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Original Communications.

Introductory Address, delivered at the meeting of the Medico-Chirurgical Society of Montreal, Nov. 2nd, 1877, by the President, Francis Wayland Campbell, M.A., M.D., L.R.C.P.L., Professor of Physiology, Bishop's University.

GENTLEMEN,—At our last meeting I briefly thanked you for the honor which you conferred upon me in electing me to the office of President of this Society. I am deeply sensible of this mark of confidence from my professional brethren, and trust that when my term of office shall have expired I may be able to hand over its direction to my successor, feeling that your confidence was not misplaced. From the very inception of this Society I have taken a warm interest in its welfare, and by constant attendance at its meetings have endeavored to realize to the fullest extent all those benefits which I think can be derived from associations such as our own. And, gentlemen, these benefits are of such a character, at all events in my estimation and in that I am sure of many I now see around me, that I often wonder at the comparatively small attendance we have at many of our meetings. I do not like, the very first time I occupy the chair, to find fault, and yet I cannot help recording my opinion that some of our members, who, from the length of time they have been connected with the profession, must have accumulated a large experience, are very much to be blamed for non-attendance at our meetings, and giving us the benefit of that experience. Some of them we have rarely seen within these walls, others make angels' visits, few and far between. I do not accept as satisfactory to my mind the plea of constant occupation. My time is as fully occupied as that of any member of this Society, and yet I have been able fully to endorse the old adage "where there is a will there is a way." Very seldom, indeed, since our formation have I been absent from our meetings, and simply because I have always arranged my work on the day of meeting with a view of being present. What I have done other members have done, and is in the power of every member of this Society to do. I do not desire to say anything unkind in this connection, but I am firmly of opinion that we have not a few members who do not either do their duty to this Society, or to the profession. Montreal is the centre of medical education in this great Dominion; it should be the centre of medical literature; its medical society should be *the* medical society of the Dominion, where medical men visiting our city would anxiously go to meet men, and hear them, whose names have for long years been familiar to them. Some of these men we see tri-annually, some never deign to honor our meetings with their presence, while some seem actually to have been all but completely extinguished after having occupied the Presidential chair, as if the office which I have the honor to hold was the step from which politely to say "Adieu.' I am sure that the course which is followed by some of the older members of the profession in this city towards this Society is not what the members have a right to expect from them. Certain honors carry with them certain responsibilities, and the room of this Society is the proper place to acquit themselves of their stewardship, for stewardship it in my opinion is. I do not believe that those who for years have occupied positions capable of affording large experience have any moral right to sit quietly before the fire with their slippers on on the Friday evening of our meeting. The members have the moral right to expect them to be with us, and out of their abundant storehouse refresh us with words of experience and wisdom. I trust I have not said too much on this head. For years I have felt very strongly upon this point, but within a short period it was somewhat unpleasantly brought to my mind by a visitor saying to me, after our meeting was over: "Why don't more of your big guns come to your meetings?" It happened to be at a time when the roads were bad, and I replied, "it was impossible to bring 'big guns' over such bad streets." But the remark I felt a reproof, although in no wise responsible, and the fact, I felt, was not at all a creditable one. I need hardly say, however, that we are not quite deserted, and that we have a few of the elder lights nightly with us, and how much they do to make our meetings agreeable and profitable is known to us all. The regularity of their attendance is a bright example for others to follow. I have spoken about the benefits to be derived by a regular attendance at our meetings. What are those

benefits? First, I may name the social element or benefit, and to me this is a pleasant one. Day after day we are busy at work. If we see each other, as we are swiftly driven past, it is simply to give the friendly nod. How cold and formal it often is. Engrossed, as we are, by the cares, perchance, of the patient we are going to see, it may be given without hardly knowing who it was intended for. If we saw no more of the mass of our fellow-practitioners, what an ice clad lot we would be! But the ten or twenty minutes' chat, which takes place once every two weeks while we are assembling, serves to break down barriers, to make us known to each other, and the social element of our nature is developed, and even this, gentlemen, is something worth living for. Then we have the exhibition of pathological specimens, and their explanation by our mutual friend, Dr. Osler. Gentlemen, I consider that this Society is indebted, greatly indebted, to Dr. Osler for these exhibitions, which in my opinion, have, since their introduction, doubled the value of these meetings. If nothing else was done but to examine the pathological specimens, and listen to the clear descriptions by Dr. Osler, it would repay even a long walk to be present. Then we have the reading of papers, and that this Society has produced many papers of interest, and some of more than ordinary interest, will, I am sure, be admitted by us all. Surely, listening to the various papers cannot be devoid of interest, and either from the paper itself, or from the discussion which follows, some useful hint may be derived. The preparation of a paper involves often considerable labor. It would be a good thing if we could always bear this fact in mind, for it would then strike us most naturally that a good audience is an encouragement to still further labor, while, on the contrary, the reading of a paper which has cost much time and thought to a bare quorum has a chilling effect upon any further productions from the same quarter. If this fact was remembered, perhaps some would even put themselves to a little inconvenience to be present at our meetings. The discussion on papers seems to me peculiarly valuable in training the mind to rapid thought, and in time giving all those who take part in it full confidence, whereby they speak more deliberately, arrange what they have to say in better order, and when they have done know what they have said.

The retiring President, my friend, Dr. Fenwick, in his parting address made some suggestions which are I think worthy of the serious consideration of this Society. We now number about sixty members, and his suggestion that we should have a room entirely our own, which could be used as a reading room, (he and myself supplying reading matter from our Exchanges) is quite feasible, and I would suggest that this evening some action be taken in the matter. Perhaps the form it had better take would be the appointing of a committee to make all necessary enquiries.

Another use to which I hope to see this Society put before my term of office expires is that of mutually protecting each other. No profession is so systematically swindled as is our own. We are called hither and thither, by night and by day, but when payment is asked, we see them no more. They find another as ready to accept them as we have been, and as others were before us. The plan proposed to be adopted by this Society, viz., that of having what may be termed a "black list" for the use of our members, will I hope do much to lessen this evil, which, if the experience of others is similar to my own, must be characterised as gigantic. Now, gentlemen, I think I have said sufficient to show you that this Society deserves the hearty and personal support of every member of the profession in our city, and I trust that our meetings during the coming year will be largely attended, and that much important work will be accomplished. The remarks I have made concerning the absence of some whose presence with us I think we have a right to expect I have uttered simply because I think it right it should be known that among many there has been a feeling of very deep regret that our meetings have not been more largely and regularly attended by those who by age and ripe experience are so well qualified to add to the interest of our gatherings. On my part, gentlemen, I can assure you nothing will be wanting to make the year we are now entering upon thoroughly successful. Your assistance is, however, necessary for its full accomplishment. I feel sure I will receive it.

To the Editor of The Canada Medical Record.

SIR:—I had intended commencing the study of medicine this fall in the city of Montreal, but on my reaching that city I was more than mortified to find that I was unable to do so. The cause of my occupying this, to me, most unfortunate position was that I had neglected to follow the new Act, which says that the preliminary examination before the Board must be passed previous to the first year's attendance at college. This was news indeed to me, for I had intended to present myself for examination before the University examiner. I was, however, willing to go before any one, but was told there was no help for it but to wait till next spring, as the Board examinations were over. I am thus obliged to wait a whole year. It does seem to me that the Act being a new one, and its provisions not very generally known, that some provision should be made whereby a special examination might be had; indeed, I am told that in Ontario for an extra fee a special matriculation examination may be had at any time. Why not so in Quebec?

RAWDON, Q., November 5, 1877. S.

We have heard of several cases, all much like that of our correspondent. In one instance that we know of the gentlemen went to Ontario paid an extra fee, got his examination, and was successful. We think it would have been better had "S." done the same, rather than lose a whole year. We, however, agree with our correspondent that our own Board should be able to give special examinations.

Progress of Medical Science.

SOME POINTS IN THE ART OF PRESCRIBING FOR CHILDREN.

By ROBERT FARQUHARSON, M.D., F.R.C.P., Lecturer on Materia Medica at St Mary's Hospital Medical School, etc.

I venture to put before you a few practical observations on some points in the art of prescribing for children, because the subject is one which has hardly yet been treated on a sufficiently comprehensive basis. Much valuable but scattered information may be gleaned from the pages of contemporary literature, and much of what I am about to say has been said before; but it seems to me that some little service may be rendered by weaving these threads of knowledge into something of a more connected whole, and obtaining the opinion of some of those experienced physicians who have devoted themselves to the diseases of the very young.

Time, however, will not permit me to do more than touch, and that briefly, upon one point in connection with a subject which is really a large one, and to lay before you some facts and ideas on dosage; and here, again, I must once more subdivide, and take only a small section of a great therapeutical question, whose importance has only very recently begun to acquire that general appreciation which it eminently deserves. I might well be tempted to invite you to join with me in some reflections as to the comparative efficacy of the occasional large or the oft-repeated minute dose—a question which must before long become one of the most pressing in the materia medica; or it might be interesting to inquire as to the desirability or otherwise of inducing the physiological effects of drugs for the relief of pathological conditions; but at this time I mean to restrict myself simply to this proposition—the difference between children and adults in respect of the quantities of various drugs which may be taken, not only with actual impunity, but with absolute benefit.

Now, systematic works have too often not only ignored the teachings of Ringer, Fuller, and other modern investigators, but have done much to hamper and confuse our knowledge in this direction by laying down the law that children necessarily require much smaller doses of most of our active drugs than adults; and we, therefore, see in books on materia medica, as well as on children's diseases, elaborate tables setting forth the quantities to be prescribed with safety at different periods of early life. Some years ago, and possibly even now, a student would run a good chance of being afforded the opportunity of continuing his studies, were he to tell his examiners that a child can take a dose of belladonna with impunity which would probably induce physiological symptoms in the adult; and, as a natural consequence of this mode of teaching, great timidity in practice has resulted; and that this may be a positive evil requires but little reflection to show. If a dose of a particular remedy be too small to effect the purpose for which it is ordered, it is much more likely to do harm than good. Thus an insufficient purgative merely irritates the patient's bowels without giving relief; too small an opiate excites the nervous system and banishes that sleep which it was intended to attract, and numerous other instances will readily occur in illustration of a statement which hardly requires such confirmation.

Granted, then, the importance of administering our remedy in doses sufficient to produce their full remedial effect, I shall lay down, as my first and only proposition, that children require doses of many medicines quite as large as those which are commonly ordered for persons of mature age. Now, when I speak of children, I shall not refer to mere infants, whose tender organization and sensitive organs and functions require special consideration from a therapeutical point of view. Thus the yielding nature of their skulls, admitting as it must of wide differences in the proportion of cerebral blood, no less than the natural tendency to sleep at that early age, plainly indicate caution in the use of narcotics. Purgatives

and various other remedies must then be used with caution, or we may initiate an irritable condition of stomach and bowels which all our skill may not readily remove. In dealing with general principles, therefore, let it be understood that I refer to children over one year in age, and, perhaps, before beginning the consideration of special instances in favor of my views, I may briefly touch upon the explanations which most naturally suggest themselves of the peculiarity which forms the excuse for my remarks. In prescribing for adults, we are frequently annoyed by the very various results obtained in different persons from a precisely identical quantity of a particular drug. Thus, one patient will develope a copious crop of acne from a few grains of bromide of potassium, whilst another can take ounces without such effect. Another will be salivated by a small quantity of mercury, or be unable to swallow quinine without uncomfortable nervous symptoms or a specially irritable rash. Children, however, do not present in anything like the same degree these special peculiarities of idiosyncrasy; the effects of medicines are pretty constant in their case and we may generally anticipate the satisfaction of finding that our remedy has acted as we wished, and without any of that excess or eccentricity of action which too often brings undeserved discredit on the medical man. The reason which tells us why young children bear heavy doses of potent medicines must also cover this difference from their elders, and we might at once shut up further enquiry by concealing ourselves behind the dense cloak of ignorance implied in the assumed fact of an ultimate difference of constitution. But, true as this may be as an abstract proposition, we must look a little deeper, and ask, in the first place, whether some peculiarity of digestion may not come to our aid, and whether infants may not emulate some of the lower animals in the power which they possess of neutralizing or destroying poisonous principles, as rabbits harmlessly browse on belladonna, and pigeons baffle the deadly action of strychnia, etc. But of such powers in the human being, at any period of life, we have no shadow of proof, presumptive or otherwise; and it is probable that remedies reach the blood of children in the regular way, and through the same chain of physiological processes as in the case of adults. So we must again go forth in search of our explanation; and I think we may find some approach to it, at all events, in the view that, in consequence of the rapid growth taking place in the body during early life, the blood and tissues are in a condition of specially active destruction and renovation. Drugs, such as the metals, which probably combine with the albumen of the circulating fluid, are here rapidly cast out of the system. Other remedies, which act more particularly on the nervous system, are cast out with effete matters before they have had full time to produce their physiological effects, or, at all events, before these effects have attained to anything like completeness. Thus we do not often find developed in children that accumulation which occasionally, if rarely, is observed in patients of older growth, because the drug is removed before it can produce that continuous and ever intensifying influence on the nervous system which eventually finds expression in what we may call a discharge.

So much, therefore, for my explanation, such as it is, of the facts which I shall now proceed briefly to lay before you.

Now, in the first place, I am bound, of course, to confirm the usual opinion of the dangers of opium in very early childhood; and it is not long since I saw an infant of eight months nearly narcotized to death by six two-minim doses spread over two days. But those within the period of life which I have selected for consideration can bear moderate quantities, and chloral seems always well borne. For instance, I have lately had under treatment a little rickety girl suffering from recurring attacks of laryngismus stridulus, to whom three and a half grains were given with benefit thrice daily. The same patient took ten, and finally fifteen grains of bromide of potassium, before any beneficial effect was attained; and I have always observed that this drug is well taken by children. Twenty and thirty grains have been no uncommon dose to reach in patients of from eight to ten suffering from epileptic seizures, and in them I have never observed any symptoms of bromism. The opposite seems to hold good of iodide of potassium, so far as my limited experience goes; for I have three times seen papular and petechial eruptions produced by one-grain doses of this drug, and I should specially like to ask whether this corresponds with the observation of others.

Arsenic is usually well taken. I should have no hesitation in ordering five minims of Fowler's solution for a child six years old. Ten minims have been occasionally ordered; and I had recently under care a little girl, aged ten, whose somewhat obstinate psoriasis only began to yield when the dose was pushed up to sixteen minims. When physiological symptoms present themselves, as they sometimes do, it is important to know that they do not assume the usually described type, and that vomiting is the most usual symptom. I have seen this follow a single one minim dose, and more rarely we meet with a red and irritable tongue, dry lips, injected eyes, and abdominal pain; girls being in my experience, contrary to the statement of Ringer, more susceptible to the overaction of the drug than boys.

Prussic acid may be pretty freely prescribed, and I have given nearly two minims to a child of two years with some slight benefit, for pertussis; and at the age of seven, I have given nearly three minims for the successful arrest of sickness.

We know that emetics must be given in very full doses. The intestinal canal of young children seems strangely insusceptible to the action of purgatives, and large quantities of Gregory's and compound jalap powders must be given before satisfactory action is attained.

I have by no means exhausted the instances to be gleaned from my own experience or that of others in support of my main proposition; but time presses, and I will conclude with a reference to belladonna, whose comparative harmlessness to young children

has been most amply confirmed since Fuller first pointed out the fact some years ago. I have very commonly prescribed from 20 to 30 minims of the tincture for children of from fifteen months to five years, and have invariably found that the younger the child the less likely was the dose to be followed by physiological symptoms. I have on several occasions pushed the quantity up to one and a half and even two drachms of the tincture three times a day in children of from ten to twelve, with only a very tardy development of uncomfortable results; but, in my experience, a few ten-minim doses are usually sufficient to cause uncomfortable dryness of the throat in adults. In children, however, we seldom have complaints of this, nor do we observe dilatation of the pupil; general languor, want of appetite, troublesome diarrhœa, perspiration about the head and rapidity of pulse, being in them usually obscured.

I have ventured to bring these few remarks before you, as the outcome of some little observation and experience, and in the hopes of stimulating discussion on a subject which seems to afford a promising field for future investigation.—*British Medical Journal*, Sept. 29, 1877.

GROWTH OF THE HUMAN HAIR AFTER DEATH.

Dr. Caldwell, of Iowa, states that in 1862 he was present at the exhumation of a body which had been buried two years before. The coffin had sprung open at the joints, and the hair protruded through the openings. On opening the coffin, the hair of the head was found to measure eighteen inches, the whiskers eight inches, and the hair on the breast five to six inches. The man had been shaved before being buried. In 1847, a similar circumstance occurred in Mercer county, Pa. In digging a grave, the workmen came upon the skeleton of a man that had been buried ten years. The hair was as firm as during life, and had grown to a length of eleven or twelve inches.—*Medical Record.*

MEDICINE AMONG THE ANCIENT EGYPTIANS.

The *Examiner* for Sept. 22nd states that the edition of the famous papyrus which Mr. George Ebers brought to light three or four years ago, and which he entitled "The Hermetic Book of Medicaments of the Ancient Egyptians in Hieratic Letters," is the theme at present of general discussion in Germany. The papyrus is in the library of the University of Leipzig, where, for the sake of better exhibition, it has been cut into twenty-nine pieces, each of which lies in a glass-case. From palæographic and historical evidence, Mr. Ebers reckons that the document dates from the middle of the sixteenth century before the Christian era, and it is thought to contain one of the six books on medicine mentioned by Clements of Alexandria—namely, that referred to under the title "Περί φαρμακῶν." The name of Hermetic books is derived from the Greek Hermes, which is the Hellenic name for the Egyptian god Thyoth, or Thoth, who is said to have revealed to mankind this sort of scientific knowledge. Of forty-two Hermetic books, thirty-six contained the whole Egyptian philosophy. Six of them treated on the structure of the body, on illnesses, on surgical instruments, on medicaments, on the eyes, and on female complaints. It is probable that the Ebers papyrus is the oldest medical work left us, older than a corresponding text of Rig Veda. It is worthy of note that Egypt had state-paid doctors, who exercised their profession in accordance with written medical treatises long before the art of healing attained any scientific development among the Greeks; and it is from Egypt, as can now be proved, that the Greeks mainly drew their medical knowledge. Herodotus had expressed this opinion, but his statements have always been doubted. The emancipation of medicine from theology must, therefore, have taken place earlier in Egypt than in Greece. It is a curious fact that even in the days of Herodotus specialists existed, some for the eyes, others for the head, others for the teeth, others for the stomach and internal disorders (Bk. ii. 84). Homer, too, speaks of the Egyptian art of healing, calling each Egyptian a medical man. The anatomical knowledge of the Egyptians was probably greater than has hitherto been assumed, but during the later decay of their medical art, the magical element seems to have crept in. The valuable papyrus is further interesting in a mythological sense, as it is stated to contain information respecting the Egyptian deities, who were said to be subject to illnesses, and to be in the habit of curing each other.—*The Lancet*, Sept. 29, 1877.

SYCOSIS.

Though sycosis can be regarded a local disease, having its origin in purely local conditions of the part affected, yet certain conditions of the general system predispose to its development, aggravate the disease when present, and prolong its duration. Those conditions must be taken into account, and receive the necessary treatment if the disease is to be treated with reference to rapid cure and prevention of a relapse. Sycosis is in this respect similar to many other skin-diseases which, although local in origin and capable of being cured by local applications alone, yet yield much more readily to combined local and general treatment, and the relapses are less frequent than when local treatment only is employed. The general nutrition of the patient must not be neglected, and any morbid condition, as rheumatism, dyspepsia, syphilis, struma, demands its appropriate treatment. Some one of those conditions is generally present, and the condition of the general system, and of every organ of the body, should be known before commencing treatment. A strumous condition of the system especially aggravates the disease, and causes an unusual amount of pus to be produced. It is unnecessary to enter into full particulars as to the proper treatment of any of those constitutional diseases, as that belongs to the domain of general medicine, and every phy-

sician who undertakes to treat skin-diseases should have a proper knowledge of internal diseases and their therapeutics. If there is a rheumatic condition of system present, alkalies are necessary; if the patient is anæmic, give iron, tonics, and a generous diet; for syphilis, mercury in some form, or iodide of potassium if gummata are present; and if strumous, cod liver oil, and so on. Eczema, or superficial dermatitis, if present in the same locality, must be treated simultaneously with the sycosis, as the latter cannot be cured without the removal of the former. A knowledge of the proper treatment of eczema in its different phases is of much assistance to the physician in the treatment of sycosis, as there is a great similarity between the two diseases as regards the course of treatment to be followed. In sycosis of the upper lip it is especially to be borne in mind that the disease is generally kept up by a coryza, and that it is almost impossible to cure the former so long as the discharge from the latter continues to irritate the part. Much can be accomplished in the way of prophylaxis in warding off a relapse of the disease by a knowledge of the special predisposing cause at work in each case. If the patient's occupation plays an important part in producing the eruption, it should be changed, if possible. Exposure to excessive heat or cold should be avoided, also the use of cosmetics, snuff, and other irritating substances. Cleanliness is an excellent prophylaxis in this affection. When the disease is present, our chief reliance for its removal consists in local treatment, though constitutional treatment is of decided advantage as an adjuvant. The latter alone is never sufficient to effect a cure of the disease; but local treatment, used according to the special indications of each case, is adequate to effect a cure unaided by constitutional treatment, though relapses are more liable to occur. In the acute stage we should endeavor to allay irritation, and wait until the swelling and pain subside before using active measures. Lead and opium, warm applications, as a sponge dipped in hot water, or poultices, should be applied. The treatment in this acute stage is simply that which is applicable, and is everywhere employed, in inflammation, when we wish to allay irritation. Until the acute symptoms subside, this soothing treatment is to be continued. After they subside we must still continue to allay irritation, for, as I have shown, an irritable condition of the skin is the principal predisposing cause of the eruption.

In the chronic stage the treatment varies, exactly as in the case of chronic dermatitis, according to the condition of the part affected. To reduce irritation, produce absorption of effused products, and remove the existing inflammation, should be the object in view. If scabs are present, they must be removed with poultices, ointments, or oily applications before commencing other treatment. If the scabs are not removed it is useless to make local applications, as they do not reach the part you wish to influence with them. If the patient has a long beard, and will not permit its being removed, the sycosis will be much more difficult to cure than if the beard is short. Its presence, however, is not an insuperable object to successful treatment, though it retards the cure on account of the difficulty of applying remedies to the seat of the eruption. If there is any inflammatory thickening, absorbent remedies are required. Those, however, which irritate, as iodine, must not be used, as they aggravate the disease by increasing the irritation in the part. Some preparation of mercury, sufficiently diluted to prevent it from producing too much irritation, is the most suitable remedy. If the thickening is considerable, and of long standing, the oleate of mercury with morphine acts very efficiently. Care must be taken, however, not to use a very strong solution, or to apply it oftener than once every three or four days, as it sometimes irritates, and, from the facility with which it is absorbed, may produce ptyalism. Such accidents have occurred in my practice after very few applications of the oleate.

Epilation first recommended by Plumbe (*l. c.*), is not only exceedingly useful in reducing the inflammation, but is absolutely necessary in the treatment if permanent alopecia is to be avoided. Some authors say they derive but little benefit from it, but I believe, if it is performed at the proper time, the result is most beneficial. To remove the hairs during the papular stage, while they are still firmly seated in the follicle, increases temporarily the irritation, as their extraction causes great pain; but during the pustular stage they are easily extracted, and when the operation is performed not only has the pus a free exit but the follicle is thereby frequently saved and permanent alopecia prevented. Though extraction during the papular stage causes pain and temporarily increases the irritation, yet I believe the evil resulting from the additional irritation thus produced is more than counterbalanced by the good resulting from the free exit allowed to the pent-up pus and the removal of the irritating hairs. Fomenting the part with hot water lessens the pain produced by the operation of extraction. In performing the operation, but a single hair should be seized with the forceps at one time, and traction should be made in the direction of the axis of the hair. Every hair perforating a papule or pustule should be extracted. In cases of circumscribed sycosis—that is, where the disease remains confined to a small spot for a long period—it is better to remove all the hairs from such a spot, even if the operation causes considerable pain. This removal of the hairs, to save the follicle and allow exit to the pus, is, I believe, a much better procedure than opening the pustules, or rather small abscesses, with a knife.

In using ointments, the same rules are to be observed as in other skin diseases. They should always be spread on cloth and bound on the part as they then act more powerfully and efficiently than when simply rubbed in. The diachylon ointment of Hebra is most frequently employed, and is of great service in curing the disease. The ointment

should be applied twice in every twenty-four hours and kept constantly on the part.

Whether the part affected should be shaved or not is a disputed question. Good authorities are found to differ on this question, some recommending and others opposing the operation. Basing my views upon the nature of the disease, and knowing that shaving irritates the inflamed part, I believe it is injurious and that it is much better to cut the hairs close to the skin with scissors. If they are thus closely cut, the part is not irritated by the operation; ointments can be properly applied and the hairs easily extracted. Hebra (*l. c.*), who says he has tried the different methods of treatment, is decidedly in favor of daily shaving and washing the part; yet, as equally good authority is found opposing it, future experience must decide which is the proper course to pursue.

The plan pursued at Cannstdt ("Ueber die Behandlung der Sycosis in der Heilanstatt zu Cannstadt," *Blatter f. Heilwissenschaft* Jahr. 4, Nr. 11, 1873), of rubbing in a salve composed of two parts of ship-tar and one part of green soap until the hairs are easily extracted, then touching the cavity with acetic acid, is unnecessarily severe, and cannot be indicated in any except perhaps chronic cases, with considerable induration and thickening of the cutis.

Ointments containing sublimed sulphur, or the iodide of sulphur, in varying proportions, according to the amount of induration and irritability of the skin, are of service, but must not be made so strong as to produce irritation.

In strumous subjects, the local application of cod-liver oil often acts more beneficially than ointments of either lead, sulphur, or mercury.

Hence epilation, and the application of astringent ointments, as the diachylon ointment of Hebra, with or without the addition of a mercurial preparation according to the amount of induration present, and appropriate constitutional treatment, will enable the physician to cure all cases of sycosis, except the destructive form, within a few weeks, providing the patient does not continue to expose himself to the predisposing cause of the disease.

I will not enter further into the treatment appropriate for the disease in its different stages and conditions, as that would occupy too much space, and it can be learned in any good work on diseases of the skin. Epilation and the treatment appropriate for eczema can be considered the proper treatment for sycosis. We have learned that the skin is in an irritable or inflamed condition previous to appearance of the sycosis, and that the irritation from the hairs acting upon this changed tissue produces the peri-folliculitis. This irritability must be removed, as well as any actual inflammation or inflammatory products in the affected part. The same rules for treatment hold good here as in inflammation or irritability in any other part of the body, and the physician must know those rules and have a clear idea of the exact nature of the process going on in the part in the different stages and conditions of the disease. Knowing those things, he cannot fail to cure quickly every case of ordinary sycosis.—*N. Y. Med. Jour.*

THE HYGIENE OF THE HAIR.

Professor Erasmus Wilson, who is probably the highest living authority on the subject, has lately given a course of lectures on the hair before the College of Surgeons in London. They are reported in full in some of the English medical magazines, and an abstract of the more practical portions will doubtless be of interest to many readers of the *Journal*.

Cleanliness is, of course, insisted upon as of prime importance, but washing the hair is emphatically condemned. Brushing is to be preferred, as it promotes circulation, removes scurf, and is in all respects a more effective stimulant than water. Cutting does not encourage growth as much as is commonly believed, but it is advantageous in the case of the short, slender hairs generally called "young hairs."

Of the countless applications recommended for the cure of baldness few are ever successful, and in the occasional instances in which they appear to be useful it is possible that sequence is mistaken for consequence, the *post hoc* for the *propter hoc*. Most of these specifics are stimulants, not excepting petroleum, which has lately been eulogised. Croton oil, though excellent as a stimulus, is objectionable on account of the irritation it often causes, and which sometimes extends to the eyelids and the face. Cantharides, though milder and more manageable, is likewise liable to give rise to inflammatory congestion and vesication, and sometimes to suppuration and ulceration. The skin may be peculiarly sensitive, or the remedy may have been employed too energetically, both as to quantity and time. Professor Wilson has seen several instances in which cantharidine has been absorbed into the system and has given rise to ischuria. As a rule, therefore, he rarely uses cantharides, and then always in a guarded manner. Certainly, it is not to be trusted to the acknowledged indiscretion of the public as a proper remedy. Acetic acid, or rather strong pyroligneous acid, he has discontinued for many years; but it is still a favorite, notwithstanding its strong and disagreeable odor.

Ammonia is Professor Wilson's favorite stimulant; it is unlikely to create inflammation and its consequences; it is neither absorbable into the system, nor could it do harm if such were the case; and its odor, refreshing at the moment of its use, speedily evaporates. In a case of ordinary madesia or falling out of the hair, he prescribes a lotion composed of strong liquor ammoniæ, almond oil, and chloroform, of each one part diluted with five parts of alcohol or spirits of rosemary, and made fragrant by the addition of a drachm of the essential oil of lemons. The lotion should be dabbed upon the skin of the head after thorough friction with the hair-brush. It may be diluted if necessary; it may be applied sparingly or abundantly; and it may be used daily or otherwise.

There are cases in which a less stimulating and even a refrigerating lotion may be desired, and where an objection may be raised to the quantity of oil contained in the above. In such cases a lotion of borax and glycerine, two drachms of each to eight ounces of distilled water, is cooling and refreshing; this lotion allays dryness of the skin, removes scurf, and subdues irritability.

In cases of complete baldness, and also in alopecia areata, a stronger stimulant application will be required. For this he recommends frictions with a liniment composed of equal parts of the liniments of camphor, ammonia, chloroform and aconite, to be well rubbed into the bare places daily, or even twice a day, so as to produce a moderate amount of stimulation. In cases of ophiasis, due to neuralgia of the cutaneous nerves of the scalp, this liniment is very valuable. In other cases the liniment of iodine may be painted on the bare patches daily, or they may be rubbed with the ointment of cantharides or any other powerful stimulant. The intention of all these local remedies is to stimulate without setting up irritation; to increase the energy of circulation and innervation of the part; and in some instances to abstract the excess of fluids from the tissues of the skin by inducing exudation. But these results must be accomplished as far as possible without pain and without severity.

The constitutional treatment of alopecia should consist in the adjustment and regulation of the functions of digestion and assimilation; and, where no other special conditions are to be fulfilled, the adoption of a tonic regimen and the administration of tonic remedies. Of these last arsenic bears the palm, and may be advantageously prescribed in doses of two to four minims three times a day directly after food, and in any convenient vehicle.

Grayness, canities, or poliothrix depends like baldness on defective powers of the skin, and the indications for treatment are exactly the same,—to strengthen the part and at the same time strengthen the patient. As means of temporarily staining the hair the lecturer mentioned a weak solution of permanganate of potash, a lotion holding in suspension sulphur and acetate of lead, or the so-called *eau des fées*, consisting of the hyposulphites of lead and soda; among dyes sulphides of various metals, especially silver, the pyrogallate of iron and ferro-cyanide of copper. The hair, as is well known, contains sulphur, and a solution of lead brought into contact with sulphur produces a sulphide of lead which is black in colour. Sulphur and acetate of lead in suspension and solution in water supply both the elements necessary for artificial coloration of the hair, and constitutes the popular lotions sold so largely.

Actual dyeing of the hair is a more elaborate process; the hair must be washed with soap in the first place, to get rid of grease, which would otherwise interfere with the absorption of the fluid by the hairy tissue; secondly, the hair being dried, the metallic solution is to be employed and left to soak into the hair; and thirdly, the mordant fluid is to be brushed upon the part with a view to bring it in contact with every individual hair. If this operation sufficed for a considerable period, all would be well; but as the hair grows quickly, the newly-grown part exhibits its original whiteness, and another dyeing soon becomes necessary. The tone of color produced by the first application may have been perfect, leaving nothing to be desired, but the white roots of the hair cannot be reached without a fresh coloring over the whole, and then the evils become apparent. A succession of coats of color renders the hair more intensely black than nature herself could have accomplished, and the harmony of the features of the individual is disturbed; the mellowing of the lineaments of the countenance produced by white hair is reversed by the depth of the blackness, and the features are rendered harsh and severe. The theory that an appearance of youth is maintained by the color of the hair is not consistent with fact, and there is always the danger that the hair may appear youthful, while the features themselves are expressive of old age.

As to danger to the health and constitution from dyeing the hair, Professor Wilson thinks that we cannot reasonably allege the possibility of any serious evils; for lead, to which are imputed the most dangerous of the qualities of hair dyes, enters into the composition of several of our cooling and astringent and sedative lotions, and even injections; and although undoubtedly some cases are on record of damage resulting from its internal and excessive use, Goulard's lotion is commonly regarded as one of the most harmless of our remedies. Perhaps a distinction may be drawn between its therapeutical and its cosmetical use, but it is difficult to distinguish the difference. Reference is made to some of the alleged cases of lead poisoning from the use of hair dyes, but it is suggested that a more careful examination might have found the cause elsewhere, perhaps in the water used for drinking. It is admitted, however, that there may be cases of peculiar sensibility to the poisonous influences of lead in which these dyes may be injurious. Professor Wilson, as we have said, is high authority on these matters, but we nevertheless advise our readers to avoid all hair dyes containing lead, especially as there are preparations for the purpose that are certainly harmless,—if one is foolish enough to dye the hair at all.—*Boston Journal of Chemistry.*

NEW PROCESS FOR PLACENTA PREVIA.

(From the *Philadelphia Medical Times.*)

At a Conversational Meeting of the Philadelphia County Medical Society, Dr. J. S. Eshleman related a case of placenta previa which he had treated in consultation with Dr. I. McGuigan. They met soon after the first profuse hemorrhage had taken place. The pains were feeble, as is usual in these cases; the flow continued. The patient could not long survive it. The os would scarcely admit the tips of two fingers; it was from an inch and a quarter to an inch and a half in diameter. With Dr. McG.'s

consent, he at once applied the forceps and brought the child's head firmly down upon the placenta, compressing it as well as the uterine sinuses, with the effect of instantly arresting the flow of blood.

Feeble pains were now stimulated and aided by equable traction upon the instruments. The forefinger of the left hand was frequently interposed between the head of the child and the inner surface of the os to graduate the amount of force applied by the forceps held in the other hand, and, aided by the uterine efforts, the os in time began to yield. The uterus descended under the traction somewhat, but less than is often witnessed in natural labor. The case was conducted gently, each effort followed by rest in imitation of natural labor, and terminated in about one hour. There was no perceptible loss of blood, nor was there any concealed or post-partum hemorrhage. The child, though faint, soon rallied. The uterus closed softly upon the placenta, a portion of which remained firmly adherent near the os; the remainder lay protruding from the organ in a somewhat crushed condition, yet there was no hemorrhage. After this condition was carefully examined by Dr. McGuigan also, he proceeded to dislodge the placenta, not by introducing the hand, "paring" or tearing it off, but by external pressure, moulding, and manipulation. Mother and child are doing well. * * * *

Dr. Goodell asked Dr. Eshleman to explain how the os was made to admit the forceps.

Dr. Eshleman replied that the diameter of the os was less than the width of the blade of the forceps, but he was able in the absence of pains to elevate the head of the child, when the blade of the forceps would elongate the circular opening into the shape of a button-hole, so as to admit its passage; the second blade, being somewhat narrower, will pass over the shank of the first and enter the same aperture. It is surprising to test how small an opening will admit the forceps, and equally so how large a one is required to admit the hand.

In reply to Dr. Hamilton, he said that ergot was given in the hope that it would favor contraction of the emptied womb, but its effects could not be waited for to aid labor or depended upon to arrest hemorrhage.

Dr. McGuigan, being present, was asked to give his statement of the case reported by Dr. Eshleman.

He stated that the day but one prior to her delivery, he found blood issuing from the vagina. She had lost a previous gestation by hemorrhage. The cervix was three-quarters of an inch in length, and he could feel the fœtal envelopes, but not the placenta. Two days after he found her bleeding, and in regular labor; the os open three-fourths of an inch, the membranes intact; the placenta could be felt three-fourths of an inch from the external os on the left side, and detached for the space of two inches. The pains were quick and forcible; the head was not engaged. He punctured the membranes when the pains became feeble and slow. The bleeding was not continuous during the two days mentioned.

Dr. Atkinson said that the occurrence of placenta previa in two succeeding pregnancies was exceedingly rare. Nor was there any reason to expect such a complication to occur again because a patient had once suffered thus.

In the only case that he had seen in which there was placenta previa, it was almost completely central. There were no contractions. Ergot appeared to have no effect, although freely administered. He tore through the placenta, put on the forceps, and thus delivered. The child had been dead for some time. The woman did well.

TREATMENT OF BUBOES.

I pass on to consider the treatment of the different kinds of bubo; viz., the multiple bubo, the bubon d'emblée (that rare form of bubo where there is no chancre, but where the poison is absorbed through an unbroken cuticle and makes its first lodgment in the inguinal glands), the virulent bubo, and the sympathetic bubo.

The Multiple Bubo, which follows an infecting chancre.—No local treatment is of the slightest service in this class of cases, nor need this be a matter for regret, as the internal (or other) exhibition of mercury is all-powerful in removing the inguinal adenopathy.

The Bubon d'Emblée.—Precisely the same remarks apply to this as to the first kind of bubo.

The Virulent Bubo, which accompanies a soft chancre or sometimes a mixed sore.—As this variety of bubo tends to suppuration, it is best to hasten the progress thitherward by warm fomentations and poultices, and by encouraging the patient to take exercise. The abscess should not be opened on the first detection of deep fluctuations, but suppuration should be allowed to proceed until the skin is somewhat thin and glazed; then the abscess should be opened freely along the entire length of the gland, and the cavity washed out night and morning with tinct. iod. one part and water two parts, and dressed afterward with lint soaked in an astringent lotion. Exercise should now be very restricted, and any sinus which appears should be at once followed up and treated like the large abscess.

The blue overhanging edges of the incision, which are such common features in this form of bubo, are best destroyed with some caustic—none better for the purpose than potassa fusa cum calce. It not unfrequently happens, however, that the gland itself assumes all the characters of a suppurating chancre; and if this should prove to be the case there is no application so generally useful as iodoform.

It is a good plan to give a grain of iodoform internally three times a day, combined, if other things

indicate it, with a grain of reduced iron, while using it as a local remedy.

The Sympathetic Bubo.—This bubo may accompany a gonorrhœa or a soft chancre, or may be caused by a tight boot, or it may be more directly traumatic in origin, but the treatment is not affected by the diversity of its cause. This variety of bubo is, in a word, a simple adenitis, sometimes terminating in resolution, sometimes going on to suppuration, and the object of the treatment at first is to induce resolution, and the next, if this prove impossible, to promote suppuration. The best mode of proceeding with these cases is to apply a compress of lint soaked in a strong lead and spirit lotion, and kept in firm contact with the groin by a tightly-drawn spica bandage or well-fitting truss. Rest is also an essential element in the treatment.

If, in spite of this, the gland continues to enlarge, though without much pain or any throbbing, I am in the habit of injecting five or six minims of the simple tincture of iodine into the substance of the gland, and generally find that this treatment either succeeds in dispersing the tumor, or so accelerates suppuration as to make quick work of the resultant abscess. In cases where the gland becomes very large and hard, this plan is better than mere blistering, or than the application of a solution of the mercuric chloride to a previously-blistered surface. When suppuration has taken place the abscess should be freely and early opened, and the patient enjoined to rest, and to syringe the sac of the abscess twice a day with some stimulating lotion. The injections of iodine may, if necessary, be repeated twice or thrice a week.—*S. M. Bradley, in Dublin Medical Press and Circular.*

BLOOD-LETTING IN URÆMIA.

A paper appeared recently in the Glasgow *Medical Journal*, by Dr. Robert Kirk, of Glasgow, on uræmia, with cases of scarlatinal dropsy, treated by blood-letting. The first case was that of a young man who, after a slight attack of scarlatina, was attacked with frequent convulsions. The attacks became very strong, and nearly continuous, with tonic and clonic spasms, and occasional stertorous breathing. In one of these there were violent convulsions, unconsciousness, foaming at the mouth, with dilated pupils. He was at once bled from the arm to sixteen ounces, three men holding the patient during the operation. The fits ceased almost immediately, a sort of comatose sleep alone remaining. This was about 8 P. M. Next morning, at six, he awoke, said he felt well, and took some food. The wound, moreover, had burst open, and he lost a good deal more blood, but his pulse was of the natural standard, and he was not the worse for the loss he had undergone. Diuretics were then administered, which brought away plenty of albuminous urine, loaded with lithates; he was discharged at the end of six days, and when seen six months afterwards, he was in the best of health, and not at all anæmic. Another case—a very bad one—appeared to show the good effect of local blood-letting in acute pulmonary œdema. Again a boy of ten is seized with violent convulsions, with only brief intermissions. Ordinary treatment is of no avail. He is bled from the arm to twelve ounces. The fits immediately cease, and sleep supervenes, from which he wakes up apparently well, the urinary secretion is restored, and his health rapidly established.

In every case in which Dr. Kirk has tried blood-letting in scarlatinal dropsy, it has proved eminently successful; and he would not hesitate to try the remedy again, "in preference to a farrago of sudorifics, diuretics, and purgatives, having always the lancet in reserve in case of danger." Nor is he quite singular in his practice for it appears that Dr. Bramwell, of Perth, published in the Edinburgh *Medical Journal*, of July, 1875, a notice of thirty-two cases, of scarlatinal dropsy, in which he frequently had recourse to general abstraction of blood, with the result of only one death out of the thirty-two cases and that a case which was seen too late for treatment to be of any service. Among his cases were some of both pulmonary œdema and convulsions, in the treatment of which he resorted to depletion, with unequivocal success, whether it was practiced at an early stage, or not until those complications set in. He also generally found, as did Dr. Kirk, that free diuresis set in forty-eight hours or less after blood-letting.

OPHTHALMIA NEONATORUM.

This is an inflammation of the eyes which should be, and probably is, of the deepest interest to the general practitioner. It requires no very great stretching of the imagination to fancy, if one has never seen, the anxiety of the mother when she sees the quantity of discharge which usually escapes from between the eyelids. Purulent ophthalmia is a serious affair in adults, and how much more so does it not seem in the delicate new-born baby. Yet it is a disease easily controlled by proper treatment, and not necessarily fatal to vision. It usually shows itself abuot the third or fourth day after birth, which fact is pretty fair proof that it is provoked by inoculation. It may, however, and frequently doses ensue from exposure to bright light, from the contact of soap and water while washing the infant, from want of cleanliness, and from cold air.

At the commencement of the disease the edges of the lids are slightly agglutinated, the lids are a trifle swollen, their borders red, and there is a slight catarrhal discharge. These symptoms are sometimes stopped at this point, causing simply a catarrhal ophthalmia; but it is necessary to remember that such symptoms are the usual precursors of the purulent form, and to watch them closely. The disease usually attacks one eye first, and very soon after the other becomes affected. The conjunctiva becomes swollen, and on opening the lid there escapes a citrine-like liquid containing flakes of mucus and pus. Unless modified by proper treatment, the swelling of the lids increases, as does also the purulent secretion, and too frequently the cornea becomes affected, and either

vision is lost or unsightly white spots are left as the result, producing more or less impairment of sight.

In every case of purulent inflammation of the conjunctiva it is necessary to pay particular attention to the state of the cornea. If the swelling of the conjunctiva and the lids renders it impossible to separate the lids with the fingers sufficiently to examine the cornea, the lid-elevators must be used. The treatment of ophthalmia neonatorum must be guided by the character of the secretion. If the secretion is of actual catarrhal type, cleansing with warm milk and the use of a mild stimulating lotion, such as sulphate of zinc (one to two grains) and water (one ounce), every six hours, will usually cure the trouble in a few days. If, however, we have to deal with a purely purulent type of the disease, more energetic treatment is called for. The edges of the lids must be kept anointed to prevent the retention of the discharge in the conjunctival sac by the agglutination of the edges of the lids, and the lids everted, cleansed of the secretion, and, according to the gravity of the case, either cauterized with the mitigated stick of argenti nitras, or a solution of the nitrate of silver (five grains to one ounce), used morning and evening. I do not approve of washing the eyes every fifteen minutes or every hour, as I believe the irritation is increased thereby; and if the gluing together of the lids is prevented, as it certainly will be by properly anointing their edges, the secretion will escape, and can be gently wiped away externally. I have known the disease to be prevented from getting well by the over-anxiety to keep the conjunctiva cleansed of the discharge. It is usually a number of days, even when neglected, before the ocular conjunctiva or cornea becomes affected, and with proper care and treatment they seldom participate in the inflammation. I do not hesitate to say that an eye never should be lost from ophthalmia neonatorum, though I am sorry to say many are.

If the cornea is affected, the cauterizations or applications of the solution of nitrate of silver (five grains to one ounce) should be continued to the everted lids, care being taken to wash off the excess of silver, and a solution of sulph. atropia (four grains to one ounce) instilled every two or four hours. Sometimes it is necessary, particularly if the corneal trouble is spreading, to make paracentesis of the anterior chamber; or if a prolapse of the iris has taken place, to snip it off with the scissors. Complications of the above character, however, only happen from neglect.—*Eugene Smith, M.D., in Detroit Medical Journal.*

BORACIC ACID OINTMENT.

Mr. Arthur W. Bateman calls attention (*British Med. Jour.*, Sept. 22, 1877) to the value of Professor Lister's boracic acid ointment as a dressing for wounds in general. During the last two years, he has been in the habit of using it, and has concluded that it is preferable to either dry lint or other dry application, and also to water-dressing. For wounds, when hemorrhage has been stopped, or can be caused to cease by the application of light pressure, it is very useful; for, owing to the smooth waxy consistency of the ointment, the dressing does at all not adhere to the edges of the wound, nor to the clot between its margin. The dressing can, therefore, be removed and replaced as often as is advisable for the examination of the wound, without disturbing the healing process. Any discharge that forms can also easily escape between the layers of ointment and the skin around the wound. The ointment is thus preferable to dry lint, except in those cases where there is a great amount of oozing, when the dry lint and blood may act beneficially by forming an artificial scab. Water-dressing may be regarded as an efficient mode of poulticing, and wounds that do not require poulticing can be better treated with the ointment than with water-dressing; for prolonged water-dressing generally irritates the skin round the wound, which becomes sodden and sore: while the skin remains comparatively healthy under the ointment. The smooth surface of the ointment is less liable to destroy by friction or otherwise damage the surface of the granulations than is the lint. The ointment never sticks to the surface of the wound, and no pain or injury is caused on removal of the dressing. Another great advantage is that, owing to the antiseptic quality of the boracic acid, the dressing need only be removed every second or third day, unless the discharge be profuse. Thus time is saved with hospital patients. Mr. Bateman has noticed that small lacerated wounds—for example, of the fingers—will keep perfectly sweet for twenty-four hours under the ointment even in tropical climates, and here they keep quite sweet for two days whereas water-dressing generally requires to be reapplied every twenty-four hours. In applying the ointment the dressing should extend far beyond the edges of the wound on to the surface of the surrounding skin, so as to interpose a considerable antiseptic interval between the margin of the wound and the limits of the dressing. This is the more important in proportion to the amount of discharge.

INTRODUCTION OF THE HAND INTO THE RECTUM

In the St. Bartholomew's Hospital Reports, quoted by the *American Medical Journal*, Mr. W. J. Walsham offers the following propositions, deduced from the examination of four cases on the living body and twelve experiments on dead bodies:

1. That the hand, if small, can be introduced into the rectum of both male and female without fear of rupture of the sphincter or incontinence of feces.

2. That the dilatation of the sphincter should be very gradual, five minutes at least being allowed for its accomplishment.

3. That no pain or inconvenience is experienced by the patient as an after-result of the operation.

4. That when once through the sphincter, the windings of the gut should be followed very cautiously by a semi-rotary movement of the hand, and by alternate semi-flexing and extending the fingers.

5. That in many cases the hand can be passed into the sigmoid flexure, and possibly, in rare instances, into the descending colon

6. That should the hand meet with a feeling of constriction about the junction of the first and second pieces of the rectum, no force on any account should be used to overcome it, as this can only be accomplished by rupturing the peritoneum, which is here reflected from the intestine.

7. That this method of investigation is of use in detecting a stricture high up the rectum or in the sigmoid flexure of the colon, but that a stricture below the descending colon may exist although the hand may be unable to discover it.

A NEEDLE FOUND IN THE BRAIN.

At a meeting of the Pathological Society of Philadelphia, (*Med. Times*) Dr. H. Lenox Hodge reported, that upon removing the calvaria of a subject in the anatomical rooms of the University of Pennsylvania, a sewing needle of medium size was found lying on the right hemisphere of the brain, nearly parallel to the superior longitudinal sinus, about an inch distant from it, and about an inch and a half behind the fronto-parietal suture. The point and the eye of the needle were both unbroken. The point was directed backwards. The needle was much oxidized, and attached to the arachnoid surface of the dura mater by old bands of lymph near the larger extremity of the needle.

No history of the cadaver, an adult male, could be obtained.

The needle appears to have given rise to no important changes, and had no apparent connection with the cause of death. The man seems to have died of phthisis.

It is a matter of interest how the needle reached this position.

Other methods might be suggested, but it is most probable that it entered the anterior fontanelle during infancy, and thus passed to the place where it was found.

Dr. Hamilton Osgood asked what was the appearance of the needle.

Dr. Hodge replied that it was black and tarnished.

Dr. Sinkler thought it most likely that it had entered the fontanelle during infancy, as by no muscular contraction could it obtain the position in which it was found.

Dr. F. P. Henry said his experience went to show that instead of corrosion of needles long buried in animal tissue, there was an actual addition of new material. A short time ago he had removed with great difficulty a needle from the biceps muscle of a girl. It was three times the thickness of an ordinary needle, very rough and uneven, and covered with a hard mineral-like deposit, to which was owing the increase in thickness.

Dr. Wilson recited the case of a sewing-girl who was said to have swallowed a paper of needles, many of which were removed from different parts of the body. These were all smooth, but blackened and tarnished. He had recently removed from the foot of a boy a needle which had been imbedded four months. It was simply tarnished.

Dr. Sinkler had removed a needle from a foot after it had been there imbedded for three months. It was smooth and blackened, but not corroded. He placed it in his pocket-book, and on examining it after a few weeks he observed that the rusting process had taken place.

Dr. Richard A. Cleemann said that he had made use of the fact that a needle after being imbedded in tissue for a certain length of time becomes tarnished. He had extracted a fragment of needle, and was anxious to determine whether it was all that entered the foot. The broken end was tarnished. He fractured the needle, and observing that the fractured ends presented the usual steel-like lustre, he concluded that he had removed the whole fragment. Had he broken it off, the fractured end of the removed portion would have been bright.

COLOCYNTH FOR ABDOMINAL PAIN.

Dr. James I. Tucker writes to the *Chicago Medical Journal* and *Examiner*: "I state without fear of successful controversion that colocynth will allay the pain caused by excessive peristaltic action better than any drug in use, not excepting opium, providing it be used in the proper dose. I refer to simple but nevertheless distressing idiopathic pain, so to speak; pain due to excessive stimulation of the nerves engaged in keeping up the harmonious rythm of the vermicular movement of the bowels. In such cases I employ not the solid extract, but the *tincture;* and I use the tincture in such small quantities that I expect to meet a large amount of incredulity growing out of *a priori* conclusions. But why, pray, if ipecac in minute doses can allay nausea and vomiting, may not colocynth in small doses allay the very griping which in large doses it is capable of producing? I use only just so much of the tincture as to render the excipient—generally water—slightly bitter. In teaspoonful doses, repeated *pro re nata*, I have seen the most speedy relief from very violent griping. Now, since therapeutics is the ultimate aim of classical or humanitarian medicine, I hope much more attention will be paid hereafter to the hitherto unutilized virtues of drugs which have been supposed to have but a very limited applicability. It will be found that our methods of ascertaining the therapeutical possibilities of drugs are lamentably meagre, and without honest original research we bow too willingly to the shrine of supposititious authority. The truly medicinal properties of many of the drugs in common use lie latent, dormant, and neglected, ready at any time to grow and bud and blossom, like the germinal principle which was at last discovered in the wheat grains found in the Egyptian catacombs. It is the duty of every practitioner to contribute the results of his experience to the common store of knowledge; not, indeed, to tell us what misery he can occasion by doses of this or that, but how far this or that has contributed, by a careful artistic application, to alleviate the sufferings of mankind. The basis of observation has been hitherto very inadequate; but the time is com-

ing—nay, is already here—when the action of drugs may be ascertained with mathematical accuracy. I mean by the neurological method of therapeutics. To this fact, and to the other virtues of the bitter cucumber, which are an illustration of this fact, I now endeavor to call the attention of the medical profession. Therapeutics resting on a neurological basis is to be the therapeutics of the future."

INSTANTANEOUS CURE OF HYDROCELE.

Dr. MACARIO, of Nice, contributes to *L'Abeille Médicale* some interesting cases treated by electro-puncture. In the first case, two needles were plunged into the tumour, one at the base and the other at the apex. On connecting the needles the pain was such that the patient refused to continue treatment. Nevertheless, the next day the liquid had disappeared and had not returned at the end of nine years. In the next case absorption was even more rapid, a tumour the size of two fists, dating from fifteen months, having vanished in the evening after a single sitting of one minute. Dr. M. has also reported to the Institute several other cases treated, some by electro-puncture, others by simple induced currents, and it is more than fifteen years since he first recommended this method, which has been followed by several others with considerable success.

FETID FEET.

As a remedy for this noisome affection Dr. Rumbold recommends bathing the feet in warm water for fifteen minutes just before going to bed. The water should be kept as warm as can be borne, by the addition at intervals of boiling hot water. After the feet are dried and thoroughly rubbed with a coarse towel, an ointment composed of salicylic acid and bromide of potassium, each five grains to the ounce of vaseline, should be applied with considerable friction. Then the feet should be covered with a pair of cotton stockings well warmed.

In an article in the *Revue de Thérapeutique*, it is stated that an immediate remedy is found in washing the feet with a solution (1 in 100) of chloral, and keeping them enveloped in compresses wetted with the same solution. Results as satisfactory, Dr. Burdon has claimed to have been obtained by the employment of a solution (commencing with 3 in 1,000) of the permanganate of potash. Dr. Berthold also indicates an efficacious method which is less troublesome than that of bathing with solutions. It consists in powdering the interior of the patient's socks with a powder composed of one part of salicylic acid and five of starch. This is, too, an excellent mode of treating the local sweating which in fat persons takes place between the scrotum and the thighs, and if not arrested leads to a troublesome eczema and its accompanying pruritus.—*Chicago Med. Examiner.*

OINTMENT FOR PILES.

Powdered opium	30 grains.
Tannin	1 drachm.
Carbolic acid	15 drops.
Oil of tobacco	10 "
Solution of subacetate of lead	20 "
Simple ointment	1 ounce.

Mix intimately. To be used morning and night.

VERATRUM VIRIDE.

Dr. John S. Lynch considers that the physiological actions of Veratrum Viride are two-fold, nauseant or emetic and vaso-motor stimulant or arterial sedative. These two effects are due to the presence of alkaloids named veratroida and jervia. The first named acts as a local irritant, an emetic, sometimes a cathartic, and, like all nauseants, a depressor of the circulation. The second, jervia, without producing either vomiting or purging, slows the pulse, probably by increasing arterial and capillary contraction, but without diminishing the force of cardiac systole.

The quantity or dose required to produce the full effect of the drug varies very greatly in different individuals, and beyond a certain point increase of the dose is not attended with increased effects. The writer says he has frequently exhibited drachm doses of the tincture without producing more effects than witnessed from five or ten drops.

Apart from its influence as an arterial depressant, Veratrum Viride has no anti-pyretic effect whatever. It is only, therefore, in those diseases in which the heat bears a distinct ratio to the rapidity of the circulation, and in fact depends upon increased oxidation merely that this remedy can be expected to exert any anti-pyretic effect. In purely inflammatory diseases it becomes the most potent, reliable and effectual remedy known to medical science. By its use a local inflammation which has produced a constitutional or sympathetic irritation can be restricted to its original locality, and the dangers of collateral hyperœmias and extension of inflammatory invasions completely prevented. In every condition, whether acute or chronic, in which there seemed to be danger of cardiac exhaustion and conservation of the strength of that organ is indicated, veratrum may be used without disappointment in the result. The writer does not claim that it will *cure* inflammation of any kind, nor does he know of any medicine that will do so.

Like digitalis, veratrum viride, may be exhibited in diseased conditions which call for its use in large doses, and has the peculiarity of producing its effects suddenly, whether the effective dose has been large or small, and the effect produced does not seem to bear any relation to the amount taken. "Thus," says Dr. Lynch, "I have witnessed a sudden slowing of the pulse, with vomiting and prostration, to as great an extent from five or six drop doses as when ten and even twenty times the quantity had been used."

The nausea and vomiting so frequently noticed accompanying the action of this remedy may be

entirely prevented without in the least modifying its action upon the heart by combining it with some one of the preparations of opium. Another means of modifying the local effect of the medicine upon the stomach is the exhibition at the same time of moderate doses of carbonate of sodium or potassium.

Veratrum cannot be combined with alcoholic stimulants in any form, since these are physiologically antagonistic to it as far as its action upon the circulation is concerned.—(*Trans. Med. and Chirurgical Soc., Maryland.*

TREATMENT OF AMENORRHŒA.

In many cases you will not succeed in establishing menstruation, and indeed you should not endeavor to do so by any direct or local treatment. You should remember that menstruation is a function performed during a part of life only, and that it is not necessary either to life, health, or fertility. In all cases attend first of all to the general condition. No efforts should be made at establishing the monthly hemorrhage until health is more or less good. When serious organic affections, as phthisis, Bright's disease, etc., are present the treatment should be exclusively directed to their cure, and no attempt should be made to induce menstruation. When the general health is good even, you should refrain from direct treatment of the amenorrhœa if there be no efforts at menstruation, for by partial success you may render intolerable a life which otherwise would have been free from suffering. These rules are applicable to all cases of amenorrhœa.

Let us now briefly refer to the different forms of amenorrhœa.

Menstruation is and always has been absent.—The great majority of cases of this class which will come under your observation will be young girls between sixteen and twenty years of age. Many of them will suffer from anæmia and disorders of the digestive organs. Your first object should be to treat these conditions, and by the time they are cured menstruation will probably be established. Time will indeed come to your help. Such cases are instances of late or tardy evolution of the generative organs. The form and figure may be well developed, but the uterus grows slowly, and the treatment consists in waiting and adopting all means that favor its growth. There will, after all, remain a few—very few—in which the discharge will not make its appearance. In these it will be found that the uterus is small, and the best treatment is non-interference.

Menstruation is scanty or irregular.—If it be due to an undeveloped condition of the uterus, and if it be accompanied by no pain, the general health being good, it requires no special treatment. General means which favor physical development, as exercise of all kinds, may be recommended. If the scanty or irregular menstruation be accompanied by pain, it comes under the head of dysmenorrhœa, where I shall speak of it. If the uterus have obtained its full size you will in almost all cases—in all cases that require treatment—find a disordered state of the general health. The most common condition is anæmia. In such cases you should regulate the bowels, for there is generally constipation. Give iron, iodine, salines; good diet, fresh air, and exercise in the open air are essential. Exercises of all kinds are good—riding, walking, swimming, dancing. If the monthly molimen be present, emmenagogues may be prescribed. Emmenagogues should never be administered when indications of ovarian and uterine action are absent. The medicines supposed to have a direct action in bringing on the menses are numerous, but few of them are of much or even of any value. The best are electricity, aloes, and the stimulating diuretics — nitrous ether, spirits of juniper, and oil of turpentine. Hot hip-baths for five or six nights in succession before the expected return of the molimen are useful. Guaiacum, ergot of rye, oil of savin, cantharides, have proved successful in the hands of some. Dr. Atthill recommends the warm hip-bath for eight or ten evenings in succession before the expected time.

Suppression of the menses.—When the suppression has taken place suddenly during a menstrual flow the patient should have a hot bath, go into a warm bed, and take a dose of Dover's powder. A stimulating diuretic or a diaphoretic should be at the same time prescribed. Should fever, heat in the skin, vomiting, pain in the abdomen, and symptoms of local inflammation or of general peritonitis set in they should be treated irrespective of the suppression. If the flow is not re-established, the case becomes one of chronic suppression.

Chronic suppression.—The general health should be attended to, and if menstrual molimena be present they should be encouraged and efforts made to establish the flow by the means already enumerated. If molimen be absent, you should limit your aid to the treatment of the general health.—*Dr. John Wilson in London Lancet.*

CLINICAL LECTURE.

Delivered at Bellevue Hospital, New York, by Abraham Jacobi, M.D., Clinical Professor of Diseases of Children, in the College of Physicians and Surgeons, New York. 1. Mammitis, Aphthæ and Diarrhœa. 2. Catarrhal Pneumonia.

GENTLEMEN:—The child that I now show you is three weeks old, and there are a number of conditions present that remind you of the newborn state. On examining the chest of the little patient you discover that the two mammæ are somewhat red and swollen. You sometimes find this condition occurring when the infant is but a few days old. On squeezing the breasts, a fluid exudes, and the common rule in treating this affection is to press the liquid out, but this is a great mistake, as mastitis is made worse by handling the mammæ. The liquid that exudes is milk, which compares very closely with the milk of a nursing woman. Simon, the French chemist, after a careful analysis, showed that this kind of milk did not differ much from

mother's milk, with the exception that the latter contains a larger proportion of caseine.

This affection of the breasts in young infants does very well when left alone. The result of squeezing is usually inflammation and suppuration, which ends in the partial destruction of tissue. The tissue destroyed is never repaired, and the breast does not attain its proper growth. I know several adult women who have a breast only on one side, and the absence of the other is due to the loss of tissue during infancy. A simple application of glycerine or oil is all that is required in most of these cases. Something else, however, may occasionally be resorted to with advantage. The external application of iodide of potassium is frequently useful. The salt may be dissolved in water or glycerine, and applied to the part. In this form it is taken into the skin in a much better way than when ointments are employed. Ointments made with fat in most cases are of absolutely no use, as they act only on the surface or cutaneous nerves. The solution in glycerine penetrates the skin much better and more rapidly, and this may be proved by the fact that, when an ointment is used, the iodide is not found in the urine for several days, but, after using glycerine, the salt may be detected in twenty-four hours. A better mode still of getting the medicine into the system is by using oleic acid. This substance penetrates the skin with great facility and rapidity, and whatever is soluble in it may be administered in this way.

Quinine dissolves in oleic acid, and a few hours after its exhibition may be found in the urine. It may be given by this means, if there be any difficulty in introducing it by the stomach or rectum. There is only one drawback in the use of this agent. Oleic acid is itself an irritant, and may make the skin red and inflamed. A few pustules may form, and then not so much of the medicine will be absorbed. Carbolic acid may be mixed with oleic acid, and erysipelas may be treated by this method. Oleic acid penetrates the skin readily, and whatever it contains goes along with it. With children, use the proportion of about one to sixty. In this case before us we shall use one part of iodide of potassium in four of glycerine, spread on lint, and laid on the mammæ.

On looking more closely at this baby, you perceive a slight erythematous eruption. It is wrapped up in a hard flannel, and this in itself is often enough the cause of an eruption of this nature in new-born children. You see the same thing happen when new diapers are used, that have not yet been washed. On examining the umbilicus, we find it to be in good order, and it has the appearance that properly belongs to it in a child of three weeks of age.

Looking at the lips, we find that they present a much redder color than normal, and on inspecting more closely we discover that they have been deprived of their epithelium. On questioning the nurse we learn that the child does not swallow well, and we will probably find that the mouth is in a similar condition, which would naturally cause a difficulty in deglutition. Instead of the mouth having its normal coating it looks very red Upon the palate there is a white patch, looking very much like an ulceration. We have, then, a condition in which the epithelium of the lips, tongue, cheeks, palate, etc., is absent, and besides this, a spot that looks like an ulceration. It is not an ulcer, but the opposite—an infiltration. There is no loss of substance but, on the contrary, a slight elevation. Every loss of substance is produced by an inflammatory condition. The muciparous follicles swell and become raised above the level of the mucous membrane. Vesicles form, which burst, and then ulcerate. But such is not the case here. The white color cannot be due to a vesicular inflammation of the muciparous folicles. It is a fibrinous exudation, and these spots have received the name of aphthæ. Usually the vesicular disease that I have described is called aphthous stomatitis, but the only condition which should properly deserve this name is that in which there exists a fibrinous exudation. The other should always be called folicular stomatitis.

Now, what are we to do in this case? We must prevent the disease from getting worse, and by doing this it will get well spontaneously. Where the infant is fed so often, the cause must be removed. The milk that remains in the mouth after nursing becomes rancid and acid, and keeps up the irritation. A large number of the diseases of the mouth in infants is caused by want of proper cleanliness in not washing out the mouth after every nursing. The milk turns acid immediately, and consequently produces an irritation. In this case I should propose, then, to wash out the mouth carefully, and use a solution of soda or chlorate of potash. Simply introduce a few drops into the mouth frequently, and have it cleansed after every feeding or vomiting.

There is still something else in this baby that must be looked to. We learn that it has some diarrhœa, and that the mother suffered from cellulitis, with fever, while she nursed it. In these cases the amount of milk is usually changed. It contains less water, but, as a rule, the child may nurse as long as the strength of the mother holds out. Nature allows of a great deal of latitude in the mother as regards the change of milk. It is very much of a question whether a change of milk in the mother was the cause of this infant's diarrhœa. It has had only six to eight passages in the twenty-four hours, but they looked a little greenish. This trouble can be removed by a few doses of grey powder. However, the nursing may be stopped; and, if the child be fed on cow's milk, boiled and skimmed, and mixed with a little farinaceous substance, or gum arabic, the disease will get well. I should advise, at the same time, an anti-fer

mentative, such as calomel. A dose of opium, about 1–5 of a grain of Dover's powder, every few hours, might be useful. An antacid might also be used with advantage. There are the carbonates of lime, potassium, sodium and magnesium. In intestinal catarrhs we must distinguish between these salts. When the carbonates of sodium and magnesium are taken into the stomach, they will form organic salts, which are purgative. We should therefore choose potassium or lime. Chalk, then, would probably be the most suitable.

CATARRHAL PNEUMONIA.

The little girl that I now present to you has a history of catarrhal pneumonia. I shall not now go extensively into the history of this disease, but simply state that catarrhal, or lobular pneumonia generally comes on after an attack of bronchial catarrh. As a rule it will spread to both sides of the chest, and we shall have both lungs involved. We must likewise expect it to spread over a number of lobes. We may, moreover, anticipate a new attack in distant parts, when the old spots get well. This follows from the well known tendency of catarrhal inflammations to spread.

At the last examination of this little patient it was found to be worse on the left side, but now there is evidence that it has spread on the right side also. It is possible that these spots of catarrhal inflammation may be older than those on the left side, but were not noticed, because the other side was worse. We find increased and coarse respiration on auscultation, and dullness on percussion. On the other side we find some dullness, coarse respiration, and a few rales. On the right side it has undergone resolution in places. The respiration is diminished, which shows that a larger portion has become infiltrated, or that there is something between the ear and the lung. If there were increased infiltration, there would be bronchial respiration, but its absence would show a pleuritic effusion. On the right side, then, where there are considerable dulness, diminished respiration, and resolution rales, there has been pleuro-pneumonia.

And now we will take the temperature, to see whether we have to deal with a disease that is getting well, or whether there is an additional disturbance. This is often the only indication we can get of the progress of the disease. On looking at the thermometer we find the temperature to be 101° F. Thus, there is certainly not a great elevation of temperature, as it is only one degree above the normal heat in the rectum, which, I may say, in passing, is the only place where the temperature of children should be taken.

The disease is still in progress, but there is no new inflammation going on. An elevation of temperature always means some active influence at work in the blood and nervous system. It may be the result of the disintegrating process taking place in the inflammatory material. There must have been a large amount of exudation in this case, which is now undergoing granular and fatty degeneration, and must be taken back into the blood. This causes the increase of temperature, and in many cases we often see this elevation continuing for weeks during the progress of this process.

The question now is, what to do. A chronic condition of this description, when not relieved, may be a cause of trouble for life. It may give rise to emphysema and consumption. The fever will take care of itself when the elimination is completed. We must see that the patient has good nourishment, and sometimes stimulants. Fluid or semi-fluid food should be given with, perhaps, a few drachms of brandy.

A patient suffering with, or recovering from, this disease may contract diarrhœa on account of the obstruction of the circulation. Beef tea contains a large quantity of salts, and when you give it pure and simple, that alone is sufficient to loosen the bowels. The constant result of giving beef tea in summer diarrhœa is to increase the disease. If you do give beef tea, mix with it something to counteract the effect of the salts.

As there is so much tendency to diarrhœa in pneumonia, do not give anything that has a tendency to loosen the bowels. An excellent plan is to give eggs, soft-boiled or raw; where the child cannot tolerate them, give the white raw, mixed with gum or barley-water.

As a stimulant we may use whiskey, or a quarter of a grain of camphor in water, or alcohol every two or three hours. Syrup of the iodide of iron is a very eligible preparation, as it is most digestible, and indeed often improves digestion, on account of its decomposition in the stomach, the iodine acting as an anti-fermentative. After some time, when the iron has done its duty, it may be well to give arsenic. It is one of the best nutrients we have, and in anæmic conditions it will not only strengthen, but fatten. It is an excellent remedy in all cases of anæmia and weakness.

In good weather, the child should be taken out, so as to have plenty of fresh air. In the meantime the temperature should be watched very carefully, to see how the progress of absorption is going on.—*N. Y. Hospital Gazette.*

AN EXCELLENT AND ELEGANT FORMULA FOR PRESCRIBING GALLIC ACID.

R. Acidi gallici.....1 drachm.
Glycerinæ.....1 ounce.
Aquæ bullientis.....5 ounces.
M. A tablespooful *pro re nata.*

THE CANADA MEDICAL RECORD
A Monthly Journal of Medicine and Surgery.
EDITOR:
FRANCIS W. CAMPBELL, M.A.,M.D. L.R.C.P., LOND
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MONTREAL, NOVEMBER, 1877.

TO OUR SUBSCRIBERS.

We are really almost tired asking our subscribers to remit the amount of their past due subscriptions, and confess to more than disappointment at the response to our repeated appeals. We have rendered accounts to all up to the close of Volume 5. *Please remit the amount at once.*

In our August issue we stated that negotiations were in progress between the University of Laval, Quebec, and the L'Ecole de Medicine et Chirurgerie de Montréal, affiliated with Victoria College, Cobourg, with a view of the latter becoming a branch of Laval University, and, of course, ceasing its connection with the Ontario College. The paragraph caused considerable talk, and various indirect means were taken to have us contradict the statement, but we invariably declined to do so, for our information was derived from a quarter that was not likely to be mistaken. Without directly naming this journal, a paragraph appeared in various Montreal papers early in September, denying the report concerning this change of allegiance, and, if we are correctly informed, the authorities of Victoria College, at Cobourg, received official intimation from their Montreal Faculty to the same effect. After so much denial, and a large amount of wordy wrath upon our unfortunate head, for giving currency to such a report, one would have expected that the relations existing between the *present* Montreal School of Medicine and Victoria College, would have had an almost endless lease. To any who have held such an opinion the announcement which recently appeared in a telegraphic despatch from Quebec, "that Laval University intended to open a branch in Montreal," must have been anything but re-assuring. To ourselves it was simply information, shewing that negotiations, *which we knew* were in progress, had been concluded satisfactorily, at all events to those engaged in them. Now, who were those engaged in getting this University to take this step. In our August number we stated it was the Montreal School of Medicine, and while, in the abstract, we still think we were correct in making this statement, we are now assured that, as a Faculty, no such action was taken. Who then were the agitators for this movement? and whose success is going to be more far-reaching, and perchance, annoying, if not more, than would at first sight seem apparent. We answer—certain members of the Montreal School of Medicine. They, we are credibly informed, without any consultation with or authority from the Faculty, determined to secure affiliation with Laval, and have been successful. While we certainly would have questioned the good taste of such conduct, it being, in our opinon, a grave breach of faith, for junior members of a Faculty to work for a new alliance without consultation with and consent of their seniors, beyond chronicling the fact, we would not have said more, were it not that the new alliance is already threatening to involve the other two Medical Schools of this Province in its effects. The University of Laval gives a nine months' course, and in this it is unlike any other Medical School in the Dominion of Canada, for all other schools only give a six months' course, which is in accordance with the law of the Province. But now that Victoria Medical School is about to become a branch of Laval in Montreal it becomes necessary that it should extend the length of its course to correspond with the parent institution at Quebec. All this is very well, and we, of course, clearly see the necessity which exists for the equality in duration between the two branches of the same University. If the elder Faculty of Laval will not diminish the length of her course we presume that there is no help for the newly-affiliated school, but to extend hers. All this, we admit, is plain, but why the law of the Province with regard to the length of the sessions should be altered simply to suit this specific case, and compel the two English Medical Schools of this Province, McGill University and Bishops University, also to give a nine months' course, is not plain; yet, this is what is proposed to be done. We question very much whether some of the gentlemen who a few days ago obtained the required number of signatures among the governors of

the College of Physicians and Surgeons, to a petition addressed to the President, asking for a special meeting to consider this subject, have seriously looked at this question, save and alone from the stand-point of what was best for themselves. To both the English Schools, especially to the elder, McGill University, the matter is one of very serious moment. Drawing fully more than twice as many students from the other Provinces of the Dominion, more especially from Ontario, as she does from Quebec, the enactment of any such change would be a most unjustifiable blow not alone against her, but to the City of Montreal, as a centre of Medical education for the Dominion. We are, therefore, glad to learn, just as we are going to press, that from the very strong remonstrances made by McGill University and Bishops University, against a special meeting of the Board being held, as proposed, next month, to consider the propriety of making the change in the law which we have indicated, it has been decided to hold it over to the regular meeting in May. It is, however, we believe, intended to introduce an amendment, embodying alteration referred to, at the approaching session of the Quebec Legislature, but not to press to a vote, but to leave it over till the Fall of 1878, for final disposal. We have not time to say more upon this subject at this moment, but will refer to it again next month. In the meantime we ask our subscribers in the Province of Quebec to take the matter into their serious consideration. As for ourselves, our mind, after careful consideration, is made up. We shall oppose, by every effort in our power, the proposed change, which we do not consider is called for save as a piece of special legislation in the interest of one Medical School.

A LEGAL TARIFF OF FEES.

It is perhaps not generally known by the profession in the Province of Quebec that at last there has been established a scale of fees which is legal, and which, therefore, can be collected in any Court of Justice. The great difficulty which has hitherto attended any attempt at collection by legal means is known by all, the only standard of fees being the opinion of professional witnesses summoned upon both sides. Very often these opinions were as wide asunder as the North and the South Pole, and between them the judge had a difficult matter to decide. The time given by medical witnesses in such cases has been also a very serious item, and a plaintiff has often had much difficulty, for this reason, to get his account proved. All this trouble and annoyance, we are glad to say, is at an end. Among the medical men who composed the committee that drafted the present Medical Act for the Quebec Legislature last December there was a strong feeling that the time had arrived when the medical profession should, like attorneys and notaries, have a legal tariff of fees. Accordingly there was introduced into the present Medical Act, a clause giving power to the Board of Governors of the College to frame a tariff of fees for the cities and for the country. At Quebec, in September last, a committee submitted a schedule of fees to the Board which was adopted, and they are now legal. We understand that within the past month at Quebec, in a suit, the tariff was submitted as the basis upon which the charges had been made, and the presiding judge, recognizing its authority, gave judgment accordingly. We think that the profession are to be congratulated upon the gaining of this important step and that to the gentlemen who suggested and carried it through hearty thanks are due. As we have heard the tariff objected to because there was only one class, we may say that it was *impossible* to have a legal tariff divided into classes, as regard social position. The law recognizes no such distinction; no matter to whom rendered, the service is of the same value. It is not of course to be expected that every one, without distinction, is to be charged the tariff rates. It is hoped that as far as possible they will be adhered to. It is however, the *maximum* rate. We propose to have them printed in a form to be hung up in the office. Any of our subscribers who desires a copy can have it sent to his address, post paid, on remitting us 25 cents.

TARIFF FOR THE DIFFERENT CITIES.

Adopted by the Provincial Medical Board.

September, 1877.

Visits from 10 a. m. to 6 p. m.	$2 00
Visits from 6 p. m. to 10 p. m. and from 7 a. m. to 10 a. m.	3 00
Visits from 10 p. m. to 7 a. m.	8 00
A single visit during the day	5 00
Detention during the whole night	30 00
Ordinary Office Consultations with prescription	2 00
Ordinary Office Consultations with prescription, from 10 p. m. to 7 a. m.	5 00
Consultation and Special Examination	10 00
Consultation with a Practitioner	10 00
Each subsequent consultation	5 00
Consultation by letter between Practitioners	10 00
Certificate of Ordinary State of Health	5 00
Special Certificate sworn to	10 00
Certificate of Death	2 00

Ordinary cases of Midwifery, with nine days subsequent attendance	30 00
Turning, application of Forceps or Extraction of the Placenta	50 00
Vaccination	2 00
Catheterism in ordinary cases	6 00
Each subsequent introduction of Catheter	2 00
Lithotomy and Lithotrity	500 00
Ovariotomy	600 00
Setting Fracture of Thigh (subsequent attendance extra)	50 00
Setting Fracture of Leg or Arm (subsequent attendance extra)	40 00
Reducing Dislocation of Thigh (subsequent attendance extra)	100 00
Reducing Dislocation of Leg or Arm (subsequent attendance extra)	50 000
Amputation of Thigh (subsequent attendance extra)	200 00
Amputation of the Leg or Arm (subsequent attendance extra)	100 00
Other capital operations	200 00
Minor operations	25 00
Reduction of Hernia by Taxis	25 00
Operation for Strangulated Hernia and attendance	500 00
Extirpation of the Tonsils	30 00
Tracheotomy	100 00
Operation for Cataract	250 00
Operation for Artificial Pupil	100 00
Chloroformisation	5 00
An ordinary Visit to the Country, per mile	2 00

Visits to the Country.

To St. Johns	$ 50 00
" Chambly	50 00
" Laprairie	15 00
" Longueuil or St. Lamberts	10 00
" Lachine	10 00
" St. Laurent	10 00
" Côte des Neiges	6 00
" Petite Côte	5 00
" Longue Point	10 00
" Point aux Trembles	12 00
" Sault au Recollet	12 00
" Beauharnois	50 00
" St. Anns	30 00
" Terrebonne	30 00

Tariff for Country Places.

Visit from 6 a.m. to 6 p.m. within one mile	$ 2 00
Visit from 6 p.m. to 6 a.m. within one mile	4 00
For each additional mile, during the day	1 00
For each additional mile, during the night	1 50
Detention during the whole night	8 00
Consultation with a Practitioner, mileage extra	10 00
Each subsequent Consultation	5 00
Ordinary Certificate of Health	2 00
Certificate of Mental Aberration	5 00
Capital Amputation	80 00
Extirpation of Breast	50 00
Lithotomy, Lithotrity	100 00
Operation for Strangulated Hernia	50 00
Reduction of Hernia by Taxis	25 00
Operation for Cataract	50 00
Excision of Tonsils	30 00
Amputation of Fingers and other Minor Operations	10 00
Introduction of Catheter	6 00
Application of Cupping Glasses—Leeches	2 00
Application of Setons—Moxas	2 00
Vaccination—Bleeding	1 00
Extraction of Teeth	1 00
Introduction of Stomach Pump	20 00
Reducing Dislocation of Thigh (subsequent attendance extra)	40 00
Setting Fracture of Thigh, subsequent attendance extra	15 00
Setting Fracture or reducing dislocation of the Leg or Arm (subsequent attendance extra)	10 00
Administration of Chloroform	2 00
Ordinary Office Consultations with Medicine	2 00
Extraordinary Office Consultations with Auscultation, &c	5 00
Certificate of Cause of Death	5 00
Ordinary Accouchements, Mileage extra	10 00
Miscarriage, Premature Confinement, Mileage extra	10 00
Turning, Application of Forceps, Extraction of Placenta, Mileage extra	20 00
Tracheotomy	20 00
Ovariotomy	200 00
Introducing Uterine Speculum	5 00
Vaginal Examination	3 00
Excision of Cancerous Tumors	20 00

J. P. ROTTOT, M.D.,
President.

QUEBEC. 27TH September, 1877.

OBITUARY—DR. FORREST,

OF ST. CLAIRE, Q.

We very deeply regret to have to chronicle the death of Dr. Forrest of St. Claire, Dorchester Co., Que., which event, not altogether unexpected, took place on the inst. Dr. Forrest was son of the late Mr. Henry Essex Forrest, who after the emancipation of the negroes, sold his estate in the West Indies, and like his cousin, the late Lord Plunkett, invested the proceeds in the Hon. Hudson Bay Co., under the Earl of Selkirk, to whom he was appointed Secretary, but the untimely death of that nobleman proving disastrous to their interests, Mr. Forrest returned to Canada about the year 1795, and resided for many years in the city of Montreal. The subject of our present obituary notice was born in that city in 1803. He studied medicine under the late Dr. Caldwell of Montreal, and Dr. Morin of Quebec. He settled in the former city, where he remained for some time, but subsequently removed to Three Rivers, where, being attached to the detachments of the 100th Regiment and 5th Royals, stationed in that town, he continued there for some years till having become afflicted with deafness, resulting

from exposure whilst on a trip to Red River in the North-West, he retired to the quiet village of St. Claire, in the county of Dorchester, where he practiced for many years with great success, till in 1872 he became totally blind from an attack of glocoma, but nothing daunted he continued with unimpaired energy to practice his profession till within a few weeks of his decease. Although totally blind, he took a warm interest in the medical literature of the day. He subscribed to this Journal during the first year of its existence, and continued to take it up to the time of his death, a beloved child reading it to him. Possessed of a kindly heart and a genial disposition—the indefatigable friend of the poor and the distressed, he won the sympathy of all, and the funeral cortege was one of the largest ever witnessed in that neighborhood. He was for years surgeon of the 3rd Battalion Dorchester Reserve Militia, and formerly one of the Governors of the College of Physicians and Surgeons.

PROF. PAUL F. EVE, M.D.

NASHVILLE, TENN.

Professor Paul Fitzsimmons Eve, the distinguished Southern surgeon, died suddenly, while in attendance upon a patient, November 3rd, aged seventy-one years. He was born June 26, 1806, near Augusta, Georgia; graduated at the University of Georgia in 1826; as M.D. at the University of Pennsylvania in 1828, and was a student several years in Europe. He served as a volunteer surgeon in the Polish revolution of 1831. During the rebellion he served as surgeon in the Confederate Army, and for the greater part of his professional career was identified, directly or indirectly, with medical journalism in his section of country. Prof. Eve, as a surgeon, will be best remembered in connection with his remarkable successes as a lithotomist. Of ninety-two bilateral operations for stone eight only terminated fatally. His last notable contribution to medical literature was his address on Surgery at the International Medical Congress in 1876.

PROF. MARTYN PAINE, M.D.

OF NEW YORK.

This distinguished medical *savant*, whose name must be familiar to many in Canada from his work on the Institutes of Medicine, died in New York on the 10th of November, as the result of a compound fracture of the elbow joint, aged eighty-three years. He was born at Williamstown, Vermont, and graduated at the University of Harvard in 1816. He then settled in Montreal, a fact we believe not known by many, where he continued to practice till 1822, when he removed to New York, in which city he ever after resided. The greatest service done by Martyn Paine to science and humanity was his procuring the repeal of the law which made it a penal offence to dissect a human body. He succeeded in convincing the representatives of the people, assembled in the Legislature of New York State, that such a law was irrational and a perverse interference with the advance of knowledge of the healing art, and despite the tremendous opposition that was raised against him, a law was enacted by which any regularly incorporated medical college in the State of New York was entitled to its share of legitimate material for the better study of anatomy, physiology, and surgery.

Woods' Physician's Vade Mecum and Visiting List.

We have recived from the publishers, J. P. Lippincott & Co. of Philadelphia, a copy of this little work. Although called a Vade Mecum, it is intended to be used as a visiting list, its former quality being subservient to the latter. It is certainly a useful little volume, and will be of service to any one who obtains it, saving him many dozen times its actual cost, but we must candidly state that taking it all in all, it is not in our opinion equal to one we have used for the last seventeen years. We fail to see the cause for the multiplicity of visiting lists, which have made their appearance during the last two years. We have not seen one superior to the one first in the field and we have seen some inferior.

Outlines of Modern Organic Chemistry. By C Gilbert Wheeler, Professor of Chemistry University of Chicago. New York and Chicago A. S. Barnes & Co., 1877.

This admirable little work, based in part on Riche's "Manuel," contains more within its 220 pages than we imagined could be well crowded into such a comparatively small space. The chemistry of the Carbon

compounds, ever spreading its already far extended territory, becomes yearly more difficult to sum up in works of such calibre as this one by Professor Wheeler. He has begun his task by wisely selecting the classifications of Gerhardt and Hoffman, and shows, in well-arranged tables, &c., following this classification, how intimate are the chemical relations that exist between the radicals of a series, and how their different salts are allied to them. The author first deals with the hydro-carbon group, dividing it into six series, and describes the members of each series more or less minutely, according as it has great or little interest to the chemist.

In the table on pages 16 and 17 we would prefer to have the ethers, alcohols, aldehyds and acids, placed in the order given, after the radical from which they are derived, inasmuch as we think they bear a simple and interesting relation thereto, and one which would be more likely to strike the eye of the student than the order which Professor Wheeler has assigned to them. It would also, in our opinion, add to the value of the table had the *names* of the radicals themselves been inserted in the first column. The articles on the alcohols, especially that one on ethylic alcohol, are well written, and give more particulars concerning their preparation, chemical relations and physiological action than one would expect to find in a work which does not profess to enter largely into such matters.

The space devoted to the alkaloids is well taken up in the same way, and not only are the commoner ones treated of at some length, but the rarer of these bodies are referred to, and much that is interesting outside of their strictly chemical properties is noticed.

The different members of the sugar family, the glucoses and glucosides, receive special attention, and while the author wishes to show how, in many respects, they resemble one another, he also points out the essential differences between them. Six pages of matter, (pp. 199–205) are taken up with the consideration of vegetable chemistry, and the author speaks of the "four elements, carbon, nitrogen, oxygen and hydrogen, by means of which Nature forms an infinite variety of compounds by mysterious methods, to which we have not, as yet, the key, but of which synthetical reaction gives us some idea."

Taking it all in all, we are well pleased with Professor Wheeler's book, and we think it will prove of great value, for not only will it serve as a stepping stone to more extended research in such works as W. A. Miller's Organic Chemistry, but it supplies to the student a want created by the absence of a work which has not been rendered too uninteresting either by dryness of details, by an attempt to include all known organic bodies within its pages or, which is by far more frequent, by a combination of *both* errors. For this reason we predict a large sale for this work, and we can recommend it heartily to all of our readers who wish to obtain a practical idea of Modern Organic Chemistry.

The book is neatly bound, and printed in the clearest type, on thick serviceable paper.

It gives us great pleasure to insert the following letter from Dr. Sayre. It is allowable to say that we did not in any way endorse the charges, but simply stated that the *St. Louis Clinical Record* ought to be sued for libel if the charges were not true. We see no reason for altering this opinion; the object of such suit being forever to put to rest the assertions of the plagiarisms and to teach a lesson in regard to the responsibilities of journalists, rather than to obtain pecuniary damages.

"285 Fifth Ave., New York, Oct. 15, 1877.

"Dr. HORATIO C. WOOD, *Editor Philadelphia Medical Times.*

"DEAR SIR,—In your issue of the 13th October I find you have copied from the *St. Louis Clinical Record* a number of slanderous charges against my character, which are so *absurdly false* as not to require any notice, if they had not been copied into a medical journal which has hitherto been considered respectable.

"You also say that 'these statements, if true, ought to be generally known, and, if not true, ought to subject the editor of the *Record* to damages for libel.' Suing the *Record* would be like the old adage of 'suing a beggar and getting ——.'

"I refer you to the following printed records, some of which have been before the profession for years, and by the reading of the same you will see that each and every one of the charges in the *Record* is *wholly and absolutely false.*

"*Charge* 1*st.* 'Dr. Sayre's hip-joint splint was invented by Dr. Davis.' To refute this I refer you to the 'Transactions of the American Medical Association' for 1860, pages 505 to 508, and by referring to the Patent Office at Washington 'Synopsis of Specifications,' No. 35,303, you will see that Dr. Davis took out a patent for his splint, which you will observe in the specifications is entirely different from mine, which was given to the profession, as well as its various modifications and improvements, as soon as tested and proved to be useful. I also refer you to my 'Orthopedic Surgery and Diseases of the Joints,' Appleton & Co., 1876, pages 260, 261, to prove the falsehood of this first charge.

"*Charge 2nd.* 'Dr. Sayre's plaster-of-Paris socket was invented and first applied by Dr. Bryan, of Lexington, Ky.'

"*Answer.* See my report on Pott's Disease, 'Transactions American Medical Association' for 1876, page 535, where you will see full justice has been done to Dr. Bryan; also *Richmond and Louisville Medical Journal* for May, 1877, page 418; also my recent work on 'Spinal Curvatures and their Treatment by Suspension and the Plaster-of-Paris Bandage,' Smith, Elder & Co., London, Eng., 1877, page 14. Any honest man reading these three references, I think, will never again repeat this charge.

"*Charge 3rd.* 'Dr. Sayre's method of self-suspension in rotary lateral spinal curvature was invented by Dr. Benjamin Lee, of Philadelphia.'

"*Answer.* See my work on spinal curvature above referred to, Smith, Elder & Co., London, page 93. For fear that you may not be able to obtain the book in this market at present, I will quote the sentence on page 93, to which I refer:

"'The late Prof. Mitchell, of Philadelphia, used to treat cases of lateral curvature by suspending them under the arms, and causing them to suspend themselves by the hands. But Dr. Benjamin Lee, of Philadelphia, was the first person who caused his patients to practice *self-suspension*, by climbing up a rope which passed over a pulley and was attached to the patient's head by straps passing under the chin and occiput.' I think this answers that charge.

"*Charge 4th.* 'Dr. Sayre's Lectures on Orthopedic Surgery where by Dr. Louis Bauer, formerly of Brooklyn, New York, now of St. Louis.'

"*Answer.* By referring to the preface of my book on 'Orthopedic Surgery and Diseases of the Joints,' Appleton & Co., New York, 1877, it will be seen that the book was published from stenographic notes of my lectures in Bellevue Hospital Medical College, session of 1874–75, taken at the time by Dr. Wesley M. Carpenter, of this city. Most of the lectures were upon cases presented at the time in the lecture room, and which Dr. Bauer could never have seen, as he at the time lived in St. Louis. The statement is, therefore, too absurd to demand any further notice. The general charge of plagiarism in the last sentence quoted from the *Record*, not being *specific* cannot be *specifically* refuted, but to it I make a general denial.

"Please give this an insertion in your next issue, with such notes and comments as you think proper.

LEWIS A. SAYRE.

PROCEEDINGS OF THE CANADA MEDICAL ASSOCIATION.

This volume has just been issued, and is a most creditable production. As we only received it as we were going to press, we are unable to say more. We, however, again direct attention to the advertisement concerning it. Those who wish to obtain it at the subscription price must at once send their names to Dr. Osler.

CLINICAL SURGERY IN EDINBURGH.

Mr. Annandale, F.R.C.S., has been named Clinical Professor of Surgery to the Royal Edinburgh Infirmary, in place of Mr. Lister, who has accepted an appointment at King's College, Hospital London. Mr. Annandale is an excellent surgeon, and is the author of a number of surgical papers.

VERMONT MEDICAL SOCIETY.

The annual meeting of the Vermont State Medical Society was held at the Pavilion, Montpelier, Oct. 10th and 11th. The following officers were elected: President, C. M. Chandler, of Montpelier; Vice-President, G. B. Bullard, of St. Johnsbury; Secretary, S. S. Clark, of St. Albans; Treasurer, S. Putnam, of Montpelier; Auditor, D. G. Kemp, of Montpelier; Censors, H. D. Holton, L. C. Butler, S. T. Brooks. The semi-annual meeting will be held at Brattleboro.

Dr. Alfred S. Taylor has resigned the office of Lecturer on Medical Jurisprudence and Toxicology in Guy's Hospital. This appointment was conferred on him by the treasurers and governors of the hospital in March, 1831. He has, therefore, held it continuously for the long period of forty-six years. Dr. Taylor held, also, the office of Lecturer on Chemistry, from 1832 to 1870, a period of thirty-eight years.

SCARLET FEVER.

A house agent in London was recently fined five pounds and costs for letting a house in which three children had been suffering from scarlet fever, without first disinfecting the premises. How many similar cases could be found in Montreal?

PROFESSORIAL LONGEVITY.

The following interesting item is furnished by Professor L. A. Dugas to the New Orleans *Medical Journal*:

"In 1832 the Medical College of Georgia was organized by six professors, four of whom are still holding professorships, having delivered their forty-fifth course of lectures last winter. These are: Lewis D. Ford, M.D., LL.D., Professor of Practice; Joseph A. Eve, M.D., Professor of Obstetrics; Louis A. Dugas, M.D., LL.D., Professor of Surgery; Paul F. Eve, M.D., Professor of Surgery."

MISSISQUOI SPRING WATER.

In the vicinity of Sheldon, Vermont, there is a spring owned by a gentleman in New York, which is known under the name of Missisquoi Spring, and whose fame as a mineral water was a few years ago known all over the United States and Canada. During the past few years, for reasons best known to its proprietor, the water was only to be had direct from the Spring, and not being advertised the demand was simply the result of the personal influence or recommendatien of those who had used the water with benefit. It has recently been leased for a term of years by a wealthy firm in New York, who have already commenced to make things look lively about the spring. We were a short time ago enabled to pay it a visit, and found that among the inhabitants of Franklin County, Vermont, this spring has for years had a very great reputation. Of course, like most mineral waters, it is recommended for about every ill under the sun. We, however, have every reason for believing that in indigestion, eczema, rheumatism and morbus Brightii it is a very valuable remedy. We intend giving it a trial, and advise others to do the same.

McKESSON & ROBBINS' GELATINE-COATED PILLS.

We direct the attention of our readers to the institch of McKesson & Robbins, which will be found in this number of the *Record*. This firm has within the last few months introduced in Canada all their very elegant preparations. We have during the past two months made an extensive trial of them, and have found them thoroughly reliable. Their granules of quinine and of salicylic acid are especially elegant, and are to our knowledge being very extensively used in Montreal. All the leading druggists in the Dominion have their preparations for sale.

SIMPLE MODE OF RELIEF FOR FOREIGN BODIES IN THE THROAT.

A British naval surgeon, Dr. Beveridge, states that for foreign bodies in the throat, such as pieces of meat, etc., a simple mode of relief is to blow forcibly into the ear. This excites powerful reflex action, during which the foreign body is expelled from the trachea. The plan is so easy of execution that, if there is anything in it, it ought to be generally known and applied.

A NEW METHOD OF DISINFECTION.

The *Scientific American* states that M. Boschau has devised a method of disinfection based on the continuous and economical production of ozone by means of manganese dioxide, which is of timely interest. Ordinary light brown wrapping paper is thinly covered with size, and on the latter the pulverised dioxide is sifted, so that it forms an adherent layer. It is merely necessary to hang the sheets thus prepared in the apartment to be disinfected or aerated. M. Boschau states that he lined a trunk with paper thus prepared, and placed therein some old cheese and strong radishes, which he left in the receptacle for a fortnight. At the end of that period the materials were removed and the lid of the trunk quickly shut. Fifteen minutes afterward, on opening the trunk, not the slightest odor was perceptible, the ozone given off by the dioxide having completely disinfected the carbonic and butyric acids produced. The inventor proposes to manufacture wall paper, prepared in an analogous manner, for use in schools, hospitals, etc.

A correspondent of the N. Y. *Medical Record* writes as follows concerning the way in which they manage "these things" in the town of Waterbury, Conn.: "There are no losses, however, as *all* the bills are paid, and there are no free patients. The poor of the town are admirably provided for, and I wish some such plan could be adopted in New York City. When a patient wishes to avail himself of the dispensary, he is obliged to apply to one of the "selectmen" for a recommendation. If the selectman is not satisfied as to the applicant's poverty, the application is *refused*. When, however, the case is genuine, the selectman gives the patient a ticket of admission to the dispensary, and the *town* pays the dotor and buys the medicine; consequently Waterbury neither manufactures paupers nor starves its doctors. . . . The people seem not only grateful for what is done for them, but also anxious to settle their bills."

A Pulse of Ten Beats per Minute is reported in the Paris *Gaz. Medicale*. The case was pernicious algid fever. After several hours at the stated rate, it rose to twenty-five, and continued from twenty to twenty-eight for three days. The patient died.

BIRTHS.

On the 31st October, at Compton, the wife of Reginald A. D. King, M. D., C. M., of a son.

MORTALITY OF MONTREAL.

Statement of Deaths in the City during October, 1877.

Health Department, Nov. 9, 1877.

TOTAL NUMBER OF DEATHS, 275.

SEX.

Males	136
Females	139
Total	275

CONDITION.

Married	57
Single	44
Widowers	5
Widows	12
Children	157
Total	275

NATIVITY.

French-Canadian	163
British-Canadian	78
Irish	17
English	8
Scotch	6
Other Countries	1
Not Known	2
	275

WARD.

St. Ann's	42
St. Antoine	45
St. Lawrence	22
St. Louis	32
St. James	47
St. Mary	66
West	0
Centre	1
East	5
Not Known	2
Civic Hospital	0
Hotel Dieu	4
Montreal General Hospital	6
Other Institutions	3
Total	275

Ages.	French Canadians.	English speaking Catholics	Protestant.	Total.
Under one year	53	6	14	73
From 1 to 5 years	54	12	6	72
" 5 to 10 "	5	7	5	17
" 10 to 15 "	3	2	2	7
" 15 to 20 "	4	3	3	10
" 20 to 30 "	15	6	4	25
" 30 to 40 "	8	5	5	18
" 40 to 50 "	4	3	3	10
" 50 to 60 "	9	1	6	16
" 60 to 70 "	2	2	4	8
" 70 to 80 "	4	5	6	15
" 80 to 90 "	1	...	1	2
" 90 to 100 "	1	1	...	2
Not known	...	...	...	...
Total	163	53	59	275

CAUSES OF DEATH.

CLASS I.—ZYMOTIC DISEASES.

Small-Pox	12
Measles	1
Scarlatina	1
Diphtheria	25
Croup	16
Whooping Cough	...
Typhoid Fever	13
Dysentery, Diarrhœa, Chol. Infantum	15
Cere. Spin. Meningitis	...
Other Zymotic Diseases.	11
Total	94

CLASS II.—CONSTITUTIONAL.

Phthisis	30
Cancer	3
Other Constitutional Diseases	15
Total	48

CLASS III.—LOCAL.

Cephalitis	4
Apoplexy	2
Paralysis	4
Convulsions	5
Other Diseases of Nervous System	10
Heart Disease	10
Other Diseases of Circulatory Organs	...
Bronchitis	4
Pneumonia	2
Other Lung Diseases	6
Diseases of Digestive Organs	16
Nephritis	...
Bright's Disease	...
Other Diseases of Urinary Organs	...
Diseases of Generative Organs	...

Class III.—*Continued.*

Diseases of Organs of Locomotion	...
Other Local Diseases	2
Total	65

CLASS IV.—DEVELOPMENTAL.

Infantile Debility	32
Premature Birth	7
Dentition	7
Childbirth	1
Diseases Incidental to Parturition	...
Senility	4
Chronic Debility	4
Total	55

CLASS V.—DEATHS BY VIOLENCE.

Accidental	6
Other Violent Deaths	...
Not Given	7
Total	13

STILL-BORN.

French Canadians	1
English-speaking Catholics	1
Protestants	2
Total	4
Males	3
Females	1
Total	4

The mortality for the month of October was 275 (exclusive of 4 still-births), being 57 deaths less than last month, and 75, 43 and 75 less than the corresponding months of 1876, 1875 and 1874 respectively. This figure represents an annual death-rate of 24·44 per 1,000 of the population of the city, the latter being estimated at 135,000, and is 5·11 per 1,000 less than that of last month, and 7·37 less than that of October, 1876. The number of still-births was 9 less than in September last. There were 112 deaths among the French Canadians under 10 years and 51 above. Among the English-speaking Catholics there were 25 deaths under 10 years and 28 above, and among the Protestants there were 25 deaths under 10 years and 34 above.

There were 25 deaths by diphtheria, 2 more than last month, and 16 more than October, 1876. Nine were among the French Canadians, one of whom was under 1 year, 7 from 1 to 5 years, and one from 5 to 10 years. Ten were among the English-speaking Catholics, six of whom were under 5 years, and one from 5 to 10 years, two from 10 to 15, and one from 15 to 20. Six were among Protestants—two of whom were from 1 to 5 years, two from 5 to 10 years and two from 10 to 15 years. There were only three deaths from diphtheria in October, 1875, and but two in October, 1874. According to wards, the deaths were divided as follows:—St. Ann's ward, 8; St. Antoine, 4; St. Mary, 6; St. Louis, 2; St. James, 2; St. Lawrence, 1, and 2 in the Montreal General Hospital.

Twelve deaths occurred from small-pox—three less than last month. They were distributed throughout the wards as follows: St. Ann's, 2; St. Antoine, 4; St. James, 3; St. Mary, 2, and in the Hotel Dieu, 1. Eight were not vaccinated, 1 reported as vaccinated, and 3 vaccination doubtful. In October, 1876, there were 100 deaths from this disease, 58 in October, 1875, and 74 in the same month of 1874. There were 9 French Canadians, of whom two were under 1 year, six from 1 to 5 years, and one from 30 to 40 years, and 3 Protestants, 1 of whom was under 1 year, 1 from 15 to 20, and one from 20 to 30 years.

Four public vaccinators have been appointed to perform house-to-house vaccination. They have received instructions to make a weekly report to the Board of Health. Registers will be kept in which the name and age of those vaccinated will be entered, the names of parents who refuse to have their children vaccinated, and the name and residence of those who wish to be vaccinated by their family physician, to whom a card will be sent, giving the address of the parties desiring their services.

We announce with pleasure that the Board of Health can now furnish excellent vaccine, and will always have a sufficient quantity on hand for the wants of the city.

We again pray the members of the medical profession to report according to the forms that have been furnished them the cases of small-pox which they may have under their care. The object of this is to enable the Board to send a vaccinator to offer vaccination to those who may be directly exposed to the contagion as soon as the reports are received, and for the same reason we pray the clergy and citizens in general to report all the cases of small-pox that they may have a knowledge of to the Board of Health.

A. B. LaRocque, M.D.,
Medical Health Officer.