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CANADA

MEDICAL & SURGICAL JOURNAL.

A Monthly Record of

MEDICAL AND SURGICAL SCIENCE.

EDITED BY

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ERRATA

In Dr. Howard's paper, "Fibroid Disease of the Heart," in July Number.

At page 530, line 36, for "not," read "was."
" 534, last line, omit the words "just named."
" 537, line 19, after "I," insert "have."
" 539, " 20, for "Take," read "Like."
" 540, " 24, for "tissues," read "tunics."
" 542, " 34, omit the word "not."

CANADA

MEDICAL & SURGICAL JOURNAL

AUGUST, 1880.

Original Communications.

CASES OF INSULAR SCLEROSIS.

By WM. OSLER, M.D., M.R.C.P., Lond.

Professor of the Institutes of Medicine, McGill University; Physician to the Montreal General Hospital.

(Read before the Medico-Chirurgical Society of Montreal.)

Gentlemen: I wish to bring under your notice this evening a form of Cerebro-Spinal Disease which has not yet engaged the attention of the Society, and of which, so far as I know, no cases have been reported in this country. It is characterized pathologically by the presence of numerous small spots of hardening or sclerosis throughout the brain and cord—hence the names insular, disseminated, multiple—and clinically by a variable yet well marked group of symptoms, among which a peculiar trembling of the limbs, motor pareses and an affection of the speech are the most prominent.

Case I.—F. H., æt. 26, was sent to me for examination by Dr. Donald Baynes, on Nov. 21st, 1877. Patient is a tall, fair man, moderately well developed. Attention is at once directed to a peculiar trembling motion of the head and arms, and it is about this that he wishes advice. The following is the result of examination:—*Motion*—When perfectly at rest and the attention withdrawn from his condition, there are no movements, and nothing special is noticeable about the young man. When, however, the arms are lifted, the peculiar trembling begins, slight at first, then increasing somewhat; in the case

of the right arm the movement is fully a foot in extent, shaking to and fro and causing a motion in the thorax, which is communicated more or less to the entire body. The left arm does not move so energetically, and can be more readily controlled; the shaking of the hand is well marked, and consists in a series of rapid, short partial acts of pronation and supination. When the arm is placed at rest the motion ceases, quickly if laid naturally in the lap, more slowly if laid upon the table or a book. Whenever a voluntary effort is made with the arms the peculiar movements begin, and become so active that it is only with great difficulty and after several attempts that he can pick up his hat. At the first part of the examination the arms showed a slight tremulousness even when at rest, but this was apparently due to nervousness, as afterwards it completely disappeared.

In the upright position there is a slight to and fro oscillation of the head, and when walking there is a nodding motion, which gives him a very odd appearance. At rest on a pillow there is no movement. There is very slight trembling noticed in the legs when held out; the act of walking is unaffected. The muscles appear well developed, the grasp of the hand is firm, and motor power generally is retained. Dr. Baynes states that the electrical excitability of the muscles—faradic and galvanic—is present.

The *voice* is peculiar, the utterance being slow, and the words brought out with distinctness and with the appearance of slight effort. He states that he does not experience any difficulty in speaking, but has noticed for some months past that the voice has altered, and the words do not follow each other so smoothly. Muscles of tongue and lips appear healthy; no fibrillar tremors.

Sensation is intact; no abnormal sensations in affected limbs. The tendon reflex well marked, but not excessive. Organs of special sense are normal. Psychical functions intact. No headache at any time. No symptoms referable to thoracic or abdominal viscera. Has been short of breath for the past two months. General health is excellent; appetite good; sleeps well.

By a happy coincidence I had Engesser's article in Ziemssen on Multiple Sclerosis before me when the patient came in, and the symptoms presented by him corresponded so closely with the description I had just read, that the diagnosis seemed very clear.

The following is the family and personal history: Father and mother dead; had not had any nervous disease. A sister suffers from nervous prostration, and has "attacks," during which she cannot talk. Other brothers (3) and sisters (5) are healthy. Has been engaged in mercantile occupation since 15th year. About five years ago, when in the employ of a West Indian firm in London, the troubles began with difficulty in writing, owing to an inability to hold the pen properly. From the account which he gives the attack seemed very like writer's cramp. It did not, however, prevent him from writing with the right hand for many months, but at last he had to discontinue, and then learnt to write with the left hand, which at this time shook very slightly, and could be steadied by effort. Wrote with this hand for about eight months, and then had to give up on account of the constant oscillation. At this time he could still cut up meat and feed himself, but for the past year the movements have become so increased on attempting any action, and it is only with the greatest effort that the simplest duty can be performed. A glass of water lifted to the mouth is certain to be spilt, and on attempting to take a spoonful of soup or lift a bit of meat on a fork to the mouth, the irregularity of the movement is such that the food is much more likely to reach either ear. It is only within the past year that the movements of the head have come on.

Case II.—James Bennet, aged 44, an average-sized, dark-complexioned man, was admitted to the General Hospital under my care in May of this year, complaining of inability to walk and a trembling movement of the arms. He has a somewhat dull look, but answers questions intelligently. The following symptoms are presented: When sitting at ease the muscles of the hands are seen to twitch, particularly those of the left, and when the arms are extended, as in the attempt to perform any voluntary action, a shaking tremor begins, consisting in a series of to and fro oscillations, the excursions in the right arm

being slight, in the left very considerable, sufficient to cause slight movement of the trunk. The tremor is not very rythmic, but is sufficiently characteristic. In the left hand he can hardly hold a cup, but almost involuntarily assists with the right. If asked to try to restrain the movement it becomes much worse. The tremor ceases when the arms are at rest, and the muscular twitchings diminish greatly when his attention is withdrawn for some time to other matters. The grip with either hand is strong. Faradic excitability of the muscles normal. There is no to and fro movement of the head. The legs are well nourished, and when held out shake irregularly, but the oscillations are neither so fine nor so regular as in the upper extremities. Patient can barely stand alone, but does so readily if assisted, and can then walk across the ward. If encouraged he tries to do so alone, and can walk several yards. The gait is peculiar: the legs are abducted and wide apart, the knees slightly flexed, the trunk thrown a little forward. The feet keep close to the floor, but the toes are lifted, and the heels appear to touch the floor first. Does not look at the feet. Can not stand with eyes shut. Great difficulty is experienced in rising up and sitting down, and also in turning round. The legs shake a good deal in making the steps.

When tongue is protruded it shakes *en masse*, and also presents fibrillar tremors. Slight tremor of lips and muscles of expression when in action—none when at rest. The reflexes are exaggerated, the "knee tap" phenomenon being well marked, and the ankle clonus readily obtained. Skin reflexes not exaggerated. No disturbances of *sensation*.

The *voice* is peculiar; the first words of a sentence are clearly, though slowly, pronounced, the conclusion is usually indistinct, at times unintelligible, from the running together of the words. The speech altogether has a thick, blurred character, reminding one strongly of that of a drunken man.

The act of swallowing is well performed. Eyes look normal; there is no nystagmus; pupils medium sized, active. Sense of smell good—can distinguish snuff from pepper. Has no headache or pains; sleeps well; eats well. Intelligence appears

impaired, but his conversation is quite rational. Has been impotent for about a year and a half. Functions of rectum and bladder normally performed. Examination of abdominal and thoracic viscera negative. Temperature 98°.

The history, as far as can be ascertained, is as follows: Worked 18 years in the gas-works, latterly as a carter; has been very industrious, and had amassed a little property. Has been married 21 years, and has seven children; has been a very healthy man; has taken alcoholic liquors freely, but never "lost a day" by drink. Seven years ago had sores; no history of any secondary affections. In April, 1878, his troubles began with business difficulties in a building society, whereby he lost his property. This worried him greatly, and, as his wife says, "he was not the same after." On the 24th of May he was arrested for stealing a jacket from a yard which he was cleaning, and was sent to jail for a month. After being discharged he began to act queerly, carting other people's bricks and dumping them on the road, stealing little things, and making bird-cages, which he could never finish. Was rather dull, moping and despondent. Never appears to have had delusions of grandeur or wealth. In July he was arrested for taking some boards, and was sent to jail, and from thence to the asylum as insane, where he remained for nine months, and was discharged as cured. The precise nature of his insanity is doubtful, but he certainly had no somatic troubles. Through the summer of 1879 was able to do a little work. Difficulty in walking began about this time; was on one occasion collared by a policeman as drunk, and thereby roused to a state of great excitement. The tremor of arms came on gradually, and was well marked on Feb. 20th, 1880, when he applied at the Dispensary, and was treated by Dr. Macdonnell. The affection of the speech developed during the winter, subsequent to the tremor of the limbs.

CASE III.—For permission to use this I am indebted to Dr. Reddy, under whose care the patient came.

S. B., æt. 45, admitted June 11th. No satisfactory history could be obtained, as from the time of admission he was unable to talk, and the person who brought him from Val-

leyfield did not know anything of him. During the few days in Hospital he presented the following symptoms: Paresis of all extremities, chiefly those of left side. Impairment of tactile and painful impressions. Marked contracture of left arm. No tremors. Ptosis of right eye. Incontinence of urine and fæces. He was very weak and emaciated when admitted, and died in five days.

Autopsy, four hours after death.—Body that of a tall, thin man. Nothing special to be noted on superficial inspection. Limbs flaccid and of equal size.

Calvaria unusually thick and dense. In dura mater, Pacchionian bodies very large. Sinuses contain clots. In removal of organ much clear serum escaped. Arachnoid over sulci and at base is opaque. Convolutions look somewhat wasted. Arteries at base, stiff and studded over with numerous opaque spots of atheroma. The walls of internal carotids and the vertebrals are more uniformly involved. The first part of the basilar looks a little dilated. The superficial branches of the arteries can be distinctly traced upon the convolutions by the small yellowish-white beads of atheroma upon them. Organ then carefully sliced, according to the method of M. Pitres. The substance cuts with remarkable firmness and a certain degree of resistance. *Præfrontal section*—On the right side there is a patch of altered tissue, 7 × 4 m., situated in the white matter of the third convolution. It is greyish in colour, firm, surface a little depressed, edges not well defined. With a hand lens the texture looks fibrous. No other spots found on cutting up this slice.

Pediculo-frontal Section.—On the *left* side there is a patch the size of a small pea, in the white substance just above the caudate nucleus; another, 3 × 2 m., in white matter of insula. In anterior end of lenticular nucleus there is a softened spot, size of a pea, greyish-red in colour, and somewhat friable. A small one, 2 × 2 m., in convolution of corpus callosum. On *right* side a patch in inferior pediculo-frontal fasciculus. *Frontal section*—On left side a depressed spot, 10 × 5 m., just above the internal capsule, and at the outer angle of the ven-

tricle. It presents a loose, fibrous arrangement, *etat crible*, and a straw-coloured serum fills the meshes, which are in this one large, so that were it not for the fibres crossing from wall to wall it would look more like a definite loss of substance—a cavity. Another smaller spot in convolution of corpus callosum. The caudate nucleus and the outer section of lenticular nucleus present each a small patch; in the former it extends for 2 m. into the internal capsule. A spot, 4 × 4 m. in sphenoidal fasciculus, just external to descending horn of the ventricle. On *right* side, lenticular nucleus presents two small areas, 2 × 3 m., with same loose fibrous appearance. In sphenoidal fasciculus of this side there is also a patch, 5 × 4 m., narrow, and on section looking like a small fissure with greyish walls, between which delicate fibres pass. *Parietal section*—On *left* side a patch, 4 × 3 m., in middle parietal fasciculus, a few millimetres from caudate nucleus. One in thalamus and one in lenticular nucleus. On *right* side a patch in superior parietal fasciculus, about 12 m. from the grey cortex. In *pediculo-parietal* and *occipital* sections four other small areas were found. In further slicing of the ganglia and parts at the base, two small spots in hinder end of left thalamus; one extends into the crus. None in the corpora quadrigemina. In the pons there are four or five small depressed areas situated towards the under surface, and to the left side; they are more like little cysts in the substance, but the walls are firm and fine fibres cross them. There is a small area in the left anterior pyramidal tract of the medulla.

The membranes of the cord look healthy, and there is nothing special to be observed on superficial inspection beyond a few small cartilaginous plates in the arachnoid on posterior surface. On careful section of the substance, there are no localized spots of induration, but the white matter in the situation of the crossed pyramidal fasciculi on either side has a greyish translucent aspect, which is most marked in the left side. This descending degeneration can be traced through the cervical and dorsal regions, and is confined exclusively to these fasciculi, not approaching the surface at any part.

Thoracic and abdominal viscera presented nothing of special

note. Heart normal. Aorta and its branches not atheromatous. Kidneys not fibroid.

Microscopical Examination.—In fresh teased portions of the patches from the brain there is seen: 1. A matrix, composed of extremely delicate fibres, closely interlaced with each other and forming a dense felt-work, the appearance of which resembles a bit of compact areolar tissue. The fibrils are of uniform size, somewhat wavy in their course, and here and there can be traced in connection with elongated fibre cells. 2. Corpuscles, scattered irregularly through the tissue, chiefly of a rounded form, about the size of colourless blood corpuscles, with granular protoplasm and a single nucleus; some are oval, and have a more translucent protoplasm. 3. Medullated nerve fibres occurring here and there in the matrix, usually two or three being seen in each field of the No. 7 (Hartnack). They are irregular, often broken into short bits, with the medulla coagulated. Towards the periphery of the patches they are more numerous. Some of them can be seen embraced by numerous small fibrils, crossing and interlacing upon the medulla, and forming a miniature basket-work about the fibre. Myelin droplets also occur. 4. Small arteries and capillaries, the former with extensive fatty infiltration of the adventitia, and here and there pigmentary deposition; the latter with numerous minute oil droplets imbedded in the walls.

Sections of the patches stained in hæmatoxylin or picro-carmine show a very loose arrangement of the tissue in the central part, often only a few bundles of fibres, with a blood-vessel or two, crossing and dividing a large central space. In small ones this gives an alveolated appearance to the patch; in larger ones, there appears to be a definite loss of substance in the centre, the delicate trabeculæ having been torn in the section. The same elements are seen as in the teased bits, but the cells are brought out more prominently by the staining, and appear more numerous. In the wavy bundles of fibres crossing the central part of the small patches the fibres seem larger. The blood-vessels are numerous, full of corpuscles; many of them are fatty; in others, particularly the larger ones, there is

an infiltration of leucocytes about the adventitia (perivascular lymph space) to an unusual extent.

This histological condition varied but little in the different patches examined.

Sections of the cord at different ends stained in carmine show a well marked descending sclerosis of the crossed pyramidal fasciculi, particularly of the left side. On the right side the process is not so advanced, the neuroglia not so thickened, and many more axis cylinders can be seen. In the mid-dorsal region the sclerosis in the left side touches the posterior corner and extends by the side of it nearly to the pia mater. There is no degeneration of the white matter on either side of the anterior median fissure, in the situation of the direct pyramidal fasciculi.

The ganglion cells of the grey matter are very granular, and contain numerous brown grains, chiefly aggregated about the nuclei, and often obscuring a large portion of the protoplasm.

Remarks.—First as to the *diagnosis* of these cases. In case I. there can be but little doubt. The peculiar tremor, thought to be characteristic, was present in a most typical manner; the voice was also becoming scanning. Subsequently the diagnosis was confirmed at the National Hospital for Paralysed and Epileptics in London.

In Case II. the disease is more advanced, and the diagnosis rendered difficult from the fact that in certain of its features it bears a resemblance to one of general paralysis of the insane, in which disease there are tremulousness of the tongue and facial muscles, imperfect articulation, unsteady gait, and sometimes tremor. The mental unsoundness as a rule precedes, as in this case, the somatic troubles. Certainly the appearance of the patient is strongly suggestive of this form of insanity; but I think the following facts are inconsistent with such a view: 1st, his recovery from the attack of insanity, the precise nature of which is uncertain, but he does not seem to have had folie ambitieuse; the mental symptoms in general paralysis are usually progressive; 2d, his present mental condition—by this time, considering the extent to which the paresis has extended, and

the duration of the disease, 2 years, we might have expected complete dementia, but the patient, though weak-minded, is still able to give intelligent answers, and has no delusions. Unless we suppose a case in which the advance of the mental symptoms has been checked, while the somatic ones have progressed, this one must, I think, be regarded as an example of insular sclerosis. It must be borne in mind, however, that certain writers on the subject hold that there may be general paralysis without the mental symptoms. Such cases would be very difficult to separate from certain forms of multiple sclerosis. An illustration of the converse of this is afforded by a case of Claus (Brain, April, 1879), in which general paralysis had been diagnosed, and multiple sclerosis found after death.

In Case III. the first point to be determined is: do the spots above described correspond to those of insular sclerosis? Essentially they do; for they are localized areas in which the brain substance has been replaced by fibrous tissue, but in certain particulars they differ. The typical spots are firm, of a light, reddish-grey colour, level with or projecting slightly above the surface, and of uniform consistence throughout; in this specimen they are firm, cutting with resistance, greyish in colour; in the centre, however, the section is not uniform, but presents a loose mesh-work of fibrous tissue, the interspaces of which contain fluid. Granting this, how do the clinical features of the disease accord with this view? Unfortunately there is no record of the case prior to coming to Hospital, and none could be got from the Mayor of the town from which he was sent. It is evident that we have only witnessed the close of the disease, and among the final symptoms, in addition to the paresis, contractures of the limbs often occur, most frequently of the legs. In this instance the left arm was firmly contracted. Charcot states that the tremor disappears towards the close of the disease, so that its absence in this case need not be wondered at.

These three cases, in the order of the record, illustrate very well the three stages into which the disease has been divided—early, advanced and final. In the first case, the peculiar tremor

and slight defect in articulation were the only symptoms, and the patient was able to follow a light occupation. In the second there is marked paresis of lower extremities, tremor, bulbar symptoms, and impotence. There are no contractures, but the patient is unable to do any work. In the third instance there were contractures, general paresis, dementia, and incontinence of urine and fæces.

The course of the disease is very prolonged, and may last for five or ten years. In the second case the disease has made much greater progress in two years than it has in the first in three.

With regard to the pathology of the disease, the disseminated patches of induration have usually been regarded as the outcome of a slow, chronic, fibroid change—a sclerosis; but Leyden* thinks that the process begins in scattered spots as an acute myelitis or encephalo-myelitis, as the case may be. This may come on suddenly, cause serious symptoms (apoplectiform), disappear, relapse, and finally recovery take place or it becomes chronic. He gives a remarkable case of this kind, presenting typical features of the disease, which after two relapses recovered completely. The condition of the patches in case III. is, perhaps, what might be expected to be produced after an acute inflammatory process, rather than by a slow fibroid induration. In the latter there would be a substitution of tissue, but not necessarily any loss of substance, such as might readily occur in the healing (by absorption of broken down material and increase of fibrous tissue) of a spot of inflammatory softening.

THE ADMINISTRATION OF CHLOROFORM.

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[*Read before the Medico-Chirurgical Society of Montreal.*]

I am about to present to you this evening the history of an almost fatal case of Chloroform Poisoning, and to venture to make a few remarks on the use of that anæsthetic in Minor Surgery. I do so, not with the idea that any of you will di-

*Zeitschrift, f. Klin. Medicin., Bd. I., 1879.

rectly gain instruction thereby, but in the hope that some members of this Society, whose experience in the use of anæsthetics will help to throw some light upon a still unsettled question, will instruct the junior members by telling them of the results of their practice, whether they be confirmatory or otherwise of the statements I am about to make.

To begin with, I shall ask you to listen to the history of this case, which I think is one of unusual interest—a case in which, in my own practice, the careful administration of chloroform nearly caused the death of a child.

On the 27th January, 1880, I was to circumcise a boy aged two years and seven months. He was a very healthy child, one of a very healthy family. I have had them all under my care for the last three years. The boy, though he had suffered much pain and inconvenience from the long tight prepuce, was apparently in excellent condition. A few minutes before the operation, I sent to the Medical Hall for one ounce of chloroform, in order that I might be certain that I was using a fresh and reliable material. I made the inhaler myself of a towel. The aperture at the top of the cone was unusually wide. The patient was placed supine at the end of a horizontal operating chair. All his clothes were removed, except his flannel shirt. Dr. Shepherd placed twenty minims (by measure) of chloroform on the inhaler. The boy scarcely cried or struggled at all, inhaled freely, and went under the influence of the anæsthetic almost immediately. At the time I thought that he went under too quickly, and I noticed that he was very pale, and that his eyes were upturned. The clamp was applied to the prepuce, and the knife was half way through it, when the boy came to and struggled very violently. Ten minims (by measure) were then added to the towel, and the child again fell asleep, quite suddenly, the pallor and upturning of the eyes being again noticeable. On completing the section of the prepuce and slitting up the mucous membrane, I noticed that the hæmorrhage was very slight. Without further warning, respiration suddenly ceased, and the pulse became imperceptible. There was deadly pallor. Dr. Shepherd immediately inverted

the child, and artificial respiration was put into practice. For a time, which of course seemed to me to be hours, but which was, I believe, nearly ten minutes, there was not the slightest response to our efforts. The time passed must have been considerable, for I had time to go out of the room and draw water in the pantry, and afterwards to go out to the back of the house to get snow to throw upon the child's body. I had also to hunt amongst my instruments, to find a forceps to hold up the tongue. At length the application of cold water caused the child to make one little gasp; a second and a third soon followed, and we desisted from our labours with a very hearty sigh of relief. The operation was continued; the child received no more chloroform, but remained asleep for some time after the last stitch had been put in. For the next forty-eight hours, the child slept almost incessantly.

I do not think that any one can say that the unpleasant event was due to any neglect of necessary precautions. The chloroform was measured, not dropped, and the quantity was noted. The makers were Duncan & Flockhart.

Very few cases of recovery are recorded, after the well-known pallor and cessation of respiration have occurred.

The American Practitioner (Feb. 5th, 1875) mentions a case in the practice of Dr. Jordan, of Birmingham, Alabama, much resembling this case of mine. The patient, aged eighteen, a girl, had chloroform given to her for tooth extraction. "After four or five inhalations, some spasmodic movements of the face being observed, the napkin was removed, and the patient directed to open her mouth, which she did, when the tooth was extracted without pain." The usual bad symptoms then set in. Inversion was practised, with artificial respiration. In about five minutes there was a faint attempt at breathing, followed, after a long and painful period, by another. As soon as she was put into the horizontal position the breathing again ceased, and the pulse disappeared. Inversion and artificial respiration were again practised, and the patient for the second time revived. Again she was put in a horizontal position, and again she fainted. She finally recovered, after about four hours' careful watching.

I believe it to be the custom of some surgeons to prefer chloroform for minor operations, on account of the facility with which it can be administered, especially, for instance, in tooth drawing. Now, it has been thought that chloroform, in these very operations, is more especially fatal. Any one may see, in the reports of chloroform deaths, the large proportion of deaths during the performance of minor operations. Moreover, some authorities on the subject of anæsthesia think that some particular operations predispose to poisoning. Thus, Dr. Kidd (*Medical Times and Gazette*, Oct. 5, 1861) states that the operations where nearly all the accidents have occurred have been those for removal of toe-nails, dead phalanges, tooth drawing, strabismus, operations on the testis, reduction of dislocations—all more or less connected with tendinous tissue; and to quote Dr. Richardson (*Medical Times and Gazette*, May 28th, 1861), "I see nothing in operative surgery (except that there seem to have been more deaths from the vapour when it has been used for minor than for major operations) to account for the fatality."

Seeing, then, that great risk attends the administration of chloroform, and that this risk is increased, rather than diminished, by the smallness of the dose and the trivial nature of the intended operation, is it not our duty to put aside anæsthetics as much as possible, and in cases where they must be used, to have recourse to some safer agent?

In fact, I go as far as the editor of the *Medical Times and Gazette*, who says (July 24th, 1875), "We never see it given to anæsthesia without anxiety, and we are prepared to maintain that its use in any minor operation is quite unjustifiable."

In one of the earliest collections of fatal cases, that of Dr. Crisp, brought before the Medical Society of London in 1852, there were records of twenty deaths. In four of these the chloroform had been given for tooth extraction, and in two other cases for the purpose of procuring sleep.

In Dr. Snow's fifty fatal cases the following operations were about to be performed: extraction of teeth and evulsion of toe-nails were most numerous, then follow fistula, opening of a sinus,

ligature of piles, application of potassa fusa to ulcers of the legs, and of nitric acid to venereal sores and warts (6 cases), removal of small tumors of the cheek, removal of necrosed bone.

The fatal cases of chloroform inhalation collected by Dr. Sansom are one hundred and seven in number. In sixty-two of these the anæsthetic was given for minor causes. Thus:

Minor Causes.—

Relief of Pain—Lead colic, neuralgia, toothache..	4
Examination of injuries and diseases.....	7
Minor Operations—Removal of toe-nails (5); of testicle (4); incisions in the perinæum and cauterization (11); extraction of teeth (8); fistula (5); amputation of fingers (4); of toe; of penis; opening sinus; removing piles; sounding bladder; catheterism; ligature of vessels; phymosis; polypus uteri; circumcision; squint (2); removal of fæces.....	51
	62

The Committee of the Medical and Chirurgical Society of London, published a list of one hundred and nine fatal cases. And again one cannot help being struck with the number of fatal cases in minor surgery, where probably a very small amount was administered. Thus, there were, out of the hundred and nine operations, five dislocations, nine removals of tumors, three examinations for injuries, twelve operations on the male genito-urinary organs, six applications of escharotics, six plastic operations, twelve tooth extractions, five removals of toe-nails, two cases where it was given for the relief of neuralgia.

In a table containing the particulars of one hundred and fifty-six deaths from chloroform, collected by Dr. Laurence Turnbull, Aural Surgeon to the Jefferson Medical College Hospital, in Philadelphia, there are fourteen cases of tooth extraction. The eldest of these cases was forty-three. The majority had no lesion to account for the fatal result. Amongst the other causes in this table for which chloroform had been given,

there were of ailments, facial neuralgia, asthma, headache, toothache, sleeplessness, uterine trouble; of operations, extractions of teeth as already mentioned; introduction of catheter, extraction of thorn, amputation of finger and toes, hydrocele, removal of dead bone, dressing of fracture, tumours of small size, fissures of anus.

Is chloroform a safe anæsthetic for children? I believe I am not in error in saying that the common belief is that children enjoy an immunity from the dangers of chloroform. "Chloroform seems also perfectly safe in children." This statement I quote from Holmes' *Principles and Practice of Surgery*. Snow, writing in 1858, states: "It is worthy of remark that none of the accidents from chloroform which have been recorded have occured to young children." I believe the prevalence of this opinion is based on the following considerations:

Deaths from chloroform may be divided into two classes, viz: (1) Those cases where an organic lesion is found to account for death; (2) those in which no such lesion is found. Now, children belong to the latter class, it not being a common thing to find heart-walls fattily degenerated in the young. Again, children are less frequently the subject of operation than are adults. I believe that a healthy child and a healthy adult stand an equal chance of poisoning. Chloroform is very frequently given to the young for very trifling reasons—often to allay fright, to satisfy a timid mother, or to gain for the operator the reputation of being a kind-hearted man, unable to witness the sufferings of a child.

Deaths from chloroform in children are more common than is generally supposed.

A case is mentioned in the *Medical Times and Gazette* (March 7th, 1857), where chloroform given for a nævus operation proved fatal to a child one year old.

Dr. Turnbull, in his *Anæsthetic Manual*, mentions eighteen fatal cases. The ages were one, two, four and a half, six, and the remainder up to twelve. In one patient aged twelve a tooth was being extracted; another, aged eight, was having a wound dressed, while the operation under which a third, aged eleven,

suffered, was for an "injury of the toe." The *Lancet* reports two deaths in 1867, one at University College Hospital, London, and one at Manchester, in children aged respectively eight and nine years. Both operations were for strabismus.

In the case which I have read before you this evening, the patient received altogether the vapour of only thirty minims. This, for a child of two and a half years of age, struck me as being an unusually small amount to produce such alarming symptoms. Indeed, in all the records of fatal cases I have seen, I cannot find any one where the death appears to have been caused directly by an over dose, or where the prolongation of the operation has brought about the fatal result. Dr. Richardson found that in small animals a very heavy vapour of chloroform caused instant death from direct action on the nervous system, and not from absorption into the blood; and after quoting Dr. Snow's table, showing that nine out of fifty cases died within the minute after the commencement of inhalation, and four of these within a few seconds, he goes on to say (*Medical Times and Gazette*, May 28th, 1870): "The moral of this point is of deep interest, and has at least two meanings. It tells us that chloroform, being a direct irritant, is, in that sense alone, an objectionable narcotic vapour; and it tells us further that it is a bad practice to commence the inhalation too abruptly, or to force on narcotism rudely against time." It seems, therefore, that chloroform kills merely by its presence, and that a person on whom, by idiosyncrasy, chloroform has a bad effect, will die as quickly from a small dose as from a large dose.

I have heard people talk of giving a "whiff of chloroform" just as they would talk of giving a patient a "drop of brandy" or a "sip of tea," and yet this whiff has often caused instantaneous death. Dr. Turnbull's 142nd case, a woman, aged twenty-five, with "uterine trouble," had "a whiff" amounting to a few drops. It is true that this woman was found to have had a fatty heart; but on the other hand, she had taken chloroform on a previous occasion without a bad symptom. Fifteen to twenty drops were fatal to the 21st case. Forty drops

caused death to the 156th case. This patient, whose age was thirty-eight, was anæsthetized to facilitate the reduction of a dislocation of the shoulder-joint. The heart had been examined before the operation, and was thought to be in a healthy condition, but the autopsy proved that it was fattily degenerated.

Dr. J. D. Gillespie, of Edinburgh, reports (*Lancet*, January 6th, 1864) that he gave a young lady who was timid about the extraction of a tooth, fifty minims of chloroform in two doses. She died, but there were no lesions to account for the fatal result.

I have noticed that in the great majority of fatal cases the bad symptoms set in on the administration of the second dose. My patient ceased breathing on the second administration (the ten-minim dose). This is probably not so much due to the cumulative effects of the agent itself as to the fact that it is usually given in the struggling stage, which is thought to be the most dangerous period.

At Leicester (*Lancet*, September 3rd, 1876), half a drachm of chloroform caused the death of a man, aged fifty. To quote the comment of the editor of the *Lancet*, "Died from the administration of a dose of chloroform scarcely larger than that which is constantly given by unskilled administrators for the relief of cough and dyspnœa, and the conditions on which death depended were undiscoverable during life."

In Dr. Snow's sixteenth case the patient, aged twenty-four, died after the inhalation of forty minims in two doses.

Such are the results which can be brought about by a "whiff of chloroform."

The length of time during which the bad symptoms are present varies in different cases. In this case of mine it seemed very long; but I think the period during which the child did not breathe must have been somewhere between five and ten minutes. Mr. Jonathan Hutchinson (*British Medical Journal*, March 8th, 1873) writes as follows. "In a case of a girl at Reigate, in whom apparent death occurred during excision of the knee, we had to perform artificial respiration for at least *ten*

minutes before any signs of reanimation occurred. In another case at the London Hospital, in an amputation of the thigh, the period during which I thought the patient dead was almost as long."

Mr. Lawson Tait (*The Practitioner*, February, 1876) found the treatment of chloroform poisoning by inversion and artificial respiration successful in the case of a girl, aged 18, on whom he was performing Amussat's operation. He thinks it was "fully five minutes before she resumed respiration independently of assistance."

CLINICAL NOTE ON ATROPINE POISONING.

By T. W. MILLS, M.A., M.D., Resident Physician Hamilton City Hospital.

E. McM., æt. 25, was treated for some weeks in the wards of the hospital for iritis, and left owing to the conflagration which rendered the hospital unfit for occupation Oct. 28, 1879. The patient was directed to continue the treatment outside, the principal part of which was the introduction into the eye, at intervals of 4–5 hours, of a drop of solution of atropine of the strength of 6 grains to the ounce of distilled water.

Having called to report herself in December, it was found that she was suffering from symptoms that demanded immediate attention; accordingly she was readmitted December 5th.

The principal symptoms on admission were: An exceedingly small, rapid, and feeble pulse; marked anorexia, nausea, coldness and lividity of the surface, chilliness, dryness of the fauces, &c.; thirst, but partially relieved by drinking; widely dilated pupils, nervousness, extreme susceptibility of the emotions, with most marked depression of spirits. There was also polyuria (7 pints of urine voided in 24 hours), and albuminuria to the extent of 40 per cent.

The patient was put upon a nutritious (largely liquid) diet; made comfortably warm, given an occasional hot bath, and opium in one grain doses every 3–4 hours.

The symptoms were almost unchanged for several days, but after persevering with this treatment for 8-10 days these disorders

began to give place to the natural state of things, and the patient left the hospital in fair health to commence work on Jan. 2, 1880. The opium treatment was not continued thus frequently throughout, but after a week, modified so that during the last few days she took none whatever. It never was ascertained exactly how the poisoning occurred.

The one point to which attention is especially directed is *the presence of albumen to a marked extent in the urine.* This patient's urine had been examined on admission and found healthy. It also became normal before her discharge both as to quantity and character; from this it would appear that it was a case of albuminuria, induced by poisonous quantities of atropine.

I do not know whether this has been recognized as a common symptom, or a symptom at all of atropine poisoning; it does not, however, appear to be mentioned in at least a large number of medical works in which atropine poisoning is referred to, including Ziemssen.

Further observations in this direction seem called for; however, should this impression be erroneous, and if albuminuria has been hitherto fully recognized as a symptom in these cases, the writer of these notes will be glad to hear of it.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

MEDICAL CASES UNDER DR. ROSS.

Aneurism of the Aorta simulating one of the Arteria Innominata—Improvement—Death from Pneumonia.—Reported by Mr. B. E. McKENZIE.

S. W., æt. 38, a powerful man of large frame, was admitted on the 10th Nov., 1879. Was a maltster by trade, but has been employed for some years at hard laborer's work. Has always been somewhat addicted to drink, and recently, having been employed in a brewery, had indulged largely in beer. Has had gonorrhœa and chancres several times. Fourteen years ago was treated in Toronto Hospital for syphilis. Had marked secondary

rash and other symptoms. About eight years ago had inflammatory rheumatism, being confined to bed for six weeks. Has since then frequently complained of rheumatic pains in various joints. Attended at the out-door room during the past summer, and was treated for pains in the chest.

Present condition.—Complains of shortness of breath and a cough, without expectoration. For some weeks past he has been suffering from pains at the top of the right shoulder, and extending up that side of the neck to behind the ear. This pain has been increasing very much of late. It is paroxysmal and stabbing. At times it is intense, and quite prevents sleep. A few days ago he had a sudden attack of dyspnœa whilst walking quietly in the street; this was accompanied by considerable asthmatic wheezing. There has been no return of this. He has a very frequent, dry and tearing cough. His voice has been changing, and is now decidedly husky. When he coughs the sound is markedly hoarse and croaking.

On inspection, distinct strong pulsation is seen above the right sterno-clavicular joint and at the right side of the episternal notch; this is strong enough to be somewhat diffused at the root of the neck. By palpation, the outlines of a pulsating tumor can be plainly felt. It is situated above and behind the right sterno-clavicular articulation, with a smooth-rounded upper surface. Very powerful systolic pulsation is observed. With one finger in the sternal notch and another outside the tumor, similar vigorous lateral pulsation can be felt. Laryngeal communicated throbbing is also very distinct, as felt by grasping the larynx when the head is thrown back. There is a small area of dulness beneath the inner end of the right clavicle; and a loud blowing systolic murmur is heard with most intensity at that spot and diffused through a considerable area of the sternum. Apex-beat, close to the nipple, just below and outside of it. First sound here rather increased. Pulse 85. No difference in the radials. Pupils equal. Urine normal. Examination of the larynx was made with some difficulty, owing to its being apparently pushed a little to the left. Right vocal cord is deficient in movement. Otherwise nothing abnormal. He was ordered at first potass.

bromid. gr. xv., with acid hydrocyanic dil. gtt. ii every 4 hours, with a view of allaying the distressing cough and laryngeal irritation. On the 18th more special treatment was begun. He was ordered to be kept entirely in bed, as motionless as possible, and to take potass. iodid. gr. xx thrice daily.

This was followed by great relief to the severe neuralgic pains previously complained of, but no alteration was perceptible in the tumor. After he had been in a short time, a consultation of the staff was held with a view of determining the correctness of the diagnosis, and also the possibility of surgical interference. Dr. Ross believed the tumor to be Aneurism of the Innominate Artery, but thought it more than probable that the aorta near its seat was also involved. All those who saw it agreed that it was certainly innominate. Dr. Fenwick would ligature the carotid artery, if requested, but did not urge the procedure very strongly. The case having been fairly laid before the man himself, he decided not to allow of any operation. He therefore remained under treatment until the 8th December, when he was discharged at his own request, free from pain, but without improvement in the local conditions. He went home, where he remained for about six weeks, taking 3i a day of potass. iodid. as an out-patient. He then procured admission into the Protestant House of Industry and Refuge. Here he was taken very ill, and the attending physician, Dr. McConnell, was sent for. I am indebted to Dr. McConnell for the following facts, as well as for the opportunity of securing a *post-mortem* examination of the parts: On the 15th March, 1880, S. W. was found sitting up in bed, suffering from great dyspnœa, racking cough, fever, and pain in the chest; pulse 140; general loud rhonchi, covering the heart-sounds. Pneumonia was diagnosticated, but the physical signs, owing to the circumstances mentioned, could not be satisfactorily made out. He became rapidly worse and died two days after.

Autopsy.—Body that of a large, powerfully-built man. In thorax there is an unusual fulness about the upper mediastinal region, which on dissection is seen to be due to dilatation of the aortic arch. A projection from it extends behind the sterno-

clavicular articulation in the right side. Heart and aneurismal dilatation removed together; chambers, especially the right, contain clotted blood. Left ventricle a little large, walls somewhat increased in thickness; aortic valves are thickened and opaque, but retain their shape. The aortic arch is uniformly dilated and of large size, the intima extensively atheromatous and roughened. Projecting from it just before the innominate is given off is an aneurismal dilatation about the size of a walnut, somewhat conical in shape, and passes off by the side of the innominate and occupied a position immediately behind the sterno-clavicular articulation. The left lung, lower lobe, is hepatized. Nothing special in other organs.

Remarks by Dr. Ross.—Any one interested in this subject I would refer for some discussion on the case to Vol. VIII., page 451, of this *Journal*, when the morbid specimen was presented to the Medico-Chirurgical Society. Some time since I saw several times with Dr. Fenwick a patient then under his care for an innominate aneurism. That it really was purely of this nature was proved by the subsequent autopsy. The similarity between the symptoms and physical signs in that case and S. W.'s was very striking, so much so that not one of us entertained any doubt as to the dilatation felt and capable of being accurately mapped out by one's fingers, belonging to the Arteria Innominata. So satisfied were we with the diagnosis, that if the patient had consented, I should have had the operation of ligation of the common carotid artery performed by Dr. Fenwick, the result of which, I need hardly say, would have been at best but negative. And still, the tumor proved to be entirely aortic, the singularity being that such a small area of that vessel was involved, and then the coats allowed themselves to be pouched upwards in such a way and in such situation as apparently to occupy exactly the place naturally occupied by an enlargement of the vessel which we accused of being at fault. The case, therefore, must be looked upon as of interest, since it points out a possible source of error. The error I still think to have been unavoidable, for I do not see how under such circumstances a positive differential diagnosis would be possible. It will also be observed that severe

neuralgic pain, the result of the aneurismal pressure, was relieved by potass. iodid. I have now seen this occur so often that I have no doubt of the great value of this drug for the purpose designated.

SURGICAL CASES UNDER DR. FENWICK

Wound in Brachial Artery treated by Ligation.—Under Dr. Fenwick.

G. M., æt. 19, a strong, well-nourished lad, on the 14th June last was engaged in washing beer bottles, and on attempting to remove a cork from one by means of a wire cork extractor, he accidentally broke the bottle at the neck and inflicted a wound in his left forearm, just at the bend of the elbow. The profuse bleeding which followed was soon checked by means of a bandage applied to the arm. The patient was then removed to the Hospital, where he was seen by Dr. Fenwick, who, on examination, found a wound in the triangular space at the bend of the elbow, running longitudinally for about three inches, and extending through the integument and fascia to the vessels in that space; the forearm and hand were considerably blanched, and pulsation at the wrist was quite imperceptible. On removing the bandage from the arm furious bleeding followed, but was checked by means of an Esmarch's bandage. Ether was then administered, and the wound was enlarged slightly upwards. The bicipital fascia was found divided where it passes over the brachial artery; the vessel was exposed, and found to have a piece about the size of a split pea completely gouged out to the extent of half the circumference of that vessel. The median basilic vein had to be secured by a ligature, and the artery ligated firmly above and below the seat of injury; the parts were then brought together by catgut sutures, and the whole dressed antiseptically.

On the following day the patient complained of severe pain in the region of the wound and extending up the arm to the shoulder. There was some slight oozing from the wound, which otherwise looked quite healthy.

On the fourth day after the operation, distinct, but feeble,

pulsation was felt at the wrist. Wound looked perfectly healthy, sutures were removed, and this caused slight gaping of the wound. The parts were then drawn together by strips of plaster. On the fourteenth day the patient was discharged, the wound being then perfectly healed. There was no contraction of the limb, nor was there any tendency to secondary hæmorrhage.

Correspondence.

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.

DEAR SIR,—I have just been perusing the annual report of a local Temple of Lucina, which shows the highly satisfactory manner in which the worship of the Goddess is carried on, financially and clinically—especially clinically. I was glad—very glad—to see that of the large number (109) of parturient victims sacrificed at the shrine of the daughter of Jupiter, there were but two "breach" presentations. Evidently a tendency amongst these devotees to carry out nature's laws in the observance.

This temple possesses a kind of chapel of ease, called the Out-Door Department, devoted to the use of speculum and sound. Here is the list of diseases treated there during the past year:

Diseases.—Ulcus Os Uteri, 34; Chlorosis, 11; Leucorrhœa, 32; Enceinte, 15; Amenorrhœa, 18; Prolapsus Uteri, 7; Retroflexio Uteri, 3; Hyperplasia Uteri, 9; Subinvolution Uteri, 1: Antiflexio Uteri, 4; Endometritis, 22; Anæmia, 39; Ut. Fibroid, 4; Gonorrhœa, 8; Stricture Cervix Ut., 1; Ovaritis, 11; Syphilis, 15; Menopause, 5; Metritis, 1; Menorrhagia, 15; Antiversion Ut., 2; Hysteria, 13; Pelv. Cellulitis, 1; Neuralgia, 6; Cancer, 3; Vaginitis, 2; Gravel, 3; Ascites, 4; Abortion, 1; Retroversion Ut., 5; Metrorrhagia, 1.

Have our unfortunate fellow-creatures of the opposite sex so many diseases peculiarly their own that the compiler of a report such as this cannot even name them witnout using less than four languages? For instance, he uses English in "Gravel," Latin in "Prolapsus Uteri," Greek in "Chlorosis" and French

in "Enceinte." Of the trouble last mentioned—that alarming and (alas!) too-prevalent disease—there were, as the reader may see, no less than fifteen cases treated (?) in the chapel of ease.

Then, in an institution where generative disorders are so ably treated, one would hardly expect to find disorders of genitive cases. Here, unfortunately, is one, "Ulcus Os Uteri." "Subinvolution Uteri" is a not altogether disagreeable mixture of two languages, something like "Stricture Cervix Uteri," another compound term used.

But what is "Antiversion Uteri"? Perhaps it's a new disease. At all events it is new to me. I have heard of anteversions, of anteflexions, of lateral curves, of wombs turned inside out, of wombs pointed upwards, as if they were taking aim at the lobus Spigelii, but I never heard of an "antiversion" before. In conclusion, let us suggest that the notes of these two cases should be published. "What I know about Antiversion, including an Account of the Successful Treatment of Two Cases, with Remarks on the Syntax of the Dead Languages, and the Orthography of some of the Modern," would be an appropriate and taking title for the paper.

Yours truly,

SCRUTATOR.

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.

DEAR SIR,—In your issue for July I notice a paragraph relating to the death of a patient in the City Hospital as a result of chloroform; and from the report it might be inferred that the unfortunate woman was a patient of mine, and that I had been present during the administration of the anæsthetic. The facts are, that she had been admitted during my month of attendance, had been once operated on during the month, and when the end of the month came was still a patient. In common with most of the other cases, I handed her over to my successor on the 1st of June, and at the time of the unfortunate occurrence I was in another ward, testing a new thermometer. This having been done, I returned to the ward where the woman

was, and found that already the Attending Physician and the House Surgeon had begun to use the customary means of restoring animation, in which endeavor I of course assisted, but, most unfortunately, without avail, as no doubt she was already dead.

By kindly inserting this correction, you will greatly oblige,

Yours faithfully,

E. GRAVES KITTSON.

HAMILTON, July 22nd, 1880.

Reviews and Notices of Books.

A Practical Treatise on Sea-Sickness—its Symptoms, Nature and Treatment.—By GEORGE M. BEARD, A.M., M.D., Fellow of the New York Academy of Medicine, of the New York Academy of Sciences, &c., &c. New York: E. B. Treat.

Dr. Beard, no doubt, here writes whereof he knows, having had "much experience at sea, on long and short voyages, and in different climates." The doctrine he supports, and which is undoubtedly the most rational, is that sea-sickness is a functional disorder of the central nervous system. He fully exposes the absurdities people are led into, from the foolish supposition that the trouble lies in the stomach or digestive apparatus—the popular notion that *biliousness* is the main operative cause—and then proceeds to give his reasons for supporting the theory of central nervous disturbance. The hypothesis of vascular derangement (cerebral anæmia) is rejected as untenable. The treatment recommended consists (1) in the preliminary use of bromide of sodium in large doses. It should be taken for two or three days previous to sailing, so that the individual may become mildly bromized before reaching rough water; and this mild bromism is to be kept up during the voyage, if necessary. (2) In the use of sulphate of atropia—from gr. 1-120 to gr. 1-25, sufficiently often to produce great dryness of the mouth. This treatment may be used either alone or in combination with the bromide. (3) The powdered citrate

of caffeine, in 2- or 3-grain doses, for the sick headache. It is claimed by the author that he has by these means obtained a high degree of success. This plan of treatment certainly commends itself strongly to one's judgment as being rational, and calculated to meet the required end. The power of the bromide over the centre governing emesis is well known; then, dull the sensitiveness of that centre by a few repeated large doses of bromide, and causes which, without this, would have induced vomiting, will now be quite inadequate to bring this about. We advise all to read this very interesting little book. Having ourselves had some experience—both personal and otherwise—of this distressing malady, we have been much struck with the truth of many of Dr. Beard's observations, especially with reference to diet and hygiene on ship-board. We are convinced that the pathology here supported is correct, and that the therapeusis founded thereon is certainly a move in the right direction, though it probably will be improved upon by subsequent observers.

A Treatise on Oral Deformities as a Branch of Mechanical Surgery.—By NORMAN W. KINGSLEY, M.D.S., D.D.S., President of the Board of Censors of the State of New York; late Dean of the New York College of Dentistry, and Professor of Dental Art and Mechanism, &c., &c. With over 350 illustrations. New York: D. Appleton & Co.

Part I. of this work is upon irregularities of the teeth, and does not particularly concern the general surgeon; although, for the specialist, there are a number of interesting points connected with the causes of, and best means of remedying, various kinds of irregularities in the teeth themselves, and also in the shape and development of the bones, and their alveolar processes. Part II. is upon palatine defects. The subject of cleft palate is fully treated of from the author's own standpoint. We lately published in this *Journal* an extract from a recent communication of Dr. Kingsley on this subject, from which it will be remembered that Dr. K. claims that deficiencies in the palate

can be remedied better by mechanical means than by operative interference. Certainly he brings forward a great mass of evidence in favor of this assertion. A short time ago we sent a patient thus afflicted to Dr. K., and have no hesitation in saying that, with the apparatus furnished him in New York, he speaks far better than any person we have ever listened to, after the operation of staphylorrhaphy. No doubt the most minute care must be taken with the construction and fitting of such a piece of mechanism. It is probable, therefore, that the making of these artificial palates will for some time remain confined to a few skilled hands. Part III. treats of maxillary fractures. All the fractures of the jaw-bones commonly met with are described, with the best mechanical appliances for retaining the broken ends in place. We have often thought that in these cases, which not unfrequently are sufficiently troublesome, the general practitioners do not (in cities) often enough avail themselves of the assistance of the practising dentist. The latter often possesses superior mechanical skill, and can give suggestions, and indicate practical appliances, especially within the mouth, which may aid materially in promoting rapid union. At any rate, in the absence of any such assistance at hand, Dr. Kingsley's book will be found an excellent one for reference when studying out the best line of treatment in one of these cases. The chapters we have indicated are those which will chiefly interest medical men, and they are well worth their attention. In conclusion, chapters are added upon the mechanism of speech and the æsthetics of dentistry.

Sea-Air and Sea-Bathing.—By JOHN H. PACKARD, M.D., Surgeon to the Episcopal Hospital. Philadelphia: Presley Blakiston.

This is a further addition to the Health Primer Series. It contains several chapters dealing with several of the important subjects in connection with seaside resorts and sea-bathing, with which it behoves all, and especially medical men, to be acquainted. The ways in which accidents happen—the rules

which should govern invalids with reference to bathing—cottage life and sanitary matters at the seashore—these topics, and a great many others connected with salt-water bathing and swimming, are talked about in a very instructive and popular fashion. This manual adds a useful member to the Primers, which will no doubt be extensively read, and will do an amount of good commensurate with their circulation.

The Venereal Diseases, including Stricture of the Male Urethra.—By E. L. KEYES, A.M., M.D., Professor of Dermatology and Adjunct Professor of Surgery in the Bellevue Hospital Medical College; one of the Surgeons of Bellevue Hospital; Consulting Surgeon to the Charity Hospital, &c. New York: Wm. Wood & Co.

This work, which is one of the new series of Wood's Medical Library, is one avowedly addressed to the general practitioner, and therefore does not pretend to deal exhaustively with theoretical and moot points. Discussions on these matters being excluded, it has been found possible to condense the whole of a large subject into small space without sacrificing anything of essential consequence. Prof. Keyes holds strong views upon the points of most interest in connection with the subject of syphilis, and states his convictions in a very fair and scientific manner. His teaching on the question of duality is gathered from the following statement, to be found in the preface: "I have opposed the views of those gentlemen who are throwing confusion in the way of the general practitioner, by trying to break down the distinctions between the initial lesion of true syphilis, and chancroid; and who teach that chancroid may be derived from the products of the syphilitic early or late lesions." He claims that there is no proof of prevention of constitutional disorder by excision of the part locally affected. He thinks that too much stress is laid by many of the modern school upon undulations in the calibre of the flaccid urethra, and that they claim too much success as the result of the division of these partial stenoses. The whole is carefully prepared, and is illustrated by numerous wood-cuts, many of them original, and

some reproduced from photographic plates of Dr. G. H. Fox, who has recently presented such an admirable series of representations of skin disease.

The Hysterical Element in Orthopædic Surgery.—By NEWTON M. SHAFFER, M.D., Surgeon in charge of the New York Orthopædic Dispensary; Orthopædic Surgeon to St. Luke's Hospital, N. Y. New York: G. P. Putnam's Sons.

This is the book form of an essay read before the New York Neurological Society, and which first appeared in the *Archives of Medicine*. It is a thoughtful communication upon an important subject—a subject which will probably never lose its interest to the student of psychology and the influence of the nervous system, and will retain it in a high degree as long as the actual nature of Hysteria itself is so ill-understood. The remarkable tendency in persons the subject of this nervous disorder, to the production of both paralysis and spasmodic contractions of muscles, leads to many of its victims being submitted to the orthopædic surgeon. The notorious accuracy with which the Protean malady is capable of simulating organic affections of joints and other parts of limbs, adds to the importance of using every means to diagnosticate between the two. The author treats first of nervous mimicry of knee-joint disease, then that of hip-joint disease and of Pott's curvature of the spine. The simulation of lateral curvature is also discussed, and then "hysterical club-foot." A great many rules and suggestions are given by the author, to assist in establishing a correct diagnosis upon a firm basis. These, as drawn from extensive observation, will doubtless be found valuable to others in similar circumstances. The paper contains numerous original cases, which serve to illustrate the various points of interest, and considerable attention is given to the subject of treatment, the author mentioning specially those forms which he has found most successful in overcoming these troublesome, sometimes unmanageable complaints.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

A regular meeting of the Society was held June 11th, 1880, the President in the chair.

Dr. Hingston brought to the notice of the Society a patient from the Hotel Dieu Hospital, presenting an unusual skin disease. On first appearance Dr. Hingston thought it case of syphilis, but on further consideration defined it as a case of epithelioma. The patient first suffered with intolerable itching, which caused him to scratch himself very frequently. This was followed by a patch of the disease on the leg. It then in succession developed itself on the other extremities, and on the body. The sores are for the most part circular, and everted with dense unyielding edges, except in one case. Some of them are 2½ inches in diameter. The man is married, and has had nine children, all of whom are healthy. He denies ever having had syphilis.

Dr. Roddick said he had seen a case under Mr. Hutchinson, in London, where, from a mistake, a patient had taken for some time a large quantity of iodide of potassium, followed by a skin affection very similar in appearance to the one exhibited. Dr. Roddick considered this to be a case of undoubted syphilis, and reasoned from the basis that possibly this man had contracted the disease from one of his sons.

Dr. Osler thought it looked more like a rare case of multiple Sarcoma.

The President said this was the first time he had ever seen such a case, but the everted and dense unyielding edge is that of cutaneous cancer. The glands are hypertrophied, but elastic. He felt there was yet much to learn of this case.

Dr. Osler presented as pathological specimens—1st, a miner's lung, being the third case he had met in the autopsy room of the General Hospital during the past three years. The second case was one of umbilical hernia.

Dr. Smith exhibited the brain of a seaman who had died suddenly after a few days' illness. A large hæmorrhage was seen at the base of the brain. This man had had syphilis.

Dr. Osler said this case presented similar appearances to one brought before the Society a year ago. There may have been syphilitic disease of the vessels which has led to thinning of the coats, or else a small aneurism resulting from heart disease.

Dr. Ross then read a paper on "Spasmodic Stricture of the Œsophagus." In the discussion following, Drs. Hingston, Baynes, Kennedy and Bessey mentioned cases occurring in practice which had been relieved by passing a bougie.

Dr. Trenholme said that care should be exercised least the case should prove to be malignant and not simple spasm.

The President said he had had a case in which the patient could not swallow when at the table, but could if she retired to her room. Here the trouble was simply mental.

Dr. Bessey then presented to the Society a communication regarding the establishing of a vaccine institute for the Province of Quebec. In regard to this matter the following resolution was moved by Dr. F. W. Campbell, seconded by Dr. Trenholme:—

That the Medico-Chirurgical Society of Montreal, aware of the difficulty of obtaining vaccine of a reliable character, heartily approves of the establishing of an institution where such can be readily obtained at all times, and therefore endorses the petition presented by Dr. Bessey, and the officers of the Society are instructed to sign the petition on behalf of the Society.

The matter of a more suitable conveyance for taking patients to the Hospital was brought forward, and on motion of Dr. F. W. Campbell, seconded by Dr. Roddick, the Secretary was instructed to write to the City Clerk, calling his attention to the fact that although, upon two previous occasions, the Society has drawn attention to the very unsuitable character of the conveyance used to take patients to the small-pox hospital, no action has as yet been taken in the matter. That the Medico-Chirurgical Society are strongly of the opinion that the matter is very important, and needs immediate attention.

The meeting then adjourned.

The regular meeting of this Society was held June 25th, 1880, the President in the chair.

Dr. Osler exhibited—1st, A specimen of apoplexy of the pons, occurring in a woman aged 38, who had been in the Hospital nearly nine months with obscure brain symptoms and difficulty in walking. About a year ago she had an apoplectic attack, and was unconscious for three days. Since this date she has been confined to bed, and has not been able to walk without assistance. During her stay in Hospital the symptoms have remained about the same. The legs have not wasted; motor power is impaired, sensation also diminished. Power over sphincters retained. Intellect obscured; she is very dull, and it is with difficulty that intelligent answers can be obtained. On June 19th she had another apoplectic attack, became rapidly comatose, and died in about 36 hours. Unfortunately, the gentleman in charge neglected to take notes of the condition at and subsequent to the time of the attack. At the autopsy there was found (1) extensive atheromatous disease of the cerebral arteries, (2) an old apoplectic cyst in right lobe of cerebellum, and (3) hæmorrhage into the pons, chiefly on the right side and extending to the floor of the ventricle, and lacerating the contiguous part of the cerebellum. No aneurism was found, nor any of the miliary dilatations of the vessels met with sometimes in cerebral hæmorrhage.

2nd, Spinal cord in case of Spastic Paraplegia. Patient admitted to General Hospital on 21st of May with difficulty in walking and incontinence of urine. He had been a heavy drinker and had indulged to excess in venery. Had weakness of the legs for several years, but it had become much worse during the past nine months. The gait was peculiar, and conformed to that described by Erb as "spastic" in character. The incontinence of urine was from over-distension of the bladder, to empty which the catheter had to be used. This trouble had lasted four or five years. The symptoms in the Hospital were almost entirely gastric and intestinal. Severe vomiting and diarrhœa set in about a week after his admission, and were with difficulty controlled. The vomiting recurred and became uncontrollable; patient became exhausted and died on the 11th June. The urine was usually clear, but on three occasions there was a heavy purulent deposit. The diagnosis was Lateral Sclerosis of the Cord. At

the autopsy, an area of grey degeneration was found involving both lateral columns in the posterior part, extending to the pia mater, chiefly in the dorsal region. In the upper dorsal and cervical there is sclerosis of the posterior median columns. There was extensive tuberculous disease of the kidneys and bladder.

The importance of this case rests upon the fact that the exact morbid anatomy of spasmodic spinal paralysis has not yet been determined. Erb and Charcot suppose that the lateral columns are the seat of the disease, because in degeneration of these parts, secondary to cerebral lesions, there is spasmodic paralysis. Whether in this case the lateral sclerosis is primary, or whether it depends on some limited spot of myelitis in the upper dorsal region, must be determined by careful section of the entire cord.

Dr. Osler then read a paper on "Three cases of Insular Sclerosis." (These will be found amongst the "Original Communications.")

The Secretary read a letter from the City Board of Health acknowledging certain resolutions which had been sent the Board by the Society. The letter was referred to the Council, to report on at next meeting.

The Secretary read a letter from Mr. John Lewis, druggist, Victoria Square, requesting the Society's acceptance of two beautifully-framed pictures, which he desired to contribute towards furnishing the new rooms.

The Society accepted the gift, and a vote of thanks to Mr. Lewis was moved by Dr. Roddick, seconded by Dr. Blackader, and the Secretary was requested to send a copy of the resolutions to Mr. Lewis.

Dr. Osler moved, seconded by Dr. Smith, that the sum of fifty dollars be expended in procuring current medical literature for the Society's reading room. The motion was carried, and the President appointed Drs. Osler, Campbell and Ross a committee to select the papers most suitable.

Dr. Edwards moved, seconded by Dr. Blackader, that Dr. Bell be elected librarian. *Carried.*

The meeting then adjourned.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Cancer of the Female Generative Organs.—Prof. John Clay, Obstetric Surgeon to the Queen's Hospital, Birmingham, writes to the London *Lancet*, a communication which is of the "utmost importance, if true." Prof. Clay became convinced that a remedy for cancer must be one to be administered internally, and that it must be of such a nature as not to interfere with the functions of the special organs, or otherwise to injuriously affect the nutrition of the body; and at the same time be capable of being administered for a length of time sufficient to effect the removal of the disorder. He tested a large number of substances which might be capable of curing or arresting the disease, and finally, after a careful study of the pathology of cancer, and the effects of certain carbo-hydrates administered internally, came to the conclusion that a remedy for cancer might be found among them. A list of the apparently most eligible of this class of bodies was made, and their therapeutic properties studied. It was obvious that most of them were unsuitable for this purpose on account of their known specific properties, as well as of exciting a special action upon certain structures and organs. Besides, their administration could not be expected to be sustained for any sufficient length of time, even if they were likely to act on the morbid growth. Circumstances, however (which he does not explain), led him to think differently of the Chian turpentine, and he determined to give it a trial on the first opportunity. The first case he relates as follows:

"A woman came to the hospital as an out-patient, aged fifty-two. She was suffering from scirrhus cancer of the cervix and body of the uterus. Hæmorrhage was excessive, pain of the back and abdomen agonizing, and cancerous cachexia well marked. The patient evidently had not a long time to live. The uterus was so extensively destroyed by the cancerous ulceration that its cavity readily admitted three fingers. In such a case it appeared to be justifiable to attempt to relieve the suf-

ferings of the patient, even if the remedy should produce unfavorable symptoms, or should prove of no avail. I therefore prescribed Chian turpentine, six grains, flowers of sulphur, four grains, to be made into two pills, to be taken every four hours. No opiates were prescribed or lotion used. No change was made in her diet or occupation. On the fourth day after taking the medicine the patient reported herself greatly relieved from pain and was in better spirits, but she complained of a large amount of discharge. It was feared that she referred to a discharge of a sanguineous nature. On examination, however, the vagina was found to be filled with a dirty white secretion, so tenacious as to be capable of being pulled out rope-like; and this although she had syringed herself three hours previously. The os was quite contracted, and would now scarcely admit the finger, and the surrounding swelling, or cancerous infiltration of the cervix was much reduced. On the twelfth day the thick tenacious secretion had almost disappeared, and was succeeded by a somewhat copious serous fluid. The os was not so firmly contracted, but would only admit the finger. The patient's general health was improved, and the medicine well tolerated. Sixth week: I ordered her a quinine mixture, in conjunction with the turpentine; but sickness supervened, which ceased on omitting the quinine. Twelfth week: My notes are—the parts feel ragged and uneven, and do not bleed on simply touching them. The speculum shows several cicatricial spots. The turpentine has been taken regularly during the day for twelve weeks every four hours, during which time she has been almost free from pain, and has had no hæmorrhage; no glandular enlargement; general health improved. Walks easily to the hospital, being about a mile distant. As the patient did not come again to the hospital, her address was obtained, and it was ascertained that she had left her residence. Being a widow, she could not afford to keep house, and she went to reside with her married daughter in a northern town, but left no address. The case showed that the medicine was one of great power in cancer of the uterus, and it is to be regretted that an opportunity was not offered for fully carrying out the treatment."

The second case was one similar in character, the patient being thirty-one years old. Prof. Clay concludes the account of it with the remark: "The turpentine acted upon the growth with great vigor, literally melting it away in the brief period of four or five weeks."

The third case was one of epithelial cancer of the os, cervix, and the body of the uterus, in a woman aged fifty-two years. The mass was larger than a cricket-ball, almost filling the vagina, which was not involved. She had had repeated hæmorrhages, much pain, and the cancerous cachexia was well marked. As an experiment, one-sixth grain ammoniated copper was added to each dose of the turpentine and sulphur. In two weeks improvement was manifest. Sixth week: The surface of the tumor was at the level of the os uteri, and seems to consist of a mass of blood-vessels, which bled moderately after examination. The copper caused disturbance of the stomach and bowels, and had to be discontinued. In nineteen weeks she was fairly convalescent. The growth had almost disappeared, and the parts beyond the os uteri, although somewhat hypertrophied, were yet almost normal to the touch.

The fourth case was that of a woman aged thirty-two years. There was a cancerous mass of the posterior parts of the os and cervix, of the size of a goose egg. The turpentine mixture was given her three times daily, and by the sixteenth day the growth had almost disappeared. The same condition of the vessels was observed as in the preceding case. In the ninth week the medicine seemed to occasion some disturbance, and was discontinued, five-grain doses of iodide of calcium being substituted. After a fortnight, the patient not feeling so well, the former treatment was resumed. She very rapidly improved, and is now convalescent.

The "mixture" referred to is made thus: An ounce of Chian turpentine is dissolved in two ounces of pure (anæsthetic) sulphuric ether; the solution takes place at once. This forms the "solution of Chian turpentine." Half an ounce of this, mixed with four ounces of solution of tragacanth, one ounce of syrup, forty grains flowers of sulphur, and water to sixteen

ounces, to form an emulsion. Dose, one ounce three times daily.

"Other cases are under treatment, both in the hospital and privately, all showing similar effects. The remedy is now being tried in cancer of other organs, and apparently with good results. One of the most interesting, perhaps, is a case of scirrhus of the breast, which has been under observation for some weeks. Among the other cases are cancer of the vulva, stomach and abdomen, in which very remarkable benefit has been already produced."

Oil of turpentine, Venice and Strasbourg turpentines, produce no such beneficial effects. The maximum dose of the Chian turpentine which can be safely and continuously given is twenty-five grains daily. It is advisable to discontinue the remedy for a few days after ten or twelve weeks' constant administration, and then to resume it as before. He has always given sulphur with it, but is doubtful about there being much benefit from the combination. Other drugs given with it seem not to add to the beneficial results, and often seem harmful. As to its mode of action he says:

"The turpentine appears to act upon the periphery of the growth with great vigor, causing the speedy disappearance of what is usually termed the cancerous infiltration, and thereby arresting the further development of the tumor. It produces equally efficient results on the whole mass, seemingly destroying its vitality, but more slowly. It appears to dissolve the cancer cells, leaving the vessels to become subsequently atrophied, and the firmer structures to gradually gain a comparatively normal condition."

Again, "judging by my experience, it is no figurative expression to say that it acts as a direct poison upon the growth, probably causing its ultimate death."

In the early stages of cancer, he thinks that an undoubted cure may take place speedily under its use, and that a recurrence of the disease need not be feared.

Artificial Respiration in Asphyxia.—A recent communication to the Academy of Sciences, Paris, by

Baron Larrey, is instructive, as showing that, in cases of apparent death from asphyxia, energetic measures commenced some time after the last manifestations of life will sometimes restore vitality. He narrated two observations, one from his own experience and another on the authority of Dr. Fournol, of Billancourt (Seine). The first was that of a child three years old, suffering from pulmonary congestion following measles. It was pronounced dead at six in the evening, and laid out in the usual manner before burial. At half-past nine he went to see the corpse; it was white as the cloth on which it was laid out and cold as marble. Without knowing exactly what put the idea in his head, he became possessed with the thought that the child was not dead, and following out what was to all appearance an unreasonable impulse, he set to work applying artificial respiration. He continued at this apparently hopeless task for two hours, when he perceived a faint blush of color extending itself on the cheek. At two o'clock in the morning the child began to breathe spontaneously and called "mamma." From this on its recovery was rapid. The second case is less remarkable: it was that of a fisherman who fell into the water and was taken out asphyxiated after twelve minutes immersion. The doctor was called and arrived after the man had been apparently dead nearly an hour. Artificial respiration was commenced an hour after the accident, and continued four hours before signs of life appeared, but the recovery was finally complete. Baron Larrey concludes from these and analagous facts that in all cases of apparent death from asphyxia artificial respiration should be resorted to and kept up for an indefinite number of hours, how many is not yet certain. He promises in a future communication to discuss this matter more fully, and to try to point out the indications and ascertain the period of time during which artificial respiration should be continued, basing his research on the conditions of the blood, the state of the nervous system, and the condition of the cardiac musculature. It is not probable that persons ever spontaneously revive from the state of suspended animation induced by asphyxia or drowning, but there is, in the light of such facts as those given above, very little doubt that, for the lack of ade-

quate measures, many persons have been allowed to die, and, perhaps, in some cases persons have been buried before their resuscitation was impossible.—*Chicago Med. Gazette.*

A Parasite in the Muscles in Typhoid Fever —At the Pathological Society of London a paper was presented by Mr. Power on this subject. Mr. Power's attention was first called to it by the discovery of hæmatoid worms closely resembling trichinæ in the body of a boy who had died on board the training-ship "Cornwall," of a disease supposed to be typhoid fever, that had affected many of the boys in the ship. Investigation rendered it nearly certain that in all the cases the disease had been parasitic in its nature rather than enteric. The parasites resembled trichinæ in size, but they were not encysted, and they were more transparent than trichinæ generally were. This might be due to the rapid course of the disease in this case, and to the fact that the examination was not made until two months after death. In order to follow up the matter, Mr. Power made examinations of the voluntary muscles in two cases of undoubted typhoid fever. The first case was a young man, a patient in St. Thomas' Hospital under the care of Dr. Cory, admitted for typhoid fever, who had died of perforation on the twenty-third day of the disease, the bowel being found *post-mortem* to present well marked typhoid ulceration. In the pectoral muscles were bodies resembling parasitic worms. They were very numerous, and when first seen were apparently living. In length and in breadth they were about one-fourth the size of the trichinæ spiralis, and there was an interior canal which appeared to be covered at one part by some internal tissue or organ. Similar bodies were found in the muscles of a boy who died in Greenwich Hospital from peritonitis, at an early stage of unquestionable typhoid fever. In neither case were all the muscles affected, the diaphragm being in both free from the worm-like bodies. Further examination led to the discovery of smaller bodies, possibly having some relation to the larger bodies, but much more numerous than the latter. They were, however, not easily seen, a very slight interference with the slide being sufficient to re

move them from view. The larger parasite-like bodies were more numerous in portions of the muscle which had undergone decomposition; but this was not true of the smaller bodies. It was doubtful whether the increase in the number of the larger bodies was apparent only, or whether it depended upon actual growth or multiplication. The author of the papers did not profess to do more than record the observed facts, with a view to encouraging investigations on the part of other pathologists.

Glycerine in Flatulence, Acidity, and Pyrosis.—Sidney Ringer, M.D., and William Murrell write to the *Lancet* as follows:—

An old gentleman, who for many years suffered from distressing acidity, read in a daily paper that glycerine added to milk prevents its souring, and he reasoned thus: "If glycerine prevents milk turning sour, why should it not prevent me turning sour?" and he resolved to try the efficacy of glycerine for his acidity. The success of his experiment was complete, and whenever tormented by his old malady he cures himself by a recourse to glycerine. Indeed he can now take articles of food from which he was previously compelled to abstain, provided always that he takes a drachm of glycerine immediately before, with, or directly after his food. He recommends this treatment to many of his friends (sufferers like himself), and one of these mentioned the above circumstances to us.

We have since largely employed glycerine, and find it not only very useful in acidity, but also in flatulence and pyrosis, and that it sometimes relieves pain. We meet with cases where flatulence, or acidity, or pyrosis is the only symptom, but more frequently these symptoms are combined. Some patients rift up huge quantities of wind without any other symptoms than depression of spirits; in others we get flatulence and acidity, one or other predominating; and we meet with others who suffer from acidity, flatulence, and also pyrosis. In all these various forms we find glycerine useful, and in the great majority of cases very useful. We do not mean to say that in all cases it is superior to other remedies for these complaints; indeed in several

instances it has only partially succeeded, where other remedies at once cured. On the other hand, in some cases glycerine speedily and completely succeeded, where the commonly-used remedies for acidity and flatulence completely failed. We do not pretend to estimate its relative value to other remedies; we are only anxious to draw attention to its virtues. Gas is in some instances formed in the stomach, in others in the large intestine, in some patients in both. Our observations were made on stomach flatulence, and as glycerine is so readily absorbed we should hardly expect that it would influence the formation of wind in the colon, except given in large doses, and when it acts as a slight laxative, and so expels the putrefying mass which forms the wind. In some cases it removes pain and vomiting, probably like charcoal, by preventing the formation of acrid acids, which irritate delicate and irritable stomachs.

We suggest that it acts by retarding or preventing some forms of fermentation and putrefaction. J. Mèkulics (*Archiv. f. Klin. Chir.*) shows that glycerine prevents putrefaction of nitrogenous substances, as of blood diluted with water, which speedily decomposes at the ordinary temperature of the air. Two per cent of glycerine retarded decomposition for twenty-four hours; ten per cent for five days. If the fluid were placed in the hatching oven, then two per cent retarded decomposition for several hours, ten per cent for forty-eight hours, and twenty per cent altogether prevented putrefaction. He also proves that glycerine destroys bacteria, and prevents the formation of septic poison, though it will dissolve and preserve the septic poison itself.

Dr. E. Murk (*Virchow's Archiv.*) finds that two to three per cent will delay lactic fermentation in milk eighteen to twenty-four hours. Burnham Wilmot, 1860, says glycerine preserves meat so that after several months' immersion the meat is sweet and can be eaten; and Demarquay proves that both animal and vegetable substances may be kept for six weeks to two months by glycerine.

Glycerine, however, does not prevent the digestive action of pepsin and hydrochloric acid; hence, while it prevents the formation of wind and acidity, probably by checking fermentation,

it in no way hinders digestion. We administer a drachm or two drachms either before, with, or immediately after food. It may be given in water, coffee, tea, or lemon and soda-water. In tea and coffee it may replace sugar, a substance which greatly favors flatulence, as indeed does tea in many cases. In some instances a cure does not occur till the lapse of ten days or a fortnight.

Sign of Obstructed Labor.—Dr. Ludwig Bandl, of Vienna, has recently pointed out a phenomenon recognizable by inspection of the abdomen during labour only, which is of considerable practical importance. He found that in those cases where there exists an abnormal obstacle to the expulsion of the child, such as contracted pelvis, malposition of the child, &c., a distinct transverse furrow appears on the abdomen, about midway between the umbilicus and pubes, just at the junction of the cervix and body of the uterus. This furrow is produced by the wedging in of the cervix into the brim of the pelvis by the presenting part, and the concomitant fruitless concentric contractions of the uterine body. It occurs only in abnormal labors, and affords a valuable indication as to the time and necessity for operative interference, for obviously the undue continuation of this condition would very readily result in the production of a rupture of the uterus. Indeed, Bandl first witnessed this sign after such an accident. In normal labors, the presenting part passes into the pelvic cavity and fills out the cervical canal equally, thus preventing the occurrence of a transverse furrow. He has seen this furrow in several cases where there was excessive pelvic obliquity and consequent anteversion of the uterus, a condition simulating in its influence on the progress of labor the minor degree of contracted pelvic.—*Trans. Med. & Surg. Society, Maryland.*

Iodine a Substitute for Quinia.—While occupying the position of Government physician at the Wichita Indian Agency, Indian Territory, I saw a statement quoted from the *St. Petersburgher Medical Dochenschrift* on the value of iodine as a substitute for quinia. The statement made by the author, Dr. J. Nonodnitschauski, that " when given boldly, ten

to twelve drops of the tincture in half a glass of sweetened water every eight hours, *iodine will never rank second to quinia in the treatment of intermittent fevers*," the more forcibly impressed me, because at the time malarious diseases were prevailing extensively, and while I had been using the sulphate of quinia at the rate of one ounce per day, my stock suddenly became exhausted, and no article ordinarily used as a substitute remained in the dispensary. Our distance from medical supplies rendered our condition, under these circumstances, very embarrassing. Hence the readiness with which we seized upon any suggestions which seemed to afford means to fight our great enemy—malaria. Having, then, a good opportunity to test the value of the remedy, I began by following the plan suggested by Dr. Nonodnitschauski, that is, giving ten drops of the tincture in one-third glass of sweetened water thrice daily to adults, children receiving proportional doses. The results far surpassed my most sanguine expectations. Indeed I thought the statement rather extravagant, that iodine, when given as above indicated, " will never rank second to quinia in the treatment of intermittent fevers." Subsequent experience, however, both in that country and in this has led me to conclude that the anti-periodic powers of iodine are superior to any other remedy of the materia medica save quinia, and that it is by far the best known substitute for quinia. At that time I treated 135 cases of intermittent fever, 74 being males and 61 females; these included children and in some instances infants. The quotidian and tertian types of the fever were the forms principally presented. I also treated four cases of diarrhœa and eight cases of neuralgia, each of malarial origin, using the same remedy, only adding astringents or opiates as indicated. 147 cases were thus treated with the iodine, and the results were *fully equal to those treated with the sulphate of quinia*. The remedy seemed to act almost as by magic, in many instances the paroxysms were not repeated after the medicine was given, though the doses were repeated for a day or two after the cessation of the fever. In cases of enlarged spleen there was a more speedy reduction in the size of that organ than when the sulphate of quinia was used. One important item in its

favor was the fact that it was much more agreeable to take than quinine, and this with a large part of our population proved a potent argument in its favor. The iodine at once became a more popular remedy than quinine with the masses of our people. The nationality of those treated embraced the white, the Indian and the negro races.—*Dr. Grinnell in Southern Practitioner.*

An Infective variety of Tuberculosis in Man identical with Bovine Tuberculosis (PERLSUCHT).—Dr. Charles Creighton reports in the *Lancet* of June 19th, in full, eight cases of *perlsucht*, as the Germans call it, *melière* as the French call it, or serous or bovine tuberculosis, as it has also been denominated. We condense from the first four cases the following, which will convey a clear idea of the peculiar features of the affection. Dr. Creighton remarks that his observations give no countenance to what is called the "parasitic" theory of an infective disease. He also suggests that some of the outbreaks of typhoid fever in schools, etc., are really outbreaks of bovine tuberculosis. He offers no opinion as to the origin of his eight cases, and makes no mention of treatment:—

CASE I.—Male, aged 21, admitted April 14th, cough and wasting for several months, and dyspnœa for several weeks. Physicial exploration showed disease in the left lung. After being 36 hours in the hospital he died suddenly. He slept quietly till about two or three minutes before death; suddenly he began to gasp for breath, and died almost immediately.

Post-mortem.—Pulmonary arteries were searched for a clot, but none was found. The left lung contained a number of centres of disease, varying from the size of a walnut to the size of a pea; some of them were in the periphery of the lung, projecting on the pleural surface, others were in the centre. They were remarkable for their white medullary appearance. The centre of the mass was usually softened. In the base of the lung was an extensively excavated mass, into which a branch of the pulmonary artery appeared to open freely, although there was no appearance of hæmorrhage having taken place. The right lung contained only one mass, which was felt as an isolated

nodule in the midst of the compressible lung-substance; it occupied the hinder border of the lower lobe of its upper margin, and it was distinctly wedge-shaped, about an inch and a half long, of the same medullary consistence and color as in the other lung, and softened in the centre. The spleen was very large, and the surface of it was covered with small, flat, white bodies of a pearlg appearance, such as are sometimes described as occurring on the spleen, without any particular pathological significance being assigned to them.

CASE II.—Female, aged 38, admitted March 13th. Had typhoid fever in August, 1879. Has never been quite well since. Now admitted for certain ill-defined abdominal symptoms. Great fluctuation between morning and evening temperature, the record April 8th being 99.2° morning, and 104.5° evening. Acute tuberculosis diagnosed. April 19th became much worse, the face dusky and the respiration rapid. Died on the 20th.

Post-mortem.—Both lungs full of translucent miliary tubercles of a very small size. Small translucent tubercles on the pleura. In the lower lobe of the right lung there was a well-marked embolic infarct, wedge shape, about two inches long, and one inch and a quarter broad at its base on the pleura. It was quite firm and somewhat tough, not at all broken down, of dry texture, and brownish-yellow color, not everywhere of the same shade. In the abdomen there was recent peritonitis, the intestines being glued together. The whole peritoneum was covered with an eruption of large, flat nodules up to the size of a split pea, sometimes confluent, most abudant in the right iliac region, where there were old adhesions. They contained minute points of black pigment. Recalling the fact of typhoid fever six months before, and that healed typhoid ulcers may have black pigment in the cicatrix, I referred the peritoneal eruption to that source, and proceeded to unravel the matted intestines so as to examine the ileum. I found only two healed ulcers; one of them was of considerable size just above the valve, and another half-an-inch in diameter about a foot higher up. The latter I kept for microscopic examination, and a thickening, partly in the floor of the cicatricial depression, but more to one side of it, has afforded

very remarkable specimens. Both cicatricial depressions had minute points of black pigment in their extreme centre. The peritoneal covering of the liver and spleen was studded with the same large, flat tubercles as elsewhere. Mesenteric glands not altered in color nor enlarged.

CASE III.—Female, aged 17, admitted on 14th of April. Pulmonary symptoms since four months. Physical signs of disease in lungs; fluctuations between morning and evening temperature (e. g. 21st April, morning 100.8°; evening 103°), stupor, sordes, dry tongue, vomiting, delirium at night. Epileptiform fits on 17th and 21st. On the day before death paralysis of left arm and leg; duskiness of face and rapid respiration preceded death on the 27th.

Post-mortem.—Body wasted. Left lung adherent, especially to diaphragm, its pleural surface covered with adhesions containing healthy translucent tubercles. The upper lobe was of a rose-red color. In the lower lobe, near its upper and posterior angle, was a single well-marked wedge-shaped embolic infarct one and a half inches long and one and a quarter inches broad at base, of white medullary color, into which a branch of pulmonary artery entered underneath the thin end. The wedge-shaped area of white substance was composed of a number of round masses the size of peas, or larger, touching each other. There was another whitish mass at the extreme base, where the lung adhered to the diaphragm. A number of small white masses, with round central space, as if lined by a membrane. The right lung contained only the smaller kind of nodules. The pleura was studded with minute nodules. The peritoneal surface of the diaphragm on the right side was the seat of a most remarkable eruption of large, flat, confluent, lobulated nodules, from the size of a split pea downwards. This eruption was more like that of tumor infection of the serous membranes. The same kind of flat nodules occurred in the peritoneum covering the back of bladder, and in the parietal peritoneum of the right iliac fossa. On the broad ligaments and surface of the uterus the nodules were smaller, more pearly and sessile. There was an embolic infarct in the anterior end of the tempora-sphenoidal lobe of the

right hemisphere, yellow softening extending for a short distance on each side of the middle cerebral arterial branch. Miliary tubercles in the Sylvan fissure on both sides.

CASE IV.—Girl, aged 8, admitted 22nd April. Typical case of acute tuberculosis in a child; first signs of it five weeks before. Died on 2nd May.

Post-mortem.—Large packet of caseous bronchial glands. Abundant tubercles on pleura, both pulmonary and parietal; the tubercles were white in color, sessile, and even pedunculated. Both lungs were full of tubercles of unusually large size and white medullary substance. At the right apex a dense collection of white nodules, having the general outline of a wedge, with some lung-tissue within the outline not occupied by the white substance. The scattered white nodules appeared often to be perforated in the centre by a smooth-walled aperture. Tubercles on the surface of the spleen and in the fissure of Sylvius.

CASE V.—Male, aged 40, admitted 9th of May. Pulmonary symptoms for two years. Face congested; tremors of tongue and facial muscles; much prostration; frequent cough, with expectoration of offensive purulent sputa. Evening temperature 104.2°; next morning 100°. Physical signs of lung disease on left side (details deferred). Before death his dyspnœa increased much; face much congested; perspiration on forehead. Died on the 13th of May.

Dr. Creighton concludes as follows:—

My contention is that these cases of tuberculosis are, all of them, cases of bovine tuberculosis; that they show the distinctive and specific characters of that disease in their pathological anatomy, and are related to it in their etiology, and that they have precisely that relation to bovine tuberculosis which glanders in the human subject has to equine glanders. Bovine tuberculosis (*perlsucht, pommelière*) is a disease by itself as much as glanders is. It is only from directing too concentrated an attention upon its histology that one would be led to conclude, with Schüppel, that bovine tuberculosis is identical with the ordinary indigenous or autochthonous tuberculosis of man. It has well-

marked distinctive characters, which appear to me to be reproduced more or less in all the cases above related.

I must content myself for the present with summarizing in the briefest way what may be considered to be the salient features of the cases that I have grouped together without attempting to make out the identity with bovine tuberculosis from point to point. The salient points I consider to be: 1. The occurrence of tumor-like embolic infarcts in the lungs; 2. The implication of the bronchial or of the mesenteric and portal lymphatic glands; 3. The characters of the new growth in the wedge-shape infarcts and round nodules (of various sizes) in the lungs, and its corresponding character in the lymphatic glands; 4. The characters of the eruption in the serous membranes and its relative frequency; 5. The microscopic appearances; 6. The element of obscurity in the cases viewed as cases of ordinary or autochthonous tuberculosis; 7. Special points in case ii.—*Louisville Med. News.*

The Sale of Patent Medicines.—In respect to the sale of patent medicines, we might advantageously take a lesson from the Japanese. We learn, from the first report of the Central Sanitary Bureau, just issued, that they have established a public laboratory for the analysis of chemicals and patent medicines. The proprietors of patent medicines are bound to present a sample, with the names and proportion of the ingredients, directions for its use, and explanations of its supposed efficacy. During the year, there were no fewer than 11,904 applicants for license to prepare and sell 118,091 patent and secret medicines. Permission for the preparation and sale of 58,638 different kinds was granted, 8,592 were probibited, 9,918 were ordered to be discountenanced, and 70,943 remained still to be reported on. The majority of those which were authorized to be sold were of no efficacy, and but few were really remedial agents. But the sale of these was not prohibited, as they were not dangerous to the health of the people. If similar regulations were put in force in this country, it is probable that the sale of several patent medicines would be put a stop to.—*Brit. Med. Journal.*

New Operation for Prolapsus Uteri.—A radical operation of a novel character for the relief of prolapsus uteri has been originated by Lefort, of Paris. It consists in uniting the anterior and posterior vaginal walls along their mesial lines, so as to make two vaginas instead of one. After the operation the two vaginas lie in lateral proximity like a double-barrelled shot-gun. The surfaces freshened are about half an inch wide and two inches long, and are held in position by sutures. The operation is said to be not difficult of performance, and quite successful in preventing prolapse.

Caries of the Ankle in Children.—Dr. V. P. Gibney has tabulated the results of expectant treatment in thirty cases of the above disease. In fourteen cases the disease manifested itself previous to four years of age; in eleven instances the patients were from four to nine years old, and in five from nine to thirteen years. In fourteen patients the lower epiphyses of the tibia and fibula, as well as some of the bones of the tarsus, were involved; in ten cases the tarsus alone was implicated; in four, the tibia and fibula only; and in the remaining two, the os calcis was involved. As to suppuration, in nineteen cases it was quite profuse, in six moderate, and in five no pus was formed. The length of treatment averaged one year and three months, the shortest being less than six months, the longest nearly three years. The duration of the disease was from one to six years. Several cases were examined at varying intervals after the cure, and in all, the joint affected was found to remain in a state of health. Of those cases, and there were five, in which shortening of the limb was found to exist, it was not more than one inch. The shortening of the foot was as follows: half an inch in 16 cases, less than one inch in four, none in three instances, and in seven it was not ascertained. In two-thirds of the cases there was no lameness, in seven it was slight, and only in one case was the lameness at all marked. In five cases the mobility of the joint was perfectly restored; in the other patients there was a slight impediment to perfectly free motion in certain directions;

in two of these the tibio-tarsal joint was anchylosed, but this was compensated by an increased degree of mobility at the medio-tarsal articulation. The conclusions drawn from the paper are as follows: If a conservative course of treatment be adopted, the joint affected can be saved. Excision of a joint, in children, is rarely ever justifiable. No advantages are offered by partial incision, or passing tents through the joint, more than can be obtained by the expectant plan of treatment. By this method of treatment, although there may be some anchylosis and deformity, the limb is rendered more serviceable than in any other way.—*Reprint from Am. Journ. of Obstet.*, April, 1880.

Castration—Male and Female.—We take the following from the *Michigan Medical News*. After expressing the fear that a strong advance on the ovaries is to be expected in view of the advocacy of Battey's operation by the learned orators at the recent meeting of the American Medical Association who—particularly M. Pallen—were so enthusiastic about it, the writer makes the following eminently practical observations:

"But the mention of spaying, or rather oöphorectomy, the more euphoneous synonym, leaves us to enquire why this blessing should be confined to the women. Has not man sexual glands which lead him into difficulties, local, constitutional and social, scarcely less grievous to be borne than those which the woman suffers because of her ovaries? And yet the voice of neither Battey, nor Sims, nor Trenholme nor Pallen has a word for him. He is allowed to suffer untold miseries which the slight and dangerless operation of castration would relieve him from. Who is there that will arise and be the first to remove the human testicle and thus divide the honors with him who first removed the human ovary? Here is an opportunity for fame."—*St. Louis Clin. Record.*

Embolic Panophthalmitis in Puerperal Fever.—The author remarks that as a result of puerperal fever and other septicemic processes, double or single pan-

ophthalmitis had been mentioned in the older text-books, but the relation between the primary pus focus and the disease of the eye was shrouded in darkness till Virchow in 1856 lifted the veil by his discovery of capillary emboli. The impulse towards this rich discovery was given by two cases of the hitherto-called "metastatic" eye trouble. The author finds and republishes the thirteen cases scattered in the literature and adds one new one. The author publishes his case in full, and discusses the point of origin of the process, whether in the retina or choroid, as also whether the formations are really of vegetable nature. As regards the latter, he thinks there is no question that such is their character. As regards their relation to the changes produced, he thinks the emboli were composed of spheroidal bacteria. He regards Weck's view, that suppuration results through diapadesis of the white blood corpuscles under the infectious influence of substances received into the circulation, acting upon the walls of the blood vessels, causing a paralysis, and adds that these irritating substances are emboli containing bacteria.—Hosch, *Græfe's Archiv*, volume 26, part 1.—*Cinn. Lancet & Clinic.*

Water for the Sick.—Dr. J. Forsyth Meigs says: What, then, is to be the guide as to the quantity of water to be supplied to the sick? I answer, unhesitatingly, that so long as the patient retains his natural senses or appetites *there is no guide so sure and so safe as the thirst.* When this is lost, the trained knowledge of the physician or the common-sense or experience of the nurse must determine the quantities that should be given. What is this thirst upon which I rely so implicitly? It is the appetite implanted in the body by the Creator for the determination of the amount of water needed. The infinite wisdom which made the eye, the ear, the mind, the soul, established also the appetites of thirst and hunger, by which to regulate the amount of food and liquid necessary for the sustenance of the animal. These senses are quite as wonderful and unerring as the instinct of the bee to make its mathematical cell or to suck honey from the flowers; of the

ant to lay up store of food for its young; and of the migratory bird to seek its nutriment in new climates. For myself, I dare not oppose this divine sense in a thirsty patient any more than I would oppose the instinct of the infant to take from its mother's breast the material it needs for its growth. . . Thirst does not mean that the mouth, or throat, or stomach, merely want water poured over or into them, but that the hand, the foot, the brain, the body and all its members, need water. The thirst corresponds, Carpenter says, "to the excess of demand in the system over the supply afforded by the blood, and it is caused to abate by the introduction of the requisite material into the circulating fluid, even though this is not accomplished in the usual manner by the ingestion of food or drink into the stomach."—*Louisville Medical News.*

Treatment of Anal Fissure.—Dr. Hamon informs us, in *Le Praticien*, that instead of employing forcible dilatation, he applies to the fissure, with a camel-hair brush, a solution consisting of one part of chloroform to two parts of alcohol. Two or three applications, at intervals of two or three days, usually suffice to effect a cure. The first application is very painful, but each subsequent one becomes less so.

Jaborandi in Mumps.—Dr. Testa states in *Il Morgagni*, that he has employed this remedy in the form of infusion in five cases, and draws from his practice the following conclusions: 1. Jaborandi is an efficient remedy in mumps. 2. The efficacy is explained by its hydragogue, and especially its sialagogue properties. 3. Administered early it will prevent the development of the affection. 4. It may prevent the metastases which are not infrequent.

Removal of Small Calculi.—According to a writer in *Le Progrés Medical*, calculi of small size can be removed by ordering the patient to lie flat upon the belly. The stones then fall into the anterior portion of the bladder. He is then to gently get on "all fours" and urinate while in that position. The calculi, not being allowed to fall back into the depression behind the prostate, will often be passed in the act of micturition.

CANADA

Medical and Surgical Journal.

MONTREAL, AUGUST, 1880.

ADDITION TO OUR PAGES.

It is with much satisfaction that we are able to begin a new journalistic year with the announcement of an increase in the size of our JOURNAL. It will be observed that the present number contains 64 pages, whereas heretofore there have been but 48. We have frequently felt that space was required, in order to present more selections from the current medical and surgical writings, and we have constantly had in view the enlargement of the JOURNAL for this purpose, provided we received sufficient encouragement to enable us to do so. Having added materially to our circulation during the past year, it has been decided to carry this out. The subscription price is maintained at the same figure, but, as we are undertaking a considerable addition to our expenses, we must remind some of our subscribers that arrears are owing which we hope they will liquidate as soon as possible.

In reviewing the volume for the past year, we find that though this JOURNAL has been the medium of communicating many very excellent original and practical articles, yet the actual number of those contributing is much smaller than it should be. There is an apathy on the part of the Canadian profession generally with reference to publishing the results of their experience and observations, which is in strong contrast with our brethren on the other side of the line. This is a national failing which we should be getting old enough to have outgrown. It is a failing which reminds us also of the diffidence in public speaking which, with a few exceptions, characterizes our medical men when compared to, or associated with, American physicians. It is not that the

material is not here—that, of course, can always be found by him who seeks—and it is not that the ability is wanting to observe, note, think, and reason upon, what is seen. We have a far better opinion of our *confrères* than that. It would appear to be a simple disinclination to undertake the task of putting together a communication or article. This ought not to be. Every earnest medical man, with a live interest in his profession, should consider it a duty to devote some little time to giving the rest of the community the benefit of some of his thoughts—the encouragement afforded by his successes—and the warnings to be learnt from his failures. We trust, therefore, that amongst our many friends throughout the Dominion more will be stirred to help us during the coming year with occasional communications.

THE TRIENNIAL ELECTION.

The forty governors who rule this Province for the next three years have been elected; their names we gave last month. The result, taken as a whole, is not unsatisfactory, as it would appear that almost every important interest has succeeded in securing a fair amount of representation. Many, however, are of opinion that the principle upon which these elections are at present conducted is by no means the best. As it is now, each voter is required to fill in a schedule of forty names, including representatives from each district. No one individual can give an intelligent vote upon the merits of but a very few of this total number. It results, therefore, in the great majority of cases, in the filling up of a list of names procured from some friend as a ticket brought forward by some particular interest, towards which the voter is supposed to be friendly. A few individuals can thus influence the entire election to a degree that would be simply impossible if it were otherwise managed. We are inclined to think that the plan followed in Ontario is very much to be preferred. There, as in Great Britain, there are electoral districts, each one of which returns its own representatives. Each medical man, knowing, as he is sure to do, the capacity and fitness of those in his immediate neighborhood, is in a position to give an intelligent opinion upon the desirability of having a certain candidate upon

the Provincial Council. But how in the world can we in Montreal help honestly to decide upon the best man from Chicoutimi, or *vice versâ*, why should the Chicoutimites be asked to say who they would prefer, say, from the city of Sherbrooke? The thing is really preposterous. This objection to the plan was pointed out in these pages when first before Parliament, but it commended itself to the majority, and it is the law.

Another advantage of district elections is, that candidates are named, their merits and demerits discussed, and thus a fair field offered to the combatants before the final decision is arrived at—just as with any ordinary political campaign,—whilst under the system in vogue here only a few who have been holding private caucuses have the least idea of the names of those who are about to present themselves for the suffrages of the voters. The latter, therefore, have no means whatever of finding out how a particular candidate will vote upon any of the open questions of the day. Would it, therefore, not be advisable to reopen this question for general discussion? If the system here advocated be found to commend itself to the general profession, especially as now represented by the new Board, steps could be taken to have the law so amended before the next triennial election.

LONGUE POINTE ASYLUM.

It is doubtful if many physicians of this Province are aware of the manner in which the patients in the Provincial Lunatic Asylum at Longue Pointe are attended to—medically, of course, we mean. At the present day it is an exploded idea that mad people are sent to asylums either to be permanently retained or merely to be kept out of harm's way until their mental malady have cured itself. On the contrary, the view now held is, that every lunatic asylum should be, as far as possible, an hospital: that is to say, that the mental malady of every admitted person should receive the careful consideration of physicians in regular attendance, just as is the case as regards the physical troubles of those taken to our general and other infirmaries. Thus, the entire management—hygienic, dietetic, and medicinal—should be under the direct control and guidance of a skilled medical

superintendent. The truth of these universally-admitted facts we need not further dwell upon. But next we must ask the question: Looked at in this way, how does this Provincial Asylum stand? Has it such a medical staff as commands the confidence of the profession? Do we feel that in recommending our patients to be sent there we are placing them under the most favorable circumstances for their recovery? Many, in ignorance of the real state of affairs, may perhaps still think so, but it is by no means certain that they would continue to entertain the same feelings when informed of the regulations actually in force. It is of these now-existing regulations concerning the medical officers that we desire to speak. There are two medical gentlemen attached to the Asylum. One of these is Dr. Henry Howard, the well-known alienist, who has for so many years been identified with the care of the insane at St. Johns and in this city. The other is a practitioner resident in the village of Longue Pointe, and *appointed by the sisters themselves* to take medical charge of the inmates of their institution. Of the first-named we would speak with much respect, as indeed his long experience in his chosen specialty, and his eager zeal in promoting all matters of professional interest, require that we should. Of the latter we know nothing beyond the fact that he is a reputable physician of good standing. It should at once be stated that in what follows we have in view nothing but the public good, and desire simply to expose what we look upon as a public wrong which should be righted. By arrangements which have been in force during the last twelve months, the gentleman appointed by the nuns visits the Asylum daily, and is easily found in case of emergency. He alone prescribes for, and gives all directions concerning, all the inmates, whilst Dr. Howard retains only the duties of admitting and discharging patients, and making periodical reports to the Government upon the general condition and management of the institution. He takes no part in the medical care of the patients, never knows the clinical features of the individual cases, but simply says who shall come in and who go out. What, then, is practically the condition of things? A certain number of persons are admitted to the Asylum—the fact

of their requiring special treatment being attested by the fact of their passing the scrutiny of the admitting officer—and during the whole period of their stay they have *no skilled* medical supervision, they get *no expert* medical care tending to their recovery, but simply any temporary ailments they may have are attended to by a general practitioner who has had no experience in the diagnosis or suitable treatment of cases of insanity. The magnitude of the interests involved is quite apparent when we consider that there are on an average between 700 and 800 persons in the Asylum, a considerable number of whom are private patients. The latter are often sent there by their friends or regular medical attendants, because they fancy they will there get advice superior to what can be given them at home. How far they are mistaken the above facts plainly show.

The evils of the contract system have been exposed time and again. The difficulty here complained of is a simple outcome of this system. What a contrast, and how much to our disadvantage, as compared with the sister Province of Ontario!

What should be done? The very first thing to be done is to make such arrangements as will lead to the medical superintendence of this important establishment being placed in charge of a competent expert, who shall have given proof of such acquaintance with mental maladies and skill in their treatment as to command the confidence of the medical public. This need in no way interfere with the duties of the present Government medical officer. Indeed, it is all-important that his advice should be had in all serious or difficult cases, and that the results of his long experience should be within reach of the Asylum authorities.

CANADA MEDICAL ASSOCIATION.

The 13th annual meeting of the Canada Medical Association will take place at Ottawa, on Wednesday and Thursday, 1st and 2nd September next. We learn that arrangements are being made by the profession of that city which will no doubt conduce greatly to the comfort and pleasure of their visitors. They have already secured the use of some of the Committee Rooms in the

Parliament Buildings, so that the work of the Association can be very conveniently carried on in sections. The want of a sufficient number of rooms was a decided drawback to the usefulness of the meeting last year. We are informed by the local secretary that ample hotel accommodation has been arranged for, so there need be no anxiety on that score. Montreal men have always been noted for taking an active interest in the Association both by their presence and by the reading of papers. We hope, therefore, that on this occasion our city will be well and numerously represented. An extra reason why we should be there is that we have this year the honor of having for President-elect one of our own representative men—one whom all in Montreal are proud to see elevated to this dignified position which commands the respect of the whole profession. We are convinced that this Canadian Association of ours does a good work, and is deserving of the cordial support of us all. We therefore earnestly hope that all who can, will find their way to our capital city on the 1st proximo.

The following is the list of papers notified to the general secretary so far. No doubt these constitute but a small portion of those which will actually be brought forward, as it has unfortunately been the rule hitherto for many to delay giving notice of their papers until the last minute :—

DR. R. A. REEVE, "Some Principles of Ophthalmology."
" D. CLARK, - "On Brain Lesions."
" J. WORKMAN, "Atrophy of the Cerebellum."
" HINGSTON, - "Treatment of Surgical Wounds."
" SEWELL, - "Tea as a valuable Therapeutic."
" OSLER, - 1st, "A Contribution to the Question of Spinal Paralysis."
2nd, "Demonstrations of a Series of Specimens of the Brain and Spinal Cord."
" T. K. HOLMES, "Surgical Treatment of Laceration of the Cervix Uteri."
" OLDRIGHT, "Some common and mischievous defects in House Drainage, illustrated by apparatus."

Dr. RYERSON and Dr. FENWICK have also promised papers.

Arrangements will be made with the different Railroad and Steamboat Companies for the usual reduction in the fare of members, certificates for which may be obtained from the

Local Secretaries, Drs. Wright, Ottawa; Ross, Montreal; Wickwire, Halifax, N.S.; Allison, St. John, N.B.; and from A. H. David, M.D., General Secretary, Canada Medical Association.

L'HOPITAL NÔTRE DAME.—This hospital, which is to be conducted under the auspices of the Medical Faculty of Laval University, was publicly opened on Sunday, 25th ult., by a formal benediction pronounced by his Lordship Bishop Fabre. A large number of medical men representing the different schools of the city were present, as well as numerous citizens who had been invited by circular. After the religious offices were concluded, the visitors were escorted over the building by the physicians and sisters in charge. The establishment is what was in former years the well-known Donegana Hotel. It is spacious, and will afford ample room for all requirements. Two large wards containing 20 beds each are now ready for the reception of patients, and it is intended shortly to accommodate about seventy-five. There are also a number of private wards, which are to be offered at very reasonable rates. With our present knowledge of what a hospital should be, it is always to be regretted that an old building should be used for this purpose; but we must say that in this case many difficulties seem to have been overcome, and the wards appear airy, comfortable and well ventilated. With the extensive support this institution is receiving from various quarters, it is likely to become a permanent and perhaps prominent addition to our charitable establishments. We hope that, from the commencement, the medical staff will not fail to give a full annual report of the work done—as in our General Hospital—for such statistical information is always of much value. In the meantime we wish the Hopital Nôtre Dame all success in its important work.

Medical Items.

A MEDICAL WIFE.—A recent London medical scandal shows a possible and unexpected disadvantage of having a medical wife. Three vacancies occurred for assistant physician to the National Hospital for the Paralysed and Epileptic. For one of

these posts Dr. Sturgis was most highly recommended by the senior medical officers, and presented most flattering testimonials from many sources. But when his claims were discussed before the managing committee it was discovered that he had married a wife possessing a medical diploma. This was too much. His application was dismissed without appeal.

SPENCER WELLS' 1,000TH OVARIOTOMY.—Our readers will be interested to know, says the *Lancet*, that Mr. Spencer wells has just completed his 1,000th case of ovariotomy. The patient is doing well. With Mr. Wells' 888th case he began to treat his cases antiseptically. The results since have been even better than before. Recovery has been more rapid, fever being avoided by the antiseptic precautions. Few surgeons in this or in any preceding age have been able to look back upon such a history of anxious, original, and life-saving work.

DEATH FROM ETHYL BROMIDE.—Dr. Levis, of Philadelphia, reports the fatal case. Patient was a young man with stone. Had cystitis, also cough and emaciation. The operation was being resorted to as a *dernier ressort*. A drachm only of the anæsthetic was being administered when the breathing ceased, and he died almost immediately. There was found advanced pulmonary phthisis, and the tubes were filled with muco-pus.

ENGLISH AND RUSSIAN HEALTH.—London at the present may claim the distinction of being the most healthy city of importance in the world (Med. Press and Circular). The death-rate in the capital of the British Empire is only eighteen per thousand of its population of four million. The other extreme is St. Petersburg, with a mortality of fifty-nine per thousand.

THE LITHOPHONE.—At the meeting of the Académie de Médecine of March 30, Dr. Langlebert presented a new instrument, made under his directions by MM. Mathieu Fils, for the diagnosis of vesical calculi. The instrument is composed of a small cylindro-conical drum of glazed pasteboard, to the extremity of which an exploring sound is attached. Such is the resonant power of this apparatus that the smallest stroke, an insensible grazing of the

beak of the sound upon a stone in the bladder, becomes greatly amplified, and resounds in the drum where it appears to be produced. The illusion is said to be complete, the bladder seeming to be brought under the ear of the surgeon. It is needless to dwell on the utility of the lithophone for finding vesical calculi and small fragments after lithotrity. The instrument is figured in *Le Progrès Médical*, 3rd Avril, 1880.

WORK OVER YOUR PATIENTS.—The average patient sounds the praises of his doctor and pays his bill more cheerfully because "he worked on him," and gained his victory only after many visits and much medicine—by the sweat of his brow as well as by his brain. Therefore, our young brother—you who about this time begin the battle of life—do not think victory is always to be obtained by going straight at the mark. Consider the specialist in this matter—say when he wishes not only to conquer an ophthalmia but the possessor thereof. Perhaps you might be tempted to prescribe some quinine, or iron may be, and rest, and in a few days rejoice at disappearing redness, but, perhaps, dear friend, to regret at non-appearing patient. If you would be wise in your generation, blow something in the eye to-day, drop into it to-morrow, rub upon it the next, and after many weeks or months you will rear in your patient's mind a monument of your skill—and likewise in your pocket some representative of his wealth. Do not, dear young friend, fresh from the books, think that you "know it all."—*Louis. Med. News.*

QUINTUPLE BIRTH.—A woman living near New Glasgow, N.S., recently gave birth to five children, all of whom have, however, since died. Dr. P. D. Keyser, of this city, has exhibited to us a photograph of the quintuple babies lying side by side in their "little bed." The photograph was sent him by Dr. Hyde, of Truro, N.S., who stated that the children would probably have lived if they had had any chance. The parents were extremely poor, and lived six miles away from where anything could be got for them. There was nothing in the house to even wrap them up in, and the doctor had to take the blind off the only window to make bandages.—*Phila. Med. Rep.*

DE PROFUNDIS—RESPECTFULLY DEDICATED TO MR. TENNYSON.

"Out of your depth, my boy, out of your depth.
At embryology don't try your hand,
Until at least you faintly understand
How ova are developed from their source,
And then expelled at labor. Take a course
Of Leischman. Then, and not till then, aspire
To clothe obstetrics with poetic fire.
Out of your depth, my boy, out of your depth."

—*Western Lancet.*

—How many patients refuse to continue the use of bromide of potassium from its intensely bitter salt taste? This taste is easily overcome by giving 3iii of simple syrup with each drachm of the bromide. The 3iii of syrup, if properly made, should contain about 150 grains of sugar. This completely alters the taste, giving it an agreeable nutty flavor, not unlike to cocoanut milk, if largely diluted. Children take it with avidity. The sugar in no way alters the medicinal virtues of the drug. This is a boon to epileptics and others who have to persevere in large doses of the bromide.

—The *Churchman* of New York is publishing a number of astounding cures of cataract by a Dr. Neftel, by means of electricity. The editor has been urged by a committee of the medical profession and by many oculists to cease giving publicity to these cases, which they look upon as of very doubtful reliability. He insists upon the facts, and promises further and still more remarkable cases.

—Jones, of the *London*, being expostulated with by the Principal for his idleness, the other day, honestly confessed, "It's no use, Dr. C——, I was cut out for a loafer." "Well," said the Principal, surveying the student critically, "whoever cut you out understood his business."