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Original Communications.

Valedictory Address to the Graduates in Medicine, delivered at the 6th Convocation of the Medical Faculty, University of Bishop College, by E. H. TRENHOLME, M.D., B.C.L., Prof. of Obstetrics and the Diseases of Women and Children.

MR. VICE-CHANCELLOR, LADIES AND GENTLEMEN, AND GRADUATES OF THIS UNIVERSITY,—To me it is no small pleasure to have the honor of addressing a few farewell words to you, gentlemen, Graduates of the year 1877. Mr. Chancellor, upon any occasion this would be a pleasant and happy duty, but much more is it so upon the present occasion, when it has been our pride to present, and your good will to bestow, the honorable and highly esteemed degrees of C.M., M.D., of this University, upon as able a lot of young men as any Faculty could wish to graduate from their school. I speak no words but those of truth and soberness when I say this Faculty and this University expects her children to take the very foremost rank in the honorable roll of the eminent. Already your young Faculty has its students in the teaching body of your Medical School. We are gratified, therefore, and trust that you also will note with pleasure such marks of progress as to-day are presented to you. Your young school has taken a stand of perfect equality with the other medical schools of Canada. Our most active opponents in past times claim no superiority over us now. The Royal College of Physicians and the Royal College of Surgeons, England, have accorded this Faculty the same favor and privileges as those granted to any other school outside of Great Britain. That the honor in which we are held abroad is well merited, the continued success of this school attests. Already fifty-three doctors have graduated from these halls. The number of enregistered students have steadily increased. This year forty-six have entered their names upon the Registrar's book, and the prospect of large attendance next year is very flattering indeed. Your Faculty has announced the establishment of a summer course of three months, to begin 1st of May and end 31st July next. The work thus proposed to be done is intended to be thoroughly practical, and, so far as possible, clini-

cal. Earnest, hard-working students will find this course of great value, and an additional inducement to stop in town and walk the hospitals. Our object, in a word, is to thoroughly equip our graduates to efficiently perform their life work. I said the summer course was specially intended for the aid of earnest workers; well, it is so, and so is our regular sessions work also—Bishop's College wants none other. Those who wish to obtain an entrance into the profession of medicine without true and honest work must apply elsewhere; we will cheer and encourage all, but we will favor none. The results of the practical appreciation of these views we trust to present to your honorable convocation, from year to year, in increasing numbers. When we glance over the past six years, since this medical faculty was first ushered into life, when we recall the pressing trials and the not inglorious victories that have crowned our short existence, we think an abundant, yea, more than an abundant, answer is given to all who have challenged our right to live. Gentlemen, we intend to live, and, God willing, to live as a medical school to some purpose. 'Tis true we are young and poor, but we are not without hope that this University will shortly provide us with a college building, where, unencumbered by rent, we will be placed in a better position to pursue our work with success. The survival of the fittest is the modern gospel of certain scientists. Without pushing this theory too far, we may, from a retrospect of the past, not unreasonably look forward to a brilliant future. When, some seven years ago, Mr. Secretary, I had the honor of first communicating with you about the establishment of a medical school in connection with this honorable University, sanguine as were our hopes, they have been far more than realized. The beginning was small, but faith and hope were there, backed up by an earnestness of application that would brook no contradiction. We were earnestly resolved to live, but, at the same time, to live honorably and well. Young and little known, we gratefully appreciated, and do still appreciate, your many acts of kindness and encouragement, which have cheered us while passing through conflicts, out of which, we are proud to say, we have emerged triumphantly. We have successfully competed with rivals of long standing and high reputation, and

that, too, without resorting to any illegitimate or dishonorable means. Nay, more, from the outset our curriculum embraced a larger field and required a greater expenditure than that of our rivals. We have labored under the disadvantage of not having any of our faculty attending physicians of an hospital, and yet our work prospers. This felt advantage will, we sincerely hope, be shortly removed, and, by the commencement of another session, the students of this Faculty will have at their service the very best field in Canada for the practical study of surgery. During the past year your Faculty has acquired "The Woman's Hospital of Montreal," where the important obstetrical and gynecological branches of medicine are practically taught to the student. The importance of this acquisition can only be realized in time, when our graduates have shown, as we reasonably hope, their decided superiority in these respects over competitors from other schools. We are pleased also to record no break in the personnel of the Faculty, and are happy to acknowledge the indefatigable zeal of our honored Dean—we wish him long life and health to fill his post with us! We have added to this faculty lecturers on various branches in the proposed summer course already alluded to. One of these, the first appointed, has already shown his worth by most efficiently filling the chair of surgery during the previous session. His name and personal presence is not unknown to Lennoxville, a young surgeon of promise, the son of one of our earliest and warmest friends, whose loss we all sincerely deplore. I refer to Dr. G. F. Slack. Mr. Chancellor, ladies and gentlemen, it is time to return from these digressions and occupy the remaining moments with the subject proper before me. Gentlemen graduates, this day marks a memorable point in the history of your life. Your teachers are gratified to recognize you as thoroughly qualified to enter upon your professional career. As well trained we expect you to strive for the mastery and win the prize of life. If all cannot be successful, at least successful in the same degree, let each one prove himself worthy of success, and be content to fail with a good conscience, rather than resort to doubtful means to gain your purpose. Gentlemen, you are beginning the real struggle of life, and, believe me, that your former teachers will ever watch your progress with intense

interest. Your success will be our honor, and your failure our sincere grief. So far as it is in our power we wish to strengthen your hands, and will ever be at your service with such counsel and assistance as we are able to give. We believe you know enough to enable you to realize that you know nothing as you ought to know it. The knowledge you possess but qualifies you to wisely investigate the subtle workings of the human frame. That you will be diligent in your profession we doubt not, but, gentlemen, I trust you will be much more than workers and gatherers of facts. I earnestly trust you will rouse your best energies and be men, self-reliant, wise to discern, strong to execute. The accumulation of observations are valuable *only* so far as they enable you to successfully interrogate nature. The knowledge you possess must be made your own, a part of your very being. If it is to profit you. While holding such master minds, as have written so ably on medical matters, in just and unfeigned respect, let not the words or thoughts of any stamp out your right to investigate and act for yourself. Dare to be yourself—dare to be a man among men—take stock of yourself, and ascertain what you do and what you do not possess—be not uncertain about your work; vacillation is almost as bad as ignorance. Not only know yourself, but believe in yourself, if you would have others believe in you. Where you find a lack, bend your energies to supply the want. When obscure phenomena present themselves, seek out a solution to the problem, and then gather facts (accurately observed) to test your hypothesis. It is by the pursuit of this course that the greatest advancements have been achieved in the science of medicine. To gather facts with an object, it is this that gives zeal and pleasure to your work. It is the possession and exercise of this faculty that distinguishes the man of genius from the indefatigable but aimless worker. During the earlier years of your practice occupy your time diligently in gaining further insight into your profession and keep (then and ever afterward) well abreast with the current literature of the day—neglect of this will cause you to lag behind and leave you distanced by your competitors. Many things are done now with success that a short time ago were not even contemplated. The knowledge of to-day will not serve for to-morrow. You must move onward

or retrograde. No two minds are alike; hence it is the bounden duty of each person to contribute toward the stock of general knowledge. By so doing we live not to ourselves but for the good of all. Be diligent and true to your mission, and you may rest assured your work will endure and your example shine clear, long after the ephemeral glitter of the superficialist has gone out in the darkness of oblivion. There are many fields of medical enquiry awaiting special investigation. Very likely each of you have already felt strong inclinations for some branch of the profession. Be not hasty to follow such predilections but rather seek to lay the foundations of your future success, broad and deep, on a thorough knowledge of all the branches of medicine without which, rest assured, nothing great in any special department will ever be realized. I have no desire to overwhelm you with advice, yet there are two subjects I cannot refrain from saying a word upon, viz.: liquor and opium. It is true that it is fashionable now-a-days to denounce the use of alcohol—well I am right glad it is so—I shall rejoice when the evils of intoxication are known no more, and believe it is our duty to encourage legal measures for the restraint of a source of evil, the results of which are so well known to medical men. The appetite for alcohol is so easily formed and rekindled in those who have once been its victims that it behoves you to be very cautious in prescribing an agent so powerful for harm. Many a one has manfully resisted this besetting sin till, by the physician's advice, the poison roused the uncontrollable passion to the present ruin of himself and family. I speak feelingly upon this subject, because I was upon one occasion the cause of such a deplorable result. With regard to opium, there is need for much judgment. I do not speak of its priceless value, rightly administered, but of the growing habit among our people of what is justly called "opium eating." There may be solitary instances where this deplorable habit has been acquired without reference to the doctor's advice; but, in the vast majority of cases, however, there can be no doubt that it has resulted from the too long continuance of the drug as prescribed by the medical attendant. You cannot be too cautious in administering this drug, especially to ladies who, from their peculiar and delicate nervous temperament, form the habit more readily than do

men. The continuous resort to opiates for the relief of pain should never be permitted except to those dying from some malignant and incurable affection. Without dwelling upon these subjects, I would urge their importance upon you, gentlemen, as graduates of this University. The Faculty also desire to express our grateful appreciation of your gentlemanly conduct during all your college course. By your earnestness, attention and zeal to acquire the principles of your profession, you have made the lecture hour a time of pleasant intercourse; not for the dry parading of facts, but for the happy display of deeply interesting matter in something of its own lovely attractiveness. We have sought less to instruct than to educate you—less to cram than to help you to discern the workings of the laws of nature. That our course in this respect is a wise one we doubt not, and will leave it for your lives to testify, as well as those of your fellow-graduates from this University.

Gentlemen, remember the responsibilities you this day assume. Remember the tie of fealty and love by which you are bound to your *Alma Mater*. Let your position and success in life be what it may, never forget to seek her good. This connection, this responsibility can never cease so long as in *very truth* she is your *Alma Mater*. I say not but that you would be free from this your oath if she ceases to be a loving mother to you. When she becomes a step-mother, and only then, can you rightly seek for a separate existence, or associations elsewhere. Gentlemen, you have entered upon a path a loftier and more God-like than which is not, in my judgment, open to mortal tread. A keen sense of the great responsibility should ever rest upon you. There is much of sorrow, much of joy; much of life, much of death dependent on the wisdom and grace with which you pursue your course. Not only is it your province to wisely wield the surgeon's knife, or successfully deal out God's remedies for the diseased body, but you will be the trusted councillor of many a troubled heart, and the faithful confidant of many a secret that never could be breathed in any other ears. You need wisdom of the heart, as well as wisdom of the head, to rightly fulfil your mission to a suffering, sinning and dying world. May you be true to yourselves, your profession and your God. Scatter

sunshine, happiness and health on your way through life, and may the blessings of those ready to perish be yours, as well as the full enjoyment of earthly rewards, and the exceeding joys of the world to come. Gentlemen, God speed you. Adieu.

Stricture of the Rectum—Successful operation by WOLFRED NELSON, C.M. M.D., Attending Physician Montreal Dispensary; Physician and Accoucheur to the Female Home; late Assistant Demonstrator of Anatomy, Medical Faculty University of Bishop's College, Montreal. Read before the Medico-Chirurgical Society of Montreal, on the 16th of March, 1877.

The subject of this paper, Madame G., a small French Canadian, aged forty, consulted me on the 24th day of November, 1873.

History.—A married woman, has five children, now living, with her second husband. She complained that four years before consulting me, when pregnant, she was greatly troubled by obstinate constipation. She had also had some uterine trouble, with prolapsus, for which she had worn a pessary. After her confinement the constipation continued and was augmented. Two years before calling on me she was treated for it by a doctor in Lachine.

She now complains of pain in the abdomen, etc., the scybalæ passed are in little bullet-shaped pieces; at times they come away in long pieces, of the size of a lead pencil, and an inch or two in length, their passage being accompanied by intense pain, at times followed by blood and matter.

Suspecting at once that I had a case of Stricture of the Rectum to deal with, an examination was asked for. Patient was placed on her left side, (British Midwifery position) after oiling the index-finger of the right hand, it was introduced, when a well defined stricture was easily diagnosed an inch and a half within the sphincter; its edges were hard and corrugated; the aperture in the centre was about the size of a lead pencil; it firmly resisted an attempt to pass the tip of the index-finger; the examination caused considerable pain; found a little blood on the finger afterwards.

Her general health had been bad; appetite changeable; at times she had had slight diarrhœa. I could get no history of any syphilitic taint.

On the 27th of November a second examination was made, *per anum*; she reported that she had had no motion from the bowels on the 25th, and only a very small one on the 26th, she consented to an operation.

On the 29th of November, at 11 a. m., assisted by Dr. David, Dean of the Medical Faculty of Bishop's College, and Dr. Reed, the operation was done as follows:—Patient was placed in a stooping position, face and arms resting on her bed, feet on floor, abdomen raised by pillows; this placed the parts in the most convenient position. My confreres then examined the stricture; all being ready I sat down in a chair, directly back of her, oiled my left index-finger and passed it to the seat of trouble; over it a guarded bistoury was carefully passed, and slightly within the ring. The stricture was then divided or nicked, first to the right and then to the left of the medium line; withdrew bistoury and examined cut surfaces, when the tip of the index finger passed beyond. Not considering the passage sufficiently large, a third incision was cautiously made anteriorly, in the mediam line; withdrew bistoury and easily enlarged the opening with the finger, after which two fingers could be passed with ease their full length; just beyond the stricture the membrane was soft and natural. A long narrow sponge tent, measuring an inch and three quarters was then introduced. I have omitted to state that such was the hardness of the stricture, the cutting of the knife caused a creaking sound that was perfectly audible in the quiet room. No chloroform was administered, not more than a teaspoonful of blood was lost during the operation, and it caused but very slight pain. Put her to bed, and gave 1 grain P. Opii. and a second dose at 2 p.m., when the pulse was 68. The sponge tent caused a little pain; patient was cheerful and very much pleased with the result.

The sponge tent used was one made for the occasion by myself, of fine turkey sponge. It was purposely made very long, that it might extend well beyond the stricture on both sides, and remain *in situ*. It had been soaked in carbolie lotion, &c.

At the 2 p.m. visit the pain complained of was of a burning character, which she located at the seat of stricture. At 7:30 p.m. same day she felt easier; pulse as before, no fever, and remained quiet in bed.

Nov. 30th—1 p.m.—Pulse 88; pain gone; abdomen full and tympanitic. She passed a good night; states that she can feel the rectum distended by the sponge tent. While she keeps the horizontal position it gives no trouble. Once or twice, when she attempted to sit up, she felt it. The burning that it caused at first has disappeared. 9:30 p.m.—Pulse 88; abdomen painful; no pain in the rectum; desires to go to stool. Gave a very large dose of castor oil.

Dec. 1st—8 a.m.—She had two very large motions during the night, the first at 2 a.m., when the sponge tent came away. The stools half filled a large chamberpot. The act was unaccompanied by pain. Tongue cleaner; she felt a little weak, otherwise feeling very well. I saw the matters passed. They were partly fluid. Several large and hard pieces were present. After the second stool the tympanitic condition disappeared. She looks better. 1 p.m.—Feels very well. At 6 p.m. she got up and had tea with her family. She had a third large motion. Ordered a half-grain pill of podophyllin at bed-time. Pulse 80.

Dec. 2d.—Dr. Keed saw the patient with me. We found her sitting up, feeling and looking well; pulse 78. She eats very well; tongue cleaner; eyes bright; says that she feels herself a new woman.

Dec. 3d.—Passed a very good night; pulse 78; two full stools followed the pill.

Dec. 4th—Patient up and at work; pulse 76. She is very cheerful; gave another pill at bed-time.

Dec. 5th.—Passed a good night; had two full stools; ordered another pill as before.

Dec. 7th—Has had eight full stools since last visit; discontinued pills, feeling that the canal must be pretty well emptied; discharged patient.

From that day to this she has had no trouble. She is a hard-working woman. The operation in general is that laid down in my late father's monograph on "Stricture of the Rectum."* In the event of my meeting with a case of simple fibroid stricture again I should adopt the same *modus operandi*, as the results were all that could be desired.

This is a simple report of the case. Its

etiology, pathology and treatment in general, with the present views on the same, are left to the reader to enquire into, if so disposed, in the text books on surgery, and surgery of the rectum in particular.

1 St. James Place—199 Canning Street West.

On the Application of Fuming Nitric Acid to the Interior of the Uterus, by T. JOHNSON ALLOWAY, M.D., L.R.C.S., L.R.C.P., Fdin., Attending Physician to the Montreal Dispensary and Protestant House of Industry and Refuge. (Read before the Medico-Chirurgical Society of Montreal, April 13th, 1877.)

GENTLEMEN,—The treatment of uterine disease, principally chronic inflammation and its consequences, of the endometrium, by the local application of nitric acid, has of late created some comment as to whether or not the operation is a judicious and safe procedure; and although a few have placed before the profession their experience of its results, there is but one gentleman who is especially responsible for its introduction into general practice—I allude to Dr. Lombe Atthill, of Dublin, one of our most prominent gynecologists of the present day, and author of "Clinical Lectures on Diseases peculiar to Women." In this work (page 83) Dr. Atthill says, in speaking of the nitric acid treatment for the cure of granular ulceration of the cervix uteri:

"I believe that not a little of the opprobrium which rests on obstetric practitioners for the length of time over which their treatment extends is due to excessive timidity and to the use of inefficient remedies."

This and other assuring expressions in Dr. Atthill's work have led me, and, I have no doubt, many others, to apply nitric acid to the interior of the uterus without the slightest fear of untoward consequences supervening, which from my own personal experience I cannot easily forget, and which may place any physician in a very unenviable position.

My first case was Mrs. W., aged 27; weight, 180 lbs.; had been married ten years; no children at full term; had one miscarriage nine years ago at three months' pregnancy. From date of this miscarriage had no freedom from all the aggravated symptoms of endometritis and endocervicitis; menstruation fairly regu-

* Dr. Horace Nelson on "Stricture of the Rectum."

lar; always scanty; dysmenorrhœa very severe, blood being expelled in clots. Latterly uterine colic with backache had become so severe that leeches had to be applied to hypogastrium, hypodermic injections of morphia and large doses of cannabis indica given by the mouth. She has had for years a constant leucorrhœal discharge. Dyspareunia severe, and during menstruation experienced troublesome dysuria. Bowels inactive; vomiting troublesome in the mornings for some years back during period. Constant pain, aggravated on pressure over left ovary, which would sometimes shoot up under ribs to shoulder of same side. On examination with finger, found slight enlargement of cervix, tender to touch, especially towards left side; the uterus floated perfectly free in pelvis, there being no indications of adhesion or displacement.

The view through the speculum showed a small, round os, slightly abraded on the inner edge, and giving exit to a long, stringy, glutinous-looking discharge, the result of chronic inflammation of the mucous membrane of cervix, implicating the villi and Nabothian glands situated in that structure. I failed to introduce the sound without the speculum, and even with its aid had a great deal of difficulty, on account of an exceedingly narrow, constricted internal os. As the sound passed through the constricted part, she cried out, "That is the sore spot," and seemed to suffer a good deal of pain. It registered three inches in depth, showed the slightest possible degree of ante-flexion, and caused a good deal of pain on being pressed against the fundus. On withdrawing the instrument a few drops of blood followed.

From the above I concluded my patient was suffering from old standing chronic inflammation of the lining membrane of the body and cervix uteri, more especially advanced in that part corresponding to the internal os, thus producing undue encroachment on that part of the canal. In this condition we find a cause of the severe obstructive dysmenorrhœa, characterized by violent uterine tenesmus during the menstrual period, relief from which she could only obtain by leeches, hot fomentations and anodynes. In passing, I will briefly allude to a remark Dr. Marion Sims makes use of. He says that "There can be no dysmenorrhœa,

properly speaking, unless there be some mechanical obstacle to the egress of the fluid at some point between the os internum and os externum." This statement Dr. Atthill points out as not being borne out by experience, and this seems evident here, as, after I had dilated the cervix, including the internal os, the pain still continued, and was aggravated by the passing of the sound. Also that the patient suffered from the same congestive pain before any discharge appeared, which could only have been due to distension of the inflamed uterine tissues with blood, acting upon the already morbidly sensitive nerves.

I looked upon this case as one suitable for the application of nitric acid, and, through request, Dr. R. P. Howard kindly saw the patient in consultation, when he advised the application first of iodine, carbolic acid, the warm douch, etc., before resorting to the more severe remedy. The os was thoroughly dilated with laminaria tents, and this treatment carried out for over a month without any benefit.

On the 22d February, 1876, I dilated the cervical canal well, and applied the strong nitric acid, after Dr. Atthill's plan, to the entire inside of uterus. The patient experienced no pain whatever, which I could not say for the iodine. From this time forward she had not a single bad symptom. Three weeks after the operation she left her bed. The next catamenial period did not take place until seven days after the time it should have appeared. It lasted three days, was normal in quantity, and did not cause the slightest uneasiness, much to her astonishment. Six months after operation I examined the patient and found a perfectly healthy condition of the parts. The os was quite free from that glary discharge before spoken of, and she considered herself perfectly well in every respect.

Mrs. F., aged 26; married about one year; has never been pregnant. This lady consulted me for the relief of severe attacks of menorrhagia, occurring regularly for the last eight months. Upon the last occasion the hemorrhage was so severe and alarming to the patient that I deemed it necessary to apply a styptic on lint to the os to arrest the bleeding. Her condition was now an exceedingly lamentable one. She became low spirited, was rapidly losing flesh, had an ex-sanguine look, and lived in con-

stant dread of her approaching monthly period. On explaining to her the nature of the operation I had in view, she at once consented. These attacks of hemorrhage would set in every three weeks, and sometimes oftener, and continued for seven or eight days. During the intervals a profuse leucorrhoeal discharge was present. The pain accompanying these attacks was of a peculiar character. It would set in most violently each day at about twelve o'clock, and continue with agonizing violence for half an hour, and then disappear until the following day at the same hour. It was confined to the hypogastric region, radiating to each side, and accompanied by increased frequency of micturition. Dyspareunia severe. On examination, the os was found very painful to the touch, and had a rough, velvety feel. It was patulous, and larger than one would expect to find. The uterus was free and mobile in all directions, of normal size and position.

Through the speculum could be seen an extensive ulceration of the os of the granular variety, having the appearance of a bright red, irregular patch surrounding the orifice. This denuded surface bled easily on being touched with the sound, which instrument caused a great deal of pain in passing through the internal os. The fundus seemed to be free from disease. A large quantity of the characteristic mucus was issuing from the os; cervix much congested and oedematous. I looked upon this case as one of endocervicitis, with granular ulceration of os and areolar hyperplasia of cervix.

April 4th—I dilated cervical canal thoroughly, and the following day applied in the usual way the strong nitric acid to the whole of the interior of uterus. She did not experience the slightest sensation of pain. Kept her in bed and gave her a tonic of iron and quinine.

April 13th—Menstruated; discharge slight and entirely free from pain; lasted three days.

18th—Husband discarded my directions, and coitus quite upset her. Complained of severe pain over uterus and the left side, which occurred periodically for two days at noon, lasting probably half an hour. Ordered husband to take another room, and applied 20-grain solution of nitrate of silver with brush to os.

27th—Introduced speculum, found cervix of normal size; ulceration almost completely healed, and no pain or hemorrhage whatever

followed the introduction of the sound. Patient now left her bed, and I sent her away to the country for two months, keeping the husband in town.

This lady has never had any return of uterine trouble. Her periods are regular, painless, and discharge of normal quantity. The cause of the trouble here was, without doubt, excessive sexual intercourse in a woman naturally of a delicate constitution. In both of these cases I omitted to say that before removing the speculum at time of operation I applied a pledget of cotton wool, saturated in glycerine, against the os, which was removed at night by an attached string and replaced by a fresh one. This the patient continued to do herself for a week. This patient is now pregnant in her fourth month.

Mrs. M., aged 31; married ten years; has three children, youngest about three years of age; no miscarriage. She is stout, weighing about 160 lbs. Has always enjoyed good health until within the last six months. During this period she has suffered from back-ache, dragging pains about her hips, general languor, headache, and sometimes vomiting. She states that for the last three months her periods have been accompanied with the loss of a good deal more blood than usual, and for a month back it has assumed the form of metrorrhagia. This caused her some alarm, for which she now sought advice. On examination there was some tenderness of cervix and body of uterus. Through the speculum the os was seen to be patulous, and the surrounding lips denuded of epithelium of a dark livid color, painful and bleeding very easily on being touched. The cervix was congested and oedematous. The sound registered a depth of three inches. The fundus appeared very sensitive, and bled easily on being touched.

At the time of the examination her regular monthly period was about due, so I sent her away with a placebo to allow the period to pass over before applying the nitric acid. Ten days from this she returned to me, saying the discharge still continued, that she was no better, and that she would not live long in her present condition.

On the 24th of April, I introduced one of the largest size laminaria tents, and next morning I could introduce my index finger, but could

detect nothing save a highly granular condition of the lining membrane. I now cleaned out the cavity well with cotton wadding on Playfair's probes, and with the uterine speculum introduced, swabbed the whole uterine cavity, including the cervix, freely with nitric acid. Applied a pledget of cotton soaked in glycerine to os, and left her in bed quite comfortable. Next morning I found her a little feverish and complaining of pain over hypogastrium; pulse 100. Had a severe rigor before I arrived. Gave her a hypodermic injection of $\frac{1}{3}$ gr. of morphia, applying a sinapism over uterus, to be followed by linseed poultices. Found her better that evening. Next morning still a little feverish, but not complaining much. Continued poultices, and gave her $\frac{1}{4}$ gr. doses of morphia by mouth every four hours. Next morning very much worse; had another severe rigor; temperature, 103° F.; pulse, 110; flushed face and a good deal of tenderness over uterus; headache and vomiting rather freely, and great irritability of bladder. I now examined per vaginam for the first time since operation. The passage was intensely hot and dry. The uterus was felt low down in the pelvis, very tender, and fixed as if set in mortar. The roof of pelvis was as hard as a board. In the sac of Douglas was a hard, unyielding tumor pressing down upon the rectum, and pushing the uterus forward up against the pelvis and to the left side. Applied (10) ten leeches over uterus, followed by poultices, which gave her great relief. Morphia still continued, with addition of bismuth, as vomiting was becoming severe. Towards evening, I applied an unguent composed of blue ointment, extracts of belladonna and opium, spread on lint, to the hypogastrium; this was covered with the hot linseed poultices changed every three hours. Tympanites slight.

Next, or fifth day after operation, Dr. R. P. Howard kindly saw patient with me, and found, on examination, the same condition as above described. Agreeing with me in the diagnosis of a sharp attack of metroperitonitis, Dr. Howard advised morphia to be increased to $\frac{1}{3}$ grain dose with 1 grain of calomel every four hours; other treatment continued as usual. She continued on in this way for the following ten days, her temperature ranging from 103° to 104° F.; pulse averaging about 120; very troublesome

irritability of bladder; tympanitis becoming extensive. Was kept thoroughly under influence of morphia whole time; diet, milk, beef tea and eggs chiefly. Used warm water vaginal injections twice daily. On the fourteenth day of disease she began to improve, tenderness abated, and there was a slight discharge from the vagina. I now lengthened the intervals between the morphia powders, and she continued to improve for the next two days.

On the seventeenth day she became worse, had a rigor, and old symptoms set in as violently as ever. Temperature ran up to $105^{\circ}.2$; pulse 150; pain now so severe patient would draw her legs up and scream most violently. I remained with her for one and a half hours, during which I gave her three hypodermic injections of morphia— $\frac{1}{4}$ grain each—before she experienced any relief; powders, etc., continued. She now continued to get much worse from this out, and appeared apparently failing fast though quite conscious of all that was taking place. Tympanites enormous; passed a tube into rectum but could not get past exudation tumor to communicate with flatus in colon; made up her mind she was going to die, and refused food.

Nineteenth day pulse became a mere flicker, such as would make an almost straight line in a sphygmographic tracing; prostration complete; conjunctiva almost insensible to touch; pupils widely dilated; involuntary discharge from bowels of offensive black fluid. Did not think she would live till morning, so I left, with directions to continue giving her brandy and beef tea, when possible, in very small quantities.

Twentieth day—Was surprised to find patient better. Pulse 110; temperature 101° F. No pain, slight tenderness; tympanites completely disappeared. From this day she continued to improve.

On the twenty-second day I applied an Emp. Lyttæ over uterus. The exudation now began to become absorbed, but it was months before she was well enough to leave the house. The uterus is now movable but firmly antiflexed, and retained in that position by adhesions to surrounding parts.

Application of Nitric Acid to the Uterine Cavity.

By FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., London; Professor of Physiology, University of Bishop's College, Montreal.

Read before the Medico-Chirurgical Society of Montreal, April 13, 1877.

On the 5th November, 1875, I read before this Society a paper detailing two cases of Placenta Prævia. One case was a Mrs. B., who is also the subject of my present remarks. The attack of Placenta Prævia occurred in December, 1872. In the autumn of 1873, she became pregnant, and aborted about the fourth month, viz., in January, 1874, leaving her in a very anemic condition. She was under my care for several months, during which time her menstruation was very irregular and most profuse. Sometimes she would go a fortnight; occasionally three weeks. Under a course of ferruginous tonics, she improved much in general health, and in the regularity of her monthly periods, although the quantity continued in excess of what was normal. In the summer of 1874, I ordered her to the country, and did not see anything of her till December of the same year, on my return from Europe. I was then asked to meet in consultation a medical friend who had been attending her during my absence. The menorrhagia had returned, and was most profuse. The physician in attendance assured me he did not think her pregnant, and the lady herself asserted she was not, adding *it was utterly impossible that she should be so*. This emphatic declaration put me off my guard, and as most of the ordinary remedies—internal and as injections, had been used without success, I suggested the injection of the interior of the uterus with a solution of the perchloride of iron in glycerine, of the strength of one to twenty. This being agreed upon, I undertook its performance, and for the purpose passed a large sized gum elastic catheter through the cervix—the patient lying on her back with hips elevated, and the vagina well oiled. The solution was sent through the catheter by means of an ordinary glass syringe; about two ounces was thus thrown in, but I did not feel that I had satisfactorily performed the duty I had undertaken. I cannot exactly explain why this idea took possession of me, beyond the fact that I thought the injection came too rapidly out of the vagina to have passed

through the uterus. This was on the 18th of December. On the 21st December, the patient not having improved any, I again repeated the operation, and this time I was satisfied I had done so effectually, and the sequel proved I was correct, for, on the morning of the 22nd, I was hurriedly sent for, and, on my arrival, found a three months foetus, lying on the bed. She had lost considerable blood, and was extremely weak, so much in fact, that I deemed it advisable to administer stimulants.

January 5, 1875. Patient has so far made but little progress; there has been several slight hæmorrhages. Was called at two, this a.m., the flow having increased as to be very alarming. Gave ergot *fd. ext.* 3i every fifteen minutes for three doses, with cold over uterus. The flow being controlled, I ordered the ergot to be given in the same dose every two hours, till I saw her again.

January 11th.—Flow has never been severe since the 5th instant, but there has been an almost constant discharge. Ordered *tinct. ferri mur.*, with ergot three times a day; also, a pill of acetate of lead and opium, three times a day.

January 22nd.—Called again this morning at one o'clock. Patient flooding greatly; but again I controlled it with ergot and cold. At eleven, a.m., Dr. Reddy saw patient in consultation. Examined her with speculum, and the os was found large, swollen and congested. Body of the uterus considerably enlarged. Diagnosis sub-involution of uterus. Dr. Reddy suggested the application to the interior of the uterus of Savage's solution of the tincture of iodine and iodide of potassium. Also to have iron and quinine.

January 25th.—To-day took out a sponge tent, which was introduced the day before—a previous one not having dilated the os sufficiently. Applied Savage's solution to interior of uterus, by means of a kind of sponge probang. The application was not satisfactory, owing to a quantity of the solution being squeezed off, while passing through the cervix.

January 26th.—To-day, obtained from my friend Dr. Wilkins, a small glass tube, about one-eighth inch diameter, with angle so arranged as to pass into the cervix with ease. Through this tube, to-day, applied Savage's solution, by means of a large camel's hair pencil. The application was made very satisfactorily.

February 4.—Have made several applications of Savage's solution, but, so far, there has not been any apparent benefit, and I have had much difficulty in keeping the os open. Have had to introduce two or three additional sponge tents. Patient is losing ground and is becoming melancholic. Almost refuses to allow further examination.

February 7.—Was again called during the night; the flow being very great. This time it was difficult to control. The ergot did not seem to act; and I was obliged to introduce ice into the vagina, before any benefit ensued. Lombe Athill's treatment of menorrhagia by the application of fuming nitric acid to the interior of the uterus, having been somewhat recently tried by several in Montreal, although not in every case with results such as would be desired, I came to the conclusion that the apparently almost desperate condition in which my patient was, justified my using it. I accordingly determined to wait two or three days, so that some little additional strength might be gathered.

February 10.—On examination to-day, found the os so closed as not to allow the introduction of the glass tube already alluded to. I accordingly passed in a large sponge tent, and made my preparations to apply the acid next day. Patient has rallied a little, but there has been daily hæmorrhage.

February 11.—Withdrew the sponge tent, and passed through the cervix the glass tube already alluded to. I had previously prepared four of the long wires belonging to my endoscope, with cotton wadding. Two of these I used to thoroughly swab out the uterus. I then applied the remaining two, steeped in fuming nitric acid, to the cavity of the uterus. The application of the first one caused no pain whatever; the application of the second one did cause some little pain, but not to any great extent.

9 p.m.—No pain; temperature normal; pulse 72. Not a drop of blood has been lost since the application of the acid, and patient is as well as could be desired.

February 12.—Patient passed a very comfortable night and is doing splendidly. No hæmorrhage whatever.

February 13th.—Early this morning a clot, somewhat larger than a large walnut, very dark and dense, was passed. It caused some pain, not unlike labor pain, for a couple of hours be-

fore it came away. I need not detail this case further. The recovery was complete. The patient rapidly gained strength, and in about three weeks menstruation set in. It was normal in quantity, and only lasted three days. From that time till the present, the patient has continued in excellent health, gained flesh, and has menstruated regularly and in just sufficient quantity.

Correspondence.

To the Editor of the Canada Medical Record.

As one of the medical practitioners of this city, I was rejoicing over the fact that Dr. Hingston was leaving the civic chair, after having with much labor established a board of health such as the requirements of the city long demanded.

You may judge, Mr. Editor, of the astonishment with which I read the present Mayor's remarks, all the more insulting and senseless, considering he had never made any enquiries as to what work had been done or to what its duties were in the future. No one but can recollect his objections to the City Fire-alarm-Telegraph.

From my own experience of the last few years, there never was a greater necessity for a board of health than exists at the present time, and it is to be hoped that the citizens of Montreal will give an expression of opinion sufficiently emphatic to shew Messrs. Beaudry and Thibault that their recent action will not pass unchallenged.

Tenants and landlords in most cases have to be forced to attend to the sanitary condition of their houses, and it is only by means of a properly constituted board of health such a thing can be accomplished.

MEDICUS.

April 10th, 1877.

TREATMENT OF VESCAL HEMORRHAGE.

The general treatment must be based upon the cause of the hæmorrhage, but the bleeding itself should be checked by the application of an ice-bag over the bladder and perineum, the internal administration of astringents (alum, tannin), or the injection, as advised by Lebert, of a 3.5 per cent. solution of tannin into the bladder. Lallemand has cauterized the bladder.

In case of the formation of coagula, the bladder must be emptied by means of the catheter.
 KRAUS—*Diagnose und Therapie der Krankheiten des Menschen.*

Progress of Medical Science.

ON THE MODERN NEGLECT OF CALOMEL IN CERTAIN DISORDERS.

By Dr. Dyer Duckworth, Assistant-Physician to St. Bartholomew's Hospital, &c.

What I now desire to call attention to is the neglect of mercurial medication in many so-called "functional" derangements of the body. And, as being uppermost in my thoughts, I mention first, as an instance which calls for this treatment, cases of acute gastric catarrh, the condition described by French Writers as *embarras gastrique*, and but too well-known in all ranks of English life as "biliousness." As an accompaniment of many constitutional ailments, of acute inflammations, the continued fevers, the exanthemata and rheumatic fever, it is commonly enough met with, while as a result of intemperance in food and strong liquors it is even more familiarly known. But the frequency of its occurrence in children, not always as a result of over-eating, but often ensuing, I believe, upon check to the functions of the skin from improper exposure and insufficient clothing, is not fully appreciated. In these cases there is sometimes a remarkable degree of pyrexia present at some periods of the day, and several *pseudoprodromata* of enteric fever may be noted. Indeed this catarrhal fever really constitutes a large part of the early trouble in many cases of the latter disorder. The same condition is likewise very common during active periods of dentition, when the catarrh is often more distinctly appreciable as a flux from the nasal or bronchial membranes, and may be, and often is, mistaken for the ordinary effects of cold.

In this catarrhal condition, it was formerly, much more than now, the practice to employ either emetics or a mercurial purge. The former have almost entirely gone out of fashion, and I imagine it will be difficult to reintroduce this plan of treatment, despite Dr. Burton's recent plea for it in this journal; but the use of mercurial preparations is free from objection so far as treatment *jucunde* is concerned. Strong prejudice is met with sometimes amongst classes of patients who can descry the word "*hydrargyrum*" in their prescriptions, and its presence is held to savour somewhat of violent and effete practice, and of unwarrantable undermining of the constitution.

It is in response to some such feeling and objections as these that many practitioners hailed with satisfaction the advent of such a drug as podophyllin, which gained for itself, somewhat unwarrantably, as I believe, the name of

"vegetable mercury." This drug, which is uncertain in action and often productive of griping, even when guarded with henbane and given with other aperients, generally requires to be repeated, and in this way time is lost, and the results are often far from being so beneficial as those which follow the action of a grain or two of calomel.

Let it be noted in passing that many of the popular so-called "antibilious" pills notoriously contain mercury as an ingredient, notwithstanding impudent statements to the contrary on the pill-box labels.

It cannot, I think, be doubted that calomel, either alone or in combination with jalap, colocynth, or scammony, constitutes one of the most certain and efficacious purgatives, clearing the entire portal system, producing a large flow of bile in the motions (though not manifestly acting as a strict cholagogue from the liver), and affording a measure of relief to the body-unattainable by any other means.

To secure this result is a leading principle in the conduct of the catarrhal state above described. And besides this condition, I would adduce the cases of acute gout and of gouty dyspepsia, which are eminently well treated by calomel, at the outset; so, too, many of the recurring congestive troubles of chronic cardiac and pulmonary disease are amenable to the same medication, care being taken to withhold the drug in cases where there is manifest renal degeneration, since, as is well known, mercury is ill borne under these circumstances, and may be mischievous.

Undesirable results would follow if mercury was frequently given in such cases as I have enumerated; but I only allude to the practice of employing it at the outset, and then it should be given boldly in doses of from one to five grains over night, once for all. In adults a draught may be given on the following morning, containing any suitable saline aperient, such as sulphate of magnesia or Carlsbad salt. This plan leads the way to a simpler or more specific course of treatment in any given case. I am satisfied that in many minor disorders of children nothing can take the place of calomel as a purgative, and much time is often lost by beginning with drugs that are accounted more simple. The only medicine that appears to me to approach calomel in value is castor oil; but this is constantly a source of trouble from its disgusting character.

I find that calomel is distinctly preferable to grey powder as a purgative, just as for other purposes strychnia is to milder preparations of nux vomica. Its action is smarter and more decided. It has also the great merits of being tasteless, and of exciting no nausea, and its bulk is small.

In strumous children, or in healthy ones who suffer occasionally from gastric catarrh, with

tenderness and some timidity of the liver, no medicine is comparable to a purgative containing calomel. After its action a copious bilious stool or two are passed, the tongue is observed to become cleaner, the feverishness pertaining to this state subsides, and the child becomes brighter, and has restored appetite. A so-called simpler treatment with soda or citrate of potash will often fail to yield these results, and so too will repeated doses of rhubarb and senna. The constant failure of "nursery remedies" in these cases must have forced itself upon the minds of most practitioners, and, truly, by the time medical advice is sought the time for the administration of calomel has fully arrived.

I shall not dilate further upon the virtues of this drug in connection with gastric disorders, but may mention that calomel is sometimes of value in cases of chronic catarrh, when given as in an acute case, and in cases of peritonitis with severe vomiting, small doses appear to exert some sedative action upon the intestinal tract.

I would not be understood to urge a return to the old custom of a large and frequent dosing with calomel. Nothing could be worse. All drugging is an evil; but when medicine is distinctly indicated we should not fear to use active agents boldly, and so as to produce their effects.

Many hard things have been said about the improper use of mercury, but instances are not far to seek in the practice of most experienced men where aperient mercurial medicine has been taken almost nightly for years without its being possible in common honesty to say that any serious harm had thereby accrued to the individual. The habit is of course a very bad one, but it may be easily broken. In one case I succeeded by giving bread pills, and in due time declared the fraud to the patient, who had henceforth full confidence in his peristaltic powers.

I venture then to close these remarks with a repetition of the statement I made at the outset, viz., that calomel appears to me to have fallen into unmerited disuse in many disorders, and I desire to put in a plea for the restoration of this drug to a larger sphere of operation, and I am confident that such practice will not only be for the benefit of sufferers, but also for the increased credit of medical art.—*Practitioner*, July, 1876, p. 1.

ON GRANULAR OPTHALMIA.

By C. HIGGINS, Esq., Assistant Ophthalmic Surgeon to Guy's Hospital.

Granular Ophthalmia affects principally the lower classes, and is often very prevalent where large numbers of persons are crowded together in workhouses, schools, barracks, &c. The causes of the disease are not altogether plain, but it would appear that in persons who have lived for some considerable time under unfavorable

hygienic conditions, a peculiar granular state of the palpebral conjunctiva becomes developed. Persons thus affected are said to be predisposed to granular ophthalmia. The predisposed eyelid is characterised by the existence of small, pale, more or less spherical bodies, situated in the structure of the conjunctiva; these little bodies much resemble, and are known as, sago grains. They will be found best developed and most constantly present on the inner surface of the lower lid, near the outer canthus. They may, however, be scattered over the whole surface of both the lower and upper lids, but are always most abundant in the position indicated.

[The disease is most obstinate, but in many cases will yield at length to treatment, no signs of its previous existence remaining behind.]

The remedies which have been found most useful are astringents and mild caustics. Strong caustics should never be employed: it is easy to get rid of the granulations by their use, but the conjunctiva is also destroyed, and is replaced by dense cicatricial tissue, which by its contraction causes the shrinking of the conjunctiva and other evils. The worst examples of entropion, symblepharon, narrowing of the palpebral aperture, &c., that have come under my notice (with the exception of those caused by burns), have been in old cases of granular ophthalmia, which had been treated by solid nitrate of silver. The treatment of granular ophthalmia adopted amongst our out-patients is as follows:—In the more recent cases the palpebral conjunctiva is twice a week touched lightly all over with the mitigated nitrate of silver stick (one part of nitrate of silver to three of nitrate of potash); after the application the conjunctiva is washed with a solution of salt and water. In the more chronic cases the greenstone (*lapis divinus*) is used instead of the nitrate of silver.

In most cases sulphate of copper drops (cupri sulph., gr. ij, aquæ ℥j) are ordered to be dropped into the eyes three times a day, or oftener. If there be much intolerance of light, or symptoms of iritis exist, gr. $\frac{1}{2}$ or gr. j. of sulphate of atropine is added to each ounce of the sulphate of copper drops.

If there be copious purulent discharge, alum lotion (gr. x. to ℥j) is ordered in lieu of the sulphate of copper drops.

If extensive ulceration of the cornea exist, the eye is ordered to be kept bandaged with lint soaked in belladonna lotion, and a fomentation of belladonna or poppies, to be used at intervals; the granulations are neglected until the more severe symptoms have subsided.

In some severe cases inoculation with pus from a case of purulent ophthalmia is performed, but such cases are always treated as in-patients.

Inoculation is only applicable to cases in which there is dense pannus; if the cornea be

healthy; or only slightly affected, it is very liable to slough during the course of the induced purulent ophthalmia.

Inoculation is best performed by simply transferring some of the pus from a recent case of ophthalmia neonatorum to the conjunctiva of the person whom it is desired to inoculate. Purulent ophthalmia usually sets in in the course of twenty-four or thirty-six hours, and may be left to run its course without treatment. The granulations always disappear, and the cornea clears gradually, improvement often going on for three or four years after inoculation has been practised. If it is deemed advisable to inoculate in a case where one eye is healthy, the greatest care must be taken to shield the sound from contact of discharge.

The treatment of granular ophthalmia, especially amongst hospital out-patients, is most unsatisfactory. Some cases are permanently cured, many get better and then cease to attend, returning in a few weeks or months as bad as ever; others again continue under treatment for months and years; all our efforts only serving to keep the disease in check. Even this, however, is doing a good deal, for such cases without treatment, or if treated improperly, will go on from bad to worse, and eventually lose all useful vision; we must, therefore, persevere with our treatment, in spite of the want of success attending it. In some cases I have seen a cure effected after two or three years or more of constant treatment; a favorable change takes place almost suddenly, the granulations begin to disappear, and are replaced by smooth shining tissue, which can hardly be looked upon as healthy conjunctiva, but nevertheless forms a very efficient substitute. The following case is a good instance of such a recovery:—

A soldier, who had contracted granular ophthalmia in India, some years before, came under my care in 1870, at the Central London Ophthalmic Hospital. He had been treated off and on during the whole time that his eyes had been affected, and with the exception of inoculation had had almost every known remedy tried. When I first saw him the palpebral conjunctiva, especially that lining the upper lids, was infiltrated, swollen, and covered with large rough vascular granulations, consisting principally of masses of hypertrophied papillæ, separated by deep sulci; both corneæ were covered by dense pannus; he could hardly see to go about.

I treated him for about three years without apparent result; but at the end of that time a change took place, the granulations rapidly disappeared, the swelling and vascularity subsided, the pannus gradually wore away, and at the end of a comparatively short time all that was left of the disease was some scarring of the surface of the lids, slight shallowing of the sulcus between the lids and globe, and slight opacity of the cornea.

During the time this patient was under my care he was treated with every kind of astringent lotion,—applications of greenstone, mitigated nitrate of silver stick, solutions of the salt of strengths varying from ten to forty grains to the ounce of water, dusting of calomel and quinine into the eyes, constant poultices; in short, everything was tried except inoculation.

At the time recovery commenced he was having a solution gr. xx. to ʒj. of nitrate of silver applied daily, which treatment was continued until all trace of granulations had disappeared.

The treatment of the sequelæ of granular ophthalmia is entirely operative, and would take too much space to be entered into here; suffice it to say that our object must be to protect the cornea, when exposed, and to guard it from irritation by the removal of foreign bodies, cure of entropion, &c. And in cases where a permanent opacity has formed in front of the pupil a new one must be made behind a transparent portion of cornea.—*Guy's Hospital Reports*, 1876, p. 180

ON PURULENT OPHTHALMIA.

By C. HIGGINS, Esq., Assistant Ophthalmic Surgeon to Guy's Hospital.

Purulent ophthalmia, more especially that form of the disease met with in newly born children (ophthalmia neonatorum), is a very frequent cause of loss of sight.

Amongst hospital out-patients we often see children in whom the positions of the corneæ are occupied by dead white globular staphylomata, vision being reduced to perception of light. This condition is usually brought about by destruction of the corneæ from extensive ulceration or wholesale sloughing during the course of purulent ophthalmia. The projection (or staphyloma) is formed by the iris, which has pressed forward into the opening left by destruction of the cornea, subsequently become coated with lymph, and at length formed a more or less dense cicatrix.

I have no hesitation in saying that this state of things might in many cases be prevented. Besides the extreme cases just mentioned, we may find vision impaired by corneal opacities, opacities on the lens capsule, corneal opacity with anterior synechia, or small staphylomata, all arising from the same cause; these, however, are not so important, as the loss of sight is only partial, and very good vision may be obtained by operation.

The causes of ophthalmia neonatorum are, contact of acrid vaginal secretions during parturition, want of cleanliness after birth, or a combination of the two, assisted by bad air and bad living. The secretion of all others most certain to cause purulent ophthalmia, and that in its severest form, is gonorrhœal matter; but leucorrhœal discharge, or even the irritation of

dust and dirt after birth, without contact of abnormal secretion, may cause the disease.

I may here correct what appears to be a very common error, viz., to suppose that all purulent ophthalmia is caused by contact of gonorrhœal matter. Such is not the case, and by far the greater number of cases arising either in the newly-born or in older persons owe their origin to other causes. Gonorrhœal ophthalmia is purulent, but purulent ophthalmia is not necessarily gonorrhœal.

The symptoms of ophthalmia neonatorum are obvious enough; the lids are swollen, dusky red in colour, and there is copious yellow discharge issuing from between them, which may escape in gushes on an attempt being made to open the eyes. As previously stated, the great danger to sight is from ulceration or sloughing of the cornea, either of which—if proper treatment be early adopted—should occur but rarely. In many cases the disastrous results of ophthalmia neonatorum are due to neglect on the part of the nurses or mothers, who take no particular notice of the state of the child's eyes until the discharge has become very profuse. Advice is then sought, and very probably the cornea is found opaque, deeply ulcerated, sloughing or suppurating, or very possibly perforation may have already taken place. Occasionally part of the contents of the globe have escaped; it has happened to me on two occasions to have the crystalline lens brought in a piece of paper, with the report that the nurse thought the sight had come out.

In other cases again, the medical attendant is to blame; his attention is called to the condition of the infant's eyes, but he looks upon it as a trivial matter, prescribes warm water, and perhaps does not see the child again for two or three days; by this time, however, there is no mistaking the nature of the disease, and very probably permanent damage has been done to the cornea.

Again, when the nature of the disease has been indicated, and a plan of treatment prescribed, the attendants cannot be persuaded to carry it out thoroughly, and the child is allowed to go blind simply from wilful neglect on the part of its nurse or mother.

In some cases, however, the inflammation is so violent from the first that damage will be done to the cornea in spite of treatment early commenced and carefully carried out; but such severe examples are rarely met with.

It may appear at first sight that in such an active and violent inflammation as purulent ophthalmia (especially the gonorrhœal form) depletory measures should be adopted. Experience however shows that the opposite course should be taken.

I have yet to meet with a case in which I would have recourse to general bloodletting, purgatives, antimonials, &c. Patients who are

naturally strong and healthy, when they seek advice and treatment for severe purulent ophthalmia, are as a rule too much depressed to bear anything of the sort. I occasionally order a few leeches to the temples in very violent cases, especially if pain be a prominent symptom, but never do more in the way of depletion.

The objects we have to keep in view in the treatment of this disease are to check the inflammation, and at the same time to guard most jealously the vitality of the cornea; we should therefore avoid all remedies calculated to lower the patient's powers, and employ those which have an opposite tendency.

In mild cases of purulent ophthalmia the frequent use of alum or other astringent lotion will suffice for a cure. The lotion should be used as frequently as may be necessary to keep the eyes free from discharge—every two hours, hourly, or oftener according to circumstances; care must be taken to apply the lotion to the conjunctiva and not simply to the skin of the lids and face.

Some simple ointment should be applied at night to the edges of the eyelids and skin of the cheek, to prevent the former from sticking together during sleep, and the latter from becoming excoriated.

In the more severe cases a much more energetic plan of treatment must be followed.

The plan I adopt is as follows:—When the patient first applies, the conjunctiva, both palpebral and ocular, is cauterised thoroughly with solid nitrate of silver, then washed with salt and water; the eye is then lightly covered with a piece of wet lint, fixed to the forehead with a turn of bandage, and allowed to hang over the eye.

The patient (if treated as an out-patient) is directed to sit at home and constantly bathe the eye with alum lotion (gr. x to ʒj).

Some simple ointment is ordered to be applied to the lids and cheek. If there is much pain three or four leeches are ordered to be applied to the temples.

Quinine or iron, or both, are prescribed, and the patient directed to live well and take a fair amount of stimulant; if sleep is impossible, opium is given at night.

Should the cornea be damaged the eye is kept bound up with a pad of lint soaked in belladonna lotion and a bandage, which are removed and the alum lotion applied as often as discharge collects.

The patient is seen in two days, and if not improved the nitrate of silver is again applied; if improvement have taken place the patient is ordered to go on with the alum lotion and medicine, and the nitrate of silver is omitted.

In all cases where one eye alone is affected the sound one is carefully shielded with pad and bandage, and the patient directed to sleep on

the affected side, so as not to allow the discharge to run over to the sound eye.

The treatment is perseveringly carried out until manifest improvement has taken place, when the lotion may be used less frequently; but its use must not be entirely discontinued until all discharge has disappeared.

In cases where corneal damage has taken place the eye is kept firmly bandaged until cicatrization is complete.—*Guy's Hospital Reports*, 1876, p. 190.

PRACTICAL OBSERVATIONS ON OPHTHALMIA NEONATORUM. BURNS. A SIMPLE PROCESS BY WHICH MOTES AND OTHER FOREIGN BODIES MAY BE REMOVED FROM THE EYE.

By L. A. DUGAS, M.D., LL.D.,

Professor of Surgery in the Medical College of Georgia.

OPHTHALMIA NEONATORUM,

or the purulent ophthalmia of new-born infants, is so common, and so often followed by blindness more or less complete, that any plan of treatment calculated to diminish its destructive tendency cannot be otherwise than eminently worthy of publication. I have been long in the habit of relying entirely upon the antipyrogenic properties of the chloride of soda, known as Labarraque solution, and find that the French article is much better than that manufactured in our country. The printed directions which accompany the French solution are calculated to mislead one disposed to use it as an antipyrogenic, inasmuch as they are designed for its use as an antiseptic, which requires a much stronger solution. From a very large use of it, I am prepared to say that for lessening suppuration and healing ulcerated surfaces, a solution of half an ounce of French chloride of soda in a quart of water will be generally found to be of the right strength. If the American chloride of soda be used it will usually require fifty per cent. more.

For the treatment of ophthalmia neonatorum, you may rely upon this solution exclusively. Let the eyelids be separated as much as possible without violence, and pour upon the eye a stream of the solution sufficiently bold to wash away all purulent matter thoroughly. In winter this ablation must be made tepid. The eye, or eyes, as the case may be, should then be covered with a doubled bit of linen about the size of a dollar coin, and kept wet with the solution. Every three or four hours the eyelids should again be separated and the ablation freely repeated until the suppuration and inflammatory condition have entirely ceased, which will usually require a week.

This treatment has been uniformly successful in my practice when called in sufficiently early; leaving no blemish nor defect of vision.

When the tumefaction of the lids is such as to prevent their separation, the lotion should be used with a glass syringe inserted at or near the external canthus.

I have found Labarraque's solution to be the best remedy I have ever tried for

BURNS.

I believe that its great value in the treatment of these accidents was first pointed out by Lisfranc, very soon after its admission into the *Materia Medica*. It possesses the rare virtues in such cases of immediately arresting all pain, and also of preventing suppuration when the whole thickness of the skin has not been destroyed. From half an ounce to one ounce to a quart of water will be usually of the proper strength, and the affected surface should be covered with old linen, which is to be kept wet with it, and not to be removed for 24 or 48 hours, according to circumstances, as it is important to avoid tearing away the cuticle. In cold weather, and when the burn involves a large surface, so as to render wet applications objectionable, I am in the habit of mixing the chloride with linseed oil in the proportion of $\frac{1}{2}$ oz. or 1 oz. to 8. oz. of oil, and using this in lieu of the aqueous mixture above described. As a guide in regulating the strength of either of these prescriptions, I will observe that whenever the application gives pain instead of relief it is too strong, and should therefore be weakened.

As an illustration of the effects of this remedy, I will cite a case which came under my observation many years ago. I was requested to go in haste to see a child about two years of age, who had plunged his hand in a pot of boiling soup for the purpose of taking out some of the floating vegetables. I found the child in his mother's lap, screaming with pain, while his hand was being held in a basin of water. I had provided myself with an ounce of Labarraque's solution, which I immediately emptied into the basin. This was no sooner done than the child ceased crying, and was asleep before I could procure the bandages necessary to dress it. The cuticle was loosened over the entire hand up to the wrist, so as to make it difficult to save it. This was, however, done by first wrapping each finger with a roller bandage loosely applied, and then by doing the same for the remainder of the hand. This was all done without awakening the child: and the mother was requested to keep the dressings wet night and day for 48 hours. The child suffered no more pain, and at the end of the two days, on removing the dressing, we had the satisfaction of finding the cuticle still entire without a vestige of suppuration. The child was well in three days. Cases involving a deeper destruction of tissue would of course require more time.

A SIMPLE PROCESS BY WHICH MOTES OR OTHER FOREIGN BODIES MAY BE REMOVED FROM THE EYE.

The removal of motes or fragments of foreign bodies from the external surface of the eye is an operation we are frequently called upon to perform. Railroad employees and travellers, workers in metals, and stonecutters, are those most frequently claiming our services. The natural sensitiveness of the external eye is usually very much increased when we are consulted, so that the intolerance of light makes it difficult to examine the eye thoroughly.

With a little careful manipulation, however, we may succeed in finding the foreign body upon the cornea, the ocular conjunctiva, or beneath the eyelids. Wherever found, it is more or less difficult to remove by the procedures usually recommended by written authorities, and which you know, according to them, consists simply in its removal by means of one or other form of instrument while the eyelids are held open. No directions are given for the purpose of rendering the eye motionless during the operation; and yet it is extremely difficult for the surgeon, as well as painful to the patient, to dislodge the foreign body while the eye is instinctively avoiding every approach of the instrument. In order to surmount this difficulty, I have for many years been in the habit of placing the end of my index finger upon the eye just within the canthus, and retaining it there until I have removed the object. The contact of the finger produces a sensation which, while not decidedly painful, is yet sufficiently decided to engross the attention of the patient, and to prevent his moving the eye at the approach of the instrument or on its contact with the ocular surface.

By this plan the foreign bodies may be removed from the surface of the eye as readily as from any other part, and without the risk of scratching or otherwise injuring the organ, by repeated and unsuccessful attempts to take it by surprise, if I may use the expression, by sudden thrusts of the instrument used for the purpose. I am in the habit of using Scarpa's cataract needle, and find it better adapted to the purpose than any other instrument, whether the mote be imbedded or in simple contact.

A young man, accompanied by his father, came from one of our upper counties to get me to remove a thorn sticking in his cornea. It seems that he was walking in the garden and passing by a rose vine, when a branch coming in contact with his eye, one of the thorns plunged into the cornea and was left there by the onward movement of the young man. He applied to the physicians of the neighborhood, one after another, who made unsuccessful attempts to remove it with pocket knives, bistouries, lancets, etc. When he arrived here, I found him badly scarred and very despondent. By putting the end of my finger upon the eyeball so as to keep it quiet, the thorn was at once removed without any difficulty whatever. I may add that the delighted father exclaimed: "How strange it is that no one else thought of this simple method of proceeding!"

I am not prepared to say that no one else has ever resorted to this method, but I have not seen it recommended in print, although I have been teaching its advantages very many years to the classes of the Medical College of Georgia. It is more than probable, however, that other surgeons have used it, and, like myself, omitted to publish their experience—*New Orleans Medical and Surgical Journal*.

At the meeting of the American Gynecological Society, Dr. Drysdale, of Philadelphia,

in speaking of the employment of large doses of ergot in the treatment of uterine fibroids, stated that he had given half-ounce doses of Squibb's fluid extract three times a day for more than a year without producing any injurious effects. When the pain caused by the uterine contractions became too severe, the drug was discontinued until the pain subsided.

PODOPHYLLIN IN THE TREATMENT OF HABITUAL CONSTIPATION—PODOPHYLLIN IN THE TREATMENT OF HEMORRHOIDS.

The *Gazette des Hopitaux* has just published a work by Dr. Rousselet on the treatment of habitual constipation by podophyllin, which corroborates the monograph of M. Marchant, published by us in 1874. And in the next issue the same journal informs us of a new application of this remedy, namely, in the treatment of hemorrhoids. On the first subject, which has already been discussed at length, we shall only give a few details; but as the second is new we publish it entire.

Dr. Rousselet states that in commencing his experiments he met with only tolerable success, as he had at command no trustworthy preparation of the drug; but that since he has used the pills found at the pharmacie's, known as the "pillules de podophylli," he has had the most satisfactory results.

However, the mode of administration which he has adopted appears to him to be an important factor in the forty-seven successful cases which he has recorded.

He insists, above all, that generally the patient is not subjected to the treatment for a sufficiently long period. He estimates that the time occupied should vary from two to six months, according to the duration of the constipation, in order that the patient may acquire regular and durable habits; and again it is necessary that the patient should go to the *garde robe* at the same hour every day.

He commences the treatment by the administration of a pill of one centigramme, augmenting the dose by one pill until the effect is produced, and gives the dose thus ascertained daily during fifteen days. Then he gives it only every other day; one week afterward every three days; in this manner prolonging the interval between the doses one day each succeeding week.

He prefers to administer the drug at the beginning of the last meal which is taken before retiring, and advises that the patients should contract the habit of visiting the *garde robe* immediately after breakfast.

The following is the article of Dr. Rivière on the employment of podophyllin in cases of hemorrhoids:

"The *Gazette des Hopitaux* of December 16 contains a paper by Dr. Rousselet on the treat-

ment of constipation, by means of podophyllin, to which I heartily subscribe, since I have convinced myself of the efficacy of a well-directed treatment with this drug in such cases as he describes. But I am astonished to have nowhere seen attention called to another indication for podophyllin, which appears to me to be just as well justified—I mean its action on hemorrhoids. I have already made fifteen most conclusive observations, and since the attention of physicians has not been called to this point, I think it useful to say a few words on the subject.

“Among the constipated persons to whom I applied the podophyllin treatment, several had hemorrhoids which I attributed to their habitual constipation—that is to say, to the condition of venous engorgement which was its natural consequence.

“That these patients should recover from their hemorrhoids when the cause was removed was not surprising; but I asked myself is it not possible that the same result may be produced by the drug in persons who are not habitually constipated? It appeared to me that in producing softened stools by a drug which never produces engorgement of the hemorrhoidal vessels I would accomplish at least one good effect. And I myself was the first patient which I subjected to the treatment. The success was beyond my anticipations. Suffering from hemorrhoids, I took a *pillule de podophylli* of one centigramme, and by the next day was entirely relieved. On the recurrence of the hemorrhoids I always obtain the same relief from a dose of the podophyllin, taking one or two centigrammes, so as to simply soften the fecal mass.

“I will not affirm, however, that this is the mode of action of podophyllin; for, encouraged by success, I commenced to administer podophyllin not only in cases where the hemorrhoids were a passing accident of little gravity, but also to individuals suffering from permanent hemorrhoids, which should sooner or later call for radical treatment. These cases are not rare, for the sufferers postpone as long as possible an operation which is not only painful, but which involves some danger as well, and in the meantime their life is almost a burden.

“In these cases the administration of podophyllin produces an almost immediate relief from pain, and a considerable diminution of the swollen veins. It is necessary to keep up the effect of the drug, however, by daily doses, although I have seen several cases in which its use was abandoned after a month or two, without a return of the painful symptoms.”—*Le Moniteur Theurap.—Le Mouvement Med. J. L. A.*

Dr. John E. Lockbridge, of Indianapolis, (*American Practitioner*), gives a remedy for

headache. He says: “Having observed that bromide of potassium, in twenty or thirty grain doses, and tincture of aconite root, separately, relieved more cases than any remedies I had previously exhibited, I experimented with large doses of the drugs combined. For several years I have been in the habit of giving in these cases sixty grains of the bromide of potassium and ten drops of the tincture of aconite root in a wineglassful of water, the same to be repeated in an hour or two if the head be not relieved; but a repetition of the dose is very seldom required. In the case of ladies and others who wish to have a remedy always at hand, or who are about to start on a journey, I supply them with the following mixture:—

“R. Bromide of potassium..... ʒ ij.
Tincture of aconite root..... ʒ i.
Distilled water, } aa ʒ ij.
Simple syrup, }

“M. S.—Take a dessertspoonful in some water every hour until relieved.”

My recipe may smack of empiricism in appearing as a panacea for every variety of headache, let the cause be what it may and the accompanying symptoms what they will; but I am willing for it to rest under the soft impeachment, if indeed it relieves promptly only a moiety of these distressing cases. I will not now attempt to give the *rationale* of this seeming paradox, or the *modus operandi* of the cure, but will simply remind my readers that this nervous headache is a paradoxical, capricious, discouraging, and worrying affection.

ANALYSIS OF ONE HUNDRED AND NINE CASES OF RHEUMATISM TREATED WITH SALICYLIC ACID AND SALICINE.

Dr. Brown, late house physician at the Boston city hospital, has furnished a tabulated statement of all the cases that were treated in the hospital with salicylic acid or salicine since February 12, 1876, at which time this method was first inaugurated there. Cases of undoubted chronic character are excepted. The average amount of acid taken to produce relief was one hundred and fifty-four grains; the quantity varied from thirty to two hundred and ten grains. The average of the time at which relief was effected was 1.46 + days, varying from three hours to four days. The average time to complete cessation of pain was 2.85 + days, varying from twelve hours to fifteen days. The amount required to produce complete relief from pain and mobility of the joints was 531.23 grains to each patient; in each attack was 343.73 grains. The average time during which the acid was taken by each patient was 6.22 days, varying from one day to thirty-one days.

Two cases died, one from pericarditis and

one from cerebral complications. Eighteen cases had one relapse, three had two and one had five while in the hospital. The universal result of the acid, when given in full doses, was to cause a fall of the temperature. On the pulse and respiration the effect was less marked; in fact, the pulse often increased for a time in debilitated subjects. The patients were usually placed upon the treatment by the house physician soon after entrance, ten grains being given hourly while awake. The practise varied from this in some instances. In Dr. Blake's service pills containing three and one-half grains each were made with honey or molasses, and in this form the acid was best taken. The number of cases treated with salicine was too small for instituting comparisons. In three cases of acute rheumatism, with moderate severity, from five to fifteen grains were taken hourly; the average time to relief was two and one-third days; to complete relief six and one-third days; the average amount taken was three hundred and forty-six and two-third grains. The average time in hospital was thirteen and one-third days. It is thought that salicine deserves a more extended trial.—*Boston Medical and Surgical Journal*, February 8, 1877.

INJECTIONS OF BROMINE FOR THE RELIEF OF CANCER.

A correspondent of the *British Medical Journal*, writing after a visit to the Samaritan Hospital, says: "We saw also, with Dr. W. Williams, a woman aged 50, whose cervix uteri had been amputated for epithelial cancer by Mr. Baker-Brown eight years before. The actual cautery had been applied later by Dr. Routh, and later still, Dr. W. Williams had injected bromine at three sittings, after which the whole of the affected part came away, and complete healing took place. The parts were now quite sound. There was apparently only an inch of uterus left. The solution used is one part of bromine to three of rectified spirits. This develops heat, and should be prepared some time before being used. From five to ten minims are injected into the tissues by means of a long syringe with a platinum nozzle and an India-rubber piston. It is desirable to remember that it may destroy the sense of smell in the operator, and that this may be prevented by placing alkalized cotton-wool in the nostrils."

STRUMOUS OPHTHALMIA.

I have administered Fowler's solution in doses compatible with the age of the child, varying from two to eight minims three times a day, and combined with some general tonic, such as cinchona. The continuance of this treatment for a few weeks, with one drop of a solution of nitrate of silver (four grains to the ounce) dropped into the eye every three or four days, I have never known to fail.—*Thomas Andrew Roberts in British Medical Journal*.

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MONTREAL, APRIL, 1877.

UNIVERSITY OF BISHOP'S COLLEGE—FACULTY OF MEDICINE.

The Sixth Annual Convocation of the Medical Faculty of this University was held at Lennoxville on Thursday, April 5th—Vice-Chancellor R. W. Henneker in the chair. There was a very large attendance of friends of the University, especially of ladies. Dr. A. H. David, the Ven. Dean of the Faculty, read the report for the past session, which stated that the number of students in attendance was forty-six. Of this number thirty-four were from the Province of Quebec, four from the Province of Ontario, one from the Province of Manitoba, five from the United States and two from Bermuda.

The following gentlemen were announced as having passed their examinations:

BOTANY.—Henry B. Chandler, Bermuda; James Leslie Foley, Montreal; Joseph Seguin, Lacolle, Q.; Rodolphe E. Leprohon, Montreal; George W. Nelson, Montreal; John McSorley, Jarvis, Ont., and George O. Gernon, St. Benoit.

PRACTICAL CHEMISTRY.—Homer E. Mitchell, Bedford, Q., and William Young, Montreal, both full marks; Rodolphe E. Leprohon, Montreal, D. Gaherty, Montreal, both honorable mention; H. C. Fuller, Grand Rapids, Michigan; John Joseph Cauley, Norwich, Connecticut; C. D. E. Comeau, River David, Q.; Joseph W. Dugald McDonald, Nicolet, Q.; John McSorley, Jarvis, Ont.

CHEMISTRY.—Denis Gaherty, Montreal; Chas. D. E. Comeau, River David, Q.; George W. Nelson, Montreal; John McSorley, Jarvis, Ont.; and Rodolphe E. Leprohon, Montreal.

The following gentlemen were announced as having passed the primary examination for the degree of C.M., M.D., consisting of Chemistry, Practical Chemistry, Physiology, Materia Medica, Anatomy and Botany:

Homer E. Mitchell, Bedford, Q.; William Young, Montreal; John Joseph Cauley, Norwich, Connecticut; Herbert C. Fuller, Grand Rapids, Michigan; Robert Hamilton Boyd, Ogdensburg, N. Y.; John McLeod, Lingwick;

Joseph William Dugald McDonald, Nicolet, Q.;
Horatio Nelson Curtis, Dunham, Q.

The following were announced as candidates for graduation, having successfully passed the final examination—written and oral—on Practice of Medicine, Clinical Medicine, Surgery, Clinical Surgery, Obstetrics and Diseases of Women and Children, Medical Jurisprudence, Pathology, and Hygiene. The clinical examinations on Medicine and Surgery were held at the Montreal Dispensary, and were of a thoroughly practical character:

Casey A. Wood, Ottawa; thesis, Diabetes. Edward A. Graveley, Cornwall; thesis, Pneumonia. Robert Hamilton Boyd, Ogdensburg, N. Y.; thesis, Post-partem Hemorrhage. John McLeod, Lingwick, Q.; thesis, Phthisis. Horatio N. Curtis, Dunham, Q.; thesis, Typhoid Fever.

PRIZES.—Primary prize to Homer E. Mitchell, Bedford, Q. Special primary prize to Mr. Wm. Young, of Montreal, for the very close competition he made with Mr. Mitchell, being only twelve marks behind him. Honorable mention in primary examination to John Joseph Cawley, of Norwich, Connecticut, U. S. Final prize to Casey A. Wood, Ottawa, Ont. Honorable mention to Ed. A. Graveley, Cornwall, Ont. A special prize was given to Homer E. Mitchell, Bedford, Q., for a series of the most beautiful ligamentous preparations. Botany prize to Hen. B. Chandler, Bermuda. Junior dissector's prize to Henry B. Chandler, Bermuda.

Rev. R. W. NORMAN, being called upon for a speech, made a humorous allusion to the danger of being amongst so many doctors. He considered that now that the medical branch had been established on a firm basis the University was doubly assured. He was glad to hear of the success of the school, and trusted that it would long be so. The clergyman often met the physician at the sick bed, and their professions were nearly allied. One ministered to the necessities of the body, the other to the necessities of the soul. Accordingly, they should ever go hand in hand. He had often noticed in a house visited by sickness how eagerly the visit of the doctor was looked forward to; with what feelings of hope and dread; how much stress was laid upon what he said; and he considered it a glorious profession which had for its object the alleviation of pain and suffering.

The *ad eundem* degree of M.D. was conferred upon Dr. Donald Baynes and Dr. Alexander Proudfoot, both of Montreal, and lately appointed lecturers in the Faculty of Medicine. The degree of M.D., *honoris causa*, was, by grace of Convocation, granted to Dr. Robert L. MacDonnell, of Montreal, but, owing to his unavoidable absence, will not be conferred till the Annual Convocation in June.

There was a large attendance of the students in the Faculties of Divinity and Arts.

UNIVERSITY OF MCGILL COLLEGE.
FACULTY OF MEDICINE.

The Annual special Convocation of this University for conferring degrees in the Medical Faculty was held on the 23th of March, there being a very large attendance of the friends of the University.

The following report of the Faculty of Medicine was read by Dr. Scott:

The following gentlemen, 27 in number, passed their primary examination, viz.:—Anatomy and Physiology, Chemistry, Materia Medica and Pharmacy, Institutes of Medicine and Botany and Zoology:—Becksted Morris, Grantly, O.; Bell Robert, Montreal, Q.; Cameron John D., Glengary, O.; Chisholm Alexander, Lochiel, O.; Fraser John R., Hawkesbury, O.; Gardner Henry H., Orillia, O.; Gibson William B., Dunham, Q.; Greenwood Fred. S., St. Catherines, O.; Guerin James F., Montreal, Q.; Hutchinson John A., Bluevale, O.; Howey William H., Delhi, O.; Irwin John L., Ottawa, O.; McCann John J., B.A., Millbury, Mass.; McCrimmon John, Woodville, O.; McKinley John K., Perth, O.; McNeill Ernest, Montague, P. E. I.; Mills Thomas W., M.A., Hamilton, O.; Neilson Wm. J., Perth, O.; Pinsonneault Bernard, Montreal, Q.; Riley Oscar H., Franklin, Vt.; Rutherford Martin C., Waddington, N.Y.; Setree Edward W., Prescott, O.; Smith Daniel F., Listowell, O.; Stafford Fred. J., Montreal, Q.; Vineberg Hiram N., Montreal, Q.; Webster Arthur D., Kentville, N.S.; Wright John W., B.A., Cressy, O.

The following gentlemen, 19 in number, fulfilled all the requirements to entitle them to the degree of M.D., C.M. These exercises consist in examinations, both written and oral, on the following subjects: Principles and Practice of Surgery, Theory and Practice of Medicine,

Obstetrics, and Diseases of Women and Children, Medical Jurisprudence and Hygiene,—and also Clinical Examinations in Medicine and Surgery conducted at the bedside in the Hospital:—Armstrong George E., Montreal, Q., Hospital Reports; Bell James, North Gower, O., Pathological Reports; Boyle Albert, Charlottetown, P. E. I., Surgical Reports; Brodie John, North Georgetown, Q., Hospital Reports; Burland Samuel C., Philadelphia, U.S.A., Acute Bronchitis; Cannon Gilbert, Almonte, O., Pleurisy; Cameron Duncan Henry, Perth, O., Tubular Nephritis; Cotton Coderic L., Cowansville, Q., Hospital Reports; Farley Jas. F., St. Thomas, O., Bloodless Operations; Fraser Alexander C., Wallaceburg, O., Malaria; Gillis John A. F., Summerside, P. E. I., Hospital Reports; Greaves Henry C., Barbadoes, W. I., Hydrophobia; Jamieson Alex., B.A., Lancaster, O., The Mind and the Nervous System; Lane John A., Prescott, O., Surgical Cases; Law William K., Richibucto, N.B., Typhoid Fever; Miner Frank L., Abercorn, O., Placenta Prævia; Oakley William D., Plattsville, O., Urinary Deposits; Park George A., St. Marthe, Q., Sanitary Science; Smellie Thos. S. T., M.A., Fergus, O., Pathological Reports.

The Holmes Gold Medal was awarded to James Bell, North Gower, O.

The prize for the final examination was awarded to William Donald Oakley, Plattsville, O.

The prize for the primary examination was awarded to Hiram N. Vineberg, Montreal, Q.

The following gentlemen arranged in the order of merit, deserve honourable mention:—In the final examination, Messrs. Cotton, Armstrong, Fraser, Gillis and Brodie.

In the primary examination, Messrs. Neilson, Gibson, Mills, Smith and Greenwood.

PROFESSORS PRIZES.—BOTANY.—Dibble and Mignault.

PRACTICAL ANATOMY.—Demonstrator's Prize in the Senior Class, awarded to John Andrew MacDonald and Thomas W. Mills, M.A., equal.

Those deserving honourable mention for care and assiduity, Brown, Hart, Lawford, McCrimmon, equal, and Stevenson, and Webster.

Junior Class prize awarded to Thomas Gray. Honourable mention, Messrs. McArthur, Gurd, Inksetter, Small and Groves.

The graduates were then called forward and

the *Sponsio Academica* was administered by Professor Craik, M.D., and each in turn presented to Vice Chancellor Dawson, who performed the ceremony of Capping, and delivered to each candidate his diploma of Doctor of Medicine and Master in Surgery.

At the conclusion of this ceremony Dr. Smellie delivered a valedictory address on behalf of his associate graduates. Dr. Gardner, Professor of Medical Jurisprudence, then addressed the graduating class on behalf of the Medical Faculty.

PERSONAL.

Dr. T. G. Roddick, Professor of Clinical Surgery, McGill University, sailed for Europe by the "Sarmatian" on the 21st April. He will be absent several months.

Dr. Alexander Proudfoot, (M.D., McGill College, 1869,) has been appointed lecturer on Ophthalmology and Otology in the Medical Faculty of Bishop's University, Montreal. He received the *ad eundem* degree of M.D. from Bishop's University at its convocation on the 5th April.

Dr. Donald Baynes, L.R.C.P., Edinburgh, (M.D., McGill College, 1876), late clinical assistant to Dr. Morrel Mackenzie at the Hospital for Diseases of the Throat, London, and formerly attending physician to the Ear and Throat Infirmary, London, has been appointed lecturer on diseases of the throat in the Medical Department of Bishop's University, Montreal. He received the *ad eundem* degree of M.D. from Bishop's College at its Convocation on the 5th of April.

Dr. George B Shaw has resigned his position as Professor of Chemistry in the Medical Faculty of Bishop's College. Applications for the vacant chair will be received up to the 12th of May.

Dr. Cameron, whose term of service as House Surgeon to the Montreal General Hospital, expires this month, was presented on the evening of the 16th April, with a handsome testimonial from the officers and employees of the Institution. A social evening entertainment was included, and a very pleasant hour or so was passed in the Governors Hall.

Dr. Cline, late Assistant House Surgeon, succeeds Dr. Cameron, as House Surgeon to the Montreal General Hospital.

The Council of Kings College, London, have tendered the chair of Clinical Surgery, rendered vacant by the death of Sir James Ferguson, to Professor Lister of Edinburgh.

We have received from the author, and perused with interest, the "*Mémoire sur la Galvano-caustique par le Docteur Amusat, fils.*" This work is published by Germer Baillière, of Paris, France, and it is well got up.

The application of Electricity and Galvanism in the treatment of cancerous, nervous, rheumatic, and other affections, has attracted the attention of the medical profession for the past few years. Dr. Lawrence, of London, published a *Mémoire* on this subject in 1853, and M. Marshall also spoke of it in an article of the "*Medical Times and Gazette,*" in 1854.

Dr. Amusat, however, has carried his observations much further than any of his *confrères*, and he enters minutely into many interesting cases, where the proper use of the "Galvano-caustique" was attended with great success.

We cordially recommend the work to our subscribers.

We have to acknowledge also, from the same author, a pamphlet on his improved catheter. It is replete with useful information.

THE ADULTERATION OF FOOD ACT.

We have received, through the politeness of Dr. J. Baker Edwards, the Public Analyst under this Act for the City of Montreal, a copy of the First Report, which is published as a supplement to the Report of the Department of Inland Revenue. Although we cannot say that the reports from the various analysts show an immense amount of work done, or benefits resulting, yet there is an ample evidence of a vigorous commencement. Things have been brought into shape, and some good may ensue, from the fact that at any time samples may be taken and analyzed. Still, the full benefits of the Act will not be derived till the Government decide to prosecute, and, before they do so, several amendments will be necessary. As we received the Report just before going to press, we are unable to look at it in detail. We may do so at another time. We cannot, however, omit the following extract from the remarks of Mr. A. Brunel, Commissioner of Inland Revenue, to the Hon. Minister of the same Department:

"The report by Dr. Edwards (Montreal), of his analysis of the so-called quinine wine, is worthy of notice. It appears that, of five samples submitted to him, only one was found to be in accordance with the official formulæ, the others being, in fact, potable stimulants, containing alcohol, in as large a proportion as is usually found in port or sherry wine, and greatly in excess of what is found in malt liquors."

The manufacturers of this article may reply that they do not pretend that it is made from the official formulæ, and, in so stating, speak truly. But its great strength in alcohol, together with the very unfortunate frequency in which we regret to see it being used, demand from the profession prompt action. Every one, now-a-days, is taking quinine wine for medicine, and we honestly believe a great deal of injury is being done. When quinine is demanded by the system, it can be prescribed with much better results, without the adjunct of a large quantity of alcohol. We ask the profession in this matter to give no uncertain sound. When quinine is required give it in a watery solution, and when wine is demanded, then let wine be given. We do not think we overreach the truth when we say that quinine is required five hundred times as often as is wine. If this is so, why make so many people swallow wine unnecessarily.

MORTALITY FROM SMALL-POX AND DIPHTHERIA.

Table prepared at the Health Office, showing total number of deaths from Small-Pox in the City of Montreal (exclusive of the Civic Hospitals), from January 1st to February 10th, 1877:—

SMALL-POX.		
Under six months	.....	20
Above 6 months, under 1 year	.....	16
1 year	" 2 "	44
2 "	" 3 "	26
3 "	" 4 "	25
4 "	" 5 "	14
5 "	" 10 "	29
10 "	" 20 "	7
20 "	" 30 "	6
30 "	" 40 "	2
40 "	" 50 "	2
Total	.....	191

NATIONALITY.

French Canadians	.....	172
British Canadians	.....	14
English	.....	1
Irish	.....	2
United States	.....	2
Total	.....	191

VACCINATED AND OTHERWISE.

Vaccinated	15
Unknown and Doubtful	61
Not vaccinated	115
<hr/>	
Total	191
Refused vaccination from public vaccinator...	28

SEX.

Males	93
Females.....	98
<hr/>	
Total	191

RE-VACCINATION.

Not a single case could be traced in which re-vaccination had taken place.

DIPHTHERIA.

Under 1 year.....	6
1 year to 5 ".....	47
5 " " 10 ".....	20
10 " " 15 ".....	3
15 " " 20 ".....	1
<hr/>	
	77

SUMMER COURSE BISHOP'S UNIVERSITY.

We direct attention to the advertisement of the first Summer Course in the Medical Department of Bishop's University. The faculty seem to have arranged a most important and interesting course of Lectures and Demonstrations, and we hope that they will be rewarded by a good attendance. Students who can possibly pass the summer in Montreal should do so, as the Hospital advantages are greater than in winter. Not only are the surgical cases more numerous, but all cases in the Hospital can be more closely followed, the attendance of students being less numerous than during the winter sessions.

OBITUARY.

Dr. Gordon Buck, one of New York's most brilliant surgeons, died, on 6th March, from uremic poisoning. Dr. Buck graduated at the College of Physicians and Surgeons of New York in 1830, and very shortly after determined to devote himself entirely to surgery. To this special field he devoted the energies of a lifetime. As a surgeon he was remarkable for boldness in operating, and for great thoroughness of detail in the after treatment. His last work, "*Contributions to Reparative Surgery*," issued within the past year, is said to have been the crowning effort of a most distinguished career.

Dr. James Hamilton, of Dundas, Ontario, died on the 1st of March, at the advanced age

of over eighty years. He was a native of Scotland, and obtained the diploma of the Royal College of Surgeons of Edinburgh, in the year 1816. He was one of the oldest medical practitioners in Canada, and took an active part in the medical politics of the Province of Ontario. He represented the Burlington and Home Districts in the Ontario Medical Council, from 1869 to 1872. He felt most keenly the death, last year, of his son, Dr. Andrew Hamilton, of Melbourne, Que., and a hasty journey which he made to his deathbed, somewhat hastened the termination of a disease from which he had been suffering for several years. He was a keen curler, an enthusiastic fisherman, and a genuine lover of his profession. He passed to his long home full of years, and beloved by all who knew him.

MEMORANDUM.

To prevent the formation of milk, Dr. Peaslee, of New York, recommends that the breasts, after delivery, be tightly strapped by means of adhesive plaster. In five cases he reports perfect results.

One hundred and three students have attended at the Toronto School of Medicine for the Session of 1876-77, of these forty-eight are first year students. Forty-six students attended the sixth Session of the Medical Faculty of Bishop's College, Montreal, for the year 1876-77. McGill University Medical Faculty had students in attendance for the Session 1876-77.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

MEETING HELD MARCH 28 1877.

DR. BELL read an interesting report of a case of "Cancer of the Liver; with obstruction of the common bile-duct; distension of the gall-bladder; adhesion to the broad ligament; hæmorrhage into the gall-bladder and peritoneum; general peritonitis; and death."

The patient was fifty-eight years of age, healthy till her present illness, which she reckoned from fourteen years ago when she had a small tumor in the right inguinal region. It was said to be ovarian by a physician whom she consulted at that time. She suffered no inconvenience from it till last August, when she first consulted Dr. Bell. He found a small smooth tumor, of the size of a hen's egg, apparently connected with the right side of the uterus. In December she began to suffer

pain, and her health began to fail, general appearance becoming cachectic, and finally jaundiced. The area of liver dullness was normal; the tumor appeared to increase in size till it reached the under surface of the liver, was seven inches in length and breadth, with a ridge across it at the level of the umbilicus; the uterine sound entered in a retroverted direction to the normal depth. Movement of the tumor did not move the uterus. On one occasion in palpating the tumor, a soft crackling feeling was detected which Dr. Bell thought at the time might be gall-stones. On the 3rd of March while palpating the tumor in the inguinal region something gave way which was followed by some pain, after this the pulse and temperature, which had up to this been normal, became higher.

DR. OSLER then read the report of the autopsy. The liver was large, three and a half inches below the ribs, gall-bladder immensely distended, attached to the omentum and mesentery. There was some blood in peritoneum, not from a recent hæmorrhage. The liver was of a dark greenish color, with about a dozen tuberos masses of cancer in it. In the gall-bladder were a coagulum and nine or ten gall-stones of considerable size, and at its neck a mass of cancer, extending into the cavity and blocking the duct. The walls elsewhere were thin and free from cancer. Near the duodenum was an ulcer which had been the source of the hæmorrhage.

There was a patch on lower part of the gall-bladder corresponding to one on the broad ligament of the right side where there had evidently been an adhesion which had given way.

DR. REDDY, in reference to the occurrence of jaundice by pressure of tumors external to the liver, said that he had seen two cases of jaundice in pregnant women, but could not say that it was caused by the pressure of the enlarged uterus.

DR. TRENHOLME asked what could have been the tumor in inguinal region fourteen years ago, and if the mass of gall-stones in the lower part of the sac, how had the adhesion taken place? He suggested that perhaps when the uterus was enlarged in a pregnancy an adhesion had taken place, having understood such to be the case, and the gall-bladder had been pulled down. On being told that the adhesion was not to the uterus but rather to the side of the pelvis, he remarked that the difficulty was greater, and asked for an explanation.

Dr. Ross thought that this case was evidence of the necessity of exploring all fluid abdominal tumors with the aspirator. In this case it would have excluded the existence of any ovarian tumor from the recognizable characters of ovarian fluids. A fluid of a mucous character would have been found. He thought that one was never justified in performing ovariectomy without having explored in this way.

DR. F. W. CAMPBELL alluded to the ovarian corpuscles which Dr. Drysdale of New York found as characteristic of ovarian fluids, but which no one else had been able to find.

DR. TRENHOLME would only use aspirator in cases in which there was doubt, because it was not altogether free from danger of hæmorrhage, and that a man should be prepared to perform ovariectomy when he used the aspirator.

DR. ROSS thought it was advisable to aspirate in every case to confirm the diagnosis, even when other signs were undoubted. For instance in a case recently operated on in the city, where there was one large cyst at the back and numerous small ones in front, the aspirator would have detected this fact and have given useful information. The use of a fine aspirator needle was perfectly harmless.

DR. OSLER suggested a very ingenious explanation of the adhesion of the gall-bladder to the side of the pelvis. A gall-stone might have become impacted at the orifice of the duct for a long time, during which time the gall-bladder would become distended by the natural secretion of the mucous lining. The gall-stone might pass when the gall-bladder would empty itself and contract. This same thing might occur again, and at one of these times, from some accidental cause sufficient, inflammation might arise at a point of contact to form an adhesion. He alluded to the fact that gall-stones were frequently associated with cancer of the liver and it was doubtful whether they were a relation to the cancer of the liver as cause or effect; rather inclined to the belief that they were the latter, arising from some perversion in the quality of the bile.

The liver and gall-bladder from this interesting case were exhibited by Dr. Bell. Dr. Osler exhibited a small sacculated aneurism of the descending portion of the thoracic aorta.

A vote of thanks to Drs. Bell and Osler for

their interesting communications was proposed by Dr. Reddy, and seconded by Dr. Trenholme.

J. D. CLINE, B.A., M.D.

Secretary.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Meeting held March 30, 1877.

Dr. NELSON read a report of a case of "Stricture of the Rectum" on which he had operated. It was a case of simple fibrous stricture, with no ascertainable specific cause. The stricture was situated one and a half inches above the anus, would admit an instrument the size of a lead pencil, and was annular. On November 29th, with Drs. David and Reed to assist him, he operated, without any anæsthetic, placing the patient in a stooping posture over a bed. Introduced a bistoury along his left index finger, and nicked the stricture to the left and right and anteriorly. The knife went through the stricture with a creaking sound. About a teaspoonful of blood escaped. A sponge tent, made expressly for the purpose, was then introduced. On December 1st, bowels were evacuated without pain of an enormous quantity of fecal matter. The patient passed a large quantity daily for several days. Dr. Nelson stated that this was an operation introduced to the profession some years ago by his father, Dr. Horace Nelson.

Dr. Ross had had two cases recently, both syphilitic in character, in which the stricture involved about one and a half inches of the rectum. In one he performed colotomy, since which the woman's health had been restored and she lives in tolerable comfort. In the other he used gradual dilatation by means of Molesworth's hydrostatic uterine dilators, which he thinks, can be used to advantage when the use of the bougies is excessively painful. He thought Dr. Nelson's case was a very simple one, and one not usually met with.

Dr. TRENHOLME had had two or three cases, which he had treated by the method recommended by Dr. Nelson's father, which he thought differed somewhat from the operation used by Dr. Nelson. He made a deep cut only in the posterior side of the stricture, towards the sacrum, and plugged the incision with lint. All his cases had done well, and he thought the operation very satisfactory.

Dr. BELL had recently treated a case like Dr.

Nelson's, of simple fibrous stricture, by gradual dilatation till he could pass a No. 12 rectal bougie. He drew attention to the quantity of fecal matter which had accumulated, and was passed after the dilatation.

Dr. Ross thought that when with stricture of the rectum such a mass of feces could be detected in the bowels as would be alone a cause of serious danger, colotomy was the operation demanded.

Dr. SHEPHERD mentioned a specimen in one of the hospital museums of London of fecal accumulation where the bowel was as large as a hat in circumference.

Dr. FENWICK congratulated Dr. Nelson on the success of his case, but did not approve of the operation, on account of the danger from hæmorrhage from the large vessels about the lower part of the rectum, when we had other simpler and equally successful methods of treatment.

Dr. NELSON said that the operation spoken of by Dr. Trenholme was that adopted by his father, but he had cut the stricture anteriorly because there it was thickest.

A vote of thanks to Dr. Nelson was proposed by Dr. REDDY and seconded by Dr. SHEPHERD.

Dr. BELL exhibited a specimen of malignant disease of the liver, with great peculiarities, a description of which he will give in a paper to be read at the next meeting.

Dr. Ross exhibited an ovarian tumor, into one small cyst of which hæmorrhage had taken place, rupturing the wall, and causing general peritonitis. The treatment by electrolysis had been tried, and had reduced the tumor by several inches. He drew attention to the very firm adhesions at the site of puncture by the needles.

The SECRETARY read the reply of Mr. and Mrs. Patton to resolutions passed by the Society, which had been sent to them, expressing its sympathy with them in their late bereavement by the death of their son, Dr. E. K. Patton, who had been a member of this Society.

J. D. CLINE, B.A., M.D., Secretary.

BIRTH.

In Montreal, on the 2nd April, the wife of R. Palmer Howard, M.D., of a son.

DIED.

In Montreal, suddenly, on the 20th inst., George Begg Shaw, C.M., M.D., a native of Manchester, England; aged 45 years and 6 months, and lately Professor of Chemistry in Bishop's College.