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Original Communications.

THE NATURE AND TREATMENT OF DIPHThERIA.

BY WM. SLOAN, M.D., BLYTH, ONT.

(Read before the Huron Medical Society.)

MR. PRESIDENT:—In the remarks I have to submit on this occasion I do not intend to enter upon the etiology or pathology of the disease, but merely to make a few suggestions which have occurred to me in observing this troublesome and in some cases unmanageable affection.

Since our last discussion on this subject, some 18 months since, I have taken notes of my cases 47 in number, and have observed each case as closely as possible. It appears to me that diphtheria is a local disease, primarily, and by absorption through the veins, and the glands of the neck, and through them poisoning the circulation, produces not the symptoms of septicæmia, but a fever, running an uncertain course, and not limited like the exanthemata to any particular period. I have frequently seen all the symptoms of acute fever with membranous exudation on the fauces, subside in 24 to 48 hours, and the patient enter on convalescence, while we frequently find similar cases in which, at the end of 14 days, the exudation is still reproduced, and the debility and prostration of the most alarming character. In addition to the ordinary reasons adduced in favor of the local origin of the disease, I would mention the fact that of the 47 cases, the first in a house have always been the worst, having been neglected, while subsequent cases being promptly treated, by astringents, &c., usually recover. For instance, my 4 fatal cases were all in families of children, one was followed by 2 others, one by 3, one by 4, and one by 6, of which all recovered, many of them without any febrile symptoms. Trousseau upholds the

view of the local origin of the affection, and his illustrations are very striking and conclusive. Ziemssen leans to the same view, and his theory as to the mode in which the micrococci developed in the fungus, enter the circulation between the interstices of the epithelial cells is highly ingenious. Roberts, while holding to the view that the disease is constitutional, and the exudation merely a symptom, like the eruption of scarlatina, urges upon us the advantage of limiting the spread of the exudation by caustics, &c. *Query.* If it be only a symptom, wherein consists the philosophy of trying to limit it any more than the pursuance of a similar course in measles and smallpox?

As to prognosis the larger the extent of the exudation the more serious the symptoms. In 5 cases in which the fauces, veil of palate and pharynx were covered as far as could be seen, 4 proved fatal. Trousseau's remark that a tawny appearance of the membrane indicates a severe case, seems to be well founded, and I have also found that the more adhesive the membrane the worse to deal with. There are some cases which adhere like wax, in which it is almost impossible to remove it without more violence than we would like to employ, I don't like these cases. Rapid enlargement of the glands of the neck indicates malignancy. If the cellular tissue covering the glands become involved within 36 hours of the appearance of the fungus in the throat, the case is serious. It indicates that the virus is particularly active, or that the system is in a peculiarly favorable condition for its multiplication. There does not seem to be any real danger so long as the glandular engorgement is of a moderate character, excepting the disease should affect the larynx, when serious croupal symptoms might supervene.

I lost one case, No. 6, for want of attending to a precaution, which, as I have not seen mentioned by any author, I will mention here. J. O., female, æt. 13, severe case, had fever, glandular engorgement, both sides, and pharynx coated with deposit when first seen, but under the influence of remedies improvement took place, and in four days the throat was clear and the patient convalescent. In five days more the patient was up and seemed perfectly well, with one peculiarity, that in the recumbent position the pulse was 90, while when erect it was 120. Three days after, when engaged in some domestic labour, she fainted and

expired instantly. Nos. 25 and 36 were similarly affected, but by insisting on rest in bed till the system gained strength they both did well.

Treatment. I consider local treatment as of the first importance. I prefer tinctura ferri mur. pure, or variously diluted with glycerine. It loosens the membrane the best of anything. I tried Kerr's and Monsel's solutions, but they did not seem to act so favourably. I tried the chlorine water on four cases, in the mode directed in the CANADA LANCET, but soon discontinued it. Salicylic acid pure, or with an equal quantity of tannic acid, after the membrane has been removed by the iron, dries up the surface better than any other application, and the same mixture is the best that can be blown in the nostrils when the membrane extends thither. Three cases had discharge from the anterior nares, and all recovered. Salicylic acid gives little or no pain, an important matter. I have given up the application of muriatic acid, because it is so painful. Alum and honey every second hour, alternating with the salicylic acid and the iron three times a day, appear to satisfy me better than any other applications. Gargles for those old enough to use them, of chlorate of potassa, sulphurous acid, tincture of iron, and glycerine, diluted, are excellent; and the same, with the addition of quinine, in tonic doses internally every four hours. All the food we can introduce, and stimulants whenever debility becomes apparent, will not be disputed by any one. The mode of making the applications is important. Instead of the swab in use years ago, which choked the poor children, and by which the remedies were applied indiscriminately to the healthy and diseased surface, I now use a small brush with which the solutions can be applied to the parts indicated, as well by lamplight as during the day, and of which, after one or two applications, the children have no dread. They cost four cents each, and I supply each patient with one. I believe that many children are lost for want of the remedies being properly applied to the diseased surface.*

Of the 47 cases, 43 recovered, four died; one of those I have already referred to. The other three were *in extremis* when first seen; all in a state of complete aphonia, proving that the disease had extended to the larynx.

* A strip of fat salt pork, four inches wide, extending to the ears on each side, brings out an eruption resembling croton oil, and seems to reduce the swelling of the neck. I use it now in every case whenever swelling of the glands appear.

DEATH FROM OCCLUSION AND RUPTURE OF THE SUBCLAVIAN VEIN.

BY CHARLES BLACK, B.A., M.D., UNIVERSITY OF MICHIGAN.

The notes of the following case possess many points of interest, and throw some light on those obscure lesions that are frequently met in practice. In the fall of '76 Mr. J. F. Curry, æt. 26, of the Senior class in the Department of Medicine and Surgery in the University of Michigan, received an injury on the left shoulder, while engaged in a game of foot-ball, fracturing, as he thought, the second rib. No fracture was, however, diagnosed. He suffered severe pain for several days in the clavicular region, and for some time after was unable to use his left arm with freedom. On the 12th of March while in the University hall he had a rigor and felt severe pain in the left shoulder.

The next day he was seen by Dr. McLean, Professor of Surgery, who, observing that the shoulder was swollen, and that there was some tenderness, thought he had a rheumatic attack, and advised a blister and rest. For several days there was but little change, till the 18th when symptoms of a very grave character manifested themselves. Temperature 104°—106°; intense pain in the clavicular region, and along the course of the brachial plexus. Countenance anxious; was ordered anodynes. Prof. McLean now suspected thrombosis, and the patient was seen by other members of the faculty. Swelling and tenderness extended to near the elbow joint, with obscure sense of fluctuation. A free incision was made in the arm from which oozed about six ounces of venous blood. Pain continued to increase, and he was kept under the influence of anodynes. On the 24th pleuritic friction sound was heard over the left lower lobe. On the morning of the 25th, patient seemed better, sat up in bed, and expressed a determination to go to University Hall on the 28th to receive his degree. In the afternoon, however, there was a change for the worse; rapid sinking; agonizing pain; swelling increased over the entire clavicular region. The symptoms continued with increased severity, till 10 o'clock Monday 26th, when death put an end to his sufferings.

At the post-mortem, made four hours after death by Professor McLean, assisted by the writer, the

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Selected Articles.

AMPUTATION THROUGH THE KNEE-JOINT, WITH REMARKS.

Case I. O. S., aged fifteen years, a well-developed mulatto boy, in December, 1873, fell while getting from a wagon which was in motion, and struck the upper part of his left leg against the iron of the wheel. The blow was followed by an inflammation of an acute character which terminated in an abscess of the head of the tibia. This had opened externally. I first saw him in June, 1874, when I found the upper end of the bone much enlarged. The leg was curved inward so much that when he stood erect the left foot crossed the right ankle, and did not touch the ground. There were several openings on the anterior upper half of the leg, from which pus flowed freely; the skin was thin and brown in color, and the periosteum was separated from the anterior upper half of the bone. A probe passed through the upper opening an inch and a half into the bone, upwards and backwards towards the joint, which contain a moderate amount of fluid.

He does not remember when the abscess burst, but thinks it was some three or four months since.

June 15th. His general condition was good, but the bone was so extensively diseased that I thought it best to amputate the limb through the knee-joint which I did by the circular method. The patella had been displaced inward by the curving of the limb, and did not fit well between the condyles of the femur, so I removed it. He suffered but little constitutional disturbance after the operation. Before it, his pulse was 78, and after it 90; and it fluctuated for several days between 90 and 100. At no time after it did the temperature rise above 100°. The stump healed readily; the ligatures came away June 22d, and on the 28th he was walking about on crutches.

During the after-dressing of the stump care was taken to draw the edges of the flap well backward, so that when the wound healed the cicatrix would be along the posterior border of the condyles of the femur, where it has remained to the present time.

Examination of the limb after removal showed the periosteum to be extensively separated from the anterior surface of the bone, which was much roughened and bathed in pus. Upon section of the bone with a saw the abscess was found to be very large; it extended upward nearly to the articular cartilage. The effusion into the joint was found to be synovial in character. Without going farther into the details of its pathological appearance, I will state that it appeared to me to bear a close relation to, if it was not identical with, what Markoe* describes as "chronic sinuous abscess of bone." The disease was too far advanced to fol-

following appearances were noted; subcutaneous venous congestion in axillary region; large clot under the pectoral muscles and clavicle, much effusion of blood in the axilla and mammary region; the brachial plexus of nerves closely adhered together by inflammatory new formation. All the tissues in the neighborhood infiltrated with blood; freshly formed adhesions between the pleura costalis and pleura pulmonalis of left side; deep cervical lymphatic glands enlarged; subclavian vein bound down by inflammatory formation causing obstruction and rupture; large blood clot under the biceps; small amount of pus in left pleura; slight adhesions in left pleura due to secondary inflammation; no trace of fracture in any of the ribs. The second rib had, however, been injured, as the periosteum could be readily scraped off with the handle of the scalpel. This injury had caused deep seated inflammation which extended to all the tissues in the clavicular region, and had occluded the subclavian vein, causing its rupture. The case during its entire progress was a very obscure one, and was only explained by the post-mortem examination.

Mr. Curry was one of the most distinguished members of the medical class, and held the position of house surgeon to the State Hospital. It was certainly sad that on the very day he expected to receive his degree, his remains should have been laid in the grave.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—At Vittoria, in the County of Norfolk, there is a quack named Gates, whom detective Smith twice fined this summer. He had been fined a number of times previously, but he still goes on pillaging as if nothing had occurred; in fact it seems to be a good way to keep his name prominently before the public. He manifests no symptoms of being the "Gates Ajar," and if Mr. Smith gets rid of him he will have to do as Samson did with the gates of Gaza. In a late number there was something about the "goose that laid the golden eggs," and I have come to the conclusion that Vittoria has Smith's "goose."

Yours truly,

EX CONCESSO.

Charlotteville, Feb. 23, 1877.

*Disease of the Bones, page 33, et seq.

low the treatment advised by him, namely, the chiseling out of the whole of the diseased bone. The bone after maceration was deposited in the Army Medical Museum at Washington; specimen No. 6659 Surgical Section.

Case II. Fred Q., aged eleven years, while running behind a wagon, May 23, 1876, got his right leg caught between the spokes of the wheel which was revolving rapidly, and received a compound comminuted fracture of the tibia and fibula, with extensive laceration of the muscles. The periosteum was stripped clean from the bones for about five inches. This was probably done by the twisting of the leg in the rapidly revolving wheel.

At three o'clock P. M., about four hours after the reception of the injury, I saw him in consultation with his attending physician, Dr. C. H. Masten. He had in a great measure recovered from the shock of the injury, and was lying upon his bed apparently unconcerned about it. There being no hope of saving the leg, I amputated it through the knee-joint, by the circular method, making the incision in this case about three inches below the lower border of the patella, which *was not* removed.

Everything did well after the operation. He suffered little or no constitutional irritation; the stump healed rapidly; the ligatures came away in due time, and in two weeks after he was out-doors on crutches. In dressing the wound care was taken, as in the preceding case, to keep the line of cicatrix well back from the face of the stump, where it has since remained, so as to avoid pressure upon it, should he wear an artificial limb.

Remarks: It will be noticed that both subjects of this operation were boys, and that one amputation was done for chronic disease, the other for an acute traumatic injury. Both were done by the circular method. In one case the patella was removed; in the other it was left *in situ*. Little or no constitutional disturbance followed either operation, and the stumps healed rapidly. They are broad and firm, and afford an excellent support for an artificial limb, far superior to any thigh stump or even to the knee after amputation of the leg at the point of election. I do not find that there is any difference in the utility of the stump, whether the patella be retained or removed. The danger to life is much less than amputation through the thigh; and the liability to osteomyelitis and pyæmia, with the consequent fatality, is a great deal less than after amputation through the continuity of the femur, or through the tibia and fibula. In view of these facts, after considerable personal experience in, and after extended observation of, amputations through the continuity of long bones, I am led to the conviction that—other things being equal—all amputations in the continuity of long bones in the vicinity of joints should be avoided, where it is possible to disarticulate from the lower aspect of the articulation whether in the lower or upper

extremity, with one exception, namely, that of the elbow-joint. This exception is apparent for very obvious reasons.

To the elaborate papers of Markoe, in the *New York Medical Journal* for March 1868, and of Brinton, in the *American Journal of the Medical Sciences* for April, 1868, the reader is referred for much valuable information concerning this amputation. Their able discussion of this subject has left but little to be said by subsequent writers; but the reports of additional cases will tend to confirm or modify their conclusions.—*Dr. Mursick, Boston Medical Journal.*

LIGATURE OF THE EXTERNAL ILIAC FOR THE CURE OF ANEURISM.

BY O. PEMBERTON, F.R.C.S. ED., BIRMINGHAM.

Mr. —, aged forty-eight, an active, well-built, wiry man, having lived all his life in a mountainous district, and engaged enthusiastically in field sports, especially hunting, came to me on the 11th of January, 1876, to ask my opinion about his left leg.

Uncovering the limb, I saw at a glance that he had an aneurism at the point of Scarpa's space, and was thinking in my own mind how eligible it looked and he looked for any form of treatment, when he called my attention to the popliteal space, where I found a second; but this was not all, for, now desirous to finger the course of the vessel above, I was soon arrested by a third underneath and some way above Poupart's ligament. He informed me that he had noticed the tumour in the popliteal space a little more than six months; the one at Scarpa's point not more than two; whilst the one beneath Poupart's ligament he learned the existence of from myself this day for the first time. Proceeding in my examination, I found I could stop all pulsation in the three aneurisms by pressure on the external iliac, which I was glad to feel, as high as I could arrest the blood-current with my finger, seemingly unaffected by disease. Also I found the heart's sounds natural, and the pulse quiet and regular. In regard to size, the uppermost aneurism was as large as a full-sized hen's egg; the middle one—rapidly increasing—as large as an orange; whilst the lower most ranged between the two. There was but faint bruit anywhere, no œdema, and pain moderate; indeed so little disability, in his mind, did he consider there to be in the limb, that he walked from the station to my house—a considerable distance—as if nothing was wrong with him.

He informed me that he had contracted syphilis seven years since, and had encountered secondary symptoms in the shape of sore-throat and iitis, that his ordinary life was strictly moderate and temperate, and that he had never been laid up with sickness.

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Operation.—On Jan. 25th, in the presence of Mr. Crompton, and assisted by Mr. Goodall and Mr. Bennett May, ether being rendered completely effective by Mr. Lloyd Owen, I exposed the upper part of the external iliac artery by a free incision running considerably higher than the one ordinarily adopted in Abernethy's method. I had little difficulty by this means in applying the ligature around the vessel as close to the bifurcation as possible and as far from the sac, the fusiform expansion of which, notwithstanding, was clearly in view. The ligature employed was one of catgut, specially prepared for the case by Prof. Lister. Admirably round, firm, yet flexible, it seemed to be the perfection of a material for the purpose; moreover intended to be absorbent, but, as the sequel will show, this property it did not possess. In these proceedings, happily, there were no mishaps. The peritoneum, although necessarily handled in uncovering the artery so high up, was not injured, and not a single vessel in the wound required tying. As soon as both ends of the ligature had been cut off close, the edges of the wound were closed by silver sutures, during which an abundant carbolic spray was showered on the parts involved, and finally the whole were covered in by the ordinary complete antiseptic dressings. In the limb, pulsation ceased in all the aneurisms at the same moment of tightening the ligature; this was then carefully wrapped in cotton-wool from toes to groin, and elevated. Four hours afterwards he complained of severe burning pain in the toes and foot, the temperature of which registered only 89°, and had a blanched appearance. In seven hours the pain was intense, particularly around and above the ankle; also there were marked capillary stasis and lividity about lower part of leg and dorsum of foot. Pulse 106, perspiring profusely. Half a grain of morphia injected.

The following day the toes and anterior part of the foot were blanched and insensible to touch, whilst a circle of increased sensibility existed around the ankle.

From this time I may narrow the account of the gangrene. For about three weeks it gradually spread, bit by bit, up the leg until a line of separation seemed fairly defined at the junction of the middle with the lower third of the limb. This, however, did not hold its ground, and in the weeks following slowly the death went on until at one time I feared for the knee. This, however, held its vitality so as to enable me with the aid of a good piece of skin and muscle from the inside, to fold a covering round for a stump, compelled to be formed by sawing through the bones two inches below the head of the tibia. All else had perished, and it was not until the 26th of April, for reasons which I shall subsequently relate, that I ventured to remove the dead from the living parts—exactly ninety-two days from the operation, and this was accomplished without the loss of more than a few drops of blood.

As to the treatment of the limb during this three months of gradual decay, all my endeavours centered themselves in maintaining the gangrene dry, and if possible antiseptic. For this purpose, Prof. Lister suggested to me to envelope the parts in carbolic cotton wool, prepared by dissolving carbolic acid in sulphuric ether, and saturating the wool with it. I did this, and succeeded for many weeks in keeping all sweet. At length the deeper and thicker parts in the calf overcame my precautions. These set up profuse discharges, which, added to those from the granulating surfaces, became fetid, and imperilled life by setting up hectic and irritative fever of a septic type, whilst the foot and lower third of the leg were as completely mummified as it was possible, and were able to be left bare. I was forced to dress the upper parts with antiseptic washes, and coverings assiduously night and morning, and fortunately by such means tided over difficulties that hitherto have almost invariably "sealed the fate of a patient" under similar circumstances.

The constitutional disturbances that were present during this three months had their origin in very distinct surgical conditions. At the onset and lasting for a period of from three to four weeks, was inability to pass water. I regarded this as belonging to mixed causes—due, on the one hand, to the interruption of so large an extent of the circulation by the application of the ligature, and, on the other hand, to progressive gangrene, both circumstances operating at the same moment of time with combined force to induce sudden and profound nervous shock. The wound, too, exercised an influence, for although it was thoroughly antiseptic and closed at the third week—short of a few granulations at its outer extremity—it then suddenly became œdematous, whilst rapid swelling about the upper aneurismal sac, and extending below Poupart's ligament, indicated the diffusion of mischief over a wide space. For six or seven days I was in hesitation as to the propriety of an incision into some part of this—for I had little doubt but that I was encountering a suppuration of the sac, so near to which was placed the ligature—when, fortunately, the pus broke along the inner end of the wound underneath the healed integument, and found its way in a vast quantity to the granulations, yet keeping open its other end. Great relief followed this occurrence, which was unattended by any blood discoloration save that due to the disturbed granulations. But if this alleviated some of the patient's distress, more especially in regard to the mitigation of the morning perspiration and the loss of appetite, the onward progress of the gangrene speedily renewed their influences. It was very painful to witness the daily emaciation, the loathing for food that was evidently present, added to which there was intolerable pain in the dying limb, assuaged only at nightfall by the subcutaneous use of morphia.

At last came the succour of amputation; and as

that proceeding was performed when all gangrene had absolutely ceased, his hopes and his strength began to revive at the moment, and were never arrested by any drawback to the date of his leaving for home, on the 20th of June—five months after the operation,—his stump having soundly healed, and the aneurismal sacs at Scarpa's point and in the popliteal space being reduced to simple well-defined indurations in the course of the artery.

And now to the story of the ligature. I had naturally felt very anxious that my patient, should, if possible, encounter no risk from an inadequate material being used to secure the vessel, and at the same time I could not pass by the importance, when arterial disease appeared so marked, of avoiding cutting through the coats by ulceration, and escaping suppuration. Certainly I should not have deemed it right to have suspended every hope of recovery on the hazards of the ordinary catgut, for although I had myself met with no disaster in the various instances in which I had secured large vessels in their continuity by such means, I remembered I had used it only in cases where I had still left me a retreat in case of failure. Here, in a desperate position, I was clearly about to play with a final stake. Under these circumstances I consulted Professor Lister. After one or two trials he sent me the ligature I used, anticipating that whilst it would prove sufficiently enduring to secure the effectual closing of the artery, it would be no less capable of complete removal by absorption.

With this, as I have already stated. I tied the vessel by the reef-knot, cutting off both ends close. I never expected to see anything of it again. But it was otherwise. When the suppuration of the sac had ceased I still found the wound at the outer end keeping very slightly open, and on dressing it some eight weeks after the operation, to my great astonishment saw lying on its surface the unaltered nose of the ligature.

On communicating with Professor Lister on the subject, and returning him, for safe keeping, this historical loop, he writes:—"The catgut you used had been prepared by a new method, which I have been labouring to perfect, and which I expect very soon to publish; but your case shows that it is possible to have the catgut, as it were, too well prepared so as to remain unabsorbed and also rigid, and in consequence of the latter property liable to make its way cut like wire or glass, with or without suppuration."

This incident over, the wound finally closed, so firmly indeed as to preclude any idea of the probability of hernia.—*The Lancet*.

PROFESSOR LISTER.—The Council of King's College London, in order to have the benefit of Mr. Lister's teaching, have created a second chair of clinical surgery, which has been offered to him and he has accepted. As Mr. Lister's antiseptic

surgical practice requires that the patients so treated shall be kept separate from those who are not, the authorities of the hospital have placed two wards—one for male and one for female patients—at Mr. Lister's disposal. It is reported that Mr. P. Heron Watson is likely to become a candidate for the chair of Clinical Surgery in the University of Edinburgh, vacated by Mr. Lister.—*Medical News and Library*.

CLINIC ON HEART DISEASE BY PROF. FLINT, SR.

MITRAL DISEASE, WITH DILATATION.

I have asked the house physician, Dr. Taylor, to select for me a couple of cases of cardiac disease with enlargement, and told him that I would prefer one with mitral lesion and the other with aortic, if possible. Here is the first patient, a man of about thirty years of age. I have never seen him before, and all that I know about him is that he has some trouble about the heart. Now, let us see if by putting certain questions we can form any conjecture as to the nature of the latter. And, first, as to its etiology. How long as it been since you had an attack of acute rheumatism? He replies that he has never had rheumatism at all. I supposed that he would probably have given a rheumatic history; for, as you are aware, the great majority of cases of organic disease of the heart arise from rheumatic endocarditis. Our next inquiry is in reference to the first symptom noticed, and the patient informs us that it was shortness of breath, nearly a year ago. It has continued with more or less severity up to the present time, and is sometimes so urgent that he is unable to lie down. In addition to the dyspnoea, we find that he has had a cough, with expectoration, and that he has had hæmoptysis five times since last January. (You will please remember that subacute bronchitis frequently occurs in connection with valvular disease of the heart.) Another symptom that has also been present is œdema of the feet. Now, do the features of the case which have just been mentioned point to mitral or to aortic disease? Let us take a vote on it. All those who think the former is indicated will please hold up their right hands. It is "carried by a large majority." Yes, all those symptoms point towards mitral lesions, and show a probable enlargement of the right side of the heart, due to this cause. Having thus ascertained to form some idea of the nature of the case in hand, I apply the stethoscope, and find that there is both a mitral direct and a mitral regurgitant murmur. Mitral obstruction is a lesion which would especially account for the hæmoptysis. On further auscultation, I find the aortic second sound very feeble, and that the pulmonary second sound is about four times as strong

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as that. This feeble aortic second sound shows that the ventricle contracts on an insufficient quantity of blood. The area of percussion-dulness over the heart is three or four times as great as that in the healthy individual; and it is safe to say that the dilatation now exceeds the hypertrophy, though not to a great extent. You will notice the apex-beat at a considerably lower point than it should be.

This patient has improved considerably since his admission to the hospital. There is now no œdema at all, and no lividity of the lips, as I am told there was formerly. There is no indication at present for digitalis, as the heart is acting very well. The object of treatment here may be briefly stated to be to put and keep the patient in the best general condition that the circumstances of the case will admit of. He should therefore have the best alimentation and in the largest quantities that he can possibly digest. In my opinion, it is far better to put too much into the stomach than too little; though I am aware that such views would not meet with universal acceptance. In addition to good alimentation, all the hygienic surroundings should be the best possible, and the patient should have just as much out-door exercise as he is able to take with comfort. Of course, we cannot expect to remove the mitral insufficiency and obstruction; and I would like to impress upon you that in practice it is quite as important to avoid doing what there is no indication for, as to do that for which there really is an indication.

DISEASE OF THE AORTIC VALVES.

Here is another cardiac case, the nature of which I do not know; though, as the last was one of mitral, perhaps we might infer that this would be one of aortic disease. Still, it would not be safe to trust to such a supposition; and, accordingly, we will endeavour, as in the last case, to find out what we can from the history and symptoms, before resorting to a physical examination.

Curiously enough, this patient, who is a woman in middle life, also states that she has never had rheumatism. Four years ago, she says, she began to have trouble in her chest, and the first thing she noticed was an unusual beating of the heart. You will note the difference here from the other case, in which the shortness of breath was the first thing that attracted the patient's attention. This palpitation is increased whenever anything disturbs her, or when she takes much exercise. If the exercise is pretty active, she suffers both from palpitation and shortness of breath. She has some little cough and expectoration, but has never spit up any blood. There is some blueness of the lips, and some œdema. Well, let us take these various features of the case, and see what they point to. The palpitation is evidently the principal symptom, as she tells us that the cough is only of recent

origin. Now, what is palpitation especially characteristic of? Aortic trouble, you say; and you are right. And now, having formed a conjecture as to the nature of the case from the history given, let us proceed to find out by exploration what is the exact character of the difficulty. First, you will notice that the apex is away off to the left, and considerably lower down than it ought to be. In listening here, I detect a slight mitral murmur, and it seems to be a direct one. Sometimes this occurs temporarily, where there is a regurgitant aortic murmur, as I find to be present in this case. In addition I am able to make out here the pre-diastolic murmur, which, as it does not seem to have any particular significance, I may perhaps be permitted to urge my claim to have been the first observer to discover. You will find it just after the first sound of the heart, and just before the second sound. There is, as you are aware, no very long interval between the two sounds; but it is long enough to note distinctly the murmur to which I have referred. There is no very great amount of aortic regurgitation in this case. The aortic second sound is not very feeble; but the pulmonary second sound I find to be decidedly loud.—*Medical Times.*

TREATMENT OF LEPROSY BY GURJON OIL.

The following Extract is from a Medico-topographical Report on the Andaman Islands by Surgeon-Major Hodder, M. D. Army Med. Department.—Whilst speaking of the diseases of convicts, I wish to mention two novel modes of treatment which, through the kindness of Dr. Dougall, Madras Medical Service, Senior Medical Officer, Port Blair and Nicobars, I have been able to see, and, though not connected with the European detachment, I think should not be omitted in a report of this kind. The first relates to the treatment of leprosy by gurjon oil—the oleo resin obtained from the *dipterocarpus levis*, which grows abundantly all over these islands and in Burmah. When Dr. Dougall first visited the Leper Ward in March 1873, he found 24 patients, many in a wretched state with ulcers, portions of toes gone, anæsthesia, and all symptoms of leprosy clearly defined. He was much impressed with their wretched state, and, after thinking the matter over for a while, decided to use the gurjon oil—1 part to 10 of cocoa-nut oil, as an external application. This was begun on the 23rd May 1873 on all the lepers, their bodies being rubbed *all over* with the oil. In June, the proportions were altered to 1 to 5 respectively, and shortly after the gurjon oil was ordered internally also, in 6-drop doses, and gradually increased to 60 drops. In July, Dr. Dougall noticed that the lepers where

improving in appearance, and gaining flesh, and the sores were beginning to heal. He then photographed them for future comparison. The first notable improvements were the healing of ulcers and gradual diminution of the anæsthesia. Not satisfied with the way the gurjon and cocoa-nut oils mixed, Dr. Dougall in trying various vehicles, hit on lime-water, and found that this and the gurjon oil, in the respective quantities of 3 and 1, and violently agitated, formed a substance like soft butter, and this he named "gurjon oil ointment"; it is smooth, and no pain follows its application to the healthy skin; at the same time, he made an emulsion of equal parts of the oil and lime-water, for internal use, in half-ounce doses, morning and evening. The following is now the plan of treatment adopted. The lepers turn out at daylight, go to a stream, thoroughly wash themselves, using powdered earth as a detergent; they then return to their ward, receive their dose of emulsion, and then rub their *whole body* with the ointment; this process should continue two hours, and they are supervised during this time; no limit is placed on the quantity of ointment. At 3 P. M., the dose is repeated, and the rubbing process again gone through for two hours. Dr. Dougall attributes much good to the prolonged rubbing, not only on account of the physical exercise it entails, but the mental occupation it supplies. The emulsion acts as a laxative and diuretic. Twenty-four lepers have been treated, and in every case decided benefit has resulted; every ulcer has healed, and anæsthesia is markedly removed, and tubercles have softened and disappeared. Through the above treatment, men who for years have only dragged on a miserable existence, are now able and willing to work, and the healed sores show no tendency to reopen. No change whatever was made in their diet, which was and is bad.

The second mode of treatment referred to is that of ulcers by dry earth in a powdered state. Many of the convicts who work at the clearings are so saturated with and weakened by malaria, that the slightest scratch inflames and sloughs, leaving a large foul-smelling brown unhealthy-looking ulcer. Dr. Dougall has treated such cases, with the best result, by means of dry earth. The ulcer is washed, and then the powdered earth, to the depth of about an inch is placed directly on it and a little over the margins; moist sheets of paper are placed over this, and a bandage over all, and left for 24 hours; the earth is then washed off, by means of a stream of water, and fresh earth applied. Some smarting results, as the earth seems to act as a stimulant as well as a deodorant. Very soon the brown surface disappears, and all smell is at once removed, and healthy granulations spring up. As soon as this takes place the ulcer is dressed with carbolic acid lotion, and heals quickly. Dr. Dougall has treated very large numbers in this manner, and is entirely

satisfied with it. I might mention that whilst serving in the West Indies in 1868, I treated several large ulcers in the groin, the result of syphilis in soldiers of a West India regiment, with dry earth, and considered that the ulcers rapidly cleansed under the treatment. I had no opportunity of carrying it out except in a few cases.

PROPHYLACTIC TREATMENT OF PLACENTA PRÆVIA.

BY T. G. THOMAS, M. D.

There is but one method at present at the disposal of the obstetrician by which the evils attendant upon the three last months of utero-gestation, and upon labor thus complicated, can be avoided. It is the induction of premature delivery after the period of viability of the child. By this procedure a rational, and it appears to me a perfectly warrantable, means of avoidance of a great danger is offered to us; one which presents in itself no dangers comparable with those of noninterference, and one which, while it removes the absolute hazards attendant upon delay, relieves that wearing anxiety which harasses patient, friends and physician.

Fortunately this condition is usually announced during the last months of utero-gestation by premonitory signs of reliable character, and thus we may empty the uterus before the vital forces of both mother and child are exhausted by hemorrhages, the results of repeated detachments of the placenta. My conviction is that, in every case of undoubted placenta prævia, in which the flow of blood threatens, by its amount or frequent recurrence, the loss of mother and child, premature delivery should be induced. What objection can be urged against it, other than that a child of less than nine months of intra-uterine life does not have as good a prospect of life as one which has arrived at full term? In the case which we are considering, even this is invalidated by the fact that an eight-months' child out of the uterus, and depending upon pulmonary respiration, has a decidedly brighter prospect for life than one in that cavity depending for aëration of its blood upon a crippled and bleeding placenta. For the mother, how incomparably greater the safety which attends an emptied and contracted uterus! By inducing delivery during the ninth month of pregnancy, we should be dealing with a woman who is not exhausted by repeated hemorrhages; we would be in attendance at the moment of cervical dilatation, and consequently the moment of danger; and we would be able by hydrostatic pressure to control hemorrhage in great degree, while at the same time the period of dilatation of the cervix, which constitutes the time of maximum danger, may be rapidly accomplished.

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Under these circumstances, in the words of Angus McDonald, "nothing can be gained by delay, if we are satisfied that the bleeding is really serious, and if continued would lead to great risk to the mother's life and health."

With these considerations before me, and with a certain amount of experience to support them, I can not resist the conviction that, when premature delivery becomes the recognized and universal practice for placenta prævia, the statistics of the present day will be replaced by others of a far more satisfactory kind.

Of eleven cases in which he resorted to the above plan: we give the following as a typical one. Case I. Mrs W., aged twenty-six, primipara, in good health, was suddenly taken with hemorrhage three months before full term. She sent for me in great haste, but being occupied I was unable to go to her, and she was seen for me by my friend, Dr. Reynolds. He discovered that she had lost a few ounces of blood, but that the flow had ceased. Three days afterwards she was again affected in the same way, the flow ceasing spontaneously. About a week after this she was taken during the night with a flow, which was so profuse as to result in partial syncope when she endeavored to walk across the room. I saw her early the next morning; found her flowing slightly, and upon vaginal examination succeeded in touching the edge of the placenta through the os, which was dilated to the size of a ten-cent piece. Later in the day Drs. Metcalfe and Reynolds saw her, and agreed with me in the propriety of premature delivery. In accordance with this determination, at 7 P. M. I introduced into the cervix, with considerable difficulty and by the employment of some force, the smallest of Barnes's dilators. This was followed in twenty minutes by the next larger dilator, and in an hour by the largest. Dilatation was rapidly accomplished, but instead of removing the largest bag, I left it in the cervix until ten o'clock that night. Expulsive pains coming on at that time I removed it, when the head rapidly engaged, and before morning Mrs. W. was safely delivered of a living girl. The placenta followed rapidly, and both mother and child did well.—*Extract from Amer. Practitioner.*

NEW REMEDY FOR BURNS AND SCALDS.—Dr. G. F. Waters, of Boston, recently tested before the meeting of the Massachusetts Dental society a new remedy for burns and scalds, consisting of the application of bicarbonate of soda, the simple cooking soda used in all families. The doctor dipped a sponge into boiling hot water and squeezed it over his right wrist, the water flowing almost completely around the arm, and nearly encircling it with a severe scald two inches in width. Not content with this, he dipped the sponge a second time, and pressed it closely on the under side of his wrist for thirty seconds. He then applied bicarbonate

of soda to the scalded surface, and laid over it a wet cloth, and the intense pain was banished as if by magic. On the next day after this severe test, the scald, with the exception of the part purposely made most severe, was practically healed, only a slight discoloration of the skin showing where the scalding water had flowed—this, too, without a second application of the soda. The flesh on the under side of the wrist had been cooked down to the sweat-glands, and the scald was one which ordinarily would have caused an open and painful wound of long duration. The only treatment of this, however, after the first application of the soda, was to keep the part moist with a wet cloth and no pain was experienced, and it was but a few days before this severe wound was seen to be rapidly healing.—*Proceedings Med. Society Kings Co., N. Y.*

DR. SAYRE'S APPARATUS FOR EXTENSION IN POTT'S DISEASE.

The proper plan of applying the plaster of Paris jacket is to take loosely woven cloth, such as cross barred muslin, mosquito netting, or cheese-bandage cloth, and cut it into strips three or four inches in width, according to the size of the patient upon whom it is to be used, and then fill its meshes completely by drawing the cloth through and at the same time rubbing into them freshly ground plaster of Paris, such as has not been exposed to the air. The strips are then rolled up into tight rollers after the fashion of the ordinary roller bandage, and are ready for use at any time occasion may require. They should be kept in an air-tight tin vessel.

When you wish to apply a jacket, the patient is to be suspended by means of an apparatus, prepared for the purpose (see Fig. 1 and 2), consisting of curved iron bar with hooks at either end from which pass straps that are attached to pads that go through the axillæ and also under the occiput and chin, and are capable of being made shorter or longer according to the length of the patient's neck. The iron bar is suspended from the ceiling by means of a compound pulley through which gradual extension can be made until the patient is drawn up so that the feet swing clear from the floor.

Previous to the suspension, however, a thin flexible leaden strip should be laid upon the spinous processes for the entire length of the spinal column, and bent into all the sinuosities, so that it may take a perfect outline of the deformity. This strip is then laid upon paper and its outline marked with ink, and we have a perfect mathematical outline of the irregularities along the spinal column. After the patient has been suspended, the same leaden strip should again be applied along the spinous processes, as in the first instance, and another pattern made upon paper by the side of the first.

Now we have a means by which comparison can

be made, and we are able to determine exactly what changes have taken place in the curve. The shirt, which should be woven or knit without seams, and tightly fitting the body, is next pulled down and an opening made in front and rear through which a ribbon or piece of bandage is passed for the purpose of holding in place a handkerchief placed in the psoas, and at the same time making the shirt fit the hips exactly; for the tighter the shirt fits the less number of wrinkles there will be in it. The roller bandages, previously prepared, are now set on end in a vessel containing sufficient depth of water to cover them entirely, and, at first, bubbles of gas will escape through the water freely. When the bubbles cease to escape, the bandages are ready for

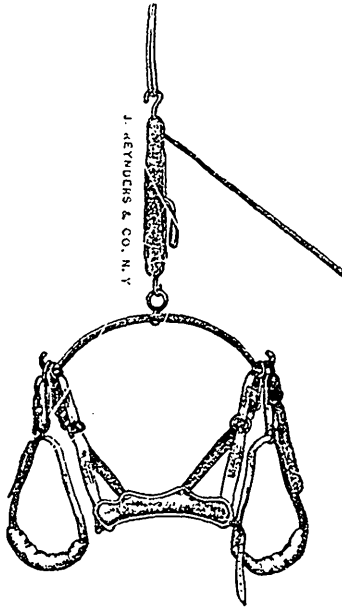


FIG. 1.

Suspension Apparatus with plain arch. Chin-neck and axillary bands are attached to same parts of the arch.

use. Then taking a roller in the hand, and squeezing it gently so as to remove all surplus water, commence just around the smallest part of the body, going to the crest of the ilium and a little below it, and lay it around the body smoothly, but do not draw upon it all; simply unroll the bandage with one hand while the other follows and brings it into smooth close contact with all the irregularities of the surface, over the ilium and dipping into the groin over the abdomen and dipping into the groin again, and so on, from below upwards in a spiral direction until the entire trunk has been inclosed from the pelvis to the axillæ. After one or two thicknesses of bandage have been laid around the body in the manner described, narrow strips of perforated tin are placed parallel with each other upon

either side of the spine from two or three inches apart, and in numbers sufficient to surround the body, and another plaster roller carried around the body, covering them, in the manner in which the first bandage was applied.

The few strips strengthen the bandage, and obviate the necessity of increasing its weight by the application of a larger amount of plaster. If there are any very prominent spinous processes, which at the same time may have become inflamed in consequence of pressure produced by instruments previously worn, or from lying in bed, it is well to guard such places by means of little pads of cotton or cloth or little glove fingers filled with wool which is elastic, which are to be placed upon either side of them before applying the bandage.

Another suggestion, which I have found to be of practical value, is to take two or three thicknesses of roller bandage three or four inches long, and place them over the anterior superior spinous process of each ilium. These little pads are to be removed just before the plaster has completely set, consequently leave the bony part free from pressure after the soft parts have shrunk under the influence of the continued pressure produced by the plaster dressing. It is also well, just before the plaster has set completely, to place one hand in front of the ilium and the other over the buttocks, and squeeze the cast together so as to increase this space over the bony prominences. In a very short time the plaster becomes set sufficient so that the patient can be removed from the suspending apparatus and laid upon the face or back on an air-bed, where they are to remain until the hardening process is complete. A hair mattress answers a very good purpose, but the air-bed is preferable, especially if there is much projection of the spinous processes or the sternum.

CASE OF PARACENTESIS PERICARDII.

R. M^rA., aged 23, by occupation a farmer, of sanguine temperament, vigorous constitution, and never having suffered from any previous illness, was seized, after a severe wetting followed by a chill, with wandering pains about the left side of his chest for a week previous to my first seeing him.

On the 1st April, 1874, when called to visit him, he was complaining of difficulty of breathing, with sharp pain below the left nipple. He had profuse perspiration, of a disagreeable odour: his urine was loaded with urates. He had urgent thirst; decubitus by preference on back; slight inability to lie on left side; pulse and temperature nearly natural. Joints free from pain. Physical examination of the chest revealed distinct friction sound of a to-and-fro character over the præcordial region, and there was

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dullness on percussion extending slightly beyond the natural area. He was ordered to have half-a-dozen leeches applied to the seat of pain, and fifteen grains of each of the bicarbonate and acetate of potassa, largely diluted, every two hours, and a calomel and opium pill every eight hours.

2nd April.—Pain and difficulty of breathing greatly relieved, dullness on percussion and friction sound somewhat less. To have cantharides blister, 4 x 4, applied to neighbourhood of heart.

3rd April.—Pain and difficulty of breathing gone; friction sound scarcely audible; dullness on percussion confined to natural area. From this time till the 28th April patient continued to improve steadily, and nothing abnormal could be heard over the region of the heart.

On the 29th April he sat up in bed for the first time since the commencement of his illness, but he no sooner did so than he was again seized with severe catching pain under his left breast. His pulse rose to 120, the urine was again loaded with urates, and he could not lie on the left side. The treatment which was found so effectual in the previous attack was again steadily followed. Despite the most assiduous use of these means, signs of daily increasing pericardial effusion became manifest. Friction sound, which was present for the first few days of this attack, was no longer audible, and the dullness gradually increased till it reached the second rib in the upward and the level of the diaphragm in the downward direction. Transversely it extended from the right margin of the sternum to about two inches beyond the left nipple outwards. The sounds of the heart were obscure and distant. Coinciding with the effusion into the pericardium, pneumonic consolidation of the left lung set in, involving fully more than the lower half of it—due, no doubt, to the pressure caused by the distension of the pericardium. A loud systolic murmur could now be heard over the base of the heart. The thrill and its accompanying undulatory motion, said to be common in cases of pericardial effusion, could not be clearly made out in this case, although any sudden movement of the patient gave rise to something like it. The pulse ranged from 120 to 130 per minute, small and irregular, and the respirations from 29 to 35 and shallow.

As the treatment failed to check the pericardial effusion, and as it became evident the patient must soon succumb to the daily increasing distension of the pericardium, I determined on performing the operation of paracentesis pericardii. A consultation with Professor Gairdner was obtained with this object in view. The operation was performed with the medium-sized needle of a Dieulafoy's respirator, and the place selected for its introduction into the pericardium was the fifth intercostal space about two inches from the left margin of the sternum. Twenty ounces of a slightly blood-tinged serous fluid were drawn off. The operation was followed

by the most marked relief to all the distressing symptoms. The pulse, which before was weak and irregular, became stronger and regular, and also less frequent. The breathing assumed its natural frequency, and the physical signs indicative of pericardial effusion disappeared. The lung, which was in a state of consolidation to very nearly its whole extent previously, gave forth its natural respiratory murmur immediately after the operation was completed. Temporary relief, however was all that was gained by the operation, for in a few days signs of effusion into the pericardial sac returned. Embarrassment to the heart's action and breathing gradually took place, and the operation had to be repeated on the 14th May. Again the most marked relief followed the drawing off of thirty ounces of serous fluid more deeply tinged with blood than on the previous occasion.

Complete freedom to the heart's action again continued for a few days, when the signs of returning oppression to the circulation and respiration slowly set in. On the 25th May the aspirator had again to be resorted to for relief, when about fifteen ounces of a still more bloody-looking serous fluid were drawn off. The relief obtained this time was as great as after the former operations, but less enduring in its results. The lung, which had recovered so completely its natural condition after the first operation, became again consolidated before the third operation was performed, and remained so, with the additional complication of effusion into the pleural cavity. The heart's action soon became feeble and irregular, without signs of effusion, in any great quantity, into the pericardium and after continuing for two days in a state of low muttering delirium the patient quietly died on the 28th of May.

Remarks.—The object of publishing this case—which I believe to be of rare occurrence, judging from the few cases recorded of late years—is to show the marked and unmistakable relief that follows the operation of tapping the pericardium, where pericarditis, whether rheumatic or non-rheumatic, terminates in some effusion. No doubt the success attending this operation has hitherto been but small, but that can hardly be advanced as a sufficient reason for its nonperformance when required. The formation of an accurate diagnosis is essential to its success in the first instance, whether it may be successful ultimately or not. This is not so difficult as might at first sight appear, in cases likely to require interference of this kind, when we keep in remembrance that * "dullness of a pyramidal form occurring suddenly in a previously healthy person is symptomatic of pericardial effusion, and affords a tolerably accurate measure of its amount."

* See Fuller on Diseases of the Heart and Heart Vessels, p. 73.

* * We yet await the discovery of a certain remedy whereby the re-accumulation of effusion into the pericardium can be prevented. In our search for such means we must look to the earlier writers on this disease rather than to those who have written on the subject in more recent times. The only author who has ventured on actually carrying this intention into practice, so far as I can discover, is Dr. Aran.* In this interesting case, Aran tapped the pericardium twice, each time injecting into it an iodinous solution, composed the first time of tinct. of iodine to the same quantity of distilled water, with the addition of four grammes of the iodide of potassium. The success of the operation was complete, the patient recovering perfectly.—Dr. McLeod.—*Glasgow Med. Journal.*

RESTRICTION AND PREVENTION OF SCARLET FEVER.

[EXTRACTS FROM DOCUMENT ISSUED BY MICHIGAN STATE BOARD OF HEALTH.]

Whenever a child has sore throat and fever, and especially when this is accompanied by a rash on the body, the child should be immediately isolated as completely as possible from other members of the household, and from other persons, until a physician has seen it and determined whether it has scarlet fever. All persons known to be sick with this disease should be promptly and thoroughly isolated from the public.

The room into which one sick with this disease is placed should previously be cleared of all needless clothing, carpets, drapery, and other materials likely to harbour the poison of the disease, except such articles as are essential to the well being of the patient. The sick room may have no carpet, or only pieces which can afterwards be destroyed. Provision should be made for the introduction of a liberal supply of fresh air and the continual change of the air of the room without sensible currents or drafts.

Soiled bed and body linen should be placed in vessels of water containing chlorinated soda, chlorinated lime, or other disinfectant before removal from the sick room. For this purpose chlorinated soda is the neatest, and most convenient because it can be used with soap, but it is apt to lose its disinfecting properties by age. Chlorinated lime if used too freely may destroy articles of clothing with which it comes in contact, but if properly used it is the safest as a disinfectant. The discharges from the patient should all be received into vessels containing chlorinated lime (commonly called "chloride of lime,") sulphate of iron, or some other known disinfectant, and the same buried at once,

and not by any means be thrown into a running stream, nor into a cesspool, or water-closet, except after having been thoroughly disinfected. All vessels should be kept scrupulously clean and disinfected. Perfect cleanliness of nurses and attendants should be enjoined and secured. As the hands of nurses of necessity become frequently contaminated by the poison of the disease, a good supply of towels and two basins—one containing solution of chlorinated soda (Labaracque's solution) chlorinated lime or other disinfecting solution, and another for plain soap and water, should be always at hand and freely used. Funerals of those dying from scarlet fever should be strictly private and the corpse not exposed to view. To avoid mistakes, notices of such deaths in the papers should state that the deceased died of scarlet fever.

All persons recovering from scarlet fever should be considered dangerous, and therefore should not attend school, church, or any other public assembly, or use any public conveyance, so long as any scaling or peeling of the skin, soreness of the eyes or air passages, or symptoms of drowsiness remain. No person recovering from scarlet fever should thus endanger the public health nor appear in public until after having taken four times, at intervals of two days, a thorough bath. This cleansing, however, should be deferred until the physician in charge considers it prudent. After recovery from scarlet fever, no person should appear in public wearing the same clothing worn while sick with or recovering from this disease, except such clothing has been thoroughly disinfected by some such method as herein specified.

When a room and contents are to be disinfected, all articles therein should be spread out so as to expose the greatest amount of surface to the action of the disinfectant, and all openings to the room should be closed. To generate Chlorine, take peroxide of manganese, place in an earthen dish and add one pound of hydrochloric acid, to each four ounces of the peroxide of manganese. Care should be taken not to inhale the gas. After being certain that continuous evolution of chlorine has been secured, leave the room and close the door of exit. The bleaching properties of chlorine may destroy the color of colored goods exposed to it, but as a disinfectant it is one of the best. To generate Sulphurous Acid gas, put live coals on top of ashes in a metallic pan, and place on the coals sulphur in powder or fragments. A convenient way is to place the coals and sulphur on a heated stove plate or cover turned bottom upward in a pan half filled with ashes. To disinfect 100 cubic feet of air requires the thorough combustion of about one and one-half ounces of sulphur. Rooms should be kept closed and subjected to the action of the disinfecting gas for six or eight hours, and afterwards thoroughly aired by opening doors and windows.

* Bulletin de l'Academie de Medicine, xxxi., p. 142.

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Heat sufficient to be disinfectant for this disease may be secured without destroying ordinary articles of clothing, say at 240° to 250° F.

HYDROTHORAX, CLINIC BY PROF. FLINT, SR.

The next patient is Mary Kessler, 27 years old; admitted, April 13th. Her family history is unimportant. Eight years ago she had typhoid fever, and aside from this, she has always been perfectly healthy. Six months ago she commenced to have a cough without expectoration, and severe attacks of cutting pains in both sides of the chest under the nipples. These pains were increased on coughing or movement, and at times were so severe that she was obliged to cry out. She had shortness of breath and dyspnoea. Physical examination revealed the following signs: On palpation, the precordial impulse was diffused over an unnatural area, and the apex beats were in the 6th intercostal space in the axillary line, 2½ inches to left of nipple. Auscultation revealed a loud murmur, having its greatest intensity at the apex, following the first sound, transmitted to the left, and heard behind. On the right side of the chest the vocal fremitus was absent, and on percussion there was found to be complete flatness below the third rib, the level of the flatness being altered on changing the position of the patient. Below this line the respiratory and voice sounds were lost, and above, the breathing was broncho-vesicular in character. From these signs we would certainly conclude that there was effusion in the right thoracic cavity, but to confirm this conclusion, the needle of a hypodermic syringe was introduced, and some serous fluid withdrawn. The abdomen was tender on pressure, and on palpation gave evidence of slight ascites. The liver and spleen were slightly enlarged. The pulse was accelerated. Urine acid, sp. gr. 1012, containing a small quantity of albumen and a few small hyaline and granular casts. She was placed on digitalis and from the date of admission has continued to improve.

We shall not take up this case in all its bearings to-day, but will leave the heart, and fix our attention for the present on the pleural cavity. The question arises, is this a case of hydrothorax or pleurisy with effusion. You perceive that there is a difference in the movements of the two sides of the chest, the right side scarcely moving at all. The line of flatness is not far from the fourth rib, so that we get distinct signs of considerable fluid still remaining. She has an affection of the heart and some disease of the kidneys, and we would naturally expect effusion to occur with lesions of these organs. The hands and feet are œdematous. We can settle the question between hydrothorax and pleurisy with effusion, by examining the other

side of the chest; if the latter be free from fluid, we should say that the disease is pleurisy, but if we find fluid present on that side, we can consider it to be due to hydrothorax. It is scarcely necessary to say that by the term hydrothorax we mean a serous transudation or a purely dropsical effusion in the pleural cavities.

It is a general law of pleurisy that the disease is confined to one side of the chest, whereas in hydrothorax there is fluid on both sides, although usually a greater amount on one side than on the other. We examine now and find that there is some fluid present on the left side. The presence of serum on this side is not absolute proof of the case being one of hydrothorax, but it admits of this explanation, when taken in connection with the other facts of the case.—*Hospital Gazette*.

REST AS A THERAPEUTIC AGENT.

[The following is an extract from a lecture delivered by Dr. S. W. Mitchell, before the Medical and Chirurgical Society of Maryland, on the above subject.]

"But if it is easy to fatten and redden some people, we know, also, that it is hard to compass this in others. In our great cities there exist a host of influences for evil which result in all classes, and especially in women, in the gradual creation of patients who, having lost weight and become anæmic find it hard to regain that competency of capital in fat and blood without which the business of life is carried on at a dangerous cost. We search in vain in these cases for organic changes which may explain their condition. No function is well performed; but it is useless to correct digestion or to treat an ulcerated womb, or order exercise. The blood is lacking to aid in the little gains we win, and exercise is valueless or worse when it exhausts tissues which lack the means of being rebuilt.

"I need not dwell on points so obvious to educated physicians. For many years past I have had my thoughts directed to this subject, and like every one here, I have gone on month after month treating such cases with no better, and, I hope, no worse fortune than has fallen to others. A moment of happy thought, and much reflection since, led me to a method of treating, which has rewarded me over and over with success so brilliant that, as the plan of cure involves the use of those extreme measures of which I have been speaking, I may be pardoned for calling them to your attention.

"And perhaps also the path by which I reached my conclusions may not lack interest.

"Some years ago I saw a woman, who was like half a dozen any of you can now recall—a pallid feeble creature, who had menstruated irregularly

until two years before, and then stopped at the age of thirty. She was the type of a class. Every thing too wearied—to walk, to read, to drive, to sew. She was the woman with a back, and a shawl on her shoulders, and a sofa for a home, and hysterics for diversion. She had tired out the doctors, and exhausted drug-shops and travel, and outlived a nurse or two. The deformity-man had found a spinal curvature, and put on a brace; the gynæcologist had had his turn; the quacks had had their share; and she wore blue glasses to keep out the blessing of daylight. She was five feet four, and weighed ninety-four pounds, and had as much figure as a hat-rack, and had no more bosom than the average chicken of the boarding-house table. Nature had wisely prohibited this being from increasing her breed. How many of you have stood helpless before this women! Like you I had had my failures with such cases, and I was driven to reflect as to what new device I could try. Because everything tired her I put her at rest in bed. I made rest despotic, absolute. Then I fed her with milk at brief intervals. But in a few days my plan failed. Rest she took well enough, but attempts to feed resulted in sick stomach and diarrhœa, and new loathing for food. Then I said, I must find some way to give exercise without exertion. I had seen in Europe how much use was made of systematic massage or kneading of the muscles. I knew that under its use the feeble limbs of ataxics strengthen for a time, so that hopeful friends even dream of a cure; and I was aware that it improved the local blood-circulation in a remarkable way, and gave to feeble and flabby tissues increase of tone and firm plumpness. It seemed to me that it could take the place of exercise for persons at rest.

"I had also in electricity another means of causing muscles to contract without the action of will or the exhaustive use of nerve-force.

"For the first time then, I used on a woman at rest, thorough massage and the abrupt muscle-stirring of an inductive current.

"To my great pleasure, I found in a few days a return of appetite. But is kneading of muscles a mere fetish also? What scientific test have we of its activity? One, and a sure one, which I have lately found. In weakly people, despite the exposure to the air it involves, this process raises the general temperature $\frac{1}{2}^{\circ}$ to $1\frac{1}{2}^{\circ}$ Fahr. And, as I discovered this winter, to my surprise and pleasure, an induction current, either localized or merely allowed to pass to and fro, from neck to feet, does precisely the same. They effect tissue metamorphosis for the patient, in tissues little used in bed.

"I have employed every degree of rest; but in this woman's case, as usually, I permitted no exertion which could be avoided, and I carried it to such an extreme as to have the patient fed by

hand, because it is tiresome while recumbent to use the arms, and because I have found that human beings, like turkeys, can be made to eat more when fed by another agent.

"To this treatment in a few days may be added raw soup and butter, and meat extracts, and iron in large doses.

"I fed this women with growing surprise at her power to digest as she reddened and fattened. And how did she fatten and redden? The nails became pink: the veins began to show in the limbs. At first, as always, the extremities became cold under massage, then they grew warm, and at last, when she was well, the massage no longer elevated her temperature. And this is the rule. And as to fat, it comes first on the face and neck, and then on the back and belly, and last on the limbs.

"By absolute rest, massage, and induction-currents, you acquire power to over-feed, and the tissues are enabled to reclothe themselves with fat, and, what is better, you can thus refill the blood-vessels. This woman came to me thin, sallow, ugly, and feeble. I sent her home fat and well, and vigorous and handsome, and menstruating steadily; and then nature relented and gave her a baby.

"This treatment has been to me a new light. I use it now without fear or hesitation, and think that I have learned at last how to recreate the blood and how to fatten. I have quoted one real case, my first. But this is no place nor occasion to relate cases, or to enter into details, as I shall elsewhere; but I may venture again to say a word as to two facts, even at the risk of being minute. During the treatment slight hemorrhages from the nose are not uncommon, but the return of regular menstruation is a better test of the rapid gain in blood. It nearly always becomes regular, and in three cases has returned during the first month of treatment, after absence, respectively, of three, five, and eight years.

"The gain of fat is sometimes at the rate of one-half pound a day. I have seen it reach three-fourths of a pound a day; but these rates are rare.

"The applications of this treatment are many. I have used it in numbers of cases, selecting at first such as had no hopeless organic disease. I have also used it to prepare feeble people for surgical operations, and within a year I have ventured to treat in this peculiar way people in the early stages of pulmonary phthisis. I have seen as to these some notable facts, and have learned that in some such cases rest and over-feeding are of true curative value; for this is one of the doctor's best lessons, that there may be one way or several to a cure. In the early stages of phthisis we have all come to think air and exercise and out-door life the one thing needful or hopeful, and I may be thought

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insane to propose to treat such cases by rest and excessive feeding; but I promised at the outset to give you personal and practical experiences, and this is one, and now and then I have seen it do good service.

SYPHILIS AND MARRIAGE.—Dr. Dryson says.

"There is a question very frequently asked by a syphilitic patient, to which it requires much thought and an extended experience to reply. This question is—How long must a man who is affected with syphilis wait before he can justly enter into a marriage contract, and undertake the grave responsibility of becoming a father?

"There can be no doubt that a syphilitic man may be dangerous, if he marries, both to his wife and to his children, and also to the community through them.

"In the first place, it is clear that no man with any actual syphilitic symptom about him has a right to contract marriage with a healthy woman. The presence of any syphilitic symptom is an evident proof of the nature of the disease, with all its consequences and all its dangers. It is scarcely to be believed that any man would be found so daring as to enter the married state with the symptoms of syphilis about him. And yet such men exist, and cases of the kind are not so very rare.

"I have myself seen men marry with crusts in the hair, and with mucous tubercles in the throat and mouth. We hear of men marrying with syphilitic sarcocele and even, will it be believed—even on the faith of Dr. A. Fournier of Paris (*Le Mouvement Med.*, May 26, 1877)—with a hard chancre in full force.

"What a curious history of moral delinquency such facts reveal to the medical practitioner! The cases, however, vary greatly. In some persons we notice a species of ignorance verging on imbecility. Such expose their wives and infants to misery from pure stupidity. Again, there are infamous men who despise all human rights or duties which lie in their way, whenever they have a chance of securing a woman with money and a position in society for themselves.

"The majority, however, are those, who, from weakness of mind and infirmity of purpose, engage in a silly way in marriage without reflecting that they are the least of all fitted for such a contract. Such persons are terrified at the idea of a scandal or a breach between families, and are therefore unable to put off their wedding in face of the difficulties which such conduct might entail on them.

"It is well known now to all who have long paid attention to syphilitic disease, that the younger the disease of the husband is, the more numerous and grave are the dangers which he inflicts on all around him if he marry. When syphilis has been recently

contracted, it is, as all know, especially contagious. During the first few months, or, at most, the two or three first years of the disease, we notice above all those disseminated manifestations of syphilis which affect the mucous parts of the skin. These accidents are liable to relapse and spread again with remarkable facility, and with a tenacity which is sometimes disheartening.

"At this epoch of the disease there are two foci where syphilitic accidents converge, namely, on the mouth and on the genital organs, the very localities which are most likely to spread contagion in marriage. When the disease gets older, these dangers no longer exist, or at any rate, in much less degree, for this reason, that in old syphilis the manifestations are far more scanty and infinitely less often repeated, and no longer consist in superficial, benign (and therefore dangerous, because unheeded) symptoms; but in deep ulceration, which are not liable to pass unseen, and consequently can not be inadvertently transmitted.

"We may, therefore conclude as follows: The contagion of the husband is the more to be feared in proportion as his syphilis is in its early stages.

"With respect then to the influence of the father's health on that of his children, we also find that the earlier the stage of the disease is, the more danger is there of the children suffering. This is clearly proved in the numerous facts that are published in medical literature, of successive abortions taking place in healthy women, by reason of the syphilitic influence of the father alone. Such abortions gradually leave off just in proportion as the syphilis becomes extinct, and become changed into true child-births at a given time. In time the patient who has done nothing but abort, is cured, as is well shown by numerous examples in the writings of syphilographers.

"For instance, we find that fathers who marry with a syphilis of some months of age, or of one, two, or three years of age, are far more likely to have syphilitic children, than fathers who marry when their disease is five, ten, or fifteen years old. It is very rare indeed to see any effect on posterity produced by a father whose syphilis is ten years old. Hence, when a man has lately contracted this disease, he ought to put off his marriage for a considerable time, the longer the better, within certain limits. If a syphilitic man waits for several years, before becoming a father, he acquires gradually a good chance that such children may be viable; and the longer he waits the better is the chance.

"We may then conclude that on every account, as well for the sake of the mother as for the child, the male parent should postpone his marriage for a considerable period. The main difficulty will be in fixing a precise date on such an indeterminate question as this. There are more things to be taken into consideration; too, than merely the age of the syphilis in our male patient. The nature

and vigor of the attack has to be taken into account.

"With this idea clearly being kept in view, and with all arrangements for mildness of the symptoms in any particular case, it yet would seem unwise on the practitioner to inform any male patient suffering from hard chancre or mucous tubercles, that he has any right to marry before some three or four years at least have passed over his head."—*The Doctor*.

DEATH FROM CHLOROFORM.—A death from chloroform occurred at Mercer's Hospital, London, June 25th. The patient was an intemperate man, a waiter and billiard marker, aged 27 years. The occasion for the administration of the anæsthetic was the firing of the knee joint for synovitis. Accordingly, on the morning of the 25th, after having given the man, who was rather nervous and excited, an ounce of undiluted whiskey, chloroform was administered by the experienced chloroformist to the hospital (the apothecary), by means of a Skinner's inhaler. Very soon the patient began to struggle, and within three minutes was under the influence of the anæsthetic. Almost simultaneously, and before any operative steps were taken, a peculiar change in the man's expression was noticed; the face became livid, and at the same moment it was reported that the pulse had become very weak, and then that it had stopped. The tongue was immediately drawn forward, the face and chest slapped with wet towels, a stimulating enema given, and nitrite of amyl held to the nostrils, etc. Artificial respiration by Sylvester's method was at once commenced, and vigorously carried on for an hour and fifty minutes; but although a few gasps and inarticulate sounds occurred, no sign of returning life appeared to reward the persevering efforts which were had recourse to for his restoration. An inquest was held on Wednesday; and the jury, having heard the medical evidence, returned a verdict that the deceased "died whilst under the influence of chloroform, in consequence of fatty disease of the heart." The *post-mortem* examination revealed an advanced stage of fatty deposition upon and degeneration of, an enlarged heart. There was also a layer of fat on the pericardium, and old pericardial adhesions. The walls of the heart were pale and flabby; that of the right ventricle was thinner than normal. The cavities were dilated and empty. The valves were perfectly healthy, but the aorta was atheromatous. The lungs were extremely congested, and the base of the right, hepatized and bound down by firm adhesions. The apices of both contained numerous nodules of caseous matter, which in several places had softened into small vomicae. The liver, kidneys, and spleen were enlarged and congested. There were chronic gastritis and inflammation of the mucous membrane of the ileum. The coroner

and jury and the legal adviser of the deceased widow expressed their opinion that the chloroform was properly administered, and that no blame was in any way attributable to any of the staff of the hospital.—*N. Y. Medical Record*.

INDICATIONS FOR THE USE OF THE CATHETER.—Very recently Sir Henry Thompson remarked that there are two indications which point to the time for commencing the habitual use of the catheter for emptying the bladder in cases of obstructive enlargement of the prostate. "Firstly, we must know the amount of residual urine habitually present, that is the quantity left in the bladder after the patient has passed all he can by his efforts; and, secondly, we must observe the degree of frequency, by day and by night, with which he passes water, but especially during the latter period." He says, "Let us suppose a case in which eight ounces always remain behind; that quantity suffices, in my opinion, to make it desirable that the patient should at once commence the daily use of the catheter." The second indication—the frequency of passing the urine by day and especially by night—is a symptom that demands attention and prompt resort to the catheter. The interruption of sleep and rest in elderly persons rapidly undermines the health.

There is no suffering so severe as that from retention of urine. The greatest living authority on the genito-urinary organs, Sir Henry Thompson, says, "If, after twenty-four hours of agony, relief follows your dextrous use of the catheter, and the two or three pints which the patient was unable to void are withdrawn by your hand, he tells you that he is in heaven—a common expression with such patients; and he will never doubt for a moment that you were the author of his translation." I have repeatedly been more warmly and gratefully thanked by the patient and his family for relieving, by the use of these soft catheters, the retentions of urine than for any other professional service.

If you will consider the obstruction that exists in cases of enlarged prostate, I am sure you will never attempt to force a solid instrument by such an obstruction, but will in such cases rely on one of the soft catheters, which can, as I have before stated, worm its way by an enlarged prostate without the slightest injury to the tissues.

Professor Van Buren reports cases of prostatic enlargement which have been kept under control from twelve to twenty years by the systematic use of the catheter four or five times a day. As a rule, at the appearance of the first symptoms of the disease the patient should commence relieving the bladder four or five times in every twenty-four hours with one of these flexible instruments. If this injunction is observed life may be much prolonged

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In cystitis, due to mechanical or chemical causes, warm water injections into the bladder are of unquestionable value. In inflammation of the bladder from obstructive prostatic enlargement warm injections will be found very efficacious in cleansing the viscus and soothing the inflamed tissue. If the patients are instructed to relieve the bladder with the catheter and inject warm water before retiring, they will often get a night of undisturbed sleep. But, besides, the dam formed by the prostatic growth causes retention of the urine, and hence decomposition of it with resulting cystic inflammation and the probable formation of a calculus. Warm water injections are necessary to cleanse the bladder, thereby preventing such formation; the soft catheters, together with a fountain syringe, are all that are required for the injections.—*American Practitioner*.

THE SURGICAL TREATMENT OF EMPYEMA.—

There are few cases which cause more anxiety to physicians than patients suffering from empyema, and we fear that uncertainty as to the best mode of treatment considerably aggravates this anxiety. Time is often wasted while half measures are being tried and found to fail; and sometimes it is only as a *dernier ressort*, when the patient's strength is exhausted and the case is desperate, that the true curative treatment is adopted. When the existence of pus within the pleural cavity has been established, there can be no doubt of the necessity for its evacuation. The question remains, how can this best be accomplished? Aspiration is the easiest method, and in children is frequently very successful; for any pus that remains after the operation is not unfrequently absorbed, and masses of lymph become organized. But in adults we do not meet with these favourable results; the hopes excited by the immediate relief following the aspiration are only too commonly dissipated by the evident signs of resecretion of pus. The fact is that the aspirator never completely empties a chest, and the fluid left behind is neither absorbed nor organized, but causes further suppuration. The other plan of making a free opening into the chest low down completely evacuates the pus, and allows of the gradual obliteration of the pleural cavity by the expanding lung, collapsing walls, and displacement of adjacent viscera; and it offers the only chance of cure in the great majority of cases of empyema in the adult. But there is a dread of this operation in the minds of many, owing to the evil results not unfrequently attending it: prolonged suppuration, destroying life by hectic, albuminoid disease, or acute tuberculosis; or decomposition of pus, with consequent blood-poisoning. Here it is that we think the antiseptic treatment can be employed with the happiest results; for it has been in cases

of large abscesses that its most decided triumphs have been won. Where only pure non-irritating air is admitted to the pleural cavity the suppuration at once or soon ceases, and the patient escapes the danger of blood-poisoning. A drainage-tube should be employed, and care should be taken that it be passed just into the pleura; but it is unnecessary that any of the tube should be free in the cavity. Several cases are on record where these tubes have slipped into the pleura, and have given rise to trouble in extraction. This accident can be quite prevented by adopting the simple expedient of transfixing the outer end of the tube with a hare-lip pin, which crosses the wound and effectually prevents the tube passing in; and if the ends of the pin be secured to the chest by strapping, it equally prevents the tube being forced out of the opening. The tube should not be withdrawn until all secretion from the pleura has ceased.—*Lancet*, May 5, 1877. (*Monthly abstract of Med. Science*.)

PROLAPSUS RECTI.—This is a rare condition among children. It is of varying grades, as of part of the mucous membrane, or the whole of the rectum up to the sigmoid flexure. The latter is usually after the former has been allowed to pass unnoticed for a long time. In most cases, however, we find only a partial prolapse occurring after constipation. Catarrh of the large intestine may be a cause of prolapse, by the frequent stools and the tenesmus occurring coincidentally with the wasting of the muscular part of the intestine. In rachitic children with such a catarrh, it not infrequently occurs, disappears for awhile, and reappears with the exacerbation of the catarrh. Such cases are best treated by treating the intestinal catarrh, and by irrigation of the intestine with water, beginning with a temperature of 24° to 22° (C.) and descending to that of fresh spring water.

In chronic cases astringent irrigations with solutions of alum and tannin should be used.

Such are also benefited by local treatment with cauterants. The prolapsed bowel may be lightly touched with nitrate of silver in substance, making a circle round it and radiating lines along the axis of the intestine; after this it should be replaced and confined with a suitable bandage. This should be renewed every three days for three or four weeks. If such proceedings do not effect a cure, one should use the hot iron, especially when the prolapse has lasted long and the sphincter ani is paralyzed. The irons used should be small and applied at the line where the mucous membrane covers the common sphincter. Strychnia and nux vomica by hypodermic injection or suppository he does not think of much value.

The replacement of a prolapsed rectum requires care. If a child is alarmed and screams and strains, it is best to anesthetize him first. One must not maltreat the intestine with futile manipulations.

When the intestine is replaced it should be secured with a retainer of some sort. Dr. Monti uses, and thinks better than any of the more complicated appliances, a series of strips of adhesive plaster, which cross over the mons veneris and the anus, constituting a sort of artificial sphincter. Through the part opposite the anus he cuts a hole, through which the stools pass quite well, and yet the application prevents the protrusion of the rectum.—*Phil. Medical Times*, Aug. 4, 1877.

EFFECTS OF MEDICINES UPON THE FŒTUS.—In a paper by John L. Cleaveland, M.D., published in *The Clinic*, the following conclusions are advanced:

Certain remedies, *e. g.*, potassium iodide, salicylic acid, and chloroform, may pass from the maternal into the foetal circulation.

The acute exanthemata, scarlatina, measles, small-pox, and perhaps vaccination, can be transmitted by the mother to the foetus. Whether syphilis passes from the mother to the foetus, or *vice versa* remains yet undecided. The effect of maternal, mental, and emotional influences upon the vitality and development of the foetus is yet undetermined.

As to the therapeutic effects of medicines upon the foetus almost nothing is known. There is only one class of remedies that is administered with the belief of hope that they will have any effect upon the foetus, namely, syphilis specifics, and the efficacy of these is stoutly denied by some.

Chloroform is known certainly to enter the foetal circulation, but it is not known to exercise any pernicious effects. Zweifel claims that jaundice may be caused. This, however, is not proved.

It has not been demonstrated that morphia passes into the foetal circulation, but clinical experience appears to prove that in the hands of most practitioners, and in the vast majority of cases, opiates may be used with safety to the foetus.

It appears, however, on the other hand, from the testimony of some observers, that the hypodermic use of morphia to its full physiological effect produces in the foetus dangerous phenomena, cyanosis, impaired respiration, irregular pulse, contracted pupils, a disposition to sleep, and sometimes convulsions. It is of the utmost practical importance to us all that this latter point should be determined.—*New Remedies*.

ETHER AS AN ANÆSTHETIC.—The *Doctor* has the following excellent observations on this subject:—"It has always seemed to us," it says, "the height of folly to declare there could be no danger in any anæsthetic. The lesson taught by the late death from nitrous oxide has, it is to be hoped, been well learned, and we shall in future hear less of the absolute safety of any agent capable of depriving a person of all sensation. Some cases in

which ether has been followed by alarming symptoms have lately been recorded. They have been termed syncope, but the word is not appropriate, as the heart continued to beat after respiration ceased. This is what should have been anticipated. When death is produced by ether the animal's heart continues to beat long after the arrest of respiration. The pulse is quickened by ether and maintains its force through a long state of anæsthesia. In these facts lies the safety of ether. But it should never be forgotten that there is danger at a certain stage, and the danger is from the side of the respiration, which at length ceases. Stertorous breathing proceeds from paresis of the muscles of the palate, and should lead to the ether being suspended. So respiration growing more and more shallow and less frequent is a warning and should not be overlooked. It is very rare that the heart fails—perhaps never. Pallor is rare too, and should excite attention if it occur. But we repeat, the danger of ether is from the side of respiration, that of chloroform from the heart, and this fact goes far to explain their relative safety. In chloroform narcosis the danger is much more sudden. Ether gives warning."—*Hospital Gazette*.

DYSENTERY TREATED SUCCESSFULLY BY LARGE DOSES OF IPECACUANHA—GIVEN BY THE NON-EMETIC PLAN. Forester. (*The Boston Med. and Surg. Jour.* Feb. 1877.) The following cases of dysentery treated by ipecac are of peculiar interest, says the author, because of the prevalent notion that large doses of the drug cannot be given beneficially to dysenteric patients without being followed by emesis. Case one, was treated by twenty-five grains of pulverized ipecac. every six hours, suspended in syrup of orange peel, and patient instructed to remain in the horizontal position, and to abstain from food and liquids during the treatment.

The ipecac. if rejected, to be repeated every twenty minutes until retained. The other cases reported were treated as the first, and the result obtained in each was speedy convalescence, followed by recovery.—*Chicago Medical Journal*.

LUXATION AT THE HIP-JOINT—EASY METHOD OF REDUCTION.—Place the patient on his back upon the floor: flex the femur upon the abdomen until it is brought at right angles with the pelvis; then, standing astride of the patient, clasp the hands under the legs close up to the thighs and suspend the body; when the body has been raised free from the floor, the sound limb can be so balanced against the leg of the surgeon that the entire weight of the patient's body can be utilized as an extending force upon the dislocated limb, and, assisted perhaps by a trifling rotation, will draw the acetabulum over the head of the bone. In this manner the reduction was effected without the use of any force at

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all, and it was believed that the principle was applicable to all forms of dislocation at the hip-joint. The theory was that the so-called Y ligament was the obstruction to reduction, and that, when it was most fully relaxed, as it could be by flexing the thigh at a right angle with the pelvis, the weight of the body was sufficient to overcome the obstruction and bring the bones into their proper relation. An advantage which the method possessed over all others was that it made the patient *particeps criminis*, and as a matter of necessity, he became one of the defendants in the suit, in case any one was subsequently disposed to sue for damages.

IRRIGATION IN CHRONIC CYSTITIS.—Dr. Jackson, in Boston Medical and Surgical Journal, reports two cases of chronic cystitis successfully treated by constant irrigation. The means used were a vessel containing water, a double catheter, and india-rubber tubing sufficient to convey the water to and from the bladder. The flow was regulated by a stop-cock attached to the reservoir. The position of the vessel should be such as not to cause pain by excessive pressure, but it is necessary that the bladder should be fully distended at times, in order that the whole surface may be thoroughly cleansed. About a barrel of water is needed in twenty-four hours. Of the first case, he says that the usual method of intermittent irrigation was adopted, and continued about two months, without benefiting the patient, at the expiration of which time constant irrigation day and night by means of water about the temperature of the body was substituted. A constant flow of water into the bladder was kept up for three days, when the catheter was withdrawn and the urine examined, which, on previous examinations, was alkaline, but now, for the first time, was acid. Irrigation at intervals, varying from two to three days, was kept up for about one month, at the end of which time the case was discharged cured. Case two was not unlike the first, only in the duration of time; about one month of treatment, by constant irrigation, at intervals varying as about in case one, was sufficient to cure the patient.—*Louisville Med. News*.

TREATMENT OF GLANDULAR SWELLINGS AND ABSCESSSES—(*Gaz. Med. de Paris* Dec. 2, 1876. *Med. Record*, Feb. 3, 1877). M. Quinart, of the Ghent Hospital, not only advises, like Nelaton, to attack simple engorgement of the glandular tissue at the outset with a series of blisters, but he employs the same treatment when pus has already formed. In this way resolution of suppurating glands can be obtained, which already contain several ounces of pus. When perforation of the skin is threatened, he punctures the sac at the most dependent part of the tumor, where the instrument must traverse a large extent of healthy cellular tissue. When the sac is emptied it is covered, whatever its

extent, by a blister which overlaps it on all sides by one or one and a half inches. The following day, the blister is dressed with mercurial ointment; as soon as the skin begins to cicatrize, a second blister is applied, and so on. Among other cases, M. Quinart has cured an abscess that extended from the angle of the jaw to the clavicle, and which contained over ten and a half ounces of pus. The tumor was punctured just above the clavicle, and then entirely covered by a large blister. The second day, the little wound was reopened by means of a stylet, and a quantity of serous pus escaped. The third day, the greater part of the sac was closed, the fluid that accumulated in the most dependent part was reabsorbed, and no mark of this immense abscess now remains, except a small cicatrix above the clavicle.—*Detroit Med. Journal*.

PAPER SPLINTS.—Dr. M. R. Speare, of Rochester, N. Y., sends us a sample of his "paper splints." He writes:—I employ strong manilla-paper and book-binder's starch, which consists of flour and water boiled to the consistency of jelly. I first prepare my paper by cutting it into strips long enough to encircle the limb at its greatest circumference, and varying from half an inch to an inch and a quarter in width. Having an assistant with the starch and a brush ready, I apply a flannel roller as far as I wish the splint to extend; then smear this with the starch, apply the strips of paper—after starching—the same as a many-tailed bandage, brush this over with starch again, and apply another layer as before, until I get the required thickness, which is usually six or seven layers, according to the firmness of the paper used. The whole process will occupy about fifteen minutes.

When this is dry, which will take two or three hours, by the aid of hot bricks or sand bags on each side of the splint, it is very light and comfortable, fitting as nicely as a stocking, and is as firm as the same thickness of wood.—*Medical & Surgical Reporter*.

NITRATE OF Pilocarpine.—Permit me to call the attention of your readers to the very convenient means now accessible for producing the inimitable diaphoretic and sialagogue effects of jaborandi. I refer to the nitrate of its alkaloid, pilocarpine. This may be administered subcutaneously without trouble, and produces within five minutes a distinct moisture of the skin, and in a few minutes more profuse sweating and flow of saliva, lasting for some hours.

In a case of Bright's disease (parenchymatous nephritis of an extreme degree), where the hot-air bath failed to procure diaphoresis, and where jaborandi in infusion was vomited, the subcutaneous injection of a little more than one fourth of a grain of nitrate of pilocarpine produced abun-

dant sweating and copious flow of saliva. The injection was several times repeated, as much, however, for the great relief afforded by its sialagogue action to the distressing dryness of the mouth as for the mitigation of the general symptoms, although the patient at first expressed himself as feeling much more comfortable after its action.

It has been used with similar results in two other cases, once in each. The therapeutic value of this drug cannot be considered at present as well determined; but such a convenient method of administration ought soon to furnish sufficient data for this purpose.

A solution of nitrate of pilocarpine grs. iiss or 0.16 gramme, aq. destill. ʒi. or 4 grammes, of which six minims or c.c. 0.4 may be injected, is of convenient strength.—*Dr. Edes, Boston Med. Jour.*

DIALYZED IRON.—If all that is claimed for this preparation be true, it is by far the most valuable form in which iron can be administered in many cases. There is high authority in support of its value. Becquerel, the celebrated French scientist, gives it unqualified praise, and it has been used in France for some time, with satisfactory results. It has been more recently introduced into American practice, and appears to be growing rapidly into favor in Philadelphia and elsewhere. Its mode of preparation is well known to chemists, and there is no secrecy in connection with it. It is a concentrated solution of peroxide of iron, without odor, and without the styptic taste of ferruginous preparations in general. It may be given in the same doses as the ordinary perchloride tincture. As a chemical antidote to arsenic, it is claimed to be fully equal to the hydrated sesqui-oxide, and it has the advantage of being always ready for immediate use. Becquerel says of it, that it produces no gastric disturbance of any kind, and no constipation, and that it never discolors the teeth. Not yet having had an opportunity of giving it a sufficient trial, we cannot speak from experience, but the testimony in favor of it is too strong to be disputed.—*Pacific Med. Journal.*

The Medical Press and Circular says: London, the greatest city the world ever saw, covers, within a fifteen-mile radius of Charing Cross, nearly 700 square miles. It numbers more than 4,000,000 inhabitants. It comprises 100,000 foreigners from every quarter of the globe. It contains more Roman Catholics than Rome itself; more Jews than the whole of Palestine; more Irish than Dublin; more Scotchmen than Edinburgh; more Welshmen than Cardiff. It has a birth in it every five minutes, and a death in it every eight minutes; has seven accidents every day in its 7000 miles of streets; has 123 persons every day, and 45,000 annually, added to its population; has 117,000 habitual criminals on its police register; has 23,

000 prostitutes; has as many public-houses as would, if placed side by side, stretch from Charing Cross to Portsmouth; has 38,000 drunkards annually brought before its magistrates; has as many paupers as would more than fill every house in Brighton; has 60 miles of open shops every Sunday; and has an influence on the world represented by the yearly delivery in its postal districts of 238,000,000 letters.

SIMPLE METHOD OF TESTING THE PURITY OF CHLOROFORM.—Dr. Lucke, of Strasburgh, gives the following simple method of testing the purity of chloroform: Immerse a small piece of thin white blotting-paper into the chloroform, and then let it dry in the air. As soon as all the chloroform has evaporated, the paper will not present the least smell if the chloroform is pure. If there is any acid smell perceptible, it indicates the presence of butyric acid in the chloroform, and as a rule has the strong characteristic odor of that substance.—*New Remedies.*

TREATMENT OF FISSURES OF THE NIPPLES DURING LACTATION. Buttler. (*The Ohio Med. Review*, May, 1877.) When fissures of the nipples are not due to some constitutional cause, tinct. of benzoin freely applied to the parts will, in about five to ten days, effect a cure. Only the first application is painful. Tinct. of benzoin forms a covering on the surface of the nipple, and so protects it from the child. Lactation is never interrupted by the above process of treatment.—*Ibid.*

PROF. GROSS says:—"Experience has shown, that iodide of potassium is capable of performing for tertiary syphilis what quinine does for intermittent fever, or arsenic for neuralgia. It is *the remedy par excellence in tertiary syphilis*—a modern remedy of stupendous consequence to the human race; a remedy *without which* it would be impossible to treat disease with any prospect of success in almost any case, however simple."

COLD BATHS IN INFANTILE DIARRHŒA.—In our issue of the 13th ultimo, we remarked that Dr. Horatio Wood, of Philadelphia, had drawn particular attention to the effect of heat and of the rays of the sun in causing cholera infantum, diarrhœa, enteritis, etc., and to the remarkable efficacy of enforced cold bathing in these cases.

Professor Nathan R. Smith, the distinguished surgeon and medical practitioner of Baltimore, died at his residence in that city, in the 81st year of his age.

THE death, at Paris, of Dr. Cazenave the illustrious dermatologist, is announced.

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THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

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TORONTO, SEP. 1, 1877.

DEFECTS OF HOUSE DRAINAGE AND THEIR REMEDIES.

An admirable paper on this subject will be found in the annual report of the State Board of Health for Massachusetts, January 1876, written by E. S. Philbrick, C.E. He points out the necessity for the removal of sewage with all possible speed. Every device by which any part of it is hoarded or retarded in or about the premises is to be carefully avoided. A frequent mistake is made by laying large sized pipes for drains, arising from the notion that small pipes are more likely to become choked. The fact is, that all increase of size above the requirements of capacity is an actual injury, by diminishing the scouring power of the current; so that if laid with a fall of two feet or more in a hundred, a four inch pipe is better than a larger one for a house drain, because with the limited flow the smaller one would scour better than the larger one. If rain water is admitted from the roof gutters, either for convenience or flushing, a larger size is perhaps needed, but six inches is ample even then, for any ordinary house roof. If the fall is less than two feet per hundred, flushing may be needed. Dr. Latham says that in order to be self-cleansing, the house drain should convey its contents at the rate of three feet per second. To attain this velocity, a four-inch drain must have a fall of about one foot in a hundred, and a six-inch drain about one in a hundred and forty. In all houses which drain into sewers, the trap should be placed outside of the house walls on the main house drain, after it has collected all the branches which are tributary to it. Dr. Parkes in his "Treatise on Practical Hygiene," says:—"It is hardly possible to insist too much on the im-

portance of this rule of disconnection between the house pipes and the outside drains." The Medical Officer of the Privy Council, London, says, "This condition ought to be insisted on, that every private drain be properly trapped and ventilated in relation to the common sewers." The gas which arises in foul drains is of a singularly light character, and has a tendency to ascend or draw towards any heated part of a house. Hence it often occurs that houses in towns situated on the highest grounds are more unhealthy than those in valleys, the foul air rises to them through the drains. As during the greater part of the year the internal temperature of an inhabited dwelling, and especially of some parts of it, is much higher than the surrounding temperature, it is obvious that the gas naturally ascends to the living rooms, especially if during the winter and autumn they are warm and comfortable. The water-closets are also generally on the bed-room floor, and it is more injurious to health to sleep in foul air, than to be in it during the day time. In planning house drains, they should be got outside the walls of the house as directly as possible. In public institutions or other large buildings, where a large number of receptacles of sewage is provided, the main drain for the collection of the whole should be outside the walls, wherever practicable, for the reason that fewer joints of pipe, and fewer chances of leakage from imperfect work, would thus occur within the walls. The pipes should not be buried under the cellar or basement floor, but should be readily accessible for inspection. They can generally be placed along some wall or partition, or hung from the ceiling where their joints can all be readily seen, to be recalked and painted whenever necessary. Dr. Parkes says it should be a strict rule, that no drain pipe of any kind should pass under a house. If there must be a pipe passing from front to back, or the reverse, it is much better to take it above the basement floor than underneath, and to have it exposed throughout its course. The water closet is used by thousands who know little of its mechanism, and who consider it as an automatic arrangement, needing little or no attention. But, as it is no more perfect in its way than all other works of human hands, it has many faults and weak points, particularly in the form of the pan closet, now so generally used. It therefore behoves the architect who plans a house for the rich man, the

mechanic who plans his own, or who builds to sell again, and lastly the householder and head of the family himself, to know something of the general principles of its construction, and to avail himself of such knowledge in planning, building and taking care of a house. There seems to be a deplorable lack in this respect, for instead of water-closets and drains being placed so as to insure the getting rid of the refuse with safety, we often find poisonous gases emitted from them, and conducted all over the house, by an ingenious system of pipes, floor spaces and partition spaces in our plastered buildings.

It is to be regretted that among the hundreds of patented inventions, recently brought before the public, one of the most defective and dangerous of them all should have got into such general use, viz., the ordinary pan closet. Latham speaks of them in his "Sanitary Engineering" as "cumbersome appliances which cannot be introduced into a house without creating a nuisance." If the water closet can be located near a chimney which is sure to be in constant use, as the kitchen chimney, the evil can be abated by passing a zinc tube of some three inches in diameter, from the space under the water closet into the chimney flue. Where no warm chimney can be had near enough to be used, the draught tube can be run directly through the roof, with some ventilating attachment at its top to encourage the upward draught of air. It is always advisable to provide at least a part of a window directly over every water closet. The pan and hopper closets which are often found tucked into corners, under stairways, and in other dark places, without special ventilation, are sure to become nuisances, and poison all their surroundings.

PREVENTION OF WORMS IN CHILDREN.

Whatever will assist the members of our profession engaged in constant and extensive practice, must be worthy of notice at our hands. In view of the quantities of anthelmintic remedies sold by chemists for popular use in families, and the quantity of medicine prescribed by physicians in addition thereto, any knowledge of a hygienic or prophylactic nature should be widely disseminated.

It is often well to recall the observation of men of a past age, on a subject. About a century ago the eminent Dr. Rush of Philadelphia, made a series of experiments upon common earth worms, as most nearly allied to those which infest the bowels of children, for the purpose of discovering what agent would most speedily destroy their life, and which could be used as a vermifuge or worm medicine. From these experiments he discovered that fresh ripe fruit is the best preventive against worms, and the most speedy and effectual poison for them. Any physician who may choose to put this theory to the test, will find it true in practice.

Dr. Rush's experiments proved that worms will live longer in some solutions known as poisonous, than in the juice of some of the most harmless articles of food: thus in a watery solution of opium they lived eleven minutes; in an infusion of pink root, thirty-three minutes; while in the juice of red-cherries they died in six minutes; in the juice of black-cherries in five minutes; in the juice of red-currants, in three minutes; that of goose-berries in four minutes; whortle-berries, in seven minutes; and raspberries in five minutes.

It may be added in a word that any vegetable acid is destructive to the various forms of enteric parasitic life and as such the various acid fruits may be safely and judiciously recommended. A child's digestion should never be allowed to become impaired by over-eating or bad food, as this favours the generation of worms.

The preparations of Iron are excellent prophylactics, not only from their tonic influence but also because their effects upon the intestinal secretions are such as to render them unfavourable to the propagation of the parasite. The above remarks apply only to the *Ascaris Vermicularis* or small thread worm, the *tricocephalus dispar* or long thread worm and the *Ascaris lumbricoidis*, or round worm. The tape worms—*tenia Solium* and *tenia lqta* being introduced into the alimentary canal with the food are not preventable by such means. The only prophylaxis is in the avoidance of *measly pork* or *beef*, and *underdone* sausages, which are the means of carrying the eggs into the system.

INEBRIATES.—The American Association for the Cure of Inebriates will hold its eight annual meeting at Chicago, Ill., Sept. 12th, 1877. Important papers and business will be presented.

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LADY DOCTORS.

By a vote of the Senate of the London University, England, the degree of M.D., is now open to women. This degree is one of the highest in the world, and now that this University has discarded the old obstructive policy, it is probable that other Universities will follow the example. Whether or not women are fitted for the duties of the medical profession, and whether or not ladies would prefer them to men as attendants, are questions that may safely be left to work out themselves. For if mere arbitrary restrictions against women entering upon the duties of the learned professions have kept them back, then the world will be the gainer by the new energies set free; but if it prove that woman is not adapted to the strain upon the energies of body and mind requisite for the proper fulfilment of professional duties, then things will ultimately find their own level, and the present male guardians of professional privileges need have no fear of their new rivals.

ANOTHER VOLUME.—With the present number of the CANADA LANCET we commence a new volume. We have now entered upon the 10th volume, and the success we have had, is very gratifying, for notwithstanding the hard times through which we have passed, and the dilatory and spasmodic manner in which the subscriptions have come in, we have been able to keep even with our creditors, but we have not been able to undertake any further addition to the size, or improvements in the style of the Journal. Our advertising business has been a great help to us. Many times we would have been under the necessity of asking for an extension of time from our printers and others, but for the timely remittance from some of our advertisers. An experienced journalist was once asked what he thought of the possible success of a certain paper. He said, "shew me the advertisements and I will tell you what kind of a paper it is, and what its success is likely to be." This may not be exceptionably true of all papers, but it is so in the main. Papers and periodicals that are patronized by advertisers must have a good circulation, and those which have obtained a large circulation must have met with the encouragement and approval of their readers. We are happy to

say that the LANCET has had the warm and liberal support of almost the entire profession in Canada from the outset of its career, and it not only continues to hold its position as the leading medical journal in Canada, but is constantly growing in favor as is evidenced by the constant additions to our subscription list of the names of medical men in the Dominion, and also from many parts of the United States. "There is nothing so successful as success," and this is true in medical journalism as in everything else.

During the past four or five months it will have been observed that our advertising space has been very much increased. We were obliged to insert separate sheets in order to prevent too much encroachment upon the reading matter. Thirty-two pages double-column, of closely set reading matter is published every month, and this we will continue to do, notwithstanding the number of pages of advertising matter we may have orders for. The latter will be increased according to the demands so as not to necessitate any curtailment of the stated amount of reading matter. We also take this opportunity of thanking our friends for the very generous and liberal support they have given us during the past, and hope to merit a continuance of it in the future. We would also most respectfully remind those who have not sent in their subscription for the past year, of the omission.

MONTREAL DEATH-RATE.—The following is an extract from the report by Dr. Larocque, medical health officer of Montreal, for the month of July—

There were 608 deaths during the past month, being an increase of 58 over that of the month of June last, and 60 less than the corresponding month of last year. The mortality of the past month represents an annual death-rate of 45.30 per 1,000, the population being estimated at 134,200. The number of deaths by zymotic diseases was 300, being 16 more than in the month of June, and 36 less than in the month of July, 1876. There were 40 deaths from small-pox, 27 less than in the month of June last, a very gratifying decrease. The number of deaths caused by diarrhoea, dysentery, and cholera infantum was 199, an increase of 34 over that of the month of June. The temperature of the past month having been high, it is not surprising that such an increase should have taken place. The deaths among the

French-Canadians amounted to 452; of this number 364 were under 10 years of age, and 88 above that age. Among the English-speaking 76 deaths took place—41 being under 10 years, and 35 above that age. Among the Protestants there were 80 deaths, 51 were under 10 years and 20 above. The large proportionate number of deaths in one of the wards was attributed to over-crowding, and the existence of a large number of butcheries, glue, soap and candle factories. This state of things will be brought prominently under the notice of the Board of Health, for emendation.

CHOLERA MORBUS AND DISEASES OF SUMMER.—A majority of these attacks are due to the use of unripe and indigestible fruits; stale or decaying food, such as tainted meats or fruit already beginning to decay, and from over-eating and from making use of unseasonable food, too rich and heavy for hot weather. If people could be almost vegetarians during the hot season, they would be all the healthier, sprightlier and happier. But they go on gormandising until nature revolts, and a severe attack of bilious diarrhoea is the result, or they go and drink wines and ales, or perhaps something stronger, until indignant and insulted nature puts in her protest and resents such ill-usage.

Great attention should be paid to the diet especially during the summer months. "Live right and you will be all right," is an old truism that holds good here. "Eat to live," said one, not "live to eat." This rule being observed, and proper diet selected, nothing more is necessary. Even in the management of children, "take care of the stomach and the health will take care of itself" is a truism which seldom is at fault.

BREWERY GRAINS AS FOOD FOR COWS.—The custom of feeding brewery grains to cows to increase the flow of milk is very common in all large cities. The result is an excess of quantity for the time being, with a very decided deterioration in quality; but, sooner or later this food, when used in considerable quantities, produces a poisonous effect on the animals, and renders the milk wholly unfit for use. The cows, if fed on grains alone, become covered with sores and eventually die. The poisons that are used in the manufacture of malt liquors, such as sulphuric acid, cocculus indicus, opium, copperas, alum, and strychnine, natur-

ally settle (especially the dregs of them), in the grains. This furnishes a clue to the increased infant mortality in large cities. The Board of Health in Brooklyn has prescribed all swill milk, *i. e.*, milk from cows fed on the swill or rubbish from breweries and distilleries. Tons of brewery grains are constantly being fed to cows in our large cities, and if the various Boards of Health were at all equal to their duty, they would at once prohibit the sale of milk so produced.

PAPER LEGS AND ARMS.—Paper is already being made use of as a substance out of which to manufacture articles of durability and strength, even to car wheels and flour barrels, which latter for lightness, durability, tightness, and cheapness, are said to be superior to wooden ones, and the former are said to be safer from fracture, and quite as durable as iron.

Experience of this kind should point to paper as much the best article out of which to manufacture artificial limbs, because the present ones are too heavy and clumsy when strong enough, or if made light are too easily broken, not at all durable, whereby much expense and annoyance are entailed upon the wearer. We trust some manufacturer of artificial limbs, may take a practical hint from the Syracuse firm who are making flour barrels out of paper, and give us a better class of artificial limbs than we yet have in the market, and thereby confer a much needed boon upon many a weary sufferer from the present clumsy appliances.

MEDICO-LEGAL CASE.—An important medico-legal case has lately been decided in the Supreme Court in Charlottetown, P. E. I. A man named McLure received a severe injury to his hand and wrist in October last by a powder explosion, and applied to Dr. McKay for treatment. The Dr. treated the case with the utmost skill and care, but from want of care and attention on the part of the patient, interference with the dressing, and the too early use of the hand, it afterwards became weak and useless. An action for malpractice was brought against the Dr., and the damages were laid at \$1,000. It was shewn in the evidence that the Dr. had treated the patient in a careful and skilful manner, and had paid every attention to the case. It was also shown that the prescribed direction of the Dr. had been interfered with by the patient, and that this was the means of bring-

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ing about an unfavorable result. After a trial which lasted four days, the Dr. was honorably acquitted. We are glad to learn that McKay's reputation will not suffer by this trial. The evidence went to shew that he was not only an intelligent and skillful practitioner, but an excellent man of business.

LACERATION OF THE PERINEUM.—The two clinical lectures by Dr. Goodell, of Philadelphia, on "Laceration of the Perineum, its prevention and cure," are most valuable and original, and are well worthy the perusal of all accoucheurs. Among the causes he says—and we agree with him—"many lacerations are owing to the common mistake of making such long continued and firm pressure on the perineum as to make it hot, dry, and unyielding, and also to prevent it from undergoing an equable dilutation." "In the great majority of labours the perineum does best when let alone." He adds, "In the majority of cases of laceration in which the anal sphincters are involved, you will, I am sorry to say, find that the labor has been an instrumental one. Yet there are cases in which the very use of the forceps protects the perineum." Still he goes on to say, "I have seen so many bad rents attending the use of the instrument, even in practical hands, that I cannot withhold the opinion that, in the majority of cases, nature can accomplish final delivery of the head through the soft parts much better than the physician. . . . My advice to you, therefore, is that, other things being equal, as soon as the perineum is well dilated, you should remove the forceps." As an ounce of prevention is worth a pound of cure, he says, "apart from a direct and retarding pressure upon the presenting part itself, the only manual aid that I permit myself occasionally to give is as follows. Insert one or two fingers of the right hand into the rectum, and hook up and pull forward the sphincter ani toward the pubes. The thumb of the same hand is meanwhile to be placed upon the foetal head, scrupulously avoiding all contact with the perineum." This method he strongly advocates. Through sentiments of delicacy many lacerations are not detected at once, and may lead to much inconvenience to the patient, and damage to the reputation of the practitioner. He says, "make it, therefore, an inflexible rule to stretch open the vulva, and visually

examine the perineum, and unless the rent is simply cutaneous or very slight indeed, you must perform the primary or immediate operation, that is, you must at once sew up the wound." He uses wire sutures with an inch deep of hold.

GERMS OF DISEASE.—There seems much reason to fear, says the *Lancet*, that too little attention has been bestowed on the important subject, "What becomes of germs of disease after a cleansing process?" Filth is washed away, but where? If water holding the poison in suspension is thrown into ordinary drains, it will become the agent for distributing disease. This is a very grave consideration. Disinfecting, properly so called, is not a precaution commonly carried out. It is generally deemed sufficient to purify the particular articles supposed to be foul, without regard to what the destination of the germs removed may be. It is very doubtful whether this particular point receives a due share of thought in public institutions. Certainly there is room for improvement in the domestic and laundry methods of "purification." The only effectual measure for arresting the spread of infection is one which destroys the vitality of the germ where it is found.

INSPECTION OF TENEMENT HOUSES IN CITIES.—We would like to see the regulation for the sanitary inspection of tenement houses in vogue in Glasgow, universally adopted, because no class of people are obliged to submit to so great injustice as the class occupying tenement dwellings in large cities. Leaky roofs, cracked walls, paneless windows, doors without proper locks and hinges, walls and ceilings requiring repairs, badly arranged sinks and water closets, imperfect drainage, are only a few of the inconveniences this class is subjected to. They should all be regularly cleansed and whitewashed with *lime wash* (not papered) once or twice a year, under direction of the sanitary officers, to prevent harbouring diseases or spreading epidemics, and a printed list of sanitary instructions kept pasted up in every dwelling by order of the Board of Health. In Glasgow, all houses within certain limits of size are under sanitary police inspection. Every door bears the register of the number of cubic feet of space contained in the dwelling, and the number of inhabitants it is licensed to contain. This should be burned into the wood to prevent removal, and is

most efficacious in preventing over-crowding. Three hundred (300) cubic feet of space is allowed for each adult, and one hundred and fifty for each child. Ordinary dwellings and lodging-houses are distinguished by the character of the marks or ticket.

COMPARATIVE LONGEVITY.—It is generally supposed among life insurance people that women's lives are shorter and more precarious than those of men. In view of this it would be well for such authorities to furnish an explanation for the circumstance that women furnish most examples of prolonged longevity, as found in the collection of the following statistics:—"Official documents establish that, per million inhabitants, there will be found 71,602 who have attained their 60th year in Italy; 72,910 in Great Britain; 76,982 in Holland; 78,187 in Sweden; 86,659 in Denmark; 88,432 in Belgium; and 101,495 in France. Of centenarians, there are 15 per million in Great Britain; 7.3 in France; .7 in Belgium; 2.6 in Sweden, and 1.3 in Holland.

QUININE WINE, ITS COMPOSITION.—Quinine wine, which is so extensively advertised and used at present under the impression of its valuable tonic qualities, is according to an analysis made by Dr. Edwards of Montreal, nothing better than a drunkard-maker. Only one of the samples was of the general character and strength of the official preparation of that name ordered in the British Pharmacopœia. That known as Collin's Quinine Wine, containing "Orange wine," comes nearest the prescribed formula. It is slightly alcoholized and contains one grain of sulphate of quinine to each fluid ounce. That sent for analysis by Mr. John Gardner, and known as Gardner's Quinine Wine, is of this character; the rest are highly alcoholized wines, containing only one-third or one-half the proportion of quinine. Messrs. John F. Lewis & Co's Quinine Port Wine, consisting of inferior red wine (colored with log-wood), citric acid, sugar, tinctures of gentian and orange, and traces of strychnia and brucia, from a small quantity of nuxvomica, should certainly be tonic were not its properties in this regard greatly overbalanced by its stimulating character—its alcoholic strength being 68 under proof, equal to 18.5 per cent. of absolute alcohol by weight and 20 per cent. by volume,

while there is but one grain of the alkaloid in three fluid ounces, surely a moderate proportion. Campbell's Quinine Wine consists of sherry, tincture of orange peel, citric acid, sugar and sulphate of quinine, the latter in the proportion of half a grain to the fluid ounce. It yielded by distillation, 20 per cent. by volume of absolute alcohol, equal to 64 under proof. Lyman's quinine wine consists of sherry, sugar, citric acid and sulphate of quinine, the latter in the proportion of one grain to three fluid ounces. Its alcoholic strength is 75 under proof—equalling absolute alcohol—15.5 by weight, or 16 per cent. by volume. Messrs. Devine & Bolton's quinine wine consists of Italian or light Sicilian wine, citric acid, sulphate of quinine, the latter in the proportion of one grain in two fluid ounces. Alcoholic strength 77 under proof; absolute alcohol, 14 per cent. by weight or volume. Gardner's quinine wine consists of light Sicilian wine, citric acid, sugar, and sulphate of quinine, the latter in the proportion of one grain to the fluid ounce—as before observed, he is more generous, than the rest in his distribution of the valuable alkaloid. The alcoholic strength of the wine is eighty under proof; absolute alcohol, thirteen per cent by weight; twelve per cent. by volume. For a temperance man this wine is strong—too strong. A retired druggist, speaking of the above "wines," says there are more *drachms* than *scruples* in them—he knows how it is.

ANIMAL VIRUS.—The "*Doctor*" says the practice of vaccination with human virus seems to be nearly falling into decay in Belgium, and giving place to vaccination with animal virus. We quote from the pamphlet of Dr. C. R. Drysdale London, the following statements made before the London Medical Society last year.

In 1873, 800 of the 1,000 practitioners in Belgium, using vaccine, sent to the State Department for supplies of animal vaccine, and Dr. Warlomont reports that the *points* sent out by him in that year succeeded in 96 per cent. of vaccinations, and in upwards of 60 per cent. of re-vaccinations.

We believe in the superiority of the protection afforded by direct vaccination, and sympathise fully with the statements made by Dr. Warlomont who tells us that "of 10,000 children vaccinated by animal vaccine, and passing through the epidemic of 1870-71, not one was attacked by smallpox."

He adds, this holds true also, for the greater number of patients re-vaccinated by this means." These facts are fully attested by competent observers.

TREATMENT OF DYSPEPSIA.—*The Medico-surgical Review* says,—We are by no means sure, indeed, whether the entire dietetic treatment of dyspepsia, ordinarily practised, is not fallacious; and whether, instead of a highly-animalized regimen, it would not be preferable to have recourse to a simple vegetable diet. Mr. Smith [*Fruits and Farinacea*] has collected several cases of the benefits of such a system from the writings of eminent medical authors who had no particular doctrines to support, such as Abercrombie, Cheyne, and Thackerah; and from the considerations we have already adduced, we think that a strong case has been made out in its favour.

MR. RADFORD, Health Inspector of the City of Montreal, at the July meeting of the Board of Health of that city, reported as follows, among other things. "The imperfect construction of privies was pointed out, and Mr. Radford stated that the death rate in Upper St. Dennis Street has caused many enquiries from residents, some of whom have become alarmed by these reports. An open gully is supposed to be the cause. He added "that a visit to these places had convinced him "that the present comparatively high rate was not "only due to the condition of the premises or to "infection, but partly to the depressed condition of "the laboring classes of the city. In some cases "the families were found at dinner, and it was "painful to see the children with bread "soaked in boiling water as their only food. In "several cases the pined look of the little ones, "the presence of the fathers, unable to obtain employment, and other circumstances, proved that "a large number of our fellow citizens are suffering from disease induced by lack of proper nourishment."

CANADA MEDICAL ASSOCIATION PROGRAMME.—

The meeting will be held in the new building of the Windsor Hotel, Montreal, on Wednesday the 12th inst., at 10 a.m. The following papers will be read: The President's address. Crime and Insanity, by Dr. J. Workman, Toronto; Ovariectomy, by Dr. Rosebrugh, Hamilton; Vital Statistics, by Dr. A. B. Larocque, Montreal; Pernicious

Anæmia, by Drs. Osler & Bell, Montreal; Addison's Disease, by Dr. Geo. Ross, Montreal; On large doses of Acetate of Lead in post-partum and other Hæmorrhages, by Dr. J. Workman, Toronto; Gastrotomy and Ovariectomy, by Drs. Fuller, E. Robillard, & Rottot, Montreal; Embolism of Central Artery of Retina, by Dr. Buller, Montreal; Excision of Knee, by Dr. Fenwick, Montreal; Remarks on two cases of Tricuspid Stenosis, by Dr. Howard, Montreal; Treatment of Empyema, by Dr. Fulton, Toronto. Vesico-Vaginal Fistula, by Dr. Trenholme, Montreal.

Reports are also expected from the Chairman of the following Committees:

On Surgery, Dr. Ross, Toronto; on Obstetrics, Dr. Richardson, Toronto; on Medicine, Dr. Ross, Montreal; on Medical Literature, Dr. Howard, Montreal; on Climatology, Dr. Marsden, Quebec; on Therapeutics, New Remedies, etc., Dr. Fulton, Toronto; on Necrology, Dr. Osler, Montreal.

Gentlemen intending to read Papers will oblige by at once notifying the General Secretary, A. H. David, M.D., Montreal, mentioning the titles thereof, in order that they may be added to this list.

FACULTIES OF THE MIND.—Dr. Ainslie Hollis, in the St. Bartholomew Hospital Reports, protests against the growing disposition to localize too closely the several faculties of the mind in the different parts of the brain. "It is preposterous," he says, "to expect that similar cells are reserved for similar functions in all human brains, knowing what we do of the great diversity in man's mental culture, his various occupations, proclivities and talents."

THE LATE DR. SOMERVILLE SCOTT ALISON, M.D. F.R.C.P., &C., LONDON.—It is with feelings of sorrow that we have to refer to the death of this distinguished and universally regretted physician, on the 11th July last. He was chiefly engaged in the treatment of affections of the heart and lungs, and in which he was one of the most skilful diagnostists. He was formerly physician to the Brompton Consumptive Hospital. He devised and perfected the "Differential Stethoscope," which has been much appreciated by those whose opportunities have enabled them to test its usefulness, and which, in affections of the heart especially has afforded the most satisfactory results. He

was a frequent contributor to the medical literature of the day, and contributed largely to the proceedings of the Royal Society, &c., and was the author of several scientific works, particularly that standard work entitled "The Physical Examination of the Chest in Pulmonary Consumption and its Intercurrent Diseases."

BRITISH MEDICAL ASSOCIATION.—The 45th annual meeting of the British Medical Association was held in Manchester, commencing on the 7th ult. Dr. M. A. E. Wilkinson was appointed President for the ensuing year. Dr. W. Roberts of Manchester delivered the address on Medicine; Spencer Wells the address on Surgery; and Dr. Priestly of London, the address on Obstetrics.

A TESTIMONIAL.—Our attention has been called to a letter in the Toronto "Mail," written by some over-zealous friend of Dr. Kincaid, of Peterboro, lauding that gentleman to the skies for some miraculous cure said to have been performed by him on the wife of the writer. We can hardly believe it possible that Dr. Kincaid had any knowledge of his friend's intention or he would, both in his own interest and for the honor and dignity of the profession to which he belongs, have dissuaded him from so open, unblushing, and doubtful a compliment.

OVARIAN TUMOR IN A CHILD.—A case of ovarian tumor in a child twelve years of age, is reported by Dr. McGraw of Detroit, in the *Toledo Journal*, (July No.) The tumor was of rapid growth; the child was undeveloped sexually, and had never menstruated. She was tapped and three gallons of bloody serum removed, containing some red blood corpuscles, but none of the usual granular corpuscles. The fluid rapidly re-accumulated, and at the end of four weeks ovariectomy was performed. The patient made a good recovery.

PROTECTION AGAINST FLIES—FOR DOCTOR'S HORSES.—

R—Linseed oil,	℥ xij;
Carbolic-acid crystals,	ʒ ij;
Glycerine,	ʒ jss.

Dissolve the glycerine and add the oil. Apply daily to legs, mane, tail, face, neck, and flanks; and the flies are driven off, much to the delight of the horses.

CONTAGION OF TYPHOID FEVER.—The question of the contagion of typhoid fever has been examined by M. Guerin by the experimental method. He injected into a number of rabbits, fecal matter from typhoid subjects, and he finds it has a poisonous principle, at leaving the system, capable of causing death. Various other excrementitious products of persons in typhoid fever, such as urine, blood, mesenteric liquids, etc., have likewise this poisonous property, which is retained for several months. It is absent from the fecal matter of healthy subjects.

LONDON HOSPITAL MEDICAL COLLEGE.—The following is an extract from the announcement of the London Hospital Medical College.

Graduates of any Canadian or American University or Medical College (on showing their Diplomas) will be admitted to six months' Dressership and perpetual Surgical and medical Practice for the fee of ten guineas. Attendance on Lectures will be free, but if Certificates are required the Courses must be paid for. Any number of Midwifery cases may be attended.

THE ONTARIO VETERINARY COLLEGE.—We need offer no apology for again alluding to this useful and valuable institution in our midst. There is no greater friend of the human race than a good faithful horse, and when he becomes diseased or disabled much may be done for him by veterinary skill. Through the kindness of Prof. Smith, the Principal, we were shown through the school and infirmary, and were much pleased with the internal arrangements. The school is thoroughly equipped with models, preparations, and specimens for teaching purposes; the dissecting room is large and commodious, and the infirmary is neatly fitted up with numerous stalls for sick animals. This college is not only well known and highly prized in Canada, but is also favourably known in the United States, and every year numbers of students come here to attend the course. Prof. Smith has an able staff associated with him in his work. We cannot commend the school too highly.

Marshal MacMahon of France comes of a medical family; his father and grandfather were both physicians.

PROF. DARLING of New York, Dr. E. C. Seguin, and Prof. Sayre, are in England at present.

DAMIANA A FRAUD.—Dr. Lunsford P. Yandell says:—"Damiana is almost certainly an unmitigated fraud. Three distinct vegetable products are sold under the name. While it may have produced some very remarkable results, these have been brought about, in all probability, through the imagination of the patient. Could a medicine be discovered possessing the aphrodisiac power attributed to damiana half of the arable land of the earth would be devoted to its cultivation, and the supply would then not equal the demand."

GOUT.—M. Trehyon in the *Rev. de Therap.*, recommends highly the benzoate of lithium in the treatment of gout. It, unlike the other lithium salts, is readily soluble in water, and the benzoic acid being converted into hippuric acid diminishes the elimination of uric acid. Under the use of the benzoate of lithium, experience showed that the attacks of gout become milder and less frequent and the pains disappeared.

ALBUMINATE OF IRON.—This remedy has produced peculiarly good results in the hands of French physicians in anæmia and chlorosis. It is quite soluble and easily absorbed into the system, and capable of being borne on the weakest stomach.

DRAINAGE IN ANASARCA.—At a late meeting of the Clinical Society of London, Dr. Southey described his method of drainage in anasarca. It consists in the introduction of small silver canulæ, about the size of hypodermic needles, to which small rubber tubing is attached and conducted into pans beneath the bed. A surprisingly large amount of fluid may be removed in this way by a single tube in each leg.

ESMARCH ON CANCER.—In a recent lecture on cancer, Prof. Esmarch said that he had frequently seen cancer originate upon a syphilitic basis, and often where the syphilis had been latent for a long period. He advised that cancers and malignant growths, wherever occurring, should be treated by arsenic and iodide of potassium internally and externally, before proceeding to an operation.

OVARIOTOMY DURING PREGNANCY.—Mr. Spencer Wells, of London, has performed ovariectomy nine times during pregnancy, and with but one fatal result.

PERSONAL.—Dr. John Wishart, of Trinity Medical School, Toronto, has successfully passed the examination of the Royal College of Surgeons, England, and was duly admitted to the membership of that body. James Fulton, M.D., Trinity Medical College, has also successfully passed his primary examination for the M.R.C.S., England.

THE DEATH of Prof. Crosby, of Bellevue Hospital Medical College, New York, on the 10th ult., of apoplexy, is mentioned in our New York exchanges. Also the death of Dr. Sager, of Detroit, formerly of Ann Arbor Medical College.

MORTALITY RATE.—Munich has at present the highest mortality rate—being 42 per 1,000.

Wife murder seems to be the latest form of insanity in Canada.

The Senate of the London University has resolved to admit women to degrees in medicine.

Reports of Societies.

HURON MEDICAL ASSOCIATION.

The third Quarterly Meeting of the Huron Medical Association for the year 1877 was held in Clinton, on July 17th.

The following members of the Association were present:—Drs. McLean, Bethune, Worthington, Sloan, Holmes, Gibson, Young, Adams, Hanover, and Stewart. Dr. McLean, Vice President, occupied the chair.

After the minutes of the previous meeting were read and approved, Dr. Stewart introduced an unmarried lady, 61 years of age, affected with true progressive bulbar paralysis. The disease commenced eighteen months ago. The first symptom noticed was slight embarrassment in speech. Her present condition is as follows:—

(1) There is complete paralysis of motion of the tongue. Common and special sensation are normal. The tongue is slightly atrophied and is the seat of fibrillar contractions.

(2) The orbicularis oris and buccinator are both affected. The lower jaw is drawn backwards; there is no lateral movement of the jaw.

(3) There is an excessive flow of saliva.

(4) Speech is so affected that it is impossible to understand a word she says.

(5) Both the first and second acts of deglutition are greatly interfered with. She has more difficulty in swallowing liquids than solids. Particles of food at times find their way into the larynx, giving rise to severe attacks of partial asphyxia.

(6) There is slight loss of power in the sternomastoid and trapezius.

(7) When walking (especially if the eyes are closed) she is apt to stagger.

(8) The mind is clear. She is very emotional.

She has been taking 1-100 of a grain of atropine twice daily for a month. Which has had the effect of diminishing the flow of saliva considerably.

Dr. Holmes showed a woman, aged 39, affected with splenic leucocythæmia. The splenic tumor first attracted her attention eighteen months ago—since her last confinement which happened on April 7th, 1877. The tumor has been growing very rapidly. The spleen in this case is not uniformly enlarged. The increase in size is principally from the lower border. Six specimens of blood examined gave an average of from 20—30 white corpuscles to a field.

Dr. Gibson brought a specimen of blood under the notice of the Society, which, under the microscope, presented the following characteristics:—The proportion of corpuscles appeared to be two red to one white. A few of the white cells were large masses of nucleated protoplasm having a diameter of not less than the 1-1000 of an inch. The patient from whom the blood was taken is a woman, aged 42, mother of twelve children. The disease commenced about ten months ago; the first symptom noticed was enlargement of the abdomen. This has steadily increased and on examination an enormous spleen is found occupying fully half the abdominal cavity. The enlarged spleen extends from the 6th rib to the ant. sup. spine of the ilium. Anteriorly above the umbilicus, it extends fully an inch and a half to the right of the median line, but it scarcely reaches the median line below the umbilicus. Both the inguinal and axillary glands are enlarged in this case.

Dr. Sloan read a very instructive paper on the "Nature and Treatment of Diphtheria." This paper will appear in the CANADA LANCET.

Dr. Bethune, of Wingham, was appointed to read a paper at the next meeting of the Association.

MICHIGAN STATE BOARD OF HEALTH.

The regular quarterly meeting of this board was held at Lansing on July 10th.

Dr. Kedzie made a short report on the chemical examination of a specimen of cheese believed to have caused sickness in several families. He examined it for all the mineral poisons but found none. He concluded that the poison must be organic in its nature, and that it might come from one of three causes. 1st, diseased milk; 2nd, chemical decomposition of the cheese after it was made; and 3d, bad rennet. This poisoning by cheese being so common, he was authorized to visit various cheese factories and further investigate the subject.

Dr. Kedzie made a report on illuminating oils, in which he stated that the legislature had maintained the standard flash test of 140° F. and had provided a chill test for paraffine which will require an improved quality of oil.

Dr. Lyster, sent a communication in relation to the small-pox in Detroit. The total number of cases reported for the year ending June 30 was 278, and the number of deaths 113. He pointed out the fact that this preventable disease had been allowed to prevail in Detroit for a full year, but at the present time the authorities are taking active measures to prevent the spread of this loathsome disease. He urged the adoption of a resolution for vaccination throughout the state. The board adopted the following:

Whereas, by means of vaccination and re-vaccination the people may secure complete immunity from small-pox,

Resolved, that all local boards of health be advised and requested to direct their health physicians to offer every year vaccination with bovine vaccine virus to every child not previously vaccinated and to all other persons not vaccinated within five years, without cost to the vaccinated, but at the general expense of the locality, as provided for townships in section 1736, compiled laws 1871.

Mr. Parker was asked to attend the meeting of the American social science association which meets at Saratoga, Sept. 4; and Dr. Hitchcock was asked to attend the annual meeting of the American association for the cure of inebriates, which meets at Chicago, and report anything of interest or value on the subject of public health.

AMERICAN PHARMACEUTICAL ASSOCIATION.

We understand this Association holds its annual meeting in Toronto, commencing September 4th. The city Council have granted the use of the council chamber for the purpose. In connection with the meeting there is an exhibition of chemical and pharmaceutical products; this will be held in the Temperance Hall, and will be well worth a visit. We understand Messrs. Powers and Weightman's consignment alone is valued at fifteen thousand dollars.

Books and Pamphlets.

SURGICAL OBSERVATIONS, WITH CASES AND OBSERVATIONS, by J. Mason Warner, M.D., Surgeon, Massachusetts Gen. Hospital. Boston: Ticknor & Fields, 1867. Toronto: Willing & Williamson. Price \$3.50.

This work never was properly published. It was issued in an informal manner after the author's death, and was soon after withdrawn and stored away by the family until the present time. The balance of the edition is now placed in the hands of A. Williams & Co., of Boston, for sale. The volume contains the results of the surgical experience of the author. Many of the cases are illustrated. The regions of the body, head, face, neck, chest, abdomen, genito-urinary organs, etc., etc., have been used as a convenient method of classification. A chapter or two at the end is devoted to gunshot wounds, tumors and miscellaneous cases. It is a work that will be read with interest and profit, although several years have elapsed since it was first published.

CYCLOPÆDIA OF PRACTICAL MEDICINE, Edited by Dr. H. Von Zeimssen. New York: Wm. Wood & Co.

To those who seek a good acquaintance with German medical literature, we can highly recommend this admirably executed translation now rapidly approaching conclusion. The entire range of practice of medicine is included in the scope of this cyclopædia, adapted not only for the bookworms in the profession, but for the mass of practitioners, a work aiming at general instruction. The reviewer cannot fail to be delighted with the energy, originality, labour and freshness of the numerous contributors, equally so with the evidences of extreme care, faithfulness, and elegance display-

ed by the several translators. Volumes XI. and XII. are devoted to diseases of the nervous system; Volume XV. to diseases of the kidney, by Professor Carl Bartels, of Kiel, and Professor Wilhelm Ebstein, of Gottingen; albuminuria, general symptoms of urinal disorders, hyperæmia, ischæmia, parenchymatous nephritis, acute do. of pregnancy, renal cirrhosis, amyloid degeneration, complications of amyloid degeneration of the kidney, with chronic parenchymatous nephritis and with contracting kidney, inflammation of the kidney, of the pelvis of the kidney, and of the peri-nephritic tissues, with termination in suppuration, degenerative process of kidneys, tumors of the kidney, of the pelvis of the kidney, and of the peri-nephritic tissue; foreign bodies in the kidney, pelvis and ureters; animal parasites of kidneys, anomalies in the position, form and number of the kidneys, and diseases of the renal arteries, are severally treated of in the exhaustive manner peculiar to German writers. The translators of this 15th volume, Dr. Reginald Southey, M.D., Oxon, London, and Dr. Robert Bertolet, of Philadelphia, have emulated their predecessors in the care and labour displayed in the rendering into English the carefully written treatises of the contributors.

PRACTITIONERS' REFERENCE-BOOK. Adapted to the use of the Physician, the Pharmacist, and the Student, by Richard J. Dunglison, M.D., Philadelphia: Lindsay & Blakiston. Pp. 335.

This is a most excellent reference book. It contains all sorts of information that a medical man requires, and which is sometimes inconvenient to obtain, scattered as it is through different text books and treatises. Among the subjects treated of are the weights and measures of the pharmacopœia, their relation to metrical measures; the solubility of medicines; number of drops in a fluid drachm; doses of medicines when given by the several methods, and graded for the several ages; incompatibles; selected prescriptions; obstetric memoranda; diagnostic syllabus of uterine inflammations; the examination of urine; poisons; directions for resuscitating the apparently drowned; principles of disinfection; dietetic rules and precepts; how to conduct post-mortem examinations, &c. The book is illustrated, well printed, and neatly bound, and will be found a useful compend.

ANALYSIS OF SEVEN HUNDRED AND SEVENTY-FOUR CASES OF SKIN DISEASE, treated at the Demilt Dispensary during the year 1876, with cases and remarks on treatment, By L. D. Bulkley, A.M., M.D., Physician to the Skin Department, Demilt Dispensary, New York, &c.

VIBURNUM PRUNIFOLIUM (Black Haw), in the treatment of the Diseases of Women, by Edward W. Jenks, M.D., Detroit Medical College.

FOURTH ANNUAL REPORT OF THE STATE INEBRIATE ASYLUM, Binghamton, N.Y., for 1876, Dr. D. H. Kitchen, Superintendent,

CASE OF ANEURISM OF THE HEPATIC ARTERY, with Multiple Abscesses of the Liver, by Drs. Ross and Osler, McGill Medical College, Montreal.

ABDOMINAL PREGNANCY TREATED BY LAPAROTOMY, by T. Gaillard Thomas, M.D. New York. Reprint from volume I, Gynecological Transactions 1876.

A CASE OF TUBERCULAR DROPSY OF THE ABDOMEN, SIMULATING OVARIAN TUMOR, by Theodore A. McGraw, M. D., Professor of Surgery Detroit Medical College.

ON THE SURGICAL COMPLICATIONS AND SEQUELS OF FEVERS. Lecture V. Toner Lecture. By William W. Keen, M.D., of Philadelphia.

EPITHELIOMA PENIS. Operations by Christopher Johnston, M.D., Prof. of Surgery, University of Maryland. Reprint from the Maryland Medical Journal for August.

ON THE ANATOMICAL CAUSES AND THE NATURE OF SYMPATHETIC OPHTHALMIA, by Dr. Adolf Alt, Toronto, late Resident and Assistant Surgeon to the New York Ophthalmic and Aural Institute.

† CANADIAN MEDICAL ASSOCIATION.—Certificates entitling the holder to a return ticket at reduced rates may be had on application to Dr. David, Montreal, or Dr. Zimmerman, Toronto.

In addition to those already mentioned, a paper on "The Economy of Public Sanitation," will be read by Dr. Playter, editor of the *Sanitary Journal*. Also an interesting paper by Dr. Wm. Canniff of Toronto.

APPOINTMENTS.—Prof. W. H. Ellis, of Trinity Medical School, has been appointed Professor of Practical Chemistry in University College, Toronto.

Dr. C. A. Wood, of Ottawa, has been appointed to the Chair of Chemistry in Bishop's College, Montreal.

Dr. Lachapelle has been appointed Professor of Hygiene, and Dr. Lamarche Professor of Histology and Microscopy in the Victoria School of Medicine and Surgery, Montreal.

A. B. Taylor, M.D., of Allenford, to be an Associate Coroner for the County of Simcoe.

MISCELLANEOUS.

A monument to Liebig was unveiled at Darmstadt, his native town, May 12th.

HUMAN MILK.—Chinese women sell their milk for about fifty cents per pint. The milking is performed in public to insure purity. It is highly esteemed as a nourishing food for old people and consumptives.

REMOVAL OF THE KIDNEY.—Dr. Jessop, Leeds, lately removed the left kidney from a child two years of age. The incision was similar to that for cœlotomy. A whip-cord ligature was placed around the vessels and ureter and firmly tied. The diseased kidney weighed sixteen ounces. The child was doing well at last reports.

Births, Marriages and Deaths.

On the 15th ult., R. S. B. O'Brian, Esq., M.D., C.M., of Grenville, Que., to Sarah Eugenia, youngest daughter of John McLean, Esq., Elora.

On the 14th ult., R. S. Moore, M.D., of Mount Vernon, Indiana, to Bessie H., youngest daughter of the late Richard Williams, Esq., Toronto.

In Toronto on the 18th ult., N. R. Olive, M.D., of London, to Mrs. Anne Smith, widow of the late David Smith, of Brampton.

On the 28th ult., John McNaughton, M.D., Newcastle, to Agnes, second daughter of the late Captain Wilkinson, of Clarke.

In Toronto, on the 13th ult., John Hostetter, M.D., M.R.C.S., Eng., aged 44 years.

On the 8th ult., J. F. Dewar, M.D., F.R.C.S. Ed., in the 43rd year of his age.

* The charge for notice of Births, Marriages and Deaths is fifty cents, which should be forwarded in postage stamps with the communication.