, where the amount of drunkenness is largely increased by the substitution of spirits for malt liquor, while this vice is said to be comparatively unknown in the wine producing regions of France.

In this country, where the social drinking customs of the United States prevail to so large an extent, and where the alternative is almost "Drink or fight," such a change could not fail to be largely beneficial. Indeed it seems particularly applicable to our own profession, many of whom complain that it is impossible in the country to be a moderate drinker. If they drink at all they are obliged to accept every invitation, and so either to poison their blood with huge doses of bad alcohol, a dozen times in the course of a day, or to deny themselves a necessary stimulant after a long and cold ride, or a fatiguing day's work.

It is to be hoped that ere long, these wines will take the place of spirits, as an ordinary beverage, though such change must be the work of time. The palate requires to be educated to a just appreciation of pure wine, and at first craves the excessive alcoholic stimulus to which it has been previously accustomed. Dr. Druitt, in his "Report on Cheap Wines," says:—

"People cannot be expected to change the habits

of their lives in a hurry, nor yet all at once to relish pure, natural, unbranded wine after having for years reviled it as sour, cold, and poor. There is a good deal of the *subjective*, however, in our habits of gustation. People will say they relish, and will pretend to relish, and at last they may end by really liking, almost anything if they think it a mark of fashion to do so. We want to have people taught what wine really is, how to taste it, and how to discriminate pure wine flavour from the hot fumes of disguised spirits, and then the relish will follow the knowledge."

So we must bide our time. But rest assured of this, much good can be done by the profession, by prescribing them in all cases where they can properly be substituted for alcohol.

Space forbids us now to enter into the medicinal uses of these wines, nor did we exactly contemplate it when beginning this article, yet we cannot help quoting, in conclusion, another passage of Dr. Druitt's admirable work, conveying in a very few words a whole volume of information on this head

"What, medical reader, is your favourite 'mixture' or 'draught' for a convalescent, to enable him to enjoy the first mutton chop that you allow him? Suppose we say ten minims of aromatic sulphuric acid, half a drachm of tincture of gentian, the same of syrup of orange, fifteen minims of nitric ether, and *quant. suff.* of water. A very palatable draught. A little dilute acid, a slight bitter, a small quantity of some aromatic, a little alcohol, and some fragrant ether. But this is just the 'mixture' or 'draught' that Nature has brewed ready to our hands in the fragrant and appetising wines of France and Germany!"

### THE CANADA MEDICAL JOURNAL.

Gently, Brother, gently; you ask,—What is the matter with the DOMINION MEDICAL JOURNAL? Well; it is only just emerging from the state of chrysalis, its wings only half grown, and unfit for long flights. We hope, therefore, you will not expect much from us for a while.

You should not say much about our name, for there is not a great deal of difference in extent of meaning, between your's and our own, as Canada and Dominion are about co-extensive; but the fact is, if you had not been a little too smart for us, as you often are, the names would probably have stood in reverse, as we confess to a greater liking for the old name Canada, than the new one, Dominion; nevertheless, "a rose by any other name is just as sweet." Under the circumstances, we can only accept the situation (with a protest,) like our Medical Council, and then apply ourselves to the most legitimate and serious work connected with it. You express surprise that this JOURNAL has not supplied the profession with the proceedings of the

Canada Medical Association. Perhaps it is better for the Association that no more of its proceedings found their way into print, and you know that you forestalled us again by publishing all that was worth printing; and as for the meetings of the profession in Ontario, we know that the less said about some of them the better.

You complain that this JOURNAL gives none of the current news; but we promise you that as soon as we get the free use of our quills, (as yet not quite grown,) you will have to look out for your laurels in the west.

As you say, we believe there is a field for two medical journals in Canada, and although possibly if there were but one, it might receive a larger circulation than either of the two, yet it is likely the profession will gain by a generous rivalry.

It should not surprise any one that our columns show an absence of editorial matter, when they see how you have absorbed the editorial talent of the Dominion; neither is it a subject for surprise that this journal should have exhibited "a partiality for matter favouring the Medical Act," when there is known to be a large and increasing number of the profession in Ontario, favourable to giving the Act a fair trial, notwithstanding its defects, rather than go before the Legislature in its present spirit, for the amendment of one or two points, when possibly in a year or two, a dozen defects may be discovered.

As for the allusion to "mercenary interests," possibly, owing to matters then transpiring in connection with the transfer of the journal and the collection of accounts, the editor's mind was so occupied with finance, that the expression inadvertently slipped into his editorial. And as for the publication of the Quebec disclaimer, that has already been sent by our more energetic friends in the east to most of our readers; but to make amends for the past and prove how much we appreciate your columns, as well as to satisfy an imperious little imp at our elbow whose cry is "more copy, sir," we will begin anew by transferring from your pages another letter by Dr. Marsden, when we promise that full justice shall be done to future disclaimers.

WE hope our subscribers and others will contribute as much as possible to the Original Department of the JOURNAL. This is a matter in which we can do nothing without the support of the profession, and as it is impossible to communicate with every one personally, we trust the modesty of our country friends will not prevent their sending in, unasked, whatever of interest they may meet with. Some very interesting papers have been promised

by leading men in Toronto, but as we assumed rather unexpectedly the editorial chair, they could not be prepared in time for this number.

IN our next issue we expect to assume the charge of the Review department ourselves, when we intend, if possible, to give a more extended synopsis of the different works noticed, so as to convey some idea of their contents, practical utility, defects, and new methods of treatment advocated or condemned.

THE Executive Committee of the Medical Council is to meet in Toronto during the last week of this month, to complete arrangements for the spring examinations, to be held in Kingston during the first week in April. We believe arrangements are to be made by which the Toronto University and Medical Council examinations shall not interfere with each other.

### Reviews and Notices of Books.

ON THE WASTING DISEASES OF INFANTS AND CHILDREN. By ECSTACE SMITH, M. D., London; Member of the Royal College of Physicians; Physician Extraordinary to His Majesty the King of the Belgians, etc., &c. Philadelphia: H. C. Lea. Toronto: Copp, Clark & Co.

This work has been published in the *Medical News and Library* during the past year, and now comes to us neatly bound and well got up. It is a valuable work, inasmuch as it considers these wasting diseases of infants in a condensed and yet sufficiently extended manner to give a full and correct knowledge of the subject. The following subjects are very fully considered:—Simple atrophy from insufficient nourishment; Chronic diarrhoea; Chronic vomiting; Rickets; Congenital syphilis; Worms; Chronic tuberculosis; Chronic pulmonary phthisis, etc.

A TREATISE ON INTRA-OCULAR TUMORS, FROM ORIGINAL OBSERVATIONS AND ANATOMICAL INVESTIGATIONS; (with one chroma-lithographic and fifteen lithographic plates, containing numerous figures.) By H. KNAPP, M. D., late Professor of Ophthalmology, and Surgeon to the Ophthalmic Hospital in Heidelberg. Translated by S. COLE, M. D., Chicago. New York: Wm. Wood & Co. Toronto: Copp, Clark & Co.

This volume is exceedingly interesting, from the fact that it discusses a subject which, to a certain extent, has not been studied by the general practitioner. The first part of the volume is devoted to the consideration of Glioma; the second to Sarcoma, and under these two heads the subject is thoroughly discussed, and well illustrated by plates and cases.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Instituted 1847. Vol. XX.

This volume, issued annually by the American Medical Association, is always of interest to the profession. Besides containing the report of the proceedings of that body, it has also the reports of committees appointed to investigate various subjects, and cases and papers of interest from various leading members of the profession. We particularly notice a paper from the pen of Lewis A. Sayre, of New York, on three cases of lead palsy, from the use of a cosmetic called "Lairds Bloom of Youth." Also, the following reports and papers, viz.:—Report of the committee on the relations of alcohol to medicine, by John Bell, M. D., Chairman; another on "Mollites ossium;" "Uses and abuses of quinia and its salts;" Quinine as a therapeutic agent;" "Atropia and its salts;" "Albinism in the negro race;" "Report on the epidemics of California, Texas, etc."

THE GAVEL—A Monthly Masonic Journal—Bro. Robert Ramsay Editor and Proprietor—The many members of the profession who belong to the Craft, and who occasionally lay aside the scalpel for the gavel, will rejoice with us to hear that such an excellent magazine has been added to our current Masonic literature. An additional feature of interest in this case is that the editor is a member of our own profession. The *Gavel*, besides matters of a purely Masonic nature, contains short stories which will be read with interest by the ladies. Bro. Ramsay has our best wishes for the success of his undertaking.

### Proceedings of Societies.

THE Medical Section of the Canadian Institute met on Friday evening, the 21st inst., when the Secretary reported a letter of condolence which had been sent to the relatives of the late Dr. Hébert, of Quebec, in accordance with a resolution passed at a previous meeting.

The Chairman of the Committee appointed to watch the proposed amendments to the Medical Bill, reported that he had kept his eye on them until they were withdrawn, although he did not attend any meeting of the Committee after the first,—reminding us very forcibly of the boy who, being asked to keep his eye on a gentleman's horse, reported that he did so till the horse turned the corner.

After a little more unimportant business was attended to, Dr. Geikie read a paper on "Certain Differences in the Treatment of Disease, Formerly and in Recent Times," having reference chiefly to

the practice of blood-letting, and showed that, according to the writings of Addison and his times, England did not send out half as many emigrants as the old northern nations of Europe, simply on account of the great multiplication of doctors, and the extent of the practice of venesection in the former country; and he concluded by expressing the belief, which was concurred in by several others present, that the difference between the present and the former systems of treatment, did not so much depend upon a change of type in disease, as upon a more correct diagnosis, a better acquaintance with pathology, and the exercise of more common sense in observing the natural course of disease, and the effects of the remedies used.

An animated discussion followed, and the meeting adjourned.

### Annual Dinner of the College of Dental Surgeons.

We had the pleasure on the evening of the 20th inst., of attending the second annual dinner of the College of Dental Surgeons. The company sat down to an excellent dinner at the Queen's Hotel about nine o'clock; Dr. Day, the President in the chair, supported on the right by Colonel Shaw, the American Consul, and on the left by Mr. Cockburn, M. P. P. The vice-chair was filled by Mr. O'Donnell, the Secretary, supported on his right by Prof. Canniff, and on his left by Mr. Kahn, of Stratford.

Altogether, about thirty gentlemen were present, among whom we noticed Dr. Geikie, Dr. J. Lizars, Messrs. Elliot, Snider, Callender, Myers, Chittenden, Wood, Beecher, Harding, Roden, Fairburn, &c.

After full justice had been done to the viands, the Secretary read letters of apology from His Worship the Mayor, Dr. Richardson, and Dr. Bethune, regretting their unavoidable absence.

The CHAIRMAN then proposed the health of "The Queen," to which the company loyally responded, singing the National Anthem.

The CHAIRMAN then gave "The Prince of Wales and all the Royal Family," which was duly honoured.

The CHAIRMAN then proposed "The President of the United States" in very complimentary terms—alluding to the good feeling which existed between the two countries, and also to the pleasure they felt in having among them to-night Col. Shaw, the American Consul. Drank with great enthusiasm.

Col. SHAW responded. He said he had great pleasure in being present to-night, although he had almost risen from a sick-bed to do so. He alluded very flatteringly to the progress of dental science

in late years, and spoke of the time, before the use of porcelain, when persons dying with a perfect set of teeth, stood a poor chance of retaining them in their graves; they went to fill the mouth of some one else. He well remembered the case of a rich planter in the Southern States paying a negro boy, 14 or 15 years of age, \$5.00 per tooth, on which terms the youth consented to part the whole set. The Col. sat down amidst great applause.

The next toast proposed was "His Excellency the Governor General, the Lieutenant Governor, and Legislature of Ontario," coupled with the name of Mr. Cockburn.

Mr. COCKBURN replied on behalf of the Local Legislature, saying that he was convinced that it had taken a very desirable step in incorporating the dental profession, and he believed it would be the means not only of elevating them, but of benefiting the public at large.

The VICE-CHAIRMAN then proposed "Our Guests."

This toast was briefly responded to by Drs. J. Widmer Rolph, Lizars, Canniff and Geikie, Mr. Harding, Mayor of St. Mary's, and Mr. Fairburn, Barrister.

The next toast was "The Medical Profession of Ontario," in proposing which the Vice-Chairman said the Association were under great obligations to the medical profession for so cordially co-operating with them in all their efforts for the elevation of the dental profession, and it was to their kind assistance that much of their success was due.

Dr. LIZARS replied. He said, for his part, he would gladly co-operate with all branches of the profession, and he hoped the day would come when they would all be united in one governing body, and work together for the good of the whole profession.

Dr. J. WIDMER ROLPH also briefly responded.

Dr. CANNIFF, in reply, said that the medical profession were always glad to forward in every way the interests of the dentists, and he trusted the best feeling would always exist between the two bodies. In conclusion, he begged to propose the toast of "The Dental Profession of Ontario."

Dr. DAY, President of the Association, responded. He expressed his pleasure at the success of their endeavours to obtain an act of incorporation. He believed that it would greatly serve the interests of the public in restricting the practice of dentistry to properly qualified men, and in promoting the advancement of dental science.

Mr. O'Donnell, the Secretary, and Messrs. Chitenden, Callender, Wood and Beecher also replied.

The 2nd Vice-Chairman then proposed "the Bar," to which Mr. FAIRBURN responded.

Dr. LIZARS proposed the health of "the Professors of Victoria College," coupled with the name of Prof. GEIKIE. In proposing the toast he considered it his duty to state that he did so chiefly because Victoria College had shown a degree of liberality in co-operating with the Dentists, which was worthy of being taken as an example by other Universities. (Hear, hear.)

Dr. GEIKIE, in reply, thanked Dr. Lizars for the complimentary way in which the toast had been proposed. Victoria College, he hoped, would always lend her assistance to every branch of the legitimate profession. He would allude, however, to the remarks made by Dr. Lizars in reply to the toast of "the Medical Profession." For his part he thought the various branches of the profession could more satisfactorily and effectively carry out their own objects as distinct bodies, than they could if united.

The toast of "the Ladies" followed, when a *skedaddler* was observed among the young batchelor Dentists.

Col. SHAW responded in a very eloquent speech.

The toast of "the Press" followed, and was responded to in a very humorous speech by Mr. E. P. Roden, of the *Leader*. The company then broke up and brought to a conclusion a very pleasant evening.

---

### Miscellaneous Items, &c.

---

#### Flexions of the Womb.

We are at present convinced that flexions of the womb do not acquire any importance, nor are followed by any serious dangers save when they are complicated with an alteration in the texture of this organ.

Pure and simple flexion, without complication, may often exist, if not always, without any bad results to the health. A multitude of other cases have shewn us that no special troubles, either general or local, are produced by this affection, except when to it is joined an inflammatory tumefaction of the body of the uterus, a well marked relaxation and softening, with hypersecretion, of the mucus membrane, deep ulcerations of the os tincæ, and repeated partial peritonitis.

Further the frequency of these complications of flexion must at first sight make it presumable that the latter favors these secondary alterations. In truth, we are convinced that every flexion, so soon



as it has arrived at a certain degree and a certain duration, must necessarily occasion changes in the texture of the parenchyma and mucus membrane of the uterus.

Contrary, then, to the majority of modern authors, we limit ourselves, in the treatment of flexions, to causing, as far as possible, the alterations of texture which complicate it to disappear, and simultaneously to combating the resulting accidents which appear in the remainder of the system.

When the disease is not of very long standing, and is accompanied simply by tumefaction with imbibition of the uterine parenchyma, the treatment will be directed towards the latter. The cold douche, cold hip-baths, vaginal injections, lavements of ergot given two or three times a week, will be found useful in these cases.—*Scanzoni's Diseases of Females.*

### Chloral.

The statements of M. Liebrich as to the anæsthetic agency of chloral, have been subjected to investigation by M. Demarquay, and the results have been far from confirming them. On only a few points are the two observers in accord, and notably on the rapidity and power of chloral as a hypnotic, and as an agent for obtaining muscular relaxation, and also the prompt and complete recovery of animals, however far the action of the chloral might have been pushed. M. Demarquay sums up his conclusions as follows :

1. Chloral has a well-marked hypnotic action, especially on weakened and feeble persons.

2. The duration of its action is in direct proportion to this weakness.

3. The sleep which it produces is generally calm, and is not agitated even in patients who are the subjects of severe pain. This result leads M. Demarquay to advise its use in diseases where sleep and muscular relaxation are required.

4. The agent may be given in high doses, since no accident has been known to result even from one to five grammes doses.

The sleep produced is quite different from that obtained with chloroform. The least noise awakens the patient, but he falls asleep again immediately. The slightest puncture, or even a mere pressure, will elicit complaint; he immediately removes the limb that has been touched. Dr. Demarquay will not venture to say that there is over excitement of the skin, but he can affirm that, however deep the slumber, integumentary sensitiveness remains entire. Chloral is, therefore, not applicable to surgical operations.—*Medical and Surgical Reporter.*

### Uterine Hydatids.

Mrs. —, æt. 26, the mother of four children, in the enjoyment of good health usually. About three months ago her monthly periods ceased, when she also noticed a tumour forming in the abdomen, as she supposed the beginning of pregnancy; she was, at times, troubled with nausea and general weakness. This continued to increase in severity; her pulse was rapid, tongue dry, and, as she thought, was threatened with abortion; she discharged a white substance, that did not coagulate; she afterwards discharged blood, which clotted; she then had pains, simulating labour pains, which did not continue long until she discharged considerable quantity of visicles, varying from the size of a mustard seed to that of a grape, filled with a pellucid fluid, these clustered together, making a mass the size of a hen egg. The patient was given fluid ext. ergot, causing the expulsion of the remaining visicles, in all amounting to a mass the size of the head of an infant.

The tumour has entirely disappeared, the patient recovering gradually.

L. H. LAIDLEY, M. D.

—*Cor. Med. and Surg. Reporter.*

Trousseau, in his Clinical Lectures (page 498), advises the application of morphia to a blistered surface, for the relief of pain in neuralgia. He prefers ammonia to cantharides, as a blister in such cases, because absorption is more prompt after the former than after the latter. He says:—Fill a thimble three-fourths with dry cotton wool, well pressed down, then place in the other fourth another piece of cotton wool steeped in strong ammonia; then hold the thimble on the skin over the painful part for five minutes, when you can rub off the epidermis with a piece of linen; one-fifth of a grain of morphia made into a paste with a drop of water, and laid upon the blistered part, and covered with a small piece of oil silk, will produce drowsiness in five minutes. The next day absorption will be more prompt from the same blister, but on the third day very slow. A thin fibrinous membrane is apt to form on the second day; this should be removed.—[*Ed. DOM. MED. JOURNAL.*]

### Carbolic Acid and sulphate of Copper in Otorrhœa.

We have used the following with very good results in several cases of otorrhœa, of eight and ten years standing, after the complete failure of a long list of astringents and alteratives. In one case the discharge has completely ceased after four months

use, and in three other cases very much lessened, with complete loss of foetus after three months use:

R Acidi carbonici.....	3i.
Cupri sulph.....	3i.
Aqua.....	℥i.

To be syringed into the ear, warm, once a day.

[ED. DOM. MED. JOUR.]

**On the Alcoholic Compound termed Punch, by John T-nd-II, LL.D., F. E. S.**

The following extract from an article with the above title, in *Exeter Change*, is a capital imitation of Professor Tyndall's style:

Experiment has proved that the juice of three lemons, and three-quarters of a pound of loaf-sugar dissolved in about three pints of boiling water, give saporous waves which strike the palate at such intervals, that the thrilling acidity of the lemon-juice and the cloying sweetness of the sugar are no longer distinguishable. We have, in fact, a harmony of saporific notes. The pitch, however, is too low; and to heighten it we infuse in the boiling water the fragrant yellow rind of one lemon. Here we might pause, if the soul of man craved no higher result than lemonade. But, to obtain the dominating saporosity of punch, we must dash into the bowl at least a pint of rum, and nearly the same volume of brandy. The molecules of alcohol, sugar, and citric acid collide, and an entirely new series of vibrations is produced—tremors to which the dullest palate is attuned.

In punch, then, we have rhythm within rhythm, and all that philosophy can do is to take kindly to its subtle harmonies. It will depend, in some measure, upon previous habits, whether the punch when mixed will be taken in excess or in moderation. It may become a dangerous ally of gravity and bring a sentient being to the gutter. But, on the other hand, it may become the potent inner stimulus of a noble outward life.—*N. Y. Med. Jour.*

**Discussion on Vaccination.**

The Imperial Academy of Medicine has been engaged in a protracted and exhaustive discussion regarding vaccination. The editor of *L'Union Médicale* (Jeudi, 9 Sept. 1869), gives, in the following propositions, the practical results of this elaborate debate.

1. That the degeneration of the Jennerian vaccine has not been proved.
2. That there does not exist a single authentic case of vaccinal syphilis, properly so called.
3. That the rare—very rare cases of syphilis inoculated by vaccination are explained by conditions which completely exonerate the vaccine from all influence therein.
4. That a great number of cases of pretended syphilis occurring after vaccination are exceedingly doubtful.
5. That animal vaccination, as a source of vaccination, may be encouraged, although it does not possess any real and sensible advantage over vaccination from arm to arm.—*Am. Jour. Med. Science.*

**Thoracic Puncture in Hydrothorax.**

Professor Ziemssen remarks, that considering how commonly paracentesis of the abdomen is practised, it is remarkable how seldom the thorax is punctured, even in cases of double hydrothorax, though the effusion and distress experienced in the one case are incomparably greater than in the other. The reason of this is, probably, that the danger of evacuating fresh exudate is much exaggerated, and, according to the author, without any grounds. It is true that in incurable affections it only acts as a palliative, but the same may be said of paracentesis of the abdomen for cirrhosis of the liver; and he gives an instance in which he tapped the thorax sixteen times running, with good effect, each time prolonging life for several months. He considers the operation to be indicated in double hydrothorax, consequent on disturbances in the heart and lungs, or on tumors within the thoracic cavity, Bright's disease, etc., when the compression of the lungs has attained a sufficient degree to produce severe dyspnoea. The level of the fluid should reach that of the second or third rib in the standing posture. A grooved needle should first be introduced, the pain of which, as well as of the trocar, may be abolished by Richardson's ether spray apparatus; then the patient being seated, the trocar should be entered as usual, at about the sixth or seventh intercostal space in front of the axillary line, near the upper edge of the lower of the two ribs. The discharge of fluid takes place interruptedly during expiration only, especially towards the end of the operation, and air sometimes enters with a gurgling noise, but without producing any injurious effect. A piece of sticking-plaster should be placed over the wound.—*Practitioner.*

**Experiments on Animals with the Inoculation and Ingestion of Different Organic Substances and Principally Tuberculous Products.**

Dr. Dubuission read a note to the Acad. de Med. August 10th, on this subject. His experiments were performed with the assistance of M. M-Tillaux, Villemain, and Grancher. Dr. D. gave a summary of his experiments and drew from them the following conclusions:—

1. The inoculated matters are generally harmless; the nature of the matters employed do not influence the result.
2. They sometimes quickly produce derangements, and occasionally cause death by a sort of poisoning.
3. In some cases they produce lobular pneumonia, which is, perhaps, consecutive to the inoculation, and which may be confounded with tubercles.
4. Tubercular matters given as food produce sometimes the death of the animal as if poisoned by septic matters.
5. Generally animals fed with tubercular lungs experience some *malaise* from this unwholesome food, but they do not become tuberculous.

Our experiments show then that tuberculosis is in its nature neither virulent nor contagious as regards the animals experienced on.—*Archives Générales de Méd., Sep. 1869.—Am. Jour. Med. Science.*

#### Hemorrhage from Mouth and Anus of New-born Infants.

Dr. Spiegelberg, in a recent number of the *Jahrbuch für Kinderheilkunde*, relates two cases of the so-called *malena* in new-born infants. In both instances the infants were to all appearance healthy at birth. In one, on the fourth day, and in the other after thirty hours, there occurred a copious discharge of blood by the mouth and per anum. In both cases death ensued within a few hours, under symptoms of anæmia. Upon post-mortem examination, in both cases there was found in the duodenum ulcerations from the size of a lintseed to that of 1 cm. long by  $\frac{1}{2}$  cm. broad. Dr. S. refers these ulcerations to a diseased action commencing during uterine life.—*Am. Jour. Med. Science.*

#### Alcohol in Fevers.

As to the use of alcohol in fevers, I am guided almost entirely by the condition of the nervous system. If there is very complete prostration and delirium of a low muttering character, it is required. A tremulous state of the muscles, marked especially by a quivering of the hands and fingers, is a good test of the necessity for it; and so is the sharp, weak, unequal beat of the heart. All these indicate that the nervous system is feeling very sensitively the destructive metamorphosis going on, and has its power lowered by its sensitiveness. Then is the opportunity for the powerful anæsthetic alcohol, which in severe cases you see me order without scruple; but which I do not rank as part of the necessary *methodus medendi* of fever, and have not yet ordered for the lad we have been prescribing for. Above all, I would caution you against employing it as a substitute for the treatment which I have been describing. Wine may be useful as an adjunct, but never must it take the place of the true restoratives.—*Chambers' Lectures.*

#### Toxic Action of Quinine.

A case is reported by Mr. E. Garraway, in which a lady, aged 40, was suddenly seized with œdema of the face and limbs, accompanied by an unusual erythematous rash and considerable uneasiness at the præcordia. She attributed it to having taken a white powder, purchased at a chemist's, in mistake for quinine; on examination it proved to be sulphate of quinine. After three or four days the œdema and rash subsided, and desquamation of the skin occurred. During convalescence quinine was unreflectingly ordered. Two hours after the first dose, which only consisted of two grains, she felt ill and all the former symptoms recurred.—*Practitioner.*

#### Mixed Treatment for Popliteal Aneurism.

M. Desanges (of Lyons) communicated to the Imperial Academy of Surgery (Oct. 6, 1869) a very interesting case of popliteal aneurism treated successfully by the employment of several methods; digital compression, mechanical compression, flexion, and refrigeration. M. D. recommends this mixed treatment, which perfectly succeeded in this case, the subject of which was a physician.—*L'Union Médicale*, Oct 16, 1869.—*Am. Jour. Med. Science.*

#### Oxalate of Cæsium in the Sickness of Pregnancy.

There has recently been adduced some strong evidence of the efficacy of the oxalate of cæsium, recommended some years since by Sir James Simpson, for the sickness of pregnancy. Mr. Edwin Bush states (*Brit. Med. Jour.*, Nov. 27, 1869) that he has never been disappointed with it in many cases giving five grains three or four times a day in water. He says further, that in cases of persistent irritable stomach, arising from uterine disturbance in unmarried females and in the absence of pregnancy, he has invariably found it a good remedy.—*Am. Jour. Med. Science.*

#### Anæsthesia on a New Principle.

At a late meeting of the British Medical Association, Dr. B. W. Richardson exhibited a knife consisting of a revolving blade, and which divided with such rapidity that superficial incision could be made with it without pain. The revolutions were about twenty-five per second, but the speed might be greatly increased. The knife, in its action, illustrated that an appreciable interval of time is necessary for fixing an impression on the mind, and for the development of consciousness. He hoped he should soon be able to give to the surgeon a small pocket instrument with which to open abscesses, and perform many minor surgical operations painlessly, without having recourse to either general or local anæsthesia.—*Scientific American.*

#### On the Treatment of Laceration of the Perineum.

Dr. John Brinton, Surgeon to the Royal Maternity Charity, London, contributes a paper to the *Glasgow Medical Journal* for November, 1869, in which he advocates the sewing up of the rent immediately after delivery. He narrates three cases so treated, and remarks: 1st. That the result of the recent operations is very satisfactory. 2nd. That the operation is very easy. 3rd. That it is comparatively free from danger, and is nearly painless, requiring no chloroform, because the parts which have been torn are in an anæsthetic state, being benumbed by the pressure they have recently undergone.—*Am. Jour. Med. Science.*

#### Loss of Weight.

The regularity with which death results on the loss of a certain amount of weight, should lead us to make more use than we do of the balance, the easily applied aid to diagnosis, prognosis, and treatment. It is a direct measure of the success of our medicines, or of the progress of disease. The body dies when it loses four-tenths of its normal weight.—*Chambers' Lectures.*

#### Emmenagogues.

To what purpose are emmenagogues? Why should we wish to force the ovaries or uterus to bleed when the reason why they do not bleed is that there is not enough blood formed? The custom of administering purgatives, whenever the bowels are not open so often as those of robust persons, is another too familiar instance of mistaking the true nature of the deficiency.—*Chambers' Lectures.*

**Six at a Birth.**

We recently noticed in the *New York Tribune*, and other papers, a statement that a lady at Pre-emption, Illinois, had become the mother of six children at one time. We wrote in amazement to one of our subscribers there, who asserts most positively that such was the fact, but adds the explanation, that the way it happened was that she married a widower with six children.—*Med. and Surg. Reporter.*

**How to cure a Cold.**

The following is extracted from a lecture, by Dr. G. Johnson, the Professor of Medicine in King's College, and may prove interesting to our reader:—The popular domestic treatment consists in the use of a hot foot-bath at bed-time, a fire in the bed room, a warm bed, and some hot drink taken after getting into bed, the diaphoretic action being assisted by an extra amount of bed clothes. Complete immersion in a warm bath is more efficacious than a foot-bath; but the free action of the skin is much more certainly obtained by the influence of hot air—most surely and profusely, perhaps, by the Turkish bath. The Turkish bath, however, is not always to be had, and, even when available, its use in the treatment of catarrh is attended with some inconvenience. In particular, there is the risk of a too speedy check to the perspiration after the patient leaves the bath. On the whole the plan which bines in the greatest degree of efficiency with universal applicability consists in the use of a simple hot-air bath, which the patient can have in his own bed-room. All that is required is a spirit-lamp with a sufficiently large wick. Such lamps are made of tin, and sold by most surgical instrument makers.

The lamp should hold sufficient spirit to burn for half an hour. The patient sits undressed in a chair with the lamp between his feet, rather than under the chair. An attendant then takes two or three blankets and folds them round the patient from his neck to the floor, so as to enclose him and the lamp the hot air from which passes freely round the body. In from a quarter to half an hour there is usually a free perspiration, which may be kept up for a time by getting into bed between hot blankets. I have myself gone into a hot-air bath suffering from headache, pain in the limbs, and other indications of a severe incipient catarrh, and in the course of half an hour I have been entirely and permanently freed from these symptoms by the action of the bath.

Another simple and efficient mode of exciting the action of the skin consists in wrapping the undressed patient in a sheet wrung out of warm water, then, over this, folding two or three blankets. The patient may remain thus "packed" for an hour or two, until free perspiration has been excited.—*British Medical Journal.*

**Munich—Its Singular Laws and Customs.**

A writer in *Macmillan's Magazine* describes some of the vexations incident to the police restrictions in Munich, and adds the following:—

"There is a curious instance of meddlesomeness in the law in Munich which forbids a medical man to practice where he sees fit, unless the *Polizei-Herren* see fit also. The town is divided into dis-

tricts; each district has its fixed number of medical men, according to the population, of which there are stated returns. But, granted permission to kill and cure in a certain quarter, that is not all. The physician may not take a house too near his fellow-practitioners. He may neither set up next door, nor opposite, nor in the same street; the *Polizei-herren* step in and measure distances, and point out the streets in which he may choose his dwelling. If he objects to the streets pointed out they are mildly inexorable. Such is the law; they have no option; either those streets, *Herr Doctor*, or none.—*Toronto Leader.*

**A New Cement.**

The *Journal de Chimie Médicale* states that an excellent cement may be made by dissolving 1 part of amber in 1½ part of bisulphide of carbon. This liquid is applied by a brush to the surfaces it is wished to unite, and on pressing them together the cement dries almost immediately.—*Practitioner.*

**Anecdote of Dr. Jenner.**

The late discoverer of vaccination, having discontinued his professional visits to a patient on account of her improved condition, sent a couple of ducks to the mother of the convalescent lady, accompanying the present with the following note:

"I've dispatched, my dear madam, this scrap of a letter. To say that Miss Lucy is very much better: A regular doctor no longer she lacks, And therefore I've sent her a couple of quacks."

The lady addressed returned thanks with this:

"Yes, 'twas polite, truly, my very good friend, Thus 'a couple of quacks' to your patient to send; Since there's nothing so likely as 'quacks,' it is plain, To make work for a 'regular' doctor again."

*Med. Record.—N. Y. Med. Journal.*

**Obituary.**

Died, in Guelph, on the 13th inst., JOHN HOWITT, M. D., aged 43 years.

Thus it is our painful duty to announce the death of another fellow student, whose health had been feeble for many years, but whose life we all hoped, might have been long spared. It is said that while returning home for his Christmas vacation, from Victoria College, Cobourg, some twenty-three years ago, in a crowded stage, he gave up his seat to a lady, while he took one by the driver, where he became very cold; and thinking to warm himself by running behind the vehicle, was left behind on the road. Making his way to the next village with difficulty, and finding the stage had left, he was obliged to stay for the night, where he was forced to occupy a cold room, and (it is said) a damp bed, which hastened an attack of illness from which he never fully recovered, although after some time he was able to resume his studies.

He was yet weak and coughing a good deal, when we first met him a year or two after, as a student in the Toronto School of Medicine, where he pursued his medical studies until he obtained his license from the Medical Board, after which, he spent one winter at Jefferson College, Philadelphia, when he returned to Guelph and married.

During the winter of 1852, he once more came near dying of pleuropneumonia, which left him in such feeble health, that "in hope of deriving benefit from a long sea voyage, he went to Australia accompanied by his wife," but finding little improvement after a year's sojourn there, he returned by way of England, stopping some weeks in London for medical advice, when his health began to improve, and he returned to Guelph very much better.

Shortly after his arrival home, Mrs. Howitt died, (leaving one daughter, who survives both), and he entered into partnership with the late Dr. Parker, soon becoming engaged in extensive practice.

He subsequently married Miss Brewer, of Toronto, who, with four children, survive him.

We remember him as he sat by our side in the Toronto School of Medicine, more than twenty years ago, listening to the lectures of Drs. Rolph and Workman. At that time there was quite an air of the serio comic about him, he was always ready for a joke, (sometimes a practical one), which he always enjoyed as much as his comrades, although he never trifled during the time of lecture. He was one of the most kind, genial, and talented of the class, and always a favorite with the students. He was very fond of starting discussions on subjects tending to develop thought and reflection, and even at this time, displayed that taste for general literature, which became so characteristic of his later years. Poetry, history, metaphysics, natural philosophy, and medicine, all seemed to attract him, and when he engaged in debate, the freedom of his language surprised those who had observed the peculiar hesitancy with which his conversation began.

His subsequent career fully realized the promise of his early manhood, and one who knew him well writes: "He was an incessant reader, and those only who were most intimate with him, know with what pleasure he talked on such subjects as came up in the course of conversation or discussion. In his estimate of men he was lavish of praise where he thought it was due, and generally had an excuse for those whom he felt it his duty to condemn. As a writer he had great grasp of thought, and his language was lofty, impassioned and always earnest."

A mutual friend tells us that on one occasion a little over a year ago, they sat talking till five o'clock in the morning, and he never enjoyed so rich a treat as that night's conversation; one steady flow of brilliant thought, criticism, and rehearsal till morning surprised them. He was exceedingly well read in poetry and history, a profound thinker, and a most delightful conversationalist.

As a man, he was generally beloved; one could not come within the circle of his influence without being attracted by his genial manner, and kindly heart.

He always kept an ideal gentleman before his mind, and constantly aimed at the attainment.

Born in England, he came to Canada at an early age, and arriving at manhood, he most thoroughly identified himself with his adopted country. He was too retiring in disposition, and too upright in principle to become a politician, but always took the warmest interest in the welfare of the institutions and the community around him. Indeed, there is no doubt his death was hastened by the effort to deliver a course of lectures last winter in the Mechanics' Institute of Guelph, in order to secure the Government grant for that Institution, as it was during the preparation and delivery of these, that his health finally gave way.

He was somewhat eccentric in the manner in which he treated popular subjects in his lectures, and the announcement of his name, is said to have always filled the house.

A man without faults, we do not suppose he was, and if this were the right place we could give some account of escapades into which he was drawn while a student, by the sociable and confiding nature of his disposition; but we let the mantle of silence cover the errors of youth, while we eulogize the virtues of riper years.

During the last few months, his sufferings were, at times, intense, but his mind remained clear until within a few hours of his death, and he appeared to be comforted and soothed by the constant reading of a friend. He did not fear to die, but expressed himself as ready at any time.

A *post mortem* revealed chronic pleurisy, with two large open pleural abscesses.

---

#### Books, Pamphlets, &c., Received.

Transactions of American Medical Association  
Vol. XX.

On Intra Ocular Tumours. (Knapp.)

Smith on Wasting Diseases of Children.

Smithsonian Report, 1868.