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Original Communications.

Clinical Observations. By A. P. REID, Professor of Medicine and Clinical Medicine, Halifax Medical College.

MR. PRESIDENT,—It is not my intention to take up the time of the Association with very lengthened remarks, nor do I, for a moment, think that I have anything new to offer—my desire being rather to elicit discussion from those whose observations, continued over a long period of time and with extended opportunities, will be of great interest and value.

1st.—*Therapeutics of Chlorosis.*

All are aware that this extremely common malady is very susceptible to treatment by the ordinary means of good diet, pure air, laxatives and ferruginous and bitter tonics; but it has no less fallen to the lot of many to see cases where these means completely fail to restore health, even when very judiciously used, and it is to such as these that I wish to refer.

I will give a brief history of the first case that proved rebellious to all ordinary medication, and gave rise to the ideas to be referred to.

A. B., aged 24, came under charge at the Provincial and City Hospital, with the following history: Had been admitted about two months previously, under one of my colleagues, complaining of debility; there was amenorrhœa, and the ordinary symptoms of chlorosis. The recognised means of relief had been judiciously used, but without benefit; in fact, the house-surgeon said she was worse than on admittance.

Examination showed that there was no recognizable disease of the heart, lungs, kidney, stomach or liver, but amenorrhœa strongly pronounced, anemia and impoverished blood, venous hum, and anemic cardiac murmur, and general anasarca, which simulated the last stage of Bright's disease, with inability to even sit up in bed.

I need not occupy your time with the detail of treatment by laxatives, tonics, alteratives, bandaging, etc., which left the patient in, if anything, a worse state, so much so, that there did not even seem a chance for the continuance of life, and a departure from ordinary treatment became imperative.

In discussing the subject with the clinical class it was very evident that the blood, in addition to being very watery, was loaded with excrementitious products, and that the debilitated emunctories were unable to remove these impurities from the blood.

Acting on this assumption, I concluded that the best tonic or alterative would be liquor potassæ, as it excels all other diuretics in the amount of solids carried away by the kidneys.

Its use was contra-indicated from its known effect of producing debility and a watery state of the blood when long continued, and as well of impairing digestion.

Evidently, however, the patient would not hold out unless relieved speedily, and the liquor potassæ was given a trial—10 minim doses in mucilage three times a day.

In the course of two days the very swollen condition of the legs was a little ameliorated (no bandaging being used) and the appetite was, if anything, better.

This improvement continued, and in the course of two weeks she was able to sit up, the anasarca having quite disappeared. The cardiac murmur was lessened, and the pasty color of the skin was a little relieved.

In three weeks time the liq. potas. was discontinued; she had become very well, and was able to leave the Hospital in five weeks quite restored. Milk and nourishing diet, with liq. potass. being the only means used. Since then, I have frequently resorted to this drug in anemia ammenorrhœa, and, with few exceptions, with very great satisfaction, and in no case have I seen it productive of injury.

I have not been able to account for its failure in the few instances where iron has been subsequently required; but, even then, I think it had been of service by enabling the iron to act with greater promptitude.

In considering the course of chlorosis, we first have retention of the masses of an excrementitious blood, which debilitates, if it do not poison, the assimilating properties of the tissues; and if this be the fact, an agent which would stimulate and assist excretion should be the most efficient medicine. Such we have in liq. potass., and to this I attribute its curative power—the blood poison being removed the assimilative powers rapidly recuperate, without the necessity for special tonics.

During my last three months' duty at the Hospital, every case (six in number) of uncomplicated chlorosis was placed on liq. potass., and all got well rapidly, without other medication, unless a laxative when necessary. One case, with marked hysteria, was not benefited, and under subsequent treatment with iron, quinine, and other tonics, any improvement could not be detected.

2nd.—*Administration of Mercury as a means of Diagnosis.*—It has often fallen to the lot of the every day practitioner, and particularly to those having charge of hospitals, that cases, both male and female, present themselves without symptoms sufficiently definite to assure a correct diagnosis. It may be of malaise, or loss of vision, or some cutaneous eruption, or loss of power of muscles more or less extensive, where a direct history of syphilis cannot be obtained, or where there is every reason to believe that it is not the cause, or with foreign sailors who cannot make themselves well understood.

In such cases, after promoting due performance of all the secretions as far as possible, when ordinary treatment fails, I have got into the habit of prescribing one grain of protoxide of mercury three times a day, and in a very great number (of such as the above referred to) marked improvement shows itself. The drug is not pushed far enough to produce any very marked constitutional symptoms, other than perhaps a slight tenderness of the gums. Often full benefit is received without going this far.

It is not my intention to enter into any discussion on this subject, for I have not sufficient basis.

Good results from the administration of mercury does not necessarily indicate that the malady was syphilitic, for we are all well aware of the beneficial influence of this alterative in many forms of disease. But I suspect that, where it is followed by rapid benefit, there is room for grave suspicion of a form of constitutional syphilis, particularly in the case of sailors. I have often tried iodide of potass. where syphilitic taint was suspected, but with far more frequent failures than in the case of mercury.

I have thus far occupied your time with subjects that I do not consider as having anything of novelty about them, and have not (with the exception of one) cited cases, because it appears to me there is no need to do more than mention the circumstances.

A great deal of our practice is routine, even with a correct diagnosis. We first try one means and then another, owing to the peculiarities of different constitutions, and of the same constitution or individual under changed conditions, and also because "Armamenta medicorum" are more numerous than effective.

But where diagnosis is at fault routine becomes extremely vague.

This paper is, in fact, an acknowledgment of the necessity of routine in a class of disease; but in the case of mercury, I think the leaning is, if anything, towards diagnosis.

Case of Bent Knee. Resulting from Chronic disease of the joint, eleven years standing; restored by an operation. By CHARLES BENT, M.D., Truro, N. S.

Louisa, aged 14 years, daughter of Mr. Wm. Birrell of this town, came under my treatment eleven years ago, at that time aged 3 years, for sub-acute inflammatory disease of the knee joint, characterized by heat, pain, swelling and inability to move the joint without causing pain, attended with general constitutional derangement.

I was unable to trace it to any injury, and no cause could be assigned, as far as her parents knew, except that she was a very active, playful child, and might have hurt it. However, I think it may be attributed more to constitutional than to any local cause, as her diathesis is evidently of a strumous nature. In the treatment of the case I resorted at first to antiphlogistic measures, which consisted principally in the application of leeches to the joint, and administering purgatives with such other means as the case demanded, until the active symptoms abated. But to my disappointment it assumed a chronic form, and I followed up the treatment by counter-irritation, by blisters occasionally on the inside of the knee, and at intervals painting with tincture iodine, at the same time giving alteratives and tonics—iodide and bromide of potassium combined with iron and quinine with good nourishing diet, and sent into the open air as much as possible.

This course of treatment was continued for several years, premitting it from time to time as the symptoms of the case warranted. There were times when she would be quite free from any suffering, and continue so for months; at the same time there was an enlargement of the joint, and the skin tense and shiny and veins full, and when felt, a sensation of heat in the part, but well enough to go about on crutches. Then she would have a return of pain and increased swelling, chiefly on the inside of the head of the tibia, which always yielded speedily to counter-irritation by a blister or two on the inside of the knee.

The leg, during this long and tedious illness, gradually became flexed on the thigh as much as it could, which I deemed advisable not to attempt to counteract from the fact that any meddling with its position in any way contrary to that of its natural inclination, rendered it so painful that she could not suffer it, and the result of the case showed that that was the best course to adopt.

There was a good deal of wasting of the muscles of the leg and thigh, or, more correctly speaking, they had not, from want of action, become developed. There was also an apparent enlargement of the condyles from this wasting, and yet there is evidently a real enlargement which I consider to be the result of a thickening of the soft parts.

For the past year she has been entirely free of disease in the joint, and general health good, but the limb deformed, stiff and totally useless—so completely flexed on the thigh that it appeared as if the head of the tibia was drawn away from the condyles, therefore I decided that the time had arrived for an operation.

On the first of June, 1875, assisted by Dr. Page, she was put under the influence of chloroform, and I divided the biceps tendon, and immediately, but gradually, brought the limb straight, which required considerable force in order to break up old adhesions, evidenced by a good deal of creaking in the joint; then it was allowed to assume the flexed position it had been in for a number of years, dressed the wound with a piece of adhesive plaster—indeed, it could scarcely be called a wound—and bandaged the knee, and allowed it to remain eight days, during which time she had no pain or swelling. Then I again put her under chloroform and brought the leg straight with less difficulty than at the first operation, and placed it in a box extending two-thirds on the thigh and beyond the foot, secured by a broad bandage over the knee and a narrow one at each end, and retained it there for two weeks; then removed the box and bandaged the knee, and gradually got her on her feet. She is now able to walk the streets with the aid of a cane, and will, from the rapid way the limb is gaining strength, and at the same time acquiring confidence in herself, be able, in a short time, to throw aside all artificial support and depend upon her leg, which has been useless for eleven years. During the first few days, after straightening the leg and confining it in the box, she complained of a stiff and uncomfortable feeling in it, which required a few doses of morphia to compose her, but no inflammatory action followed, and no other treatment was required. I may remark that I delayed operating in this case until I felt quite sure that the disease had entirely yielded, lest any interference might possibly renew the trouble, and I believe the little girl will be amply rewarded for exercising so much patience and fortitude in the satisfaction of being permanently restored from a cripple, which deprived her largely of all worldly enjoyments, to one of ease and comfort.

Progress of Medical Science.

PROPRIETY OF BLEEDING IN ACUTE DISEASES.

BY J. T. MITCHELL, F. R. C. S., ETC.

"Medio butissimus ibis."

During more than thirty years I have filled the office of medical director of one of the largest life-insurance companies of the country, and one part of my duty in it has been to record the cases of death that occur therein, and the causes thereof; and from the frequent instances in which death has occurred from acute pleuro-pneumonia, peritonitis, and other inflammatory attacks of vital organs, in subjects many of whom were young, and who, before these fatal illnesses, had enjoyed robust and vigorous health, I have been induced to ask myself—What has been, and what is, the cause of this fatality?—when, in considering its comparative rarity in my own extensive and protracted experience, I have been drawn to the conclusion that the valuable theory of inflammation taught by the immortal Hunter is thoroughly misunderstood, and has been so now for a long period, and therefore the most palpable means for its relief has been so neglected. I allude to general and free bleeding in the early stages of such affections—a practice which for many years has been most unwisely and unjustly reprobated by teachers and hospital practitioners, and which now is scarcely ever heard of but as one to be utterly condemned.

During the last year, however, my hopes have been revived in the belief that physiologists and pathologists are returning to a wise reconsideration of the legitimate use of this effective agent—the lancet. First, as it was shown in the address of that acute observer, deep thinker, and world-wide-esteemed pathologist and physiologist, Sir James Paget—given by him before the assemblage of the British Medical Association at its meeting in 1874, at Norwich—in which he alluded with so much force of argument to the neglected practice of general bleeding in acute disease, and to its great value when adopted under the guidance of sound medical intelligence; and secondly, in the published opinions on the same subject, made by Dr. Richardson and others, who have had extensive and convincing experience in the proper use of the remedy, found in papers published in the medical periodicals.

I remember, also, that some years since I was present at a meeting of the Hunterian Society of London, when the late Mr. Selly read a paper on the subject of bleeding, in which he expressed himself very much in the same manner, and having the same object before him as Sir James Paget had in the address above alluded to, setting forth the neglect into which this remedy had unfortunately fallen, considering, as he did, its great value when used with sound discretion, and confining its use to cases in which recently established congestion or inflammation existed in vital organs—a state which if not unchecked in the early and first stages, so rapidly

runs on to destructive disorganization, such as sphacelus, abscess, dangerous hemorrhages (in the brain or lungs), dropsies, injurious adhesions, outpourings of coagulable lymph, and death, as well as in permanent enlargements and indurations of viscera, and many other chronic affections with which modern practice has continually to contend, and which, by the adoption of this remedy at the proper period, would often have been entirely prevented.

I am quite willing to acknowledge that there was a time when many men, guided by mere custom or ignorant routine, most inconsiderately bled, too frequently, and to a most injurious extent, by which recoveries were greatly impeded, and perhaps where even death was the result; but there never was a time when, in robust subjects attacked with acute local congestion, bleeding adopted at a sufficiently early period did not readily suspend excessive vascular action, and so tend to prevent subsequent disorganization. But I repeat, that it is only at a very early period that this remedy can be so advantageously employed; for, after the first stages of these affections are passed, seldom anything but disadvantage can be expected to follow, for then every drop of blood—the very “*pabulum vitæ*”—the essential material required to carry on the reparation of the damage done by the disease and restoration of the lost strength—and every means having reparation for its object, must be devised and adopted—is urgently wanted.

I will, however, most earnestly emphasize my fixed conviction, by declaring that nothing that I have observed in the extensive field of public and private practice, now protracted, as student and practitioner, beyond sixty years, has ever shown me that the abstraction of blood, under the circumstances described, has ever done harm, or has not been the most ready and efficient means of cure.

In the year 1847, during the notorious epidemic of influenza, then extensively prevailing throughout this country, and which was especially severe in the parish of Lambeth, in which at that time I was a district medical officer, very many cases of acute pleuro-pneumonia came under my treatment, which gave me a most extensive opportunity for observing the effect of general bleeding in acute disease. In one day, I and my assistants then saw as many as two hundred and thirty-four cases, almost all being lung and chest affections, more or less acute.

At that time I had a very intelligent assistant who had been for some time a pupil at one of our largest hospitals, where, for twelve months, he had been observing the practice of the physicians of the institution, and I shall never forget the astonishment which he expressed on seeing my treatment in a case of pleuro-pneumonia that occurred in a young and previously robust and healthy man. One morning, whilst he and I were engaged among a crowd of waiting people, a young woman, in a most excited state, rushed unceremoniously into the surgery, pushing the people aside, and with great importunity came up to me, exclaiming, “Oh, Sir, do come

as soon as possible to see my husband, for he is dying!”

I asked her from what he was suffering, his age, and his business, when she answered—“He is a carter, and about twenty-six years of age; he was quite well the day before yesterday, until night, when he was seized with difficulty in breathing, a dreadful cough, and agonizing pain in the side; his face is now perfectly blue, and his hands and feet are as cold as ice.”

As her importunity was so great, I said to my assistant, “This poor fellow is suffering from acute pleuro-pneumonia; go down, and immediately take from his arm twelve or sixteen ounces of blood.”

Upon which he said, “I never bled in my life, and I have not a lancet.” I then gave him a lancet and a short lecture on bleeding, and sent him off with the poor woman; very soon after which he returned, and told me that “the poor man was dying, and nothing would save him—indeed, he was pulseless and cold.”

As soon as we had dismissed the cases surrounding us, we proceeded together to the patient's house, where I found him suffering in the manner described by his wife and by the assistant. I had seen cases much in the same state, but perhaps never under the same extremely alarming circumstances. His wife now repeated what she had told me before of his previous condition, adding that he had always been a most temperate man, and had never been ill before. Well, what was to be done to give him any chance of relief? I said to the assistant, “I shall at once bleed him.” This evidently excited his ridicule. “What!” said he, “bleed a pulseless man?” “Yes,” said I; “wait and see the effect of my attempt.”

I first procured two large pails, and got them filled with water about 100°. Having placed them at the side of the bed, I cautiously raised him from the recumbent to the sitting position on the edge of the bed, and put each foot and leg into one of the pails. I then had two wash-hand basins nearly filled with water of the same temperature, and placed his hands and arms as deeply as I could into them. I then tied up his right arm, for the purpose of “raising a vein.” At first, pulseless as he was at the wrist, no vein would rise, but after a minute or two a vein became sufficiently prominent to enable me to make a free incision into it; the first effect of this was that blood flowed only drop by drop, but in a short time a small continuous stream followed, until enough blood had passed to relieve the stagnant circulation, when the stream increased, and at last it flowed *pleno vivo*—upon which my young friend's formerly sceptical countenance changed, and began to brighten with evident astonishment, and he expressed his wonderment. By this time the pulse at the wrist had become restored to considerable power, the venous livid congestion of the face had greatly lessened, and very soon it entirely passed away. I now requested the man to inspire as deeply as he could, upon which he said the pain in the chest and side was greatly lessened. I still allowed the blood to flow, until sixteen ounces had been

collected in the basin, at which time he said he had no more pain, but he felt extremely faint; upon which, having seoured the vein, I removed him from a sitting to a recumbent position, and gave him two grains of opium; after which, having darkened the room by drawing down the blind, we left him, having directed the wife to give him nothing but warm milk, and as much as he might be disposed to take; and if he should fall asleep, by all means to prevent his being awake.

All this took place about mid-day, and at six in the evening we went again to see him, when we found him with a countenance bearing a natural aspect, pulse distinct and of moderate power, and about 100 in the minute; his breathing was very much relieved, but still more frequent than natural; but the pain in the side had returned to a slight extent, upon which I again tied up his arm, and, from the same orifice previously made in the vein, drew off, in a good stream, six ounces more blood; this entirely relieved him. I then repeated the dose of two grains of opium, and left him, having reiterated the instructions given in the morning.

From this time, by implicit rest, sedative diaphoretic medicine, counter-irritation by mustard-plasters on the chest, and light nutritious diet—chiefly milk—he day by day rapidly improved, so as to be able to return to his work after a fortnight's interval.

On observing the conspicuously sudden and unmistakable result which followed the bleeding, my young friend declared, as we walked from the house, that he had learned more of practical pathology, therapeutics, and physiology, relating to the functions of the heart and lungs, from this case and treatment, than he had gained by all his previous studies and observations made during the time which he had spent at the hospital, and in the course of his four years' previous apprenticeship, which he had passed in a large dispensary in a populous town in the West of England.

Innumerable cases of the same severe type as the one described—perhaps few of the same very alarming character—have been treated in like manner, and with the same success, in my experience, and especially cases of puerperal peritonitis, of which twenty-seven have fallen under my treatment within the last fifty years, one only of the number having proved fatal. Therefore, my faith in the judicious use of the lancet has never forsaken me during the protracted period of clamor which has so long existed against it.

It may well be asked why it is that, within the last thirty years, so great a revolution has taken place in the practice of medicine, and that teachers now almost universally reprobate abstraction of blood in the treatment of strongly-marked congestions and inflammations? The answer appears to me to be this—that cases such as I have described scarcely ever are admitted into hospitals in the very early stages, and at the time when this remedy can be advantageously used; for in most cases many days have necessarily intervened from

the day when the attack first came on, to the day when thus admitted, and the time has gone by for the judicious abstraction of blood, and the stage of the illness has arrived when the repairing functions alone are to be considered and aided; and the patient has to be supported by tonics, cordials, and judiciously-selected food.

Another great impediment has stood in the way of the practice of judicious bleeding, which is the strong objection felt by patients against submitting to any, the most trifling, surgical operation, which has been allowed to guide the decision of medical advisers too frequently. And I fear that a third cause may be found in the incapacity and bungling in the performance of the operation felt by some unpractised hands.

If the abstraction of blood in all cases be so universally injurious, as many pathologists have taught, why is it that in so many cases of extensive hemorrhage, produced by natural causes, so little injury is known to follow?—as in epistaxis, in cases of vertigo, in which pints have been lost within a few hours, and fatal apoplexy has been averted; or in hæmatemesis, in cases of gastritis, when immense quantities of blood have been vomited, and nothing but the cure of the patient has been the result; or in cases of post-partum hemorrhage, or in miscarriages, where women have lost enormous quantities of blood, when the normal quantity has been soon restored, and no anæmic evils have, after a time, been left.

There will not be many more years left to me, at my advanced stage of life, to observe what beneficial consequences may follow this apparent returning prospect of good practice; but I do hope, from the present scintillation of light breaking on the horizon, that the bright day of common sense is not far off when the lancet will be restored to its too-long-lost legitimate use; but I do trust that it never will again be used in the same careless, reckless, irrational manner, as in times now happily long passed, nor to the same damaging extent as we have heard of as still prevailing in a Southern State, where, by the repeated and unwarrantable abstraction of blood, not only the life of a great statesman of its own is said to have been sacrificed, but also that of one of our own most highly talented artists, for a time happening to fall ill whilst there visiting, both of whom, by report, seem to have been little short of bled to death.

Let, then, the poetic advice set forth by Ovid, as given by Sol to Phoebus, familiar to us in our school-days, and quoted at the head of this paper, be our motto and guide in the future use of our lancets, which, when simply translated, means, Avoid extremes!—*Medical Times and Gazette.*

ON PILES, THEIR DIAGNOSIS AND TREATMENT.*

BY ALFRED COOPER, F.R.C.S.

From the *London Medical Examiner*, Feb. 10, 1876.

Piles is the popular name for the second most common disease of the rectum; not the most common, as one would think, by every disease of that region

* Read before the Harveian Society.

being called piles. It is common, on asking a patient who comes before me for the first time, at a certain special hospital to which I am attached, what he complains of, to receive as answer "Piles." "Who told you so?" "My doctor." "Did he make any examination of the part?" "No." "What did he give you?" "A brown ointment to use and some brown stuff to take." Gentlemen, I have seen fistula, fissure, mucous tubercles, stricture, cancer, foreign bodies, (such as fish-bones) and pruritus, treated by these two universal remedies—the ointment causing, as you may imagine, generally an increase to the pain from which the patient was already suffering enough. The rectum is almost, if not quite, the most sensitive part of the body, and its diseases cause as much suffering as any other part, and therefore we cannot be too careful in our diagnosis.

To diagnose "piles" is very easy, you would say, but I have seen several cases where mistakes have been made by surgeons attached to our large hospitals, simply from a want of care in their diagnosis. One case, I remember, which I asked my colleague, Mr. Allingham, to see with me, in which a celebrated hospital surgeon was going to operate for internal piles on a patient who had cancer of the rectum in a very advanced condition. Also another case which occurred lately, in which I was asked to remove some external piles, said to be so by a surgeon of one of our large hospitals, who had made no internal examination, and ordered lead lotion externally. I found a large polypus attached to the front wall of the rectum, but no external piles. To diagnose an external pile is a very easy matter; if you just separate the buttocks and look you will find, if there be one, a round dark-looking swelling, having a smooth surface, and feeling very tense in its consistence, the patient complaining of great pain when the swelling is touched. An external pile is venous in its character, and consists, as a rule, of a clot of coagulated venous blood held in a small vein, or extravasated into its neighboring tissue, and is generally caused by some stoppage to the return of blood through the liver, and is commonly produced by errors in diet, and sitting in damp places or on wet saddles.

It is common to call all pieces of redundant skin in this part external piles, which is quite a mistake, as they more frequently indicate mischief inside the bowel.

To Diagnose Internal Piles.

If a patient tells you that, on going to the closet, something always protrudes, you had better give him an enema of warm water, and ask him to go to the closet, and when the water has come away to put a towel to the part and come and lie down on the sofa. Then you can see what it is, and, as a rule, you will find one or more tumors, which your patient will say came down when at the closet, which may bleed or not, and which go up of their own accord after keeping quiet a short time; this is the first stage of internal piles. In the second stage they come down, and have always to be replaced.

In the third stage they come down on the least exertion, and it is difficult to keep them up when replaced. In this stage, not unfrequently, they come down and remain down, and nature herself operates on them by strangulating them with her ligature the sphincter, and they slough away.

Internal piles are composed of large dilated blood-vessels, united by connective tissue and covered with mucous membrane, which usually bleeds at the slightest touch; they are sometimes more arterial, sometimes more venous in their character. They are caused like the external by some stoppage in the circulation of the blood, and are produced also, like them, by errors of diet and a sedentary life, but, unlike the external piles, they are often hereditary.

Gentlemen, I hope I have shown how very easy it is to diagnose "piles," and I would most strongly suggest that you always make a proper visit, and tactile examination of the rectum before giving an opinion, and not attempt to diagnose diseases of this part by looking at your patient's tongue, as was the custom of a certain American doctor, who once told me he could usually tell when a patient had rectal disease, or any other, by certain marks on his tongue.

We now come, gentlemen, to the treatment of piles.

We must first try and remove, if possible, the causes, by attending to any errors in diet, or mode of living, and regulating the action of the bowels; the liver, too, should receive our special attention. Our next treatment should be local, cold applications, as a rule, being better than warm, except for external piles, in pregnancy, when warm applications are best. For external piles I prefer astringent lotions to ointments, and never use gall ointment, as I have seldom seen it do any good when ordered by other surgeons, and it is a very dirty application. Ointments are more useful when any abrasion of the skin or ulceration co-exists with an external pile. Should this treatment fail to give relief, I incise the piles and let out the clot, and then use cold applications, and I have never seen any ill consequences follow the treatment.

The treatment for internal piles must also be to try and remove anything causing obstruction to the return of blood by paying particular attention to the regular action of the bowels, by getting them to act before going to rest (a great comfort to patients who have to work during the day), to bathe the piles when they come down with cold or iced water, and always carefully to return them with a little simple ointment. By these means patients may go on for a long time, without sufficient inconvenience to cause an operation to become necessary.

We now come to the question, When ought we to operate to remove internal piles? *Never*, if the patient is a full-blooded person, who has suffered from congestion of the head, which is always relieved by the bleeding from the piles, or in patients who have periodical hemorrhage from their piles, with relief to themselves. I have seen two deaths follow soon after the operation where this rule had not

been adhered to; the patients both died from apoplexy. Be careful to examine with the finger to find that no more serious disease exists. The cases for operative interference are those in which the patient has become quite emaciated from loss of blood; also, those cases where they cause great discomfort by the constant irritating discharge from them, and nearly always in the third stage, when they remain down, and prevent a patient moving about.

There are three ways of destroying internal piles; by the ligature, by the clamp and actual cautery, and by nitric acid. I have seen the ligature used by my colleagues, and have used it myself now for eleven years, without a bad case, nor have we had a case of pyæmia (in over four thousand cases at St. Mark's Hospital) occurring after the operation. The operation we do at St. Mark's Hospital, and which was handed down to us by Mr. Salmon, is to pull down with a fork, or vulsellum, the tumor, and with a pair of scissors divide it from the skin, cutting in the groove you will always find between the skin and mucous membrane, and in a straight line with the bowel. Then your assistant lifts up the pile, and you place your ligature in the cut you have made; your assistant then pulls the pile down over the ligature, and you tie it at its base and return it, or cut it off as you like and remove any external redundant skin you may think necessary, being careful not to remove too much. The ligatures generally come away in four or five days, and the patient is about again in seven or ten days. The old method of transfixing the pile with double ligatures and tying each half, is still practised, I believe, by some of our hospital surgeons; but it is not, I think, so good an operation. The clamp I seldom use, as I have not found any of the advantages claimed for it over the ligature. Nitric acid I have left off using, except in slight cases (when it astringes them up very successfully), as I have had two cases of severe hemorrhage following its use when the sloughs came away; and my colleagues have also had severe hemorrhage occurring after the application of nitric acid.

Gentlemen, if this paper will cause any of my professional brethren to be a little more careful in their examination of the rectum, which still seems to be a "terra incognita" in the domain of surgery, it will more than repay the trouble I have taken in putting these few words together.

ON THE TREATMENT OF DIARRHŒA IN YOUNG CHILDREN.*

Diarrhœa in young children, particularly in those under two years of age, and in the summer season, usually begins very assiduously, and not unfrequently results from a slight chill, or a meal of improper food which excites a little irritation of the stomach and bowels; a protracted and high temperature in a large city (though something more than temperature is concerned in the production of the disease),

particularly in overcrowded districts, enters largely into the etiology of the affection.

The irritation when once set up is easily maintained by causes the same in kind (although less in degree) as those which originally provoked it, and a chronic affection is brought about which may become less and less amenable to treatment the longer it continues.

A child from six months to two years old, living in a large city during the summer season and perhaps in an overcrowded neighborhood, gets some indigestible substance into its stomach or perhaps takes cold, and soon afterwards the bowels become slightly relaxed; perhaps among the poorer classes an inferior quality of milk (skim-milk, slightly sour or adulterated milk) has been given to a child recently weaned; in such instances the purging is neither severe nor of long continuance; it speedily ceases and the child appears to have recovered. The bowels, however, do not return to a healthy condition, and the complaint then is that the bowels are constipated; perhaps two or three days later the child will have two or three large, sour, pasty-looking dejections, more or less slimy from the mucus with which they are mingled, and passed with considerable straining efforts and much apparent discomfort; the dejections may then become more frequent, and occasionally they will be streaked with blood; febrile movements may occur, and there may be more or less abdominal tenderness. * * *

The presence of undigested food in the dejections of a young child, especially if that child exhibits evident marks of deficient nutrition, is an indication that the diet is not suitable and that it should be changed. Whether the digestive weakness be a simple functional derangement or be due to the existence of organic disease, in either case our object is the same, namely, to adapt the child's diet to his powers of digestion, so that the food he swallows may afford him the nourishment of which he stands in need, and may leave as little undigested surplus as possible, to excite further irritation of his alimentary canal. The accurate adaptation of diet is by no means an easy task in such cases; children at the breast and under good hygienic influences are not usually affected with this disease; articles of food from which a healthy child derives his principal support will here often fail altogether; even milk, our greatest resource in all cases of digestive derangement in children, must sometimes be dispensed with; up to a certain time farinaceous food should be given with the utmost acution. It is not very uncommon to find cases where milk, whether diluted with water or thickened with isinglass, or with farinaceous food, cannot be digested so long as it is taken. The pale, putty-like matter of which the dejections consist, and which is passed in such large quantities, is evidently dependent upon the milk-diet, and resists all treatment so long as that is continued. In such cases, which occur most commonly in children between one and two years of age, the milk must be replaced, either wholly or partially, by other food. The isinglass and milk alluded to above was, I believe, first introduced by

* Read before the Boston Society for Medical Observation.

Dr. Meigs, of Philadelphia, and in certain cases is much esteemed by Dr. Morrill Wyman of Cambridge. To quote Dr. Wyman, he says: "I have used gelatine with milk for children and adults with delicate stomachs, and I think with advantage; cases of diarrhoea in which the milk is passed in curdled masses undigested, seem to me to be considerably relieved by the combination. My theory is (I do not think much of theories in medicine), that the gelatine prevents the coagulation of the milk, which is then in a better condition to be acted upon by the digestive agents. The proportion of gelatine is about one teaspoonful, to be dissolved in water and mixed with a half pint of milk. This proportion is less than is required for blanc mange."

Liebig's farinaceous food, or Liebig's soup, as it is called, is tolerably well borne in many cases, and it is occasionally advisable to try it. It is well known that flour is incapable, or only partially capable, of digestion in the stomachs of infants, while it is equally well known that at a later period the power to transform starch into sugar and thus digest it, is increased.

It is found that this deficiency in infancy is owing to the absence of a ferment in the stomach, and in using Liebig's soup this effect is presumed to be supplied by the presence of diastase in the malt, which, acting as a ferment, causes the desired change in the flour to be effected. That this action will take place to a certain extent with the properly prepared malt flour is certain; but it remains to be proved whether it enables the whole of the flour to be thus transformed.

It is needless for me to give the directions for preparing this soup, as they have already been published in the *Journal* several times.

The food ("soup" seems a misnomer) is not a substitute for milk, since milk itself is an essential element in its preparation, but it is really an improved mode of giving milk with flour or other farinaceous material. Its real merit consists in adding a material to the flour which will aid the stomach of the child and infant to digest it, and that which remains for investigation is the proof, to be derived from the evacuations, whether such aid has been effectual. This may be ascertained roughly in any case by noting the size of the stools. A trial should be made with the milk and flour alone, and then with the food according to Liebig, and if the dejections are as large in the latter as in the former, it may be safely inferred that the food has no special advantages over the use of boiled milk and flour. As the stomach of a child of three years, and probably of one between one and two years, can digest flour and transform it into sugar, this preparation offers scarcely any appreciable advantage to them over the long-established one of well-boiled milk, flour and sugar. When cream (or good first-class milk) can be obtained for infants, it is beyond all comparison the best food for them, and no addition of any kind should be made to it; and hence for the children of the rich and well-to-do classes, Liebig's food is scarcely necessary. As regards cream, Dr. Van Wyck, of San

Francoisco, says, "For twenty years I have discountenanced the use of diluted cow's milk, substituting properly diluted and sweetened fresh cream, solely on the ground that a nearer approximation to woman's milk can be effected than in any other way known to me; and hence there is less liability to produce injurious effects. Apart from this I think there are often good reasons for using only the cream which rises after the milk has stood some twenty-four hours. Very much of the milk sold in our cities and towns is adulterated in various ways, and in many instances when such is not the case, the cows are improperly fed and cared for.

"By using the cream only we avoid, in the first instance, the adulterating materials, and, in the second, we are enabled to give a less quantity of a diseased or abnormal secretion.

"Having obtained a quart or more of the purest attainable milk, set aside for twenty-four hours, and then skim off, but not too closely, the cream. As the cream of cows differs in richness from a number of causes, it is impossible to give in figures the amount of water necessary for the proper dilution. I therefore direct the cream to be diluted with boiling water to an extent that will make it as near the richness of the mother's milk at that period as possible, adding enough sugar of milk to bring it up to the natural standard of sweetness. I prefer the milk sugar to the cane or beet sugar, for the reason that, should acidification occur, we have in the former lactic, whilst in the others acetic acid as a result. To be as explicit as possible, I should say that with the cream afforded from the milk ordinarily served to purchasers, the following formula will be found very nearly correct:

Child in good Health.	Cream. Parts.	Boiling Water. Parts.	Milk Sugar. Parts.
One week old,.....	1	11	25
Two weeks old,.....	1	10	25
Three to four weeks old,.....	1	8	25
One to two months old,.....	1	7	25
Three to four " ".....	1	6	25
Four to six " ".....	1	5	25
Eight to ten " ".....	1	3 to 4	25

"Should this prove too strong, it will be necessary to make a further dilution with, if needed, an alkali, to prevent acidification."

A certain amount of lime-water is generally ordered to obviate this result; but experience has proved that the bicarbonate of potassa is preferable for the reason that as an antacid it is equally efficacious, while it prevents the formation of so solid a curd, and thereby renders it more soluble.

There is nothing better in the way of farinaceous food, than the barley prepared by the Messrs. Robinson, of England. I usually make it according to directions accompanying the article, varying the amount of barley and milk according to the age of the child, character of the stools, etc.

Whatever be the diet adopted, our object is to keep up the nutrition of the body with the smallest possible amount of irritation to the alimentary canal; and the food, whatever it may be, which will produce this result, is the food best suited to the case; drugs alone will be powerless. The successful adjustment of the diet, an adjustment in which the

quality and quantity of food to be allowed for each meal are accurately adapted to the powers and requirements of the patient, is a matter which can be properly learned only by experience.

In all cases, if the patient be a nursing child he should be limited strictly to the breast; or if he have been only lately weaned, the breast should be returned to. If from any reason a return to the breast is impossible, we should try one of the articles above mentioned.

If the child be no more than six months old, nothing should be allowed but milk or some preparation of milk. If the child be very ill, beware of feeding too often, particularly if farinaceous foods enter largely into the diet; if they excite flatulence, or any sour smell be noticed from the breath or evacuations, the quantity of such food should be diminished, and perhaps discontinued altogether. Beyond the age of six months, beef tea, raw beef, yolk of an unboiled egg, may be added to the diet. The egg is best digested when beaten up with a few drops of brandy.

If, as before stated, on giving the cream, acidification takes place, give an alkali (potass. bicarb.), and it should be added to the fluid in the proportion of little less than a grain to each fluid ounce, and if curd is found in the excreta the amount should be doubled. It is difficult to overestimate the value of alkaline remedies in the treatment of digestive derangements in children.

In all children, in infants especially, there is a constant tendency to acid fermentation of their food. This arises partly from the nature of their diet, into which milk and farinaceous matters enter so largely; partly from the peculiar activity of their mucous glands, which pour out an alkaline secretion in such quantities. An excess of farinaceous food will therefore soon begin to ferment, and an acid to be formed which stimulates the mucous membrane to further secretion; hence alkalies are useful firstly in neutralizing the acid products of this fermentation, and secondly, in checking the too abundant secretion from the mucous glands. Potash or soda may be used; of the two the former is perhaps to be preferred, as, being a constituent of milk, the natural diet of children, it may be considered less as a medicine than as a food.

The alkali should be combined with an aromatic; it is important that the latter be not omitted, for this class of remedies is of great value in all those cases of abdominal derangement where flatulence, pain, and spasm, resulting from vitiated secretions and undigested food, are present to increase the discomfort of the patient; such phenomena are usually rapidly relieved by the use of these agents; and the employment of anise-seed, cinnamon, caraway seed or even tincture of capsicum, in minute doses, will be found of material advantage in combination with the other remedies which I will shortly enumerate. If called to a child say eighteen months old, with bowel trouble, I usually order cream, or barley with milk, and give the mother the following prescription, tell-

ing her to add a teaspoonful or two of the mixture to each teacup of the fluid:—

℞ Potassæ bicarbonatis ʒ j
Aquæ cinnamoni ʒ ii. M.

If the child be so ill that he takes but a small quantity at a time it may be well to give beef-tea (made in a bottle, or the juice of a steak slightly broiled and squeezed in a lemon squeezer) in conjunction with the milk; a teaspoonful may be given occasionally, and its digestion will be aided by adding a pinch of saccharated pepsine to each teaspoonful of the juice or tea. In some cases the child should be fed frequently, little at a time in order to sustain life, but not so frequently, or in such quantity as to give the digestive organs much to do. The object is to give the child just food enough to sustain life till the digestive organs have recovered their tone. It is better that the child should be hungry than have his stomach overloaded. Stimulants may be required, and, in fact, they are always required, when the fontanelle becomes much depressed.

If the stools are loose and are passed frequently, two or three grains of subnitrate of bismuth may be given, and if much straining be noticed a drop of tinct. opii. deod., or a little Dover's powder will be a useful addition to check the abnormal briskness of peristaltic action.

Enemata of the fluid extract of krameria containing tr. opii. deod., are occasionally useful. If an aperient is required, there is nothing better than castor oil, or the tincture rhei aq. of the German Pharmacopœia. The latter is an alkaline tincture, and is an exceedingly useful preparation. It is made as follows:

℞. Rhubarb..... 100 parts.
Borax..... 10 "
Potass. carb..... 10 "
Pour upon this boiling water 850 "
Set aside for 15 minutes, then add
alcohol..... 100 "
Then add cinnamon water..... 140 "

So long as the tongue remains furred, or the dejections acid (litmus paper), the alkali should be persisted with, and the aperient may be repeated every third morning.

Alteratives (calomel, etc.) are in these cases of little value. It is useless to stimulate the functions of the liver. Under the use of antacids, aromatics, etc., food soon begins to be digested and the appearance of the stools becomes more healthy.

As soon as convalescence is fairly established, iron and cod liver oil may be given. To ascertain whether the child is actually gaining, it will be well to have him weighed as often as once a week.

This treatment, when reviewed, may to some seem like hypermedication; but all that we have advised are in reality food with the exception of the bismuth powder and the aromatic.

The alkali, pepsine, and stimulant, are no more medicine than milk, barley, and beef tea.

A point which must not be overlooked in these cases is attention to the action of the skin. In all

abdominal derangements in children the cutaneous secretion is apt to be suppressed early, and the skin soon becomes dry, rough, and harsh; when this is found to be the case the child should be bathed every evening with hot water and be then freely anointed with warm olive oil. By this means the suppleness of the skin is soon restored. Warm clothing should be worn, and a flannel swathe around the abdomen to serve as a protection to the belly.—*Boston Med. Jour.*

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PRACTICAL REMARKS ON THE CAUSES AND
TREATMENT OF SOME COMMON FORM OF
VOMITING.

BY DR. PAUL HENRY STOKOE, A.B., PECKHAM RYE, S.E.

The most severe and protracted attacks of vomiting I have witnessed have ensued from over-stimulation during pregnancy: under which circumstances there has existed a condition of the volition so disorganised as to reduce the power of self-restraint to total abeyance; the miserable sufferers, finding it impossible, in their intolerable drought, to refrain from incessantly imbibing huge draughts of any handy thirst-quencher, to the serious augmentation of their distress.

In these cases the firm hand and inflexible will of an experienced nurse will alone supply that element of control which is wanting; and, if we are sufficiently explicit in limiting the quantity of liquid to be taken and exact as to its quality, we may expect the more urgent symptoms rapidly to subside; we shall then be in a position to administer such medicaments as the irritable condition of the stomach requires, while the uterine derangement will be best met by the contact of pessaries containing belladonna and opium with the mouth of the womb. It may be remarked, by way of caution, that the above-mentioned condition is sometimes associated with albuminous urine, even in the earlier months of pregnancy; and when it is so the young and over-anxious practitioner must not be too prone, in the absence of other reasons demanding his interference, to induce abortion; as he will almost invariably find that the albumen will disappear with the evolution of the fœtus long before danger-point is reached.

Less severe but more numerous are the cases of vomiting which result from gastric irritation brought on by alcoholism without other complication; and in them we have almost every conceivable difficulty to contend against. An infatuated patient who deceives both you and herself; a disease constantly recurring from the repeated application of the exciting cause; an obscure train of symptoms, often with the impossibility, or inadvisability at least, of putting leading questions, which are likely to arouse a spirit of opposition; while we ourselves are swayed by conflicting feelings of sympathy and reprobation; so that we cannot too carefully investigate the symptoms (mostly subjective) which characterise alcoholism in its earlier stages. We may at the outset observe that there are two well-defined conditions of alcoholism in which vomiting is a prominent symptom. In one the vomiting is the result of an oft-repeated debauch,

of the previous night perhaps, in which case we may trust to the offender's sensations of wretchedness, backed by the more material agency of the vomiting, to work a cure, for the present at least; in the other the vomiting is due to altered gastric secretion and to degenerative changes resulting from chronic inflammation of the coats of the stomach; a condition which is more or less remediable, until, through long continuance, thickening takes place locally, the vital organs become congested, and the digestion and other functions of life are permanently impaired. My experience compels me to affix the stigma of frequency in this latter form of vice on the female sex, men being more prone to the less secretive modes of indulgence. If the patient be a gentlewoman she will never acknowledge her weakness until recurrent attacks render it patent; hence it is of much importance that we do not overlook the obscure signs which mark the complaint in its infancy. You will find the subject of it a nervous, fluttering, excitable creature; restless and incapable of carrying out any settled plan or occupation, or of taking rational interest in anything. She is no reader, rarely if ever a good domestic manager, as the ill-conditioned appearance of her household testifies; but is rather the victim of the vapours and general malaise: she is greedy of change, must have excitement, may be at the theatre, not seldom at the conventicle; is the subject of neuroses, which may have a gouty or rheumatic source, or originate in nervous degeneration from alcohol. She is hysterical in fact, sometimes from a recent quarrel with her unfortunate helpmate, sometimes from pangs of remorse at her wretched infatuation. We shall find that her tongue is usually coated, especially of a morning, with a thick creamy fur; but sometimes it is preternaturally clean and glistening; it is also tremulous, her feet being equally so; while this unsteadiness is less noticeable at first in the hands. The breath may be sickeningly offensive; nausea or vomiting is seldom absent, and is most common in the earlier hours of the morning. Diarrhœa is also a very frequent concomitant, coming on before she leaves her bed, and going to the extent of five or six loose bilious evacuations in the day. Sleeplessness, too, is a constant and great aggravation of her sufferings.

She will assign fifty different reasons for her ill-health; all in the absence of signs of organic lesion, insufficient to account for the frequency of the attacks. You will probably ascertain sooner or later that she does not intrust her health to you alone, but is in the habit of procuring other advice in order that your suspicions should not be excited by a too frequent recourse to your aid. Under these circumstances you will act wisely in putting a direct question to her husband if she have one; and if not (for old maids and young ones too, and widows when disappointed of their proper rôle in life, too often substitute an unnatural for a natural excitement), you must make an opportunity of questioning her friend or servant.—and herein is no breach of confidence—and having by this means put your hand on the diseased spot kindly and seriously tell her what is the cause of her

ailments and what their only cure. When a lady has once constituted her medical attendant her father-confessor it is marvellous with what assurance she will on each repetition of an outbreak confide to him the cause.

Need anything be said about remedies in such a case? The bane and antidote are both before her. The water she mixes with her brandy (for, sad to say high-born women are not above this vulgar drink!) will, if taken pure and simple, soon cast out the evil spirit; but unfortunately it requires a steadier hand and a stronger will than hers to pour it out and convey it to her lips; and if she will not consent to place herself under some restriction, such as that of a sensible friend or a trained nurse, it will be found that all attempts at amendment, however sincere and well-directed, will be frustrated by a constant turning aside from the use to the abuse of stimulants. The approved remedies, ice, effervescing draughts of soda-water and of citrates of potash and ammonia, bismuth and prussic acid, will, so long as stimulant is refrained from, afford relief; and sometimes under the attacks of horrible depression, from which the dipsomaniac is wont to suffer, dry champagne or brandy and soda-water will be required, but nothing short of total abstinence will effect a permanent cure. It is so much easier to give utterances to promises of amendment when sick than to carry them out when hale, that we may expect the most solemn assurances to be again and again broken, until the patient declines from the pitiable condition of the occasional toper into the disgusting state of the confirmed drunkard. Meanwhile all the resources of therapeutics will have been exhausted; treatment which has proved beneficial in one attack fails in the next, and we run through over an over again in every possible combination the catalogue of effervescing salines, opiates, belladonna, creosote, bismuth, and so on; we apply cataplasms and wet compresses to the epigastrium, or more powerful still blisters (which not inappropriately carry with them some punishment), and sometimes sprinkle morphia in half-grain doses over the vesicated surface, or use the more trustworthy hypodermic injection of the same. If she be warned in time and amend before it be too late iron combined with ammonia will serve as a temporary substitute for the alcohol until such time as the nervous forces be restored, and *nux vomica* will be found to materially assist the flagging energies of the digestive and nervous systems.—*Guy's Hospital Reports*, 1875, p. 486.

ADMINISTRATION OF CASTOR-OIL.

M. Potain recommends as the best method of concealing the unpleasant flavor of castor-oil to squeeze half an orange into a glass and pour the oil upon it; then, avoiding all disturbance of the liquids, to squeeze the juice from the other half of the orange carefully over it. The oil thus inclosed between two layers of orange-juice can be swallowed without the least perception of its flavor.—*American Practitioner*.

DIPHTHERITIC PARALYSIS.

Prof. Bouchut, in a Clinical Lecture delivered at the Hôpital des Enfants Malades, said he had long been of opinion that the paralyzes observed during the convalescence from diphtheria are a result of anæmia, hydræmia, or "*hypoglobulie*." This is, however, a theory that is open for reconsideration. Others regard them as specific paralyzes—*i. e.*, connected with an infection of the blood by means of a principle derived from the prior disease; thus admitting paralysis caused by a diphtheritic principle, just as a syphilitic paralysis is connected with a syphilitic diathesis. This, too, is only a hypothesis; and if this theory of the paralysis of convalescence is to be admitted, we shall have to distinguish, besides the diphtheritic paralysis, the pneumonic, the typhoid, the scarlatinal, etc., paralyzes—which is inadmissible. It is in another direction that we should seek for the cause of these paralyzes, and especially the diphtheritic, which is the most serious of them all.

This commences by dysphagia of liquids—*i. e.*, with paralysis of the velum, with return of drinks by the nose, and by *nasonnement*. Then come incomplete amaurosis, and paraplegia, which may become ascendant and attack the diaphragm; and sometimes, hemiplegia, strabismus, etc. When the paralysis attacks the respiratory muscles, death is almost certain. There are cases in which, when the paralysis has become thus general, a singular condition of the patient is brought about, characterized by the dislocation of the limbs and the neck. Thus, I had a little girl in my wards, the subject of pharyngeal paralysis and ascending paraplegia, who was reduced to the state of a supple puppet, her head and four extremities falling without support or resistance in the direction of their gravity. When raised, her head fell backwards or to one side, just like that of a corpse. The case now under consideration is a curious one, being that of a little girl four years of age, whose father and brother died of croup at the same time that she was suffering from diphtheria, with two buboes under the angle of the left lower jaw. She was cured, and eight days afterwards she became the subject of *nasonnement*, without the rejection of drinks by the nose. She had convergent strabismus of the left eye, *i. e.*, paralysis of the external ocular motor; an incomplete paralysis of the diaphragm and of the abdominal muscles, which did not contract under the influence of tickling; and a complete right hemiplegia, extending even to the face, and producing a deviation of the mouth to the left. This is very rare in diphtheritic paralyzes, in which we much oftener meet with paraplegia than with hemiplegia. Under the influence of the induced current, quinine, iron, and wine, continued during a month, the strabismus and hemiplegia have disappeared, and the child will be able to leave the hospital cured.

In twenty-two out of twenty-six cases of diphtheritic paralysis, double neuro-retinitis has been met with, characterized by a flattening and reddish diffusion of the papilla, the edges of which are effaced

and veiled by a reddish-gray cloudiness. This is the most ordinary appearance, but in other children the retina is rendered opaline around the nerve by what is termed a retinian exudation, but which is only an acute steatosis of the nervous elements of this membrane. The vessels present nothing remarkable. In presence of so many facts establishing the habitual coincidence of different degrees of neuro-retinitis in very severe and extensive diphtheritic paralysis, it is difficult to believe that convalescence and hydræmia are its sole causes. A new problem offers itself for our consideration, and we have to seek whether these paralyzes are not the result of changes in the central portions of the nervous system, and what these changes are. From neuritis and neuro-retinitis accompanying disturbances of the nervous system, we must conclude as to the existence of a nervous alteration in the nerve within the cranium as far as its origin, and consecutively a central organic nervous alteration. How is such an alteration brought about in simple or diphtheritic angina? It is the result of an ascending irritation of the pharyngeal nerves, which is transmitted to the mesocephalon at the origin of the glosso-pharyngeal nerve—an irritation which, according to its extent, gains the origin of the neighboring nerves, and redescends by them to the optic nerve, the external oculo-motor, the nerves of the limbs, of the abdomen, or the chest, giving rise to hemiplegia or paraplegia, and paralyzing the diaphragm and the intercostals, so as to diminish respiration and hæmatosis. The same course is observed in wounds of the nerves of the eyebrow emanating from the fifth pair, when the inflammation may redescend the optic nerve, and give rise to hyperæmia of the papilla, to be followed by atrophy and amaurosis. So also, in some dental affections, neuritis of the superior maxillary nerve may be produced.

After adverting to various examples of changes induced in the nervous centres by peripheric lesions, Prof. Bouchut concludes by observing:—

“All agree in the most significant manner, in the establishment of the organic nature of the diphtheritic paralysis. First, clinical observation shows, in a whole crowd of cases, that peripheric neuritis may extend and mount up to the origin of the nerves in the cerebro-spinal centres; vivisections show the tearing away of nerves followed by central myelitis, the ophthalmoscope habitually reveals a congestive lesion of the optic nerve, and a granulo-fatty retinian peripapillary exudation; and autopsies have shown in some of these cases the existence of lesions of the medulla. This is more than is required to found a firm basis for the doctrine of cerebro-spinal lesions following diphtheria, in preference to the theory of the essential character of diphtheritic paralyzes. These results are of great therapeutical importance. From the moment that we are able to believe in the existence of a congestive neuropathy produced by diphtheria, and inducing paralysis, the indication of tonics becomes formal. Iron, quinine, wine, good nourishment, electrization, and hydropathy are the means to be

resorted to with most advantage. Among these, electrization and hydropathy, combined with substantial alimentation, are the most preferable; for quinine and iron, although useful adjuvants, are yet only adjuvants. In the employment of electricity in diphtheritic paralysis the currents by induction are to be used, the continuous currents, so useful in the myogenic or essential paralysis of children, not being here necessary. A feeble current that is easily borne should be directed for from five to ten minutes daily to the velum, the limbs, and other paralyzed organs. Hydropathy also should be employed twice every day, the douches only being continued for a quarter of a minute, so that prompt and complete reaction may be obtained. If the douche be too prolonged, there is no reaction, and the remedy does more harm than good. Alimentation must also be conducted with discrimination; for if there be paralysis of the velum, but little of liquid aliments or drinks should be given, in order to avoid their return by the nose or their penetration into the air-passages. It ought to consist in thick porridge (*potages*), underdone meat, and well-cooked feculent vegetables. Under this treatment it is rare not to find diphtheritic paralysis soon disappearing.”—*Med. Times and Gazette*, Sept. 25, from *Gazette des Hopitaux*, July 20 and 27.

ON SYCOSIS; A CLINICAL STUDY.

By A. C. SMITH, M.D.

Decorah, Iowa.

The common form of sycosis is the appearance of one or more tubercles on the bearded portion of the face. These tubercles grow slowly, the centre becomes covered by a crust, on removing which are seen the mouths of the hair-follicles, filled with pus. Generally after several weeks, a softening takes place, which commences in the centre of the tubercle and often rapidly involves the periphery; the result is a deep ulcer, with sharp edges, and a dirty-colored, yellowish base. In cases where the peripheric part of the tubercle has not been involved by the mortification, the edges are thick and inverted, not unlike those of an ulcer callosum. The hairs on the softened spot partly fall off, or become loosened, and finally there is left a cicatrix, either quite bare or thinly covered with hair.

It is not only in the beard and eyebrows that these tubercles are found. This form of sycosis, as well as those described afterward, may also exist on the cheeks, on the nose, and on the forehead.

It is necessary here to mention a symptom that is most easily observed on parts of the face covered with lanugo, and which has a diagnostic significance in cases where the characteristic eruptions in the beard fail, or where a multiple eruption over the whole face may cause an error in diagnosis, viz., that the tubercles or ulcers are often surrounded by a dirty-red patch a little elevated, and especially conspicuous on a pale face. This patch presents several peculiarities. The surface is first smooth, later it often becomes wrinkled, and then the pro-

minences appear filled with a serous fluid, all of which can easily be observed with the naked eye. This condition is followed by softening, which generally commences from the edges of the ulcer, and may extend over the whole patch or only a part of it. The field is seldom regularly limited; in some places the circumference may be curved, in others straight and angled, so that the whole may present the aspect of an irregular polygon, in which the ulcers may have a more central or a more peripheric seat. It is of importance to notice this irregularity of the circumference of the injected patch, because it shows the injection to be something different from the common congestion surrounding an inflammatory focus, and to have its full value as a specific symptom.

What further proves the significance of the patches described is that they may exist alone, not being an appendix of an ulcer or a tubercle. Such independent fluids may be found on old nasi. Having lasted a long time and presented the characteristic signs, they usually submit to a partial or total softening that shows itself by the formation of a crust. Yet the destruction in these cases is not so deep or so rapid as in the cases previously described; the ulcer becomes more superficial, but of the same torpid character. It heals up, leaving a depression in the skin of irregular form, either quite smooth, or partly deepened, or like a furrow. Where the whole spot is not involved by the softening, it may partly resume the normal aspect of the skin.

This phenomenon constitutes the second form in which sycosis may manifest itself. There is still a third.

This is characterized by small, thin crusts covering the mouths of one or more hair-follicles. If the coexistence of the tubercular form have not led the patient to a frequent and minute observation of the surroundings, these crusts are not easily noticed, because they are not accompanied by tumefaction of the skin. By-and-by they grow thicker and assume a dirty-yellow color, and they adhere rather firmly. Having removed them, one sees on the surface below acute prominences that present casts of the hair-follicles. Likewise here, as in the tuberculous form, the thicker and deeper-rooted hairs are more firmly adherent, while the more delicate are more easily cast off, sometimes following when the crust is lifted up; yet in general the hairs are not so liable to loosen in this form. The openings of the follicles present themselves dilated and more or less excoriated in proportion to the duration of the crusts. If the process be allowed to follow its own course it will lead to ulceration, which in these cases too has a slower development, and remains more superficial than in the tuberculous form. Where the process has gone so far as to ulcerate, depressions are left in the skin like those resulting from softening of the patches described.

It has been said above that this formation of crusts is not usually accompanied by tumefaction, yet it has been observed in one case of an eruption on the nose and one cheek. Around an ulcer on the nose,

the result of a softened tubercle, with sharp edges, without any patch of the kind described, there arose on the normal skin a regular circle of separate noduli, of the common color of the skin, feeling like the eruptions of tinea herpes. After some days there were formed on the tops of the knots small crusts of the same character as those formerly described. They adhered firmly, and in removing them several casts of the subjacent follicles followed, and some delicate hairs were loosened. The opening of the follicles appeared dilated and excoriated; in some places a superficial loss of substance of the skin resulted. As the diagnosis may be looked upon as certain, this case could be cited as a fourth form that sycosis can assume.

The essential result of a comparison between these forms is, that they all tend to ulceration of the skin, and that the ulceration in the tuberculous form extends more deeply than in the other forms, where it remains more superficial.

It seems that the disease generally commences as a tubercle, and that the other forms arise secondarily; yet a primary appearance of the other forms cannot be denied. Probably the beginning of the disease, in many cases, is not noticed.

The consequent spreading of the disease often goes on continuously; in other cases it springs from one place to another; yet almost always in such a way that only small parts of the sound skin separate the earlier and later eruptions. Often an ulcer does not heal completely, but a small edge is left, from which the process takes a new start. The above case of circular eruption of knots around an ulcer on the nose affords an unusual instance of a regular way of spreading.

That sycosis is to be placed in the group of skin-diseases due to vegetable parasites is without doubt. One can be convinced of it by examining those hairs which are easily pulled out. Even to the naked eye the root of the hair appears thickened; in the hair-sheath one can, by aid of the microscope, find both mycelium and sporules, the latter partly separate and partly forming conglomerations like blackberries.

The formation of tubercles, however, and the ulceration, cannot be accounted for by the existence of the parasite in the epithelial tissue of the hair-follicle alone. The ulceration is too extensive to be the result of any irritation or pressure caused by the parasite filling up the hair-follicle. It is more reasonable to account for the formation of tubercles, and the consequent ulceration, by supposing that the corium too becomes infiltrated by the parasite, and causes the final change.

If we consider the wrinkled condition of the red patches as the result of a defective production of the cellules which constitute the rete Malpighii, this phenomenon points to a disintegration of the corium.

The phenomena characterizing the third form, viz., the formation of crusts, excoriation, ulceration, and the remaining depressions in the skin, are evidently the consequence of the parasite gradually growing from the surface inward and involving the

corium. This cannot be caused by the pressure from the parasite growing in the epidermis, because the affected strata soften successively and do not form a crust, as in favus, where the pressure of the crust is sufficient to produce an atrophy of the corium.

The obstinacy with which sycosis resists local treatment, which in the other parasitic skin-diseases is so effective, is also a proof of the deeper seat of the parasite in this disease.

Sycosis consequently differs from other skin-diseases due to vegetable parasites, in that the parasite in this disease not only keeps to the epidermoidal or epithelial tissues, but even involves the corium.

In the above-described case of a secondary nodular eruption, the circular distribution of the nodules round a central focus shows an analogy to tinea herpes, which may be of interest to those who believe in the unity of all skin-diseases due to vegetable parasites. I have not, however, seen any thing that could prove a transformation of this disease into herpes or favus, or the reverse, as has been lately mentioned in a treatise on skin-diseases by Dr. Purdon, of Belfast. Even in a case I have seen of sycosis scattered over the half of *par capillata capitis*, the local phenomena were too distinct to allow a mistake.

Treatment.—It has been advised to pull out the hairs on the affected spot and employ strong caustics, and even excision of the affected spot has been practised; but these methods are too much like Alexander's manner of loosing the Gordian knot to be of any practical value. One feels tempted to apply weaker caustics on the torpid ulcers, but the effect is generally very bad: especially is cauterization not advisable where the ulcer has thickened borders, or is surrounded by a specific patch; for, in such cases, it is liable to be followed by a rapid destruction of all the infiltrated parts, while otherwise, where no irritating treatment has been employed, and where the infiltration is superficial, such spots may resume the normal aspect of the skin.

Hebra recommends a paste of equal parts of sulphur, alcohol, and glycerine, and claims by this remedy to cure every case of sycosis in fourteen days. This treatment, however, by its irritating effect, often causes as much ill as good. The alcohol produces hyperæmia, and the glycerine tends to the same result by producing a higher local temperature of the skin. This remedy may thus become the means of hastening destruction when applied on spots which, because of their infiltration with the parasite, are predisposed to suffer this change. The application of dry sulphur has not this disadvantage; and, further to avoid it, we should not even syringe with hot water to remove the crusts, but lift them up with the point of a lancet; precipitated sulphur is then to be applied with a brush, three or four times a day. Later, one or two applications a day will be sufficient. After this treatment is continued two or three weeks the ulcers will present a clean, red base, and the final healing will go quickly

on. It will certainly hasten the cure to remove the loose hairs; but, if the hairs be pulled out, they are not regenerated; if they be left untouched, a good many will remain, even on places where the ulceration is deep, and in the future help to cover the unsightly cicatrix.—*Cincinnati Medical News.*

SECTION OF THE ABDOMEN FOR INTUSSUSCEPTION.

The rather frequent occurrence and very gloomy prognosis of intussusception induce us to give some extracts from recent British papers on its treatment by abdominal section. Three cases were reported before the Medico-Chirurgical Society of London.

The first was related by Mr. Howard Marsh, who performed the operation on an infant of seven months of age. The bowel projected two inches beyond the anus, and at the extremity of the protrusion the ileo-cæcal valve was visible, whilst in the abdomen a firm cylindrical tumor was felt extending in the course of the descending colon from the left of the umbilicus to the left iliac fossa. Insufflation and careful distention with lukewarm water having failed to reduce the intussusception, and the child being collapsed and frequently sick, Mr. Marsh operated. Sickness at once ceased. On the third day the bowels were relieved, and on the fourth the child was convalescent. In this case the intestine had been invaginated for thirteen days, but inflammation only set in twelve or fourteen hours before the operation, and Mr. Marsh expressed the opinion that when other means had failed the operation ought to be undertaken, not only in acute cases of twelve or eighteen hours' duration, but also in chronic ones in which there have been no symptoms of inflammation or strangulation.

The second case was that of an adult woman aged thirty-three. The length of the included bowel was at least eighteen inches. Not one bad symptom occurred, the temperature never rising above normal, and the wound healing by the first intention. In this case hemorrhage, so frequently regarded as a cardinal symptom, did not occur.

The third case was by Mr. Hutchinson, who also made some remarks on the details of the operation. It occurred in an infant aged six months. The intussusception involved the whole length of the colon, and the ileo-cæcal valve, introverted, constituted its extremity, and was easily felt by the finger in the anus. The symptoms had been the usual ones; they had lasted three days, and the usual method of treatment, perseveringly carried out, had failed. As the child was evidently about to sink, the operation was at once performed. Considerable difficulties were encountered in effecting the reduction of the intussuscepted part. Its neck was tied back in the loin by the meso-colon, and could not be brought into view, and although there were no adhesions, it was found quite impracticable to draw the intussuscepted bowel out of the sheath. At length it was discovered that although the upper end of the intussusception was fixed, its lower one, containing the sigmoid flexure of the colon, was quite loose.

This was readily brought out, and by gently pulling the sheath downward reduction was without difficulty effected. The appearance of the appendix vermiformis, just at the completion of the reduction, confirmed the opinion formed as to the introversion having begun at the cæcum. Considerable difficulty was encountered in replacing the intestines within the abdomen. They were accordingly punctured with a harelip needle in two or three places, and at the conclusion of the operation the infant was in an alarming collapse. It rallied, however, afterward, took the breast, and passed a motion. Death occurred about six hours after the operation, and the post-mortem showed evidences of recent extensive peritonitis.

In the discussion Dr. West drew attention to the distinction between intussusception in the adult and in the child, pointing out that in the latter the diagnosis is by no means difficult, and that one of the earliest signs is the passage of blood or bloody mucus. Even when the invaginated intestine could not be felt, but there was only indistinct fullness of the abdomen, he thought the diagnosis easy, as also did Dr. E. G. Barnes, in whose practice Mr. Marsh's case had occurred. Both agreed that when other means failed the operation ought to be resorted to. Mr. Thomas Smith argued that the length of the incision was not of much moment, since ovariectomy has taught us that mechanical interference with the peritoneum is not very dangerous. The danger rather lay in the retention of a clot, and all the viscera could be sponged with impunity. He thought it would often be necessary to puncture the intestine. Professor Timothy Holmes thought a long incision facilitated the return of the bowel, and remarked that the operation was usually performed only in hopeless cases. As to the hemorrhage, he observed that the occurrence of blood in a hernial sac shows that it may take place from strangulated intestine. Mr. George Pollock mentioned some experiments which he had made some years ago to determine the danger of over-distention by injection, and which showed that the peritoneum was very apt to crack when the bowel was only slightly distended; thus peritonitis might be set up. Dr. Harre advocated the injection of ice-cold water to reduce the congestion of the intussuscepted portion, and this could be aided by the application of ice to the abdomen. He thought the cold not only diminished the congestion of the vessels, but also the volume of air in the bowel.

THE TREATMENT OF HOOPING-COUGH BY THE IODIDE OF SILVER.

Dr. Robert Bell, Physician to the Glasgow Ophthalmic Institute, earnestly advocates (*Obstetrical Journal of Great Britain*, Dec., 1875) the use of iodide of silver in the treatment of whooping-cough. He says: "It has fallen to my lot to treat over 100 cases with this substance, and with uniform success. It is now more than three years since I read of its being useful in this disease, and since then I have used no other remedy, except occasionally ten or

fifteen grains of bromide of potassium at bedtime; which helps very much in procuring a good night's rest. In almost every case in which iodide of silver has been used by me, the cough has lost the hoop by the end of four weeks, and been quite well in six weeks, and I may add the usual complications of the disease have been exceedingly rare. I have twice employed the remedy in families where six patients were ill at the same time, and in both of these instances the disease was practically cured by the end of the fourth week. I have several times treated more than one child in a family at the same time, and with the like excellent results. The superiority of iodide of silver over the bromide of ammonium is most marked. A curious coincidence occurred which demonstrated this. It happened that one of my professional friends was attending a family, the children of which were suffering from whooping-cough, and who resided in one of our west-end terraces, and at the same time I was attending another family in the said terrace, the children of which were also ill with this disease. My little patients were put upon one-eighth-of-a-grain doses of iodide of silver thrice a day, and this was all the medical treatment they required. My friend at this time was anxious to go away for a holiday, and he asked me to look after his patients during his absence. I found the children before mentioned in a state of great prostration, and most sadly afflicted with the cough; one of them, in fact, narrowly escaped with its life. These little patients were being treated by the bromide of ammonium, and were ordered to be kept in one room, and I did not feel justified in changing the treatment. I, however, ordered them to have a large pailful of boiling water brought into the room, into which about a tablespoonful of carbolic acid and glycerine was added, so that they might inhale the carbolic vapour. (This was two years ago.) It was three months before they were able to leave their nursery, and as many more before they were quite well; while my patients, who were about the same ages respectively as the other children, and who had been taking the iodide of silver, and had been going out every fine day, had not a trace of the disease remaining at the end of a month. I do not attempt to explain how the iodide acts in this affection, but it seems to me that whooping-cough is a disease of the gastric periphery of the pneumogastric nerve, and the silver acts as a sedative to this morbidly sensitive nerve, preventing reflex irritation being conveyed to the pulmonary ramifications of the nerve. I would urge all to give this preparation a fair and lengthy trial in the treatment of this disease, as I am convinced that in it we have a most valuable therapeutic agent."

ON THE USE OF NITRIC ACID AS A CAUSTIC IN UTERINE PRACTICE.

Dr. James Braithwaite, Lecturer on Midwifery and Diseases of Women and Children at the Leeds' School of Medicine, contributes a short paper on this subject to the *Obstetrical Journal of Great Britain* (Nov., 1875), in which he says, "Cases of

ulceration or erosion of the os uteri, with or without endocervicitis, are so common, and in hospital practice so numerous, that some more efficient and less troublesome caustic than nitrate of silver is urgently needed for their treatment. I have carefully and fully tried the action of most caustics (including carbolic acid), and found none to answer the purpose so well as nitric acid. The great fault of nitrate of silver is the fugitive nature of its action; its influence seldom extends beyond five or six days, even when rubbed upon and held in contact with the parts. It is more a stimulant than a caustic, as it produces no slough, and causes extreme turgescence of the capillaries immediately below the surface influenced, as evidenced by the occurrence of hemorrhage, often sufficient to obscure the parts before it has been removed from contact with them. At the second examination we often find the ulceration or erosion little if at all altered in appearance. This defect must be atoned for by the frequent reapplication of the remedy, necessitating each time the use of the speculum. I believe in this evil really lies the source of the opinion held by some eminent men, that these diseases require little or no local treatment, for our opinions are often unconsciously influenced by our wishes. Nitric acid, on the other hand, is a really efficient caustic, producing a slough, which is peculiarly firmly adherent, and which consequently necessitates a healthy effort by the subjacent parts for its separation. The only other caustic which produces a slough of the same character is nitrate of mercury. Nitric acid, moreover, requires no special preparation; does not spread like potassa c. calce, nor is its action so deep; it produces little or no pain and no hemorrhage. These advantages are trivial compared with the fact, that when once it has been properly applied, in many cases no further interference is necessary, and thus the frequent use of the speculum may be done away with. When the second examination is made, it should be after the lapse of a month, and it will then sometimes be found that there is a small spot requiring a fresh application of the acid, but often the sore appears to be quite healed or to be healing satisfactorily. The fresh mucous membrane which forms in cicatricial in appearance, and when healing is going on satisfactorily, it has a sharply-defined edge, and, being of a pale rose colour, contrasts strongly with the bright red of the sore. The contraction is greater than follows the use of any other caustic; but this is a great advantage, for on account of the relaxed state of the tissues, it is just what is required to insure the permanence of the cure.

"The acid is best applied by means of a small and tightly rolled piece of cotton-wool, which is to be placed by an ordinary speculum forceps in contact with successive portions of the surface until the whole is covered with a white eschar. In a case of chronic endocervicitis, the acid should be applied to the interior of the open cervical canal, and if it is not open the case is not one suitable for the treatment. The contraction which accompanies healing is only to a healthy and natural degree. Provided the caustic

has been used with ordinary prudence, I have never seen anything but good follow its use, and the ease with which a chronic case of cervical catarrh, with ulceration or erosion, may be cured by it is something marvellous. The bulk of my cases have been hospital out-patients, and the comfort the use of nitric acid has been in their treatment is very great, both in certainty of result and in saving my own time. Without local treatment very little can be done for these patients, for hygienic treatment is generally impossible, and medicinal treatment alone is useless. I shall not take up your space by details of cases, although I have copious notes of about forty. By trial of the remedy a proper estimate of its value will soon be formed.

"The use of nitric acid as a caustic is so familiar to us all, especially in the treatment of some diseases of the rectum, that I had some hesitation in bringing the subject before you, and should not have done so but that I believe it is only used by two or three medical men engaged in the treatment of diseases of women. It is mentioned incidentally at the conclusion of a paper by Dr. Lombe Atthill, upon its application to the interior of the uterine cavity, that he uses it habitually in the diseases in question; and Dr. Roe of Dublin, in an analysis of 164 cases of uterine disease, relates a case of extensive ulceration in which he employed it. Mr. Robert Ellis has recommended the use of a saturated solution of nitrate of silver in nitric acid, and I believe Dr. Bennett has mentioned it also: but these writers are exceptions to the general rule. It is not mentioned by Tilt in his admirable work on uterine therapeutics, nor by any other of our standard authors upon diseases of women, all of whom recommend nitrate of silver, or mention its use as the usual practice."

Dr. Edward John Tilt, in an article in the *British Medical Journal* (Dec. 4, 1875), instead of advising nitric acid in all cases of cervical disease requiring a caustic, as Dr. Braithwaite seems to do, holds—1. That, in comparatively recent cases of endocervicitis, nitrate of silver, tincture of iodine, or carbolic acid suffices; 2. That chronic cases of endocervicitis had best be treated by acid nitre of mercury or nitric acid; 3. That hyperchronic endocervicitis with considerable cervical hypertrophy requires potassa fusa cum colce or some strong acid.

ULCERATED NIPPLES.

M. Legroux advises the following treatment: Spread with a camel-hair brush a layer of elastic collodion around the nipple, in a radius of an inch or more; a piece of gold-beater's skin should then be placed over the nipple and collodion, taking care to make a few holes with a pin over the part of the gold-beater's skin which covers the nipple, so as to allow the milk to ooze through. No collodion should be spread on the nipple itself, as some pain might thereby be occasioned. By the rapid evaporation of the ether the collodion dries up, and the gold-beater's skin adheres. The nipple is then more or less pressed

down by the latter, which in drying becomes tense. When the child is to be nursed, the end of the nipple should be wetted with a little water. The gold-beater's skin which covers it becomes soft and supple, allows the nipple to swell, and protects the ulcers and fissures from the strain of suction. The mother or wet-nurse thus suffers no pain, and the ulcers heal in a few days.—*Lancet*, Dec. 11, from *Annales de Gynécologie*, Nov., 1875.

PNEUMONIA.

Dr. Thomas Barr, in an interesting article on this disease (*Glasgow Medical Journal*, July, 1875), based on sixty-four cases in private practice, gives the following as the treatment he adopted:

1st. I have never employed general blood-letting, and, with the exception of the man who died from gangrene of the lung, I have never used even leeches. I think few of my readers will consider that in my cases of death the fatal result would have been prevented by depletion.

2d. I have in a few employed antimony in what might be called antiphlogistic doses. I generally use it for its expectorant and diaphoretic effects, and have very rarely used it at all with children under five years of age. I very often find patients suffering from the disease, with an irritable stomach, perspiring skin, and soft pulse. In strong adults, with very acute symptoms, and none of these contradicting signs, I have used it in full doses with great advantage.

3d. Mercury. I have not used this medicine at all, unless as a simple aperient.

4th. Opium. I think I have seen more good done by this drug than by any other single remedy. It gave comfort to the patient, relieving pain and allaying cough.

5th. Diaphoretics and expectorants have been given with advantage. These classes of remedies also include small doses of opium and tartar emetic.

6th. External applications. At early stages I have found most comfort from poultices of linseed meal and mustard, frequently repeated; while blisters were reserved for the more chronic stages, when the condensation of lung seemed to linger longer than usual.

With respect to the treatment of the children in whom the most of my fatal cases occurred; with the belief which I entertain of the real cause of danger, I have only adopted the restorative treatment. I have altogether eschewed bleeding, antimony, mercury, I have, of course, carefully confined the patient to a well-ventilated apartment (he requires all obtainable oxygen), with a comfortably warm temperature, given liquid diet, milk being the staple. If an infant at the breast, I limited its supply of breast-milk, and rather relieved its thirst by administration of cold barley-water; in the way of medicine, giving a diaphoretic mixture, small doses of ipecac, wine, sweet spirits of nitre, tincture of hyoscyamus, and solution of acetate of ammonia. Good has been done by allowing boiling water to evaporate near the patient. Repeated linseed-meal

and mustard poultices to back and front of chest have often done great good. As night approaches, the little patient often becomes very restless, annoyed by a constant hacking cough. Then I have often found the greatest benefit from a dose of Dover's powder, preferring to give one single full dose at night to small ones frequently repeated. Of course, if the case is complicated, with pent-up secretions in the air-tubes, I have avoided the Dover's powder. When the child is feeble, great benefit is derived from liniments to the chest, while beef-tea and brandy were often absolutely necessary to uphold strength till the patient passed through the crisis of the disease.

He states that "When one reads the statistics of hospital writers respecting this disease, which have of late years been published, it requires not a little courage for a private practitioner to announce that he has had a mortality of one in six. But, supposing I selected my cases, and gave those only between the ages of six and fifty years, the ratio of deaths would be one in twenty-one, while of the forty-two cases between five and sixty-two, only two deaths took place."

MEDICATED ICE IN SCARLATINA.

In a short communication to the *Lancet* (Jan. 8, 1876), Mr. Edward Martin says: "Every practitioner has at times to face the difficulties of the scarlatinal throat in young children. It may sadly want topical medication; but how is he to apply it? Young children cannot gargle, and to attempt the brush or the spray often fills them with terror. In many cases neither sternness nor coaxing avails. If the doctor thinks it is his duty at all hazards not to leave the throat untouched, the child is subjected to a struggle and a fright which probably render the proceeding more productive of harm than good. If, on the other and more wiser side, he, when persuasion fails, goes no further, he is haunted by the feeling of not having done all that might have been done for the case. Most of us at times have been impaled on the horns of this dilemma. Yet these little ones in almost every case will greedily suck bits of ice, as I doubt not most of your readers can testify. This has long been my chief resource where I could not persuade the child to submit to the sulphurous acid spray. Lately I have been trying an ice formed of a frozen solution of the acid (or some other antiseptic), and I think my professional brethren will find it a valuable addition to their means. Though, of course, not so tasteless as pure ice, the flavour is so much lessened by the low temperature, and probably also through the parched tongue very little appreciating any flavour whatever, that I find scarcely any complaint on that score from the little sufferers; they generally take to it very readily. The process of making it is so simple that a few directions to any intelligent nurse will quite suffice; or in urban practice the chemist who dispenses the other prescriptions will undertake this one also. A large test-tube immersed in a mixture of pounded ice and salt is the only apparatus required, and in this the

solution is easily frozen. When quite solid, a momentary dip of the tube in hot water enables one to turn out the cylinder of ice as the cook turns out her mould of jelly. I have tried the three following formulæ, all of which answer, though I think I prefer the first:—

"1. Sulphurous acid, half a drachm; water, seven drachms and a half: mix and freeze.

"2. Chlorate of potass, one scruple; water, one ounce: dissolve and freeze.

"3. Solution of chlorinated soda, half a drachm; water one ounce: mix and freeze.

"However, the form is of secondary importance, and each practitioner can construct his own. Boracic acid, salicylic acid, or any other harmless antiseptic with not too much taste, would, doubtless, be as useful as those I have indicated. It is the idea of applying them in the shape of 'medicated ice' that I recommend to the profession, with the belief that it is of practical value."

THE CAUSES AND TREATMENT OF SLEEPLESSNESS.

Dr. J. Milner Fothergill thinks the experiments of Durham, Hammond, Donders, and others, have clearly shown the relation of sleep to cerebral anæmia. This condition of anæmia is produced by the co-operation of two factors, one a modification of the vascular system, the other a diminution of activity in the cerebral cells themselves. It is the combination of these two factors in the production of sleep that must ever be borne in mind in the treatment of each case of insomnia. Sleeplessness, among other causes, is due to a condition of high cerebral vascularity. There may be a local (cerebral) hyperæmia, a general vascular excitement, and a rise of temperature. Opium alone will not meet these complex states. In order to procure its hypnotic effects, it is necessary to combine it with a direct vascular depressant. In chloral-hydrate we have a drug which acts upon the nervous system, lessens the heart's action, and lowers the temperature. But the very qualities which may here render it so valuable, constitute the objections to its use in other forms of insomnia. A different form of sleeplessness is found where patients have cerebral anæmia. Here there is sleepiness felt during the day, especially when in the upright position, but at night when the body is recumbent a state of wakefulness is instituted. Such a condition is most pronounced in melancholics. Bromide of potassium and chloral in such cases, however effective in procuring sleep, are injurious, from their tendency to aggravate the condition of anæmia. Authorities advocate, instead, alcohol and opium, accompanied by a generous diet, and by the exhibition of iron and quinine in fair quantities. There is a form of passive cerebral hyperæmia, in which insomnia is present, due to partial vaso-motor paralysis of the intracranial blood-vessels, usually associated with mental overwork. One constituent factor of the treatment must be to lessen this cerebral activity by some suitable agent. Bromide of potassium, of all remedies, is the most efficient, and with digitalis may

be advantageously combined. In such cases it is the action of digitalis upon the peripheral vessels rather than its effect upon the heart which renders it so valuable here. Dr. Fothergill, after reviewing the different forms of sleeplessness, mentions some of the chief forms of hypnotics in common use. Opium is indicated in conditions of insomnia, which originate in pain. Hyoseyamus may be resorted to in cases where opium or morphia disagree, as in chronic renal disease. Hydrate of chloral is useful in conditions of vascular excitement, either alone or in combination with opium. In cases of sleeplessness, where there is continuous high blood-pressure, or where there is distinct pyrexia, chloral-hydrate is the hypnotic *par excellence*. It is to be avoided, however, where inability to sleep is due to worry and to brain exhaustion. The utility of bromide of potassium is shown where cerebral activity is kept up by distant peripheral irritation, especially where that irritation lies in the pelvic viscera.—*The Practitioner*, February, 1876.

ON PUERPERAL MANIA.

In a lecture on this subject (*La France Médicale*, July 28, 1875), Dr. Peter states that he considers puerperal mania to be due to a determination of the blood to the head; the blood, instead of going to the breasts to form milk, goes to the head to produce a pathological cerebral hyperæmia. Why all suckling women do not have mania is purely a personal matter, depending upon the quality and condition of the brain, whether bad or laboring under mental distress. All functional work demands an afflux of blood, and this functional hyperæmia of an organ may at any time become a pathological hyperæmia. An immoderately active brain is immoderately hyperæmic, which predisposes to a pathological condition. Puerperal mania is, as a rule, in the hypochondriacal form, from the mental occupations of a pregnant woman being of a sad and melancholy turn.

He relates a case lately occurring in his clinic, as proof of his theory. The woman had had five children previously, without a bad symptom. The present pregnancy was an adulterous one. She was of an excitable temperament, and keenly felt her position. During the attack the temperature was normal; but the pulse was very irregular—every two, three, or four beats it intermitted unequally.

The irregularity he attributes to defective innervation of the heart. The nerves which supply this organ come from two sources—the pneumogastric and the cervical portion of the large sympathetic. The cardiac nerves spring from the bulb (*medulla oblongata*) and the cervical portion of the spinal cord; the cardiac disorder and the cerebral had, therefore, one and the same origin, viz., a cerebral and bulbous hyperæmia.

The treatment is to reduce the cerebral and spinal congestion by the application of leeches or cupping to the nape of the neck. The latter method was adopted in the case, with the effect at once of relieving the headache and the irregularity

of the pulse. At the same time, eau de Sedlitz was given to purge the bowels. On the third day a dose of chloral (thirty grains) was given at bedtime, as the sleeplessness had not disappeared; its effect was immediate.

All attacks of puerperal mania come on at night; from the mind not being diverted from itself by the ordinary passing excitements of daily life, it dwells too much on its condition, which increases and intensifies the functional hyperæmia.—*London Med. Record.*

DIARRHŒA IN CHILDREN.

(*Boston Medical and Surgical Journal*, February 10, 1876.)

Prof. Demme attributes the diarrhœa of very young infants brought up exclusively at the breast to the condition of the mother's milk; in several cases he found this to be faintly acid and with an abnormally large amount of fat.

The remedy for such diarrhœas lies in furnishing a proper substitute for the mother's milk. All substances containing starch must be forbidden, also Liebig's and Nestle's food, inasmuch as at this early age the naturally imperfect powers of digestion are still further reduced by the intestinal troubles and the accompanying disturbances in the functions of the pancreas and parotid glands.

The author recommends as a food for such cases the white of an egg (or less) in from five to ten ounces of water, previously boiled, with the addition of condensed milk (three to five drachms) for the twenty-four hours. The quantity can be gradually increased up to the end of the fourth week, when two or three times the above amount may be given. The milk of other animals or cream should never be used owing to their richness in fat. The use of metallic astringents in these cases is objected to.

A NEW DISINFECTANT.

The *Australian Medical Journal* for July, 1875, contains the report of the July meeting of the Medical Society of Victoria. Dr. John Day, of Geelong, read a paper, with experiments, in which he stated that he had long been endeavoring to find some agreeable as well as efficacious means of purifying and disinfecting the hands after making post-mortem examinations, and for other disinfecting purposes; especially one suitable for those in attendance on sick persons suffering from infectious diseases. In all his experiments he had always looked to oxygen in some form or another as the disinfecting agent. Ordinary oxygen is a weak agent in this way, and in the two active forms of ozone and peroxide of hydrogen, it acquires a somewhat disagreeable odor. After trying various ways of disguising this, he at last succeeded as follows: On examining some of Rimmel's toilet vinegar at the request of a lady friend, he found that it gave the reactions of peroxide of hydrogen pretty freely. He thought it might possibly disguise the smell of the latter substance, and he found that it did so. He therefore mixed ethereal solution of peroxide of

hydrogen (the so-called ozonic ether) with toilet vinegar, in the proportion of a drachm to the ounce; and found that the combination was a most agreeable as well as highly efficacious disinfectant. Dr. Day states "that there are two marked advantages to be derived from the combination of vinegar with the peroxide of hydrogen. In the first place, vinegar, in common with most acids, is capable of preserving peroxide of hydrogen; and in the second place it allows of this powerful disinfecting agent being used with soap, the free alkali of which, under ordinary circumstances, would decompose it, but when it is combined with vinegar no appreciable change is produced." He recommends that, after attending persons with puerperal fever, or other infectious diseases, the hands should first be well washed and dried, and that this disinfectant should be used afterwards, being well rubbed into the skin, like eau de Cologne, or any other perfume.—*London Medical Record.*

TREATMENT OF PORRIGO, TINBA FAVOSA, ETC.

By DR. HENRY MACCORMAC.

[The results of treatment for parasitic cutaneous diseases are often disappointing, but Dr. MacCormac has found much more satisfactory results from petroleum than from any remedy previously tried.]

The first thing I do, the scalp being concerned, is to clip or, where it can be done, or as far as it can be done, shave the hair closely off, and keep it so. In cases that have been neglected, it will be desirable to premise a few simple poultices, bread or linseed meal. I direct the petroleum to be applied twice daily, by inunction, in the form of one part petroleum to two of lard, and a few drops of oil of lavender or, say from a half-pint to a pint of petroleum in a pound of lard, with twenty drops of oil of lavender. The vessel or jar which contains these, may be stood in a basin of boiling water, occasionally renewed, stirring with a wooden spatula until the whole is intimately blended.

This unguent is to be applied, gently but thoroughly, once or, if it be practicable, twice daily. A soft brush is a very good implement to use, and the ointment when about to be applied, may be moderately warmed beforehand by standing the cup or gallipot, which contains it, in hot water. Judgment must be used in apportioning the strength of the ointment and the amount of the application to the state of the parts and the irritability of the subject. After the application a piece of dry soft clean linen rag may be laid on—an old cambric handkerchief answers very well—and, over all, a soft clean linen cap.

Before the next application of the petroleum ointment the head must be thoroughly but gently washed with black or fish soap and fresh warm soft water. The ointment is then to be reapplied as before. Every rag or cap, once used and past further use, should be thrown into the fire, but, if intended for further use, plunged into a hot soda lye, and, after being well washed, finally rinsed in water containing a little carbolic acid.

The last instance of porrigo which I had to deal with, was in a cutler's daughter. Her case was rather a distressing one, with many sores, the hair had mostly disappeared, and there were vermin as well. The very first application proved advantageous, and the patient did well in every respect, except as to regaining her hair afterward. The family have removed, and I cannot speak of the young woman's present state, but I have no reason to doubt but that it is satisfactory.

In a recent case of trichopyton-tensurans in a youth of eighteen, a large patch of hair, producing great disfigurement, was absent. I must here observe that I had begun with pencilling a weak alcoholic solution of corrosive sublimate over the parts. I then had recourse to the petroleum ointment and black soap. The case, after some continuance of treatment, has done extremely well. A vigorous growth of hair now covers the previously denuded surface. A preceding case of trichopyton occurred in a pretty young Jewess. A naked patch rather larger than a crown piece, subsisted at the very vertex. The young lady has since married, and the vertex, when I saw her last, bears no trace of having ever been wanting in respect of its hairy covering.

I wish to add that the petroleum ointment, with black soap, is an excellent remedy in itch, removing it with ease and safety. It is a capital remedy for lice, destroying them on the pubis, in the axilla, or on the head. In two or three instances where these hideous vermin had extended over the whole surface, the petroleum ointment with black soap and the warm bath, employed twice daily, removed them with magical celerity. In insane persons, whereon vermin often house, petroleum ointment and soap proves most useful. So far as I have had an opportunity of trying it, I find the petroleum alike servicable in the mange of dogs, swine, and horses, destroying the minute parasites along with the cutaneous affections which they engender.—*Practitioner, Oct., 1875, p. 261*

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D. L.R.C.P., LOND

SUBSCRIPTION TWO DOLLARS PER ANNUM.

All communications and Exchanges must be addressed to the Editor, Drawer 56, Post office, Montreal.

MONTREAL, MAY, 1876.

THE WESTERN HOSPITAL, MONTREAL.

In our March number we informed our readers that a very large portion of the land which was purchased by the Corporation of the Western Hospital had been paid for, and was about to be completely cleared by placing the mortgage for the balance due, on the

small remaining portion of the land, taking as additional security the guarantee of three of the officers of the Corporation. This has been done by Messrs. William Workman, Hugh McLennan and James Coristine becoming security for its payment. We believe that the portion of the land which is now held by the Corporation, completely free of encumbrance, consists of about 50,000 square feet. Upon a portion of this ground Major Mills is, as we write, engaged in excavating the foundation for the building which he is about to erect, and which will form one of a series which will be erected as they seem to be demanded. A general plan has been prepared by Messrs. Hutchison & Steele, architects, and according to this plan it is intended to put up subsequent buildings. The one which will be known as Major Mills' Building, is also from plans by the same architects, but differs somewhat from what subsequent buildings are intended to be. The Mills' Building will contain a sub-basement for heating, store rooms, coal, &c.; a ground floor some three and a-half feet above the level of Dorchester Street, which will be occupied by the Staff necessary for the management of the institution; two storeys, giving four wards 14 feet high, and the third storey will be formed by the Mansard roof, giving two wards 13 feet high. On each flat there is a nurses' room, with baths, water closets, urinals, &c., while provision is made for three private wards. The building will be 46 feet front, flanked by two towers, and 66 feet in depth. Accommodation will be given for 52 beds—or 55 beds, including the three private wards. In the ground floor, we may mention provision is made for an Out-door or Dispensary department. The building will be pushed forward rapidly. It is anticipated that the corner stone will be laid about the 1st of June, and that it will be ready for the reception of patients early next summer. We may mention that the ground owned by the Corporation of the Western Hospital consists of nearly two acres just at the Western portion of the City limits, (about a half of the property being outside the limits), and is beautifully situated, either as regards drainage, ventilation or view.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

We have already, in previous numbers, expressed the opinion that in deference to the views of the profession, changes of a very radical character were required in the Act of Incorporation of the College of Physicians and Surgeons of Lower Canada, and that we believed there was within that body gover-

nors not only alive to the exigencies of the hour but competent to deal with the matter in a thoroughly satisfactory manner. We felt that improvements should emanate from the College itself, and that the attempt at Medical Legislation which was commenced last fall in Quebec, by what we may term outsiders, should be crushed out by the weight of public opinion. We feel and we are glad to know that in this matter we re-echo the sentiments of many of the Governors, that action must be taken at the meeting of the College on the 10th of May, so as to place matters in such a forward state, that in the October meeting at Quebec they may be finally arranged for presentation to Parliament at its Session in November or December. In such matters while many have a good deal to say, few seem willing to take the preliminaries necessary to place the matter in proper shape for progressive action. In the present instance, however, we are glad that in the person of Dr. R. Palmer Howard such a one has been found; and from a combination of circumstances, especially his connection with the late proposed Dominion Bill, no one more competent to deal with the matter could have assumed the position. Dr. Howard has drafted a number of amendments to the present Act, which he proposes to submit to the meeting of the Governors of the College this month, and we think that they are of a character to commend themselves to the Board. We certainly most heartily endorse them, and believe that their adoption will satisfy the general profession, which has been clamorous for several years for some such change. We publish them in detail in another column. They were brought before the Medico-Chirurgical Society of Montreal at a very full meeting on the 5th of May and considered clause by clause, and may in general terms be described as follows: It is intended to leave the constitution of the College as at present; the executive as heretofore shall be the Board of Governors and these shall be elected every three years as at present by the members of the College. The rights which holders of University degrees at present have of demanding their license without examination is to be done away with, and every one presenting himself for his license will have to be examined by the Board of Examiners; but no will be examined who is not the holder of a degree or diploma from some Canadian University or incorporated School of Medicine. The Board of Examiners is to be independent of the Board of Governors, but will be named by them, and is to consist of nine members, five of French nationality, and four of English nationality, and of this number four shall be

selected to represent school interests, that is, one from the University of Laval, one from McGill University, one from Victoria University and one from the University of Bishop's College; this latter clause is a very fair one indeed. Schools, by consenting to do away with the rights they at present possess, are giving up a great deal. And it is but right that at least one examiner from each school should be on the Board to see that full justice is done. Besides their presence assures the fact that the examinations will be what they should be. These examiners are to hold their appointments for three years, and are to be paid for their services. In the matter of Preliminary or General and Classical examination, the Universities are to give up their present right of conducting such examinations themselves. And such examinations are to be conducted by specially appointed examiners, two in Quebec and two in Montreal, one in each place of French and one of English origin. These are the main facts of Dr. Howard's proposed amendments, and we may state that they have been unanimously endorsed by all the teaching bodies in Montreal.

The Medico-Chirurgical Society devoted two hours and a-half to their discussion, and although a couple of trivial alterations to the original draft were made, the principle of the measure was unanimously endorsed by the Society. With this sign of activity from the constituted Medical authorities of the Province, we trust we have heard the last of that terrible *Medico-Legal* Bill, which was introduced by the Hon. Mr. Chapleau into the last session of the Quebec Legislature.

MONTREAL GENERAL HOSPITAL.

This Institution is at present undergoing some alterations in the Reid Wing, which will very considerably improve its internal appearance. Formerly on each flat, (of which there are three) there were two small and really very badly ventilated and ill-lighted wards, with one fair-sized ward. All these are now thrown into one, making a good-sized ward, well lighted, and having as good ventilation as can be had. The Small-Pox Wing has been thoroughly disinfected, and is now used as two large general wards. Its transmogrification was a few weeks ago inaugurated by an evening concert in one of the Wards. The Medical Staff have recommended the appointment of an Ophthalmic Surgeon, and we believe that the candidates will be Dr. Buller and Dr. Proudfoot. The out-door department, with a separate staff of Physicians

—which was established some eighteen months ago—is working well and giving much satisfaction.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

The recent meeting of the Examining Board of this body at Toronto, early in April, cannot, if we are to judge from our two Toronto contemporaries—and by the *Globe*—be called a success. The programme was not adhered to—the reports concerning the written examinations in some instances not being forthcoming till long after the required time—thus compelling the oral examinations to be put over, and putting the students to considerable additional expense. This state of things is bad enough, but, when it is openly stated that the cause of this delay was the over-indulgence of some of the examiners, the accusation is one of a very serious character. A Mr. King, under his own signature, in the *Globe*, brings this charge against them, and although Dr. Campbell of Toronto, one of the Board—its Chairman, if we mistake not—denies the accusation, the information which reaches us from several independent sources forces us to believe that the charge is not devoid of foundation. For instance it is asserted that one of the examiners, while in a mood more jovial than correct, passing through a crowd of students waiting in one of the halls pulled out some specimens from his pocket, and, handing them to a student near him, asked him to describe them, saying at the same time he intended giving oral examinations on these specimens, and would like them to be well up on them. Information also reaches us that the same examiner, in the same condition, entered the Billiard Room of the Rossin House, and attempted to examine some students who had congregated there in the same irregular manner. With such specific charges as these, made openly, we have no hesitation in saying that the College of Physicians and Surgeons of Ontario will be wanting in the performance of their duty if they do not sift this matter to the bottom.

THE CORPORATION AND THE "PUBLIC JOURNAL OF HEALTH."

We have always thought that modesty was an essential characteristic of an Editor—but a somewhat severe shock was given to this idea

on our reading in the public prints that, on the 3rd of May, the Editor of the "Public Health Journal" appeared before the Sub-Committee of the Board of Health and stated his willingness to *continue* to publish the Mortuary Statistics of the City of Montreal if the Corporation would give him a bonus of three hundred dollars a year. What a cool proposition; the matter is, in the eyes of the Editor, of such value to the citizens that they should pay for its publication. Now we look at it in an entirely different light. If the matter is valuable and interesting to the public it is good material for his journal—and the *price HE* should pay the Corporation for the privilege of publishing it should be in proportion to the value which he believes it to be to his subscribers. That is turning the tables entirely we admit, and sorely at variance with the views of the Editor of the "Journal of Public Health." But we are an old hand at the pen, while our confrère has hardly got settled into harness, and this may possibly account for the different light in which we view these matters. We candidly think the proposition of our editorial friend so absurd that we regret to hear that several members of the Committee actually seemed to favor it. If our sanitary friends in the Council have three hundred dollars to spare we suggest they divide it out in the form of premiums to zealous sanitary policeman, and leave the *Journal of Health* to pay its publishing expenses from its subscriptions and advertisements.

McGILL COLLEGE—SUMMER COURSE.

McGill College has organized a Summer Course, which commences this month, and we have no doubt it will prove interesting to students who, being in the City, can attend it. Dr. Ross gives lectures on Diagnosis—Dr. Roddick on Minor Surgery—Dr. Buller on Ophthalmic diseases—Dr. Girdwood on Practical Chemistry—Dr. Osler on Practical Histology and Pathology—Dr. Gardner is down for a Course on Electro-therapeutics and the Practical Application of Electricity, but this portion of the Course cannot be given this session, at least by Dr. Gardner, as he is at present in Europe, and will be till the fall. Next summer when given, we believe it will be a most interesting and valuable addition to the Summer Course.

Amendments to the Act of Incorporation of the College of Physicians and Surgeons, L. C., to be proposed at the May meeting, by Dr. R. Palmer Howard.

1st.—That the composition and mode of election of the Provincial Medical Board at present authorized by the Act of Incorporation of the College of Physicians and Surgeons of the Province of Quebec, be not altered.

2nd. That section VII. of the Act of Incorporation of the College of Physicians and Surgeons, cap. xxvi, 10th and 11th Viet. be expunged.

3rd. That Section V. be thus amended :

The said Board of Governors shall be, and are hereby constituted "The Provincial Medical Board," in which capacity they shall meet to receive the reports of the "examiners" hereinafter mentioned, and to perform the several duties devolving upon them under this Act as the Board of Governors of the College, not less than once in each year, at such time and place as to them shall be deemed most fit, and on which occasions, seven shall be a quorum, for the transaction of business.

4th. That at the first regular meeting, of the said Board, after the passing of this act there "shall be appointed by the Provincial Medical Board," for three years, subject to the approval of the Board, nine examiners, not Governors of the College, five of whom shall be of French and four of English origin, by whom all Candidates, for a license to practice medicine, surgery, and midwifery in this Province shall be examined, in accordance with the by-laws, rules and regulations of the Provincial Medical Board." The examination to be written and oral, and as far as possible practical.

Of the above examiners, one shall be chosen from each of the four medical schools, now existing in the Province, and the remaining five shall be chosen from amongst the registered Medical practitioners not connected with any of the Medical schools.

5th. That at the first regular meeting of said Board after the passing of this act there shall be appointed by the Provincial Medical Board for three years (subject to the approval of the Board) three persons actually engaged in the work of general education, to examine

all persons about to begin the study of medicine, surgery and midwifery, on the subjects of general education hereinafter mentioned as belonging to the preliminary qualification of medical students, viz.: One examiner of French nationality resident in the city of Quebec, and one of French and one of English nationality resident in the city of Montreal. The subjects of the preliminary qualification to be English, French, Latin, geography, arithmetic, algebra, geometry and natural philosophy, and the candidate to present a certificate of good moral character.

6th. That every person wishing to obtain a license to practice medicine, surgery and midwifery in this Province, and to be registered under this act, and who shall not have obtained a license to practice medicine, surgery and midwifery in any of the provinces of the Dominion of Canada before the expiration of six months after the passing of this act, shall, before being entitled to such license and to registration in this Province, possess a degree or diploma from a Canadian university or college, or incorporated medical school, approved by the Provincial Board, and pass an examination as to his knowledge and skill for the efficient practice of medicine, surgery and midwifery, before the examiners appointed by this Board; and upon passing the examination required, and proving to the satisfaction of the examiners that he has complied with the rules and regulations made by the Provincial Board, and on payment of such fees as the Board may by general by-law establish, such person shall be entitled to a license to practice medicine, surgery and midwifery in this province, and to be registered, and, in virtue of such registration, to practice medicine, surgery and midwifery in the Province of Quebec. Provided, always, that when and as soon as it shall appear that there has been established a central examining board, similar to that constituted by this act, or an institution duly recognized by the Legislature of any of the Provinces forming the Dominion of Canada, other than Quebec, as the sole examining body for the purpose of granting certificates of qualification, and wherein the curriculum shall be equal to that established in Quebec, and the holder of such certificate shall upon due proof be entitled to registration by the Provincial Medical Board of Quebec, if the

same privilege be accorded by such examining board or institution to those holding certificates in Quebec. Provided, also, that it shall be *optional* for the Provincial Medical Board to admit to registration all such persons as are duly registered in the medical register of Great Britain, or are otherwise authorized to practice medicine, surgery and midwifery in the United Kingdom of Great Britain and Ireland, upon such terms as the Provincial Medical Board may deem expedient.

That the "Provincial Medical Board:—

(1). Shall from time to time, as occasion may require, make rules and regulations for the guidance of the "Examiners," and may prescribe the subjects and mode of the examinations, the time and place of holding the same, and generally may make all such rules and regulations in respect of such examinations not contrary to the provisions of this act, as they make them expedient and necessary,

(2). It shall regulate the study of Medicine, Surgery and Midwifery by making rules with regard to the preliminary qualifications, duration of study, and curriculum of studies to be followed by the students.

Provided always that such rules shall not be contrary to the provisions of this act,—and that any change in the curriculum of studies fixed by the Board shall not come into effect until one year after such change is made.

8th. That the Provincial Medical Board shall have the power to fix by law the salary or fees to be paid to the "Officers," and to the "Examiners" appointed by the said Board; as well, also, the fees to be paid by all candidates entering on the study of medicine, as also by all candidates for the license to practice medicine, surgery and midwifery, as well as the fee to be paid for registration; and the said Board may dispose of all fees received in whatever manner they may think most conducive to the interests of the College.

[These amendments were considered by the Board of Governors of the College at their Semi-Annual meeting, held in Montreal, on the 10th of May. We have only time to say that in the main all the amendments received the endorsement of the Board. It was decided, however, that that portion of the 4th clause should be altered, so as not to specify the numbers of examiners, as regards nationality—simply that there

shall be nine examiners. It was likewise decided not to exclude Governors of the College from being named examiners—but, if such appointment should be accepted by them, they would be required to resign their Governorship; a committee was named to draft a bill founded on the above amendments, and to be ready to report at the October meeting of the Governors.—*Editor Record.*]

PERSONAL.

Dr. R. A. Kennedy, of Montreal, who has passed the winter at Canon City, Colorado returned to Montreal on the 5th of May. His friends will be glad to know that his health has greatly improved, and that there is every reason to hope that his restoration is complete. We hope shortly to publish from his pen, some interesting papers on Colorado, as a resort for invalids.

Dr. Jas. A. Sewell, of Quebec, has been unanimously re-elected Dean of the Medical Faculty of Laval University.

Dr. G. W. Campbell, Dean of the Medical Faculty of McGill College, proposes, we learn, to return to Canada from Europe the end of May.

Dr. Clinton J. Morse, M.D., Univ. Edin., 1862, and lately of Amherst, N.S., has commenced practice in Montreal, at 13 Bleury Street.

Dr. Molson and Dr. R. L. MacDonnell Jr. have, we are informed, been appointed Assistant Demonstrators of Anatomy in McGill College. Both these gentlemen are at present in Europe.

Dr. Buller, of Montreal, is to deliver a Course of Lectures during the Summer on Ophthalmia, forming part of the summer course which is to be given for the first time this summer by the Medical Faculty of McGill College.

Dr. J. P. Lynn is Medical officer of Health for Ottawa City.

Dr. William Gardner, of Montreal, sailed from New York on the 22nd of April, per S.S. England of the National Line, for Europe, where he intends to pass about five months.

Dr. Blackader (M.D., of McGill College), and Dr. W. F. Scott, passed their Primary examination before the Royal College of Surgeons of England, in the first week of April.

BIRTH.

At Dunham Flats, Que., on the 25th April, the wife of A. D. Stevens, M.A., M.D., of a son.
In Waddington, N. Y., U. S., on the 1st May, the wife of John Morrison M.A., M.D., of a son.

DIED.

At Sunnyside, Ayr, Scotland, on the 28th April, James Mason, M.D., formerly of St. Annes, Que.