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CANADA

MEDICAL & SURGICAL JOURNAL

JANUARY, 1880.

Original Communications.

CASE OF THORACIC ANEURISM IN AN UNUSUAL SITUATION: DIAGNOSIS AIDED BY TRACTION ON THE TRACHEA.

BY GEO. ROSS, A.M., M.D., Prof. Clinical Medicine, McGill University.

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

GENTLEMEN,—Cases of thoracic aneurism are sufficiently common here—so much so, that I should not have deemed it worth while presenting this instance to the notice of the Society were it not that I think there are a few points connected with it of some practical interest and value both with reference to diagnosis and treatment.

E. H., æt. 39 years, book-keeper, a man of small stature (about 5 feet 4½ inches) and delicate build, first consulted me about himself on the 23rd November, 1878. He complained of a dry, teasing or hacking cough, which had been gradually getting more troublesome for three or four months. It annoys him most in the mornings, when, with a good deal of trouble, a small quantity of thick expectoration is got rid of. Walking against a wind or up-hill, a paroxysm of cough is apt to come on, and renders him rather breathless. He began about three weeks ago to suffer from pains in the front of the chest—*i.e.*, in the sternal region, and somewhat to the left side: this had never been severe until the previous evening, and it was that which

determined him to seek advice. He has also had at times an odd pain in the left arm, about the centre of the biceps muscle. Has not been feeling noticeably weaker of late; has not lost flesh; has never had hæmoptysis nor night-sweats; his appetite has remained good. On enquiring into his family history, I found that his father and one sister died of consumption, and that his mother had suffered for many years from some asthmatic complaint. The patient coughed whilst I was speaking to him, and I observed that it had a remarkably harsh, rough, barking character, but there was no hoarseness nor any other affection of the voice.

The physical examination of the chest showed as follows:— No flattening or depression of the chest-walls, but inspection and palpation clearly show that the expansion-movement of the left side is markedly deficient. The percussion note is everywhere good, except over the left front, where it is somewhat non-resonant. Vocal fremitus rather deficient on the left side. The vesicular murmur is heard with normal intensity (perhaps a little plus) and character everywhere over the right lung; but, on the contrary, on the left side (both back and front) an extremely weak and distant murmur can with difficulty be made out. There is, along with this, a rough tracheal blowing sound. No râles anywhere. Heart-apex in normal situation, rather forcible; first sound rough at the base, but no murmur and second sound accentuated on the left side. Careful exploration failed to discover any area of abnormal dulness in or near the aortic region; nor is there any unusual pulsation to be felt. Rather strong pulsation is found in the carotids at the root of the neck and in the episternal pit. Pulse 72; radial pulses equal. No inequality of the pupils.

My diagnosis which I wrote on the note of the case at his first visit was aneurism of the latter part of the arch of the aorta pressing upon the left bronchus. This opinion I never saw any reason to alter, and it has since been confirmed by the *post-mortem* examination. For some weeks my patient would not consent to lay up and be treated as I could have wished. He was able to continue his office-work, and persisted in doing

so. But often, on going up a slight rising ground to his home, was seized with severe dyspnoea and choking cough. The cough continued to annoy him, and the amount of expectoration increased, and it became muco-purulent in character. I could do nothing more than caution him concerning any violent exertion, prescribe soothing remedies and inhalations, and advise the employment of good food and mild stimulants. By the month of January following he coughed a great deal—the same hard bark—and spat up, especially in the morning, considerable quantities of purulent matter. Attacks of sternal pain had been pretty frequent, and often kept him from sleep. His strength had somewhat failed, but even now it required strong urging to cause him to agree to confinement to bed and a stricter line of treatment. At this time, at my request, the patient was seen in consultation by my friend Dr. Drake, who, after a careful examination, confirmed the points I have related above. The Doctor further agreed with me that we had indications of pressure by tumor upon the left bronchus, and that this tumor was probably aneurismal, but suggested the possible occurrence of some other form of enlargement, such as scrofulous enlargement of the bronchial glands. I pointed out that forcible and distinct pulsation could be felt by seizing the box of the larynx, with the head thrown back, and drawing it strongly upwards. On the strength of this further observation the original diagnosis was maintained. I now put him upon Tuffnell's treatment. He was kept strictly in bed, on a tolerably restricted diet—(I did not like to push this too far, as he was a puny fellow, and of a phthisical family)—and was given first 15 and afterwards 20 grains of iodide of potassium three times a day. As far as relieving the symptoms went, the treatment was very satisfactory. In a fortnight the cough was *entirely gone*, and he had no more pain. This was persevered with until the beginning of May, when he was allowed to get up a little while every day. He was, of course, pretty thin from long confinement, but with increase in quality and quantity of his food he soon picked up, and by the middle of June would sit up all day and took moderate exercise. In July he went to the country, where he never was

well, and soon returned to town. He now had severe and distressing cough, with purulent expectoration, was losing his appetite, and getting weak and thin. From this time he rapidly failed, and ultimately died from exhaustion on the 1st Sept., 1879.

I have not troubled you with further details concerning the physical examination of the chest, because its results remained substantially unaltered from those at first detailed. For some weeks, however, previous to his death, coarse moist râles could be heard over the front of the right lung.

Autopsy—30 hours after death.

On opening the thorax, an ovoid swelling is seen above and to the left of the pulmonary artery. Adhesions in both pleuræ, most numerous in left. *Heart*—Right chambers contain blood and clots, valves normal. Left ventricle has a moderately firm clot, interlaced with chordæ. Wall of average thickness. Muscle substance pale. Valves healthy. On slitting up aorta, *intima* of ascending portion very atheromatous. Projecting from the lower and back part of the arch is a saccular aneurism with a large circular orifice 35 millimetres in diameter, with round smooth edges. The sac is somewhat flattened from before backwards, and occupies a peculiar position between the trachea and the ascending part of the arch of aorta, beyond which it projects on either side for 35–40 millimetres. The sac contains fresh blood and clots, and at lower and lateral parts layers of firm fibrin. The walls are thick, firm, and smooth. Immediately behind the right half of the sac is the bifurcation of the trachea, and the left bronchus passes along the posterior wall just opposite to the mouth. Descending aorta presents numerous atheromatous patches. Trachea itself is not compressed; mucous membrane thick, and covered with a glairy mucus. Left bronchus is somewhat narrowed by pressure, and is quite full of dirty thick mucus. Mucosa is rough, and near the bifurcation presents two small ulcers. Mucous membrane of right bronchus more natural. *Lungs*—Left, collapsed and airless. On section, it is riddled with numerous small cavities containing a dirty purulent fluid. The upper lobe is quite honeycombed; the lower lobe presents

areas of collapsed lung tissue. Many of the small cavities are in connection with bronchi, but they are not all bronchiectatic. Right lung crepitant, except at apex, where there is a small cavity and a few cheesy nodules.

Nothing of note in other organs.

Remarks.—There are only a few points in this case on which I wish to make a few remarks.

1st, The situation of the tumor. 2nd, The character of the cough. 3rd, The communicated tracheal pulsation. 4th, The influence of treatment.

The situation of the tumor is unusual. Its orifice of communication with the lumen of the aorta is beyond the last of the great vessels springing from the arch. Considerable evidence of atheromatous change was found in the lining membrane of the ascending and transverse portions, and, under these circumstances, one would rather expect to find that this part had at some portion given way, owing to its feeling the full impact of the blood-current. Probably the softening changes advanced most rapidly at this spot, and thus permitted of the dilatation taking place. The growth from its situation necessarily pressed backwards, and produced pressure both on the bifurcation of the trachea and on the left bronchus. That both these conditions were present was clearly made out during life. The former by the peculiar character of the cough, and the latter by the airlessness of the left lung.

The character of the cough was peculiar. It had a deep, gruff, hoarse tone that clearly was not of a laryngeal nature at all. This peculiar cough, which is not so easily described, but can readily be recognized when heard, is, I think, never produced except by pressure upon the trachea. At the very first examination of this patient, the sound of the cough made me suspect and look for an aneurism.

It was shortly after having been consulted by this patient that I noticed in one of the Medical Journals that attention was drawn by an army surgeon to his frequent observation of pulsation from thoracic aneurisms communicated through the trachea in the way

I have described. I examined for it here, and found it present in a marked degree. I mentioned this fact at one of the meetings of this Society. Since then I always examine for suspected aneurism in this way. Of course its existence depends upon the situation of the tumor. If this is placed superiorly or anteriorly, except large, it will be absent; but in tumors at the back of the arch, or in its concavity, this sign will almost certainly be found. It is in these cases of deep-seated aneurism where we are deprived of the benefit of almost all the common physical signs, and where, therefore, the diagnosis becomes correspondingly difficult, that the observation of communicated tracheal pulsation may prove of great value. In this case, without it, the diagnosis might perhaps have remained somewhat doubtful.

Tuffnell's treatment was carried out here, although not with the strictness recommended by the originator of it. The patient was kept in bed, but not absolutely without movement. His diet was for several weeks dry and restricted, but still it was always in fair amount, for he was such a puny subject, and came of such a bad stock, that I did not consider it prudent to lower his vital forces too far. He took, also, iodide of potassium in pretty full doses. You will have observed, from the report of the case, that in this way the urgent and severe symptoms complained of, the paroxysmal cough, thoracic pain, and shortness of breath, were very soon and thoroughly relieved, and great general improvement took place. I have now treated and seen treated several cases of aortic aneurism in the same way, and on the whole I am satisfied that in many cases it does a great deal of good. Admitting the tendency there is in this disease to spontaneous arrest of growth and temporary relief to the symptoms, yet I do not believe that this will account for the frequency with which marked abatement of distressing symptoms will follow the adoption of a similar plan. I have never been satisfied that it will really produce diminution of the actual size of the tumor.

FATALITY IN TYPHOID FEVER.

By T. W. MILLS, M.A., M.D.C.M.,

Resident Physician Hamilton City Hospital.

Attention was called at a recent meeting of the Medico-Chirurgical Society of Montreal by the learned President, Dr. R. P. Howard, to the fact that fatality in typhoid fever depends largely on neglect in regard to proper treatment in the early period of the disease, especially with reference to *confinement of patients to bed*. Dr. Bell, the physician in residence of the Montreal General Hospital, stated that the experience of their hospital confirmed the President's views. The purport of this brief communication is to still further strengthen, if it were possible, this important statement, by illustrating its application in the cases admitted to the Hamilton City Hospital during the past year. During the year 1878 there was only one death in our hospital from typhoid fever, and in this case the fatal issue could be traced almost entirely to well-marked cardiac disease of old standing; death occurring about the time fatty degeneration of the heart is established.

During 1879 there has been in our institution a mortality of nearly 70 per cent. among typhoid cases. The same line of treatment exactly has been pursued, while the nursing has been incomparably better than during the previous year. The diet of patients has been restricted to liquids, mostly milk, with beef-tea when the condition of the bowels permitted; cold spongings—the patient always retaining the recumbent posture from the period of admission till all unfavorable symptoms had passed away. The medication was directed almost entirely to combating pyrexia by quinine, &c.

Notwithstanding these precautions, most carefully observed, the fatality during 1879 was alarmingly high, amounting, as before stated, to about 70 per cent. Now unless there has been something peculiarly fatal about the fever of 1879, we must find the explanation in the peculiar *circumstances* connected with the cases themselves: This explanation I conceived could be

found in the history of our cases prior to admission ; and I am now more than ever convinced of it after reading the views expressed by Drs. Howard and Bell. To illustrate by four fatal cases occurring almost in succession :—

Case I.—L. O., a young woman, generally neglected in the early days of the fever. Great cardiac weakness ; no complications ; fatal issue about fortieth day.

Case II.—E. H., a young married woman in poor circumstances ; neither nursing nor medical attendance of a proper kind prior to admission on about the tenth day. Cardiac weakness marked ; no complications ; death about 25th day.

Case III.—M. W., a young unmarried woman of nineteen. Been ill about three weeks before admission ; had been “ working about the house ” and without medical attendance for nearly the whole of this period. Cardiac weakness pronounced, as indicated in this and the other cases by annihilation of the first sound ; no complications (hæmorrhages, &c.) ; death on 33rd day.

Case IV.—T. D., a middle-aged man ; no treatment whatever for his disease prior to admission ; had been walking about the city four or five weeks after illness set in ; wildly delirious for days after admission in about the sixth week ; never wholly conscious ; death about 50th day. The autopsy in this case demonstrated marked cerebral and meningeal congestion ; but not decided inflammation. The following conclusions seem to be warranted by a comparison of the clinical notes and autopsy records :

(1.) Death was not caused in any of these cases by hæmorrhages, perforations, peritonitis, pulmonary or any other complications.

(2.) Death is traceable to prolonged high temperature, acting under circumstances highly favorable to the production of fatty degeneration and the consequent cardiac weakness it entails.

(3.) Death was due to general asthenia ; the *coup de mort* cardiac syncope.

One case, with symptoms indicating an attack of greater

gravity than any of those detailed—in fact, with prolonged delirium and continuous hyper-pyrexia—nursed and treated similarly in all respects, recovered after the disease had lasted about fifty days before the *normal* was reached. But let it be noted this patient was not received from the squalid abode of poverty, but was brought to the hospital because she lived in S—, and was taken ill in Hamilton, at a distance from her friends. She had good medical treatment before being sent to us; and the same applies to other cases of recovery. It may, perhaps, be as well to state that in each of the four fatal cases detailed above the specific typhoid ulcers were found at the necropsies, excluding errors in diagnosis.

However strongly these facts seem to bear out the opinions I entertained regarding the fatality which, I confess, led to some heart as well as head searchings on my part, I do not know but that I should still have had some misgivings as to the correctness of the main conclusion, did it not receive abundant confirmation from the high authorities named in the early part of this little paper. Thus is afforded another example of the value of medical journals and medical societies; how else can those actively engaged in practice gather the *disjecta membra* that go to form any reliable conclusion?

SHORT NOTES ON CASES SEEN IN THE OUT-DOOR DEPARTMENT OF THE MONTREAL GENERAL HOSPITAL.

BY FRANCIS J. SHEPHERD, M.D., M.R.C.S., ENG.

Surgeon to the Out-Door Department, Demonstrator of Anatomy, McGill University, &c.

CASE I.—*Fistula from carious Tooth-fang*.—A. C., aged 48, carter, came to the Hospital, June 5th, suffering from a fistulous opening in the right cheek half an inch below the prominence of the malar bone. It commenced about two years and a half ago as a pimple, which soon broke, and left an opening which has been discharging a thin sanious pus ever since. The opening being on a line with Steno's duct, at first

sight looked very much like a salivary fistula, but on examination the duct was found to be quite normal. On introducing a probe into the fistulous opening, it passed upwards and inwards for about an inch and a half in the direction of the roots of the first molar of the upper jaw. The teeth appeared to be perfectly healthy, and the man said he never had toothache in his life, nor had he ever lost a tooth. He strongly objected when I suggested the propriety of extracting the first molar, but consented to abide by the opinion of a dentist.

Mr. Geo. Beers kindly examined the man's teeth for me, and after examination wrote me as follows about the case: "The first molar of upper jaw is diseased. The reason why the usual symptoms of alveolar abscess are not present is because of the recession of the gum and alveolar process, which permits an imperceptible discharge of pus and probably prevents pain in the vicinity of the tooth." The man now consented to have the tooth extracted, and a carious spot was found in one of the fangs. Two weeks after the extraction of the tooth the fistula completely healed, leaving a puckered scar.

CASE II.—*General Psoriasis*.—W. C., aged 10. No history of any skin eruption in the family. Mother said she has had several miscarriages, and had lost three children before the age of three weeks. Eruption covers the whole body, but is most seen on the face and extensor surfaces of the arms and legs. There is no eruption in the hairy scalp or palms of hands. Has lasted for two years, and never been treated. Ordered \mathfrak{m} iii of liq. arsenicalis three times a day, and gr. xx of chrysophanic acid to the ounce of simple ointment to be rubbed in once a day. He came back in a week; the chrysophanic acid had caused so much irritation that it was discontinued and Unguentum picis substituted. In another week he again returned; the irritation caused by the acid had entirely disappeared, so that the chrysophanic ointment (gr. xv to the ounce) was again ordered, and the arsenic which made him sick at stomach was discontinued. There was now no eruption to be seen on the face, and much less on body, but as much as ever on the extremities. The chrysophanic acid was steadily applied for the next three weeks, at the

end of which time the eruption had entirely disappeared. The boy was altogether a little more than five weeks under treatment. The last application of the acid caused but slight irritation.

CASE III.—*Bursal Tumors*.—Marie A., aged 39, married, came to Hospital Sept. 4th complaining of lumps on her knees and elbows, which she first noticed three years ago. No history of syphilis.

On examination, these lumps were found to be in the position of the bursæ of knees and elbows—on the knees about the size of hen's, and on the elbows of pigeon's eggs. These bursal tumors were quite solid, movable under the skin, and not attached firmly to the deeper structures. These tumors had probably been enlarged bursæ, whose walls had thickened and fibrinous contents consolidated. R̄ Pot. Iod. gr. x. three times a day. On Sept. 30th the tumors had diminished greatly in size. Pot. Iod. dose increased to gr. xx. She continued taking the iodide for another month, at the end of which time the bursal tumors over the olecranon processes had entirely disappeared, but those on the knees are in much the same condition now (Dec. 20th) as after the first month of treatment, having decreased in size by about one-third. She strongly objects to operative interference.

CASE IV.—*Epithelioma of Hand*.—Monique D., aged 75, married. Oct. 20th—The skin on back of left hand, over the 1st and 3rd metacarpal bones, was much thickened, nodulated, and of a livid red color. It had a hard fibrous feel; was not attached to the deeper structures. The tumor was about the size of a silver dollar. On passing in a grooved needle, it passed through dense fibrous tissue first, then into soft cheesy substance, which could be squeezed out, and had the appearance of sebaceous matter. Not having a microscope at hand, we were unable to examine this substance. The woman said that this growth had commenced first as a small nodule eight months before, and that it had been steadily growing ever since; the skin had never been broken, and at times there was severe pain in it. The diagnosis rested between scirrhus and epithelioma. The situation and

absence of continuous pain was against it being scirrhus, but it had much the appearance and feel of scirrhus. The time it had lasted, without any alteration, was not in favor of its being epithelioma. However, one thing was certain—viz., the necessity of its removal. Having put the woman under chloroform, I removed it by an elliptical incision; the growth not being attached deeply, was easily dissected off, care being taken to avoid some large veins which ramified underneath it. Not being able to bring the edges together, the wound was put up in dry dressing, a splint put on the palmar surface of hand and wrist, and the whole carefully bandaged. The dressing was changed once a week, and at the end of three weeks the wound had almost healed. Plain water dressings were now substituted, and at the end of a week the wound had completely healed. Dr. Osler kindly examined the growth, and found it to be well marked epithelioma: the soft cheesy matter under the microscope showed the characteristic nests of cells to be particularly well marked. The hard portion of the growth, on cutting it, had to the naked eye the appearance of a scirrhus, creaking when cut with the knife, and a milky juice being easily squeezed out.

CASE V.—*Acne Rosacea*.—Marie F., aged 32, married. Has an eruption of acne rosacea on cheeks, nose and chin. Eruption worst on chin, and forehead slightly affected. This eruption has lasted for several months, but has become much worse the last week. Menstruates every three weeks; menstrual flow very profuse, and lasts from seven to ten days. Ordered *Mistura Ferri*, and an ointment of *Chrysophanic Acid* gr. xx. to ounce of *Unguentum simplex* to be applied daily. In two weeks she came back much improved in appearance, though her face was somewhat stained by the acid.

In another two weeks she came back almost well; she had discontinued the ointment, and the staining had gone off. Her last menstrual flow was much less in quantity, and altogether she feels better. I have not seen her since.

CASE VI.—*Syphilitic Eczema*.—Maggie C., aged 24, servant, unmarried. Came to Hospital October 9th suffering from

a pustular eczema of the face. The eruption was most marked on the forehead, upper and lower lips. The thick yellow crusts of dried pus well seen on lips. Eruption on forehead weeps copiously. Has no eruption on any other part of body, and says she has never had any. Has had sore throat for some time, and on examination the fauces were found reddened and presented suspicious marks of old ulceration. The eruption has lasted since January last (8 months), and "has been treated by many doctors." She says it came on after an inflammation of the lungs. Ordered ʒss of Green's Mixture three times a day, and Unguentum Sulph. co. (U.S.P.) to be applied every night on going to bed. She came back in a week, and the eruption was drying up rapidly. Has now some spots of psoriasis on the flexor surfaces of both arms. She now admits that she has had such spots before. Continued same treatment. On Oct. 23rd the eczematous eruptions of face had all disappeared, except on lower lip, which is much swollen, and has a tubercular-looking mass on it which bleeds when touched. The psoriasis had entirely disappeared without any local application, leaving small copper-colored stains. To continue the Green's Mixture, and apply Ung. Hydrarg. to the lip. When last seen on Nov. 6th the tubercular mass on the lower lip was very much smaller and quite dry. Gums affected with the mercury. Ordered an iron tonic; Green's Mixture discontinued. Have since heard that she is completely cured.

Hospital Reports.

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

MEDICAL CASES UNDER THE CARE OF DR. ROSS.

Case of unusually Acute Pneumonic Phthisis, with Typhoid Symptoms.

(From the Notes of Mr. H. Stevenson, Clinical Clerk.)

The patient, H. W., a powerfully-built Englishman, æt. 39, whilst at sea on the 7th November, 1879, experienced a severe chill from exposure during muddy weather the previous day.

He was confined to his berth, feeling feverish, and coughing, with a sharp pain in left side of chest until he reached this port on the 10th November. The cough persisting, with feverishness, medical aid was summoned a week later. At this time the temperature was found high, the cough dry and hacking, and there were physical signs of rapidly extending consolidation of upper lobe of left lung. Cough attended by scanty, rather rusty, expectoration—fever—occasional attacks of delirium, and the physical signs of solidification of left lung continued until another week (the third of his illness) had nearly passed, when patient was brought to the Hospital. On admission, November 25th, he was able to give a tolerably clear account of the onset and course of his illness, but soon became wildly delirious, starting out of bed, and talking very loudly and excitedly. The temperature in the evening reached $103\ 2\text{-}5^{\circ}$ F.; little cough and slight rusty expectoration; pulse 140 and respirations 42 per minute; face deeply suffused; pupils dilated, conjunctivæ has a sub-icteroid look; skin and lips dry; teeth covered with sordes; tongue hard, dry, and covered with a dirty-brown coat—was protruded, on the demand being made, with much tremulousness; and there was marked general tremor of the muscles. Breath offensive. On examination, evidence was obtained of consolidation of the whole of upper lobe of left lung. The percussion note was markedly high-pitched; numerous harsh and coarse moist râles were heard both in expiration and inspiration, and there was no appreciable expansion of affected side. Throughout the right lung the respiratory sounds were perfectly normal. Abdomen flaccid; no localized tenderness. Urine highly colored, spec. grav. 1020; acid in reaction; contained no albumen; chlorides present to average degree in health. At night a draught of chloral hydrate and tincture of valerian was administered, after which some sleep was obtained. Poultices and occasional hot fomentations of turpentine were applied to the chest. For the next three days there was noted continuous wild delirium, with an evening temperature of 104° F.; morning, $102\text{-}3^{\circ}$ F. Pulse 130; respirations 45, and irregular. Face flushed and pupils dilated. Tongue dry, cracked and bleeding. Physical

signs in left chest showed extended involvement of the lung. Very slight cough; no expectoration. Abdomen tympanitic. Bowels relaxed; motions dark-brown, semi-solid. Patient was put on a mixture containing two grains sulphate quinine and half a drachm hydro-bromic acid every sixth hour; milk diet, with eight ounces brandy per 24 hours, a chloral draught being given at night. On the fifth day in Hospital patient was quieter—a sleep of five hours, with occasional interruptions for nourishment, rendering him less excited. Not so much tremor. No picking at the bed-clothes, as was remarked earlier. Face was suffused; pupils dilated. Unintelligible answers given to questions. Physical signs of chest unchanged. Tongue dry and bleeding. Bowels loose. Abdomen less distended. Stools copious, fluid bilious, and contain mucus. Urine slightly albuminous. Temp. downward tendency— 102° F. at evening, $101\frac{1}{2}^{\circ}$ F. in morning. Pulse 136, shabby and weak. Respirations 44, irregular and shallow. On the sixth day, delirium was intermittent and passive. Patient very prostrate; countenance anxious; face still suffused. Temp. 101° F. at evening; nearly 102° F. in morning. Pulse 136; respirations 48. Signs of consolidation of whole of left lung, and at base of right lung moist râles heard on inspiration and expiration, with a slightly dull percussion note. Diarrhœa continued. Abdomen tense; no typhoid spots; no tenderness.

Dec. 1st—Seventh day in Hospital.—The patient was rather brighter. Slept well during previous night without a draught. Little or no delirium. Pulse slower, and respirations less frequent. Physical signs unchanged. Diarrhœa continued.

Dec. 3rd and 4th.—Passive delirium; patient more inclined to sleep. Breathing very rapid—60 respirations per minute; pulse weak, fast and shabby (160). Diarrhœa improved. Temperature $100\ 4\text{-}5^{\circ}$ F. in morning, and $102\ 4\text{-}5^{\circ}$ F. at evening. Stimulants increased to 16 ounces brandy per diem. Enemata of starch and opium, which had been ordered for diarrhœa on the 2nd inst., were discontinued. After a quiet night and rather better day, patient became rapidly wildly delirious towards evening on the 5th December (29th day of illness); respirations

very rapid and shallow ; pulse intermittent and feeble ; dying at seven p.m.

Note.—From friends it was subsequently ascertained that the patient, though always a drinker of beer, did not indulge much in ardent spirits. An attack of typhoid fever, experienced about a year and a half previously, was followed by bronchitis. Family history good.

Autopsy.—*Seven hours after death.*—In thorax lungs do not collapse : no fluid in pleuræ. A few adhesions on left side ; none on right. Right chamber of heart full of blood ; left ventricle contracted and empty. Tricuspid orifice is dilated, measuring 15 centimetres in circumference. *Lungs*—Right weighs about 850 grams, is crepitant throughout, but in posterior part contains much blood and serum, and very little air. In anterior part of upper lobe are three or four groups of small grey nodules, 5-6 in each group ; no caseous masses. Left lung weighs over 1500 grams, almost double that of the right lung ; pleura covering it is smooth ; organ heavy, and in great part airless, being crepitant only at the anterior border of the lobes. A section through the long diameter of upper lobe presents the following appearances : At the apex there is a small irregular cavity, the size of a walnut ; the walls soft, infiltrated with caseous matter. About the cavity the tissue is airless, of a reddish color, and has a glistening gelatinous appearance. The surface is not granular, but here and there through the tissue are small grey, translucent bodies about the size of a pin's head. Further down, and toward the anterior border, these grey bodies become more numerous and thickly crowded together in a deeply congested tissue. The greater part of the lobe is solid and firm ; tissue dry, greyish-white in color, coarsely granular, presenting the appearance of a caseous pneumonia. In the central part the section is uniform, but towards the lower and anterior borders strands of deep red tissue separate the firm anæmic areas and give a very peculiar character to the exposed surface. In the intervening congested districts small grey granulations are seen, often close to the solid parts. The lower lobe is deeply con-

gested. Throughout entire substance are greyish-red, solid areas, some round, others in irregular tracts, but all presenting a dry, coarse surface. The anterior third of this lobe is crepitant, and contains scattered tubercles. Bronchial glands are a little enlarged; no tubercles. *Spleen* weighs 300 grams, pulp moderately firm. *Kidneys* of a deep purple-red color; capsules detach readily. On section, much congested surface of uniform deep red color: only a few lines of tubules in the cortices a little less congested than the rest. Left organ is a little firm. They weigh 210 grams each. *Liver* is large and cirrhotic.

Correspondence.

MONTREAL, Jan. 3, 1880.

To the Editors of THE CANADA MEDICAL & SURGICAL JOURNAL.

SIR,—Since my communication in your last number, drawing attention to the desirability of some enactment to regulate the repetition of prescriptions containing powerful drugs, I have noticed in the *Michigan Medical News* of Nov. 25th that there is a clause in the Medical Act of that State defining the duties of dispensing chemists in this matter.

I would therefore suggest to the medical profession the insertion of some such clause as the following in any future amendment of the present Medical Act:—

“If any physician practising medicine in the Province of Quebec shall write or cause to be printed on any prescription the words “no duplicate,” any licentiate of pharmacy, druggist, apothecary or physician keeping a drug store who shall duplicate a prescription so marked shall be subject to a fine of \$10 for each offence, together with all costs of suits.”

While I am writing, it would not be amiss to draw attention to the frequent poisonings by Paris Green which have taken place in this Province lately. The facility with which this poison can be obtained is certainly much to be deplored; and it would be interesting to know why the clause in the “Pharmacy Act”

relating to the sale of poisons cannot be better carried out. By this Act no one who is not a licensed pharmacist can sell this deadly preparation of arsenic, and even the pharmacist is obliged to observe certain forms, such as registration, &c., in selling it. How, therefore, can store-keepers from one end of the Province to another sell it with impunity?

Your obedt. servt.,

H. R. G.

Reviews and Notices of Books.

A Guide to Surgical Diagnosis.—By CHRISTOPHER HEATH, Holme Professor of Clinical Surgery in University College Hospital, Honorary Fellow of King's College, London. Philadelphia: Lindsay & Blakiston.

This is a small manual mainly for the use of students, but which will no doubt prove useful to practitioners for easy reference. The aim of the writer has been to throw together as concisely as possible the principal features of all the important surgical diseases and accidents, so that the student shall be enabled to grasp the picture of a certain collection of symptoms and signs as characteristic of a certain disease or disturbance. The various affections are grouped together anatomically, and the symptoms are arranged as much as possible in the order in which they would strike a painstaking observer. Besides this, in all cases where it would seem to be required, the differential diagnosis between conditions likely to be confounded together is pointed out, and the tabular form of statement is frequently employed to assist in the rapid observation of the distinctive features. Marginal headings are attached to the paragraphs throughout, which is of great assistance. The arrangement is, on the whole, we think, one likely to be very satisfactory. It is a volume of handy dimensions—it can easily be carried in the pocket—and we are quite sure will prove an invaluable companion to all Hospital students in the surgical wards.

The Throat and the Voice.—By J. SOLIS COHEN, M.D., Lecturer on Diseases of the Throat and Chest in Jefferson Medical College, and on Physiology and Hygiene of the Voice in the National School of Elocution and Oratory. Philadelphia: Lindsay and Blakiston.

Winter and its Dangers.—By HAMILTON OSGOOD, M.D. Philadelphia: Lindsay & Blakiston.

The Mouth and the Teeth.—By J. W. WHITE, M.D., D.D.S., Editor of the *Dental Cosmos*. Philadelphia: Lindsay & Blakiston.

The above are three more of the series of American Health Primers which have been following each other in rapid succession from the press. The idea of popularizing general medical knowledge, which was the means of starting the publication, has been exceedingly well carried out so far. When complete, this will form a set of handy books for lay readers which are unsurpassed for the purpose intended. The first one contains a good deal of information, in condensed form, about the way in which the throat and voice should be guarded from injurious influences, and the simplest means that can be adopted for remedying any incipient trouble in that quarter.

The subject of winter calls forth special remarks upon danger at this season from errors in dress—upon inattention to pulmonary food—upon sedentary life, and several other kindred topics of general interest.

The department of the teeth, of course, commands the attention of every one. The better any one understands the causes which produce injurious disturbances in the teeth, the better will he be able, if wise, to postpone the evil hour which will put him into the hands of his dental adviser. This manual contains good, practical directions on these points, as well as a great deal of general information concerning the mode of development of teeth, the order of their appearance, &c.

Each of these books is written by one who is entirely conversant with the matter on hand, and who is in a position to

speak with authority. We have pleasure in commending these additions to the series to our readers.

A Text-Book of Physiology. By MICHAEL FOSTER, M.A., M.D., F.R.S., Praelector of Physiology in Trinity College, Cambridge. Third edition. McMillan & Co., London and New York.

The rapid sale of two editions of the work within three years is the best guaranty of its merits. There appears to be but one opinion among teachers of physiology respecting it, and it has been adopted as the text-book on the subject in the majority of the English Schools. The present edition has been considerably enlarged, and wood-cuts have been introduced. The latter is an important improvement, and will increase the value of the work to the student. In subsequent editions we hope to see additional illustration. The lack of a description of the minute anatomy of the tissues will be by many considered an objection to the general adoption of the work as a text-book in this country and the United States, in which Histology is dealt with from the Physiology chairs. Students like a text-book which covers all the subject, and we are sure that the addition of chapters on Histology would do away with the only objection which they could offer. But without this it forms the very best text-book on the subject, and, as such, we heartily commend it to practitioners and students.

Yellow Fever a Nautical Disease: its Origin and Prevention.

—By JOHN GAMGEE. 8vo., pp. 207. New York: D. Appleton & Co.

We have derived much pleasure and a good deal of instruction from the perusal of this essay. The importance of the subject must necessarily command attention. Yellow fever is the great scourge of the seaports of the American coast, and its mode of origin and spread are not yet definitely settled. The author brings together a mass of evidence and argument to show that this disease is a nautical one—*i.e.*, that it is generated always on board ship, and he proposes to stamp it out by active mea-

asures directed towards the complete and thorough destruction of the poison at the fountain head. Most absolute disinfection, therefore, of a polluted vessel is what he claims as the real and only scientific way of arresting the spread of the contagion. The agency by which he would accomplish this is cold, and he gives a full description of the way in which it is believed that air at a sufficiently low temperature could be forced into every part of a ship. The idea is taken from the constantly-observed fact that visitations, even severe, cease when the temperature falls below the freezing point. On the title-page this quotation is found, "Frost puts an end suddenly to our epidemics—art never can do better than to imitate nature."

Whether this idea is a practical one or not remains to be seen. At any rate it is an attempt in the right direction. Preventive medicine is the order of the day, and everything helping to throw light upon the etiology and development of epidemic diseases will tend to furnish the knowledge necessary for prevention. We advise every one to read this interesting book.

Memorial Oration in honor of Ephraim McDowell, "the father of Ovariotomy."—By SAMUEL D. GROSS, M.D., LL.D., D.C.L., Oxon. Delivered at Danville, Ky., at the dedication of the monument erected to the memory of Dr. Ephraim McDowell by the Kentucky State Medical Society, May 14th, 1879. Published by the Society. Printed by J. P. Morton & Co., Louisville, Ky.

It is always pleasant to find the members of the medical profession uniting to preserve in remembrance those who have in any way performed decisive services in the promotion and advancement of the true art or science of medicine and surgery. The honor done to Dr. McDowell has come rather late (he died in 1830), but nevertheless at a time specially suitable. Of late years the successes attending the operation of ovariotomy have been very remarkable and most encouraging,—infinitely beyond anything which could have been anticipated by the most sanguine in an earlier day. This being the case, it is most appropriate that attention should be directed backwards

to those who had the foresight and the courage to persevere in carrying out a surgical procedure which they were satisfied would be the means of accomplishing much good, but which had been almost universally derided and denounced. That Dr. Ephraim McDowell was the first to perform ovariectomy is generally acknowledged, both in America and in Europe.

The address of Dr. Gross has been very handsomely printed by the Kentucky State Medical Society, and it is embellished by two cuts; facing the title-page we have a neat portrait of Dr. McDowell, and at the end a photo-lithograph of his tomb, with medallion and inscription.

The Physician's Visiting List for 1880. Philadelphia: Lindsay & Blakiston.

We have received the customary annual Visiting List of Lindsay & Blakiston. The profession are well acquainted with the neatness and convenient form of this indispensable physician's companion. In spite of various competitors, we believe this list remains as popular as ever.

Books and Pamphlets Received.

A Dictionary of the German Terms used in Medicine. By George R. Cutter, M.D. New York: G. P. Putnam's Sons.

On Loss of Weight, Blood-Spitting and Lung Disease. By Horace Dobell, M.D., Consulting Physician to the Royal Hospital for Diseases of the Chest, late Senior Physician to the Hospital, etc., etc. Second edition,—revised, enlarged and annotated, to which is now added Part VI, on the functions and disorders of the Liver. London: J. & A. Churchill.

The Heart and its Diseases, with their Treatment, including the Gouty Heart. By J. Milner Fothergill, M.D. Second edition. Philadelphia: Lindsay & Blakiston.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

A regular meeting was held November 28th, 1879. The President, Dr. R. P. Howard, in the chair. There were twenty members present.

The minutes of last meeting were read and approved.

Dr. Henry Howard read a paper on "Imbecility."

Remarks on this paper were made by Drs. R. P. Howard, Kennedy and Roddick.

A vote of thanks to Dr. Howard was moved by Dr. F. W. Campbell, seconded by Dr. Roddick, and carried.

Dr. Frank Shepherd exhibited a specimen from the dissecting-room of McGill College. The humerus had been amputated, and the cut ends of the brachial plexus were enlarged.

Dr. F. W. Campbell mentioned the fact that twelve days previously he had vaccinated a child in Donegana street; two hours after he vaccinated another child in St. Charles Borromée street. Eight days after the child in Donegana street had an attack of convulsions; two hours after, the second child had a similar fit.

Dr. Trenholme stated that no doubt teething was the cause of the convulsions.

Dr. R. P. Howard asked if there was any history of rickets, as it was a well-known fact in rickety children, the slightest irritation would induce convulsions.

Dr. F. W. Campbell said there was no such history.

Dr. Kennedy mentioned the fact of seeing three children in the Hospital with small-pox; all three had been vaccinated just before the attack, and the vaccine vesicle had matured prior to the eruption of small-pox.

Dr. R. P. Howard said some families take small-pox over and over again. He referred to one doctor who could never attend a case without contracting the disease. From such facts it is quite evident that there are some cases that even small-pox will not protect from other attacks let alone vaccination.

A regular meeting was held December 12th, the President in the chair.

The following pathological specimens were exhibited by Dr. Osler: Lungs from a case of rapid acute pneumonic phthisis (a full report will be found amongst our Hospital reports); a case of cirrhotic liver; and a case of aneurism of the anterior com

municating branch of the circle of Willis. This patient had fallen while in a shop, and died immediately. On examination the anterior communicating artery was found very wide and projecting from it, between the anterior cerebrals, was a small aneurismal pouch, with a slit-like opening on its under surface.

Dr. Wilkins then read a paper on "A case of spinal apoplexy."

Remarks on this case were made by Drs. Osler, Ross, Henry Howard, and the President.

Dr. Reddy moved, and Dr. Roddick seconded, a vote of thanks to Dr. Wilkins for his paper.

The President brought forward the subject of registration in disease, giving the facts of the manner in which this had been, to a certain degree, carried out in Ontario through the earnest efforts of Mr. Monk, of the Meteorological Department of the Civil Service, resident in Toronto.

After a full discussion, Dr. Ross moved, and Dr. Osler seconded, the following motion:—

"That this Society, having learned, through the President, of the scheme already initiated in Toronto for the weekly forwarding of reports of diseases in the practice of each medical man, strongly approves thereof, and all its members are hereby requested to co-operate in extending it to this Society." *Carried.*

The meeting then adjourned.

Extracts from British and Foreign Journals.

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

Lister's Statistics.—Prof. Lister, has often been challenged to produce his statistics, and his opponents have been generally thought to consider his failure to do so as an evidence of a disinclination to let them bear the light. At last, however, we have them:—

"The great Royal Infirmary of Edinburgh, while it is the metropolitan hospital for Scotland for surgical disease, is not a hospital to which very many injuries come, and the great majority of injuries are treated as out-patients, and hence I have

only seventy-two cases of injuries to speak of in those five years and three-quarters. Nevertheless, they were somewhat severe injuries; thirty-three compound fractures, seven wounded joints, thirty-five other severe wounds. In seventy-two cases of injuries there were four deaths, which gives 5.7 per cent.; whereas the St. Bartholomew statistics are, in cases of injury 7.7 per cent.; and none of those seventy-two cases of injuries died of blood-poisoning. Then we come to operations. All the operations that I had that have been recorded in the case-book are 845; of these thirty-seven died, or 4.4 per cent. Now Mr. Savory includes in his operations only the major operations. It is a very vague matter what we are to call the major operations and what are minor operations. I thought it would be better, therefore, to put down all my cases of operations, without excluding, as Mr. Savory has done, any group for any reason whatsoever. But, going over the operations as Mr. Cheyne has done, there were 120 that can be fairly called minor operations. A great number of minor operations have been treated as out-patients. I may remark that with antiseptic management, you are justified in treating as out-patients a large number of cases which, without antiseptic treatment, I consider you would be bound to take into a hospital. Now, subtracting these 120 minor operations, I have 725 major operations. Of the 120 minor operations, not one died. I, therefore, by subtracting the minor operations, increase my death-rate. There were thirty-seven deaths in the 725 major operations, and these give 5.1 per cent. The St. Bartholomew's statistics give 5.82 per cent., somewhat greater, not very much greater, I confess. I cannot help remarking how easy it would have been for me to manipulate the statistics a little, to make the thing look much better for myself. For example, I have had several operations, which I have included among the major operations, which have been very minor. There were three cases of spina bifida treated antiseptically. The operation consisted of introducing with a needle two or three, as the case might be, horsehairs; and one case of hydrocephalus was treated in the same manner; most minor operations, certainly; but each one of these was followed

by death. And, considering the consequences, and the greatness of the interests involved, it was only right to regard these as major operations; and every case in which I have had a death I have included in my major operations. If I had chosen to say those were minor operations, although they were fatal, the result would have looked different; and I could have reduced very much the per centage. But I prefer to do as I have done; and my mortality is 5.1 per cent. of major operations, against 5.8 on the St. Bartholomew statistics. Now, as to the deaths, we come to the great question of blood-poisoning. I had six deaths from blood-poisoning in my 725 operations, or 4.82 per cent. The St. Bartholomew's per centage was 1.44 per cent. of blood poisoning. The cases of blood-poisoning were two of pyæmia in those five years and three-quarters, two of septicæmia, and two of erysipelas. The cases of blood-poisoning require to be weighed. There is a very weighty statement attributed to Morgagni to the effect—“*Perpendæ non numerandæ observationes.*” That is to say, as we may render it,—“Cases should be pondered, not numbered;” and if we are to derive any benefit from these statistics at all, we must look into the details of them. Out of the various operations I have performed, some were, from the condition of the cases, capable of being performed antiseptically; in others this was, from the condition of the cases, impossible; as in cases where sinuses had existed in the vicinity of the joints which were excised, the removal of the tongue and so forth, where we operated in situations where septic materials must of necessity be present. Now, if I divide my operations into two groups—antiseptic and septic—I find that the antiseptic operations were 553; and of these 553, only two died, and those of blood-poisoning. And then, when we look into these, we find there was one case where the mamma had been removed, and the whole axilla had been cleared out to the collar-bone. I knew that the spray was altogether away from the wound, when the tube was removed from the axilla. The other was a case of erysipelas; the only death from erysipelas in antiseptic cases during what I cannot help regarding as an epidemic of erysipelas during that year, or one

from erysipelas. Of the septic cases, though they were much fewer, 292 operations, we have four deaths from blood-poisoning ; that is to say, the deaths were eight times as numerous in proportion. That seems to me very instructive. Then, if I divide the time into two periods—before the meeting of the Association in 1875 and the time after—I find, as might be expected, that matters had improved since that period ; 1871 was the date of introduction of the spray, and at first we were working comparatively under difficulties. But since 1875, the antiseptic treatment has been carried out more perfectly ; and accordingly I find that, whereas between 1871 and 1875 the percentage of deaths was 4.7, from 1875 to 1877 it was only 3.8 ; that is to say, out of two hundred and ninety-five operations, I had only eleven deaths. Then, if I look at the question of blood-poisoning in the last two years, I find that out of those 295 operations, to which must be added a certain number of accidental wounds, I had only one death from blood-poisoning ; and that one case from blood-poisoning was a case of pyæmia, where I performed a plastic operation to make a new nose. I endeavored to turn one side of the ascending process of the maxillary bone to make a support for the flap, and I split the bone ; and I was conscious at the time I had made a mistake. That was a case in which antiseptic treatment was impossible, in consequence of connection with the nasal cavity. The patient died ; and, although I carefully searched and dissected the bone and the veins in the vicinity, there was no pus in the cancelli of the bone or in the vein leading from it ; nevertheless, there were abscesses both of the lungs and liver. That is the only case of blood-poisoning in two years, with 295 operations.

Then let us take amputations ; that is to say, major amputations. During the period referred to—five years and three-quarters—I had eighty major amputations. Of these I had nine deaths, 11.25 per cent. That, compared with what Mr. Erichsen says in his book on *Hospitalism*, where he says we must expect from thirty-five to fifty per cent. of mortality, may seem very good. I confess I should not be satisfied with nine deaths out of eighty patients, without something more to explain

them ; but if we look more into details, I had, first of all, three amputations of the hip-joint. One was a primary amputation. I did the operation practically without any hope of saving him ; but I have seen a patient come round after being perfectly pulseless, and I thought it my duty to try it. Of the other two amputation cases, one was an enormous fibroma. The operation was one of extreme difficulty, and the patient sank as the immediate result of the operation. Such a case as that has no bearing whatever on the question at issue. The third case was one upon which I operated for myeloid disease of the thigh bone. The bone looked sound when I divided it at the time ; but afterwards, on making a careful section and microscopic examination, there appeared to be disease, and I amputated the next day, at the hip-joint. The patient died in twenty-four hours. Now, with respect to the question of preventable mortality after operations, you may eliminate these hip-joint amputations. I have had four primary amputations of the shoulder-joint. One of these died. The case was one of railway injury. The bones were shattered, and he was in a state of collapse when he was admitted, and never rallied ; and that comes in very much the same category. The question was whether I was prudent in amputating at all. Then I had one death after amputation of the shoulder from disease. It was a case of malignant tumor of the arm. The amputation was doing perfectly well ; but, after some days the patient died of hæmorrhage from a tumor of the femur, of the existence of which I was not aware, and that had nothing whatever to do with the amputation of the shoulder-joint. Some vessel gave way in the thigh, and the patient died of internal hæmorrhage ; and these cases to which I have referred should be eliminated from my list with reference to the question of hospital mortality. Then we come to the two others. I had twenty-five amputations of the thigh for disease. Of these, one died ; but the patient died of diphtheria nine months after the operation, when the cicatrix was almost complete. I had eighteen amputations of the ankle, of which one died. This one was a boy, who, three months after the operation, when the wound was almost absolutely healed,

died of cerebral hæmorrhage. This, therefore, was also a case of recovery; and, therefore I submit that, when we look into these cases of amputation, no patient died from a preventable disease. Every patient recovered who had a chance of recovery.

Then, if you take another class—cases of ununited fracture; we used to operate on some of these cases in the upper limb, but in the lower limb the risk of pyæmia was considered to be too great. In the five and three-quarter years to which I have referred, I have operated eight times in ununited fracture of the thigh, nine times in the leg, four times in the humerus, and five times in the forearm, giving twenty-six cases, and in every one of these the patient is alive and well; not one died. Then I would allude for one moment to that piece of statistics to which Mr. Bryant so disparagingly referred, which has been published by my friend Mr. Cheyne. I will not dwell on the cases of injury, because confessedly cases of injury are uncertain; but I do say, when you have a series of twenty cases where healthy joints have been opened and kept open without a single failure as regards the septic element, it is a fact of great importance. Here I come to another order of statistics, where, as far as I am able to judge, we have evidence of a new principle coming into play. I may be wrong, but it seems to me that if you were to open a healthy joint, and to keep the wound open, and to put a drainage tube into it, take it out every day, wash it, and put it in again, if you did not use anti-septic means of some sort or other, you would have more or less of inflammatory disturbance, and it would be impossible to have a condition of things which we look upon as normal, absolutely no tenderness, no redness, and no increase of temperature. I say, as far as I am able to judge, this is a kind of fact of a new order, which shows that we have a new principle at work. It has therefore seemed to me more important to publish cases of this kind, even though they be only individual cases which have been somewhat hardly reflected upon. When a new principle is propounded, I cannot regard these statistics of individual cases as unimportant. I say, if a case show new patho-

logical facts, one individual such case is worth as much as a million. I have published numerous cases, for instance, to show that a great abscess connected with disease of the vertebræ may be opened by free excisions, a drainage-tube introduced, and strict antiseptic treatment used; and that from that hour I never had another drop of pus. I say that fact is as beautiful in pathology as it is useful to practice. I have shown, over and over again, that you may have exposed in an open wound a blood-clot, and that this blood-clot, no matter how large, may remain not only free from putrefaction, but may remain indefinitely without suppuration, so that when you, in the course of time, peel away its upper surface, you find a scar without a single drop of pus having been formed. That, I say, is a fact new in the history of surgery, and indicating that we have a new principle.—*Brit. Med. Jour.*, Dec. 6, 1879.

Details of treating the Wound FROM AN AMPUTATED THIGH OR FROM AN EXCISED BREAST.—Dr. Savory (*Brit. Med. Jour.*, Aug. 9, '79,) gives the details of his plan of treating wounds. These are of interest, as the plan is attended with the lowest published mortality from blood poisoning. "Having carefully arrested all hemorrhage, using most probably the carbolized cat-gut ligature, and having gently removed any particles of blood-clot that may have lodged on the surface, employing only clean water or sponges rinsed out of it, I should without further interference with the surface of the wound bring the edges together, adapting these as nicely as possible with silver wire sutures. I should not in this way attempt to close the wound completely, but I should leave spaces between the sutures, perhaps from one to two inches long. Then over the course of the wound, and for some distance on each side of it, I should place a layer of folded lint which had been previously soaked in olive or almond oil, containing about one part in fifty of carbolic acid. Over this again I would place two or more layers of dry lint, either with or without cotton wool, so arranging this as by gentle and equable pressure to secure without any violence, as far as practicable, the accurate adaptation of the surfaces of the

wound throughout, avoiding thus any considerable cavity in the interior. I should secure all this by strapping or bandage, or both, so adjusting these that they may be hereafter removed with the least disturbance. I should place the patient and the wound in the most comfortable position possible, having especial care to the fact that fluids, as they form, may flow outwards. As a rule, I do not disturb this arrangement for 48 hours, although very often I change the dressing and inspect the wound after 24. I am guided in this matter of time chiefly by the state of the patient, whether spare or full-bodied; his sense of local and general comfort; freedom from or complaint of pain; and the season or temperature. But whenever I am in any doubt I change the dressings. These, then, are removed with the utmost gentleness, and the state of the wound carefully inspected. Especially is attention directed to whether there is any tendency to the lodgment of fluid; whether that which forms can escape freely; whether there is much tension at the edges. I am bold enough to think that a surgeon who understands his business can tell, without any painful handling, whether the surfaces of the wound are fairly in contact, or whether there is any tendency to the accumulation of fluid separating them. But if any doubt arise on this important point, a perfectly clean probe or director lightly applied to some portion of the wound will solve it, and secure ample vent. If at all necessary, I should not hesitate to remove one or more sutures. If the wound presented no other evidence than that of satisfactory repair, I should dress it as before, and proceed in this fashion dressing and examining it daily or less frequently, according to circumstances. But if at the first dressing, or at any time afterward, the discharge became at all profuse, or the surfaces did not remain in contact, or there were much tension or a blush at the edges, I should forthwith substitute a bread and water poultice for the previous dressing, and probably continue to employ this until at least all the deeper portion of the wound had closed. When I dressed the wound, I should wash it probably from the first with tepid water, perhaps containing some per-manganate of potash in the form of Condy's fluid or other potent antiseptic of the

least irritative kind. I should accomplish this, washing out, if I thought fit, portions or even the whole of the interior by the use of a syringe, avoiding contact of sponges or other substances with the wound. I aim here at the utmost possible cleanliness, having at the same time due regard to the avoidance of any unnecessary disturbance, that the process of repair be not interrupted. And, withal, I endeavor, by means I need not indicate, to secure for my patient the most complete rest and the purest air."

Mechanism of Ataxia.—Dr. Brakenridge (*Brit. Med. Jour.*), in a recent clinical lecture, thus ingeniously explains to students his ideas of the way in which the ataxic symptoms are produced in Locomotor Ataxia:—

"Now, you must bear in mind that, in every muscular movement, not only are the muscles directly producing the movement contracted, but there is, moreover, a simultaneous balancing and regulating action of all the antagonistic muscles, whereby the movement is rendered steady and graceful.

"You will excuse a simple illustration, which may serve to fix on your memories the process of education of, and the power acquired by, the associated nerve-cells in such a finely complex movement, for example, as writing. Suppose that you have a long pole fixed to a firm base by means of a ball and socket joint or hinge, so as to permit of its free movement in many directions. To its free end are attached twenty ropes. These are arranged in a circle around it, and are capable, when worked by twenty men, of causing the free extremity to describe a great variety of movements. Hold a rod to some spot within reach of the point of the pole, and ask the men, by means of the ropes, to bring the pole straight to that spot. They will pull it about in a most irregular zig-zag manner before, by their combined action, it is brought to the spot indicated. But keep your rod at the same place, and let the men try it over and over again. They will observe and correct their mistakes, and coming to work more and more in harmony, will gradually bring it with less effort and in a steadier line to the point re-

quired. By careful training, the twenty men would learn to adapt their efforts so skilfully to the requirements of the case, that they would in time be able, with their eyes shut, to describe quickly and gracefully, with the point of the pole, many definite movements, such as the circle, figure of 8, etc.

In the spinal cord, the twenty men are represented by thousands of associated nerve-cells, which acting by means of nerves and muscles, regulate all the complex movements of the body. In writing, for example, movements very much like those performed by the men with the pole—but infinitely more complex and difficult—are actually performed by the nerve-cells, muscles and fingers. You know how difficult it is for a child commencing to acquire the art of penmanship to learn to make even simple straight strokes ; and yet, with practice, he after a time acquires the power of forming quickly, elegantly and without consciousness of effort, the most difficult letters, and the still more difficult combinations of letters called words.”

The principal errors in the centripetal impressions met with in this disease are :—“1. Diminished intensity of impressions ; 2. Erroneous localisation of impressions ; 3. Delay in the rapidity of their transmission ; 4. Conversion of one kind of impression into another ; 5. Variability of the phenomena in the same spot at different times and under different conditions.

Recall to mind the illustration of the twenty men educated to perform, with closed eyes, by means of ropes, coördinate movements with the end of the pole. Imagine similar errors to those just enumerated introduced by the impressions received by their hands through the ropes regarding the movements and position of the point of the pole. One man receives diminished impressions and will act too feebly ; another delayed impressions and will act too late ; another erroneously localized impressions and will act in the wrong direction ; another false impressions and will act wrongly ; and so on. You will see at once that the resulting action must be irregular and ataxic. With their eyes open, the men will be able by constant corrections partially to improve the movement, just as all the muscles of the balancing groups in the leg of an ataxic patient, when standing, are

seen to be in a perpetual state of movements of correction. The analogy is complete."

The Cold Bath in Enteric Fever.—Dr. Alexander Collie, Medical Officer to the Homerton Fever Hospital, writes, in the *British Medical Journal*, Sept. 20, '79:—

A study of the papers of Professor Liebermeister and others, on the use of the cold bath in the treatment of enteric fever, led me to try it on the cases which came under my care in the Homerton Fever Hospital. I have given, personally, one hundred baths, some in severe, others in moderately severe, cases, taking as my guide not the temperature, but that *plus* the patient; for in this relation, as in others, patients vary much; the temperature with which one man may be highly delirious another bears with comparative equanimity. In the administration of our baths, then, we had regard less to the temperature than to the age, the state of heart, restlessness, and sleeplessness, and chiefly to the last. If the patient had not slept for two or three days, even if the temperature fell short of 103°, he was wrapped in a flannel dressing gown, and placed in a bath of 70° Fahr., gradually reduced to 60° in from ten to fifteen minutes, at the end of which time he was removed to bed, wrapped in a blanket. In nearly all the cases we thought it prudent to give some stimulant to the patient in the bath, from noting that its effect was to weaken the pulse, which fell but a few beats in frequency, and became thready, compressible, wavered, and sometimes almost disappeared. It required resolution to proceed with the bath in such circumstances—circumstances pointing to impending collapse, a result which occurred in two cases. The general effect of the bath was to lower the temperature, taken *per rectum*, two to three degrees at once and for three-quarters of an hour after the bath it continued to fall, about which time the maximum fall had been reached. It then began to rise, reaching its former height in periods varying from one to several hours. In a large number of cases sleep followed, varying from half an hour to two or three. The general conclusion formed of the value of the bath was that, in the

milder cases and in some of the severe cases in the early period of the disease, the bath given once or twice daily was a useful way of relieving the discomfort produced by the heat, of allaying restlessness and producing sleep; that, beyond temporary relief of symptoms, it had no effect on the course of the disease or on the general mortality; and lastly, that in severe cases the remedy was inadmissible, owing to its depressing effect on the body generally, to the exhaustion which its administration entailed; but above all, for its definite and marked effect upon the circulation, which is invariably greatly weakened. In other words, that the bath was useful in relieving symptoms in those cases whose natural termination is recovery; inapplicable, by reason chiefly of cardiac weakness, in those cases whose natural termination is death: that is, in the cases in which specific treatment is needed. The depressing effect of the bath has been noticed by Professor Liebermeister, who considers a very high degree of cardiac weakness an important contraindication. What, exactly, may constitute such a condition, will be differently estimated by different persons; but it may be inferred reasonably that one who has been the subject of a fever whose definite and specific effect is to produce, and that rapidly, some kind of muscular degeneration and death by asthenia; one who has, let us say, passed ten days without sleep and with little or no food, is a person whose condition generally is one of weakness, and whose heart in particular is weak in a very high degree. What might be inferred, a look at the patient shows at once. He lies prostrate, unable to turn on his side or help himself to a drink, the impulse of his heart gone, the first sound inaudible, and the pulse quick and feeble; in short, in a condition of exhaustion. Such a person, I submit, is one in whom there is a very high degree of cardiac weakness. To put the case briefly, those severe cases in which there is every probability of a fatal result from bodily weakness and severity of disease are not cases in which the "antipyretic treatment" is admissible.

Typhoid in Children.—*Why is it that the symptoms of typhoid fever are so slight in the child, when certainly*

children show less resistance to a great many other diseases than is offered to the same diseases by adults? I believe the chief cause must be looked for in the fact that the principal anatomical lesion in typhoid fever cannot be developed to such an extent in the child as in the adult. The glands in the intestinal tract and throughout the entire body are but slightly developed in infants. Peyer's patches are but small and few in number, and sometimes you will find no more than six or seven altogether. Their physiological function appears to be very limited, and thus it is that the pathological changes taking place in them are but slight. For pathological development is, as a rule, only an overstrained development of physiological function, and therefore I say that as Peyer's patches are but slightly developed anatomically and physiologically, they give rise to but slight inflammation, ulceration, etc., in the child.

There is another theory which has been advanced by one of the best men among us, viz., by Gerhardt. His opinion is the following: That the poison of typhoid fever is introduced into the body through the respiratory organs or through the digestive organs; that it is introduced through the respiratory organs in many cases, but in more cases through the digestive organs, especially by means of drinking-water. Now, babies and little children drink but little water, and that little has generally been subjected to boiling, etc., and is in such a condition that the infecting material is destroyed. Thus infection in infants is less serious than in adults, and in his opinion this is the reason why typhoid fever is so mild in children.—*Prof. Jacobi in N. Y. Med. Record.*

Nasal Douche—Precautions in its use.

—Dr. Carl Seiler (*Dis. Naso-Pharynx*, page 76) gives the methods by which the nasal douche should be used. (1) The bottom of the vessel should, under no circumstances, be elevated more than an inch or so above the eyebrows of the patient, as otherwise the pressure is so great as to force the water into the frontal sinuses or into the eustachian tubes, giving rise in the first instance to intense frontal headache. and in the second to

an inflammation of the mucous membrane of the middle ear. (2) The temperature of the liquid should be raised in the vessel to slightly above blood heat, so that after it has run through the tube it will feel neither hot nor cold to the parts. (3) The liquid used should be of the same density as the serum of the blood. The congested capillaries being near the surface of the mucous membrane, while the liquid is on the other side, only a thin wall of epithelial cells separating them, and thus the most favorable conditions for osmosis are presented. If the liquid used in the douche be of greater specific gravity than the serum of the blood, exosmosis of the latter will take place, leaving the corpuscles more densely crowded in the capillaries, thus clogging them and producing an irritation of the sensory nerve filaments, which we perceive as a burning pain. - If, on the other hand, the liquid is of less density than the serum of the blood, endosmosis will occur and the capillaries will be distended with the increase of liquid, which again causes pain by excitation of the nerve filaments. Hence the value of a liquid having the same density as blood serum. Such a liquid may be obtained by mixing 56 grains of salt with a pint of water, or an even teaspoonful of salt to a pint of water at 100° F.

New Method of Plugging the Posterior Nares.—Below I give you an extract of a paper read by me before the Highland County Medical Association, July 10th, 1878, on the subject of Purpura Hemorrhagica, setting forth a new plan, so far as I know, of passing the loop preparatory to tamponing the posterior nares.

“Probably the best device for the mode of operating to which I refer consists of a piece of round, fine-linked gold chain, slightly flexible and smooth, about one-tenth of an inch in diameter and an inch or more long, attached by one end to a fine waxed silk cord, a foot or more long. If such a chain is not procurable, a short strand of metallic cylindrical beads, or bird shot, compressed on a cord, or small strip of sheet lead wrapped on the cord, might answer the purpose, the essential qualities of a nasal gravitator being smallness, smoothness, heft

and slight flexibility. After providing an instrument, which can generally be done at any farm house, the patient is then laid upon the back, the floor of the nose brought as nearly vertical as may be, and the loaded end of the gravitator lowered into the pharynx. Its arrival there will generally be announced by coughing, retching or clearing up of the throat. The patient then being brought to an erect position easily hawks up the weight and carries it forward on the tongue, when the operation of plugging may be proceeded with as usual."

The practicability of this procedure I have had occasion to demonstrate frequently, and find it much less annoying to the patient than Bellocq's sound or other unyielding instruments.—*J. M. Spear, M.D., in Phila. Med. and Surg. Reporter.*

Clinical Study of Yellow Fever.—According to Dr. Cunisset, yellow fever is not a *poisoning by bile*, for its pigments can neither be found in the blood nor in the urine except in very rare cases. The biliary salts exist neither in the matters vomited, fæces, urine or blood. Instead of vomiting from biliary intoxication, there seems to be rather a deficiency in its secretion.

It is not a *poisoning by cholesterin*, for it is not found in the blood except in inappreciable quantities.

It is not due to *uræmic intoxication*, for in many fatal cases elimination of urea is not diminished. The blood alone contains an infinitesimal quantity; the quantity of urea, however, is diminished. If, in cases complicated with suppression of urine, the patients die in such a short time, it is because the blood cannot disengage itself of products of incomplete decomposition, these products being intermediate between urea and albuminoids.

It is not due to *poisoning by ammonium carbonate*, as the blood does not contain any, as the urine is decidedly acid in reaction.

The author thinks that the true pathology of yellow fever consists in a *fatty degeneration of the glandular and muscular tissue and the loss of hæmoglobin in the serum of the blood.*

The fatty matters infiltrating the viscera owe their origin to

a transformation of the proteid element of the tissue. The cause is an incomplete combustion and decomposition. Instead of receiving a quantity of oxy-hæmoglobin, sufficient to oxydize and convert the albuminous substances into urea, the viscera receive less than in their normal state. These materials then are decomposed into fatty and nitrogenized particles. The former remain where they are formed, and the latter pass into the blood and infect or poison it.

The author can furnish no positive proof of a smaller amount of oxy-hæmoglobin being sent to the viscera, but says that this is easily conceived when we consider the alterations going on in the blood.

It is observed that hæmoglobin is found in the serum ; this is from red-blood corpuscles which can not absorb oxygen, and for that reason split up. Dr. Cunisset supposes that a ferment is introduced in the organism, this ferment depriving the hæmatin of one-fourth of its oxygen and thus preventing the formation of hæmoglobin and through it of oxy-hæmoglobin.—*Chronica Medico Quirurgica de la Habana*, July, 1879.—*St. Louis Med. & Surg. Journal*.

Pilocarpin in Children's Diseases.—

Weiss (*Prest. Med. Chir. Press—London Med. Record*) has had a chance to study this remedy in fourteen cases where scarlatina was followed by nephritis and general dropsy. In four cases there was extensive bronchitis, in two diphtheria, and in one pneumonia. From this study the author concludes: (1) Pilocarpin has proved to be a very successful remedy for children who suffer from nephritis and scarlatina. (2) In giving it to children, care should be taken to begin at first with small doses, which later on may be gradually increased. (3) If the patients are very weak, and likely to collapse after the injection, a few drops of ether should be added to the pilocarpin solution. (4) The drug produces a very copious and lasting secretion of sweat, such as no other drug has ever been known to call forth—it acts quickly. (5) In cases of bronchitis, complicated by dropsy, which often produces dyspnœa in children, the affection of the

bronchi vanishes very soon after the remedy has been administered.—*Detroit Lancet*.

Vinegar as a Post Partum Hemostatic.

—At a meeting of the American Gynecological Society, Dr. Penrose, in a paper on vinegar as a remedy in the treatment of post partum hemorrhage, presented the following advantages:—

1. It could be easily obtained.
2. It could be easily applied, and instantly, without special apparatus.
3. It always cured the hemorrhage, at least it had not failed in his practice.
4. It was sufficiently irritating to excite the most sluggish uterus to contraction, and yet not so irritating as to be subsequently injurious.
5. It was an admirable antiseptic.
6. It acted on the lining membrane of the uterus as an astringent.

The remedy was applied as follows:—Saturate a rag with vinegar, carry it into the cavity of the uterus and squeeze it.

In the vast majority of cases the hemorrhage ceased as if by magic, when the vinegar passed over the surface of the uterus and vagina. It could be easily repeated if the first application failed.—*Cincinnati Medical News*.

Cold in Typhoid.—The cold-water system is losing favor, and statistics from various hospitals, as stated by Dr. Peters, of Cohoes, N. Y., and others, indicate that it does not, in many instances, compare favorably with even expectant treatment. The hospitals in Vienna and Paris have declared against it. The mortality at Ulm, Stettin, Rheinau, and Ostprussen has been increased by it. Wunderlich, of Leipsig, reports a large percentage of deaths by this treatment, and Drs. Flamarion, Grimshaw, and Pepper hold the cold bath system in decided disrepute. Liebermeister states, as the result of investigations in the hospitals at Basle, that there were, before the introduction

of cold water, 7 1-10 per cent. of relapses, with two deaths; after the introduction, 9 8-10 per cent., with ten deaths.—*N. Y. Med. Record.*

Codeia as a Sedative.—In phthisis it allays cough without disturbing the digestive system; and, in the other class of cases, I have found it tolerated when opium and morphia were not. As an instance of the latter, I may quote the case of a medical friend, a member of a gouty family, a frequent sufferer from migraine and derangement of the liver, as well as aware of his intolerance of preparations of opium. He complained of a troublesome cough, depending on slight catarrh of the trachea and bronchi, and, at my suggestion, tried codeia, with all the benefit and none of the ill effects of opium. I prescribed the drug in doses of a grain, dissolved in syrup of tolu. The French medical papers constantly contain advertisements of codeia syrup, and probably it is well known as a cough tincture in this country; but I was not aware, and others may have been as ignorant as I was, that it has those advantages over the preparations of opium and its other alkaloids. I, therefore, venture to call attention to it. Its value in diabetes is, of course, fully recognized.—*Brit. Med. Jour.*

A New Modification of the Shot-bag for Compressing Arteries.—Dr. A., F. Sawyer of San Francisco, describes a modification of the shot-bag, which he considers has certain advantages over the methods of compression in ordinary use. It consists of a strong canvas bag three inches in diameter by two and a half feet long, the lower extremity closed by a hollow caoutchouc ball two and one-half inches in diameter, the bag being capable of containing twenty-five pounds of fine bird-shot. The apparatus is suspended from the ceiling in the usual manner, a strip of soft buckskin being placed over the skin to guard against chafing. In the case in which the apparatus was tested, its pressure was well-borne, although digital and various instrumental pressures were impossible. The application was continued for six hours and ten minutes, when all sensation in the tumor (popliteal aneurism)

ceased. The advantages claimed are rapid work, accurate gauging of the force employed, and the comfort with which it is borne by the patient.

Tobacco.—To conceal the sickening emanations the average student is apt to *smoke*. Indeed, the preparation for the study of medicine seems often to be confined to the establishment of a tolerance of nicotine. This is not the occasion for a discussion of the tobacco question, but there are some aspects of it which the medical student may well consider. In the first place, tobacco smoke merely disguises the odors of putrefaction; it neither destroys them nor prevents their possible bad effects. In the second place, to some of the students, the “remedy may be worse than the disease.” Again, to be efficacious, the smoking should be almost continual; consequently excessive, and probably more or less deleterious. Finally, the habit so indulged in the dissecting room is apt to persist after graduation, and the odor from a smoker’s clothes may seriously affect women and children when ill, and even prevent the physician’s employment in the families of gentlemen who do not use tobacco.—*New York Med. Journal*.

Whooping-Cough.—Dr. J. J. Caldwell’s mode of treating this disease is to place a steam-atomiser in position on a table before the patient, charged with the following mixture:—*R.* Extracti belladonnæ fluidi gtt. vi—xij; ammonii bromidi ℥i; potassii bromidi ℥ij; aquæ distillatæ fl. ℥ij. This spray is quickly carried over into the face, mouth, and lungs of the child, and applied ten to fifteen minutes, until the pupils are dilated by the effects of the belladonna mixture. The applications are made morning, noon, and bedtime. This has, it is said, cut short the spasmodic cough within two or three days uniformly, and almost to a certainty.

Sprains treated by Hot Water.—Dr. Brinton (*Philadelphia Med. Reporter*) says that to treat sprains, the injured limb should be placed in hot water and boiling water be slowly added, until the highest endurable temperature be reached. The limb is to be retained in the water a quarter of an hour, when the pain will have gradually disappeared.

CANADA

Medical and Surgical Journal.

MONTREAL, JANUARY, 1880.

AFFILIATION WITH GREAT BRITAIN.

The *British Medical Journal* announces the formation at Adelaide of a new branch association for South Australia. This is the second of the kind in that colony. The *Journal* says: "We feel sure that the members at large of the British Medical Association will learn with pleasure of the formation of this new branch in one of our most thriving and important colonies, and will recognize with satisfaction the evidence thus afforded of the desire of our colonial medical brethren to enter into more direct professional union with the members of the medical profession in Great Britain." When in Montreal last year Dr. Andrew Clark introduced this subject to the Canadian profession in a semi-official manner, and explained the desire of the parent Association to have affiliated with it branches in the different colonies. It was thought by some that this matter would have come up for discussion at the last meeting of the Canada Medical Association, but it was not so much as alluded to. As far as we know, no official communication has been received from the British Association, which may account for the want of further action on our part. But is it necessary to wait for any such invitation? We know from what was told us by Dr. Clark, as well as from the satisfaction with which the intimation of branches having been organized in Australia, India, and even in Jamaica, has been received in England, that the announcement of similar action having been taken in Canada would lead at once to the cordial recognition of the new organization by the

British parent Society. The last number of the *British Medical Journal* makes special mention of the probability of the early completion of this project, and we hope it may not be disappointed. Now is the time to discuss the advisability of carrying this idea out and the manner in which it is to receive practical effect. We would therefore urge upon the President and other officers of the Canada Association to take the matter at once into consideration, and to communicate with the Home authorities so that, before the next annual meeting at Ottawa, we may be in a position to go prepared to decide either to remain as we are, or to take at once what steps are necessary to secure affiliation with the British Association. We have little doubt but that the decision will be in favor of union with our British brethren.

THE DEBATE ON ANTISEPTICS.

A largely attended and important meeting of the South London District of the Metropolitan Counties Branch was held at St. Thomas's Hospital on the 3d ult., for the discussion of the subject of antiseptic surgery. Mr. John Wood, the President of the Branch, occupied the chair. The discussion was opened by Mr. William MacCormac, of St. Thomas' Hospital, who gave an account of several valuable cases illustrating the value of the antiseptic system. Mere mention of these is useless, but if the circumstances attending each are carefully considered they cannot fail to lend strong support to the theory he holds. An able speech is concluded with the following words:—"To John Hunter we owe our idea of the harmlessness of subcutaneous injuries, and all the great advantages to surgery that are derived from the application of this knowledge; and if in time our ordinary surgery shall become as safe as subcutaneous surgery, this we shall owe to Lister." Mr. Bryant followed, contending that he had never seen reports of cases treated by Listerism which could not be equalled from the ordinary book of the Hospital Surgeon. Messrs. Macnamara, Barwell, and Spencer Wells all spoke on the side of antiseptics. The former gentleman alluded to the recent successes in cataract-

extractions performed with these precautions, and to the wonderful manner in which pyæmia and erysipelas had been stamped out in certain defective German hospitals since the adoption of the strict method of excluding the septic atmosphere; and the last-named stated that he had attained better results in ovariectomy in this way than ever before:—"he got forty-three consecutive cases without a death, and that, he thought, spoke volumes in favor of Professor Lister's system." After remarks in somewhat the same sense by Mr. Thomas Smith and Mr. Timothy Holmes, Mr. Lister replied in an able and argumentative speech, fully maintaining the ground he has always held, that his system involves a definitely new principle in surgery, and that his method of dressing may be looked upon as being only, perhaps, one way of carrying this into practical effect. In another column will be found the text of the statistics which were presented in the course of his address. The debate is to be resumed, and we shall look with interest for the further expression of the opinions of the leading London surgeons upon this all-important surgical topic.

DEATH FROM CHLOROFORM occurred on the 1st ult., at the Citadel, Quebec. The patient was a gunner of "B" Battery, who was the subject of a popliteal aneurism. The surgeon of the battery, Dr. Neilson, was about to perform the operation of ligature of the femoral artery. The anæsthetic (English chloroform) would appear to have been given very cautiously, and the condition of the patient carefully watched by the two assistants, Drs. Montizambert and C. Sewell. Only about two drachms had been administered when alarming symptoms showed themselves,—the breathing became laborious, the pulse left the wrist, and he rapidly died, in spite of immediate and energetic measures for resuscitation. We make no remarks upon the case, because the report of the autopsy in the public papers is quite unintelligible, and we are not in possession of any further information.

DEATH FROM THE INHALATION OF ETHER.—A case of sudden death from the inhalation of ether, occurred at Aylmer,

Ont., a few weeks ago. The ether was administered by Dr. C. W. Clark, of that village, to a lady, for the purpose of extracting a tooth, and scarcely an ounce had been used. An inquest was held by Dr. P. W. McLay, coroner, and the verdict agreed upon was, that the deceased came to her death in consequence of paralysis of the heart, caused by the inhalation of ether.—*Can. Lancet.*

DEATH FROM CHLOROFORM.—A death from the inhalation of chloroform recently occurred in the General Hospital, St. John, N.B. The patient was about to be operated upon by Drs. Christie and White for caries of the bones of the foot. Dr. Crookshank administered the chloroform, having taken every precaution against accident. The chloroform was given drop by drop, and not more than two drachms were administered when the face became pallid and breathing ceased. Every means were used to resuscitate the patient, but without avail. No blame was attached to the physicians in charge.—*Canada Lancet.*

It is somewhat singular that we should be called upon to chronicle three such unfortunate accidents occurring in this country in rapid succession. It is of great consequence in the interests of science and of humanity that full particulars of all such occurrences, especially where *post mortems* have been held, should be made public. We trust that in any future case, the necessary particulars will be furnished to the medical journals.

Medical Items.

—Dr. Wilks, of Guy's Hospital, has been appointed physician to the Duke and Duchess of Connaught, in succession to Dr. Murchison, deceased.

—Mr. Alfred Willett's election, as Surgeon to St. Bartholomew's Hospital, in the place of Mr. Callender, took place on November 26th.

Re MALLORY AND COLLEGE OF PHYSICIANS AND SURGEONS.

—This was an application for a *mandamus* to compel the College of Physicians and Surgeons for Ontario to register him as a duly qualified practitioner upon payment of fees. The applicant was duly registered in England as a physician and surgeon after 1870, and claimed that by the force of the Imperial Medical Act he was entitled to practice medicine in any part of Her Majesty's dominions on payment of such fees as might be imposed by the authorities there upon all practitioners seeking registration. The rule was now made absolute for a *mandamus* to compel the College to register Dr. Mallory on payment of fees. The rule was made absolute without costs.

—Dr. Bulkley reports in *Archives of Dermatology*, October, 1879, two cases of syphilis supposed to have been contracted by means of cigars. The subjects were both physicians of intelligence and education who had devoted much time to the investigation of their cases, and excluded other means of contagion. Both had chancres on the lip, which were followed by constitutional manifestations relieved by specific treatment. He suggests as a prophylactic to those who use cigars, the use of the cigar-holder.

THE WAY TO SELECT A NEW PROFESSOR.—A new departure is to be made in Chicago in the selection of a professor for one of the medical colleges of that city. It is announced that a public *concours* is to be held for the position at a certain time next month, the candidate lecturing upon a subject previously selected before the faculty and the medical class. Applications are received from any part of the country.—*N. Y. Medical Record*.

—The *Hospital Gazette*, in an admirable article on "Doctors Seeking Notoriety," remarks:—"A desire for notoriety seems to possess humanity at times with such a force that the bounds of prudence form but a poor guard for man's acts. Ordinary caution and feelings of respect are forgotten, and man, to secure notoriety, and that only, grasps at the opportunity offered, and

pays no heed to the mire with which he covers himself in his rash venture. A species of intoxication seizes him, and hurls him along so suddenly over old landmarks and through sloughs that not until the glittering bauble that tempted him is in his hands, and is bereft of its attractiveness by its nearness, does he comprehend that he has sacrificed character and position. The thief ventures life in the pursuit of his illgotten gain, and the forger weighs his freedom against other's wealth, the same grasping design controlling their acts. Wealth they secure. They may escape the penalty. He who seeks notoriety surely loses his manhood; an insufficient reward for so great a cost."—*Detroit Lancet*.

RIVALS TO THE SIAMESE TWINS.—According to the *Times of India*, there is at present in Bombay a very interesting pair of female twins, joined to each other by a connecting band from the breast-bone to the lower part of the abdomen. They are six months and twenty days old, twenty inches in height, and are perfectly healthy. They each feed from a separate feeding bottle. The father is a Mahommedan, and a sea-faring man.

HEMORRHOID OINTMENT.—℞ Iodoform, - - 3j
 Acid carbolic }
 Acid tannic } āā gr. xv
 Ext. belladon. }
 Pulv. opii - } āā gr. viij
 Vaseline - - 3j

—*Southern Clinic*.

—As our friend, Dr. G—m, was showing some lady visitors over the asylum of which he is the medical superintendent, they came to a room in which three women were sewing. "Dear me!" one of the visitors whispered, "what vicious looking creatures! Pray what are they here for?" "Because they have no other home; this is our sitting-room, and they are my wife and two daughters," blandly replied the doctor.