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THE

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Selections: Medicine.

CONTAGION.

* * * * *

The social conditions through which, in our own country at the present time, the more fatal infectious diseases are enabled to acquire epidemic diffusion are chiefly such as the following:—that persons first sick in families and districts, instead of being isolated from the healthy and treated with special regard to their powers of spreading infection, are often left to take their chance in all such respects; so that, especially in poor neighbourhoods, where houses are often in several holdings, and where always there is much intermingling of population, a first case, if not at once removed to a special establishment, will almost of necessity give occasion to many other cases to follow;—that persons with infectious disease, especially in cases of slight or incipient attack, and of incomplete recovery, mingle freely with others in work places and amusement places of common resort, and, if children, especially in day-schools, and that such persons travel freely with other persons from place to place in public conveyances;—that often on occasions when boarding-schools have infectious disease getting the ascendant in them, the schools are broken up for the time, and scholars, incubating or perhaps beginning to show infection, are sent away to their respective, perhaps distant, homes;—that keepers of lodging-houses often receive lodgers into rooms and beds which have recently been occupied by persons with infectious disease and have not been disinfected;—that persons in various branches of business relating to dress (male and female) and to furniture, if they happen to have infectious disease,

such as scarlatina or small-pox, on their premises, probably often spread infection to their customers by previous carelessness as to the articles which they send home to them, and that laundries further illustrate this sort of danger by carelessness in regard to infected things which they receive to wash;—that purveyors of certain sorts of food, if they happen to have infectious disease on their premises, by carelessness spread infection to their customers;—that streams and wells with sewage and other filth escaping into them are most dangerous means of infection, especially as regards enteric fever and cholera, and that great purveyors of public water-supplies, so far as they use insufficient precautions to insure the freedom of their water from such risks of infectious pollution, represent in this respect an enormous public danger;—that ill-conditioned sewers and house-drains, and cesspools receiving infectious matters, greatly contribute to disseminate contagia, often into houses in the same system of drainage, and often by leakage into wells. Of the dangers here enumerated, there is perhaps none against which the law of England does not purport in some degree to provide. At present, however, they all are, to an immense extent, left in uncontrolled operation; partly because the law is inadequate, and partly because local administrators of the law often give little care to the matter: but chiefly because that strong national opinion which controls both law and administration cannot really be effective until the time when right knowledge of the subject shall be generally distributed among the people, and when the masses whom epidemics affect shall appreciate their own great interest in preventing them.

Whenever that time shall come, probably the

public good will be seen to require, with regard to every serious infectious disease which is apt to become epidemic, that the principles which ought to be accepted in a really practical sense, and to be embodied in effective law, are somewhat as follows: (1) that each case of such disease is a public danger, against which the public, as represented by its local sanitary authorities, is entitled to be warned by proper information; (2) that every man who in his own person, or in that of any one under his charge, is the subject of such disease, or is in control of circumstances relating to it, is, in common duty towards his neighbours, bound to take every care which he can against the spreading of the infection; that, so far as he would not of his own accord do this duty, his neighbours ought to have ample and ready means of compelling him; and that he should be responsible for giving to the local sanitary authority proper notification of his case, in order that the authority may, as far as needful, satisfy itself as to the sufficiency of his precautions; (3) that so far as he may from ignorance not understand the scope of his precautionary duties, or may from poverty or other circumstances be unable to fulfil them, the common interest is to give him liberally out of the common stock such guidance and such effectual help as may be wanting; (4) that so far as he is voluntarily in default of his duty, he should not only be punishable by penalty as for an act of nuisance, but should be liable to pay pecuniary damages for whatever harm he occasions to others; (5) that the various commercial undertakings which in certain contingencies may be specially instrumental in the spreading of infection—water companies, dairies, laundries, boarding-schools, lodging-houses, inns, etc., should respectively be subject to special rule and visitation in regard of the special dangers which they may occasion; and that the persons in authority in them should be held to strict account for whatever injury may be caused through neglect of rule; (6) that every local sanitary authority should always have at command, for the use of its district, such hospital accommodation for the sick, such means for their conveyance, such mortuary, such disinfection establishment, and generally such planned arrangements and skilled service as may, in case of need, suffice for all probable requirements of the district.—*J. Simon, in British Medical Journal.*

SUDDEN DEATH IN ACUTE RHEUMATISM.

The question raised at the last meeting of the Clinical Society by Dr. Goodhart is one of great practical importance and deserves serious consideration. He related a case of acute rheumatism of moderately severe type in a previously healthy young woman, where sudden death occurred whilst under treatment by salicylic acid. Setting aside the hypothesis that the case was one of septic poisoning and not of rheumatism, for which there seems to be no evidence either clinical or *post-mortem*, or that death was due to pulmonary embolism, sufficiently disproved by Dr. Goodhart, three alternatives were presented to the meeting. These were, that death was due to impairment of the muscular wall of the heart, or to the toxic effect of salicylic acid, or to the rheumatic poison itself. It is true that there was pericarditis to a slight degree, but careful scrutiny failed to reveal a sufficient amount of change in the myocardium to account for death from this cause. Dr. Green did well to draw attention to the fact that the existence of a contracted ventricle does not imply absence of marked degeneration, owing to the effect of cadaveric rigidity; but Dr. Goodhart did not rely upon the presence of contraction alone as disproving the existence of marked degeneration. Then comes the important question of the drug itself. Only sixty grains in all had been taken, but its administration was continued to within an hour before death. In the face of the somewhat alarming statements made by Dr. Mahomed, some might hesitate to acquit it of all blame. He testified to having noticed in all patients subjected to this drug marked evidence of failing heart-power in the enfeeblement or absence of the first sound. So far as we know this statement stands almost alone. Salicin and its congeners are now prescribed with remarkable frequency, not only in rheumatism, but in other affections also; yet few of those who prescribe it would venture to say that they have *invariably* met with this significant sign of cardiac failure following its administration. There is no physician who does not closely watch day by day the character of the heart-sounds in every case of acute

rheumatism; and if Dr. Mahomed's statement be of universal application, it is astonishing, to say the least, that it has not been pointed out before. At the same time, it must be admitted that depressing effects have been noted, and have led to the abandonment of the drug in certain cases; but hitherto such cases have been regarded as exceptional, and it is a long leap from the particular to the universal. The drug may be as potent for harm as it is undoubtedly for good, and its use should be directed with caution; but it must not be condemned outright without further earnest inquiry. The discussion the other night will, no doubt, result in particular attention being paid to these points. Lately, the view to which Dr. Goodhart and some other speakers most inclined was, that death was due to the direct action of the rheumatic poison. This is quite conceivable, and Dr. Bristowe lent valuable support to it in his narration of two cases of sudden death not under the salicylic treatment. Apart from actual lesion of the heart-wall, sudden death in acute rheumatism may be conceived to be due either to hyperpyrexia or to cardiac paralysis. Both classes of cases may well come under the head of "cerebral" rheumatism, for in both the medullary nerve-centres are probably involved through the direct action of the rheumatic poison. In this connection it is singular to note that during the last few years (almost coincident with the universal adoption of the salicylic treatment) deaths from rheumatic hyperpyrexia have been very infrequent: whilst we have Dr. Goodhart's statement, on the other hand, that within this period he has met with two other cases analogous to the one he had read. Hyperpyrexia may fairly be put aside in this case. There were none of the phenomena that marks its onset; but that death was due to failure of the heart was evidenced by the ominous rise in pulse-rate noted—a sign which almost induced Dr. Goodhart to discontinue the salicylic acid. The subject is one that certainly requires elucidation; and perhaps the committee of the Society that is engaged upon the subject of hyperpyrexia may be enabled by its researches to throw a side-light upon this other, and quite as inscrutable, class of cases of sudden death in acute rheumatism.—*London Lancet.*

PNEUMONIA OF THE APEX.

Dr. F. T. Roberts read a paper at the meeting of the Metropolitan Counties' Branch, October 22nd, 1879, on "Pneumonia of the Apex." He said that, while the existence of apical pneumonia was admitted in books and by practitioners, it was only by practical experience in the observation of a great number of cases of disease of the chest that he had learned the importance of this affection. His first object was to claim for it more distinct recognition as an acute or sub-acute affection, which, if not diagnosed at an early period, was likely to lead to serious, and often irreparable, mischief. The disease had been met with in his experience under the following circumstances: 1. As the result of direct injury from fracture of the upper ribs; 2. From extension of inflammation from the lower to the upper lobe; 3. Secondary to phthisical disease previously affecting the apex of the lung; 4. In connection with pleuritic effusion, and, perhaps, with other conditions causing condensation of the lung-tissue; 5. In consequence of hæmorrhage into the upper part of the lung; 6. As a primary or idiopathic affection, in most cases obviously due to cold. Having discussed these various classes of cases, the practical lessons as regards diagnosis were next insisted on; in any febrile case not clear in its nature to remember apical pneumonia, and to neglect no pulmonary symptoms, however slight. As to treatment, he did not believe in any definite routine treatment for pneumonia, but preferred leaving the cure of morbid conditions to nature, if she seemed to be doing her work satisfactorily. He recommended cessation from labour, rest in bed, effervescent medicines, or those to check cough, quinine, and counter-irritation by means of small blisters or iodine.—The Chairman (Dr. Habershon) said the paper reminded him of an observation Dr. Addison used to make thirty years ago: "Never give a decided opinion in cases of apical pneumonia." He supposed many such cases occurred as had been described by Dr. Roberts, and he particularly referred to a case of severe hæmoptysis caused by an injury received while swimming, which was supposed to proceed from phthisis, and condemned as hopeless, but recovered. These cases were very different from those originating

in tubercular disease.—Dr. F. Taylor said Dr. Roberts had given a very complete account of apical pneumonia; but with regard to the fourth class of cases, in which it was associated with pleuritic effusion, he asked what physical signs were to be depended on for diagnosis from those cases in which pleuritic effusion caused compression of the lung. He had met with the disease more frequently in children than in adults, and thought measles might be a cause of this.—Dr. Goodhart agreed that the affection was more common in children. He thought this might be accounted for by the lung becoming more frequently emphysematous in children, and pleurisy being more common. He agreed in the difficulty of diagnosis felt by Dr. Taylor.—Dr. Roberts, in reply, said one point he wished to impress was, that many of these cases came to him as out-patients. He had not met with the disease in children so frequently as the last two speakers had.—*British Medical Journal.*

CROUP—THE BARKER TREATMENT.—Dr. W. C. Chapman (*Toledo Journal*) reports five cases of croup, four of which ended in permanent recovery; the fifth recovered from the croup, but died in two weeks from pneumonia. The treatment was thus introduced by Fordyce Barker, ten years ago, which consists in an emetic, preferably of "Turpeth mineral" (2-5 grains); veratrum viride, till pulse is reduced to 60, where it is to be kept (two drops every hour is the usual dose); quinine, in tonic doses.

Dr. Chapman is to be congratulated on his success; and we are especially glad that he has reported the cases, since, from his well-known ability as a skilful diagnostician, an expert microscopist, an accomplished pathologist, and a thorough scholar, his report cannot fail to carry conviction. As no membrane was found in two of the cases, and as the presence of membrane even is by no means pathognomonic of true croup, it is probable that, had some less eminent practitioner made the report, most of the cases would have been regarded as of *spasmodic laryngitis* merely; since, as Prof. Smith so truthfully remarks in his work on diseases of children, "there can be no doubt that many of the cases which physicians have published in medical journals as true croup were examples of spasmodic laryngitis."

LOCAL TEMPERATURES.—M. Peter has made a further communication to the Académie de Médecine, on the subject of local temperatures in abdominal diseases. In ascites the temperature of the abdominal wall remains at the average normal 35.5° C., and sometimes falls below this point. In chronic peritonitis the abdominal temperature rises to at least one degree Centigrade above the normal. He described three types of chronic peritonitis: (1) that which arises by extension from a chronic "phlegmasia" of the stomach, "gastrite scleruse;" (2) chronic tubercular peritonitis; (3) chronic cancerous peritonitis. In the first case the temperature of the abdominal wall was raised .8° C. above, while that of the axilla was lowered .5° below, the normal (temperature of inanition), so that the local excess amounted to 1.3° C. In the second case the local excess of temperature was from 1° C. to 1.9° C., and presented the remarkable peculiarity that, when the axillary temperature had fallen 2.5° C. (to 34.5° C.), the local was still 1° C. above the normal temperature of the wall (at 36.5° C.), thus being absolutely 2° C. above that of the axilla, and relatively 3.5° C., a proof of the existence of local thermogenetic centres. In the third case, cancerous peritonitis, the excess of abdominal temperature varied from .8° C. to 2.0° C. above that of the axilla. In answer to a question, M. Peter stated that he used an ordinary thermometer for the observations, which, on account of its simplicity, he preferred to instruments of greater precision.—*Lancet.*

A SIMPLE APERIENT.—Dr. Weir Mitchell says: "I frequently employ salt and water in cases of constipation, and generally find it efficient." The late Prof. L. P. Yandell, sr., habitually used and recommended this efficient and homely remedy to his pupils and patients during the last thirty years of his life; and never failed to be grateful to his friend, the lamented Prof. Lewis Rogers, for suggesting the laxative to him. Constipation is almost universal in cities. A teaspoonful of table-salt in a glass of cool water half an hour before breakfast will act with most persons pleasantly and promptly. Some require more and some less of the salt and water, and some cannot use it; but as a rule it works excellently and without diminution of power as long as it may be employed.

Surgery.

TREATMENT OF CANCEROUS ULCERS, AND GROWTHS NOT REMOVABLE BY THE KNIFE.

BY STEPHEN SMITH, A.M., M.D.

The subject of this lecture will be :

The Treatment of Cancerous and Cancroid Ulcers, and Growths not adapted for Removal by the Knife.

You will frequently be at a loss to decide as to the course of treatment to pursue in cases like the one before you. In fact, such cases are usually regarded as not amenable to any treatment, and are allowed to progress from bad to worse, until they terminate fatally. The results of such treatment are great personal discomfort, pain, and misery, and a lingering death. That such cases may often be greatly benefited by treatment there can be no doubt.

This patient is suffering from a return of cancerous masses in the margins of the old cicatrix, which formed after the removal of a cancerous tumour from the breast, one year ago. Nodular masses appear at several points, while, at the upper angle of the scar the surface is extensively ulcerated. Her general health is very good, and at present there is no evidence that cancer has affected internal organs. It may, therefore, be considered a local disease, so far as we discuss methods of treatment.

In the first place, it is evident that this is not a case for removal with the knife. It might be possible to dissect out quite clearly the hard masses, but the ulcerated portion has a base firmly adherent to the deeper structures. An attempt to remove all the tissues involved at this point would be very dangerous, and hence would be an unjustifiable procedure. Shall the case, then, be left to the natural results of the reproductive and destructive process now in progress? I think not. Though we may not hope to cure, we may mitigate and relieve symptoms, and possibly retard the progress of the disease, at least as far as its local manifestations are concerned.

The treatment which I propose to pursue is the application of a caustic. This remedy, though all but discarded by surgeons in the

treatment of cancer, has a place in the therapeutics of malignant diseases not yet accurately defined. It is one of the destructive measures which we may resort to, having capacities limited only by the possibilities of its application. As ordinarily employed, its real virtues are not fairly nor adequately tested. We are advised, or rather permitted, by authorities to apply caustics to ulcerated cancerous surfaces, the growth being no longer amenable to the knife. That is, caustics are recommended as a last resort, when the disease has taken such deep root that it is certain to prove fatal. If useful under such unfavourable circumstances, may they not be far more serviceable at an earlier period? In my experience, caustics judiciously selected, and thoroughly and persistently applied, give the best results of any method of treatment yet adopted.

But, instead of entering into a discussion of the general use of caustics in cancer, I shall limit my remarks to their application in the class of cases represented by this patient—viz., open or ulcerated cancerous growths not removable by the knife. The caustic which I shall select for this case is the anhydrous sulphate of zinc, which is the ordinary sulphate of zinc deprived of its water of crystallization by heat, and reduced to a fine powder. It may be used in the form of a powder sprinkled over the surface, or as a paste made with glycerine, or as a strong ointment. In any of these forms it is the most useful caustic which we have for open surfaces, and it is for the purpose of illustrating its uses that I have brought this case before you.

The employment of sulphate of zinc as a caustic first came to my knowledge through a publication of the late Professor Simpson, of Edinburgh. At the time I read his article a case was in my ward at this hospital, which was well adapted to test its special virtues. The history of that case, and one or two others in which this caustic was used, will illustrate the methods of employing it, and the results which follow.

Before I detail those cases, I will apply the caustic to these cancerous formations, and notice some points made by Prof. Simpson. The forms that I may use are as follows: on the open sur-

face I may apply the powder simply, or it may be made into a paste with glycerine, one ounce of the dried powder being used to one drachm of glycerine; or a caustic ointment may be formed with an ounce of the dried sulphate to two drachms of the axunge. Either of these preparations are useful on open surfaces. I have selected the powder because I found that it was the only one of these preparations ready for use. In dusting the powder over the surface, it should be so thickly applied as to cover the exposed tissues to the depth of an eighth of an inch or more. That it is not a painless caustic is evident from the complaints of the patient, but it is by no means as painful as many other caustics in popular use. The pain continues but a short time generally, and patients rarely hesitate about a reapplication. There is but slight tendency, as you see, in the caustic to spread, and I readily control it by absorbing the surplus with cotton. After the caustic has been on the wound three or four hours, any liquid residue should be removed by a swab of cotton and a hot poultice applied. It will require five or six days to separate and detach the slough. It is a feature in the action of this caustic that the slough is, for the most part, white, and is not offensive. If any diseased tissue remain at the bottom of the wound after the slough is completely removed, reapply the caustic as before; but if a healthy surface remains, apply a simple dressing, as balsam Peru.

It will occur to you that it may be as dangerous to reapply the caustic to the base of an ulcer situated over important parts as to attempt removal by dissection. But this is not true, especially when you are applying a caustic which may be applied so lightly as the powdered sulphate of zinc. By very lightly sprinkling the fine powder, the thinnest possible slough may be removed. An additional safeguard is found in the local inflammatory action established by the caustic, which tends to protect underlying parts from injury.

In treating the hardened masses or nodules, we must not apply the powder itself, nor as made into a powder or paste. For, though it may in these forms irritate the skin, it will not break the surface; that is, it will not act as a

caustic where the epithelium is entire. This peculiarity, says Prof. Simpson, "is at once an advantage and a disadvantage: an advantage in so far as it prevents all fear of the caustic ever unnecessarily affecting any of the healthy contiguous surfaces and parts, and renders its application and use far more simple and certain; and a disadvantage, because, when we wish to apply it to a non-ulcerated structure, we must first remove the epithelium by a small blister, or more effectually by the application of an alkaline or acid caustic." I have frequently experienced the advantages to which Prof. S. alludes, but never the disadvantages, because I find in another composition of the caustic an agent capable of destroying the skin. If the dried sulphate of zinc powder is mixed to a paste with the strong sulphuric acid, a caustic is produced of the greatest energy, and yet having all the good qualities of the other forms of the sulphate of zinc caustics. This preparation is an inert-appearing mass, resembling the plaster used by masons, and will keep any desired length of time. For the reasons given, I select this caustic with which to treat the cancerous growths still covered with the integument. It is best applied with a stick or glass rod. In order to prevent pain, I will first apply the strong carbolic acid to the tumors as an anæsthetic. The surface immediately becomes white; serum is next effused, raising a distinct wheal, and now the local anæsthesia is complete. I will apply the caustic with this pointed stick, though a small glass rod would be better. Dipping the end into the caustic, I make a series of lines, and cross them at short intervals, rubbing the caustic into the furrows until the whole thickness of the skin is charred along the furrows. This operation, you see, is comparatively painless. A poultice must now be applied, as in the former case, and in about a week the skin will separate. On the reapplication of the caustic the powder may be preferable to this form, owing to the necessity of penetrating to a slight depth.

In regard to the action of the caustic, I cannot do better than to summarize Prof. S.'s publication. He states that the part to which it is applied is rapidly destroyed to a depth corresponding to the thickness of the superimposed

layer; the slough is of a white color, and separates usually on the fifth or sixth day, leaving behind it, when the whole morbid tissue is removed, a red, granulating, healthy, and rapidly catrizing wound. This slough shows no tendency to chemical or putrefactive decomposition, but is firm in texture, and free from taint or odour; the local inflammatory reaction around a sulphate of zinc eschar is generally light and transient; there is no marked effusion or swelling in the surrounding parts, except where the caustic was used in the neighbourhood of loose cellular tissues; the general system is not affected by its absorption, nor are there any constitutional symptoms, however freely and lavishly it is used.

It must be apparent to you that we have, in the sulphate of zinc, a caustic which, in its various forms, is adapted to a great variety of conditions. Prof. Simpson sums up its advantages, as compared with other caustics, as follows: "1. Its powerful escharotic action; 2. The rapidity of its action; 3. Its great simplicity and manageableness; 4. Its facility of application; 5. Its non-tendency to deliquesce or spread; 6. Its perfect safety; 7. Its efficacy." He speaks hesitatingly as to the seventh statement, but adds that he has seen not only the surface of canceroid and cancerous ulcers speedily and perfectly excavated by its application, but the surrounding characteristic induration become at the same time rapidly absorbed, and the remaining wound very speedily cicatrizes. He has also found epithelial or canceroid ulcer of the cervix uteri, under the local application of powdered sulphate of zinc, exfoliate its ulcerated surface, have its sanguineous and seropurulent discharges arrested, the parts temporarily, if not permanently, healed, and the patient's health, and strength, and spirits restored, though, on first using the caustic he believed the disease to be altogether beyond the reach of any remedial measure.—*New York Medical Record.*

TREATMENT OF GONORRHOEA.

Professor Zeissl relies mainly upon injections in the treatment of gonorrhœa. He begins with weak solutions of the metallic salts in the acute stage. He claims that by their use much discomfort will be relieved, and micturition will be rendered freer and less painful. He proposes at the start a solution of permanganate of potash, of the strength of about a quarter of a grain in six ounces of distilled water. This is injected four times a day. Sometimes, he says, every trace of the disease will have disappeared in a week. If at the expiration of this time there is no improvement, the solution is made a little stronger, but he never increases the strength beyond two grains to six ounces (.15 : 200). He approves of changing the injection occasionally, as after prolonged use any injection will lose its effect. When the permanganate fails, he uses a solution of sulphate of zinc of the strength of three or four grains to the ounce, gradually increased to six grains. This failing, insoluble substances, such as bismuth or kaolin, are injected, suspended in water, in the proportion of a drachm to six ounces (5. : 200). Or he uses *R. Zinc. sulphat., acetat. plumbi basici sol., āā, 2 grammes, aq. dest. 200 grammes.* Powders in suspension will remain in the urethra for a considerable time, till the next urination at least, and sometimes, he states, for two weeks or longer. They are sometimes expelled from the prostatic region during difficult defecation in the form of little granules adhering to the filaments formed by the prostatic secretions and mucus. If the discharge still persist, a bulbous bougie, No. 10 to 14 of Charrière's scale, is oiled and then dipped in bismuth or kaolin, and carried as far as the sphincter vesicæ, where it is allowed to remain for five or ten minutes. The usual astringent injections are also employed. He also uses the following: *R. Pulv. kaolini, glycerinæ pur., āā, q. s. ut fiant bacilli tenues, longitudine pollicis, No. xx.* Four of these, having been well oiled, are introduced each day.

Zeissl's method of examining for stricture is peculiar. For the purpose of diagnosis, an ordinary steel sound (probably not conical) is passed, and while *withdrawing it*, it is claimed, slight

TO REMOVE NITRATE OF SILVER STAINS.—
Take ammonium chloride, 10 parts; corrosive sublimate, 10 parts; distilled water, 100 parts—keep in a stoppered bottle.

irregularities, caused by "granulations, small polypi, etc.," may "even with but little practice" be easily detected. But, for the "inexperienced," the bulbous bougie is recommended as preferable. All this implies totally different views of the adaptation of these instruments to the treatment of stricture from those entertained here.

Concerning the value of the endoscope the writer does not speak in terms of great praise. Out of "hundreds of cases" in which he has used it, in only two has he found it of any practical service in the way of treatment. This opinion is interesting in view of the fact that Grünfeld and Auspitz in Vienna, by their recent papers on the subject, and by introducing important modifications of the old instrument of Désormeaux, have given to the endoscope a somewhat revived interest.

To internal medication, or the "indirect" treatment of gonorrhœa, Zeissl evidently attaches only a secondary importance. Sometimes he resorts to the balsamic remedies when injections and other local means have failed. With regard to the old view that these remedies are liable to cause albuminuria, he maintains that it is an error, which originates in the following manner: When, to the urine of persons taking the balsams, nitric or hydrochloric acid is added, a white precipitate is produced, but this deposit redissolves on boiling, and will not be produced at all if the urine be first acidulated with a little acetic acid. The deposit consists of the balsamic acid, which is separated and precipitated by the acid reagent. Kava-kava, which has been vaunted of late as a remedy for gonorrhœa, has been thoroughly tested by Zeissl, and with entirely negative result. Of twenty cases treated with it, not one was in the least benefited. The only effect noted was that in some of the cases there was an increased secretion of urine.

Much stress is laid upon the affections of the prostate in gonorrhœal disease. Zeissl believes chronic prostatitis to be the usual cause of gleet. In fact, he asserts that chronic gonorrhœa never exists without inflammation and some enlargement (though perhaps not discoverable by palpation) of the prostate. In proof of this, it is alleged that persons who have

suffered from frequent claps or from long continued gleet have hypertrophied prostate as early as the thirty-fifth year of age or even earlier—a statement, however, that will not be generally accepted without demur. The treatment which Zeissl recommends for chronic gonorrhœal prostatitis consists in passing sounds or bulbous bougies [*sic*], as large as will enter the meatus, for several successive days. For beginners, or those unaccustomed to the use of these instruments, he advises the use of a catheter, so that the operator may be assured by the flow of urine that the instrument is in the bladder, and has not made a false passage [which is showing more regard for the surgeon's feelings than for the patient's]. The writer further observes that "when this treatment has been pursued for a few days, the patient will come with the story that sometimes during the day, or, as more commonly happens, at night, without erotic dreams or erection, a large quantity of thick, tenacious fluid has escaped from the urethra, leaving a sharply defined grayish stain upon the linen. This is the sign that the chronic prostatitis has run its course." We are utterly at a loss to reconcile this statement with facts of common experience. Cases of chronic prostatitis seldom bear catheterism well. There is always an exaggerated sensibility or erethism about the affected region which renders it extremely intolerant of the operation.

From the proximity of the disease to the vesical orifice, any undue violence or irritation is exceedingly apt to awaken all the symptoms of cervical cystitis. Were this the object desired, its attainment could scarcely be more surely accomplished than by the method advised. The occasional passage (perhaps twice a week) of a polished conical sound by a skilled and cautious hand will often in a certain class of cases tend to quell nervous irritability, and by gentle pressure afford a salutary stimulus to the congested blood-vessels; but an indiscriminate use of this means, or its too frequent repetition (especially by an operator who requires a catheter to assure him that he has not made a false route), is a method of treatment to be seriously deprecated.—*New York Medical Journal*.

CASE IN WHICH A MAN WAS STRUCK BY LIGHTNING.

Dr. G. WILKS (Ashford) contributed this case. On June 8th last, four men at work in Romney Marsh were compelled by the violence of the rain to seek shelter. Three of them retired into a lodge; the fourth (J. Orman) remaining under a willow-tree by the window of the lodge to pass urine. Almost instantaneously, the building was enveloped in a blaze of lightning. The three occupants, having recovered from their terror, ran to seek their companion. They saw that the tree had been struck, that Orman's boots lay at the foot of the tree, and his clothes scattered in a line for several yards along the field, while he himself was stretched upon his back six feet away, stark naked, calling to them for aid. The man himself said that he felt himself violently struck across the chest and shoulders, hurled through the air, and dashed upon the ground, and was sure that he never lost consciousness. His clothes were all blown off him, except one sleeve of his flannel under-vest; the leather straps which fastened his trousers were rent like tinder, and his new strong boots torn like paper, while his watch and chain was partly fused. Upon admission to the Ashford Cottage Hospital, the man was found to be burnt all over, more or less; his eyebrows and whiskers were gone; the burns on the back and chest were superficial, those on the abdomen and pubes more deep; down each leg ran a broad three-inch riband-like scar, terminating at the left heel in a small roundish hole; at the right, in a large lacerated wound, through which the os calcis might be felt fractured into several pieces. There was also a compound comminuted fracture of the right tibia and fibula, which bones were protruding through the skin in the course of the riband-like burn. The deepest burns were about where the buckles of the waist-belt and garters, and the watch, must have been; but from the knee to the heel on the right leg, the whole thickness of the skin in the riband-like track was destroyed by the burning. The man was deaf, but singularly placid and cheerful, showing no signs of shock. He made an excellent recovery (though the burns about the fractures,

and the sloughy state of the heel, were complications of some moment), walking across the room ten weeks after the accident. He was now (October) earning his living, with a leg shortened from a half to three quarters of an inch. The following facts were noted: 1. The course of the electrical action was from above downward; 2. The clothes being very wet, their conductivity had been probably heightened; 3. Where the flannel was next the skin, the burns were more superficial; 4. Where the cotton shirt and trousers touched him, the burns were uniformly deeper; 5. Wherever there had been a piece of metal (*e.g.*, waist-belt, jacket-buckles, watch, shoes), there had been an explosion, or at least a development of great heat; 6. The man was aware that he usually raised his right heel from the ground during micturition, which might have caused the fierce explosion on that side; 7. The nervous system had an almost complete immunity from injury. This was attributed to the wet clothes being good conductors.

Sir James Paget has held possession of the clothes (exhibited) for some weeks; seeing them, he felt sure that any one would conceive it impossible that a flash of lightning could do what had been done in the case. He considered the explanation of the man's preservation from instant death, as given by Dr. Wilks, the correct one—as being due to the dampness of the clothes in contact with the body. The course taken by the lightning flash was worthy of note, as showing the possibility it had of completely stripping the body by clean sweeps. The irregularities in the direction of the rents were to be attributed to interference with the direct passage of the current by dry patches of clothing. This was particularly noticeable in the boots, one of which, at the time of the accident partially raised from the ground, was much more irregularly injured than the other. The watch exhibited proof of the same peculiarity. Sir James further added that, in a tree close by the place where the man was, there remained marks to show that the flash had pursued a path down the moist *liber* of the trunk. He considered the man had been excellently treated by Dr. Wilks.—Dr. Broadbent suggested that the stripping of the body might be explained

on the assumption that a body of steam had been rapidly formed, and that its explosive force had stripped the man.—Dr. Althaus remembered reading of a similar case twenty-one years ago, recorded in the *Philosophical Transactions*. He attributed the effects produced by electricity to the mechanical force merely of the discharge, which was very great. He could not but think it strange that the man exhibited no paralysis or affection of the nerve-centers. Possibly the man was a bad conductor of electricity.—*British Medical Journal*.

HERNIA OF THE ADDUCTOR LONGUS

BY JOSEPH RANSHOFF, M.D., F.R.C.S.,

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The sudden and violent contraction of a muscle is occasionally attended with such increase of width and thickness, that the fibrous sheath which holds it in position is unable to withstand the pressure from within, and consequently is ruptured at its weakest point. Through the fissure thus produced the muscle protrudes, forming a soft, yielding, yet elastic swelling. Owing to the comparative rarity of this affection, the following case may prove to be of some interest.

The patient, *æt.* 24 years, is a teamster, and is compelled to be in the saddle from six to eight hours daily. Two days ago he fell from his horse, landing with great force on the right foot. The fall was followed by an excruciating pain in the right groin, and an inability to use the extremity with accustomed freedom. An examination two hours after the accident revealed the presence of a tumor on the upper portion of the inner surface of the thigh. When the patient was at rest, the swelling was but little painful, and would perceptibly diminish in size, only to increase and become annoying at the slightest exertion.

An examination of the patient displays an excellent physique, with marvellous development of the muscles, and particularly those of the thighs. About two inches below Poupart's ligament, on the inner surface of the thigh, a distinctly conical tumor is observed, which measures about two inches in diameter at its base, and about an inch in height. The skin

covering it presents its normal hue. To the touch, the tumor is soft and yielding, but a relaxation of the pressure causes it to resume its original form. A "false fluctuation" like that obtained in certain fatty growths can readily be distinguished. The absence of pulsatile vibrations and of bruit precludes the possible existence of a traumatic aneurism. When the thigh is adducted, the tumor enlarges in size and becomes very much firmer, while the suffering of the patient is greatly increased. When the thigh is flexed upon the trunk and the leg flexed upon the thigh, the tumor diminishes, and can be but indistinctly felt in the region of the adductor longus. Through voluntary contraction of the muscles, the patient can increase the dimensions of the tumor to their limits, when it becomes as firm as a contracted biceps. The diagnosis of the affection under consideration is never very difficult; the instantaneity of its appearance, increase or decrease according to the condition of the muscle and the absence of all relations to the circulatory apparatus, are sufficiently precise elements to render its recognition a matter of no great difficulty.

The patient was ordered to maintain the recumbent position, with the thigh in an easy position, midway between flexion and extension. Under the use of compresses very firmly applied and the application of an ice-bag to the part, the swelling was rapidly reduced, probably never to return. Unfortunately, I was unable to keep the patient under observation as long as was desirable. Usually from three to five weeks will elapse before the rent in the muscular sheath will have become closed.

It is not difficult to imagine that, under certain circumstances where the protruded portion of the muscle is large and the opening in the sheath small, the reduction of the mass would become a matter not only of great difficulty, but even of impossibility. Operative interference then becomes necessary. An incision being made over the rupture, the displaced muscular mass is exposed and the fissure in the sheath readily detected. Taxis being directly applied, reduction can be effected. Should the tumor be too large to be returned, the rent in

the sheath must be slightly elongated, when the protruded muscle will resume its normal position. This being accomplished, the lips of the rent should be held in apposition by a few sutures, the external wound being dealt with in a similar manner. One case which I have seen treated in this manner made an excellent recovery.—*Cinn. Lancet and Clinic.*

THE VALUE OF PARALLELISM IN THE TREATMENT OF DISEASE AND INJURIES OF THE HIP.

Mr. Bryant read a paper on the value of Parallelism of the Lower Extremities in the Treatment of Hip Disease and Hip Injuries, with the best means of maintaining it. The author first pointed out how it was that in most of the deformities of the lower extremity following a natural recovery with a stiff joint after hip disease or injury, the deformity was due to a want of parallelism of the lower extremities, and then passed on to demonstrate, by means of a simple instrument he had constructed for the purpose, that, as a rule, in such cases the deformity is produced by the *adduction* of the affected limb. He conclusively demonstrated that when the hip joint is fixed in an *adducted* position, and the patient attempts, for walking purposes, to bring the limb vertically downwards, the pelvis on the affected side is tilted upwards, and on the sound side downwards, with the result of increasing the shortening of the affected limb. On the other hand, when the ankylosed limb is *abducted* and the foot is brought down for the purposes of progression, the pelvic line on the diseased side is lowered, and the affected limb is merely apparently elongated; apparent lengthening of the diseased limb in hip disease meaning its *abduction*, and apparent shortening its *adduction*. Under these circumstances it is clear that only by maintaining parallelism of the two limbs in such cases can deformity be prevented. For this purpose the use of the double splint, which he has had slowly built up under his eye at Guy's, was strongly recommended, for he maintained (1) that it is far more comfortable to the wearer than any other he had used or had seen used; (2) that it most thoroughly immobilizes the limb to which it is

applied; (3) it keeps up well-regulated, steady and persistent elastic extension; and (4) maintains absolute parallelism of the lower extremities. In children with acute hip disease, the splint, when well applied, so securely guards against joint movement that the nurse may turn the child over on to the sound side for purposes of cleanliness, and lift him for the performance of the natural functions, with freedom and confidence. In cases of fracture of the neck of the femur or shaft, the same principle is applicable and the same splint of value; in proof of which the author stated that thirty consecutive cases of fracture of the neck of the thigh-bone, occurring in patients averaging seventy-four years of age, left his wards with useful limbs; and that out of forty consecutive cases of fracture of the shaft of the femur, in only four, or one in ten, was there any important shortening, such as an inch. In twenty of the remainder there was no shortening, and in eighteen there was less than half an inch.—*Lancet.*

DISLOCATION AT THE HIP, WITH FRACTURE OF THE FEMUR.

Dr. Oscar Allis, of Philadelphia, has published, in the "Transactions" of the Medical Society of the State of Pennsylvania for 1879, an interesting paper, in which he draws attention to the case in which the femur is dislocated, and also fractured in its shaft. He states that in these cases the dislocation may readily be overlooked, that the head of the bone remains close to the cotyloid cavity, the ∇ ligament being untorn, and the change in direction of the upper fragment is greater than in a simple dislocation. The directions for treatment are to attempt reduction of the misplaced bone while extension is made on the limb in the line of its axis; and if this attempt fails, the limb and lower fragment should be brought into a line with the upper one, displaced as it is, and afterwards, when union has occurred, reduction of the dislocation attempted, and if that fail the head should be forced into the thyroid foramen, to make a new socket for itself there. If, on the other hand, the fracture be treated with the limb brought parallel with its fellow, when reduction is afterwards accomplished the limb is thrown out of its proper position and may be permanently deformed, and to a great extent useless.—*London Lancet.*

LIGATURE OF THE MIDDLE MENINGEAL ARTERY IN FRACTURES OF THE CRANIUM.—Propos of a successful case by Professor Hueter Marchant (*La France Méd.*, Nos. 1 and 2, 1880 makes certain observations reaching the following conclusions:

Rupture of the middle meningeal artery in direct fractures of the lateral portions of the cranium, with wounds, presents different aspects in the young from those observed in the old. In children, on account of the more intimate adherence of the dura mater to the bone, the blood tends only slightly to spread in the interior of the skull. The effusion is rather extra-cranial, and may be met by ligature of the middle meningeal artery—an operation rendered comparatively easy by its position and by the fact that it has usually been cut more or less sharply by a splinter of bone. In adults the opposite condition exists; the dura mater is separated over a greater or less area by the effusion, which is rather intra- than extra-cranial, external hemorrhage being exceptional. If, suspecting intra-cranial hemorrhage, on account of the symptoms of pressure or the appearance of external hemorrhage, the surgeon is inclined to intervene, he is met with almost insuperable obstacles to the ligation of the middle meningeal artery. These are connected with the volume of the clot to be removed, the position of the artery, four or five centimetres in from the surface, the difficulty of finding the exact point of the wound in the artery, and, finally, of applying hæmostatics in this position.

A NEW METHOD OF DEALING WITH THE URETHRA AFTER AMPUTATION OF THE PENIS.—Mr. Wheelhouse read a paper before the Leeds and West Riding Medico-Chirurgical Society, November 7th, 1879, on this subject. The method had been described (from a foreign source) in the *British Medical Journal* some time ago, and he had applied it with great success in several cases in which it had been necessary to remove as much of the penis as possible. A vertical incision was made through the skin of the pubes, and was carried round both sides of the root of the penis into the raphé of the scrotum. The penis being drawn forward, a

twitch was placed upon it as far back as possible and tightened. The organ was next removed and the vessels were secured. The patient was then placed in lithotomy position, the perineum laid open in the centre, and the urethra (into which a sound had been passed) was dissected from its connections for an inch or more, and was then turned down into the perineum and brought out through the wound in it. The under surface of the urethra was next laid open for half an inch, and its margins were stitched to the edges of the perineal wound at a little distance in front of the anus. A soft Jaques' catheter was passed (and kept in for a few days). The wounds were stitched up, and when healed no trace of penis could be found. The inguinal glands were removed if diseased; and it was a question whether it might not be better to remove the testes in any case, diseased or not.—*British Medical Journal*

CYSTIC KIDNEY REMOVED BY OPERATION.—Dr. Day exhibited, at a late meeting of the Pathological Society of London, this specimen, which had been removed by Mr. Knowsley Thornton from the left side of a girl aged seven years. The patient presented a large, irregular abdominal tumor, the nature of which was doubtful. A swelling had been observed since the girl was two years of age, but she had not suffered from pain or discomfort. Her urine had been rather scanty, but contained no albumen. Last November an exploratory puncture was made into a part of the tumor between the umbilicus and pubes, where fluctuation was felt. Urinous fluid, which contained albumen, was drawn off to the amount of six pints and a half. The cyst rapidly refilled, and on January 3rd it was removed by Mr. Thornton, and found to be connected with the left kidney. The ureter was impervious, so that there was danger of the distended cyst bursting. Since the operation the patient has gone on remarkably well.

SAUGEEN AND BROCK.—Dr. Alexander R. Stephen, of Collingwood, is a candidate for the Territorial Representation of Saugeen and Brock in the Ontario Medical Council.

Midwifery.

CLINICAL LECTURE ON THE RETENTION OF FECES.

BY J. MATTHEWS DUNCAN, M.D., LL.D.

Incontinence of feces is a disease of importance, not only because the feces pass involuntarily, but because also this imperfection leads in a peculiar way to depravation of the general health. How long the feces take to pass is a subject that I do not intend to enter upon today; but when they pass too slowly and accumulate they may lie in any part of the great gut. The most frequent seat of accumulation is the rectum and sigmoid flexure; but you have cases of enormous accumulation taking place when the sigmoid flexure and the rectum are emptied by cathartics or by enemata. In some rare cases of this kind, where, when the case comes to a happy termination, a potful of feces is evacuated, you may, before the evacuation, feel the accumulation, as I have already said, in any part of the course of the colon. I have seen enormous masses of this kind, which were for a time suspected to be malignant masses, in the right flank; and the worst case I have ever seen presented the accumulation in the epigastric region; an immense accumulation of feces could be felt, forming a hard tumor in the region of the stomach.

I shall now read to you a case illustrating a common form of accumulation which implies retention of feces. Indeed, cases are recorded—though I do not ask you to believe them implicitly—where a woman only defecated every three months. The case which I am about to read is in “Martha,” on account of phlegmatia dolens of a peculiar kind. On palpating her belly we could perceive a peculiar pultaceous fulness of the abdomen, without resonance or with very limited resonance. This condition led us to inquire into the state of this woman’s bowels, and I will read you the particulars in this respect of her case: L. B., aged thirty-three; seven children; last child born six weeks ago in an easy labour; has never been well since; phlegmatia dolens of the left leg began a fortnight after delivery. Her symptoms indicate the probable existence of abscess in the

thigh, but locally no sign of it can be discovered in the swollen limb. During the first fortnight after confinement the bowels were opened once or twice; for four weeks previous to admission they were not opened at all. Abdomen presents little tumefaction; no tympanites, but some resonance everywhere; has a doughy, pultaceous feeling. Castor-oil and turpentine were administered four nights in succession, producing three or four large evacuations. The first three evacuations were very large and hard, the rest more nearly liquid. The abdomen is softer and more resonant on percussion, and the woman feels better.

There is a kind of retention the very opposite of this—retention in the rectum of little bits of feces. These little bits may not be scybala. Sometimes they are very black and particularly irritating, but this is not a necessary quality. The rectum, on examination, is found not to be a tube of moderate and nearly uniform dimensions, but a semi-paralyzed tube, dilated and pouched. In this kind of rectum the bearing-down pressure does not evacuate the bowels completely, and little bits are left which may give rise to intense irritation. A case of this irritation I saw a few days ago. This woman, after the evacuation of the bowels, which she effects by an aloetic purgative, has to use and always does use an enema to wash out the pouched semi-paralyzed bowel. If she does not use an enema, or if the enema does not succeed, she has irritation far worse than tickling, which she cannot forget, and which prevents her from sleeping. I have said, “if the enema does not succeed;” and in her it generally does not succeed, and then she always has to put in her finger and get hold of the very little bit or bits and pull them out, and until she does she can get no rest. This condition is important on account of the annoyance it causes.

A semi-paralyzed pouched rectum is in potential dimensions equal to the whole pelvis. It is necessarily an inactive rectum, and the feces are often accumulated and very difficult to get out. In such cases it frequently happens that no kind of purgative is efficient, and the bowels must be washed out. This washing by an enema consists in dissolving the feces and in fill-

ing the rectum with a fluid which carries away the feces in its gush through the anus when the woman stools. Sometimes the enema does not succeed; and I have known women—generally women exhausted by excessive child-bearing, who had long suffered from this condition—who had to dig out with their fingers the feces from the rectum; not a little bit left which irritated the rectum, but the mass of feces, the whole stool.

There is a kind of this pouching which is peculiar to women that occurs in women who have vaginal rectocele. The fecal mass is projected into the pouch of the vaginal rectocele. It does not make the turn downward as it ought to do in order to emerge at the anus, but passes forward, and with the rectocele pushes through the os vaginae. If the woman has no disease but this vaginal rectocele she can be taught to assist herself. When defecation is going on she presses firmly against the orifice of the vagina, and pushes back this pouch so as to restore the proper shape to the rectum, and then the feces are evacuated naturally in other respects.

Retention of feces is sometimes caused by congenital smallness of the anus. The most common cause of retention from smallness of the anus is a too thorough operation for piles. Cases of this kind are not very rare where the anus gets too much closed, generally by the contraction of the cicatrix, so that the woman cannot effectually defecate. In some cases the evil is temporary, and arises from spasms of the sphincter.

Now I come to another kind of retention which introduces me to the word scybalum. A scybalum is a rounded or oval mass of feces the size of a hazel nut or of a hen's egg, or larger, which, long retained, has become partly decolorized, hardened, and sometimes incrustated with salts of lime, producing a rough shell resembling a hen's egg. Such scybala may be in any part of the great gut. They are not always the cause of retention of feces. The further up the gut they occur, the more likely they are to meet with feces which are fluid enough to pass easily by the side of the scybalum, and then they do little harm. A case occurred in my practice not long ago of a woman dying slowly from

malignant disease of the peritoneum. She was examined by myself and several physicians, who correctly diagnosed the disease, but incorrectly diagnosed two egg-like tumors which were for many months felt in the belly floating in the ascitic fluid which was one of the indications of her disease. These were supposed to be malignant masses. After death they were found to be scybala in the transverse colon, which were causing no irritation and apparently giving no trouble.

When a scybalum is low down, especially if it is in the rectum, the feces are likely to be retained. In this case you not only have retention of a scybalum, but also *by* a scybalum. Then the woman's only chance of having her bowels evacuated, if the scybalum persists, is in the motion being fluid and passing by the side of the scybalum. Solid feces are often undoubtedly obstructed by it, but it is only when the feces are nearly solid that it produces ulterior consequences. It may permit passage of fluid feces copiously, and yet be causing retention of the nearly solid feces.

In this retention of feces by a rectal scybalum you have the best example of the disease that we are considering. A woman having any form of retention of feces may be truly described, in many cases, as being constantly purged; and in this way the practitioner is put off his guard. A woman having the greatest and most dangerous retention of feces may be incessantly defecating, and even in very fair quantity, and even nearly solid feces, as one of my cases for this day demonstrates. You can see very strong analogy between this and the retention of urine in the bladder, which I was speaking of in my last lecture. In that disease a woman may pass urine frequently and in large quantities, and yet there is retention. So it may be in the case of retention of feces. In a case of retention of feces by a scybalum in the rectum, the accumulation of feces takes place first in the rectum, and it produces at last a tumor, which can be felt gradually forming in the left iliac region. This tumor presents generally little or even no resonance, is densely hard, and is repeatedly taken for malignant disease.

A case which I shall presently read to you

will further impress on you the danger of judging that there is no retention because a woman is defecating, even frequently. This has a very important practical bearing not only on the diagnosis and treatment generally, but it has a very important practical bearing on the question of colotomy. You are not to suppose that colotomy is necessarily excluded from consideration because the feces are passing. The retention of feces may be going on to a dangerous and even fatal amount, although feces are passing; and colotomy may be imperatively demanded.

I will illustrate this subject by several examples. For instance, pregnancy leads in the early stages frequently to ordinary constipation. But if you watch your cases of natural delivery you will frequently find in the extraordinary amount and in the character of the evacuations evidence that the advanced pregnancy has induced retention of feces, even when the bowels were truly described as moving regularly. A fibrous tumor of the uterus, an ovarian tumor, both occasionally cause very dangerous and sometimes fatal retention of feces. Adhesions sometimes do the same. Another common cause of retention of feces is stricture produced by simple inflammatory disease or by lupus or cancer.

The next case is a still more interesting one. In this case the bowel was ruptured, probably, at least partly, in consequence of the distension of it. The patient died of peritonitis after two days. There was no stricture, but the obstruction was caused by cancerous degeneration of the wall of the dilated tube of the bowel for a great length. The cause of obstruction in this case was the same as is believed to be the cause of obstruction in enteritis. A considerable part of the bowel does not act; the feces accumulate in it, and are only propelled slowly by the *vis à tergo*, or not propelled at all. In the case that I am about to read to you, the feces were propelled, but inefficiently; and although she was, as you will observe, defecating frequently, and, to the eye of an intelligent nurse, defecating copiously, the feces were retained in an extraordinary manner, and no doubt helped to produce the fatal result from peritonitis. It was correctly diagnosed as a case of malignant disease in the left pelvic and iliac region; but

it was not ascertained, and I know no means by which we could have ascertained, that the lump in the left hypogastric region consisted chiefly of feces. We suspected it, but we had no means of getting further.

“E.W., aged twenty-five, unmarried. Menses began at seventeen; regular till two months ago; since have not appeared. Four months ago began to have difficult defecation. This gradually became worse, and for weeks the pain of defecation has been agonizing. For a month walking has been difficult, almost impossible, from hypogastric pain. Micturition is accompanied by shooting pains. A fortnight before admission she felt a lump in the left hypogastric region, which has increased in size and become the seat of pain. Bowels act, not scantily, twice daily. Urine natural. Is losing flesh. The belly appears natural on inspection, but on palpation a rounded hard swelling is felt, rising from the whole length of left Poupert's ligament. It is dull on percussion, sensitive to touch, quite fixed, and reaches as high as half-way to the umbilicus. The tumor is felt to extend to the right, beyond the region of dulness, as far as the right pubic bone. The cervix uteri is on the right side of the pelvic excavation, and about an inch above the ischio-pubic ramus. It is indurated, and is in the midst of a dense sensitive hardness which fixes it. The bowels continue to act fully twice or oftener daily; feces hard and dark. On the fifteenth day she became suddenly worse, with symptoms of peritonitis, vomiting fetid green acid fluid in large quantity. She died two days after this aggravation of her condition. Post-mortem examination twelve hours after death. Peritoneal cavity contains fetid gas and a large amount of fetid, brown, semi-purulent fluid. The colon and rectum from cecum to anus is distended by a hard, solid, continuous column of feces the thickness of the forearm, greenish black in colour, and of the consistence of putty, nearly solid. No strictural obstruction to the progress of feces. The pelvic organs and the superjacent intestines to the left cohere in one mass. Malignant growth occupies the mesentery, which is half an inch thick; also the walls of the sigmoid flexure and rectum, which are thickened. The bladder and uterus are not

affected. To the left of the uterus is a soft fibrous mass the size of a small hen's egg, being the left ovary, containing a cyst filled with about a dram of green pus. The right ovary cannot be discovered. The seat of rupture of the bowel cannot be made out, the intestines having given way in several places during dissection."

You observe then that constipation is not a necessary symptom of retention of feces, and that although retention of feces implies a certain kind of constipation, there may appear to be copious evacuations while retention of various kinds is still going on.

Retention with accumulation is diagnosed by feeling scybala or by feeling the bowels distended by a mass which takes impressions like dough. Sometimes the hardness is so great and the pain produced by pressure so great that this doughy character cannot be made out. When a woman suffers in this way from great retention of feces, the belly is generally not tympanitic in any part. In one of the cases I have read to you there is sometimes intense griping, and if the retention is in the lower part of the rectum you may have tenesmus. In cases of this kind the whole body sometimes is infected by the fetid mass. The countenance is dull, the face sallōw, and in some cases you can smell the breath distinctly feculent. The retention of feces, however, seems, so far as I have observed, to produce no very grave symptoms except what are mechanical.

The treatment of cases of this kind scarcely requires description. In common constipation you know the favourite purgatives are aloes and castor oil and turpentine, and such like. In cases of infarction of feces, where you can reach the feces you remove them, and you are recommended to remove them by a spoon or a lithotomist's scoop; but, so far as my experience goes, this is a very useless instrument; and although it may be disagreeable for the practitioner, I recommend him to use his fingers as infinitely more efficacious than any scoop or spoon-handle. When the mass of feces is higher up I have tried what is called massage—pressure, gentle kneading of the bowels, to produce action and to produce a change of the

shape of the feculent mass—but I have not been able to assure myself that this treatment has done decided good. Enemata are of very great service. The most valuable is the turpentine enema.

Lastly, in some cases of this kind, such as stricture of the rectum which cannot be removed, or cases of paralysis of the rectum by malignant infiltration, you must consider the advisability of resorting to colotomy. Colotomy is intended to allow the stool to pass before it reaches the disease which causes the retention, and in many cases it is perfectly successful. It allows the feces to be passed through the loin in a manner causing great inconvenience to the patient, but perfectly successful. Of course if the disease is malignant, or otherwise a fatal disease, you can only get temporary relief; but that is a matter of very great moment.

Before concluding, let me merely mention an important and very disastrous set of cases in which there is circumscribed extravasation of feces as well as retention. When an ovarian dropsy or any such cyst bursts into the bowel it sometimes happens that feces regurgitate into the cyst, generally along with fetid air, and inflammation of the cyst is set up, with feverish and probably septicæmic symptoms. Such cases generally, but not always, prove fatal. I have known life prolonged for months after the accident. A similar occurrence in every respect sometimes happens in the case of a perimetric or of a parametric abscess.—*Louisville Medical News.*

ON THE PREVENTION OF MAMMARY ABSCESS.

BY W. ALLAN JAMIESON, M.D., F.R.C.P.

There is, perhaps, nothing more disheartening to a young mother, nor any puerperal ailment, not dangerous, which weakens her more than what is known as a gathered breast. It is not my intention to enter at all into the question of the treatment of such a condition, but to direct attention to some of the causes which lead to it, and to suggest measures calculated in my experience to prevent its occurrence. And here a circumstance may be mentioned in consequence

of which the Edinburgh practitioner possesses an immense advantage over his brethren in many other places. There is no rule so universally acted on here, by the common consent both of doctor and patient, than that of every parturient female engaging some time before her confinement the services of a medical man. Such is not the case everywhere, however. Nothing is more frequent in country districts than for a doctor to be summoned to attend in labour an utter stranger, whose acquaintance he makes for the first time at her bedside during an interval between the pains. Much is lost by both parties by neglecting to engage a medical attendant: the patient loses opportunities of obtaining valuable hints which might have saved her much anxiety and often much suffering, the doctor chances of correcting miscalculations as to date of being laid up, and also of judging in some degree of possibilities of a slow or rapid labour. The benefits are so great and so obvious that it is mysterious why the plan is not universally followed; that it is not so, is mainly due to a want of firmness and unanimity on the part of the medical profession. The suggestion recently made, that pregnancy as well as labour should be regularly watched over, would, if carried out, do much to diminish post-partum mortality, and to facilitate the process of labour; but as many women, from a sense of delicacy, shrink from anything like supervision during what they have been led to regard as a natural course of events, the advantages to be gained from even one interview with their future attendant should not be lost sight of.

The ordinary causes of mammary abscess occurring during the period of some weeks succeeding parturition are four in number:

1. Distension of the milk ducts, or of a part or the whole of the gland, due to some obstruction to the free secretion of milk deeper than the nipple. This is often directly due to exposure to cold before the function of the organ is fully established, and the system has become habituated to the new demands made on it for the performance of lactation.

2. Imperfect development of the nipple itself, the nipple being retracted or malformed, or either wholly or partially impervious to the milk formed in the gland. Sometimes this

atrophic state is due to abscess of the mamma in early infancy, the turgescence and inflammation so often met with in the breasts of children soon after birth having run to abscess, and the subsequent condensation having choked up the nipple. Another cause is, however, long-continued moderate pressure during early womanhood, the nipple being flattened by hard, ill-fitting, or tight stays, and the breast itself compressed by dresses made too narrow across the chest. This condition of the nipple is often found in one breast alone, most frequently in the left, being then not unlikely associated with the apposition of that side to the desk in the act of writing, or the mode in which the left breast is liable to be impinged on by the arm in sewing or knitting.

3. The irritation of abraded or fissured nipples.

4. When constant attempts at suckling are made, and either the gland itself secretes feebly from its own imperfect development, or the mother's blood is deficient in milk-forming material, localised hyperæmias are apt to be induced, and eventually end in deep abscesses.

Such being the causes of abscess of the mamma, let us see what means are at our disposal to prevent them from coming into play, for the real lies much deeper than the apparent origin of the mischief. Thanks to fashion, the stays of the present day are much less injurious than those of some short time back—if they descend more deeply over the hips to accommodate their wearers to the exigencies of a Princess's costume, they at the same time do not cover the bosom so high up. Ladies declare stays to be necessary articles of dress, and they must be admitted to be the best judges; but while conceding this much, stays should be so made as to support the breast without at all pressing on the nipple. They should, in fact, either not reach to the nipple, or have a crescentic portion removed from the centre of the upper margin on each side to leave the nipple free. In Austria, where full busts are the rule, mammary abscess is, I have been informed, much less common than with us; but then there, besides a natural proclivity due to race, a certain degree of cultivation is undoubtedly resorted to, it being regarded as a positive misfortune to be deficient in that respect. During the virgin state, there-

fore, no undue restraint to the growth of the breast should be permitted, and healthy outdoor exercise, and the practice of such amusements as archery and lawn-tennis, which are incompatible with dresses tight over the chest, should be encouraged in every way. By these means the aptitude for functional activity is best maintained by the gland during its period of dormancy.

When conception has taken place, among the earliest symptoms of its occurrence are those manifested by the mammary glands, evidenced by stinging or pricking sensations, increasing fulness and weight, and all those objective alterations in the areola and nipple so often described. These subjective feelings appear to me to be Nature's summons to attention—a prayer for aid in assisting to prepare the gland for the important office to be discharged by it in furnishing food for the infant after birth. Yet, in most cases, how little note is paid to the warnings thus given! While all sorts of instruments have been devised for drawing out the nipple after parturition, it has been in great measure forgotten that all this painful and troublesome process might have been avoided by systematic, regular attention to the nipple during pregnancy. This should consist in washing the nipple once or twice *every day* with soap and warm water, during which abluition the nipple should be pressed and drawn out; and further stimulation should be excited by rubbing rather firmly, after drying, with *eau de Cologne* or equal parts of brandy and water. It is not often that we have the opportunity granted us of recommending the commencement of this procedure very early in pregnancy, but when we are engaged to attend at the approaching confinement we ought to make a point of giving these directions, which are invariably gratefully received. Though more absolutely necessary in the case of primiparæ, they are almost as valuable in multiparous females, and should also be impressed on them. Besides the mere mechanical influence exerted by friction and manipulation, a further effect is produced by the frequent direction of the thoughts to the breast and nipple. Dr. Carpenter* quotes Sir H. Holland's remark that the "strong and con-

tinued direction of the attention to a part in all probability affects either its innervation, or its circulation, or both." Mr. Heath,* in his "Lectures on Diseases of the Breast," says: "That friction, if prolonged, will produce hypertrophy not merely of the nipple but of the breast, is shown by a case which came under my notice some years back, in which the lascivious manipulations of a lover extending over many months had resulted in a veritable hypertrophy of the whole organ." We have ground, then, for believing that this treatment of the breasts during pregnancy seems to afford legitimate scope for the influence of "expectant attention;" to be really useful, however, it must be thoroughly carried out and persevered in daily till labour sets in. When these measures have been faithfully followed, we have a means of judging whether a nipple is hopelessly atrophic, and unfit to nurse with or not, when we examine the breast after delivery is completed. If no reaction has followed, and the nipple remains flat, and especially if, on pressing our fingers behind it, it conveys the sensation of being firmly bound down, the probability is great that attempts at suckling, at least with that breast, will be fruitless, and, if persevered in, will almost certainly end in abscess. Cautious, very cautious attempts may indeed be made all the more freely if some milk can be squeezed from the nipple; but we must be actively on the alert for a more than possible failure, and be ready to apply cooling lotions—belladonna, perhaps leeches, or gentle elastic pressure to limit the first symptoms of congestion of the organ. I have several times in former years seen abscess result from ill-judged persistence on the part of the nurse to induce a mother with an impervious nipple to continue attempts at suckling. It is good policy, then, to desist in time.

When the nipples have been prepared for the demands of nursing in the mode described, it is seldom that fissures or hacks of any moment arise during its performance. But when such measures have not been adopted during pregnancy, and even in spite of them—when the skin is delicate, or the infant's mouth is affected with aphthæ, cracks and abrasions of the nipple

**British Medical Journal*, 14th December, 1878.

**Lancet*, 6th May, 1871.

take place, and must be properly treated, otherwise abscess is very likely to supervene. The remedies for sore nipples are innumerable. Having tried most of them with varied success, I have for some time employed one only, which has rarely indeed failed to effect a speedy cure, provided the case has not been too long of being attended to. The *collodium flexile* of the Pharmacopœia answers every indication; it forms an efficient protection from the air; by its contraction, tends to draw the margins of the fissure together, and does not injure the infant—a most important point, not always regarded in some of the remedies recommended. The collodium flexile may be painted on several times a day, the nipple being first dried, and the sides of the crack pressed together. When the child is put to the breast, the film covering the point of the nipple may be peeled off so as to allow the milk free egress from the mamillary tubules.

When an organ in the discharge of its functions, is strained, either from inherent weakness in itself or from debility of the general system, the contractile power of its vessels is lowered, and a form of congestion is induced which may go on to the formation of abscess. This is especially apt to occur in the mammæ of weakly or ill-nourished women, and here the prophylaxis of abscess consists in the recognition of this fact. When efforts at suckling are attended with pain in the breast, and down the arm on its inner side, or the gland feels, after feeding the infant, tired and strained, and more particularly if the mother herself seems to suffer in health and appetite, and develops hysterical symptoms, the attempt to nurse should gradually be given up.

Due attention to these matters, which may perhaps be regarded in the light of minor articles of detail, does not seem to me to have been always hitherto paid, and a feeling of this has induced me to make the foregoing suggestions, which I hope may aid in lessening the frequency of mammary abscess.—*Obstetrical Journal*.

GALL-STONES.—Dr. Buckler (*Boston Med. Journal*) places the utmost confidence in chloroform to dissolve gall-stones. He gives fifteen to twenty drops or more every three or four hours, to accomplish solution within ten days. In all cases he uses the succinate of iron, half a teaspoonful after each meal.

THE FORCEPS, VERSION, AND THE EXPECTANT PLAN IN CONTRACTED Pelves.

Dr. Wm. T. Lusk read a paper on the above subject before the New York Academy of Medicine, December 18, in which he considered the management of labour in three varieties of contracted pelvis: 1. The flattened, non-rachitic pelvis; 2. The flattened rachitic pelvis; 3. The pelvis equally contracted in its principal diameters. The intent of operative interference was to save the child's life; in dead children, craniotomy held equal advantage. No case was known of a living child being delivered at full term where the conjugate diameter was less than $2\frac{3}{4}$ inches. If this diameter was $3\frac{1}{2}$ inches or more, no interference was demanded. Discussion should be limited to pelves between these diameters. With such a pelvis, a cervix fully dilated, a favourable presentation and no complications, the expectant plan was the best. Version was indicated only when the child was nearly in the normal condition, the contraction limited to the brim and sufficient space in the transverse diameter. Extreme traction force in version might fracture clavicle, humerus or skull, and produce other serious injuries to the child. He gave records showing for version a saving of 31 living infants out of 43, and all the mothers; for forceps, high operation, head above brim, 40 per cent. of children and 60 per cent. of mothers; for expectant plan, 354 out of 407 children, and all the mothers but 12. He described the Tarnier forceps, which he had modified somewhat, and claimed with them to be able to bring the head of the child from the brim to the floor of the pelvis in much less time and with less force than by any other method.

[The Tarnier forceps is a very powerful instrument, having extra traction handles curving posteriorly, so as to bring the traction force more in the line of the superior strait.]

Dr. Isaac L. Taylor believed that, in the superior strait, the Tarnier forceps were not so good as the straight forceps. Within the limits mentioned by Dr. Lusk— $2\frac{3}{4}$ to $3\frac{1}{2}$ inches conjugate diameter—there was a vast difference of opinion among prominent obstetricians as to the best method of procedure in such cases. Dr. Lusk, in his demonstration, has applied the for-

ceps over the occiput and face of the child. There was a difference of opinion also as to whether the application of the forceps in this manner was the best, some favouring it, and others, as Hodge, Wilson, and others, applying the blades directly to the sides of the head. Dr. Goodell recommended to apply the instrument with one blade against the pubis and the other against the sacrum, but Dr. T. did not believe that this had ever been done. Dr. Taylor rejected *in toto* the application of the forceps over the occiput and face, and there was no advantage in doing so in a simple flat pelvis. More space could be obtained by bringing the coronal suture in contact with the promontory of the sacrum and applying the forceps in the oblique diameter of the pelvis. The head could be fixed in that position by the straight forceps. Moderate compression was made, it was true, but it was not made antero-posteriorly—to which he was opposed in all cases—but upon the parieto-frontal portion. The important point was to know how to handle the base of the skull. If this came in contact with the sacrum and the straight forceps were applied, the operator being on the floor making traction, the instrument acted in the same manner as the Tarnier, downwards and backwards, and with to-and-fro movement at the will of the operator. If the head did not yield, version could be employed, to be decided on by the size of the child, of the fontanelles, etc. The chief point, as he regarded it, was simply whether with a head presentation and dilated os in a contracted pelvis, it was proper to attempt to deliver with forceps. He did not object to the attempt, but after making two or three reasonable efforts, and failing, version should be resorted to, aided by external pressure, which was here of the greatest importance.

Dr. T. Gaillard Thomas felt compelled to say that statistics had but little weight with him. He often thought of Sydney Smith's remark, that "there is only one thing more unreliable than figures, and that is facts." In a case of labour in contracted pelvis, not below $2\frac{3}{4}$ inches antero-posteriorly, expectancy, at the beginning, should invariably be practised, even though convinced that the forceps must end it. The forces of nature should be allowed to mould the

head and change its shape, and then the case might be terminated favourably; whereas, too early use of forceps might produce terrible results. So long as the foetal heart beat regularly, the maternal soft parts were cool and moist and the pulse between pains not accelerated, we could safely trust to expectancy. When the pulse became rapid, the temperature increased and the dangers of continuous pressure imminent, expectancy became a crime. In a case in good condition the question arose, "Shall the woman be delivered by the forceps or by version?" There was no other operation at our disposal. His convictions were: If the uterus did not clasp the child's body so firmly as to render turning extremely difficult, or the waters had not been so long evacuated that the result of turning would probably be dangerous from forcing the hand up to the fundus, with the head above the superior strait or entered into it to some degree, version, as a rule, admitting of exceptions, was the suitable operation.

If the child had fairly entered the cavity of the pelvis so as to be fixed—rendering version unusually difficult—then the forceps should be selected. But having elected either operation, the choice was not final. Having failed with the forceps after using a justifiable degree of force, version might still be employed; or, version failing, the forceps might be used.

He thought that Tarnier's forceps was a great improvement on older instruments, but did not believe they would come into general use.

Dr. Fordyce Barker considered the vital condition of the woman as an element to assist in deciding between forceps and version; version producing more shock. There were certain rules relating to these cases which he regarded as established:

1. In that form of contraction of the superior strait called the oblique oval of Naegele's, the forceps should not be used, but always version.
2. In that class of cases in which the contraction is at the inferior strait, with a straight sacrum, narrowness of the sub-pubic arch, etc., we should never resort to forceps, but always select version, if we can make the election by a sufficiently early examination.
3. In face presentations we should never use

forceps when the head is above the superior strait and not engaged.

He would not say that the forceps should never be applied when the head was not engaged at the superior strait, for he had safely delivered several women, where it was necessary to save the mother's life, when the head was lying loose, not engaged at all. But if the face presented, he would not use forceps. He had, in three cases when the face had become engaged in the strait, delivered by the forceps by first flexing the head and converting it into a vertex presentation and partially rotating it; then taking off the blades, he had reapplied them as if it was a vertex.—*New York Medical Record.*

OBSTETRICAL SOCIETY OF LONDON.

A paper on "The Pain in Pelvic Cancer, and its Relief by Morphia," by Dr. Champneys, was read. The former and larger part of the paper consisted of a clinical study of fifty cases in the wards of St. Bartholomew's Hospital, and was illustrated by fourteen tables, dealing with the ages of the patients, the first symptoms noticed, the seat of pain, its locality, the date of its commencement, its quality, amount of intensity, and the relation of pain to hæmorrhage. The analysis showed some points of departure from what have been considered established facts; for instance, as many of the patients were from thirty to forty years of age as were from forty to fifty; and again, pain rather than hæmorrhage was the first symptom noticed. On these the author remarks that his cases were only fifty, and can therefore not overthrow Dr. West's larger number of 166, but suggests that as this part of the question cannot be founded on objective facts, but must depend upon the patient's memory, which memory might be supposed to retain hæmorrhage rather than pain, it may be supposed that pain, as a first symptom, may occur oftener than is usually imagined. It was shown that cancer may be painless at almost every stage, but it was remarked that of the author's cases none were painless in which hæmorrhage was absent. The seat of pain was carefully ascertained by making the pa-

tient lay her hand or finger on the spot. The localities were most various, the region of prevalence of uterine pains being seen, however, to be mainly bounded by the line of the sacrum above and of the knee below. It is remarkable that the pains were six times as common on the left as on the right side, which cannot depend on the locality of the disease, but must depend on the difference with regard to sensation between the two halves of the body, a difference seen also in the common left-sided pain of females and the preponderance of left-sided hemi-anæsthesia; "Man is not an absolutely bilaterally symmetrical animal." Aching of the whole front of the thighs and pain transfixing the body are believed by the author to be at least uncommon, except in cancer. Back-ache amounted to 24 per cent., pain in lower abdomen to 14 per cent., pain in the groins to 18 per cent., of all pains. It was shown that no relation existed between intensity of pain and duration of disease. Thirty cases showed the pain to be worse post-meridian than ante-meridian. The author suggested a connection between pain worse at night and pain relieved by bleeding as possibly depending on the increase or diminution of vascular tension in the diseased tissues, which is illustrated by the nocturnal tightening of bandages, and he remarked that in all his painless cases there was bleeding. Three remarkable cases are given at length of nervous affection, in one of which there was paroxysmal nocturnal motor and vaso-motor disturbance of one, then of both legs, depending probably on irritation reflected at the spinal cord. Of the methods of administering morphia the hypodermic injection was shown to be by far the most, and the suppository the least, effectual.

Dr. Matthews Duncan thought the paper was one for reference rather than criticism. The collection of facts was great and valuable, and never before made. The connection of physical signs with lesions was easier than symptoms with them.

Dr. Hewitt said the paper showed great research. He had paid particular attention to the pain of cancer. Its peculiarity was its spontaneity. He had also observed increased frequency of pulse in cancer.

The President was struck with the frequency with which pain was present. He asked if measures for removal had had any effect in alleviating the suffering.

Dr. Godson had found hæmorrhage frequently the first symptom.—*Lancet*.

THE COMPRESSING POWER OF THE LONG AND SHORT FORCEPS.

“The figures in the last column give the pressure which a weight, or any other compressing force, equal to 50 lbs. avoirdupois, acting on the middle of the handle (or, in the case of Hodge’s, two inches from its distal extremity,) would produce in the centre of the arc of the head curve. . . . The force was determined indirectly by means of sliding weights hung on a long balance-beam, graduated into inches and tenths, side by side with the blade under observation.”

Masterman’s Observations.

LONG FORCEPS.

NAME	Length of Handle, in inches.	Length of (Shank and) Blade.	Total Length.	Ratio of Handle (=1) to Blade.	Resultant of 50 lbs. pressure, in lbs.
Ashwell’s	3½	10¾	14	3.3	10.5
Barnes’	4½	10	14½	2.2	15.4
Blundell’s	4½	9½	14	2.1	19.0
Hodge’s	8	9	17	1.1	61.0
Lever’s	4½	10½	14½	2.4	13.4
Simpson’s	4½	8¾	13½	1.8	20.2

SHORT FORCEPS.

Clarke’s	4½	7	11½	1.6	31.0
Collins’	4	6	10	1.5	34.0
Denman’s	4½	6½	10¾	1.5	33.5
Inglis’	2½	8	10½	4.2	10.0
Simpson’s	2	7½	9½	3.7	9.6
Smellie’s	4½	6	10¼	1.4	36.0

LEVER OF THE THIRD ORDER.

(Intermediate Length.)

Assalini’s	5½	7	12½	1.02	25.0
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CANADIANS IN ENGLAND.—Bertram Spencer and W. H. Burton, M.B., Toronto, have passed the primary examination of the Royal College of Surgeons, England.

Translations.

INJECTIONS OF LINSEED OIL IN CHRONIC CYSTITIS.

A man twenty-nine years of age entered the Hospital, suffering from cystitis of six months’ duration. Night and day he was obliged to urinate hourly. The urine contained a quantity of mucus and pus. The ordinary remedies were tried without benefit. Hovre proposed to distend the bladder, and keep in that condition as long as possible. The agent employed with this view was linseed oil, of which 8 ounces were injected at each sitting once a day. The cystitis was relieved after a week’s treatment. The act of micturition was repeated only 5 or 6 times in 24 hours, and was unattended by pain.—Another individual of 49 years suffered from cystitis of three months’ duration. The urine contained mucus and pus; the patient was obliged to urinate from 10 to 20 times a day. The same treatment was adopted as in the preceding case. After eight days the pain disappeared, and the patient could hold his water for 2 hours.—*Gazz. Med. Ital.*, from *Il Movimento*.

CEREBRAL THERMOMETRY.

Prof. Maragliano draws the following conclusions from his researches:—

1. The thermometer applied to the cranial integument faithfully records the internal thermal oscillations.
2. The cerebral temperature taken in this way is shown to be in physiological conditions higher on the left side than on the right, especially if the thermometer be placed in the frontal region.
3. The temperature varies according to age and sex.
4. It may present at any moment throughout the day elevations or depressions within certain limits.
5. The cerebral temperature has an application in pathology both relative to the relations which exist between the two sides, and between different points on the same side.
6. In order to have any absolute value, there must be recorded an elevation or depression differing at least one degree from the physiological mean.

7. In cerebral embolism there is a fall over the lobe irrigated by the occluded vessel, whence an important diagnostic criterion may be drawn.

8. During chloralic sleep there is a constant diminution in the cerebral temperature.—*Riv. Sper. di Freniatria ecc.*

ON THE TREATMENT OF INTERSTITIAL HEPATITIS.

At the Amsterdam Congress (1879), Prof. Semmola communicated the following observations in propositional form: 1. Clinically there is observed an interstitial hepatitis with hypertrophy of the liver, which may be confounded with interstitial hepatitis in the sclerosed stage, having similar symptoms when the physical examination of the liver is obscured by considerable ascites. 2. The causal conditions connected with this hypertrophy found in the cases observed by the author were malaria, alcoholism, the abuse of irritant foods—never syphilis. 3. The most successful treatment is an exclusive and vigorous long-continued milk diet, and the prolonged use of ever-increasing doses of Iodide of Potash (from 1 to 4 grammes in the 24 hours), dissolved in a litre of water, and drunk at intervals. 4. A reconstituent alimentation and tonic medication are attended with no improvement, but augment the patient's suffering, aggravate the disease of the liver, and, in cases otherwise curable, render the affection mortal. 5. Under the treatment indicated, the distended subcutaneous veins slowly disappear simultaneously with the ascites, the digestion improves, as likewise nutrition, and the patient gets well: the liver, however, may still remain more or less large and hypertrophied even after two years.—*Gazz. Med. Ital. and Lo Sperimentale.*

CEREBRAL THERMOMETRY (MARAGLIANO E SAPPILLI).

1. The mean temperature of a healthy man's head—taking our observations—is $36^{\circ}.13$ for the left side, and $36^{\circ}.08$ for the right, and $36^{\circ}.10$ for the whole head. As to the various regions, the means of the frontal lobe are represented by $36^{\circ}.20$ for the

left side and $36^{\circ}.15$ for the right; the parietal lobe by $36^{\circ}.18$ for the left side and $36^{\circ}.15$ for the right; the occipital lobe by $36^{\circ}.13$ for the left side and $36^{\circ}.08$ for the right.

2. In the insane, with the exception of simple lipomania and dementia, the mean temperature of the head is superior to the normal.

3. The highest figure is met with in *mania cum furore* ($36^{\circ}.89$); then follow in succession *lipomania agitata* ($36^{\circ}.81$); progressive paralysis ($36^{\circ}.63$); *dementia agitata* ($36^{\circ}.45$); imbecility and idiocy ($36^{\circ}.34$); *mania sine furore* ($36^{\circ}.30$); *lipomania simplex* ($36^{\circ}.17$); *dementia simplex* ($36^{\circ}.03$).

4. In all forms of mental disease, the occipital lobes, as in the healthy state, present a lower temperature than the others. The temperature of the frontal lobes, which equals that of the parietal in *dementia agitata*, imbecility and idiocy, exceeds it in mania, simple lipomania, and simple dementia; but in progressive paralysis and lipomania agitata the temperature of the parietal lobes is superior to that of the frontal.

5. In all the chief groups of mental disease the mean of the two sides of the head is almost equal, with the exception of the congenital forms, in which the various regions of the right side present a figure superior to that of the left.

6. The results of cerebral thermometry, compared with our present knowledge of the pathological anatomy of insanity are confirmed by the fact that in general paralysis, in mania, and in the various periods of exaltation which are so frequently manifested, as well as in the forms of depression and mental debility, a hyperæmic state of the brain exists.

7. The circumambient temperature exerts a notable influence upon the results of cerebral thermometry.

8. The general temperature of the body in the insane, taken in the axilla or the rectum, is greatest in lipomania agitata and in mania furiosa, and diminishes in decreasing order in progressive paralysis, dementia agitata, mania sine furore, imbecility and idiocy, tranquil dementia and simple lipomania.—*Rivista Sperimentale di Freniatria E di Medicina Legale.*

THE CANADIAN

Journal of Medical Science,

A Monthly Journal of British and Foreign Medical Science, Criticism, and News.

TORONTO, APRIL, 1880.

MIDLAND AND YORK.—Dr. James Ross, of Toronto, is a candidate for re-election to the Ontario Medical Council for Midland and York. He has proved one of the most efficient members both in the Council and on the Finance and Executive Committees. We hope to see him elected without opposition. The poll closes June 14th.

JAMES BOVELL, M.D.

This well-known Canadian physician died on the 16th. of January, in the island of Nevis, West Indies, where he had been residing for several years. He was born in 1817, in Barbadoes, in which island his family had long been resident. When in his 17th year, he went to England, and entered his name as a student at Cambridge, but shortly after was taken ill, and on his recovery began the study of medicine at Guy's Hospital, where he enjoyed the friendship of the Coopers, of Bright, and of Addison. Through life he remained a Guy's man, and was never weary in talking of his old teachers, among whom Bright and Addison appear to have been his ideals. After taking the license of the College of Physicians, he proceeded to Edinburgh, and studied Morbid Anatomy for several months under Dr. Craigie. From thence he went to Glasgow, and worked at the Pathology of Fever with Dr. Buchanan, taking his degree at the University in 1838. Attracted by the fame of Stokes and Graves, and having friends and relatives in Dublin, he proceeded to that city, and studied under those great masters for several years. While there he formed a lasting friendship with the late Dr. R. L. Macdonnell, of Montreal. During the latter part of his stay in Ireland he had typhus fever, and on recovering determined to return to Barbadoes, though strongly dissuaded from this step by his Dublin friends. There can be

no doubt that in this he made a great mistake. Intimate with both Stokes and Graves, possessed of ample means, and with intense enthusiasm for his profession, the way to success was clear. He entered into practice at Bridgetown, Barbadoes, and rapidly gained the public confidence. About 1848, and subsequently, a considerable number of West Indians came to Canada, and among them was the subject of the present notice. He settled in this city, and at once took a prominent position in the profession. In 1850 he took part with Drs. Hodder, Bethune, and Melville in the establishment of the Medical Faculty of Trinity College, in which he held the positions of Professor of the Institutes of Medicine and Dean of the Faculty, during its short but successful career of four years. In addition to the posts already mentioned, he was Physician to the General and Burnside Lying-in Hospitals, and gave clinical instruction in both institutions. He also held the chair of Natural Theology in the University of Trinity College. In conjunction with the above-named gentlemen and Drs. King and O'Brien, he assisted in the publication of the "Upper Canada Medical Journal," 1851, the first issued in this Province. After the disruption of the Medical Faculty of Trinity College, he joined the Toronto School of Medicine, and continued to lecture on Physiology and Pathology until 1870, when he returned to the West Indies, to the island of Nevis, where he had an estate. Shortly after he was ordained a clergyman of the Church of England, and took charge of a parish in the island, where, with the exception of two visits to Toronto, he remained until his death. His contributions to medical and scientific literature were numerous, and are to be found in the "British American Medical Journal," the "Upper Canada Medical Journal," and the "Canadian Journal." Among the most important are the series of papers on the "Barbadoes Leg," in the "British American Journal" for 1849; "On the Transfusion of Milk in Cholera," "Canadian Journal," 1854; and papers on the Anatomy of the Bear and on the Medicinal Leech, in the same journal. He published also an extensive pamphlet urging the Government to take up the question of Inebriate Asylums. His published works are chiefly of a theological and devotional

character: "Outlines of Natural Theology" and "Passing Thoughts on Man's Relation to God," both of which were very favourably received; also "The Advent," and a Manual for the Holy Communion.

A consideration of the life and character of Dr. Bovell presents certain difficulties, for in many respects he was an exceptional man, and cannot be judged of by ordinary standards. Prominent among his characteristics was a moral nature of unusual delicacy and fineness; vice naturally avoided him, virtue was drawn towards him, and the good side of a man instinctively showed itself in his presence. This, with a frank, kindly disposition, made him exceedingly loveable to his friends and deeply respected in the community. Mentally he had been richly endowed: a strong memory—except in matters of professional business—keen perceptive faculties, a quick wit, and considerable fluency of expression. But with all these there was something lacking, and it is this which makes the retrospect of his life in some respects a sad one. There was a want of that dogged persistency of purpose without which a great work can scarcely be accomplished. The contrast between actualities and possibilities in his case was painful; and the work done—though excellent—seemed almost feeble in comparison with what might have been achieved. Much of this arose from attempting too many things. It may be well for a physician to have pursuits outside his own profession, but it is dangerous to let them become too absorbing. To Dr. Bovell the fields of Science, Philosophy, and Theology were especially attractive, and were cultivated equally with the field of Medicine, in which it was his chief duty to work. With equal readiness he would discuss the Origin of Species, the theories of Kant, Hamilton, and Comte, or the doctrine of the Real Presence; and what he said was well worthy of attention, for his powers of criticism and analysis were good. But his versatility was an element of weakness, as he himself knew. His reputation depended chiefly upon his professional skill as a physician, and this was proportionate to his talents and advantages. The training which he had received under Bright, Addison, Stokes, and Graves made him at once a valuable addi-

tion to the medical men of any community, and in Barbadoes and Toronto he quickly commanded a consultation practice. But here a circumstance must be mentioned which was adverse to material success. As a young man he was possessed of fair means, and never felt the "frosty but kindly" influence of *res angusta domi*, which, repressive and injurious in certain cases, has on the whole a beneficial effect, particularly in the formation of business habits. These and the scientific habit of mind are rarely found conjoined, and in many respects Dr. Bovell was a typical example of a class. The exacting details of practice were irksome to him, and too often appointments were neglected and patients forgotten in the absorbing pursuit of a microscopic research, or the seductive pages of Hamilton or Spencer. There are numerous stories told of his absent-mindedness—some of them true, many more apocryphal. As a physician his power of diagnosis was especially good, more particularly in diseases of the heart and lungs; and such was the confidence the profession and public placed in him, that had he been alive to his own interests he might have made a large fortune. As a professor, his personal character made him a great favourite with the students; but he was a brilliant lecturer rather than a good teacher; his own intuitive grasp of ideas was so rapid and clear that he failed to make allowance for the slower perceptions of less gifted minds.

To his professional brethren he pursued a course of unvarying kindness, living on terms of good-fellowship with every medical man in the city.

After taking orders he devoted himself almost exclusively to ministerial work, though during his visits to Toronto his old patients sought him out in numbers.

For many years he suffered from an ulceration of the back, which had latterly grown much worse. On December 9th he had a paralytic stroke, and ten days later a second, which he survived only a few weeks.

The influence for good which a life like that of Dr. Bovell exercises in the profession and in society at large is in many ways incalculable. Enthusiasm, high moral principle, and devotion to a shrine other than that of material prosperity, are not the qualities that build a princely fortune, but they tell not only on a man's own generation, but upon the minds and hearts of those who are growing up around him; so that his own high purpose and unselfish life find living echoes when he himself has long passed away.

Book Notices.

Researches on Hearing through the Medium of the Teeth and Cranial Bones. By CHARLES HERMON THOMAS, M.D.

Report of the Eastside Infirmary for Fistula and other Diseases of the Rectum. Dispensary Building, 304 East Broadway, New York.

External Rectotomy as a substitute for Lumbar Colotomy in the treatment of Stricture of the Rectum. By CHARLES B. KELSEY, M.D., New York.

A Plea for Cold Climates in the Treatment of Pulmonary Consumption. Minnesota as a health resort. By TALBOT JONES, M.D., of St. Paul, Minn.

The Student's Guide to Diseases of the Eye. By EDWARD NETTLESHIP, F.R.C.S., Ophthalmic Surgeon to St. Thomas's Hospital. Philadelphia: Henry C. Lea, 1880; Toronto: Hart & Rawlinson.

This is a small work of about 350 pages, royal 12mo, and is a most admirable compend of the whole subject of Ophthalmology. It will prove a most valuable manual for advanced students, and also a very convenient and reliable handy-book for the general practitioner, its pages being repleté with practical information, conveyed in a concise yet perspicuous manner. The worth of the book is enhanced by an instructive chapter on "Diseases of the Eye in relation to General Diseases." The author is to be congratulated on his valuable contribution to the literature of his speciality.

Pharmacographia: A History of Drugs. By FLÜCKIGER and HANBURY. 2nd Edition, 1879. London and New York: Macmillan & Co.

This is a pure history of vegetable drugs, without any attempt to give their physiological or therapeutical effects, or their pharmaceutical preparations, and is doubtless very interesting to the dealer, or to those medical men who, having secured a competence in early life, will be glad to find anything by which they can make time pass more pleasantly. The authors

have devoted a great deal of time and care to its compilation, and to those who have leisure and inclination to devote to the study of the natural history of drugs it will prove a very acceptable work; but life is too short and the science of medicine too long for the practising physician or medical student to devote much of their time to such works. The book is well printed, in good clear type, on just the kind of paper we like, free from glaze; and we think it would be well if Canadian and American publishers would follow the example of Macmillan & Co., and give us our books printed on paper less trying to the sight. To those for whom it is intended we commend it as thoroughly reliable.

Brain Work and Overwork. By Dr. H. C. WOOD. Philadelphia: Presley Blakiston. 1880.

This is No. 10 of the American Health Primers, edited by Dr. W. W. Keen. It treats in a clear and forcible style of a subject that is attracting considerable attention at the present time. Medical men have long recognized the fact that the tendency of the age, especially in America, is to live too fast, and that to the improvident burning of the candle of life at both ends must be credited many of the premature break-downs that we so frequently see among those who tax their brains too severely in the race for success in either business or professional careers. Dr. Wood divides his work into seven chapters. Chapter I. is Introductory; Chapter II. deals with the General Causes of Nervous Trouble—such as Exposure, Sexual Excesses, Alcohol, Tea and Coffee, Gluttony; Chapter III. is on Work: its Effects, Proper Age for Labour, Difference in the Labour Power of the Sexes, Women's Work, &c. In discussing Women's Work the author expresses his sympathy with every effort to extend the opportunity of women to make a comfortable livelihood, but suggests that instead of choosing the most wearing of callings, such as the legal and medical professions, they should rather turn their attention to such work as pharmacy, where their powers of pleasing, deftness, and accuracy of manipulation, &c., and abilities to be content with a sedentary life, are the qualities required by the drug

clerk. The remaining chapters deal with "Rest in Labour," "Rest in Recreation," and "Rest in Sleep." The book is admirably suited for the general public, and it is to be hoped will be widely circulated and thoughtfully and profitably read.

Reviews of *Reynold's System of Medicine*, Vol. II.; *Day on Headaches*; *Kune on the Hypodermic Injection of Morphia*; *Fenwick's Clinical Medicine*; *Bristowe's Practice of Medicine*; *Atkinson's Therapeutics of Gynecology and Obstetrics*; and *The Montreal General Hospital Reports*, are unavoidably held over.

JOURNALISTIC.—We have received a copy of the *Rapid City Enterprise*, a weekly newspaper published in the North-West Territory, 150 miles west of Winnipeg. Messrs. Pim and Carruthers are the proprietors. The paper is well conducted and admirably suited to the class of readers in whose interests it is especially published—the farmer in the great North-West. *Rapid City* appears to have been aptly named.

HORLICK'S FOOD.—We recently used "Horlick's Food" in several cases of infant diarrhoea and mal-nutrition of children, with results that prove it to be a perfect infants' food, and made in full accordance with the laws governing assimilation in early life. There are, perhaps, few conditions that call for more careful judgment than the substitution of some article of diet in cases of deficient breast milk. Preparations are still flooding the market, claiming to be properly adapted to the infant stomach, which nevertheless contain more or less starch—a detrimental ingredient usually, and one which seldom fails to disorder the digestion, and cause wasting and diarrhoea. Horlick's food is entirely free from starch, the flour having been changed into dextrine and grape sugar. This food has long borne a high name, and we take pleasure in adding our testimony to that of so many physicians throughout the country as to its excellent digestive and assimilative properties. It is recommended in dyspepsia of adults, and in all diseases where digestion has been impaired.—*San Francisco Western Lancet*.

Meetings of Medical Societies.

NEWCASTLE AND TRENT MEDICAL ASSOCIATION.

The fourth regular meeting of the Newcastle and Trent Medical Association was held at Port Hope, on Feb. 4th. Present: Drs. Herriman, Hamilton, Waters, Might, Burritt, Riddell, Halliday, Clemesha, Powers, Corbett, Griggs. The minutes of the previous meeting were read and confirmed, and the Treasurer's report received and adopted. Receipts for the year, \$23.00; expenses, \$17.95; balance, \$5.05. The following officers were elected for the ensuing year:—President, Dr. Herriman (*ex-officio*); Secretary-Treasurer, Dr. Halliday; Vice-President for Cobourg, Dr. Waters; Local Secretary for Cobourg, Dr. Burnet; Vice-President for the Eastern District, Dr. Wiloughby; Local Secretary, Dr. Douglas; Vice-President for Napanee, Dr. Ruttan; Local Secretary for Peterboro, Dr. Bell; Local Secretary for Port Hope, Dr. Hamilton.

Dr. Burritt gave notice of motion that there should be only one Vice-President. If carried, to take effect next year.

Dr. Hamilton introduced two cases to the Society—one an unusual case of hysteria, the other a case of stricture of the œsophagus. A history of the cases were given, and they were examined by the members present.

The next business before the meeting was the report of the Tariff Committee.

Dr. Burritt, chairman of the committee, presented a draft of a tariff, the items of which were taken up and discussed *seriatim*. Many additions and alterations were made, the subject having the full interest of the members present.

Dr. Hamilton suggested that a copy of this tariff, as now drawn up, be sent to each medical practitioner in this district, with the request that each practitioner receiving said copy of tariff be either present at the next regular meeting to further discuss said tariff, or give his assent or dissent in writing; and that after discussion at the next regular meeting the tariff, as then amended, be adopted, and be sent to the Medical Council for confirmation.

Moved by Dr. Halliday, seconded by Dr. Riddell,—That the next meeting of this Association be held at Brighton on the first Wednesday in June. Carried.

On motion of Dr. Might, seconded by Dr. Powers, the meeting was adjourned at 6 p.m.

TORONTO MEDICAL SOCIETY.

The Society met at 8 p. m., Feb. 12th, Dr. Riddell, Vice-President, in the chair.

Dr. Graham presented two patients.

I. Progressive Muscular Atrophy.

R. D., æt 48, a fisherman 20 years, and much exposed to wet and cold; a moderate drinker and a heavy smoker. About May 15th, 1879, noticed the thumb of right hand beginning to get weak; while painting could not hold the paint-brush well, but could row during the summer. About Oct. 14th began to lose power in index finger of same hand, and soon after in remaining fingers. About Jan. 1st, 1880, noticed right arm getting weaker, and the commencement of twitchings in the affected muscles. About Jan. 15th noticed thumb of the left hand becoming affected. Has no lack of sensation in any part of body, and no pain. He gets tired more easily than he used to. Is fairly well nourished, but muscles of right arm are perceptibly wasted. There is a great deal of twitching of the muscular fibres present. This can be excited by striking the muscles, or by the application of electricity. No such vibrations can be excited in the muscles which should form the ball of the right thumb. His eyes become tired more easily than they used to. Pupils small, and do not respond very readily to light.

II. Ménière's Disease; or, Aural Vertigo (supposed to be).

F. B., æt 42, born in Germany, a carpenter. On Jan. 14th, 1880, fell 24ft. from a scaffold, landing on his left side and head. His shoulder was bruised, and he received a scalp wound over prominence of left parietal bone. There was a slight sero-sanguinolent discharge from the left ear, which increased for a few days, but ceased Feb. 5th. After the accident, was taken to General Hospital and discharged Jan. 23rd. On Jan. 25th suddenly had a fainting feeling, with dizziness, and would have fallen forward if he had not seized some neighbouring object for support. Since then this feeling manifests itself several times a day, and lasts from a few seconds to one minute. If he looks at some object above his head, or lies down on his left side, he is seized with this fainting feeling; but if he lies

on his right side it does not come on. There is never any loss of consciousness, no implication of speech, no convulsive movements, no impairment of vision, no nausea; feels as well after the attack as he did before. Attacks come on at irregular intervals, and are equal in their intensity. Has a noise in his left ear occasionally, which sounds like that produced by the waves of a rough sea: this comes generally after an attack. The hearing is very much impaired on left side. Was re-admitted to hospital Jan. 25th. Since then taking Potas. Bromid, gr. xii. to the dose. Attacks are becoming less frequent. Dr. Reeve on examining patient found hearing not absolutely lost on left side. He suggested that there might be an affection of the middle ear, producing pressure on the contents of the labyrinth through the fenestræ.

Dr. Covernton reported a case of Facial Erysipelas in a male adult. It appeared to be a very slight attack, and patient was apparently quite well in all other respects, but had a persistent temperature of 102° for several days.

Dr. Cameron exhibited a specimen of contracted large intestine, taken from a man who had died from phthisis.

Also cerebellum and liver, showing tumours supposed to be gummata, taken from B. E., æt 37, male, who died in hospital. He had been ill about 2½ years, the first symptom being a very persistent pain in the head, which to a certain extent continued throughout his illness. He also had pleurisy and pneumonia. No distinct history of syphilis had ever been made out, but he for some time received specific treatment.

Dr. Reeve exhibited a dentaphone.

At a meeting Feb. 26th, Dr. Palmer was elected a member of the society.

Dr. Gahan read an interesting paper on Pyæmia, in which he discussed the different theories as to its pathology.

OBITUARIES.

The English journals announce the death of Sir Dominic Corrigan, Mr. Hancock, and Dr. Budd. Dr. J. Lockhart Clarke died on January 25th.

THE RIDEAU AND BATHURST MEDICAL ASSOCIATION SEMI-ANNUAL MEETING.

The semi-annual meeting of the Rideau and Bathurst Medical Society was held in the City Council Chamber, Ottawa. There were present—Drs. Grant, Whiteford, Carmichael, McDougall, Malloch, Higgins, Lynn, Sproule, M.P., Munroe, of Lanark; Kellogg, of Perth; Baird, of Pakenham; Cranston, of Arnprior; Bentley, Sweetland, Horsey, Hill, Wright, Rogers, McRae, Powell, and Shaw.

The chair was taken at 3 o'clock by Dr. Grant. The minutes of the last meeting were read and approved.

THE SECRETARY'S RESIGNATION.

Dr. Lynn placed his resignation before the meeting, on account of his intended removal from the district.

Dr. Whiteford was appointed secretary.

NOTICE OF MOTION.

Dr. Malloch gave notice of his intention to move that the semi-annual meetings of the Bathurst and Rideau Medical Association be held at Ottawa, in accordance with the by-laws, on the first Thursday in March, instead of the first Monday.

RESOLUTION OF REGRET.

Dr. Hill moved, seconded by Dr. Sweetland, that the resignation of Dr. Lynn, the Secretary, be received, and that this Association desires to record their sense of obligation to Dr. Lynn for his attention to the duties of that office; also, that this Association much regrets that impaired health necessitates the removal of Dr. Lynn from Ottawa, where he has earned and won the esteem and confidence of his medical *confreres*.

The motion was unanimously carried.

The treasurer, Dr. Hill, presented his annual report, showing a balance on hand of \$10.35.

THE PRESIDENT'S ADDRESS.

The president, Dr. Grant, apologized for diverging from his usual custom of writing an annual address, which, from press of time, he was unable to do. However, before taking his seat, he would make a few observations on a subject which he felt satisfied was of great interest to the profession, inasmuch as it was intimately connected with the welfare of the community at large, viz.: "The Brain, in an educational point of view." This subject is to-day attracting the attention of many of the leading scientists of Great Britain and Canada, and the United States as well. Among the

foremost of these are Dr. Richardson, of London, Professor Huxley, and Dr. Clark, superintendent of the asylum at Toronto. There are those who still maintain superiority of physical over mental culture; however, the tendency to a purely physical training is rather on the decline, and the degree of admonition once bestowed on men of great strength is not valued so highly as it was formerly. Mental and physical culture must go hand in hand. The one was necessary for the thorough and practical development of the other. The greatest evidences of physical culture and intellectual development, never deranging the balance or impairing the symmetry of the whole, was probably more keenly appreciated and exhibited in ancient Greece and Rome than any other portion of the known world. Now-a-days the educational idea has undergone a considerable change, and the strain after knowledge, in the shape of a skeleton of distinction, it is to be hoped, will become a matter of the past. The ventilation now being given to this subject is exposing very justly the intemperance in study, the term, the expressive term of Dr. Tuke, of Edinburgh, in his able paper to the British Medical Association. Education in childhood is a subject of vital importance. Children's brains are often taxed long before they have either learned how to walk or how to play. Play is looked upon rather as a reward than as a source of encouragement to study. Thus we have conflicting interests between physical growth and mental food. The building of a brain is to-day a great social problem, and those in charge of educational instruction will require to observe closely its solution. The brain, itself the seat of the intellect, is generally supposed to control the whole physical organization. To be healthy in its action and vigorous it must have distributed to it strong and nourishing blood. Each thought, each intellectual effort, is attended by the evolution of mere power, and that mere power is fed and sustained by a circulating medium, blood, which passes through it. To maintain the balance, a healthy system, with all the organs performing their functions rapidly, is absolutely necessary. The brain performs no small part in the ordinary digestion of food, and that food again to give brain power requires not to be interfered with in the overstraining of mere energy. How many girls and boys of the present day could undergo such a tax as was placed in the system of John Stewart Mill, from three to sixteen? It is unphysiological, and attended with great danger, to promote hot-house mental culture, by excessive application to books before the very tissue of the brain is strong enough to carry along, successfully, impressions made upon it. Who

would think of coaxing a baby to stand before the bones of its legs were strong enough to support its body, or who would expect a young colt to draw the load of an ordinary team of dray horses? Would such a child likely make a great man, or would such a horse likely be developed into a powerful animal? This excessive early culture is certainly fraught with very great danger. If we examine into the history of either the past or the present, what is the evidence to be adduced? The men to-day who wield the destiny of this Dominion are largely self-made men, whose brains in early life did not cripple physical development, and whose nerve fibre to-day possess intellectual power, the result of practical education, applied in the normal or natural. Sir Walter Scott, when attending the University of Edinburgh, was called the great blockhead, and yet the world has recognized the gradual development in him of latent intellectual power. His field sports contributed largely to his success. Again, it is well known that Wellington, the hero of a hundred fights, when once looking at the boys engaged in their sports at Eton, where he spent his boyish days, remarked that "it was there the battle of Waterloo was won." Again, we find, that Hodson, of Hodson's Horse, in writing from India, attributed largely his success, physically speaking, to a sound digestion. The necessity of care and close attention to the maintenance of a proper balance between the body and the mind cannot be too carefully borne in mind. The speaker, after dwelling at considerable length on the subject, adverted to the question of summer holidays in public schools, recently brought before the Ontario Government. The point argued was that three instead of six weeks were quite sufficient as a holiday. However, it was very properly left to the discretion of the various educational boards, who he hoped would consider it in a sanitary point of view, and extend the full six weeks as a summer vacation. Medical men in the various districts would no doubt have opportunities of examining closely into this whole subject, of such vital importance, inasmuch as the proper estimation of it was intimately connected with the welfare and prosperity of our common country.

Dr. Hill, after expressing his pleasure at hearing such an excellent address, stated *ex cathedra* that he considered the common grammar schools were a most fruitful source of poverty and crime. He was opposed to teaching girls algebra, and would prefer that they be taught to cook and sew and attend to household duties. He complained that children under five years of age were sent to the public schools in order to relieve their parents of the

trouble of nursing them. He also denounced the Kindergarten system as a most ridiculous one. In conclusion, he desired to move a vote of thanks to the president for his able address.

The motion was seconded by Dr. Cranston and on being put to the meeting by Dr. Sweetland, was adopted.

Dr. Sweetland said he thoroughly coincided with the remarks of the president. He considered the curriculum of the common school too oppressive for the proper education of children, many of whom were entirely too young to attend. Children often became imbued with the idea of earning an easy livelihood without working for it. He thought the Legislature would have to provide instruction for those who intended to earn their livelihood by laborious work, and also instruction for those who desired to follow the professions. He considered that too much brain work affected the physical welfare of children.

Dr. Kellogg, of Perth, read a very interesting paper, giving an account of a visit to the hospitals in New York.

It was decided to hold the next meeting in Carleton Place.

Drs. Cranston, Powell and Malloch were appointed to prepare papers to be read at the next meeting.

After a vote of thanks to the chairman the meeting adjourned.

Miscellaneous.

FIRST CLASS MEDICAL PRACTICE IN HAMILTON FOR SALE.

TENDERS will be received for the good-will of the business of the late Dr. Charles F. A. Locke, with his Medical and Surgical Books, Medicines, and Surgical Instruments; also, for the unexpired term of the Lease of his late Residence and Surgery.

Possession can be given at an early day.

Tenders to be addressed to the undersigned.

CORBET LOCKE,

Dated at Hamilton this 1st day of March, 1880. Solicitor, Hamilton.

Births, Marriages, and Deaths.

BIRTH.

At Hamilton, on the 6th of March, the wife of John A. Mullin, M.D., of a son.

DEATH.

At Galt, on the 10th March, John Roy Philip, M.D., M.R.C.S., Eng., aged 51 years.