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THE

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A MONTHLY JOURNAL

OF

MEDICAL AND SURGICAL SCIENCE.

EDITED BY

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THE

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VOL. V. SEPTEMBER, 1872. No. 1.

Original Communications.

CASE OF ANTE-LARYNGEAL ABSCESS.

BY F. R. L. STRATHY, M.D., L.R.C.S., EDIN., RESIDENT PHYSICIAN, ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.

HISTORY OF THE CASE—Ann Maria L———, æt. 18 months, still upon the breast, and dentition present. Recovered from a mild attack of genuine small-pox four or five weeks ago, having at the same time an attack of whooping-cough, from which she had also recovered. Present illness began two weeks ago, with a renewal of a cough, together with dyspnœa and a "heaving of the chest." Poultices were applied to the chest by the mother, which apparently relieved the child for a day or two. "Lumps" began about this time to form just below each ear, and, as the mother stated, "gradually fell down the neck till they met in front (the *post-mortem* examination showed that these were not glandular swellings) over the upper portion of the larnyx, and continued to become enlarged, and the respiration more difficult. The child gradually lost her voice, the first symptoms of it beginning with the appearance of the "lumps." She coughed with difficulty, but still the sound was not croupy in

character. Deglutition was difficult, yet she was greedy for food. She expectorated a great deal of mucus for last five or six days. She was brought to the hospital on the 22nd of June, and was found to be in the following condition.

PRESENT CONDITION—Very much emaciated; breast "pigeon-shaped;" great dysnœa present; the breathing abdominal and accompanied by a sort of snoring sound. The cough was not the pathognomonic cough of croup, but was peculiar and difficult to be described. When the recumbent posture was assumed, a threatening of immediate suffocation took place The following symptoms also presented themselves, viz.: a remarkable stiffness of the neck, and retraction with immobility of the head; symptoms which are noticeable in many cases of retro-pharyngeal abscess. On examination of the throat no croupal patches could be observed. Externally over the upper portion of the larnyx, and in front of it, there was a swelling, which was apparently not connected with the larnyx, and was quite movable when manipulated, but was pressing upon it so as to interfere with respiration. The child appeared most at ease when in the sitting posture with the head pretty well up, supported by pillows.

TREATMENT.—The child was made to breathe an atmosphere containing steam, and emetic doses of sulphate of copper, administered with no more effect than to produce nausea. Pulse about 130 and rather weak. Dr. Stephenson visited the hospital at 8 p.m. and diagnosed this "lump" to be an abscess, and accordingly opened it with a fine trocar and canula, when pus was evacuated to a slight extent. He then made an incision with a bistoury, and used pressure, and about half an ounce of pus was discharged, there being no more apparently present. This was followed by great relief of the dyspnœa, but still the respiration did not assume its normal character, and there was yet the peculiar cough.

Ordered an injection of brandy (℥ iv.) and beef-tea; also sherry, whey, and a mixture containing

℞. Ammon: Carb. grs. xxiv.
Infusi cinchonae ℥ iii.—M.

Sig.: A dessert-spoonful to be given every two hours.

Milk was also given *ad libitum*. Hot moist sponges were constantly applied to the neck in front. About 12 p.m. I saw the patient, and she was then breathing pretty freely, but still the peculiar snorting sound was present.

June 23rd.—Patient appears easier this morning, and the breathing is not so difficult as last night. Pulse 120. I left the hospital for a couple of hours, and was told by the nurse when I returned, that the patient had had a convulsion about 11.30 a.m. In the afternoon the child was almost ravenous for food, and drank a considerable quantity of milk, and took the brandy—four ounces every twenty-four hours, having been ordered in addition to the sherry whey. She seemed to progress favorably till about 10 p.m., when she had three more convulsions, accompanied with grest dyspnœa, but seemed to recover again. At midnight I again saw the patient. Respiration was more affected than it was this morning. The incision into the abscess was still open, and there was apparently no discharge to come away.

June 24th.—The child died this morning at 4 a.m. The nurse stated that after my visit last night, the child became weaker, and that a little while before death, sudden dyspnœa occurred, resulting in convulsions, during which the patient expired.

POST-MORTEM EXAMINATION.—This took place thirty-one hours after death. The orifice made into the abscess was very mueh contracted,and fluctuation was felt from a further accumulation of pus.

Tongue, larnyx, and œsophagus were removed *en masse*. On slitting up the œsophagus, a considerable quantity of white, glairy mucus, non-viscid in character was seen, filling the posterior fauces. The epiglottis was swollen, clear, and œdematous looking. On slitting up the trachea and larnyx, the upper part of the latter was filled with glairy mucus, otherwise these parts were normal. The abscess was situated immediately in front of the larnyx, and beneath all the muscles; and extended from the upper border of the larnyx, downwards for an inch and three quarters. The cavity of the abscess also ran in an oblique direction upwards on either side of the larynx, to the extent of about three-quarters of an inch or more, terminating on either side at the root of the epiglottis. Nothing croupal was found in any of the structures above mentioned.

I think we may justly conclude that the child died from Asphyxia, caused by a re-accumulation of pus, thereby causing pressure around the larynx and trachea, and lessening their circumference; and from the incision not having been sufficiently large to allow of the pus being evacuated freely, though at the time the incision was

made, and the following day, all pus that was present was pressed out. It is to be regretted that the incision was not made larger, and I would suggest that in similar cases the opening should be kept free by a large canula or piece of suitable tubing.

The mother's statement with regard to lumps having commenced under each ear, and gradually falling in the neck till they met in front, seems to correspond with the oblique direction of the abscess up each side of the larnyx. It would appear that the pus had burrowed downwards by gravitation till both original abscesses met in front of the larynx. I think the great peculiarity of this case is, the fact of similar abscesses commencing simultaneously on each side. I believe an abscess in the above situation is of very rare occurrence; and, in a hasty search through what works I have at hand I can find no record of a similar case.

A SUCCESSFUL CASE OF PERINEAL SECTION FOR THE RELIEF OF STRICTURE OF THE URETHRA, PERFORMED IN THE KINGSTON GENERAL HOSPITAL, ONT.

REPORTED BY M——D——.

This operation, the merits of which are so variously estimated by Surgeons, was performed by Dr. Maclean, at present of this city, on the 24th of last month. I was invited to witness the operation, and render such assistance as might be necessary.

The patient was the remnant of a hardy man, apparently about 50 years of age, whose worn appearance gave evidence of long, severe and constant suffering. He had been the subject of gonorrhœal stricture for a long time, and for the last four years has suffered from a urinary fistula, which opened externally just posteriorly to the scrotum, and through which nearly all the urine passed. The fistula was connected with several sinuses which burrowed in the cellular tissue of the perinæum, and from which pus continually exuded. The scrotum was enlarged by congestion of its tissues, highly inflamed at its posterior part, and seemed as if it would ere long give way to the destructive ulceration, to which, unrelieved, it was eventually doomed. Dr. Maclean had on several

occasions, attempted to relieve or cure the urethral contraction by gradual dilatation; but so unyielding was the interstitial deposit thrown out around the diseased part, and, withal, so excessive was the irritability of the urethra—severe rigors and fever following every attempt to introduce an instrument—that the Dr. deemed it better practice to abandon this procedure, and seek for permanent relief, by external incision.

The patient was brought to the Hospital for the double purpose of greater convenience and better attendance, and for a few days previous to the operation his system was brought into as favorable a condition as possible.

On the day above stated the operation was proceeded with. The patient being perfectly anæsthetized, and placed in the proper position—that is, as for lithotomy—it was found that neither a Syme's staff, nor even the smallest bougie, could be made to penetrate the stricture. It became necessary, therefore, to resort to "the operation without a staff," which is known as the "boutonnière operation." For this purpose a full-sized catheter was introduced into the urethra as far as possible, that the point might serve as a guide by which to find the urethral opening; down upon this, section was made, and continued backwards for a short distance in the mesial line, that an opportunity might be given to effect an entrance into the urethra.

By patient perseverance and dexterous management, a grooved director was then passed through the wound in the urethra, backwards towards the bladder, and upon this the stricture was divided, till the large catheter which had been passed through the penis, and brought out at the external wound could also be passed into the bladder. The discharge of a quantity of urine declared the entrance of the instrument, and gave assurance that the work was accomplished. The catheter was fastened in position by tapes, in the usual manner, and the wound left to heal by granulation. There had been no bleeding of any account, and consequently the dressing was of the simplest form.

The catheter was allowed to remain in the bladder for forty-eight hours, at the end of which time it was removed, and passed afterwards only at intervals of two or three days. Very little difficulty has attended its subsequent introduction, and the chief suffering which has been complained of by the patient was a pain in the right

spermatic cord, and right testicle, with swelling and tenderness of the latter, the result I think of rather too frequent catheterization.

Yesterday in company with Dr. Maclean, I visited the Hospital, and found the patient very comfortable; he had been moving about the ward for the last ten days, the wound was nearly healed, most of the urine passed per *viam naturalem*, a No. 10 catheter was easily introduced into the bladder, and the patient stated that he could void his urine quite well, and that the flow was fully under his control; he was also relieved of the annoying prolapsus ani which he had suffered previously during the voidance of both urine and fæces.

In short, the indications were decided, that a satisfactory and radical cure of the stricture, and its accompanying evils, is in progress, and that ere long, the relieved patient will have cause to bless Dr. Maclean, the Kingston advocate, of Syme's operation for stricture.

This is the first time, I think, that this operation has been performed in Kingston, although it has been done many times in various parts of America during the last 50 years, and about 200 times by Syme of Edinburgh alone. Dr. Maclean was a pupil of Syme, and is the Editor of the American Edition of his Surgery, consequently he is an ultra defender of Syme's theories and practices, and ventures boldly upon every operation recommended by that distinguished surgeon.

Dr. Maclean has practiced his profession with general satisfaction for a number of years in this city, and he will of course be greatly missed by his friends in this vicinity (and foes also) when he leaves for Ann Arbor, Mich., where he will shortly proceed, to fill the Chair of Surgery in the Medical School of that place.

We predict for him, however, a brilliant career in his new and extended field of labor, and feel assured that his peculiar abilities will achieve for him a distinguished record in the annals of American Surgery.

THREE CASES OF DOUBLE OVARIOTOMY.—Dr. T. Gaillard Thomas, of New York, reports in the *American Practitioner* for July, three cases of double ovariotomy performed by him in the Strangers' Hospital of that city, all with successful results. One of the operations required an hour and thirty minutes. The patients were all etherized, and in the subsequent treatment were kept more or less under the influence of morphia injected hypodermically.

ON PRIMARY AND SECONDARY AMPUTATIONS IN GUN-SHOT WOUNDS.

COMPILED FROM "SURGICAL NOTES" TAKEN ON THE FIELD BY R. R STEVENSON, M.D, FORMERLY SURGEON IN THE ARMY OF THE "CONFEDERATE STATES OF AMERICA."

Case 225—D. H. æt. 24, Priv. Co. D., 6th Regt., Ky. vol's, Infantry Right arm shot off by cannon-ball, in battle of Shiloh, April 6th, 1862. On examination I found the shaft of the bone carried away, leaving nothing but the head and upper end of the humerus. In ten hours after he received the injury, reaction was established and chloroform administered. I amputated at the shoulder joint. After the operation he reacted well under the use of stimulants, and I sent him to the "General Hospital" at Corinth, Miss., and notwithstanding the use of tonics, stimulants and full diet, he died about the 10th day after the operation, of pyemic fever.

Case 562.—C. B., Private C. S. N., æt. 24.—Left fore arm shot off about five inches from elbow joint, by cannon-ball from Federal gun-boat, in battle with Confederate Ram, "Arkansas," at Vicksburg, July 1862, after the vessel landed near one of the shore batteries, immediately above the town. He was borne to a sheltered spot in a ravine, and upon examination I found the pulse feeble, skin cold and covered with a clammy perspiration. For a space of about four inches from the point at which the limb was severed, I noticed that the skin and integuments were very much blackened—apparently scorched, and presenting very much the appearance that I had noticed in soldiers who have been injured by the explosion of a shell. I thought at first he had been manning one of our shore batteries, and that the wound was caused by a fragment of shell from the enemy's mortar boats. I amputated without using chloroform, before recovery from the "shock," by the circular operation, at the lower end of the humerus. By the administration of grain doses of opium every eight hours, reaction was pretty fully established in the course of twenty-four hours. He was then sent to the General Hospital at Jackson, Miss. The treatment consisted in stimulants, full diet, and cold water dressing. He recovered in six weeks.

Case 631.—M. K., Private Co. B., 3rd Tenn. vol's, Infantry. æt 27.—Wounded in battle of Baton Rouge, La., Aug. 1862, in left thigh with grape shot, the ball entering about the middle third, shattering the femur and severing the nerve and artery. Amputation at upper third, two hours after injury, before recovering from shock, without the use of chloroform. After the operation I administered stimulants freely, and reaction was fully established in thirty-six hours. He was then removed to the Hospital at Magnolia. The treatment consisted in full diet with an occasional dose of quinine, water dressing with a weak solution of nitric acid. Recovery was complete in about eight weeks.

Case 720.—A. C., Lieut. Co. B., 4th Reg't. Ky. vol's. Inf'y. —Wounded in battle of Murfreesboro, Tenn., Dec. 30th, 1862, with minnie-ball, shattering lower third of femur, and severing nerve and artery. Twelve hours after the injury, and after reaction from the shock, had taken place, I administered chloroform, and Surgeon Scott amputated the thigh at the middle third. In twenty-four hours after the operation under the use of stimulants, he had reacted slightly. Shortly after this he commenced sinking, and died in thirty hours after the operation.

Case 1002.—A. K., æt. 30, Serg't. Co. 6th Re'gt. Ky. Inf'y.—Wounded in battle of Murfreesboro, Dec. 31st, 1862.—Left foot and ankle joint carried away by a ricochetting ball from enemy's gun. Was borne back to a sheltered spot immediately in rear of line of battle. Upon examination I found the skin cold, pulse feeble, but slight hemorrhage from wound. I amputated about middle third of leg by circular operation—in about thirty minutes after injury before recovery from shock—without the use of chloroform. The wound was closed slightly by wire sutures, and a light bandage applied so as to permit the escape of pus and sanious matter,—half a grain of sulphate of morphia with an ounce of whiskey was administered, and he was sent to the Hospital. In six weeks from the day he lost his leg he visited the camp of his Regiment at Tallahoma. The treatment in Hospital consisted in cold water dressing with the occasional use of a solution of nitric acid, and full diet.

Case 115.—R. H., Brig. Gen., P. A. C. S. A.—Wounded in battle of Murfreesboro Jan. 2nd 1863, in knee joint by grape

shot—limb nearly severed—shock to the system very great—pulse feeble, skin cold, respiration feeble. Attempts to produce reaction from shock without effect. Amputation, lower third of femur, twelve hours after injury. Patient gradually sank, and died shortly after operation.

Case 1267.—G., Private Co. A., 5th Ky. Reg't., Infantry.—æt. 27.—Wounded in battle of Jackson, Miss., July 1863, by grape shot. Entrance, external surface, middle third of left femur, shattering the bone and severing the femoral artery and nerve—exit, internal surface—making frightful lacerated wound, into which three fingers could be thrust. A tourniquet having been applied by one of the infirmary corps, he was carried to a sheltered spot under the right bank of Pearl river, where amputation was performed at once without the administration of chloroform, and before recovery from shock. Two grains of opium with one ounce of whiskey was administered to him, with instructions to repeat the opium in four hours, if reaction was not established. In thirty-six hours after the operation he had pretty fully recovered from the shock, and was left at the field Hospital, near Pearl river. The Confederate forces being compelled to fall back, he was left within the enemy's lines, and under the kind care of Surgeon Hinkly, he recovered in eight weeks; and was paroled and sent to his command.

Case 1890.—F. B., Private Co. B., 3rd Reg't., Ky. vol. Infantry.—Right fore arm shot off by fragment of shell in charging Federal batteries at Chatanooga, Sep. 24th, 1863. On examination I found the pulse feeble, skin cold—general appearance showing symptoms of great prostration. I amputated the limb by the circular operation, at lower third of humerus, (the elbow joint being somewhat involved in the wound) before recovery from shock, and without the use of chloroform. The wound was closed with two sutures and covered with a light dressing. By the administration of one-fourth grain of sulphate of morphine and one ounce of whiskey, reaction was pretty fully established in the course of twenty-four hours. He was conveyed to the field Hospital, and the treatment consisted principally of cold water dressing, tonics and full diet—recovery in five weeks.

In reporting these cases, I attach no very great importance

to them—only that all the operations were primary and proved successful, (except three), the emergencies of the case requiring them to be performed at once—the knife almost following the shot. All military surgeons who have seen active service on the field, can testify that many operations have to be performed, under emergencies, that seldom or never occur in civil practice. The non-administration of chloroform in some cases was due to the fact that I was averse to the administration of an anæsthetic previous to full recovery from the shock, as the pulse, which is our principal guide in the administration of anæsthetics, is not, from the depressed condition of the sanguiniferous, and nervous systems, following severe gun-shot wounds, in a fit condition to direct us in its use. I amputated in some cases by the circular operation, not from choice exactly, but because the instruments that I happened to have at the time were made exclusively for the circular operation. I may here remark that amongst the numerous cases that I have had, and that I have seen operated upon, my evidence is favorable to the circular operation in all cases where it is practicable. I will not pretend to say that it is the best mode of operating, but certainly less of the soft structures are exposed to the edge of the knife, by circular, than by the flap operation.

The question as to the period at which amputations from gun-shot wounds should be performed, has given rise to much discussion amongst surgeons. I believe that most modern writers on military surgery concede the fact, that where amputation is inevitable, that the best time to operate is after the shock to the system has subsided, the pulse regained its vigor, and the skin its natural warmth. Without pretending to question the judgment of older writers on military surgery, I can fully endorse the opinions of Larry, Guthrie and others, that primary operations are more successful than secondary ones, and that the sooner the operation is performed after the injury, the greater the chances for saving the life of our patient. Take a soldier, for example, whose hand and wrist have been mangled and crushed by a fragment of shell, we wait from two to three days for reaction or recovery from the shock—the brilliant eye, the intense pain, hot skin, and accelerated pulse all indicate that reaction has taken place. We now place him under the influence

of an anæsthetic, and amputate the limb, thus causing him to undergo another "shock," perhaps as great as the first, from which he has to rally a second time. It must be evident, then, that the sooner the operation is performed after the injury, the less will the nervous system be taxed to bring about a second reaction, as the inflammation arising from a clean incision is much less than that following an extensive, lacerated and contused wound. I have witnessed a great number of "secondary" operations that proved fatal, which I am confident could have been saved by primary operations, many of them performed by myself and others, not from choice however, but because it was impossible to operate upon them immediately after the injury. By primary operations, we may also avoid those fatal tetanic symptoms that sometimes follow reaction in gun-shot injuries.

In case 225 we see that death resulted, not as the immediate result of the operation, but from pyemic fever, a disease that carried off a large number of soldiers after the battle of Shiloh, caused principally by the defective Hospital accommodations, which were located in Corinth, Miss., a place proverbial for its unhealthy situation.

In case 1720,—"previous habits," together with the great severity of the shock, occuring from the injury and the operation, were the principal causes of death. The same might be said of case (2115).

Selected Articles.

DR. MURCHISON ON BLOOD LETTING IN INFLAMMATION.

According to the manner in which the blood is drawn, blood-letting is said to be either *general* or *local*. Blood letting, both general and local, was at one time the universal treatment for inflammation, but is now one of the rarest of surgical operations. An attempt has been made to account for this revolution in medical practice on the supposition that inflammations had changed their type; that formerly they were sthenic and required blood-letting, but that now they are asthenic and are injured by deple-

tion. This view of the matter is untenable; and I need only now repeat that in some parts of the world it is still the fashion to treat inflammations by copious blood letting, and that it is difficult to imagine how the type of inflammation could have changed in one country and not in another. There can be no doubt that much mischief was done in former days by copious general bleedings in inflammation. In order to diminish effectually the quantity of blood in the inflamed part through the general circulation, it is necessary to take such a quantity of blood that its quality becomes impoverished, while the heart's action is weakened and the reparative powers of the system are impaired. But the same objection does not apply to local bleedings. In many of the inflammations at or near the surface of the body which come under the notice of the surgeon, the effect of local bleeding in relieving pain, diminishing congestion, and otherwise moderating the intensity of the inflammatory process, is so immediate and marked that it is difficult to account for the modern antipathy to blood-letting in any form. It is argued that the loss of even a small quantity of blood weakens the entire system, and especially impairs the vitality of the inflamed part, but such statements have been chiefly advanced by writers who have had little or no experience of blood-letting themselves, and are, as I think, contrary to the evidence of our senses, while repeatedly you will have occasion to observe that a congestion of the brain or of the lungs is at once relieved by a natural hemorrhage—by a copious epistaxis or hæmoptysis. There is one important difference, however, as regards local bleeding, between an inflammation of some internal organ and one on the outer surface of the body. In the latter case there is no difficulty in understanding how local bleeding diminishes the quantity of blood in the inflamed part, but it is not so in the former. Yet, on calm consideration, you must see that it is not necessary for local depletion to act beneficially that it should do so through the general circulation. It may do so through the nearest arterial trunk, which is in common to the external surface and the inflamed organ. The intercostal artery can only transmit a certain amount of blood, and when the blood is made to flow from its superficial branches, less will go to the deeper branches. But whatever be the explanation, there can be no doubt of the clinical fact that the intensity of inflammation

may often be moderated by local blood-letting, and this, too, without any injury to the patient. In inflammations, for example, of the liver and intestines, I have repeatedly observed the most marked and immediate relief follow the application of leeches to the abdomen or around the anus. Still, you must not have recourse to blood-letting in every case of inflammation. It is only in the early stage of inflammation, or when it is advancing, that you can expect it to do good. You must also abstain from blood-letting in persons of debilitated constitution, or when the inflammation has been excited by an animal poison or some other morbid condition of the blood.—[*British Med. Journal.*]

THE TREATMENT OF CANCER BY ELECTROLYSIS.

At a meeting of the New York Pathological Society, reported in the New York *Medical Record*, January 2, 1872, Dr. Neftel presented sections of carcinomatous deposits removed post-mortem from a lady who had died in consequence of mammary cancer. About two years ago she noticed a hard and painful lump in her right mamma. This increased, and, with the pain, extended to the axilla. These masses were removed by operation. Soon after the operation she had an attack of pneumonia, from which she did not recover until the lapse of several months. In the meantime the wound cicatrized, but the pain still continued, and extended down the arm of that side, making it almost useless. After several months she felt that the cacitrix became indurated, and from these there seemed to be a string of smaller lumps, which aroused the suspicion in Dr. N.'s mind that the disease had translated itself to some internal organ, she then insisted on being treated by electrolysis, and the treatment was pursued, in conjunction with Dr. Bailey, of Albany. To the surprise of Dr. N., not only did the secondary tumors disappear, but the patient improved in general health. So marked was this latter effect that Dr. N was inclined to believe that he had been mistaken in his diagnosis of internal metastasis. After several months, tumors again showed themselves in the same locality; these were treated, and likewise disappeared. Finally the cervical glands

became affected, and she began to suffer from asthmatic attacks, in consequence of pressure upon the pneumogastric, these were succeeded by an attack of pleurisy, due to cancerous exudation, and she finally died delirious. At the autopsy, the liver, lungs, and cervical glands were found *infiltrated* with cancerous material.

In speaking of the effects of electrolytic treatment upon cancer, Dr. X. stated that he had reason to believe it would always be successful if employed before the disease had become constitutional.

Epulis and Myeloid Tumors of the Jaw.—Prof. Gross, speaking of Epulis in a recent clinical lecture remarked that—

"He had never before met with a growth of this kind at so early an age as seven years. It is usually a tumor of slow growth and differing from myeloid in this respect; it is often painful; patients afflicted with it suffering much from toothache. Again, epulis is often partially osseous, frequently containing spiculæ of bone in the centre, detached from the surface of the bone. It recurs under the same circumstances with myeloid, that is, when all parts have not been completely extirpated, though perhaps less frequently than in the former. It is generally lobulated, as myeloid tumor in the same situation, but its structure is firmer. It is tougher and more elastic, owing to its fibrous structure. On section of myeloid tumors, more decided characteristics are noticed, which may be recognized by the naked eye. The cut surfaces are 'smooth, uniform, compact, shining, succulent, with a yellowish, not a creamy fluid;' presenting 'blotches, of dark or livid crimson, or of a brownish or a bright blood color, or of a pale pink, or all these tints mingled on the grayish-white or greenish basis-color.' Epulis on section is uniform, firm, white and shining, presenting often in its interior the spiculæ to which allusion has been already made. Before operation it is not easy to decide whether a tumor is epulis or myeloid, and though appearances on sections are more characteristic, they do not become available for diagnosis. As a matter of prognosis it is not of paramount importance that the exact nature of the tumor

be known before operation, supposing it one of these two forms, as neither is apt to return if *thoroughly* removed. Recurrence of each occasionally takes place, and it is somewhat more frequent in the case of myeloid; the periosteum should in all instances be scraped after operation. As the only certain means of relief, Prof. Gross recommends 'excision of the piece of bone to which it is attached.'"

KING'S COLLEGE HOSPITAL.

AMPUTATION OF THE HAND AT THE WRIST.—Sir Wm. Ferguson exhibited a man with an excellent stump, after amputation at the wrist, where the processes of the radius and ulna has been left. He advised that these processes should not be sawn off when healthy, as the breadth of the stump at the end of the arm was useful rather than otherwise.

Vesico-vaginal Fistula.—Ten days before, Sir William Ferguhad put in three stitches, with the hope of completely closing the fistulous opening, It had originated in the vaginal operation for stone nine years before. At the time, the healing process failed, and the operator had not again closed the wound. The patient was very young when operated upon for stone, and it was not easy then to stitch the wound. Sir William Ferguson saw her some time ago, and advised her to come into the hospital, in hope of closing the wound by suture; but the operation has been partly unsuccessful. To-day the girl said that the parts were quite dry, and on that supposition he proceeded to take out the stitches; but she had not given a correct account of herself, for urine was dribbling freely through the wound. He removed the stitches, but thought it unadvisable to do anything further then to the wound. He said that three or four operations were sometimes necessary in a case of this kind, just as for cleft palate.

Dislocation of Astragalus.—A man came into the hospital in consequence of having injured his ankle by a fall. The astragalus was dislocated outwards, and there was a good deal of effusion about the joint. On first looking at it, Sir William Ferguson thought that there might be a fracture; but as he could not freely manipulate the parts when the man was under chloroform, he

concluded it to be a dislocation. He attempted its reduction with the aid of three or four assistants, but was unsuccessful. He then divided the tendo Achillis and made the same trial, but again failed. What next was to be done? He thought he would not be justified in removing the astragalus, and therefore determined to place the foot on a straight side splint. He had seen tolerably good and useful feet after such a displacement, particularly if no violent inflammation set in, disorganizing the joint, and he hoped this would be the case with the present patient.

Aneurism at Base of Neck.—For this aneurism, Sir William Ferguson had tied the subclavian artery on May 25, five days ago. All had gone well till to-day after dinner, when a sudden gush of blood from the wound occurred. Mr. Rowe, the house-surgeon, immediately came to the assistance of the patient, and succeeded in stopping the bleeding by putting strong pressure on the wound. What seemed peculiar in this case was, that the usual time for secondary hemorrhage had not arrived. Had this been the ninth or twelfth day after the operation, it would not have been out of the ordinary course of things; but as it was only the fifth day, the hemorrhage could not be looked upon as simply secondary.

There have been several cases of secondary hemorrhage following in succession in this hospital. In the case of a lad with a wound in the lower part of the thigh, there was repeated formidable bleeding; and the superficial femoral artery was about to be tied when it ceased, and he went on favorably afterwards. A few weeks ago, Sir William Ferguson took out some dead bone in the locality, where there was great risk to the popliteal vessels. Great secondary bleeding came on, and only stopped after several stuffings of the wound. A girl, also, from whom he removed a tumour under the sterno-mastoid muscle, had profuse bleeding, of an apparently venous kind, coming from the great vessels at the root of the neck, and her case is now very critical, it being a question whether the wound should not be reopened and the internal jugular tied. In the mean time great pressure checks it, and Sir William thinks it most to be trusted.—*Brit. Med. Journal*, June 8, 1872.

Celery as a Nervine.—A correspondent of the Practical Farmer says (Med. Bulletin, Cincinnati Med. Repertory) "I have

known as many men and women too, who, from various causes, have become so much affected with nervousness that when they stretched out their hands they shook like aspen leaves on windy days; and by a daily moderate use of the blanched foot stalks of the celery leaves as a salad, they became as strong and steady in limbs as other people. I have known others so very nervous that the least annoyance put them in a state of agitation, and they were in almost constant perplexity and fear, who were effectually cured by a daily moderate use of blanched celery as a salad at meal times. I have known other cured by using celery for palpitation of the heart."—[*Med. Cosmos.*]

MILK AS A DIET DURING LACTATION. By R. P. HARRIS, M. D., Pennsylvania.—From a series of trials which I have very successfully made, I have become convinced of the great value of milk as a food for delicate mothers who desire to nurse their own children. By the term "delicate" I do not mean those actually diseased, or apparently inclined to tubercular or other serious organic affections, but a large class of American women in the higher walks of life who fail as nursing mothers, either because their milk is too small in quantity or deficient in nutritive elements. Such women are generally below their proper average in weight; have little, if any color in their cheeks, and eat but a moderate amount of food. There may not be any deficiency in the development of their mammary glands, although their mammæ are usually smaller than they should be; but this is chiefly due to the absence of adipose deposit. All such subjects do not bear a milk diet well; and in such the plan must be abandoned, as the diet should not only agree with the mother, but be palatable, so as not to diminish her appetite for her ordinary diet. She should be able to eat her three meals as usual, and consume the requisite amount of milk in addition. There are many women who have lost all their childhood's relish for milk, just as there are sometimes young children who do the same thing, and cannot be made even to try its efficiency. And there are others who are anxious for success, and do make the trial faithfully, but are reluctantly obliged to discontinue the diet in consequence, not of any disrelish, but of an inability to digest it.

Happily, there are also many who not only like the taste of milk, and can continue its use indefinitely, but who experience a wonderful degree of benefit from it, not only being able to nurse their infants, whom they would otherwise have to give to a wet nurse, or raise by hand, but greatly improved in health and strength, gaining flesh, increasing in appetite, and avoiding the ills resulting from the drain upon their system, so commonly experienced after a few months of lactation.—*Richmond and Louisville Medical Journal.*

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, June. 20, 1872.

Dr. E. R. Peaslee, President, in the Chair.

THE CURRENT MATERIA MEDICA.

Dr. E. R. Squibb made the following remarks on "The Current Materia Medica":—

Materia medica should be thoroughly studied in connection with therapeutics, and the student should never be suffered to graduate without paying particular attention to this branch of curriculum. There is a tendency among some to almost ignore the materia medica, which is all wrong, it should be studied up to the times. Take, for instance, *hydrate of chloral*, which was first fully investigated and then applied to practical use. Persons are apt to use a remedy and extol it in medical text-books and journals without giving it a fair trial, thus creating a fashion in medicine. True progress is entirely different from fashion in medicine. In regard to the subject of *anæsthetics* and the mortality from their use, he has not, in the course of his extensive reading of home and foreign journals, seen a case of death in this country, and only two or three abroad during the year. This is accounted for by the little use of chloroform, and the predominance of ether, and the day is coming when the former will be confined only to the branch to which it belongs—the obstetrical.

Bromide of Potassium is more within the control of the profession than it was, and has taken its proper place in the materia

medica. Many times it is given in too small doses and no good effect is produced. The doses should be large enough to get up bromism, sometimes fifteen or twenty grains will do it, but in his experience forty, fifty, or sixty grain doses are called for; as a hypnotic, twenty-five-grain doses are essential.

He recollected a remark of Prof. Van Buren, that in order to get iodinism he gave iodide of potassium in sufficient doses, as high sometimes as one-ounce doses. The same rule is applicable to the administration of bromide of potassium.

Alkaloids, or active principle of drugs. No one expects to get from the salts of morphia such relief as from pure opium itself—although one grain of morphia equals six grains of opium. He believes that good opium will be the standard of the profession after all. The chemical processes in use for abstracting the alkaloids deteriorate the anodyne properties, and are destructive to the anodynes of our fathers. If practitioners were better satisfied to use the pure original anodynes, without being tortured, the results would be more satisfactory. It has been a great fashion to have fine-looking white alkaloids, which are made at the expense of medicinal qualities; for every time they are bleached by the chemist a portion of the valuable property is lost.

Another subject of importance is the *dietary of the sick.* The various extracts of meat sold at the stores are of little value; there is not one of them, which is advertised, which will bear out the remark of Dr. Christison, "they arrest waste but do not keep up the supply" His impression is, that there is not as much against the use of solid food or aliment in disease as has been said against it. The stomach is not a chemical laboratory, or "a kitchen for cooking food," as Abernethy wisely remarked. Food should not be subjected to the ordeal of chemists, as the fashion is.

Among the articles that have been introduced in the dietary department, and has taken a firm stand in the materia medica, is *pepsine* Generally, however, patients have been in the habit of taking starch rather than pepsine. Once get up a reputation concerning a certain variety of this agent, the manufacturer has a good start for making money. Some specimens examined were good and others were bad. The name of the maker is no guar-

antee, as it may be good at one time and poor at another. While the proprietor is looking after the money column, the manufacture is entrusted to another. The fresh supply of pig's stomachs must come from the western pork-markets.

The pancreatic emulsions and preparations of bismuth and pepsine, so fashionable now, cannot be recommended. Bismuth and pepsine cannot exist together. Those fashionable mixtures of beef and iron—as Vinum cibi, Vinum cibi et ferri cum cinchona, etc.—are gross frauds, only money is in them. Hardly any cod-liver oil will pass muster unless it is tasteless; and his impression is that many of these preparations are not cod-liver oil at all, only oil made up for the market. Good oils should neither be too dark nor too light, but of a medium color. The dark varieties are made of livers in a state of decomposition. There are good cod-liver oils in market which come from Norway and Newfoundland. The reason that the Norwegian oil is less rancid than others is, because it is never made at a less temperature than fifty degrees, consequently decomposition is avoided. Oil, when in use, should be kept in a cool place, as a refrigerator, and after each dose is given the glass should be thoroughly washed. Small pieces of ice put in doses of disagreeable substances, like cod-liver oil, render the agent almost tasteless. Those physicians who eschew the fashionable remedies take to the syrups, such as Aiken's syrup, etc. The lacto-phosphate of iron is based on fallacies like the others, but it is very taking, and is advocated by Horsford and others. Physicians are anxious to get solutions of phosphorus into the stomach, but before it gets there it becomes oxidized.

Another popular fallacy of the day is the use of sugar-coated pills or medical confectionary. Coroners have found those pills, after death, in the stomach and intestines, undissolved. Medicines should be given in such a shape that they will be quickly dissolved. It is not an easy matter to get the hard coat off the pills. Glycerine should be used in compounding pills, to render them soft. Pills made in this way are easily dissolved in the stomach. He has been astonished that Blaneard's pill has been so useful as has been stated—it being covered with a metallic coat.

Medicines in capsules are not to be advocated—they being not easily dissolved.

The use of various forms of divided medicines, particularly "The Divided Medicine Co.'s" preparations, is another fallacy. It is nothing new, but an old way of preparing medicines. This way of dosing might be good if the physician would put the medicine up, but to purchase these preparations of companies is dangerous pharmacy.

Rhubarb in squares, covered with powder, is not desirable. Physicians should get the Chinese rhubarb, in solid state, and then they know what it is.

Disinfectants, like chloralum or chloride of aluminium, are fashionable agents. The sulphate of aluminium is better than the latter, but it is old, so, to popularize it, Prof. Gamgee took the chloride. To improve it in this country we have taken the same bromochloralum. Wastes of chemical manufactures are to be the source of disinfectants for health-boards. Copperas, or sulphate of iron, and carbolic acid are all that can be desired.

Cinchona barks from India will probably give us all that can be dispensed. Moss planted on the bark improves the quality—called mossine in that country.

Chloral received, about a year ago, a decided check on account of the number of deaths reported from its use; it is a potent agent, and has taken a very proper place in the materia medica.

Cundurango, which received its aid from the State Department at Washington, D. C., has pretty much gone out. That department deserves the reprobation of the physicians of this country. Reports have come back to the discredit of its use.

Nitrite of amyl, introduced by the foreign physicians, and first written about by Dr. Richardson, of London, is a useful remedy. Cases of hemicrania, spasmodic asthma, etc., have been relieved by its inhalation. It is supposed to paralyze the nervous system of the arterioles, from sixty-five to seventy beats may be added in a few seconds by its use. The circulation resumes its usual tone in a few minutes, and the effect of the remedy passes off.

Xylol has now degenerated into a prevention of small-pox, and it is very hard to place a value upon it.

An article which has been recently introduced from Ger-

many—*Rhamnus frangula*—seems to stand between rhubarb and senna, and is useful in constipation. The tincture has been prepared at the instance of Dr. Gray, of Utica, and is a good preparation; but it is better chewed; a few pieces chewed during the day will remove constipation.—(*Med. Record.*)

SIMPLE METHOD OF WATER ANALYSIS.

Every medical practitioner is familiar with the terrible risks attendant upon the use of bad water, and is anxious to employ the power and influence which he possesses in exposing those risks and in striving to avert them. But he is restrained by practical difficulties which are, in too many cases, insuperable. Local authorities are inert and often ignorant. The stupidity of the tenant is only equalled by the cupidity of the landlord. Water analysis costs money; and anyone who suggests its necessity is sure to be met instantly with the question, Who is to pay for it? Unfortunately, a proper analysis of water for sewage or drainage contamination is a process which from its complexity can only be carried out by a professional chemist; and in every important case such an analysis is a matter of necessity. But it is nevertheless true that it is perfectly possible to form a useful and, in many cases, a sufficient estimate of the quality of a water, and even approximately of the extent of its contamination, by the use of well-known methods so simple as to be available to every intelligent man, and certainly to every medical practitioner. The methods we are about to describe must, of course, be applied as accurately as possible, and the results interpreted with caution, but we have verified them all with care, and know that they may be depended on to the extent we indicate. For the sake of convenience, we have arranged them all for use with the weights and measures found in every surgery and chemists shop.

1. *Examination of the source.*—This is of vital importance, and will often supersede the necessity of any analysis by indicating that the water *must* be foul. The chief sources are three—namely, rivers, surface-wells or springs, and deep wells or

deep-seated springs. Wells 100 ft. in depth may be reckoned in the last class. The contamination of rivers may be judged of by circumstances which will occur to all: the nature of the house- and-land drainage they receive, the proximity of factories, &c. Few rivers are above suspicion, and many are utterly abominable as sources of supply. It is somewhat more difficult in many cases to judge of the contamination which a shallow well, often not more than 15 ft. deep, receives. Regard must of course be had to the proximity of drains, cesspools, stables, and the like; and much may often be gathered from a study of the nature and conformation of the land. Loose porous soil—such as gravel or broken chalk—is not only more liable to drainage contamination, but affords a more imperfect filtration than closer soil. Very shallow porous soils are often exceedingly foul from the stagnation and accumulation in them of manurial matters. The dip of the land is also an important element in the study. A cesspool below a well on a hillside may not pollute the water, but if above, the water will be almost sure to suffer.

The quality of the water of deep wells is still more difficult to determine by mere observation. If no surface-drainage can find its way in—a condition not always secured,—we have to consider the filtering efficiency of the bed of earth through which the water has to pass in its downward passage. The "previous sewage contamination"—the record of past fouling—in such waters is often high, but it by no means follows that the water may not be free, or nearly free, from unoxidised organic matter.

2 *General characters.*—The amount of suspended matter in the water should be observed carefully. When it has subsided, a portion may be examined under the microscope. Low forms of animal and vegetable life will often be seen, and this indication has some value, though not very much. In very bad water fragments of undigested muscular fibre can sometimes be seen. If a portion of this sediment be dried and burnt in a small porcelain basin over a spirit-lamp, it will exhale an unpleasant smell, if of animal nature. The *colour* of the water is best seen by looking down a tall jar or glass tube. It should be greenish-blue, but clay, peat, and other harmless contaminations, cause a yellow or brownish tint, and on the other hand, bad water has sometimes a tolerably good colour. The *smell* is often sufficient to

identify very bad water. Shake a sample in a bottle and warm it occasionally; a fæcal or putrescent smell will often become apparent under these circumstances, though sometimes not until the bottle has stood for a day or two. It is a good plan to evaporate a portion of the water to dryness in a basin, and then heat it over a spirit-lamp. Any organic matter will blacken under these circumstances, but animal matters, if in any quantity will also give a bad smell.

Unfortunately, we cannot give any easy and exact process for the determination of this nitrogen. But a useful though somewhat rough indication may be obtained as follows:—Concentrate a portion of the water (say two fluid ounces) to one-eight of its bulk, avoiding boiling. Let it cool, and pour it into a test tube of about one-third of an inch diameter as much as fills nearly an inch of it. Add an equal bulk of *pure* concentrated sulphuric acid. When the mixture is quite cold hold the tube almost horizontally, and pour in gently about an equal bulk of a pretty strong solution of green vitriol. The iron solution will float on the acid mixture. Let the tube stand for half an hour, and look at the line of junction of the two liquids. If a dark line is visible the water *does not contain less* than 5 part of nitrogen in 100,000 though of course it may contain more. This is equal to a previous sewage contamination of 5000 in 100,000.

Now for the use to be made of this determination. If the water is from a deep and apparently unobjectionable well, and if the general characters are good, the water need not be condemned, for chalk waters often contain more nitrogen. If the water is from the river or surface-well of tolerably good character, the indication is sufficient to throw a very grave suspicion on it. And lastly, if the history of the water is bad, if it is known or strongly suspected to be contaminated, the indication stamps it at once as certainly dangerous.

By varying the concentration of the water it is possible to arrive at a pretty fair idea of the quantity of nitrogen in the water. Some water reacts without any concentration.

4. *Chlorine.*—We have on a previous occasion pointed out the value of this indication. By an examination of the best water a neighbourhood affords, it is easy to find the amount of chlorine which is natural to the water. In the south of Eng-

land it seldom amounts to more than 1 part in 100,000 except where sea-water penetrates. Purely local causes may of course produce an excess, but not very often. The determination may be made with sufficient exactness in the following manner:—Dissolve 88.3 grains of pure nitrate of silver in 1 pint of distilled water, and dissolve separately 4 grains of yellow chromate of potash in ½-pint of water. Take 4 ounces of the water to be examined in a tumbler or beaker; add 10 minims of the chromate solution a drop at a time from a minim glass. As soon as the faintest tinge of red appears, read off the number of minims of silver solution which have been added. Every minim indicates 0.1 part of chlorine in 100,000 of the water, so that uncontaminated water ought not to require more than 10 minims to give the red tint in 4 ounces.

5. *Permanganate test.*—The great objection to the last two methods is, they only tell of a previous contamination which may possibly have ceased to be noxious. Of the methods which tell of the present condition of the water, the only one which can be easily applied is the permanganate test, which, unfortunately, is the least trustworthy of them. It depends on the fact that many kinds of organic matters, and particularly putrescent organic matters, are oxidised by permanganate of potash in presence of sulphuric acid. The permanganate, losing its oxygen, loses its beautiful violet colour and the amount of permanganate decolourised by a given volume of water is therefore some kind of measure of the amount of organic matter in the water. Unfortunately, however, different kinds of organic matter affect the permanganate very differently. Some, urea for instance, do not affect it at all, and, on the other hand, some mineral matters, such as nitrites, sulphites, and protosalts of iron, decolourise it easily. Nevertheless, water which decolourises much permanganate is generally bad water, and we therefore give the test for what it is worth. Dissolve 3.3 grains of pure permanganate of potash in one pint of distilled water. Take one pint of the water to be examined; introduce it to a colourless flask, add 5 fluid drachms of dilute sulphuric acid (1 part strong acid + 5 parts water, by measure) and add the permanganate from the minim glass a little at a time, as in the chlorine process. After every addition shake the flask and let it stand ten minutes. If the

violet colour disappears, add a little more, and so on, until the violet colour, not a brown) remains permanent for ten minutes. If the quantity required is large it is better to dilute another portion of the water with distilled water and begin again. Each minim of permanganate used in this process represents .001 part of oxygen given up to 100,000 parts of water. To give an idea of the working of the test we may quote the results of its application to the London waters in 1865. For the quantities of material given above, the permanganate used may be said to have varied from 5 to 200 minims. Accordingly the quantity of oxygen required to oxidise the organic matter in 100,000 parts of water was taken as varying from 0.005 to 0.2 part.

That these methods are rough we freely admit, but we believe they may be safely used, with due care, in those cases in which a proper scientific analysis cannot be obtained.—*London Lancet.*

THE TREATMENT OF FEVER.

BY DR. C. MURCHISON.

1. To remove, when possible, the cause on which the fever depends.

2. To promote elimination, not merely of any morbid poison, but of the products of exaggerated metamorphosis in the blood and tissues.

3. To reduce the temperature and the frequency of the action of the heart.

4. To maintain the nutrition of the tissues, and stimulate the action of the heart, by appropriate food and stimulants, taking care at the same time, not to excite congestion, or increase the work of the already overtasked glandular organs.

5. To relieve dangerous and distressing symptoms.

6. To obviate and counteract secondary complications.

1. Unfortunately, it is not often that we have it in our power to remove the cause of pyroxia, but the object is one always to be kept in view, and sometimes the main efforts of our treatment must be directed to secure it, as, for example, pyroxia dependent upon pent-up pus, an obstructed bowel, or gouty, syphilitic, or periosteal inflammation.

2. The elimination of any morbid poison, as well as of the products of exaggerated metamorphosis, will often be promoted by the judicious employment of diaphoretics, diuretics, purgatives, and emetics. The old practice of commencing the treatment of pyrexia by giving a purgative, to unload the portal circulation and promote the action of the liver, is undoubtedly a good one, and particularly advisable in persons of robust habit, or who live too well. In mild cases of pyrexia, the only treatment necessary consists in the avoidance of any chill, and in the administration of a mild aperient, followed by frequent doses of diuretics, and diaphoretics, such as the citrate of potash, or the liquor ammoniæ acetatis with spirit of nitrous ether. Elimination will also be promoted by a plentiful supply of fresh air, which will favor the escape of carbonic acid from the lungs, and by the free use of diluents, which will help to wash away through the kidneys the products of tissue-waste. In all grave cases of fever you will remember the importance of maintaining the action of the kidneys, and of keeping a good watch on the state of the urine; noting carefully not so much its color and the presence or absence of lithates (both of which characters will depend much on the quantity), but the quantity and the presence or absence of albumen. When the quantity becomes notably diminished, or albumen appears, advantage will often be derived from hot poultices to the loins, aperients, diaphoretics, diluents, and diuretics. But while you promote elimination, you must take care that the means for this end do not weaken too much the action of the heart; and you must remember that, in some fevers, the natural process of elimination are excessive, and conduce to dangerous exhaustion and death.

3. For reducing the intensity of the pyrexia, different measures have been proposed,

Blood-letting was at one time universally resorted to for this object, but in this country it is now entirely discarded, because it was found to increase one of the great dangers in pyrexia viz., failure of the heart's action. There are few accurate observations on the effects of blood-letting on the temperature of pyrexia, but we know that, when a copious bleeding of the nose or the bowel takes place in enteric fever, although the temperature may fall below the normal standard, it speedily regains its former height, or rises above it.

The external use of cold water is one of the most certain means of reducing the temperature in pyrexia, and in certain cases is attended with good results. The attention which this practice is now attracting will justify the following remarks: In the seventeenth century the brothers Hahn of Leipzig, treated fevers by the external use of cold water, but their observations were soon forgotten. Towards the end of the last century (1787) cold affusion was proposed by Dr. Currie, of Liverpool, both for arresting and mitigating fever. The patient was seated naked in an empty tub or bath, and several buckets of water of a temperature of 50 or 60 deg. Fahrenheit, were poured from a height of from 2 to 3 feet or more over the head and chest. He was then hastily dried and restored to bed, and in most cases the operation was repeated once or twice daily. It was stated that in many cases, if resorted to during the first three days, this treatment arrested the disease; while in others it reduces the pulse and temperature, relieved many of the distressing symptoms, and particularly the headache, restlessness and delerium, and conducted the disease to a safe and speedy issue. The affusions were employed at any stage of the fever; but the effects were always most salutary at an early stage. They were said to be contraindicted when the temperature of the skin, ascertained by the thermometer, was not much above the normal standard, or when, notwithstanding an elevation of temperature, the patient complained of chilliness, or suffered from severe diarrhœa or profuse sweating.

The wonderful results obtained by Currie were confirmed by numerous observers in different parts of the world, whose testimony is recorded in the edition of his work published in 1804.* But in the British epidemic fever of 1817–19, the practice was followed by many with great perseverence, and the general result, according to Sir Robert Christison, was that in very few cases, if any, was the disease arrested by it, that although an abatement of febrile heat and restlessness occurred almost invariably, it was of short duration, and not to be made permanent by any frequency of repetition, that as much good eventually was attained by frequent cold and tepid sponging, together with cold applied to the head; and that often the cold affusion occasioned for a time

* *Medical Reports on the Effects of Water, Cold and Warm, as a Remedy in Fever.* By James Currie, M.D., F.R.S., 1804

after each application an intense feeling of pressure and weighty feeling in the brain, which could not be regarded without some uneasiness.* The statements, backed by professional and popular prejudice, account perhaps for the subsequent neglect of cold-water treatment of fevers. But the observations made of late years by Brand, of Stettin, Jurgenson, of Leipzig, Liebermeister, of Basle, Ziemssen, of Erlangen, and H. Weber and Wilson, of London, show that although the practice may not shorten the fever, and is often inapplicable, yet under certain circumstances it is useful not only for reducing the temperature, first of the surface and then of the interior of the body, but for relieving headache and other distressing symptoms, removing congestions of the kidneys, warding off delirium and coma, and rousing the nervous system in cases of excessive stupor. The circumstance has perhaps been too much lost sight of, that cooling the body may not influence the conditions on which the development of heat depends; but with reduced heat it may be assumed that there will be diminished metamorphosis, to the non-elimination of the products of which many of the dangers of fever are due. In point of fact, Schroeder, of Dorpat, has ascertained that cold baths effected a marked diminution in the excretion of carbonic acid and urea in fever, † and as this was not attended by any aggravation of the general symptoms, it is fair to attribute it to a retarded metamorphosis of tissue.

Statistics have been appealed to to prove the great success of the cold water treatment of fever (particularly of enteric fever) as contrasted with that of an expectant method; and although other conditions not stated may have helped to influence the result, they suffice to show that the practice is not beset with the dangers commonly imagined. But the most conclusive facts in favor of the practice are those observed in certain cases of hyperpyrexia by Dr. Wilson Fox‡ and others, where its employment was followed by recovery from an elevation of a temperature (110 deg. Fahr.) which, under every other method of treatment, has been speedily followed by death. At the same time there are many cases of pyrexia in which the cold affusion

* Article "Continued Fever" (*Library of Medicine*, vol. I, 1840).

† Ueber die Einwirkung kalter Bader auf die Gas-und Harnstoff-Ausscheidung beim Typhus.—*Deutsch Archiv klin Med*, 1869, Bd. vi, S 355.

‡ *On the Treatment of Hyperpyrexia by Means of the External Application of Cold.* London, 1871.

or immersion would be unsuitable or injurious. It is likely to be of the most service when the temperature is under 102 deg. Fahr., or when the extremities are cold, although the temperature of the central part of the body be high; and it must always be employed with caution when there are the signs of weakened cardiac action or of stagnation of blood in the capillary circulation, although it may be noted that in one of Dr. Fox's patients, who was apparently rescued from death, the face was cyanotic, and the radial pulse imperceptible.

There are different plans for employing cold water in the treatment of pyrexia, such as the cold affusion practised by Currie, packing in a cold wet sheet resorted to by Brand, or immersion in cold baths. The last is the method now most in fashion. The patient is placed in a bath having from 50 deg. to 70 deg. Fahr., or better, as Ziemssen recommends, in one whose temperature is about 10 deg. below that of the body, but which, after the patient's immersion is gradually cooled down to 68 deg. by adding cold water. He should remain in the bath for half an hour, or until shivering comes, and all the time he is in the bath his limbs ought to be rubbed by assistants. He is then to be hastily dried and put into a warm bed. For some time after the bath the temperature in the rectum continues to fall as the trunk parts with its heat to the extremities, but as soon as the temperature in the rectum rises again to 104 deg., the patient ought to have another bath. In the early stages of the fever as many as seven or eight baths in the day may be necessary. When cold affusion or immersion is contraindicated or inexpedient, frequent sponging of the surface with cold or tepid water will also help to cool the body, and is often a source of much comfort to the patient.

Quinine in large doses has an undoubted influence in lowering the temperature of pyrexia. In most cases of severe pyrexia, ten, fifteen, or twenty grains will, within an hour or two, cause a fall of the temperature to the extent of three or four degrees, and to a less degree of the pulse.* It is true that the effect passes off after a few hours, and that there is no good evidence (except in malarious fevers) of its cutting short the natural course of the attack, but the effect may be maintained by a

* For evidence on this point, see Report of a Committee (of which I was a member) of the Clinical Society.—*Trans. Clin. Soc.*, 1870, vol. iii.

repetition of the dose, and the remedy has often appeared to me to be of signal service when a pyrexia was at its crisis, and when the temperature was rising in place of falling.

Digitalis, Aconite, and Veratrum Viride have a marked power in reducing the pulse, and, to a less extent, the temperature in pyrexia, and are, in my opinion, too much neglected for these objects in practice. Veratrum viride is largely used in America in the treatment of fevers, and its effect upon the pulse is speedy and most decided, the only objection to its use in private practice which my experience suggests is its liability to induce sudden nausea and faintness, but these symptoms are transient, and cease on the administration of a stimulant. Ten or fifteen minims of the tincture may be given every four or six hours. Aconite is a remedy of great value for reducing the pulse and temperature in fever, and especially in the pyrexia resulting from local inflammations, and is much less used than it deserves to be. Digitalis is another remedy which I have often found very serviceable in various forms of pyrexia. While increasing the force of the cardiac contractions, it diminishes the frequency of the pulse, reduces the temperature, and increases the flow of urine. Lastly, *antimony* reduces in a marked degree, the frequency of the pulse in pyrexia, and promotes diaphoresis and mucous secretion. It was at one time largely used in all fevers, but in many it is contraindicted by its tendency to weaken the contracting power of the heart.

4. The nutrition of the body must be maintained by appropriate food, in the form of milk, beef-tea, eggs, and farinaceous articles. Not long ago it was a custom to starve fevers; and you may probably have heard that the late Dr. Graves, of Dublin, who was mainly instrumental in doing away with this objectionable custom, expressed a wish that his epitaph might be "He fed fevers." The modern tendency, however, is perhaps to over-feed fevers, and especially to give too much nitrogenous food. Dr. Parkes has shown that there are theoretical objections to a purely nitrogenous diet in fevers. It is doubtful if the disintegrating nitrogenous tissues can be fed, and in that case the albuminous food must be got rid of by the already overtasked glandular organs. Milk is in most cases preferable to beef-tea as an article of diet in fevers.

In many cases of fever it will be necessary to give stimulants. You must not give stimulants simply because the patient has fever. Many patients with fever do better without them. But you must not refrain from giving stimulants when the heart shows signs of weakness, as happens in the advanced stages of most protracted fevers. The heart may be artificially stimulated by sinapisms and other irritating applications to the skin, but better by the internal administration of ammonia, ethers, and alcohol, in quantities proportioned to the weakness of the heart and pulse.

5. In every case of pyrexia, you must combat dangerous symptoms as they arise. Stagnation of blood in the pulmonary capillaries, impeding the aeration of the blood, is to be met by stimulants, such as alcohol, carbonate of ammonia, and ethers. Digitalis, by strengthening the heart's action, and turpentine, which seems to stimulate the capillary circulation, are also useful under these circumstances; while advantage will likewise be derived from mustard and linseed poultices to the chest, and from warm applications to the feet. When uræmic symptoms predominate, the action of the skin and bowels is to be promoted, digitalis and saline diuretics may be given to increase the flow of urine, sinapisms and linseed poultices are to be applied over the loins; while attempts may be made to rouse the patient by cold affusion to the head, by blistering the shaven scalp with liquor ammonia, and by sinapisms to the nape and feet. In many cases of fever you will also be called upon to relieve distressing symptoms—such as diarrhœa, pain, sleeplessness and delirium—which, if unchecked, hasten exhaustion and prevent recovery.

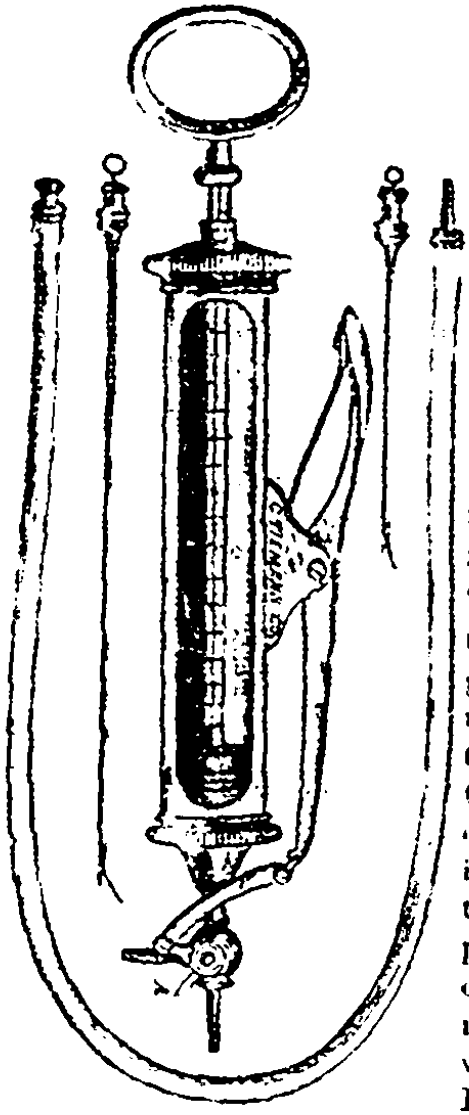
6. You must counteract, as far as possible, secondary complications, which will vary according to the primary cause of the pyrexia, and which always add to the patient's danger.

Lastly, I would caution you against two errors in the treatment of pyrexia:

1. You must take care that the remedial measures which you adopt in no way thwart the natural modes of recovery, or favor the natural modes of death.

2. At the same time, you must not be content with adopting a treatment of pure expectancy. You must not forget that the natural termination of pyrexia may be death, as well as recovery.—(*British Med. Journal.*)

THE ASPIRATOR IN SURGERY.



M. Labbé a young surgeon and *agregé* (sub-professor), has been doing wonders with the capillary or aspiratory trocar—the instrument patented by Dieulafoy, of Paris. M. Labbé informed me, while on a visit to the Hôspital de la Pitie, that he had, the previous evening, punctured the bladder above the pubis of an elderly gentleman who was suffering from retention of urine resulting from an enlarged prostate.—This was done with the above named instrument, and 700 grammes (about 22 ounces) of urine were drawn off at one sitting. Several ineffectual attempts had been made to introduce a catheter, which ended in making a false passage towards the rectum. M. Labbè prefers Dieulafoy's trocar to the other methods in vogue, as being perfectly innocuous, the wound healing immediately.—He had performed the same operation several times—both in his nosocomical and private practice, and intends submitting his observations to the Academy of Medicine. A very interesting thesis has been written on the subject by Dr. J Watelet. In the case under notice, M. Labbè was to relieve the bladder in this way once or twice in the twenty four hours, according to the urgency of the symptoms; and that he will repeat daily until the wound in the urethra is healed, when he will

resort to other means for the removal of the cause of the retention of urine I may here observe that many surgeons already predict one great disadvantage in this new method—not to the patients, but to the *future generation of surgeons—as catheterism*, which even nowadays is so little confided to students would run the risk of being altogether put aside. The capillary or aspiratory trocar, intended at first only as an exploring instrument, was not much larger than an ordinary urethra-syringe. This was gradually increased in size, and was then employed for opening large abscesses and cavities containing liquid. M. Collin, successor to Charriere, has still further improved the instrument, in such a way that it may be used not only for emptying abscesses and cavities, but for washing out or injecting these, and it is of a size, *containing from 120 to 160 grammes, that these* operations may be performed without deranging the instrument. This new trocar is, I think, destined to render great service both in medicine and surgery, and it struck me that it would be preferable to the ordinary lancet in venesection, as the risk of air entering the vein is *nil*, in which case the needles would of course have to be made a little thicker, so as to have a good and uninterrupted flow, and the ligature above the elbow may be dispensed with.—*Med. Times and Gaz.*, May 4, 1872.

[We give above a woodcut of this instrument, as manufactured by Messrs Tiemann & Co., of New York.]—*Ed.*

Disinfecting Chambers.—The corporation of Dublin have constructed a hot-hair-chamber, in which clothes and bedding are disinfected for the public, the fees charged for the process being nominal. The walls and ceiling of the compartment in which the clothes are heated are built of brick, and its floor is composed of perforated iron plate. The heat is supplied from the exterior surface of a coil of pipe eighty feet in length, which acts as a part of the furnace flue. The products of combustion escape into the atmosphere without passing into the close chamber, and no emanations from the infected clothes can pass into the open air; this disinfecting apparatus cannot, therefore, taint the atmosphere of the locality. A disinfecting apparatus of this kind should be erected in every large town Clothes may be disinfected in a common oven, if care be taken to prevent the temperature from extending beyond 300 degrees.—*Med. and Surg. Reporter.*

POST-MORTEM DELIVERY.—*The Indian Medical Gazette* for June contains the following interesting communication.

"*The Medical Press and Circular* of April 3 contains two letters by Drs. Swayne, of Carrick-on Shannon, and Lanigan, Ballymahon, describing two instances of post-mortem expulsion of the fœtus through the agency of gaseous distention of abdomen. Dr. Swayne states that 'he never heard or read of a similar instance.' We suspect that the incident is not an uncommon one in Indian medico-legal practice. We can recall at least one instance of such an occurrence The body of a pregnant woman is despatched from a distant part of a district, and wrapped up rather loosely in a coarse cloth and bamboo matting. On arrival at the sudder station the civil surgeon finds it semi putrid, eyes bursting, limbs widely apart, and abdomen swollen and hard as a drum. On removing the coverings, a fœtus is found beneath the things, and the uterus not unfrequently prolapsed, while the bystanders declare that when the body was started nothing of the kind was observed. Dr. J. H. Aveling, gives notes in *The Lancet* of April 27, of six instances of post mortem delivery. In five of these the delivery took place after the women had been committed to their coffins and graves. These examples are drawn from old records, but they have an air of circumstantiality and truth about them. In one instance the infant was extracted alive from the coffin. It would be very interesting and medico legally important to find, as we have hinted is probable, that what is considered in England a curious and rare phenomenon is in India a common and familiar circumstance. In *The Indian Medical Gazette* for August, 1867, Dr. R. F. Hutchinson, then civil surgeon at Patna, has recorded a good case of post-mortem parturition which he considered unique. The medico-legal relations of effects produced by putefraction can perhaps be better studied in India than in any other country in the world, because the conditions causing it are over present in varying degrees, and the instances of changes of all kinds and degree due to the influence of the heat and moisture abound. We have seen the viscera of the abdomen occupying the cavity of the thorax, into which they had been thrust through a rent in the diaphragm, of whose post-mortem causation there could be no reasonable doubt.

ST. THOMAS'S HOSPITAL, LONDON.—This new and imposing structure, situated on the right bank of the Thames, covers nearly an area of twelve acres of ground. The whole cost of the buildings, with furniture, amounted to about $2,500,000.

CONCEALED PRÆ-PARTUM HEMORRHAGE.

Mr, Joshua Parsons, of Frome, writes to the *British Medical Journal*:—

The three cases which I am about to detail have occurred to me at long intervals in a tolerably extensive midwifery practice of many years' duration: and, although they belong to a class well recognized and often described by writers on the subject, yet I have found in conversation that many brother practitioners of intelligence and experience, not having had their attention specially directed to such cases, possess but vague ideas of their nature and treatment. There are, however, few accidents interfering with the even tenor of natural parturition more distressing to witness, or calling for more clearness of diagnosis and decision of treatment on the part of the medical attendant, than those of which I am about to speak. It has, therefore, struck me that a record of these three instances, though not otherwise very interesting, may form a foot-print for whose guidance some perplexed and anxious brother may be thankful.

Case 1 occurred in 1840. The patient was the wife of a weaver, a strong and healthy primipara, arrived at the seventh month of gestation. On February 8th she was seized with faintness and a feeling of painful distension of the abdomen; but, as no labor pains occurred, no treatment was adopted by the midwife beyond keeping the patient in bed. As, however the pallor and distension increased, I was summoned on the 12th, and found the woman exhausted and exsanguine to a remarkable degree. Upon examination, although there had been no pains or discharge, the os uteri was flaccid and dilatable, the membranes unruptured, and the face presenting. I had at the time no idea of the nature of the case with which I had to deal; but possessed with the dread, instinctive in an accoucheur, of seeing my patient die undelivered, and miles away from instruments or professional assistance, I introduced my hand into the unresisting uterus, and immediately delivered the small dead fœtus by the feet. Finding the abdomen but little diminished in size, I thought there was another child to be born, and plied the woman freely with brandy and ergot, and after a while had the satisfaction of finding the placenta thrown off. The cause of danger and perplexity then became evident; for I removed from five to seven pounds of old

black coagula. The uterine surface of the placenta showed that it had been detached over its larger part. The woman slowly recovered to a great extent, but was ever afterwards an invalid and remarkable for her extreme pallor.

Case II occurred on December 4th, 1860, to one of those unhappy individuals whose baimtime (to use a Scotticism) was a catalogue of disasters. She had arrived at the eighth month of her eleventh pregnancy, when she was, at 4 o'clock on the morning mentioned, while lying quietly in bed, seized with sudden deadly syncope. As she lived close to my house, I saw her in a few minutes; and recognizing the nature of the case, I examined and found the head presenting, and the funis prolapsed. Being thus enabled to assure myself that the child was dead, and knowing from former experience that to deliver the patient with forceps was a work of time and difficulty, I did not hesitate to resort immediately to craniotomy, and, after giving ergot, to remove the placenta and a large mass of coagulum which appeared to be of recent formation. The patient recovered and had children subsequently.

Case III.—This patient is the wife of an innkeeper living four miles from my house, and was expecting her seventh confinement in November last. For four days she had been observed to lose her color, and complained of hardness and tension of the abdomen, but had continued to move about and attend to her household duties. On the afternoon of the 19th she fell suddenly in her kitchen, and was for a long time unconscious. When she was carried to bed, a slight discharge of blood was observed, and I was sent for, being told to come directly, as she had a fit. When I arrived she had become conscious, but was tossing about pale and pulseless, with no labor-pains, but a slight sanguineous discharge from the vagina. On examination, I found the os about the size of a shilling, occupied by distended membranes, but very hard and resisting. I immediately sent for my son, Dr. Parsons, asking him to bring various instruments, and intending, as the urgency of the case seemed increasing every moment, to deliver as soon as he arrived. As, however, by reason of distance, a considerable time must necessarily elapse, I determined to do something; and so I ruptured the membranes, and gave at once two drachms of the liquid extract of ergot, repeating the dose in half an hour. Fortunately these means were successful in controlling the hemorrhage; and on my son's arrival

the aspect of affairs had so much improved, that we considered it right to wait awhile and watch for the issue. About midnight labor-pains came on, and the woman was delivered naturally about A. M. The child had been evidently dead for some days, and the placenta was followed by a great gush of fluid blood and many pounds of old clot. The woman is still suffering from exhaustion and bloodlessness, but will, I trust, ultimately recover.

The cause of the accident of which I have been speaking is, to me, obscure. In neither of these cases had there been any over-exertion, nor had either of the patients been exposed to any of those shocks of body or mind which we are accustomed to see followed by hemorrhage and premature birth. In the first and third cases, the pallor and painful distension showed that a moderate discharge of blood had been taking place between the placenta and uterine walls for some days before a sudden and unaccountable increase occurred and produced the alarming symptoms already described. Although the issue was fortunate in these instances, yet I need not tell you it is by no means always so, two or three fatal cases having occurred within my own knowledge. In the last case, my distance from home led me to adopt measures which fortunately proved successful; but, looking at the tendency to sudden increase of symptoms, I would not voluntarily run the risk of delay, but should make it a rule, where I had reason to believe that subplacental hemorrhage was going on, to induce labor and complete the delivery of the patient by the speediest method suitable to each particular case.

I do not know any condition likely to cause difficulty in the recognition of this accident. In the second case, the sudden and complete collapse and violent pain might at first have led to a supposition of ruptured uterus or abdominal pregnancy, but the round, well-defined uterus, hard as a cricket-ball, and perhaps the absence of tenderness, would at once clear up the difficulty. In neither case did I observe any diseased condition of the placenta likely to account for its separation from the uterus, though the appearances plainly indicated that such separation had taken place to a very large extent.

METHOD OF DETECTING SMALL QUANTITIES OF SUGAR IN URINE.

Dr. J. Seegen, Professor in the University of Vienna, says in the *British Medical Journal*, Trommer's is the most reliable and delicate test for sugar. With its aid I am able with certainty to make out 0.3 *milligrame* (0.045 grain) of sugar dissolved in 10,000 times the amount of fluid. This great delicacy of the test, however, only holds good as long as we have to do with a watery solution of sugar If, on the contrary, small quantities of sugar are to be detected in urine, Trommer's test is neither delicate enough nor reliable, for two reasons 1 Urine contains certain substances (coloring matters, creatine) which prevent the sub-oxide of copper when formed from being precipitated, no separation of the reduced sub-oxide of copper therefore, takes place, the blue fluid only becoming yellow or yellowish-brown, or presenting a turbid discoloration 2 The same processes of reduction are also brought about by uric acid, and urine containing a considerable amount of uric acid acts on Fehling's test-fluid exactly in the same manner as urine containing 0.1 to 0 2 per cent of sugar.

The method devised by me has for its object the exclusion of those other constituents of urine which would disturb the proper action of the test, and the transformation, as it were, of the saccharine urine into a watery solution of sugar. Animal charcoal has the property of retaining most of the constituents of urine, more especially the coloring matters and uric acid. After filtering a watery solution of uric acid through charcoal I could (provided the charcoal had been good), after repeated filtrations, not find a trace of uric acid in the filtered fluid. Now, in order to detect small quantities of sugar in urine, I proceed in the following manner:

I filter one or two ounces of the urine several times through good animal charcoal until the urine is completely colorless

This operation only takes a few minutes. Then I wash the charcoal on the filter with a little distilled water, and to this water, when filtered off, I apply Trommer's test. The water with which the charcoal has been washed is almost as sensitive to Trommer's test as a watery solution of sugar, and in it I could detect even 0.01 per cent of sugar by a beautiful red precipitate of suboxide of copper, whilst the original saccharine urine, when not filtered, only pro-

duces a yellow discoloration of Fehling's test fluid. With urine containing a little more sugar—say 0.1 to 0.2 per cent.—the water flowing off from the second and third washing, acts even more energetically upon the test-fluid than that of the first washing, producing an even purer deposit of suboxide of copper. The water obtained by the subsequent washings thus evidently contains the sugar in a purer form. With normal urine, the water obtained by the above process is either entirely inactive towards Fehling's test-fluid, which remains blue, or it assumes only, after a while, a slight dichroid (varying color according as the light falls on or passes through) turbidity. The water obtained by a second or third washing always remains without any effect. When the quantity of sugar has to be determined, the urine must not be filtered through charcoal, as the latter always retains a certain quantity of the sugar which cannot be removed again by washing.

HYDRATE OF CHLORAL IN TRAUMATIC TETANUS.—Dr. Joseph R. Beck of Fort Wayne, Ind. (*St. Louis Med. and Surg. Journal*), has compiled 35 cases of traumatic tetanus, and reports one case of his own, 30 of which were treated by chloral alone, 2 by chloral with the continuous current, 1 by belladonna and bromide of potassium, 2 by chloral and calabar bean, and 1 by chloral belladonna, and ice to spine. Of those treated by chloral alone, 16 recovered, the two cases treated by chloral and continuous current recovered, one of the cases treated by chloral and calabar bean recovered, the case treated by chloral, belladonna, and potas. bromide got well, chloral, in connection with belladonna and ice to the spine, proved successful in the one reported case. [illegible] to discuss any of these conclusions, inasmuch as the statistics at this time at the command of the profession are too meagre as to all other remedies than the calabar bean and hydrate of chloral, and are too recent to admit of a true estimate of the latter. As far, however, as the statistics contained in his paper are concerned, Dr. Beck believes that the remedy discussed makes a very favorable exhibit, and is disposed to give it the preference over any or all other remedies in this disease. Perhaps, under a peculiar state of circumstances, he would conjoin other treatment, especially the continuous electric fluid, but his chief reliance would be placed upon chloral. In a future paper he will compare the results attained by the physostigma venosum with those credited to the hydrate of chloral; and thus add a page of comparative statistics to the general fund.

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TORONTO, SEPTEMBER 2, 1872.

LACTO-PHOSPHATE OF LIME.

In a great number of acute diseases as well as in all low forms, such as typhoid and typhus, there is a great tendency to asthenia, occasioned by the peculiar character of the malady or the constitution of the patient, and marked by a constant rise of temperature. The latter phenomenon is due to a disintegration of the tissues: all molecular changes in the organism are attended by the formation of heat, and these changes are under the influence of the ganglionic nervous system. Any substance, therefore, which produces a sedative influence on this nervous system will have a tendency to retard the process of disintegration, and hence lower the temperature. Such is the *modus operandi* of alcohol, tea, coffee, &c, in the treatment of low forms of disease. In consequence of the great atony which follows the long continued arrest of nutrition in these diseases several months may elapse before convalescence is fully established It is in the treatment of this condition of things that the "lacto-phosphate of lime" is so highly recommended The reason of the failure of the salt of lime to realize the marked and precise affects expected in the treatment of rickets, osteomalacia and fractures is that the pulverulent phosphate of lime is the preparation invariably prescribed The gastric juice of the stomach contains only a small quantity of the natural solvent, lactic acid, and consequently only a small proportion is capable of absorption. It is

therefore necessary in order to obtain the beneficial effects of this substance, to use it in a perfectly soluble state. The lacto-phosphate of lime, first recommended by M. Dusart on account of its solubility, is therefore admirably adapted to fulfil the indications requiring the administration of the salts of lime. It is not only a medicinal agent of the highest value, but also an important aliment or article of food, and its administration can not, like that of alcohol, produce mischievous effects, as it never depresses the nervous system. It is best administered in the form of a syrup. This preparation is extremely palatable, and is readily taken by children. Dr. Black of Paris, used it with marked success in the treatment of typhoid fever during the siege of Paris. Owing to the defective sanitary and hygienic state of the city, and the moral effect produced by the siege, the epidemic was very grave and of a low type. The administration of this remedy was almost invariably attended by lessening of the frequency of the pulse and a diminution of the temperature of the body, at the same time the countenance lost that expression of stupor which is so characteristic of the low forms of the disease. But it is more especially during the period of convalescence that its beneficial effects are most strikingly seen. It excites digestion, increases the assimilation of alimentary substances, awakens muscular energy, and secures a speedy restoration to the natural condition. It is also highly recommended in the treatment of dyspepsia, especially when combined with pepsin. The wine of lacto-phosphate of lime administered after meals is found very serviceable in the atony and general exhaustion peculiar to aged persons. It aids digestion, promotes assimilation, and arouses muscular and nervous energy.

The syrup of the lacto-phosphate of lime may be prepared as follows :—Take concentrated lactic acid ℥ j., dilute it with ℥ ij. of pure water, add of the magma of freshly precipitated phosphate of lime enough to saturate, orange-flower water ℥ jss., and filter, then add pure water to make ℥ viij., and put in ℥ xj. of white sugar. Each drachm contains from two to three grains of phosphate of lime. The dose of the above for an adult is from one to two table-spoonfuls three or four times a-day.

Dr. Henry Hancock has been elected president of the Royal College of Surgeons, England, and Drs. Curling and Le Gros Clark, vice-presidents, for the ensuing year.

PUBLIC BATHS.

It has been aptly said that the virtue of "cleanliness is next to godliness. This virtue which is also so necessary to health, is one to which very little attention has been paid by the civic authorities. Every day or so we read of casualties resulting from bathing in our bays and rivers, and the wonder is that they are not of more frequent occurrence. Boys are instinctively fond of swimming and paddling about in the water, whenever it is sufficiently warm to admit of it. During the hot weather in summer they often shock the modesty of delicate ladies and gentlemen by performing their ablutions in some of our public places, when not prevented by the police. The severe heat of the last two months has rendered frequent ablutions not only essential to comfort but also beneficial to health, and since many of the houses in which the laboring classes live, and many of the better classes also, are unprovided with suitable conveniences for bathing, a large proportion of the community must either have dispensed with that requisite altogether, or have had recourse to our bays and rivers. Of course there are in the cities of Montreal, Toronto, and many other towns and villages, a few institutions where baths may be obtained, but these are few, and some of them filthy and entirely inadequate to meet the wants of the community. What are really required are large bathing houses, where only a small fee is charged. They might be floated in the bays and rivers, as they are in Paris and other places, where attention is paid to cleanliness. Such establishments properly built and conducted would not only be a strong inducement to habits of cleanliness, but also afford an opportunity for learning and practising the art of swimming. We would therefore desire to press upon our civic authorities the propriety of erecting such establishments, and have them in readiness for next summer. After the experience of the present season, we consider them wanting in their duty if they fail to make some adequate provision for the health, comfort and cleanliness of the community.

MEDICAL JOURNALISM.

There are 55 medical journals published in the United States. Forty-one of these are Allopathic, 9 Homœopathic, and 5 Eclectic. The circulation of the majority of these varies from 500 to 1,000, a

few from 1.500 to 2.000, and only two reach over 3.000 circulation, *The Medical Record*, semi-monthly, 3,726, and the Philadelphia *Medical and Surgical Reporter*, weekly, 3.500.

The circulation of the CANADA LANCET for the past year has been 1:500 per month, and for the present month (September,) the commencement of the new volume, it is 1.600. This we consider highly satisfactory, when we reflect upon the limited area in which we have to work, and we would take this opportunity of publicly thanking our friends for their kindness and liberality in aiding us by their contributions, and also financially in our undertaking. We have now established on a safe and permanent basis a medical journal, of which we as Canadians need not feel ashamed, and it is our intention to render it still more acceptable to our many subscribers. As an exponent of the state of medical science, and the independent organ of the profession in the Dominion, we are desirous of soliciting for its columns all that is of interest in medicine, and with a view to encourage this department we intend to devote more space to original articles, cases in practice, communications, and hospital practice. This we intend to accomplish not by omitting important and valuable selections, but by increasing the number of pages in each issue to the extent that may be necessary to make room for original matter. With this object in view the present number of the LANCET has been increased in all to 72 pages. More space will also be given to *Notes and Comments*, which will be made to contain a digest of our own reading during the month.

With this programme before us we enter upon the new volume, feeling confident from the support and encouragement we have received in the past, that our efforts will be crowned with success.

CHANGES.—Since our last issue our old cotemporary the *Canada Medical Journal* has ceased to exist, and in its place two new journals have been started—*The Canada Medical & Surgical Journal*, edited by Dr. Fenwick, the senior editor of the late *Canada Medical Journal*, and *The Canada Medical Record*, edited by F. W. Campbell. The editors have also assumed in addition to their editorial duties the responsibility of publishing their respective journals. The firm of Dawson Bros., were the publishers of the old journal. While wishing our new cotemporaries every success, we cannot help remarking with regret that it is a pity they should be so divided. There are at present 3 medical journals published in Montreal—The

two named above and a French journal, *L'Union Medicale.* This useless and unnecessary division but weakens their influence and will eventually make them a burden upon their projectors.

CANADA MEDICAL ASSOCIATION.

The meeting of the Canada Medical Association will be held in Montreal, on the 11th inst. It would be well for as many members from Ontario to be present as can make it convenient to attend The contemplated medical act which was before the association at the last two sessions, will be up for final discussion. Those medical men who have not seen the amended act can obtain a copy by applying to Dr. H. H. Wright, of Toronto, who will be happy to send them one by return mail. This contemplated act, the principles of which have been already fully discussed in the columns of the LANCET, will no doubt form the principal topic of discussion, and we trust that it will receive its quietus from the association In its present form it is exceedingly objectionable to the profession of Ontario.

DEAD BEATS.—"Publishers more than any other class of business men are imposed on by dead beats. We have several of this class on our books, who have allowed their subscriptions to run months and years, and then refuse to pay. We are now sending out bills to delinquents, and we intend to publish a list of those who have been receiving the Journal, and refuse to pay for the same, in order that other publishers may not be swindled by these gents."

[We copy the above paragraph from one of our exchange journals, published on the other side of the lines. We have met with a few such cases in our own experience, and can fully sympathize with the writer in reference to this matter. There are on our list at the present moment the names of medical men, who have not paid one cent towards the support of the Journal since we assumed its management, in September, 1870. A strict adherence to the cash-in-advance system is the only true remedy for this state of affairs.]—ED.

HEGEMAN'S CORDIAL ELIXIRS.—We beg leave to call the attention of the profession to these elegant preparations, made by Hegeman & Co., New York. We have tried their elixir of Calisaya bark, in our own practice, and can speak confidently of its value in all cases of debility, especially where the stomach is in a delicate condition. The bark is deprived of its tannin and coloring matter, and when combined with pyrophosphate of iron, forms not only an agreeable, but a *very efficacious tonic and antiperiodic*. This firm does not deal in patent medicines in any shape or form, their business being confined to the manufacture of pharmaceutical preparations, &c. Samples will be furnished on application.—(See advt.)

NOTES AND COMMENTS.

DETERMINING THE SEX IN UTERO.—Dr. Hutton, (New York Med. Journal,) says that when the fœtal pulsations are about 144 the child is a female, when about 124 it is a male. He mentions 7 cases in which he put this rule to the test and in every instance the prediction proved to be correct.

NATURE OF CANCER.—The latest views regarding the nature of Cancer are that it is not at *first a constitutional disease, but purely* local and that the system subsequently becomes affected by absorption of its elements. Early removal by the knife is therefore strongly recommended, and the subsequent use of caustics to the wound, chloride of Zinc, being the most serviceable.

CHOLERA REMEDY.—*New Remedies* for April, 1872, contains the following cholera prescription, a favorite one of Dr. Hartshorne, of Philadelphia. R. Chloroform, Tinct. opium, Spts. camphor, Spts. ammonia aromatic, aa f 3 iss., Creasote, gtt. iij., Oil of cinnamon, gtt. viij., Brandy, f 3 ij. Mix. Dilute a teaspoonful with a wine glass of water, and give two teaspoonfuls every five minutes, followed by a lump of ice.

LIQUID NITROUS-OXIDE.—An apparatus has lately been patented in the *United States by Johnston Bros., of New York, for* holding liquid nitrous-oxide. It consists of an iron cylinder, 12½ inches long by 3 inches in diameter, into which one hundred gallons of the gas is compressed. When wanted for use the gas is drawn off in an india rubber bag provided with an inhaler. The advantages are, the facility with which it can be transported and the greater

purity of the gas. Dr. Sims lately used it in a case of ovariotomy, the patient being kept under its influence for an hour and a half.

IN-GROWING TOE NAIL.—The operation of removing the entire toe-nail as recommended by Dupuytren is barbarous and unnecessary. The better operation is performed as follows.—The point of a strong scalpel is inserted at the root and the nail divided its entire length, on a line with the ingrowing border, and this section dissected off, including the root. It is then dressed with lead and opium, and kept at rest for a short time This is generally followed by a radical cure. (Clinic by Prof. Gross, Med. Times.)

FATAL CASE OF HYSTERIA.—Dr. R. W. Foss (British Medical Journal,) reports a fatal case of Hysteria. The patient when first seen by him was laughing and crying alternately, was perfectly conscious, and complained of the *globus hystericus*; in three hours afterwards she was dead The *postmortem* examination revealed nothing to account for death taking place so suddenly, except a small clot of blood in the right ventricle, owing no doubt to syncope.

BLUE LIGHT AS AN ORGANIC STIMULANT.—From observations and experiments which have been lately instituted, regarding the effect of blue light on the system, it has been found to be one of the most powerful tonics and stimulants known in medicine. The application is carried out simply by removing every second pane of glass from the window of the sick chamber and substituting blue glass instead. It has been found exceedingly valuable in Typhoid Fever and debility from whatever cause.

MAIMING ESTABLISHMENTS.—It is stated that the police of London, Eng., have recently discovered an establishment for maiming children. In consequence of the rich reward reaped by beggars afflicted with deformities, parents are to be found so depraved as to hand over their children to be tortured and maimed for the sake of making money out of their deformities. The proprietors charge for maiming in proportion to the age of the children—for a child of one year old the sum of $7 was charged for twisting the leg, and for a child 18 months the sum of $10 for a similar operation. This is a striking commentary on indiscriminate almsgiving.

REDUCTION OF HERNIA.—Dr. Cooper Foster, surgeon to Guy's Hospital (London Lancet) says in regard to the reduction of strang-

ulated Hernia. Never attempt to reduce except the patient is under chloroform, so as to do away with all chance of muscular effort on the part of the patient. He says make one decided effort under chloroform and if it fail, operate, forcible taxis and delay in operating are the great causes of death in all our Hospital practice. First comes the private medical man, he tries several times, then the dresser, then the house surgeon, the advanced student who may happen to be looking on, and lastly the surgeon is sent for. He considers the operation one of the simplest and easiest in surgery, and comparatively safe when done early.

CANTANI'S TREATMENT OF DIABETES.—The theory of Prof. Cantani, of Naples, regarding this disease is that it is not due so much to the increased formation of sugar, as to defective combustion, owing to the introduction of a morbid form of glucose, which is incapable of being changed into Lactic acid, in the ordinary way The heat of the body is therefore maintained at the expense of the albuminates and fats. He recommends in view of this theory the administration of lactic acid, and an exclusive meat diet. The Lactic acid is consumed at the Lungs, and this saves the albuminates and fats. This mode of treatment has been found more successful than any hitherto adopted.

BLINDNESS AND DEAFNESS FROM CEREBRO-SPINAL MENINGITIS.—Dr. Knapp, in the *Medical Record, New York,* gives an account of 41 cases of blindness or deafness, the consequence of Cerebro-Spinal Meningitis. Of these 31 were deaf in both ears, eight blind in one eye, and one blind in both. The eye affection is a form of purulent choroiditis, by which the various membranes are destroyed. The ear affection appears to be chiefly confined to the internal ear, and is said to consist of a purulent inflammation of the membranes of the Laybrinth. No disease of the middle ear could produce such decided deafness as these cases present. There is no discharge from the ears in the majority of cases, and the deafness is permanent. Of 24 cases of total deafness only one gave evidence of improvement. It was at first thought that the deafness was owing to destruction of the auditory nerve within the Brain, but subsequent investigation showed this not be the case.

JURY OF EXPERTS.—At the last meeting of the American Medical Association, a resolution was adopted recommending judges

before whom cases are to be tried, involving questions of medical jurisprudence, to appoint a "Commission of Experts to collect and report on all the medical testimony and evidence presented, and report to the court This would be a decided improvement. In many trials for mal practice such a jury of experts would make short work of them.

SMALL POX —This disease still prevails to a considerable extent in England, especially in the Country Towns and Villages. In London the return of the Registrar General reported no less than forty three deaths during the first week in July. This represents a large number of cases.

We are happy to say that the epidemic has almost entirely subsided in Toronto The few cases still in the Small-pox Hospital are convalescent, and there are no reports of fresh cases.

INVERSION OF THE UTERUS.—The August number of the *Buffalo Medical and Surgical Journal* contains a report of a successful case of reduction of an inverted uterus of *twenty two years* standing, by Prof White, of Buffalo. This is the tenth case replaced by that gentleman, and is remarkable for the length of time that has elapsed since inversion took place. The operation, which was obviously a difficult one, occupied an hour and a half. The patient did remarkably well. The operation, conducted in the manner described in the July number of the LANCET, was performed on the 23rd of June, and the patient was going about in a fortnight.

RATE OF MORTALITY IN DIFFERENT CITIES.—The death-rate of various cities of the world during 1870 is as follows, the figures indicating the number of deaths per every thousand of population, Montreal, 31 5, Liverpool, 31.1, Vienna, 29.8, New York 28.8, Manchester, 27.8, New Orleans, 27.58, Edinburgh, 26.3; Baltimore, 25 65, Chicago, 24.5, Boston, 24.55, Brooklyn, 24; London, 24, Philadelphia, 22.75, San Francisco, 21.57; St. Louis, 21.3, Cincinnati, 18.39, and Bombay, 18.2.

APPOINTMENT OF CORONERS.—Richard King, Esq., M. D., of Baillieboro, associate coroner for the united counties of Northumberland and Durham R H. Hunt, Esq., M. D., of Clarksburgh, associate coroner for the County of Grey.

Thos B Dack, Esq., M D, of Creemore, Associate Coroner

for the County of Simcoe. Henry A. Kilborn, Esq, M. D, of Russell, Associate Coroner, for the united counties of Prescott and Russell. Thos. Kiernan, Esq., M.D., of Creemore, Coroner for the County of Simcoe.

MEDICAL AND SURGICAL REPORT OF THE TORONTO GEN. HOSPITAL FOR YEAR ENDING SEP. 1871.

Diseases, Accidents, &c., treated during the year.

Abscess,	11	Gonorrhœa,	6
Asthma,	3	Heart Disease,	7
Ascites,	7	Hysteria,	5
Apoplexy,	3	Hypertrophy of Os,	1
Anasarca,	3	Hemiplegia,	16
Albuminuria,	10	Housemaid's Knee,	4
Anemia,	6	Hemorrhoids,	6
Bronchitis,	7	Iritis,	2
Bubo,	2	Masturbation,	3
Balanitis,	1	Nævus,	3
Calculus Vesicæ,	7	Nephritis,	7
Caries,	7	Necrosis,	16
Chlorosis,	3	Opium Eater,	1
Concussion,	9	Orchitis,	4
Catarrh,	3	Oesophageal Stricture,	4
Cancer of Stomach,	4	Ophthalmia pur.	10
Cholera Morbus,	6	Phthisis,	28
Cystitis,	6	Pneumonia,	13
Constipation,	28	Pleurisy,	4
Cancer,	9	Periostitis,	4
Dipsomania,	16	Psoriasis,	6
Delirium Tremens,	9	Pyolitis,	9
Dislocation,	26	Periostitis,	8
Diabetes,	4	Paralysis,	27
Debility,	14	Rubeola,	4
Dysentery,	5	Rheumatism,	36
Endocarditis,	1	Scabies,	9
Erysipelas,	8	Synovitis,	5
Eczema Rubra,	8	Syphilis,	15
Epilepsy,	7	Scarlatina,	3
Enlargement of Liver,	13	Tape Worm,	2
Epithelioma,	4	Tumors,	18
Fever Typhoid,	38	Urethral Stricture,	27
Fever Intermittent,	9	Ulcer,	26
Fistula in Ano,	6	Variola,	15
Fracture Simple,	19	Vesico-vaginal Fistula,	3
" Compound,	6	Vicarious Menstruation,	6
" Comminuted,	3	Varicose Veins,	8
Frost bite,	3		
		Total,	703

OPERATIONS.

For Calculus Vesicæ,.....	7	For Hemorrhoids,.....	6
" Caries,.....	7	" Nævus, ...	3
" Cataract,.....	3	" Necrosis,.....	16
" Cancer, ...	4	" Oesophageal Stricture,..	4
" Dislocation, (reduction.)	26	" Tumors, ...	18
" Fistula in Ano,.....	6	" Urethral Stricture,.....	27
" Frost Bite,.....	3	" Vesico-vaginal Fistula...	3
" Fractures, (reduction.)..	28	" Varicose Veins,.....	8

Patients are admitted to the hospital from all parts of the Province, on payment of 40 cts. per day, for a period of about three weeks, after which they are placed on the free list; or a guarantee from the mayor of a city, or the reeve of a municipality, that the amount will be paid. Incurables are not admitted.

CORRESPONDENCE.

[To the Editor of the Lancet.]

On Wednesday, August 7th, I was called to see a little boy, about four or five years of age. Found him somnolent and complaining of very little pain when aroused. Had been ailing since Monday; what pain he had, seemed to be in his stomach and head. There was a tendency to stretch the head far back; conjunctiva suffused; temperature of the body normal, or but stightly increased; pulse from 100 to 120, and compressible; tongue covered with a thin, whitish coat; pupils rather contracted throughout the disease; face but little flushed, and at times rather pale. I was told that the patient had always been in the habit of sleeping with the head back.

Thursday.—Patient still somnolent, but at times he became aroused and uttered a loud outcry, struggling with his hands stretched out, and feet thrown back. Pulse rose during the day to 144. Found considerable heat and some tenderness at the cervico-spinal region. The temperature of the head was but slightly higher than natural.

Friday.—Pulse down to 120. Bowels were moved by enema. Later in the day the pulse lowered to 108, and the child called for something to eat. Was fed some new potatoes at noon.—(Vide Flint's practice, p.p. 605, concerning remission of the symptoms.)

Towards evening the somnolence inclined to coma, which was occasionally interrupted by a loud outcry, and convulsive movements, the hands and feet thrown backward, and considerable struggling The child on these occasions seemed to be in a state of terror or dread of something. Respiration became embarrased with what appeared to be a collection of mucus in the throat. The patient inclined to vomit. At the suggestion of the parents, and with a view to dislodge worms if they should be present, a mild emetic was given, but nothing was vomited except the ingesta and a quantity of frothy sputa. The respiration became more and more obstructed, the coma more profound, and deglutition impossible. Pulse, as nearly as could be determined 192—and nearly imperceptible. The handle of a teaspoon was introduced into the mouth and a quantity of frothy sputa disgorged, and, at the same time, it was ascertained that there was no tonsilitis or diptheritic exudation present. There were slight contractions of the muscles of the right side of the face; eyelids but partially closed, and eyeballs turned up so that a zone of cornea was constantly visible; marked oscillation of the eyeballs. These conditions continued throughout the next twenty-four hours; death occurring on Sabbath morning about six o'clock. There were no petechial spots on the body that I observed during the illness, but after death there was considerable discoloration of the cervical region and lower extremities. Opisthotonos was not well pronounced, but the tendency in that direction was somewhat notable. I regret that I could not get the thermometric indications for want of an accurate instrument, nor was an analysis of the urine made. No *post-mortem* examination was allowed. I could not make out any history of hereditary phthisis, but the scrofulous diathesis was sufficiently evident in the child. An unprofessional observer remarked that he thought him "consumptive." The child had been ill last year, with what *trouble* does not appear, the family having recently come to reside in this locality. The diagnosis made and concurred in by a medical gentleman who was called in consultation (but who thought the case at first rather obscure) was irritation of the meninges of the cervical portion of the spinal cord, and base of the brain either from tubercular deposit, or from the *materies morbi* which obtains in the disease known as cerebro-spinal meningitis. There has been no epidemic or other sporadic cases of cerebro-spinal meningitis in this vicinity I may add that the treatment

consisted of sponging with tepid water, affusion of mustard water to the extremities, cold cloths and ice to the head and back of the neck, sinapisms and blisters to the throat and side of the neck, and internally, santonine and rhubarb, to ascertain if worms were present; Bromide of Potassium, Tr. Belladonna, and Tr. of Gelseminum.

I submit the above in order to obtain the views of some of those who have had more experience in the diagnosis of cerebral diseases.

I am sorry that I cannot submit the more scientific data of pathological investigation, but I have endeavored to give the symptoms faithfully.

Yours very truly,

C. W. REILLY, M.D.

Paisley, Ontario.

BOOK NOTICES, &c.

Lectures on the Principles and Practice of Medicine, in two volumes, by Thomas Watson, Bart. M.D. Fifth edition revised and enlarged, edited by Henry Hartshorne, M.D. Philadelphia: H. C. Lea; Toronto: Willing and Williamson.

We are glad to welcome the new edition of this favorite work on Medicine. When we consider the work involved in getting out so large a volume, we feel surprised that the author in his old age should have undertaken it. In looking carefully through the work we find new passages here and there, modifications of old opinions, and remodellings and amplifications, in all of which we recognize the master hand of the "McCauley" of Medicine. In the very first pages are evidences of the thorough revision the book has undergone. The first lecture contains much that is valuable to those commencing the study of Medicine. The lecture on Inflammation has not been materially changed, the author appearing to consider this subject as still *sub judice*. The lectures on Diseases of the Eye have been omitted. The lecture on Cholera has been largely rewritten and revised, and the author has adopted Dr. George Johnson's views regarding the nature and treatment of this disease. The lectures, which have been more fully reconstructed are those on dis-

eases of the nervous system, and these are fully up to the standard of modern research. In reference to the Pathology of Epilepsy he admits that anemia of the brain is the cause of the paroxysms, instead of the old theory of cerebral plethora. Aphasia, locomotor ataxia, embolism, &c., have also received attention. We have been much pleased and edified in reading the new edition of this valuable work, and we feel certain that it will be extensively and profitably read by a large majority of our subscribers.

A SYSTEM OF SURGERY, by Samuel D. Gross, M. D., L.L.D., D.C.L. (oxon) Prof. of Surgery, Jefferson Med. College, Philadelphia. Illustrated by upwards of 1,400 engravings. Fifth edition in two volumes. Philadelphia; H. C. Lea; Toronto: Copp, Clark & Co.

The first edition of this work appeared in 1859, and since then it has passed through five large editions. This of itself speaks better for the popularity of the work than any words we can offer. The present edition has been carefully revised and remodelled, and is fully abreast of the times, in all the modern improvements of surgical science. It is a first-class work on surgery, and no good surgeon can afford to be without it. It is imposible for us, with the limited space at our disposal, to do justice to the treatise before us. The work is eminently practical and exceedingly interesting, especially that part devoted to operative surgery. Part II, Vol. I comprises special surgery or diseases of particular organs, textures and regions, embracing a wide range of subjects, the most interesting of which perhaps is disease and injuries of arteries, and aneurisms. The author has taken great pains with this part of the work, and has done it ample justice. Following diseases of the bones comes fractures and dislocations, and their appropriate treatment.

Vol. II. Treats of Diseases of the Head, Spine, Face, Eye, Ear, Nose, Airpassages, etc. Hernia is very fully entered upon, and also Vesical Diseases and Stricture. In short, there is nothing wanting to render it a faithful and complete guide in the treatment of all Surgical Diseases.

PHYSIOLOGY OF MAN—By Austin Flint, jr., M.D., Vol, iv. New York: D. Appleton & Co. Toronto. Willing & Williamson.

MANUAL OF QUALITATIVE ANALYSIS—By Robert Galloway, F.C.S. Philadelphia. H. C. Lea. Toronto: Copp, Clark & Co.

TEN LAWS OF HEALTH—By J. R. Black, M.D. Philadelphia: J. B. Lippincott & Co. Toronto. Willing & Williamson.

SUNSTROKE—By H. C. Wood, Jr, M D Philadelphia J B. Lippincott, & Co. Toronto: Willing & Williamson.

VACCINATION—By J. E. Coderre, Montreal.

AMNESIC AND ATAXIC APHASIA—By T. M B. Gross, M.D, Louisville.

TRANSACTIONS OF THE MICHIGAN MEDICAL SOCIETY, for 1872. Lansing: W. S. George & Co.

MEDICO-LEGAL SCIENCE—By T. M. Stevens, M.D., Indianapolis.

ELECTRO-THERAPEUTICS—By A. D. Rockwell, M.D., Louisville.

OBITUARY.

It is our painful duty to announce the death of Dr. J. N. Agnew, of this city, which took place quite suddenly and unexpectedly, on the 15th ult., from cardiac syncope. Dr. Agnew has practised in this city for a number of years, and was favorably known as a careful and painstaking physician He had not been in good health for some time past, but no one anticipated such a sudden change. He had been visiting his patients up to 4 p. m. on the day of his death, and on coming home complained of fatigue, and asked for a glass of iced milk While this was being brought to him he expired. His death causes a vacancy in the representation of the territorial division of Midland and York, in the medical council of Ontario, a position which he filled with considerable ability for the past three years

Resolutions, expressive of his loss, and sympathy for his bereaved family, were passed at a special meeting of the medical section of the Canadian Institute, held on the 29th ult., of which he was an active member.

We have also to announce the death of Prof. Fraser, of McGill College, Montreal, which took place on the 24th of July. Dr. Fraser was very successful not only as a teacher of the Institutes of medicine, a position which he has held for the last 23 years, but also as a physician and surgeon. He was identified with every movement that had for its object the advancement of our noble calling. His death has left a blank which will not be easily filled up. As a lecturer he was clear, concise, and very comprehensive, and well liked by the students. His funeral was largely attended.

Dr. Blanchet, of Quebec, has also been called from his labors. His death took place on the 21st of July. At the second meeting of the Canadian Medical Association, which was held in Toronto, he was elected Hon. Secretary for Quebec. He was also re elected in 1870 and 1871. He has been in ill-health for some time, although he continued at his post. He graduated at McGill University in 1863, and subsequently went to England. On his return he settled in Quebec, where he has practiced his profession with marked success, his amiable and gentlemanlike deportment gaining for him many warm friends who deeply regret his loss.

THE POWER OF COLD IN THE TREATMENT OF GONORRHŒA.—Dr. Gustave A. Shano, of Salem, Ohio, late of U. S. N. (*Med. and Surg. Reporter*), reports twenty-three cases of gonorrhœa which were quickly cured by the aid of cold—ice to the perinæum—and an alkali to secure its reaction upon the urine. Once he regarded, with others, gonorrhœa one of the most unsatisfactory and perplexing diseases to treat, but he now finds, if seen in the forming stages, no difficulty in subduing it in from four to ten days without any resulting gleet, chronic prostatitis, chronic irritability of the bladder, stricture, and such other sequences as followed the old copaiba and "*squirt-gun*" methods of treatment. When he treated this disease by the use of copaiba, cubebs, the terebinthinates and caustic injections—in the same number of cases, the maximum duration of treatment was one hundred, the minimum nine days, the average twenty-six, with six cases of the above-mentioned sequences

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Law Respecting Periodicals, Newspapers, &c

1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions.

2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up; and subscribers are held responsible for all numbers sent.

3. If subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires.

4. If subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.