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# THE CANADA MEDICAL RECORD.

Vol. XIII.

MONTREAL, NOVEMBER, 1884.

No. 2

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## Original Communications.

### NOTES OF SIX CASES OF REMOVAL OF THE OVARIES AND FALLOPIAN TUBES.

By E. H. TRENHOLME, M.A., M.D., B.C.L.

Professor of Gynecology, Medical Faculty, University of Bishop's College.

The importance of the subject of removal of the uterine appendages leads me to briefly report six cases in which the operation was performed for the relief of pelvic disease and suffering, where no other form of treatment had been found satisfactory and where the condition of the patients was such that not one of them had any future for which to live.—I may say that while the symptoms varied with each case, yet the general features were of a common character, and all more or less directly referable to the monthly molimen. These six operations were made during the year ending first of April, 1884, so that 1½ year has elapsed since the first of this series occurred and half a year since the last. This delay has been caused by a desire to have the effects of the operation made known, so as to have some fair idea of what changes and benefits, or otherwise, had resulted. The mere report of such operations, even when recovery results, affords but little information for those who wish to study the subject; while it is manifestly unfair to return a case as cured simply because the patient did not die from the operation itself. I consider this operation as in some sense yet upon trial: the data for its performance and the exact class of cases where we can safely predict a successful issue are not sufficiently established. If this contribution helps toward this result my chief object will be gained. It is only by the report

of such cases and unsparing critical discussion that the truth becomes apparent; and here, as well as in all cases, what we want is the truth, the whole truth, and nothing but the truth. As one of those who has devoted some attention to the treatment of diseases of women I fancy my own experience in dealing with some of these cases is similar to that of many others. The ordinary uterine displacements, the so-called ulcerations of the os uteri, with induration and enlargement, and even uterine myoma are varieties of disease easily recognized, and for the most part not difficult of cure. But all is different when disease of the appendages co-exist with that of the body of the organ itself. Here our caustics, alteratives, pessaries, and every form of medicinal treatment, fall short of effecting any special benefit to the poor sufferer, whose days are shortened by the misery of her life.

This desperate state of hopeless despair so pressed itself upon me that some ten years ago I ventured to tread in a new path, in the hope of affording relief to suffering and to the saving life. The fact that in this class of cases the activity of the sexual functions was the exciting cause of the intense suffering, whether accompanied by severe hemorrhages or interference with the organic functions of life, led me to resort to the removal of the uterine appendages for their relief and cure.

The sphere of this operation is being enlarged to embrace certain forms of mania. Some time ago Dr. Goodell reported several cases where it had been resorted to for mental derangement with marked benefit.

One of the following cases was of this character, and the result has been most gratifying—The

patient is remarkably improved, and is sensible of the great change that has resulted from the operation. I have had several letters from her, all of which manifest a good mental condition. There is still much to be done in this line, and I am anxious to see what may be achieved in the way of castration of insane male subjects. The well-known effect of the operation on animals leads me to hope that very many cases of mania might be so far relieved of their violent character, as to permit of their being retained at home, and thus lighten the dreary monotony of an asylum life. Such a case as I refer to, came under my observation a short time ago, but, unfortunately, too late to allow of the performance of the operation before the patient was removed to Longue Pointe Asylum. Without further remarks I now give a brief report of the case with the after-results of the operation, so far as known, up to the present time :

CASE 1.—Miss S., æt 34. Canadian, spare habit but well developed, and, except for disorders of menstruation, healthy. For many years patient has suffered during menstruation, but for the past year has been a confirmed invalid, seldom able to leave the house. I could not get any information from her former medical attendant, inasmuch as she had been under twelve doctors before she fell into my hands.

Upon examination I found the uterus low down in the pelvis and retroverted—the condition of the os was normal, the depth of cavity  $5\frac{1}{2}$  centimetres, and the organ freely moveable. On the right side found a small growth which was supposed to be either an ovarian or tubular cyst. As the uterine displacement with all its accompanying distress could only be treated palliatively, and as such treatment could not possibly offer any future to the patient worth living for, the removal of the uterine appendages was advised.

OPERATION.—On 31st of March, 1883, assisted by Drs. Ross, Armstrong, Gardner, Young and Shepherd, I removed the ovaries and fallopian tubes. The abdomen was opened in the median line, below the umbilicus, to the extent of about 9. c. m. On the right side there was a cyst about the size of a goose egg = 1 lb. The left ovary was enlarged and cystic, both tubes much congested and apparently the seat of inflammatory action. The external wound was closed by three deep silver sutures and five superficial horse-hair sutures.

The after-treatment does not require special note, as the convalescence was rapid and the tem-

perature almost normal throughout, except on the second day when it rose up to 100.5 for a few hours. On the 12th day patient was able to be up in an easy chair. The only after-trouble encountered was small abscesses, due to the irritation of the silver sutures in the recti muscles, an occurrence which now, thanks to the suggestion of Dr. Goodell, need never occur.

This patient returned to her home in Ontario, and in less than three months after the operation was performing nearly all the work of a family of seven persons. Eighteen months have now passed, and though her general health was feeble for some months, and there was a good deal of pain and pelvic distress, on account of a too early resort to duties of life, yet on the first of this month (Nov.) she writes : “The great pain I suffered in the body is gone, am not troubled so much with my head and back, able to walk three or four miles a day, and gaining in flesh, and able to do *all* my own work, which has been very heavy for the last two months my mother was in Toronto for six weeks during the busy season and I did every thing myself. Were it not for the great pain of rheumatism I would be, comparatively speaking, *quite* well.” This patient suffered a good deal, especially the first few months after the operation, from flashes of heat all over the surface of the body, followed by perspiration. This peculiarity has been noted in all the other cases now reported, but in some cases much less severe than in others.

CASE 2.—Miss—, æt 32. Born in Quebec. Well-developed, healthy girl in every respect, except as to the organs of generation. Her menses have always been painful, and though for a number of years she led an active life between the menstrual epochs, yet for the last four or five years has been unable to walk or sit for any length of time on account of severe and constant pains in the pelvis. In fact, most of her time was passed on her couch, with her feet elevated, in which position alone she obtained relief.

The patient had been a sufferer from the time menstruation began, but it was only after the menses had been arrested by the use of cold water baths that her disease assumed a serious character. Before, during, and after menstruation the pains are severe, while the interval between these epochs permit of limited out-door exercise. These periods of comparative relief have been gradually diminishing, in fact are almost absent at the present

time. Very serious menorrhagia has greatly reduced the patient.

The uterus was found retroflexed and retroverted and both ovaries enlarged.

As medical treatment had failed to afford any relief, and the state of her health rendered her not only a great sufferer, but quite precluded the possibility of any active useful life, the removal of the uterine appendages was proposed, and the operation for this purpose performed on 21st June, 1883 (now 17 months).

The operation was made in my usual way, except that I used silk ligatures in place of my favorite hemp.

The removal of the ovaries and tubes was not very difficult, but the low state of the patient was followed by a tedious and anxious recovery. The wound healed slowly and quite a quantity of pus escaped from the lower part of the incision, which healed up by granulation. The pelvic pains continued with much severity for months afterward, and does so still suffer, though to a much less severe degree. The chief advantage gained by the operation is the cessation of the menorrhagia, which has allowed the patient to gain in flesh and strength, and to walk about in a way not possible for several years past. The benefits hoped for have been interfered with by hernia of the bowels at the lower part of the wound, where lack of union permits of painful protrusion. This complication was not serious some six months ago, but I learn that it is now giving a great deal of trouble. The patient is now able to see to household duties, and leads a somewhat active life, while at the same time her restoration to health has not been as full and complete as I had anticipated.

CASE 3.—Miss —, St. Catharines, Ont.

This patient was operated upon at the request of Dr. Goodman and the medical staff of the Hospital. She is a well-developed, healthy-looking girl of about 28 years of age. Has suffered for several years with menstrual disorders and pains in the pelvis. As she had received no benefit by treatment, and being a poor girl, who was obliged to work for her living, which she was unable to do, the ovaries and tubes were removed in the usual way on 2nd July, 1883. The recovery was rapid and perfect. She has returned to the duties of her station, and when last heard from was in the possession of very good health.

CASE 4.—Miss M., Toronto, æt 23. Pale, delicate, slight-built, nervous girl. Has been a sufferer since menstruation began, but of late is subject to extreme distress at each menstrual period. The pains are most severe in the region of the ovaries and down the legs. The uterus is indurated, tender and low down in the pelvis. Both ovaries enlarged and tender. On 28th August, the uterine appendages were removed in my usual way, and the patient made a complete and rapid recovery.

The subsequent history of this case is most satisfactory, so far as the results of the operation are concerned. All pelvic suffering disappeared, and within a few months she was able to walk several miles, and skate for hours without exhaustion. Being of a tubercular diathesis I have lately heard she is dying from pulmonary phthisis.

CASE 5.—Miss C., Vankleek Hill, Ont. Spare, tall, healthy-looking girl, æt 32. Has always suffered from her menses, but the flow was regular as to time and amount; the menstrual distress gradually increased till about six months ago, when the pains diminished in degree, but was accompanied by symptoms of mental derangement. Since this time she is despondent and melancholy, with a suicidal tendency. On one occasion she attempted to take her own life and from that time she was under constant supervision up to the date of her coming under my care. The ovaries were found to be enlarged and tender. The operation for the removal of the uterine appendages was made in my usual way on 22nd March, 1884. The recovery and subsequent history of this patient has been most satisfactory, and her maniacal symptoms have not again manifested themselves. She has not needed any supervision, and enjoys better health than for years past, and is now able to help in the house work of her home on the farm. I have had several letters which show a marked improvement in her mental condition, and she now seems to realize the mental disturbances she has passed through before the operation.

CASE 6.—Miss I., æt 21, Montreal. Patient is a medium-sized, well-developed girl. Has suffered since menstruation began, some seven years ago. Pain in the region of both ovaries constantly present, but at the time of the flow is most severe. On examination both ovaries are found to be enlarged and tender. Uterus also much congested and heavy. As the girl was in dependent circumstances and unable to earn her own

living, and as no local or general treatment availed to afford more than very temporary relief, the removal of the ovaries was performed 5th April, 1884. There was nothing special to note, so far as the state of the parts removed or the nature of the operation, but the patient proved a most troublesome one, and made the slowest and most unsatisfactory recovery of all the cases I ever had. The incision was hardly 5 c. in. long, but it took quite two months to secure union. The result of the operation, however, has been all that could be desired. The pelvic distress has entirely disappeared, the girl's strength and spirits have returned and she is now engaged in domestic service. I may say that upon two or three occasions, about the time of her menstrual periods, she has had slight hemorrhages lasting about a quarter of an hour, the total amount lost being about 3 i. upon each occasion. Montreal November, 1884.

#### GYNÆCOLOGICAL REPORT.

By E. H. TRENHOLME, M.D., Professor of Gynæcology, Bishop's College.

*Sponge tents.*—The need of safe and efficient means of dilating the cervical canal of the uterus is of such importance that practical hints as to the preparation and easy introduction of sponge tents are thankfully received. Some time ago Dr. Albert Smith, in a paper upon the subject, brought out the following points: 1st. That sponge tents made by pressing a flat piece of sponge saturated with wax between two marble slabs, expanded only one way and were of little service. 2nd. That the Sims' method of compressing a sponge saturated with a strong solution of gum arabic, impaled upon a wire compressed with cord, and then dried and smoothed, did not afford such a good tent as one made after his own method, which is as follows: 3rd. Wind a cylindrical piece of sponge *saturated with water only*, and without any styilet, with a piece of fishing line to which a six-pound weight is attached. This compresses it thoroughly, and its form is easily given by the fingers during the process of rolling—the surface can be smoothed by sandpaper. The tent should be of a uniform size from end to end, otherwise the cervical canal will not be equally dilated throughout. The tent should be made of fine strong sponge, and the use of medicating agents avoided, as they set the sponge and render their removal difficult. The tent should be straight and rapidly introduced into

the canal of the neck and uterus. It should be coated with soap and fine salicylic powder rubbed in over the surface, so as to form a disinfecting paste, which allows of its being retained 48 hours without giving rise to any unpleasant odor. A strong compressing forceps of a proper shape is used to place it in situ, and the injection of a little warm water renders its retention secure in a couple of moments. If it should cause pain an opium suppository can be resorted to for its relief.

*Time of removal.*—This is a very important point, as, if it is removed at the end of 24 hours, it will cause hemorrhage, on account of the spongioles which have become imbedded in the mucous membrane dragging away the entangled tissue and thus leave a raw surface. The uterus also up to this time possesses its contractive power, while after 48 hours it loses it, all pain has ceased, and the removal of the tent is easily effected; and if a second tent is necessary it may be introduced immediately after washing out the cavity of the uterus.

Among the advantages claimed for the sponge tent are slowness of dilatation—not slowness of expansibility. It has, also, a disintegrating power over morbid tissue, causing them to slough off after dilatation has destroyed their vitality. Sponge tents will not slip out as do laminaria, and they also permit of the escape of fluids through their pores.

Thus the sponge tent is not only used as a means of exploration, but also as a valuable remedial agent, as before stated, and by its stimulating effect upon the tissues causes decrease of size in cases of chronic metritis and hyperplasia. They are often of great service in cases of uterine hemorrhage due to granulations of the mucous membrane—their action destroying the fungoid growths and thus curing the patient. In some case pediculated fibroids have been destroyed and removed by the finger without much trouble.

### *Society Proceedings.*

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, Sept. 26, 1884.*

T. A. RODGER, M.D., PRESIDENT, IN THE CHAIR.

*Enlargement of the Spleen.*—DR. ARMSTRONG exhibited a boy 11 years of age, whose spleen

extended a couple of inches below the umbilicus. Enlargement dated from an attack of typhoid fever three years ago. The lad's mother says that on three occasions he has had attacks of unconsciousness, followed by paralysis of one side, and lasting a few days. There is a diminution of red-blood corpuscles and an increase of white. Improvement in general health had followed the use of Liq. Arsenicalis, and for a time the spleen became smaller.

Dr. WILKINS said he had attended the boy off and on for years. He was not sure if what he took to be an attack of typhoid were that, as six or seven months after the boy had a feverish illness, when he became semi-comatose for several days. The spleen at times reached below the crista ili. Had repeatedly examined the blood; usually there were but one-quarter the normal number of red-blood corpuscles. Found no absolute increase of white-blood corpuscles. For a time quinine caused the spleen to get smaller.

*Traumatic Tetanus in a Woman aged 40.*—Dr. WILKINS exhibited part of a foot, also a piece of sole leather, the size of half a pea, which had been driven up into the foot by standing on a nail. This occurred on Saturday. The following Wednesday she was seized with spasms, and removed to hospital on Thursday. It was thought that a piece of the nail might be in the soft tissues of the foot, but after careful examination by Dr. Roddick, nothing was found; but it was deemed wise to remove two toes and the parts for one inch back. On dissecting the piece removed, Dr. Wilkins found the bit of hard leather resting on a nerve filament. The symptoms were not much lessened by the operation, the patient dying thirty hours later, probably from asphyxia. Dr. Wilkins said if he had another similar case he would try excising the nerve higher up, say in the leg.

Dr. TRENHOLME said he had had a case very like this one, where a boy got a splinter of wood into his foot. The splinter was pulled out and the parts healed nicely, but in ten days tetanic spasms, followed, ending fatally. Dr. Trenholme found a very small bit of wood, surrounded by a drop of pus, in the foot. Dr. Fuller, who performed the *post-mortem*, traced the nerve from the wound to the base of the brain, and found it all inflamed. In the spine, the membranes, as well as the cord, were congested. Some of the fluid

from the spinal canal was injected into a dog; paralysis followed, which lasted several days.

Dr. BELL said that he had seen several cases of traumatic tetanus in the hospital. A man was stabbed in the instep with a pitchfork, a bit of stocking was found at the end of the wound. Another case was that of a girl, who had run a nail into her heel. After death he dissected the parts, and found a sliver of iron resting against a nerve filament, which was swollen and œdematous. A third case was where a man was hurt from a fall on the buttocks; symptoms of a deep-seated suppuration ensued. The man died seven days after the injury. No *post-mortem* was allowed in this case. On theoretical grounds, Dr. Bell believed success might follow amputation and keeping the patient well under the influence of opium—in fact, pushing the opium as far as possible.

Dr. HENRY HOWARD hoped surgery would prove an aid in these cases, yet he doubted if it were possible. He related several cases which had been under his care—one being that of a son of the late Dr. Mount's, where tetanus followed a scratch on the buttock.

*Uterine Myoma; Removal; Death from Exhaustion.* Dr. WM. GARDNER exhibited the specimen, which was about the size of an orange. Patient, aged 52, had had severe hæmorrhages for four or five years. On examination, the above tumor was found, and, although very weak, it was deemed wise to remove it, which was done piecemeal. Patient did well for 36 hours, dying from exhaustion 56 hours after the operation. The discharges were never at any time fetid. The womb was irrigated repeatedly, and at times continuously, by means of the double irrigation tubes. Dr. Browne assisted at the operation. Dr. Gardner said it was well known that uterine fibroids frequently kept up menstruation for long after the usual time, and were often the cause of the menorrhagias seen at the menopause. Profuse menstruation at the climacteric is not normal, and should be followed by a uterine examination in order to prevent operations being performed upon women already much weakened.

Dr. TRENHOLME thinks one is not warranted to explore the uterus by the occurrence at this period of menorrhagia alone. The question of operating for fibroids depends upon whether we

can control the hemorrhages till after the menopause or not.

*Infant Feeding.*—Dr. Blackader read a paper on this subject.

Dr. ALLOWAY said that infants objected to milk digested with Pancreatic Extract on account of its bitterness. He also spoke of the benefits of using very fresh milk, and the means used to obtain a regular supply, as seen in some cities in the old country, where she asses and goats are brought from door to door and the quantity required there and then milked.

Dr. GURD asked if the observations made by other members agreed with his, viz., that artificially fed infants were, as a rule, larger than others.

Dr. CAMPBELL agreed with Dr. Blackader that only the minimum of food found necessary should be given. He condemned the more convenient long-tubed bottles as being not only injurious in themselves for many reasons, but also as tending to make the mother less careful altogether of their infants. It was so easy to put the baby down with the bottle beside it, and "let it go as you please." His experience coincided with Dr. Gurd's, that artificially fed infants were larger and heavier than others. He (Dr. Campbell) found that stall-fed cows gave a more acid milk, and as many of our city cows were stall-fed, this would account for the reason why milk foods so often disagree.

Dr. HENRY HOWARD said he had noticed that sometimes a mother's milk, whilst agreeing well with her own thriving child, when given another to nurse, the foster child would fail and pine away. When a student in Dublin, had often seen cows led from door to door to be milked for the customers.

Dr. CAMERON said if the milk were only partially digested, the bitter taste would not be present. He uses gum water as a diluent for milk in preference to any starchy preparation, believing it less apt to sour. He spoke strongly against the milk supplied to the city, which sometimes for hours was churned in the waggons on their way from the country. Some cows were kept in the city, but these were mostly badly housed and fed. A patient of his, an infant on milk diet, three months old, was suddenly taken with choleraic symptoms. The milk was stopped and it got well; again it was put on the cow's milk, and the diarrhoea, etc., returned. Dr. Cameron went to the milkman's

to seek for the cause of this, and found that the day the baby was first taken ill the cows had been fed with old cabbage leaves and turnip tops. He thought the health Officer ought to look after dairy inspection.

Dr. WILKINS said he had had very satisfactory results with the use of pancreatised milk; has always used Bengar's preparation of Pancreatine. At times he has found it necessary to rest the stomach, and so has used it per rectum. Anæmic mothers don't give the quality of milk required, though the quantity may be plentiful. Here he orders barley water, and the child to be nursed less frequently. He said that a drop or two of sour milk left in the tubes of a bottle was enough to set up lactic acid fermentation in a whole bottleful of milk.

Dr. ARMSTRONG had found milk digested with Bengar's preparation very useful. On one occasion he fed a three months old infant for seven days entirely by the rectum, the child recovering from its illness.

Dr. BLACKADER said that the fresher the milk the better for infants. Boiled milk was much more difficult to digest than unboiled. He has noticed that bottle-fed infants were either very large and fat, or just the opposite.

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## *Progress of Science.*

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### COLDS.

We take the following from the *Lancet* :

Colds are chills, and chills are prolonged depressions of nerve-force, without the reaction which should occur immediately after the collapse. Nineteen persons out of twenty misuse this word "reaction," and the misuse involves more than an error, or confusion, of terms. There are *three* stages of every strong impression made on a living organism. First, the attack—in this case the chill; second, the pause, like a dead-point, during which the organism is depressed—that is, lying under the stunning effect of the attack; and third, the reaction. "reaction" cannot occur until after the dead-point, and the mistake commonly made is to speak of the stage of exhaustion or depression which follows any severe impression as the reaction, whereas it is precisely because no reaction occurs and the dead-point is prolonged that matters go amiss. The physiological, or perhaps we ought to say the pathological, process of a cold has been thus described: When the surface of the body or the air-passages are chilled by a draught, or by being drenched with rain and sitting in cold damp clothes, lying in damp sheets, and the like,

the mischievous impression is made, not on the skin itself or on the lining membrane of the air-passages, but upon the vast network of minute nerve-filaments which lies beneath these membranes, and connects the surfaces of the body—both external and internal—with the nerve-centres, which are the sources and foci of energy and power. These nerve-centres receive, through the multitudinous branches of telegraph-like afferent nerves converging to them, a shock or staggering impression which for the moment paralyzes them; and during this paralysis or stupefaction the vaso-motor, or vessel-contracting centre, whose peculiar function it is to regulate the calibre of the blood-vessels, gets the upper hand, and these blood-vessels are contracted so that they carry less blood than usual. The smaller branches of the arterial system, which form a net-work immediately underneath the skin and give it its bright pink color, are so reduced in "bore" or calibre—as any elastic or compressible tube may be reduced—that the red blood does not flow through them, and the surface looks pallid. This is the first effect of "chill." Presently comes the recovery from this state, or the "reaction" as it is called, when the first effects of the shock have passed away and the centres begin to revive. Now occurs the critical moment. If the shock has been great, and the recovery is slow or imperfect, as often happens in a depressed or what is called a "delicate" state of the organism, the vaso-motor centre, which of course shares the general depression, though it is not the first to feel it and show it, will give way before the reaction is established; and then the heart, bounding in its recovery, pumps its blood into unduly yielding and unstrung vessels, and dilates them and local congestions or accumulations of blood may take place, while the absence of proper resistance excites the heart to tumultuous action, and the disturbances of fever and inflammation occur. It is a question of the balance in power between two parts of the nervous system, the general and the particular—the latter being the centre that regulates the calibre of the blood-vessels—and this practically resolves itself into a question of time. If the reaction of the general nervous system be quick, there is a rush of blood to the surface vessels, and due resistance being found, the heart quickens its pump-like action, and the sweat-glands are thrown into activity, so that perspiration ensues. If, on the other hand, the vaso-motor centre has participated seriously in the shock of the chill, the muscular coats of the vessels are not properly contracted; they have lost their tone. Then the blood propelled to the surface simply dilates the vessels, so that there are the redness and heat of "fever" or pyrexia, and the skin remains dry; there is rapid action of the heart, partly because there is less than the normal resistance to overcome, and partly because the vagus fails to exert its inhibitory action, and both the muscular structure of the heart and the respiratory centre are left un-

controlled, but the current of the blood moves slowly through the vessels, and the heart-wave is perceptible in the arterioles, and is present in the capillary area.

Coincident with these mechanical actions and reactions, involving departure from the healthy condition of the circulation, occur disturbances of the chemical processes of health, and consequently alterations in the nutritive relation of the various tissues of the organism and the blood. What then is a cold? Clearly it is a disturbance of the balance between the several parts of the nervous system, brought about by the shock of a sudden or prolonged exposure to the depressing effect of "chill"; although the same physiological results may be produced in the organism by the operation of any agent which is capable of giving the nervous system a similar shock, and thus creating the same kind of disturbance. Nature's provisions against the consequence of a "chill" and for the prevention of a "cold" are *sneezing* and *shivering*. A violent fit of sneezing often saves a chilled body the consequences of the nerve depression, or "shock," to which it had been subjected; and this shock may in its first impression be very limited in its area; for example, the small extent covered by a draught of cold air rushing through the crevice of a door or window. The nerve centres are aroused from their "collapse" by the commotion or explosive influence of the sneeze. If sneezing fails, nature will try a shiver, which acts mechanically in the same way. If this fails, the effects are likely to be very serious, and bad consequences may ensue. The popular notion reverses the order of events, and hence the saying; "If there is sneezing the cold will be slight, if there is shivering it will be grave;" whereas it is slight when sneezing suffices to recover the nervous system quickly from its depression, and grave when even strong shivering fails to do so. In case of chill, with threatened cold, sneezing may be produced by a pinch of snuff of any kind. This is how some of the vaunted "cures" of cold by snuff are brought about. Or brisk exercise may ward off the attack. The popular idea is that the circulation is restored by these remedies, but the true explanation is that the nervous system and centres are aroused. The first step towards an intelligent treatment of chill and cold is a scientific recognition of their nature.

#### PHARYNGITIS.

Two grains of the chloride of ammonium, combined with ten or fifteen minims of the tincture of cubeb, given every half hour, oftentimes controls acute pharyngitis and superficial inflammations of the other tissues about the throat. For inflammation of the throat dependent upon a gouty diathesis, add to this mixture ten minims of ammoniated tincture of guaiac, and administer every hour. (Dr. A. A. Smith.)—*Med. Record.*

## FREQUENT AND PAINFUL URINATION.

*A Clinical Lecture, delivered at the Long Island College Hospital.*

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(Reported by Edward Develin, M.D.)

GENTLEMEN: To-day I desire to call your attention to that condition of frequent and painful urination arising from certain disturbances and anatomical lesions of the sexual organs.

CASE I.—Our first patient is thirty years of age, and has now been married eight months. Her health has always been fairly good until two months ago, when she began to suffer from frequent and painful urination. These annoying symptoms have continued ever since, and have also increased in severity. She states that in the morning and during the forenoon she is comparatively comfortable, and can retain her urine a reasonable length of time; but towards the afternoon the desire to urinate is frequent and urgent, and she has much pain in evacuating the bladder. These symptoms continue until night, and during the early part of the night she is compelled to rise several times and relieve her bladder; but after she has once fallen asleep she remains quiet until awaking in the morning at her usual time for rising.

Now the fact that she is able, while asleep, to retain her urine until the bladder is distended to an average capacity, is an indication that the trouble does not involve the entire bladder, but that it is limited to the urethra, and, perhaps, the neck of the bladder. If she had a general cystitis, the probabilities are that she would not be able to hold even an average quantity of water in the bladder at any time. We cannot, however, be sure as to the extent to which the bladder is involved without an examination of the urine, but it is fair to suppose, judging from her symptoms, that the trouble is limited to the urethra, and probably the neck of the bladder to a slight extent. It is a curious fact in her history that during the latter part of the night and during the forenoon she is comparatively comfortable, but that her symptoms become aggravated in the afternoon and continue during the early part of the night. This may be due to one of two causes.

First: It may be due to the fact that the irritation subsides after lying in bed for a time, and does not return until she has been about for several hours during the early part of the day. The fact of her being upon her feet and maintaining the erect position, naturally brings more pressure to bear upon the neck of the bladder, and would thus aggravate an already existing irritation, and give rise to frequent urination, which continues until she again seeks relief by assuming the recumbent position in bed for a time. This certainly is one of the causes for this frequent urination in the later part of the day.

Secondly: There is a cause which gives rise to the same peculiarity of clinical history, and that is

*malarial poisoning.* A patient suffering from malaria quite frequently has irritability of the bladder, indicated by frequent and painful urination, these symptoms being always most marked in the afternoon and evening. In this case, however, there is no indication of malarial trouble; so that the peculiarity of her history is no doubt due to the erect position maintained during the early part of the day.

Regarding the primary cause of her trouble, that is not quite so clear; there is no history of any gonorrhœal inflammation which could have affected the urethra or bladder, as it sometimes does; neither has she any uterine or pelvic disease which would directly or indirectly affect her bladder. It is barely possible that it arises from the change in her social relations: having married late in life—some eight months ago—it is just possible that her family relations may have produced an irritation of the urethra and base of the bladder, which, when once established, is very liable to persist, if not relieved by treatment. Having an opportunity of examining this patient's urethra and the neck of the bladder, the probability is that we shall find a hyperæmic condition, and perhaps some tendency to ulceration of these parts, but of that we cannot speak positively; as the examination has not yet been made, nor shall we trouble her with such examination, until we see if we can relieve her by treatment.

In the treatment of this case we will render the urine as bland and non-irritating as possible, by permitting her to drink freely of the alkaline mineral waters—Vichy for instance—and, in case she cannot procure that, we will order the acetate of potash. At the same time I will give here a favorite prescription in these cases:

R.—Fl. Ex. Buchu, . . . . . ℥ij.  
Tinct. Conium, . . . . . ℥j.

Sig. ʒj half an hour before meals.

If this fail to give her relief we will then employ injections of sulphate of zinc, half a grain to the ounce of water, with the addition of a drachm of the fluid extract of *hydrastis canadensis*. In using this local application we will employ a syringe with rather a large nozzle, which is to be introduced just within the meatus, then slowly and carefully inject the mixture, so as to force it along the urethra into the bladder; being careful to have the bladder emptied previously. By adopting this plan we are sure of bringing the remedy in contact with the entire mucous membrane of the urethra. We will also request her to abstain from coition, as that may be the cause of her trouble.

CASE II.—I have here a very interesting case, brought to me by Dr. Stewart. This lady is forty-five years of age, unmarried. She gives us the following history: Up to six weeks ago she menstruated regularly every four weeks; since four weeks ago she has menstruated three times, she is therefore suffering from menorrhagia. She has great pain in the back and supra-pubic region,

with frequent and painful urination; altogether, suffering extremely, she says. I am now making but very little pressure upon the abdomen, and yet she complains very much. Upon examination I find an extremely interesting pathological condition here. Now bear in mind the prominent symptoms: there are intense backache and pain in the supra-pubic region, with an abnormal condition of the menstruation, and a frequent desire to urinate. Dr. Stewart, in carefully examining the condition of the sexual organs discovered conditions which did not altogether coincide with her history as given by herself. He found the uterus large and well developed, with an os externum which looked as if it had seen service; the same also with the perineum. Upon being questioned very closely, or, as they say in law practice, "cross-examined," she admitted that she had had a child five years ago, and had been also operated on for amenorrhœa.

This gives us a clue as to the cause of the present condition of things which we have here. We find the uterus is large and the fundus is pointing towards the upper part of the symphysis pubis, the os looking towards the hollow of the sacrum; the body of the uterus is therefore pressing upon the bladder and crowding it downward—a condition which is sufficient to account for this frequent urination. The uterus is anteverted, and the prominent symptom is the functional disturbance of the bladder, due, no doubt, to the displacement. I here show you a specimen of her urine. We often have symptoms of cystitis without cystitis being established. In this case we have vesical tenesmus because of the pressure of the fundus uteri. A normal bladder will tolerate pressure for a time, but after a while it will incite this frequent urination; it is therefore a question whether or not we have cystitis here. You will observe in this urine that there is an abundant deposit of the phosphates; if this clear up upon the application of heat, and we find no products of inflammation under the microscope, we will simply say that this is a mechanical derangement of function.

There is, however, another unfortunate condition here, and that is, that while the uterus is anteverted it remains there in spite of all our efforts to restore it. It is anteverted and fixed in this position because of a former peritonitis. If she has been subjected to an operation for the relief of amenorrhœa, she has been in the way of having pelvic cellulitis or peritonitis, or both, and the evidence is that she has had one or both.

We have here, then, an incurable anteversion; all that we can do is to relieve the symptoms; we cannot remove the cause of her pain, backache, and vesical tenesmus; we can only modify these, while hoping that she will live long enough to pass the menopause, and be relieved by the final involution of the uterus. The plan of treatment will be to try and relieve her general condition. This urine shows her nervous system to be below par; when we have this brick-dust deposit, it is said to be a symptom that the waste of the tissues is in excess

of the assimilation for their support. It is said of clergymen that the deposit of phosphates in the urine is greater upon Monday than any other day in the week, by reason of the using up of the nerve force on the preceding Sunday. It is possible that we may improve this woman's general health so that her system will be able to tolerate her local difficulty, and thus bear her suffering much better.

It is impossible to use a pessary in this case, as the uterus is fixed; part of her vesical irritation may be due to the fact that her old peritonitis involved the peritoneum covering the bladder, so that now it is impossible for that organ fully to distend. This peritonitis has probably extended in front of the broad ligaments, forming adhesions, and thus holds the bladder in a splint, so that it cannot extend; this may be another cause of her frequent urination. So that we have here two factors: the displaced uterus, and the thickening of the peritoneum upon the walls of the bladder, which prevent its distention. We can do little but apply the douche and paint the vaginal roof with iodine; we can also introduce a belladonna suppository if advisable. This, however, as I have told you, can only be palliative.

This case is an exceedingly important one, as those who are most prone to this condition are those who abuse the generative functions.

There is one thing more here, which however hardly comes under my Chair. We find above the umbilicus a marked pulsation, which may be an aneurism of the aorta, and which might possibly account for some of the abdominal pains.

CASE III.—This patient is twenty-six years of age, and she informs me that she first commenced to menstruate when she was eleven years of age. She has now been married seven months; her menstrual flow previous to marriage appeared every two weeks, but since that time she has menstruated once a month until within the last three months, when she has menstruated once in two weeks, as previous to her marriage. She now states that she has a frequent desire to urinate, and she is not relieved when she has passed water. She has vesical tenesmus, this is accompanied with some pain; her bowels are also constipated.

Now this is a very interesting history. First, abnormal menstruation, becoming normal after the change in her social relations, and then after a time again becoming abnormal. This is a marked violation of an essential law relating to menstruation, and the one which I dwell most upon in my didactic lectures, viz., that each individual should abide by the rule which she takes upon herself. If she start out in life to menstruate once in three weeks, that is normal for her, and she should continue to do so.

Now on examining this patient, I found the os pointing directly towards the introitus, and the fundus towards the pubes, the uterus being doubled up, both body and cervix being flexed forward, so that the two parts together make pressure upon the bladder, which is in all probability the expla-

nation of her desire to urinate constantly; she informs me that she has to get out of bed several times during the night to urinate. The mechanical pressure in this case is disturbing the functions of the organ.

In this case, if we remove the cause we will in all probability remove the cystic irritation, and possibly correct the menstrual derangement. Sufficient to say just now that we will employ the usual treatment for anteversion of the uterus, and, if we can overcome that, all the symptoms will subside.

CASE IV.—This patient, a married lady, menstruated regularly until four years ago. She comes to us to-day complaining of some disturbance of the bladder. I think I shall be able to illustrate to you a prolapsus of the bladder, which gives rises to much annoyance in this case. Now, here, as you observe, we have both walls of the vagina coming down; here, also, we find from one-half to three-quarters of an inch of laceration of the perineum. The posterior vaginal wall, as you will observe, is not prolapsed as much as the anterior wall and the bladder.

Now, as I introduce the sound into the urethra, it should, of course, pass in an upward direction, but, as you can see by the arc the handle of the instrument describes, it passes backward, giving us the diagnostic sign of prolapsus of the bladder and upper portion of the urethra. These parts have been torn away from their original support and carried downward; the bladder and the urethra have parted company with the structures of the pelvis which support them; this, therefore, would result in partial incontinence of urine, owing to the undue pressure brought to bear upon the sphincter of the bladder.

Incontinence, however, is most marked when the prolapsus of the bladder is in the first degree; in complete prolapsus incontinence disappears, and gives place to difficulty in urinating. I have seen some cases where the bladder had to be restored to its position before it could be emptied; in such cases I have instructed the patient to urinate while lying down upon the face. I remember being called in a case of this kind, in which the uterus was atrophied and the bladder rested upon the floor of the pelvis. She was unable to empty the bladder while in the erect position, but the moment the patient turned upon her face in the reclining position she could urinate with great comfort, and for the rest of her life I believe this patient will have to urinate in the knee-chest position. It is well to bear this point in mind.

In the case before us we must endeavor to do something to relieve her, as during the ensuing warm weather this prolapsus and partial incontinence of urine will be a source of great irritation and annoyance. I would, therefore, advise that she have perfect rest; tampon the vagina until this organ regains some tonic, restore the perineum, and then introduce an anteversion pessary. Sometimes the restoration of the perineum and rest will suffice, but in other cases we fail with all the means

which we have named, because the pessary does not come down far enough to keep the bladder in place. There is, however, a little instrument recently invented by Dr. Malcolm MacLane, of Harlem, which answers when the anteversion pessary fails. This consists of a little grooved instrument, which is passed under the arch of the pubes lying up against it, which is secured by a cord attached to it and passed around the abdomen, the only difficulty being that the two bars running up on each side of the meatus cause some irritation, but it really answers the best purpose in these cases when rest, restoration of the perineum, and all other pessaries fail.

A question here arises, viz.: If you support the bladder and urethra, and retain them in position, will the attachments ever become restored? To this I must answer that I do not know. I have seen a large number of these cases, and watched them with great interest, but I have not yet seen any case in which such an event took place. My experience would lead me to say that they are never entirely cured, although made quite comfortable by proper treatment.

CASE V.—This patient now before you is fifty-three years of age, has been married twenty-six years, and has three children. She is now suffering from prolapsus uteri, and also prolapsus of the bladder, as you all observe. This tumor projecting from the vulva is the uterus, bladder and vaginal walls. When I pass a sound up to the fundus, I find that the uterus is four and a quarter inches in length, showing it to be very much larger than it ought to be in a patient of this age. This which I now hold between my thumb and finger is a portion of the bladder. I need hardly add that we have here a well-defined prolapsus uteri in the third degree. We are sometimes in doubt as to the degree of prolapsus in some cases, but here we are fortunate enough in having it so clearly defined as to be unmistakable. Now, to prove to you that this is the bladder which I hold in my hand, I pass the sound into it, and in place of the instrument taking an upward direction it curves downwards, and those who are near by can see that I can put my finger upon the point of the sound within this sac in my hand, you can see it move my fingers. We have then complete prolapsus of the bladder as well as of the uterus. I will now carry the uterus up to its place in the pelvis, and in doing so you see that I press the cervix backward. If I did not do that, I should transform the prolapsus into a retroversion of the third degree. On making pressure I am very careful to carry the fundus upward. Sometimes it is impossible, as the uterus will double upon itself, the fundus falling backward; we then transform it into a retroflexion. In such cases it is then necessary to pass the sound into the uterus and guide it into position by this means.

In this case we have also an anatomical lesion of the perineum, and in addition to this we have also a functional lesion, a relaxation of the muscles,

When I make pressure backwards there is not much muscular resistance.

Now the point which I wish you to carry in your mind is the changes which occur in the other organs of the pelvis, owing to this uterine displacement. In addition to the uterus becoming displaced, the bladder also comes down with the uterus; and in all these cases of displacement, if they have existed for any length of time, the vaginal walls become relaxed, which leads to or follows the abnormal position of the uterus.

Sometimes we have only one vaginal wall prolapsed; usually, however, both. In this case both of these are entirely out of the pelvis, as you see, but the posterior vaginal wall does not come down so far as the anterior. In managing a case of this kind, just do as you see me now, push the uterus up in position, keep the patient in the recumbent position, and use the vaginal tampon to retain it there. I have just such a case at the present time in my private practice. Before the uterus was restored to place, she spent most of her time in urinating. Now I have her lying in bed under the treatment I have just described, and she can retain her urine as long as anyone. When the relaxation has been overcome to some extent, and the parts have regained their tonicity, we will restore the perineum in this case so as to get as much normal support as possible making a restoration of which at first appears to be more than is necessary to compensate for the tendency to prolapsus.

So we bring the vivifying process a little higher up into the vagina and bring together as much tissue as possible, making the perineal body run up into the vagina, so as to make a support for the bladder. But even then, in some cases, you will find that in time the bladder will gradually slip down, so that, perhaps, this lady will come back at the end of a year and say that our operation did not do her any good. We will have, however, gained much, having secured a good perineum upon which to rest a globe pessary. We will follow out precisely this treatment here, keeping the parts in position for a time, then by and by restore the perineum, and afterwards introduce the globe pessary, if need be.

CASE VI.—Our next case is also one of incontinence of urine; the cause, however, of this condition in this patient is entirely different from that of the preceding ones, and therefore must not be arranged under the same head. The patient, however, comes to us suffering from this incontinence, and I now present her to you as illustrating another cause of this difficulty. This little girl is twelve years of age. When she was three years old she had an attack of scarlet fever, and has never been well since; she has not accomplished much in the way of growth or development; she looks somewhat anæmic. During the night she has to get up six or seven times to pass her water; and, unless exceedingly tired, the desire always awakens her. During the day the passing of water is equally, or more, frequent; for the reason she has been unable to attend school. This is very

interesting, as it illustrates a class of cases which you will meet quite frequently. When urinating there is always pain, and she informs me that, if she attempts to restrain herself, it increases the pain; but immediately upon evacuating the bladder there is complete relief for a time. For the last nine years this has been going on. It is, however, a rare thing as a rule in this difficulty for the patient to awaken at night, the urine being generally passed in bed. This is a most miserable condition for a child to be in, being obliged to get up to urinate many times every night, or else to sleep in a bed saturated with urine.

Acute cystitis often follows the eruptive fevers, and sometimes in these cases it becomes chronic, as in this case, so that we should always be on our guard in the eruptive fevers and see to it if there is any cystitis following, otherwise the result will be the same as in this case. Now, whether the child has general cystitis or an inflammation of the neck of the bladder with urethritis remains to be seen. The way to make the diagnosis is repeatedly to examine the urine, selecting the last drachm or two which is passed, and if it contains pus and epithelium we may be tolerably sure that there is general cystitis. The order of the development of the pathological conditions in this case is as follows: first, scarlet fever, which gave rise to acute cystitis, or urethritis, which, in place of ending in recovery, ran into the chronic or continuing variety.—*Philadelphia Medical News.*

## GOITRE.

BY J. SOLIS COHEN, M.D.,

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*Treatment* is both constitutional and local. Recent cases only, and those of a comparatively moderate bulk, offer a fair prospect of success to purely medicinal treatment. Simple hyperplasia, especially when recent, often subsides spontaneously without special therapeutic intervention. This may be followed by renewed hyperplasia, again amenable to spontaneous subsidence. Repeated recurrence, however, will culminate in permanent hypertrophy. The largest goitres are not amenable to any treatment, surgical or medicinal. Between these extremes the therapeutic indications vary greatly with the nature of the tumor and the individuality of the case. Goitre apparently due to causes associated with locality of residence, is best treated by change of residence. Co-existent catarrhal inflammations of the larynx and trachea usually require appropriate treatment, prior to the institution of any measures specifically addressed to the hypertrophied gland itself, inasmuch as the frequent succession of the tumor during paroxysms of cough is unfavorable to retrogression of the hyperplasia. The internal remedies employed in goitre are chiefly those classed as

alterants. Of these, chloride of ammonium and iodide of potassium are the most reliable. Hydrofluoric acid has recently been strongly urged. I have not used it. Chloride of ammonium is especially indicated, both for its favorable influence upon the inflamed air-passages, and for its value in promoting the absorption of hypertrophied tissue. The liberal administration of iodide of potassium is often effective in uncomplicated hypertrophic goitres of soft consistence, even when of considerable bulk. Temporary suspension of the remedy may become necessary during the treatment, should the general health suffer impairment. Constitutional disturbance, often wholly attributed to the remedy, is, in reality, due in great measure to the rapid absorption of the constituents of the diminishing tumor, and may be largely controlled by the institution of measures promotive of the emunctory functions. Iodide of ammonium, alone or in combination with the chloride of ammonium, may sometimes be equally efficacious with the potassium salt, and less depressing. Iodine and iodoform are successfully employed, as well as the salts of iodine. In addition to the internal administration of the drug, iodine in tincture or compound tincture of officinal strength or diluted with ether, collodion, glycerine or alcohol, may be painted over the tumor once or twice a day, with advantageous results. Iodoform dissolved in ether, chloroform or collodion, is sometimes more efficacious. Collodion is often the preferable menstruum, by reason of the salutary compression which it exerts upon the mass. Inunctions with ointments of iodine, iodide of potassium, or iodide of mercury, variously diluted, are sometimes preferable to the application of paints or solutions. The biniodide of mercury, rubbed in under exposure to direct sunlight, is strongly urged by the British physicians in India. Any other method of securing the necessary heat should be equally efficacious. Vascular goitre is sometimes peculiarly susceptible to the favorable influence of the iodides. Excessive vascularity, however, is a great obstacle to the success of that influence. These methods are often efficient in diminishing the deformity to a great extent, sometimes rendering it imperceptible to casual inspection; but it is very rarely that entire absorption is secured.

Medicinal treatment failing to reduce a goitre, electric and electrolytic procedures may be instituted with some expectation of success. Percutaneous applications, both of the current from the battery and the current of induction, have been followed by absorption of the contents of the goitre; but the battery current is preferred, on theoretical grounds. Percutaneous applications being inefficient, electrolysis may be attempted by the insertion of needle-electrodes into the mass, and the passage of the battery current for a few (5-10) minutes, the process being repeated once or twice weekly. Both poles may be inserted into the tumor, or one only. In the latter instance, the needle is connected with the negative conductor,

and the circuit is completed by placing a moistened sponge-electrode on the exterior. Some operators prefer to attach several needles to the conducting wire, for the purpose of establishing multiple centres of decomposition; but the quantity of electricity which can be utilized being limited it seems more logical to concentrate the action by the employment of a single needle. Extrication of hydrogen at the negative pole will cause the tissues around the needle to become swollen or puffed out. They will be first red, and later, black and blue, from effusion. A small eschar of cauterization will form at the point of puncture.

In cystic tumors, the choice of the pole for insertion into the mass will depend upon the intention of the operator to bring about disintegration of the contents of the cyst, on the one hand, or to promote coagulation on the other. In the latter case the positive is chosen. In goitres containing cysts and permeated by large veins, electrolysis for closure of the veins has been practiced simultaneously with evacuation of the contents of the cysts; the capillary trocar for the latter purpose being employed as the electrolytic needle (Henrot).

The following procedures, all of which are often successful, may be cited for reference:—

First as to simple hypertrophic goitre. Blisters over the goitre and inoculations with irritant substances, to excite cutaneous inflammation, and thus imitate nature in some of her demonstrations of spontaneous cure. Leeches externally, to reduce vascular congestion and promote circulation. Hypodermatic injections of ergotin over the goitre, for constitutional as well as for local effect. Interstitial injections of arsenic, ergotin, carbolic acid, tincture of iodine, tincture of the chloride of iron to provoke suppurative inflammation and the production of abscess. These injections are by no means innocuous, and are occasionally the direct cause of death. In favorable cases, however, local reaction is rarely severe, and, if so, may be moderated by the application of cold. The introduction of a seton is sometimes employed to excite suppuration. It may be passed either directly through tumor and skin, or through tumor only, after its exposure by cutaneous incision. When thrust through the skin, it is best to pass a silken thread, by means of a large needle, and to introduce additional threads as the cure progresses. The thrust of a seton lancet may cause hemorrhage. The seton is best introduced quite far back, if readily practicable. The irritation produced by this treatment excites decomposition of the hypertrophied gland, with subsequent suppuration. Discharge usually takes place by the side of the seton. Should the size of the clumps of detritus impede discharge in this way, incision should be made at the chief opening, and the broken-down contents be withdrawn by grooved-director, spoon or finger. Their retention may provoke septicæmia, or even pyæmia.

The free movement of a trocar in the mass, to excite suppuration and convert the firm tumor into a cyst with fluid contents, for subsequent treatment, has been practiced (Billroth).

This procedure is attended with risk of wounding vessels and exciting serious hemorrhage, which, if profuse, may threaten suffocation by pressure, and thus demand prompt incision of the mass under very unfavorable conditions.

Whenever the attempt is made to transform an hypertrophic goitre into a suppurative cyst, the accomplishment of the purpose is announced by pyrexia. As soon as decided fluctuation becomes evident, it is necessary to make a long incision, to evacuate the pus and detritus. A counter-opening should then be made at a suitable point, and a seton or a drainage tube inserted: or the gum-elastic drainage threads of Prof. Levis may be employed. Disinfectant solutions are injected twice daily, or oftener, to keep the cavity free from pus and other products.

In *Cystic Goitre*, mere puncture with the trocar, for palliative purposes, is generally useless as a therapeutic measure, for the cyst rapidly refills. Its liability to be followed by hemorrhage within the cyst, from puncture of a vein, may involve a risk of compression of the air-passage, or of infiltration into the cervical connective tissue. Evacuation by trocar, followed by injection of alcohol, carbolic acid, compound solution of iodine, tincture of iodine, tincture of chloride of iron, or other irritants, to provoke obliterative inflammation is sometimes practiced, the solution being retained for minutes or hours, by plugging the canula. Evacuation by slow drainag  is also practiced. These procedures have occasionally been fatal, by py mia. If the operation is successful, the cyst usually refills gradually, and the new products undergo gradual absorption in from three to six weeks, or longer.

*Fibrous Goitres* are sometimes treated by interstitial injections of arsenic, ergot, carbolic acid, tincture of iron and tincture of iodine. Fatal results have sometimes followed these measures, especially the injection of iron, so closely as to have been the direct consequence of the procedure. Usually from fifteen minims to a drachm of the solution is employed, and the injection is repeated at intervals of a week or two. Successive injections with impunity do not always guarantee survivals after subsequent ones. Injection into veins is usually the immediate cause of death. As urged by L ucke, iodine is the preferable substance for injections into goitres, on account of its decided absorbent influence on glandular tissue, a valuable addition to the condensatory, cicatricial process set up by the wound of the instrument, the repetition of which is thought to have, likewise, some favorable effect. The syringe being loaded, and the air expelled from its well-sharpened nozzle, the tumor is grasped in the left hand, in such a manner as to bring it firmly beneath the skin, at the point selected for puncture. This point should be at

some distance from any cutaneous vein. The needle is then thrust sharply into the tumor, and the piston driven down until the desired quantity of fluid has been discharged. The syringe should be held by its barrel, during both insertion and withdrawal, so as to avoid escape of the solution into any vein which may have been pierced. As the needle leaves the skin the orifice should be covered by the finger, until protected by adhesive plaster, to prevent oozing, whether of blood or of solution. Hemorrhage from the vessels which course along the capsule of the gland is rarely serious, and usually controllable by digital compression. Pains in the jaws sometimes occur a few minutes or a few hours after the injection. To inject a *retrosternal goitre* the tumor must be held up during its ascent in respiration. Should it slip back before being penetrated, the needle can be left in the skin until a favorable moment affords the opportunity to complete the puncture.

Radical surgical operations for goitre are adapted rather to cystic than to other forms, and are to be instituted for relief from dangerous symptoms, and not for relief from deformity merely. The best prospects of success, however, occur in cases in which there is no immediate danger to life. Hence the majority of surgeons prefer to decline the performance of the radical operations, or at least to defer them to the latest moment. All extensive operations upon goitres are liable, first, to nerve-shock, from irritation of the deep-seated nerve trunks, and this, as I have seen, may terminate fatally. Secondly, in common with all serious operations about the neck, they are liable to be followed by pneumonia. Thirdly, they are liable to be followed by septic inflammation of the cervical connective tissue. All of these accidents are grave, sometimes inevitable, often fatal.

Ligation of the thyroid arteries, which sometimes acquire a bulk equal to that of the carotids, has been practiced, to deprive the gland of excessive nutriment, and thus induce absorption. Though occasionally successful, establishment of the collateral circulation occurs so promptly as a rule, as to thwart the object. The anatomical relations of these arteries to the recurrent laryngeal nerve are sometimes such that injury to the nerve cannot be avoided in their ligation; and thus aphonia may result as the only outcome of the procedure.

Ligation of the base of the gland is sometimes performed; usually after due exposure of the tumor by integumentary incision and careful dissection. Occasionally it is practiced subcutaneously. The ligature is tightened from day to day, until there is evidence of the death of the tumor; and the mass is then cut through by further tightening, or removed by the knife carried in front of the ligature. I have never seen this procedure.

Incision, quite a frequent operation, and particularly suited for multilocular and thick-walled unilocular cysts, is practiced by incising two or more inches of the skin at the most accessible point,

anteriorly or laterally, as may be. Careful dissection being made down to the cyst, and vessels secured as required, a puncture is made into the cyst and its contents are slowly drained off. Egress of thickened contents is to be facilitated by using probe, grooved director or small spoon. Should palpitation by probe or finger reveal multilocular cysts, the dividing walls are to be broken down with the finger. The cyst being drained, the orifice is to be enlarged to the extent of an inch or more and its edges separated by oiled lint or similar dressing. Should the walls of the cyst fail to collapse, it is good practice to maintain forced distention for some hours by pledgets of lint impregnated with some antiseptic (carbolic acid solution 1:20, bichloride of mercury 1:6000). Suppuration occurs as a result of the inflammation excited, and its products escape readily by the external opening, which is kept patent by drainage tubes, if need be.

Excision comprises the operation of incision as described, immediately followed by excision of the edges of the cyst. It is more serious than simple incision, being much more provocative of hemorrhage and serious sequelæ.

Extirpation of the entire gland is becoming practiced much more than formerly. Successful operations by the two Warrens, of Boston, and Greene of Portland, in this country; by Billroth, Kocher and others, in Germany, Switzerland and elsewhere, have imbued an element of confidence in the procedure, which had long been lacking. Of late, antiseptic dressings have been instrumental in lessening the mortality after operation. Nevertheless, the operation is too serious, if not too hazardous, to be undertaken for the mere relief from deformity.

Other things being equal, the larger the tumor the greater will be the difficulty attending its removal. These difficulties depend upon depth of situation, richness in blood vessels, and extensive attachments in dangerous localities. Attachment to the jugular vein is not uncommon. In some instances, indeed, the attachments are so profuse as to preclude the practicability of completing the operation. Cystic tumors have much more meagre attachments than are usual with solid tumors, and, in so far, are much the more suitable for the operation. Cystic and fibrocystic tumors are much more easily removed than solid goitre, some of them being susceptible of actual enucleation in bulk. Large, movable and pedunculated goitres are suitable for extirpation, even when fibrous or calcified. Sarcomatous and carcinomatous goitres rarely offer much encouragement for the operation.

The technical procedures in any extirpation will depend very much upon the individuality of the case. In all instances it is recommended to make as much use of the fingers and knife-handle as possible, and to postpone division of any important structure until it has been secured by double ligature. The blood vessels whose division might

threaten serious hemorrhage, having been duly secured, detachment of the tumor, or enucleation in its capsule, if practicable, after thorough exposure, is usually performed from behind forward. It is considered inadvisable to alter the position of the patient after he has been placed under anæsthesia, lest sudden flexion of the trachea should threaten suffocation. In such an event immediate tracheotomy is demanded. Preliminary tracheotomy at the most practicable point is considered essential in some instances. When the capsule of the gland is too firmly adherent to the surrounding structures to admit of its detachment, it is split, and an effort made to turn the tumor out of it. Antiseptic precautions are taken to prevent unpleasant sequelæ. Death from the operation may ensue from shock, or from ingress of air into a vein. Among the sequelæ which may prove fatal after this operation, we may cite collapse, pneumonia, and extensive suppuration, even to hemorrhage by erosion of the carotid artery.

Excision of the isthmus of the gland has been proposed in substitution for extirpation of the lobes, in expectation of consequent atrophy of the gland tissue. Cures have been reported (Sydney Jones).

Should this anticipation be realized in the case of goitres of moderate size, the procedure should be instituted whenever gentler measures failed to control increase in the tumor. Subcutaneous bilateral division, by means of the elastic ligature, might prove a simpler means of attaining the same object. Serious hemorrhage has been reported from the latter procedure, and must, therefore, be watched for.

When direct treatment of the goitre is ineffectual or imprudent, reliance is placed upon palliative treatment of the distressing symptoms. Every possible means is employed to maintain the general health of the patient at the best standard. Every sort of exertion is to be avoided, which, by favoring circulation in the part, would tend to augment the volume of the tumor; and every precaution must be taken to avoid compression of the cervical blood vessels.

A number of minor surgical procedures become requisite, in many instances, according to the progress of the case. Thus in post-sternal goitre pressing upon the windpipe, it is recommended that efforts be made to elevate the tumor, and attach it to the overlying integument. To do this, the tumor is pierced with a strong ligature, by means of which it is kept directly beneath the skin at the upper portion of the neck. Adhesive inflammation between skin and tumor is then excited at this point by the use of the Vienna paste, or some other caustic. If preferred, the tumor may be transfixed with a strong needle or safety-pin, to keep it in contact with the skin (Bounet).

Dyspnoea, usually worse at night, is often relieved by incision into the gland. When urgent, tracheotomy may afford relief, provided the compression exist at the upper portion of the trachea, a

point which can sometimes be determined by laryngoscopic inspection, as well as by palpation externally. The tracheotomy would be performed below the growth, when practicable; in some cases, above it; and directly through the mass, in desperate cases, without choice of locality. In some instances it is necessary to approach the trachea from the side. In most of these instances a long tube is required to reach beyond the point of obstruction. If not at hand, a catheter or a section of rubber tubing can be employed as a substitute. In dyspnoea due to pressure upon the nerve trunk, and not to actual compression of the air passage, tracheotomy would be useless.

In the treatment of exophthalmic goitre, the neurotic condition is sought to be controlled by belladonna, atropine, duboisine, hyoscyamine, digitalis, veratrum viride, arsenic, the cold douche, or the wet pack, singly or in various combinations. Ergot\* (Clark) and iodoform †(Carpenter) have been especially extolled as efficient remedies. Local applications of iodic preparations are used, as in simple hypertrophic goitre. Applications of the ascending electric current from the battery (20-40 elements), along the region of the cervical portion of the sympathetic nerve (von Dusch), are often useful, not only in diminishing the size of the goitre, but in ameliorating the cardiac disturbance, even when they fail to diminish the bulk of the tumor. In making these applications, the positive pole may be applied, by sponge-electrode, to the side of the seventh cervical vertebra, and the negative high up in front of the sterno-cleido-mastoid muscle. Or the anode (positive pole) may be applied at the fifth dorsal vertebra, and the cathode (negative pole) high up in the cervical region. Some electricians pass the current from side to side, high up in the cervical region, or even across the occiput, one pole over each mastoid region, or even through the two temporal regions.

Fortunately, in these instances, the electricity travels chiefly along the skin, without penetrating the cranium. On theoretical grounds, it has always been my own practice to avoid crossing the brain unnecessarily with an electric current. I have known serious accidents to follow neglect of this precaution. The current may be allowed to run from one to three, four or five minutes, with momentary reverses of its direction at intervals of from thirty seconds to one minute. Momentary reversal of a current often increases the efficacy of the prolonged application immediately succeeding. These applications can be made alternately on each side of the body, and be repeated at intervals of two or three days.

Months, however, often elapse before anything like satisfactory involution of the tumor has resulted.

\* Twenty minims of the fluid extract, or its equivalent, three times a day, gradually increased.

† Three grains three times a day, in pill, in combination with one grain of iron by hydrogen, rubbed up with glucose.

In the maniacal variety, in addition to the treatment already detailed, special measures must often be instituted to control the paroxysms or other manifestations of mania. As already mentioned, cures of this variety are rare. A case under my own observation, mentioned in the first edition (1872) of my treatise on Diseases of the Throat (p. 517), as having recovered under the use of cold applications externally, conjoined with the administration of strong nervines and ferruginous tonics, has remained permanently well—as I have learned from my friend Dr. James Collins, during the preparation of this article.

#### ON THE VALUE OF CERTAIN SINGLE SYMPTOMS IN THE DIAGNOSIS OF DISEASES OF CHILDREN.

The *London Medical Record*, May 15, 1884, says. In this paper Emeritus Professor Pollitzer contributes (*Jahrbuch für Kinderheilkunde*, Band xxi, Heft 1) from his ripe experience some very valuable hints for the guidance of the less initiated.

The "single symptoms" which he enumerates are in some cases pathognomonic, and in others are of great importance for differential diagnosis. The first symptom is a *strongly marked nasal or palatal cry*. This is present in, amongst other complaints, syphilitic ozæna, hypertrophied tonsils, and paralysis of the soft palate; but where these can be excluded it affords very strong presumption of retropharyngeal abscess. Dr. Pollitzer relates that on one occasion he was examining a child when the nurse passed through the room, bearing another, four months old, in her arms. On hearing it give this nasal cry he stopped the nurse, but the mother affirmed that the baby was quite well. However, Pollitzer introduced his fingers and felt the expected swelling. This was incised, and a large quantity of pus evacuated.

The second symptom is an *excessively prolonged, loud-toned expiration, with normal inspiration and without dyspnoea*. This is an early symptom of chorea major, and may precede all other manifestations of the complaint. In illustration of this, the author mentions that he was once called to see a case of supposed croup; but, on observing this peculiar breathing, he felt no hesitation in diagnosing chorea. The mother had observed this symptom about two hours, and stated that it appeared suddenly, when the child was apparently quite well and asleep. The next day he was informed that this breathing continued for another hour, and then gave place to a singing semi-delirium. Later, the ordinary symptoms of chorea developed themselves.

The third single symptom is that of a *high-thoracic continued sighing inspiration*. The author regards this as almost pathognomonic of weak heart, and of certain cases of acute fatty heart. The breathing differs from that of croup and other stenoses, in that, while the diaphragm is almost passive, the accessory muscles of inspiration are in vigorous action,

The symptom is of especial value, because it is early, and furnishes an indication for treatment long before the other signs—such as cyanosis or pallor of the face, thready pulse, cold extremities etc.—show themselves.

Another "single symptom" of importance is *the presence of a pause at the end of expiration*. This serves to distinguish between laryngeal catarrh and croup, and, when well marked, absolutely excludes the latter. In examining for it, however, the room should be perfectly still, and the ear should be placed close to the patient's mouth. The author relates how he succeeded in diagnosing laryngeal catarrh from the mere presence of these pauses, in a child who had been ill three days with stentoric breathing, hoarseness, and great somnolence. The laryngoscopist who was called in, confidently expected to find well-marked false membranes; but no such were visible, and the child was well in a few days. Another symptom of which it is important to understand the significance is the so-called *respiratio stridula*. It consists of slightly noisy, but otherwise normal inspiration, and a loud bleating, interrupted (staccato) expiration; it continues day and night, sleeping and waking, with very rare free intervals of ten minutes or a quarter of an hour. It begins soon after birth, and lasts for from eight to twelve months. To the physician unfamiliar with the condition it appears to be a serious affair, and to demand active measures; but, as a matter of fact, it involves no dyspnoea, and does not affect the nutrition or development of the child; moreover, it is very obstinate to treatment, and ultimately ceases of its own accord. The author regards it, therefore, as being within physiological limits, and recommends no treatment.

The next series of symptoms relates to the brain and the first is *a remarkable drowsiness which makes its appearance without fever or other disturbance and persists for some time*. Pyrexia, from any cause, is enough to produce drowsiness in a child; but when the latter coincides with a normal temperature, and continues so for twenty-four to thirty-six hours, it becomes a most valuable symptom of commencing brain disease; and the same holds good when the drowsiness sets in upon convalescence from fevers when pyrexial stages are passed. The only other conditions that can produce this apyrexial drowsiness are narcotic poisons and uræmia, but these are easy to differentiate. Another single symptom of great value in the early diagnosis of brain-disease is *a very elevated incompressible anterior fontanelle*. This indicates not only increase of the contents of the skull, but also that that increase is due to something more dangerous than simple hyperæmia. It is all the more valuable when the child is wasted from any cause. When the swelling is so great as to resemble a wedge, and no trace of pulsation is present, the disease is probably either intermeningeal hæmorrhage or prurulent meningitis of the convexity.

The next series of single symptoms relates to the *character of the child's cry*. 1. A violent shrill cry, lasting two or three minutes, marked by anxious expression, and occurring about an hour after the child has fallen asleep, and repeated night after night, is probably due to the action of dreams on an irritable nervous system. It can be cured by the administration of a full dose of quinine an hour before bedtime. 2. A cry, lasting frequently five to ten minutes, and recurring periodically several times in the twenty-four hours, indicates, more especially if dysuria have been observed, spasm of the bladder, and can be cured with a dose of belladonna at bedtime. 3. The cry accompanying defæcation indicates, as is well known, fissure of the anus. The author says nothing of operation for this, and recommends aperients and an ointment of zinc and belladonna. 4. "A violent, almost continual cry, the hands grasping the head, which is rolled round and round, and buried in the pillow," in the little children, indicates otalgia. 5. A cry, lasting days or weeks, increased on movement, and associated with profuse sweating and fever, is rare, but may indicate acute general rickets. 6. The cry associated with chronic sleeplessness is difficult to relieve, though it frequently appears to have no ill-effect upon the child's nutrition. In some cases it appears to have been inherited, as one of the parents has occasionally been observed to be the subject of insomnia or hemicrania.

The next series of single symptoms have no particular interdependence. Amongst these are the following: 1. A striking collapse and immobility of the nostrils almost always indicates hypertrophied tonsils. 2. A weakness and immobility following a short illness, and out of all proportion to such a slight cause, is very frequently the first symptom of infantile paralysis. 3. A single symptom of importance, in a condition which is sometimes void of symptoms (congenital idiocy), is the habit the infant has of perpetually and automatically placing the hands in front of the face. 4. A stiffness of posture and gait, with a pained expression on changing position, is an early symptom of spondylitis. 5. Obstinate vomiting after every kind of food, and lasting for weeks, indicates, in a child whose fontanelles are closed, and whose cranial circumference is large, the supervention of acute upon chronic hydrocephalus. The author, in conclusion, is careful to give the oft-repeated warning against diagnosing a disease from a single symptom—a real pathognomonic symptom being rare. He claims for his observations, where these are original, the merit of facilitating diagnosis at a stage when treatment is likely to be followed by rapid benefit.

The painful burns produced by nitric acid may, according to a writer in the *Chemical News*, be successfully treated by a dilute solution of sulphurous acid applied instantaneously.

## EPILEPSY.

BY WILLIAM PEPPER, M.D., LL.D., Professor of Principles and Practice of Medicine, University of Pennsylvania.

Abstract of Paper, read before the Section on Practice of Medicine at American Med. Association.

In a purely clinical discussion of epilepsy our conception of the disease must be a broad one. Strictly, cases of organic disease should be excluded. This is, however, sometimes difficult. There is no trouble in those instances in which the common symptoms of brain tumor are present, but in those cases in which epilepsy follows sunstroke, the distinction is not so clear.

Hysteria should also be excluded. While typical epilepsy and typical hysteria are readily distinguished, yet there are many facts showing their analogy. A case was then quoted of hysteria associated with neurasthenia, apparently dependent upon membranous enteritis, with great prominence of the vaso-motor symptoms, and the appearance of crops of stigmata before the attack.

Both epilepsy and hysteria represent conditions of malnutrition with morbid sensibility and irritability of nerve tissue brought about in the most varied manner. In hysteria it would seem that the ganglionic nervous tissue is especially vulnerable, and the gray matter within the encephalon less so, though instability of this may co-exist. An attack may be induced through violent disturbance of ganglia controlling intra-cranial circulation and consequent discharge from unstable gray centre in cortex or elsewhere. Epilepsy would seem to depend upon a supremely unstable condition of one or more areas of gray matter within the encephalon, rendering it liable to sudden and violent discharges. This instability may be brought about in very varied manner. The most prominent influences are heredity, nervous exhaustion, as from over-growth, overstrain or exhausting illnesses, shock or sudden powerful impressions, as from physical injury, with or without distinct lesion of cranial bones, sunstroke, purely psychological shocks, as from fright, instability of circulation, with disturbed nutrition of the brain as in heart disease; and in connection with heart disease there is a possibility of minute embolisms interfering with the nutrition of small areas, prolonged peripheral irritation, especial reference being made to chronic catarrhal irritation of the gastro-intestinal tract. A consideration of these points teaches that those cases grouped under the name of epilepsy are not afflicted with a single definite disease, but they exhibit in common merely a state of impaired nutrition and morbid instability of the gray matter, varying greatly in different cases. In some cases there are probably minute molecular changes in the nervous tissue. In a large number of cases, however, the recurring convulsions are connected, not with irregular advancing morbid tendency, or irregularly progressive anatomical change, but with occa-

sional and irregular operation of those widely different causes, which are calculated to disturb the weak centre and induce explosive discharges.

The evil effects of habit are prominently exhibited in this disease, so that if the instability cannot be reduced, and the provoking causes removed, the attacks will be more and more readily induced, until they will at last be excited by almost imperceptible causes.

It is important to recognize the degree of instability in these cases. Every one is liable to convulsions; it is merely a question of the provoking cause required. Provoking causes cannot be found in all cases of epilepsy, but the more closely they are sought for, the more frequently will they be found. A careful study in this direction is of the greatest importance in every case.

Among the most frequent provoking causes may be mentioned indiscretions in diet or improper food. This may act in different ways, by exciting local irritation of the mucous membrane which will act in a reflex manner, or it may induce a condition of toxæmia from the admission to the blood of imperfectly elaborated elements, or from the failure of the emunctories to remove some product of mal-assimilation. In many of the cases seen by Dr. Pepper the attacks bore a close analogy to the spells of vertigo induced in lithæmic patients by indiscretions of diet. In this connection allusion may be made to the fact that the injection of the normal digestive ferments into the general circulation is capable of inducing serious nervous symptoms, even convulsions and death.

Scarlatina is frequently followed by epilepsy. In some cases this is explained by the tendency to wide-spread tissue change, so that impaired nutrition of the gray matter might be expected to occur at times. In other cases this disease may act by leaving such a degree of renal insufficiency as will, under comparatively slight causes, lead to toxæmia, from the retention of mal-assimilated materials. It does not seem necessary that such a condition should reveal itself by the presence of albumen in the urine, although Huppert states (*Archiv. fuer Psychiatrie*, 1877, p. 169) that immediately after an epileptic attack albumen is almost invariably present, and hyaline tube casts can frequently be found.

In those cases in which the morbid state of the nervous system has been brought about by sunstroke or exposure to excessive heat it will be often found that attacks will be induced by undue exposure to the rays of the sun, or even to intense light. When the nervous instability is associated with cardiac lesion, I have frequently noticed that muscular exertion or excitement of the circulation directly induced the attacks. In all cases mental excitement or too close application, or sexual excess, will favor the occurrence of the seizures. These causes are operative on account of the constitutional susceptibility.

It is often stated that epileptics are in full health. This certainly does not accord with my

experience. Careful study has usually shown some derangement or impairment of important functions.

The principles of rational treatment must follow from such considerations as the above. No one plan of treatment is applicable to all, or even to a large majority, but each case requires separate study and a special line of treatment.

The primary cause should be removed if it can be discovered, and the same is true of the provoking cause. The leading principles of treatment are to relieve anæmia, neurasthenia and morbid susceptibility by diet, change of occupation, change of residence and rest. Intestinal irritation should be removed, especial reference being made to an absolute milk diet long continued. Other special forms of diet are required in certain cases. Nitrate of silver is of a particular value in those cases where gastro-intestinal irritation is a prominent condition.

Over-exertion should be avoided in all cases, and especially in cardiac cases. Excitement and over-exertion of mind should also be guarded against.

Counter-irritation should be employed, the best effect being obtained from the actual cautery, and this is of special value in those cases where definite intracranial irritation is suspected, as after insolation. The cautery occasionally exerts a good effect in organic cases.

Trephining is valuable in a considerable number of cases, when circumscribed lesion of the cranial bone is suspected.

The removal of genital irritation is important, the question of circumcision being the most important. Its value has, however, probably been over-estimated.

It is important to arrest the attacks, if possible, for their continuance strengthens the bad habit, and renders subsequent attacks more readily developed. The use of the ligature to arrest the aura, nitrite of amyl, and other expedients may be employed. Various drugs are to be recommended such as the bromides, belladonna and assafoetida, enemata of chloral, iron and other tonics. The great value of the bromides is recognized, but caution is to be given in regard to their frequent failure, their abuse and their dangers.

The danger of drifting into a routine treatment is greater, and its results more disastrous in this disease than in any other.

#### PILOCARPINE IN HICCOUGH.

Dr. W. C. Pipino thus writes in the *St. Louis Courier of Medicine* for April, 1884:

In the January number of the *Journal of Am. Med. Association* appears an article taken from the *Allgemeine Wiener Medizin. Zeitung*, by Dr. Ruhdorfer, on the use of pilocarpine in severe hiccough. The writer says that after trying all the remedies usually given in such cases, as quinine, belladonna, castoreum, valerian, aromatics, mus-

tard poultices over stomach, dry cupping down the spine, chloroform, ether, emetics, purgatives, etc., he obtained no relief for his patient, a young lady, who dragged through a miserable existence for three months. Remembering a case in the *Revue Medico-Chirurgicale*, he injected a solution of pilocarpine hypodermically, when the hiccough was cured as if by magic, and never returned. I see reference is made to the same case in the *Weekly Medical Review*, February 2, 1884.

I had a case on hand at the time of an old Israelite gentleman, seventy-three years of age, who, on the night of February 1st, received a severe fall in the dark from the platform in front of one of our hotels sustaining a severe injury of his right side. February 6th he was taken with hiccough, which manifested itself whenever he attempted to eat or drink anything; a mere thought of taking water would cause the hiccoughs to come on and last a considerable time. The age of the patient and his weakened condition necessitated prompt measures. I had failed to relieve him with all the remedies I used, viz: belladonna, morphia musk, chloroform, etc., when I happened to read the above article. I immediately prepared a solution of pilocarpine muriate, and injected hypodermically three centigrammes. In five minutes after giving the injection profuse perspiration and salivation took place; the perspiration was so profuse as to saturate his clothing. He hiccoughed twice afterwards on attempting to drink water to allay his thirst, caused by the excessive transpiration. Since then he has not had a return of the trouble, much to my own as well as the patient's relief. He is now able to take his nourishment without trouble, consequently is gaining in strength. While my case did not respond as readily as Dr. Ruhdorfer's, I am satisfied with the results.

#### TREATMENT OF COLD IN THE HEAD BY COLD ABLUTIONS OF THE FEET.

In the *Russkaia Meditz*, No. 10, 1884, p. 234, Dr. Prokop Popoff, of Minusinsk, Siberia, states that in more than 300 cases of acute and chronic rheumatic coryza he used with great success the following simple plan of treatment: Twice daily (in the morning on rising, and at night on going to bed) for two days the patients are ordered to wash their legs from the sole up to the knee with ice-cold water, and to subsequently rub the washed parts with a dry towel, or a piece of rough linen or cloth, until a vivid redness and feeling of warmth appears. The whole procedure takes not more than five minutes. No other measures or precautions are required. A striking improvement is usually so great that many patients content themselves only with one day's treatment, regarding themselves as cured.—*London Medical Record*.

## ANTISEPTIC DRESSINGS AS THEY ARE USED AT THE NEW YORK HOSPITAL.

Dr. Robert F. Weir, of New York (*New York Medical Journal*, Jan. 19, 1884), contributes a paper with the above title. He says: "What we still aim at in the treatment of wounds is to place the divided or injured parts in such a condition as to permit of the best possible drainage, and to keep them at rest as long as may be without frequent renewals of the dressings; and for the accomplishment of the latter end we are forced to use such chemical substances as will prevent decomposition."

In the New York hospital corrosive sublimate is used almost exclusively as an antiseptic upon gauze or jute. The sublimated gauze is prepared by immersing the bleached material in a solution as follows: Corrosive sublimate, 20 parts; water, 4,480 parts; glycerine, 500 parts, for 12 hours, then wringing out, and allowing to dry, as far as the glycerine will permit. At the time of operation a sublimate solution, 1-100, is allowed to trickle slowly but nearly continuously over the incision; bleeding vessels are tied with sublimated catgut. The wounds are united with catgut or sublimated silk and the continuous suture is employed. Dark rubber drainage tubes or decalcified chicken bones are introduced in proper positions, and after carefully cleansing the wound by injecting the bichloride solutions through the tube, gauze handkerchiefs are placed over the centre of the incision and considerable pressure exercised. Over these handkerchiefs peat, jute or other absorbent material is used. No impervious protective is used over the dressings, as, by retaining the moisture of the dressings and the sweat, it is thought to act too much as a poultice.

If after a few days there is staining of the dressings, douche the parts anew with bichloride solution and apply an additional mass of sublimated cotton or gauze over the wound. "We do not change the dressing until we find some decided evidence that things are doing wrongly \* \* \* I should consider an elevation of temperature persisting for twenty-four hours a sufficient reason for removing the dressing and searching for the cause."

Metallic instruments must be immersed in a 5 per cent. carbolic solution, as the bichloride will form an amalgam with them. In the New York Hospital not only is the part to be operated upon washed with soap and water, but also with turpentine and alcohol—two ounces to the pint. Great care is taken to carefully prepare and disinfect sponges, and if they have been used in vagina, rectum or other uncleanly localities they are destroyed after using, otherwise they are carefully cleansed and kept in an antiseptic solution.

Finally the principle of rest should be carried out thoroughly.

"In the north of Germany corrosive sublimate has come to displace iodoform and carbolic acid almost entirely; iodoform is used to some extent in southern Germany, particularly in Vienna; but the healing of wounds I found was more satisfactorily produced in the hospitals of Kiel and Hamburg under the sublimate dressings than anywhere else that it was my good fortune to visit. \* \* \* I myself have not seen, so far, any poisonous effect from the use of the sublimate solution."

R. W.

## A METHOD PROPOSED TO SECURE CHILDREN AGAINST ATTACKS OF DIPHThERIA.

Dr. F. Peyre Porcher: Acting upon the theory that diphtheria (whether or not it may depend upon a specific germ) is at its inceptive stage local, and has its seat in the fauces, which, if impressed or modified by suitable agents, will not offer a nidus for its reception, Professor Porcher proposes as a prophylactic the following: ℞. Tinct. ferri chlorid., 2 to 3 drams; potassii chloratis, 2 to 3 drams; quiniæ sulph., 15 to 20 grains; sodii hyposulphitis, 1 to 2 drams; alcoholis, 1 ounce; aquæ, 6 ounces. M. Sig.—A teaspoonful to a dessertspoonful three times a day in water. To be used by those who are exposed to the disease.

The author has used this formula for a number of years as a prophylactic for diphtheria in many families whose members had been exposed to the disease, and states that he has never known a case of diphtheria to occur where it was so employed.

Evidence is not wanting from other sources of the value of the medicines above named, especially the muriated tincture of iron and potassium chlorate, both as a prophylactic and cure for diphtheria.

The same formula is said to be serviceable in scarlet fever. And with two or three drams of acid tartrate of potassium, in lieu of the hyposulphite of sodium, it has proved of great value in the treatment of erysipelas, ulcerative sore throat, cellulitis, and diseases of the lymphatic system.—*Louisville Med. News.*

## A NEW TREATMENT FOR TAPE-WORM.

J. G. Brooks, M.D., of Paducah, Ky., in a communication to the *Medical and Surgical Reporter*, says as follows:

"I have had within the last three years several cases of tape-worm to treat, and finding such strong objection to the large draught of medicines in ordinary use, I prescribed the following:

℞ Chloroform,  
Ex. male fern, aa fl. ʒ j,  
Emul ol. ricini (50 per cent.) ʒ iij. M.

Sig.—All to be taken at once after twenty-four hours' fast.

In every case the medicine was well borne, and the worm expelled entire. In two cases I omitted the male fern, and the result was the same as when the latter drug was in combination.

My object in reporting this treatment is to induce others of the profession to try the chloroform and report results.

I claim for this agent a specific and rational action as an adjuvant in the expulsion of the worm. It anæsthetizes or suspends vitality, and any active purge during anæsthesia of the tænia is all that is requisite to expel it.

I earnestly ask those who have cases to try the chloroform, or chloroform and male fern, as above prescribed and report results.

#### A NEW TREATMENT FOR NEURALGIA.

The latest agent introduced for the relief of neuralgia is a one-per-cent. solution of hyperosmic acid administered by subcutaneous injection. It has been employed in Billroth's clinic in a few cases. One of the patients had been a martyr to sciatica for years, and had tried innumerable remedies, including the application of electricity no fewer than two hundred times, while for a whole year he had adopted vegetarianism. Billroth injected the above remedy between the tuber ischii and trochanter, and within a day or two the pain was greatly relieved, and eventually it quite disappeared. It would be rash to conclude too much from these results, in the face of the intractability of neuralgia to medication, but if it really prove to be as efficacious as considered, hyperosmic acid will be a therapeutic agent of no mean value.—*Medical Record*.

#### IRIDIN IN THE TREATMENT OF THE SICKNESS OF EARLY PREGNANCY.

Dr. Berry Hart recommends the use of two grains of iridin in the form of a pill to be taken at night, and to be followed in the morning by a draught of Friedrichshall water, a teaspoonful of Carlsbad salts, or a doubly strong Seidlitz powder. He states that out of nine cases where this treatment was tried, eight were cured. He was led to the use of this remedy by Dr. Matthews Duncan's allusion to the probable influence of the liver in causing the vomiting of pregnancy.—*Edinburgh Clinical and Pathological Journal*.

#### WATER FOR INFANTS.

With the exception of tuberculosis, no disease is so fatal in infancy as the intestinal catarrh of infancy, occurring especially during the hot summer months, and caused, in the great majority of cases, by improper diet. There are many upon whom the idea does not seem to have impressed itself that an infant can be thirsty without at the same time being hungry. When milk, the chief food of infants, is given in excess,

acid fermentation results, causing vomiting, diarrhoea, with passage of green or greenish-yellow stools, elevated temperature, and the subsequent train of symptoms which are too familiar to need repetition. The same thing would occur in an adult if drenched with milk. The infant needs, not food but drink. The recommendations of some writers, that barley-water or gum-water should be given to the little patients in these cases, is sufficient explanation of their want of success in treating this affection. Pure water is perfectly innocuous to infants, and it is difficult to conceive how the seeming prejudice against it ever arose. Any one who has ever noticed the avidity with which a fretful sick infant drinks water, and marks the early abatement of febrile and other symptoms, will be convinced that water, as a beverage, a quencher of thirst, as a physiological necessity, in fact, should not be denied to the helpless members of society. We have often seen an infant which had been dosed *ad nauseam* for gastro-intestinal irritability assume, almost at once, a more cheerful appearance and rapidly grow better when treated to the much-needed draught of water. If any one prescription is valuable enough to be used as routine practice, it is "Give the babies water."—*Medical Record*.

#### A SPECIFIC FOR HICCOUGH.

Dr. Henry Tucker recommends, in the *Southern Medical Record*, the use of the following very simple remedy, in the treatment of hiccough, namely: Moisten granulated sugar with good vinegar. Of this give to an infant from a few grains to a teaspoonful. The effect, he says, is almost instantaneous, and the dose seldom needs to be repeated. He has used it for all ages—from infants of a few months old to those on the downhill side of life, and has never known it to fail. The remedy is certainly a very simple one, and although no theory is advanced to account for its wonderful action, it merits trial.

#### SANTONIN FOR GLEET.

The fact that many important discoveries are the direct result of accident, finds another illustration in the paragraph, now going the rounds of the press, and originally taken from the *Lancet*, containing a description of the effects of santonin on a case of gleet. The patient consulted Dr. William Anderson, on account of lumbrici, from which he was suffering. The doctor prescribed santonin for the parasites, and meeting the patient some time afterwards, was told by him that the medicine had not only killed the worms, but had dried up the gleet from which he had long been suffering, in spite of treatment with the usual remedies. The effects of santonin on the urine are, of course, familiar to all, and a trial of the remedy in obstinate cases of gleet will, doubtless, be given

it by those who may chance to read this note. Dr. Anderson recommends it to be given in a dose of five grains, rubbed up with equal quantity of sugar of milk, and taken twice a day, fasting, in milk.

#### ARSENIC IN GASTRIC ULCER.

Of course, we all know that regulation of the diet is of paramount importance in the treatment of gastric ulcer. But, making due allowance for the great improvement which always follows the regulation of the diet, Dr. John Strahan (*Brit. Med. Jour.*, June 21, 1884.) thinks the treatment by small doses of arsenic gives results to be obtained by no other mode of treatment. More than, at the outside, two drops should never be given, as the irritating action would then commence to the injury of the patient. By an action on the end organs of the gastric nerves, small doses relieve the pain wonderfully, and improve the general tone of the gastric mucous membrane, curing the gastric catarrh which exists at least in the immediate neighborhood of the ulcer, and thus relieving the patient of the vomiting of mucus, which is sometimes an important feature of the case. We also know that a weak solution of arsenic will, out of the body, heal unhealthy ulceration, *e. g.*, cynthia, or even when given internally, so that it is not strange that it should act locally as a cicatrizing agent on a gastric ulcer. Nitrate of silver, the next best remedy, recommended by such men as H. C. Wood, Da Costa, and Wilson Fox, is not nearly so efficacious, either in relieving the pain or in promoting cicatrization.

#### SIMPLE INFLAMMATORY TONSILLITIS.

Dr. J. Solis-Cohen treats this affection by a modification of the *guaiaac* treatment, which consists in the use, as a gargle, of a mixture known in the House Pharmacopœia of the *Philadelphia Polyclinic* as the *Gargarysma Guaiaci Composita*. Two fluid drams each of the ammoniated tincture of *guaiaac* and the compound tincture of *cinchona* are mixed with six fluid drams of clarified honey, and shaken together until the sides of the containing vessel are well greased. A solution consisting of eighty grains of chlorate of potassium in sufficient water to make four fluid ounces is then gradually added, the shaking being continued. If this is carefully done *secundum artem*, a not unpleasant mixture will be produced. Without due care, however, the resin will be precipitated. The patient is directed to gargle with this mixture freely and frequently, at intervals of from one-half to three hours. In some cases a saline cathartic is first administered. Should any of the *guaiaac* mixture be swallowed it is considered rather beneficial than otherwise, and in some cases it is advised to swallow some of it. Relief is usually experienced in a few hours.—*St. Louis Courier of Medicine.*

#### A NEW, SUCCESSFUL, AND PALATABLE MEDICINE FOR THE TREATMENT OF TAPE-WORM.

Under the above title Dr. Howard Pinkney, writing from Sharon Springs, describes his experience with the oil of the pine needle, made from the *pinus punilio*. A hall-boy of the hotel had suffered for five years from tape-worm. He had been treated for four years in New York, but never had succeeded in getting rid of over four feet of links at a time. Dr. Pinkney, not being able to get any male fern, pelletierine, or pumpkin seeds, therefore tried the following experiment: "The patient fasted from breakfast, and at 9 p.m. he was given one tea-spoonful of oil of the pine needle in half a glass of milk. The following morning, as there was no perceptible action of the medicine, the dose was doubled. This, the boy said, had a most agreeable taste. One hour later he took a dose of castor oil, and in the course of two hours after this he passed an entire *tœnia solium* measuring 15 feet 6 inches in length and one-half inch at its broadest part, gradually tapering down to almost a thread. To be positive that none remained behind, he was given two tea-spoonfuls more, but no sign of any worm or part thereof passed. This oil," writes Dr. Pinkney, "contains no turpentine, is fragrant in its odor, and when mixed with milk is very agreeable to the taste. It produces no strangury, tenesmus, or other unpleasant or distressing symptoms. The patient can generally pursue his ordinary avocation." Our correspondent would be pleased to know if any of our readers have ever read or known of its use in similar cases.—*Medical Record.*

#### CANCEROUS UTERUS.

A new method of partial removal of the cancerous mass by the knife, followed by the local application of caustic, is described by *Dr. Van de Worker* in the January No. of the *American Journal of Obstetrics*.

The author amputates the neck even with the vaginal junction, then removes the remaining diseased tissue as far as the inner os. This may be done with the knife, scissors or curette—where the tissues are very friable the curette is sufficient for the purpose. Irregularities of the incised surfaces should be smoothed off with scissors. The cavity is then packed with iron cotton, made by absorbed cotton, dipped in a solution of one pint of sulphate solution to three of water. The cotton should be wrung nearly dry and the cavity filled with small masses about the size of a chestnut.

No force should be employed in filling the cavity, and none is required in removing the pieces, which can be taken away one by one. Care should be exercised not to allow any blood to be retained, and if we find there is any exudation among the packing, the latter should be removed, and all clots taken away before repacking.

This dressing should be removed the following day. The uterus and vagina is thoroughly cleaned and then apply the zinc caustics. These are made of two degrees of strength, 3v to aq ʒj, and equal parts by weight of zinc chloride and water. A pomade of bicarbonate of soda in vaseline, 1 to 3, and a 30 per cent. solution of the same salt in water is placed ready for use.

The cavity being ready for the caustic the vagina and labia are protected by the pomade. Great care is necessary to protect the meatus and adjacent tissues from the action of the caustic.

The strength of the caustic to be used is determined by the thickness of the tissues to be acted upon, less than 5 or 6 millimetres in thickness would not bear the use of stronger caustic. The weaker solution is also generally used upon the vagina. The caustic is applied on masses of cotton, which are packed into the cavity and the surface of the packing, and about 2½ centimetres of the upper part of the vagina is filled with absorbent cotton saturated with the bicarbonate of soda solution.

The pain following the operation if severe can be relieved by an hypodermic of morphine.

On the 2nd or 3rd day the cotton is removed from the vagina and also from the uterine cavity, if loose; if still adherent it is well to wait a day or two more. On examination, a firm, white, cement-like surface is seen. In from 5 to 10 days this slough will separate, and at no time should any force be used to effect its separation.

The exfoliation of the slough may be encouraged by very gentle douches of carbolic solution. —The tendency to bleeding during the stage of sloughing is much lessened by the use of opiates and keeping the patient perfectly quiet in bed. The bladder should be emptied by the catheter—Should the hemorrhage be severe, some form of astringent can be used. Cicatrization is complete in from two to four weeks, leaving a contracted, pale, soft, velvety membrane, free from any odor or discharge.

This plan of treating such cases of cancer of the uterus has much to commend itself to our favor and imitation, and the issue of several cases reported are most encouraging.

#### GREAT SURGICAL OPERATION.

The *Dublin Medical Press and Circular* of October 1, 1884, says:—

The current number of the *Independence Belge* mentions a great surgical operation which has just been performed in Brussels by Dr. Langenbusch, of Berlin, who must not, however, be confounded with his eminent fellow-citizen Langenbeck. The subject of this daring and successful proceeding was M. Eugene Anspach, the Deputy Governor of the National Bank of Belgium, who has been for many years suffering from a collection of gall stones, which have kept him in a state

of aggravated suffering (*douleur atroce*), and have latterly defied all measures of relief. M. Langenbusch, summoned specially from Berlin, proposed to lay open the gall bladder, with antiseptic precautions, admitting, however, that he had only performed this operation four times, and that but one of these cases recovered. M. Anspach's family and friends were much dismayed at this announcement, and begged that the operation should not be performed. M. Anspach was firm, and reflecting that without it he would not live long, and that in the meantime his life would be worse than death, decided on the operation. Even at this supreme moment the banking mind asserted itself, and M. Anspach remarked, "after all, one in four is 25 per cent., and that is a fine dividend." "You have had one recovery already, doctor," he remarked, "and I will be the second," an element of confidence which no doubt had something to say to the result. The operation was performed on the 9th September, and 125 calculi were extracted from the gall bladder. M. Anspach suffered a good deal after the proceedings, but is now out of danger and in complete comfort. We trust he will long live to enjoy the reward of his own pluck and of the skill of his surgeon. It is a curious circumstance that this operation has to a certain extent been anticipated here. The late Sir Timothy O'Brien suffered from gall stones, and the late Sir Dominic Corrigan worked down into the gall bladder by means of a potash issue, and removed them. Sir T. O'Brien's recovery was complete.

#### IODOFORM IN ERYSIPELAS.

There would seem to be no limit to the uses to which iodoform may be put in restoring the human form divine to its pristine vigor. In the May number of the *Practitioner*, Mr. Clark Burnam commends it for erysipelas. He used a solution of one part of iodoform in ten parts of collodion, and found that after a single application of this the pain and heat were relieved, and that the tendency to spread ceased. This good result could not be attributed to the internal treatment adopted nor to the collodion, because Sir James Paget expressly states that it does not check the spread of the disease.—*Lond. Med. Times*.

#### DOCTORS WHO DIED OF CHOLERA.

Of one hundred and thirty-nine physicians engaged in attending cholera patients in Naples under the White Cross Society, twenty died.

#### EXCESSIVE SWEATING.

Sponging the surface of the body with a solution of quinine in alcohol—one drachm to the pint—is now recommended for excessive sweating. It is a remedy that has long yielded us good results, —*American Practitioner*.

# THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITORS :

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R. A. KENNEDY, M.A., M.D.

SUBSCRIPTION TWO DOLLARS PER ANNUM.

*All communications and Exchanges must be addressed to the Editors, Drawer 356, Post Office, Montreal.*

MONTREAL, NOVEMBER, 1884.

## THE MONTREAL GENERAL HOSPITAL.

At the quarterly meeting of the Life Governors of this Institution, held on the 12th instant, there was a very large attendance. This was in anticipation of the election of Drs. Gardner and Major, to the position respectively, of Gynecologist and Laryngologist to the Hospital, and also the election of two gentlemen to replace them on the Outdoor Staff. The candidates for these vacancies were Drs. Bell, Blackader and Campbell. To understand perfectly the situation it must be stated that it was necessary to pass new by-laws, creating two specialists, before Drs. Gardner and Major could receive the position of specialists which they desire. At the same time, it was intended to so amend the by-laws as to call the Outdoor Staff, Assistant Physicians and Surgeons. In August last, at the quarterly meeting, these amended by-laws were submitted. There was considerable opposition to their being passed at that meeting, not because of direct opposition to the changes proposed, but because it has generally been understood that the August meeting will not transact any but ordinary routine business. This tacit understanding was arrived at on account of the fact that so many Governors are generally absent from the city at that time. The Medical Governors were, however, in a majority at that meeting, and most unwisely, we believe, insisted on a vote being taken. They carried their point, and the amended by-laws were passed. To make them legal they require to be also passed by the Corporation of the Hospital. This body consists of all persons who contribute five dollars yearly

to the Institution. By advertisement, a meeting of this body was called for half an hour later than that at which the Governors met. In point of fact no members of Corporation presented themselves other than the Governors already in session, and that body, at the proper time, converted themselves from Governors to members of Corporation, and the meeting so constituted proceeded to business. The amended by-laws were then submitted and passed. No one questioned the legality of the proceedings, and as the November quarterly meeting drew near the various candidates entered upon a most energetic canvas. We have already said that we believe the action of the Medical Governors in forcing a vote in August against the wishes of many of the Lay Governors was a mistake. The sequel proves that our opinion is correct. Their action was very generally discussed and as generally condemned. The result was that the evening previous to the November quarterly meeting Mr. D. A. P. Watt, a Governor of the Hospital, who has always taken a warm interest in the institution, notified the President, Mr. Andrew Robertson, that he would protest against any election taking place, upon the ground that the by-laws had been illegally passed. Mr. Watt held that the meeting of the Corporation was illegal, inasmuch as no provision was made in the by-laws of the Hospital for holding special meetings of Corporation. The President at once submitted the question to Mr. S. Bethune, Q.C., the Counsel of the Hospital, and only a few hours before the time the Governors were to assemble for the purpose of election, received his reply. This was read to the meeting, and endorsed fully the objection which Mr. Watt had raised. The President therefore ruled that an election could not take place, and the meeting very wisely endorsed his ruling. There was much disappointment of course on all sides, but the general feeling was that, in the face of the opinion expressed by Mr. Bethune, it would have been most unwise to have acted contrary to it. The large meeting then adjourned. The matter must lie in abeyance till next May, when the by-laws will again be submitted to the Governors and subsequently to the annual meeting of the Corporation. We have no doubt but that both these bodies will pass them.

While writing upon the Montreal General Hospital we may say that much surprise is

being expressed by many Governors that the resignation of Dr. Osler was not placed before them at the November meeting. Some even have stated their belief that his position is *de facto* vacant, inasmuch as he has accepted an appointment in another country, and has taken up his residence there. The fact is that Dr. Osler applied to the Committee of Management to allow his appointment to continue till May next, when it expires unless re-elected. The grounds upon which he asked for this favor, are, we think, hardly legitimate, but after the good service he has done the Institution they could not with good grace have refused the request. We think, however, Dr. Osler made a mistake in asking for it.

Some are inclined to think that other reasons than those named by Dr. Osler in his letter to the Committee induced him to ask the favor of his continuing on the Staff till May. One of these is believed to be the desire some of his late colleagues had to put off the election for his vacancy as long as possible. If the election had taken place in November, Dr. Campbell might have been elected. If it did not occur till May, it would give Dr. Campbell's opponents two chances of defeating him, he being one of the candidates for the vacancy on the Outdoor Staff which was presumed to occur in November; if successful then, they would have another chance against him in May, if he competed then for the Indoor position.

We believe the Governors of the Hospital are alive to their duty in its present condition, and propose doing it, fully and thoroughly. The Medical Staff, or at least most of them, have been running the Institution pretty much as they liked, and at this moment many of the Governors look upon them with anything but favor. It is an old saying, give a person sufficient rope and he will hang himself. The Medical Clique have taken plenty of rope—we warn them to take care they don't get their heads too far into a noose. It might suddenly tighten and strangle them.

#### "PEPTONIZED" COD-LIVER OIL AND MILK.

While the value of cod liver oil in pulmonary troubles is beyond question the fact is about equally well-established that the cases in which it

is most clearly indicated are those least competent to assimilate or even tolerate an agent which calls for the exercise of full digestive activity to secure its effective action. To meet this difficulty many efforts have been made, with more or less success. In the preparation now offered us, however, we feel confident a great advance has been made. Not only is the oil peptonized, making its assimilation easy to even the most delicate stomach, but the taste—so intolerable to a great number of patients—is completely masked by compounding with it probably the best and most pleasant vehicle available, viz., milk. This latter is condensed *in vacuo* to about the specific gravity of the oil itself, and so thoroughly incorporated with it, by a new and original process—as to completely overcome the tendency to separation so characteristic of the ordinary emulsion. The therapeutic value of the preparation has been fully demonstrated by a three years' test in leading American hospitals, and by a mass of clinical evidence from individual practitioners. In Britain this preparation has been most favorably received, and we have no doubt that in Canada also it will have full and careful test at the hands of the profession.

#### GOLD MEDAL AWARDS TO UNITED STATES PRODUCTS AT INTERNATIONAL HEALTH EXHIBITION, LONDON, 1884.

Among the food products exhibited at the International Health Exhibition, London, 1884, from the United States, were *Beef Peptonoids* and *Malfine*; both of these preparations carried off the only Gold Medal and highest Award against numerous competitors in their respective classes. All food preparations were critically analyzed at this Exhibition by a jury composed of the best chemists in the country.

#### NÆVUS TREATED SUCCESSFULLY BY LOCAL APPLICATION OF LIQUOR ARSENICALIS.

Mr. W. J. Beatty, L.R.C.P., writes to the *British Medical Journal*: "In my hands it has succeeded admirably, my last eight cases having been cured perfectly and painlessly by the local application of this remedy. The preparation I use is the ordinary liquor arsenicalis of the Pharmacopœia, with which the nævus is to be painted night and morning until ulceration takes place; and I find that the cure is effected in from three to five weeks.—*Louv. Méd. News.*