

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

- Coloured covers /  
Couverture de couleur
- Covers damaged /  
Couverture endommagée
- Covers restored and/or laminated /  
Couverture restaurée et/ou pelliculée
- Cover title missing /  
Le titre de couverture manque
- Coloured maps /  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /  
Planches et/ou illustrations en couleur
- Bound with other material /  
Relié avec d'autres documents
- Only edition available /  
Seule édition disponible
- Tight binding may cause shadows or distortion  
along interior margin / La reliure serrée peut  
causer de l'ombre ou de la distorsion le long de la  
marge intérieure.
  
- Additional comments /  
Commentaires supplémentaires:

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /  
Qualité inégale de l'impression
  
- Includes supplementary materials /  
Comprend du matériel supplémentaire
  
- Blank leaves added during restorations may  
appear within the text. Whenever possible, these  
have been omitted from scanning / Il se peut que  
certaines pages blanches ajoutées lors d'une  
restauration apparaissent dans le texte, mais,  
lorsque cela était possible, ces pages n'ont pas  
été numérisées.

THE  
CANADA MEDICAL RECORD:

*A Monthly Journal of Medicine and Surgery.*

---

EDITORS:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LONDON.  
RICHARD A. KENNEDY, M.A., M.D.      JAMES C. CAMERON, M.D., M.R.C.P.I.

VOLUME II.

*October, 1881, to September, 1882.*

---

LIST OF CONTRIBUTORS:

VOL. II.

BESSEY WILLIAM E., M.D.  
BNEAS J., C.M., M.D.  
GRAY HENRY R.  
HINGSTON W. H., M.D., L.R.C.S.E.  
HOWARD HENRY, M.R.C.S.E.  
McCONNELL J. B., M.D.  
NELSON WOLFRID, C.M., M.D.

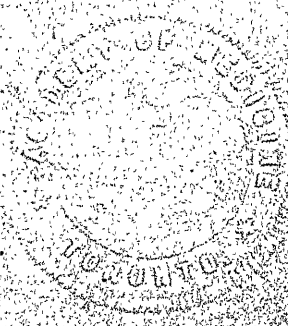
NELSON C. F., M.D.  
PERRIGO JAMES, M.D., M.R.C.S.E.  
YALLEN A., M.D.  
WILKINS GEORGE W., M.D., M.R.C.S.E.  
WOOD CASEY A., C.M., M.D.  
YOUNG WILLIAM, C.M., M.D.

---

Manitoba:

PRINTED BY JOHN LOVELL & SON

1882.



# CONTENTS.

ORIGINAL COMMUNICATIONS.		PAGE
Acute Tuberculosis, A Case of. By J. B. McConnell, M.D., C.M.	73	Chorea, Treatment of..... 158
Alcohol in Health, The Use of. By Casey A. Wood, C.M., M.D.	49	Chronic Eczema of the Palm..... 142
Antrum, Abscess of.....	193	Chronic Eczema, Treatment of..... 107
British Guiana, Medical Practice in. By J. Eneas, C.M., M.D.	121	Chronic Metritis, Local Treatment of..... 160
China, The Practice of Medicine in. By Dr. Young.....	265	Chronic Prostatic Enlargement, Treatment of..... 154
Dental Tumor of the Lower Jaw, A Remarkable Case of. By Dr. C. E. Nelson, New York.....	169	Chrysophanic Acid, Constitutional Effect of..... 110
Diabetes Insipidus, Two Cases of. By Casey A. Wood, C.M., M.D.....	97	Codeia Better than Morphia..... 274
Health Resort, Santa Barbara, California. By Dr. Nelson.....	241	Colic in an Infant, due to Indigestion, Flatulent..... 174
Insanity in the Case Regina versus Hayvern, The Plea of. By A. Vallee, M.D.....	57	Conjunctivitis, Purulent..... 13
Iodoform. By H. R. Gray.....	3	Constipation in Infants..... 187
Nitro-Glycerine. By H. R. Gray.....	4	Corns, How to Remove..... 182, 205
Out-Door Sports, Hygiene of. By Dr. Perrigo.....	217	Cough Why we, and How we Cough..... 184
Ovarian Tumor, Accidental Bursting, Recovery. By Dr. McConnell.....	1	Cough and its Local Treatment..... 139
Queen, The, versus Hugh Hayvern, for the Murder of John Salter. By Henry Howard.....	29, 58	Croup, The Treatment of..... 196
Retiring Address Delivered at the Meeting of The Medico-Chirurgical Society of Montreal, by the President, Wm. H. Kingston, M.D., L.R.C.S.E.....	25	Croup, Treated by Passing Catheters into the Trachea by the Mouth, Case of..... 84
Statistics, Vital, Abstract of. By W. B. Carpenter, LL.D.....	269	Cystitis Treated with Ergot, Acute..... 236
Tubercle-Bacillus. By Dr. Wilkins.....	226	Diabetes, its Treatment..... 229
<b>CORRESPONDENCE.</b>		Diabetes Insipidus and Diabetes Mellitus..... 227
The Canada Medical Record, To the Editor of.....	62	Diabetes Mellitus, Treatment of..... 77
The Canada Medical Record, To the Editor of.....	7	Diarrhoea by Powdered Charcoal, Treatment of Infantile... 234
New Mexico, The Climate of.....	170	Diarrhoea, Infantile..... 271
The Canada Medical Record, To the Editor of.....	242	Diarrhoea of Phthisis, Treatment of the..... 156
<b>THE PROGRESS OF MEDICAL SCIENCE.</b>		Diseases of Children, Aids to..... 155
Abscess, Antiseptic Treatment of.....	261	Diseases of the Respiratory System, The Treatment of the... 172
Abscess, Remarks on the Use of Ice in the Prevention of Mammary.....	207	Diseases of the Skin, Recent Advances in the Therapeutics of..... 125
Abortions, The Treatment of.....	140	Diphtheria..... 193
Acute Bronchitis, On Linimentum Crotonis in the Treatment of.....	233	Diphtheria, a New Remedy in..... 113
Acute Rheumatism, The Treatment of.....	133	Diphtheria, Fungoid, Origin of..... 16
Amenorrhoea.....	162	Druggist's Mistake, A, Cures a Patient..... 88
Angels' Whispers.....	138	Drugs in Lactation on Nurse or Nursing, The Effects of Some 150
Aphorisms, Obstetric.....	141	Dysmenorrhoea, Treatment of..... 158
Asthma, Treatment of Spasmodic.....	17	Ear-ache..... 87
Auscultation and Percussion, The Analytical Study of.....	243	Ear, Scented Iodoform Powders for the..... 202
Bright's Disease, The Treatment of the Vertigo of.....	235	Eczema of the Anus and Genital Region, The Management of..... 251
Bright's Disease, Milk Diet in.....	182	Eczema, Treatment of..... 257
Bright's Disease, Observations on Examinations for the Tubercles of.....	201	Epididymitis, The Treatment of..... 182
Bromide of Sodium and Epilepsy.....	110	Epilepsy, Cod Liver Oil in..... 235
Bromine in Contraction of the Liver, The Use of.....	87	Epistaxis in Children..... 138
Buboes with Carbolic Acid, The Abortive Treatment of.....	236	Ergot, Therapeutical Action of..... 230
Bullet in the Brain for Sixty-five Years.....	112	Ergotin, Suppositories of..... 234
Cancer, On the Use of Chian Turpentine in.....	193	Experiences, Obstetrical..... 16
Capillary Bronchitis, its Treatment.....	179	Facial Erysipelas, Carbolic Acid in..... 89
Carbuncle, its Treatment.....	83	Ferri Perchloridi, Tinct..... 162
Castor Oil, Substitute for.....	169	Fractures, Some Points in the Treatment of..... 236
Celery Compound.....	269	Frontal Headache, Iodide of Potassium in..... 186
Cement for Mending Glass, Earthen and Wedgewood Ware.....	112	Gall Bladder, Aspirations of the..... 139, 235
Cheyne and Beau Nash, Dr.....	185	Gonorrhoea by Injections of Sulphurous Acid Diluted with Water, Treatment of..... 260
Children, Examination of.....	81, 203	Gonorrhoea by the Internal Administration of Chlorate of Potash, Treatment of..... 161
Children, "Inward Fits" in.....	93	Gonorrhoea, The Treatment of..... 94
Children, Loss of Motion in.....	274	Granular Lids, Boracic Acid Powder for..... 232
Chloral in Labor.....	183	Hæmorrhoids, Treatment of..... 15, 153, 159
Chloral in the First Stage of Labor.....	185	Homöopathy, Some Practical Points in the Treatment of..... 206
Chorea.....	111	Hearst's Action when it has Ceased to Beat, Restoring the... 152
		Heart Disease, Nitro-Glycerine in Treatment of..... 170
		Heart Diseases, Treatment of..... 107
		Hot Plate, The..... 106
		Hydrocele and Serous Cysts in General by the Injection of Carbolic Acid, The Treatment of..... 181
		Hypodermic Injections, Hernia Radically Cured by the Use of..... 234

	PAGE		PAGE
Impotency . . . . .	188	Tonsillitis and Hypertrophy of the Tonsils by Bicarbonate of Soda, Treatment of . . . . .	181
Indigestion and Heartburn, Treatment of . . . . .	88	Tonsillitis, Chronic . . . . .	183
Infantile Dentition, Bromide Potassium in . . . . .	113	Tonsillitis, Demulcent Drinks . . . . .	183
Infantile Diarrhoea by Charcoal in the Milk, Treatment of . . . . .	92	Tracheotomy, Action of Pilocarpine in Croup After . . . . .	108
Infectious Diseases in Households, A Practical Method for Preventing the Spread of . . . . .	185	Trained Nurse, The . . . . .	92
Injection Bron . . . . .	115	Tuberculosis, The Germ of . . . . .	228
Iodoform in British Hospitals, The Use of . . . . .	172	Typhoid Fever in Children, Treatment of . . . . .	10
Laceration of the Perineum during Labor, To Prevent . . . . .	107	Typhoid Fever, Treatment of . . . . .	211
Leucorrhoea, Berberis Aquifolium in . . . . .	93	Uterine and Catarrhal Diseases, Iodoform in . . . . .	142
Locomotor Ataxy, Nerve-Stretching for . . . . .	85	Uterine Displacements, An Improved Method of Treating . . . . .	187
Lung-Disease, Anti-septic Treatment of . . . . .	159	Uterine Hemorrhage, The Alum Plug in . . . . .	4
Man in America, The Largest . . . . .	233	Uterine Sound, Rules for Introducing the . . . . .	91
Milk, Infected . . . . .	108	Whitlow . . . . .	10
Modern Surgery, A Triumph of . . . . .	92	Young Children, Milk Indigestion in . . . . .	9
Morphia and Chloroform Combined to Produce and Maintain Anæsthesia, On . . . . .	12		
Morphia. The Hypodermic Injection of . . . . .	99	<b>EDITORIAL.</b>	
Nasal Catarrh, Treatment of . . . . .	177, 212	American Association, The Journal of the . . . . .	240
Nasal Polypus, Tannin in . . . . .	181	Aneurism Cured by Large Doses of Iodide of Potassium . . . . .	115
Nelaton, Stories of Dr. . . . .	183	Anglo-American de Paris, Société Medical . . . . .	192
Night-Sweating, Picrotoxine in . . . . .	211	Bishop's College, First Annual Medical Dinner of . . . . .	65
Nitric Acid as a Caustic, New Method of Applying . . . . .	110	Bishop's College, University of . . . . .	165
Nitro-Glycerine . . . . .	156	British Medical Association, American Delegates to the . . . . .	240
Obstruction to the Natural Progress of Labor, On Shortness of the Cord as a Cause of . . . . .	187	Canada Medical Association . . . . .	276, 277
Orchitis and Inflamed Breasts, Potassium Bromide in . . . . .	109, 160	Charcot, Professor . . . . .	116
Ophthalmia Neonatorum, The Prevention of . . . . .	13, 157	Chorea, Treatment of . . . . .	263
Ophthalmology, for General Practitioners . . . . .	145	Cocoa, Cadbury Bros' . . . . .	48
Ovarian Irritations and Pain, Associated with Cervical Inflammation . . . . .	142	Correction . . . . .	143
Ovarian Tumors, Hints for the Diagnosis of . . . . .	186	Ear-ache . . . . .	216
Pain and Anodynes . . . . .	106	Elisir Guarana, Wyeth's . . . . .	48
Perineum, Recent Ruptures of the . . . . .	161	Fowler's Solution in the Treatment of Chorea, Hypodermic Injections of . . . . .	116
Pessaries, Use of . . . . .	8	Gangrene, Amputation in Senile . . . . .	262
Phthisis, The Treatment of the Night Sweating of . . . . .	130	Gonorrhoea, The Treatment of . . . . .	24
Pills, Aloes for . . . . .	14	Guiteau . . . . .	237
Placenta after Abortion, Treatment of the . . . . .	275	Guiteau, Dr. Bucknill on . . . . .	261
Pleurisy with Jaborandi, Treatment of . . . . .	161	Hayvern Murder Case, The . . . . .	17, 37, 63
Pneumonia at Bellevue, The Treatment of . . . . .	177	Homœopaths, Consultations with . . . . .	238
Pneumonia, On the Treatment of some Forms of . . . . .	161	Homœopaths in England, Consultations with . . . . .	116
Post-Partum Hemorrhage, Treatment of . . . . .	148	Hospital Notes . . . . .	45, 94, 117, 167
President J. A. Garfield, Record of the Post-Mortem Examination of the Body of . . . . .	34	Human Life in England, The Duration of . . . . .	116
Pregnancy, Vomiting of . . . . .	182	Hypophosphites, Fellow's Compound Syrup of . . . . .	47
Precocientia Uteri-Martin's Operation . . . . .	212	Hypophosphites of Lime and Soda with Cod Liver Oil, Wyeth's . . . . .	22
Pruritus Vulvæ, Remarks on the Diagnosis and Treatment of . . . . .	6	Insanity and Divorce . . . . .	162
Pulmonary Affections, Antiseptic Inhalation in . . . . .	204	International Medical Congress, Gleanings from the . . . . .	46
Pulmonary Diseases, Carbonate of Ammonia in large Doses in the Suffocating Stages of . . . . .	98	International Medical Congress . . . . .	116
Purpura Simplex-Hyperidrosis of the Feet, Psoriasis . . . . .	170	Juvenile Murderer, A very . . . . .	239
Pyrosis, Treatment of . . . . .	89	Locomotor Ataxia and Sewing Machines . . . . .	163
Quinine Emetics . . . . .	198	McGill University . . . . .	163
Remedy, An Old but Useful . . . . .	106	Maltine, On the Use of . . . . .	192
Ringworm, The Treatment of . . . . .	233	Medical Tariff, The New . . . . .	47, 70
Salicylic Acid, Elixir of . . . . .	82	Medical Schools, Opening of the Montreal . . . . .	47
Secondary Puerperal Metrorrhagia, Treatment of . . . . .	134	Medicine and Surgery, The Illustrated Quarterly of . . . . .	115
Shoulders in Labor, Management of the . . . . .	136	Messengers for Physicians, Pigeons as . . . . .	22
Skin Diseases, Treatment of . . . . .	196	Milk Supply, The Inspection and Regulation of the . . . . .	188
Sleepless, Comfort for the . . . . .	78	Mills, Death of Dr. Major Hiram . . . . .	277
Smallpox, To Prevent Pitting in . . . . .	183	Mortality of Montreal for June, July and August . . . . .	240, 264, 288
Sore Throat, Abstract of a Clinical Lecture on . . . . .	86	Opium Habit, The . . . . .	44
Sprains, Treatment of . . . . .	134	Ophthalmia Neonatorum . . . . .	188
Sterility, Alkaline Treatment of . . . . .	188	Papoma . . . . .	236
Sugar in the Urine, Test for . . . . .	152	Paris, The Population of . . . . .	113
Syphilis, The Proper Method of Administering the Bichloride of Mercury in . . . . .	236	Pharmaceutical Association, The . . . . .	215
Syphilis, Mercury in the Treatment of . . . . .	202	President Garfield, The Case of the Late . . . . .	42
Throat Affections, The Local Application of Chloral Hydrate in . . . . .	295	Remedial Agent, An Important and Seasonable . . . . .	240
Thumb Sucking . . . . .	212	Responsibility of the Insane, What Lunatics Think Concerning the . . . . .	240
Tonga . . . . .	275	Statistics Scheme, The Vital . . . . .	276
Tonsillitis, Aconite in . . . . .	112	Surgical Triumphs . . . . .	115
		Tarar Emetic, Therapeutic Value . . . . .	24
		en Ounce Baby, A . . . . .	24
		Timed Meats, Poisoning by . . . . .	162
		Tonga . . . . .	143
		To Our Subscribers . . . . .	94

	PAGE		PAGE
Typhoid, Diarrhoea of.....	216	Chemical Analysis of the Urine. By Edgar F. Smith, Ph. D., and John Marshal, M.D.....	48
Warner & Co.'s Preparations, W. R.....	144	How We Fed the Baby. By C. E. Page, M.D.....	216
Wine of Beef, Iron and Cinchona.....	71	Indigestion, Bilioussness and Gout in its Protean Aspects, Part I., Indigestion and Bilioussness. By J. Milner Fothergill, M.D., London.....	48
Woman's Hospital of Montreal, Ninth Annual Report of the.....	113	Lectures on Electricity in its Relation to Medicine and Surgery. By A. D. Rockwell, A.M., M.D.....	264
Women's Hospital.....	191	Lectures on the Diagnosis and Treatment of Diseases of the Chest, Throat, and Nasal Cavities. By E. Fletcher Ingals, A.M., M.D.....	72
Medical.....22, 46, 71, 94, 114, 191, 216, 268	268	Lindsay & Blakiston's Visiting List for 1882.....	23
Pharmacies.....	143, 213	Memoranda of Physiology. By Henry Ashby, M.D.....	120
College of Physicians and Surgeons, P.Q., 21, 47, 71, 143, 189, 239	239	Text Book of Modern Midwifery. By Rodney Elison, M.D....	72
Montreal Medico-Chirurgical Society.....	21	The Brain and its Functions. By Dr. J. Luys.....	192
<b>REVIEWS.</b>			
A Clinical Handbook on the Diseases of Women. By W. Symington Brown, M.D.....	264	The Incidental Effects of Drugs. By Dr. L. Lewin.....	264
A Manual of Histology. By Thomas E. Satterthwaite, M.D .	96	The Medical Record Visiting List for 1882.....	72
A Manual of Ophthalmia. By Henry S. Schell, M.D.....	72	The Opium Habit and Alcoholism. By Dr. Fred Heman Hubbard.....	119
Anatomical Studies upon Brains of Criminals : A Contribution to Anthropology, Medicine, Jurisprudence, and Psychology. By Moriz Benedikt, Professor at Vienna.....	22	The Popular Science Monthly.....	23
A Practical Treatise on Diseases of the Skin. By Louis A. Duhring, M.D.....	264	The Prescriber's Memoranda.....	23
A Practical Treatise on Hernia. By Joseph H. Warren, M.D. 120	120	The Sympathetic Diseases of the Eye. By Ludwig Mawthner M.D.....	26
A Study of the Tumors of the Bladder. By Alex W. Stein, M.D.....	120	The Wilderness Curc. By Maro Coek.....	24

# THE CANADA MEDICAL RECORD.

VOL. X.

MONTREAL, OCTOBER, 1881.

No. 1

## CONTENTS.

### ORIGINAL COMMUNICATIONS.

A Case of Ovarian Tumor—Recovery after accidental bursting of the Tumor, 1.—Iodoform, 3.—Nitro-Glycerine.... 4

### PROGRESS OF MEDICAL SCIENCE

The Alum Plug in Uterine Hemorrhage, 4.—Remarks on the Diagnosis and Treatment of Pruritus Vulvæ, 5.—Milk Indigestion in Young Children,

9.—Whitlow, 10.—Treatment of Typhoid Fever in Children, 10.—On Morphia and Chloroform combined to produce and maintain Anesthesia, 12.—Ophthalmia Neonatorum—Purulent Conjunctivitis, 13.—Aloes for Piles, 14.—Treatment of Hemorrhoids, 15.—Obstetrical Experiences, 16.—Fungoid origin of Diphtheria, 16.—Treatment of Spasmodic, Asthma..... 17

### EDITORIAL.

The Hayvern Murder Case, 17.—College of Physicians and Surgeons, P. Q., 21.—Montreal Medico-Chirurgical Society, 21.—Wyeth's Hypophosphites of Lime and Soda with Cod Liver Oil, 22.—Pigeons as Messengers for Physicians, 22.—Personal, 22.—Reviews, 22.—The treatment of Gonorrhœa, 24.—Therapeutic value of Tartar Emetic..... 24

## Original Communications.

### A CASE OF OVARIAN TUMOR—RECOVERY AFTER ACCIDENTAL BURSTING OF THE TUMOR.

By

J. B. McCONNELL, M.D., Professor of Botany Medical Faculty University of Bishop's College, attending Physician to the Montreal Dispensary, Women's Hospital, &c.

(Read before the Medico-Chirurgical Society of Montreal, on 30th Sept., 1881.)

Madame G., aged 42, came under my notice at the Montreal Dispensary in April, 1880: she is of medium stature, dark-complexioned, and has generally enjoyed good health; is married, and the mother of fifteen children, of whom three only are alive. The last child was born about five years ago; her confinements were not attended with any unusual difficulties; she was unable to nurse any of her children.

She stated that during the previous two years she had suffered from pains in her sides and back, had leucorrhœa, and was constipated, and noticed that the abdomen was enlarged; menstruation oc-

curred every three weeks, and the flow lasted eight or nine days.

Her physical condition then was as follows: she was somewhat emaciated, face wore an anxious expression, eyes were sunken, the facial appearance affording a good illustration of the *Facies Ovariana* of Wells. She had a fair appetite, and the bowels were slightly constipated. On inspection the abdomen appeared uniformly enlarged, the increase in size being about equal to that observed in the seventh month of pregnancy.

Percussion gave a dull sound over the lower and central portion of the abdomen and as high as about two inches above the umbilicus. A soft fluctuating tumor, pyriform in shape, could be recognized with the hands; the fluctuation could be distinguished equally in all directions. It was possible to push the tumor from one side to the other, and it could be felt distinctly sliding beneath the hands. Through the vagina the uterus was discovered to be enlarged, soft and tender, the speculum revealed the os much swollen and denuded of epithelium; there was considerable leucorrhœal discharge; the uterine sound entered two and a half inches. Moving the tumor about caused the uterus to change its position.

The patient was examined by several of the

attending physicians of the Dispensary and by Dr. Kennedy, one of the consulting physicians, the latter unhesitatingly coinciding with the diagnosis—*Monocystic Ovarian Tumor*. Treatment was directed to restoring her strength, simple tonics were given, and astringent vaginal injections used, with an occasional application of nitrate of silver.

In about five months from the time she first presented herself the abrasion of the os uteri was healed, and the leucorrhœa had almost ceased, menstruation was more regular, and the flow considerably diminished, lasting only three or four days, and her general health had greatly improved. The tumor during this time was, from month to month, perceptibly increasing in dimensions. The question of extirpation of the tumor being placed before her, she decided after a time to submit to the operation, and the month of January last was the time which suited her convenience best. In the meantime endeavors were made to increase her strength and bring her into the best possible condition for the anticipated operation.

Through sickness I was unable to attend to my usual duties from about the middle of December to the 1st February; about the middle of the latter month the patient presented herself at my office, but, to my surprise, minus the tumor. I then learned from her the following circumstances: On the evening of the 31st December, 1880, while walking, she slipped and fell down, falling on the buttocks. She arose immediately, and felt no great injury from the fall; a little further on she again slipped, but this time managed to keep from falling. The sudden strain, however, was quickly followed by severe, sharp pain in the right side; almost immediately it extended all over the abdomen, the suffering being so acute that it was with the utmost difficulty that the erect posture could be maintained. She endeavored to walk home, nearly a quarter of a mile distant. While walking she states that she felt as if water was moving about in her inside; she managed to reach home, and did not retire until midnight. She did not observe then that there was any diminution in the size of the abdomen; she suffered excruciating pain all night, did not sleep any, and felt a smothering, oppressive sensation. The pain over the entire abdomen continued severe all the next day; she had also frequent attacks of shivering and the extremities were cold, could not get herself warmed, did not take

anything nor make any application to relieve herself, and remained up all day. During the day the bowels were moved over a dozen times, the passages consisting almost entirely of water; she urinated more frequently than usual, and passed large quantities of light-colored urine.

Towards evening the pain abated and the coldness disappeared, she retired early, and slept all night, and did not feel at all feverish. In the morning, which was the third day after the accident, a friend coming in recommended her to have a bandage put on, and it was not until this was being applied that she noticed that the tumor had subsided. The pain, although more moderate, continued all day, and the smothering and oppression was still complained of. There was considerable tenderness over the abdomen, so that she could scarcely bear the weight of her clothes, and any pressure produced great pain. She did not remain in bed this day, nor even in the house, but drove from her home on Montcalm street to the Hotel Dieu, to see her husband who was there. There was no return of the chills and the diarrhœa and diuresis had ceased. The pain and tenderness in the abdomen continued for about three weeks after this, during which time she went around and out as usual.

I examined her at this time (15th February), and found that the tumor had entirely disappeared. There was considerable tenderness on pressure about the region of the ovaries and fundus of the uterus. A small irregular-shaped mass could be felt in the right iliac region, but the tenderness rendered it impossible to make a close examination. I placed her upon a mixture containing potassii iodidum and bitter infusion, which she continued to take for a couple of months. I saw her again three days ago (Sept. 28th): she has been enjoying much better health than formerly; menstruation has been regular, the discharge lasting only two or three days, and slight in quantity. She suffers from a more or less constant pain in the left side, in the region mid-way between the crest of the ilium and the ribs; there has not been any leucorrhœa until about six weeks ago, since which time there has been a slight discharge. The womb to the finger feels harder, and is larger than normal, and tender to the touch; there is still slight pain on pressure in the region of both ovaries and more in the left. Otherwise she is in perfect health and has regained her previous strength and normal appearance.

Although a number of cases are on record of the bursting of ovarian tumors and resorption of the fluid from the peritoneum, followed by cure, I am not aware that this happy termination is of very common occurrence, hence my reason for bringing the present case before the notice of this Society, although the report is somewhat imperfect, having to depend on the patient's own description of what occurred at the time of the accident.

The result in this case is somewhat remarkable, considering the treatment she had at the time the rupture occurred, having, without any special care or medical aid, run the gauntlet of shock, peritonitis, hemorrhage, etc., in safety.

### IODOFORM.

By HENRY R. GRAY, Montreal.

Iodoform C. H. I<sub>3</sub> (an analogue of chloroform C. H. Cl<sub>3</sub>) is made by mixing in a retort 2 parts of pot. carb., 2 parts of iodine, 1 part of alcohol and 5 parts of water, heating until colorless, pouring into a beaker and allowing to settle. The yellow deposit is then collected on a filter, washed with water and dried. A proportion of iodine remains in the mother liquor. By Filhol's process the iodine is liberated by means of chlorine. In this preparation 3 atoms of iodine occupies the place of the 3 atoms of chlorine in chloroform. Iodoform is in lemon-yellow scale-like crystals, of a peculiar penetrating odor and sweetish taste. It is readily soluble in ether, chloroform, bisulphide of carbon, wood naphtha, fixed and volatile oils, and in the proportion of 1 in 80 in alcohol. It is insoluble in water. A test of purity is the complete solution of one part in 80 parts of alcohol. On heating it is decomposed into iodine and hydriodic acid.

The great objection to the use of this valuable therapeutic agent is its very penetrating and tenacious odor, and this objection is almost insurmountable in cases of a delicate nature, where the patient naturally wishes to conceal the fact of being under medical treatment. Numerous substances have been recommended by different authorities to overcome this difficulty, but everything as yet tried by the writer has failed in toto. The oils of peppermint, cloves, lavender and fennel, Peruvian balsam, storax, menthol, thymol, tonquin bean, and vanilla have each had their advocates, and probably have still. One writer states that tannin

destroys the odor of iodoform, a statement without any foundation whatever.

The probability is that nothing will destroy the odor of iodoform without changing its chemical composition.

Therapeutically it is an excellent local anodyne and absorbent, with powerful resolvent action, especially in cancer. Cancroid tumors supposed to be cancers have been entirely cured by it, says Stillé & Marsch in their Dispensatory. Sydney Ringer says iodoform is a healing and easing application to spreading and sloughing sores and soft chancres.

Other authors extol it highly for the relief of pain, and through that for allaying the congestive and inflammatory processes upon which pain so often depends.

It has been particularly useful in buboes that have become open sores. In some forms of throat irritation, diluted with tannin, it is much employed. Iodoformed collodion is applied locally in neuralgia. In most forms of ulceration, including ulceration of the vagina and uterus, and in post-nasal catarrh it has been successfully used.

The physiological action of iodoform after absorption is very like that of iodine with some hitherto unexplained peculiarities. It can be detected in the urine after internal or external use. The *Pharmaceutical Journal* of London says: "On shaking tincture of iodine with a piece of fused caustic potassa, the resulting colorless liquid assumes the characteristic odor of iodoform. In this simple form the liquid possesses a high therapeutic effect, particularly for healing indolent ulcers where iodoform is found useful. \* \* \* Lint dipped into the solution and afterwards allowed to dry is an excellent dressing for sores."

On ulcers and venereal sores previously cleaned and dried iodoform may, when finely powdered, be lightly dusted, a piece of dry lint being laid over it, and the dressing renewed night and morning while the discharge is profuse; afterwards once daily. Tannin, French chalk, or fuller's earth may be mixed with it in any proportion to modify its action when necessary. Sydney Ringer says it should not be applied to inflamed tissues as it will increase the inflammation. A mild ointment, however, does not appear to be open to this objection. The usual strength of iodoform ointment is ʒj to the ounce of vaseline, to which any perfume may be added at the option of the prescriber. Iodoformed collodion may be made as follows: Iodo-



form finely powdered 3 ss; bals. Peruv. 3 ss; sapo mollis 3 ss; collodion flexile ad ʒj. After application with a camel's hair pencil the part is covered with gutta percha tissue. It has in this form been found of service in neuralgia and gout, as a local anæsthetic. A solution of one part of iodoform in from six to twelve parts of pure ether makes an efficient application in some forms of ulceration. The ether evaporates quickly, leaving behind a film of iodoform. The evaporation of the solvent is apt to produce pain in sensitive parts.

Iodoform in cod liver oil has been used in phthisis and scrofula, and authorities are not wanting who speak highly of it. It may also be prescribed in the form of sugar-coated pills. The pills are usually met with of the strength of one grain. The dose for internal administration is from one to three grains 3 times daily. The larger dose frequently produces disagreeable symptoms, the toxic effects of iodine having been produced with doses of half a grain twice daily. Iodoform pencils have been used in England and France with great success in superficial ulceration of the vagina and uterus. The formula for these pencils is as follows: Iodoform in fine powder, ten grammes; powdered gum acacia, five decigrammes; mucilage q. s. Divide into 10 equal cylinders of the required length. These pencils are firm, resisting, and capable of being divided into pieces of any length. They are introduced into the cavity and allowed to remain, being kept *in situ* by a plug of wadding. Compound iodoform ointment, made as follows, has been highly extolled in prurigo: Iodoform ʒj; balsam of Peru ʒij; powdered ext. of opium 10 grains; vaseline ʒvi. Iodoform suppositories may be made in the usual way with cocoa butter.

### NITRO-GLYCERINE.

By HENRY R. GRAY,

Chemist, Member Board Examiners and Member of Council Pharmaceutical Association.

Nitro-glycerine,  $C_3H_5(NO_2)_3O_3$ —molecular weight 227—was discovered in 1847 by Sobrero, and forms the basis of various blasting compounds. It is a colorless or pale yellowish oily liquid, sp. gr. 1.60 at 60° F. Crystallizable at a low temperature. Burns quietly when ignited in the open air. When heated in closed vessels, or by percussion, it explodes with great violence. It is free from odor, but its vapors produce intense headache. Its taste is sweet. Nearly insoluble

in water, freely in alcohol, ether and naphtha. It is prepared as follows: To about 7 pounds of a mixture, composed of one part nitric acid and two parts sulphuric acid, one pound of glycerine is slowly added with frequent stirring, and with the precaution of preventing the temperature from rising above 26.6° C. (80° F).

The mixture is then poured into a large quantity of water, and the oily sediment well washed with a diluted solution of alkali and water.

Nitro-glycerine was introduced into medicine as far back as 1858, for spasmodic affections, epilepsy, &c., under the name of "glonoin" by the homœopaths. During the last two years it has been used with great success by allopathic practitioners in cases of angina pectoris, neuralgic affections, and to increase the secretion of urine. An alcoholic solution of one per cent. strength has been mostly used. The usual dose of this solution is one minim in any suitable vehicle. As much as four minims is sometimes prescribed and repeated every four hours. A convenient method of administering this remedy is in the form of sugar-coated pills in doses of 1/50 and 1/100th of a grain.

Its therapeutic action in a complicated case of Bright's disease, especially its effect in increasing the flow of urine, has been very fully reported in a previous number of this Journal by Dr. Cameron.

## Progress of Medical Science.

### THE ALUM PLUG IN UTERINE HEMORRHAGE.

The speedy method of arresting uterine hemorrhage by placing a lump of crystal of alum in the vagina, originated with Professor R. Beverley Cole of this city. As long ago as 1860 he drew the attention of the profession to its merits. The article describing its mode of application, etc., may be found in the *San Francisco Medical Press* for January, 1860, and in the *American Medical-Chirurgical Review* for July, 1860. It is also summarized in the New Sydenham Society's Year-Book of Medicine for 1861.

In the *Louisville Medical News* of April 3rd, there appears a glowing eulogy of the alum plug, from the pen of Dr. R. W. Griswold of Rocky Hill, Connecticut; who, while laying no claim to the invention himself, does not know to whom it should be credited. He says:

And this brings me to the point of speaking of my own method of treatment—viz.: the introduc-

tion of the *alum egg*.....For the last twenty years my reliance has been on a junk of alum in the vagina. If this is not at hand I take the next best thing that is; but a junk of alum is a part of the contents of my medicine box. It is of the size of a large hen's egg, ovoid in shape, and generally left a little ragged, though without sharp points. Around the middle is cut a groove, about which is tied a bit of strong but not large twine, leaving the ends so that they can hang out of the vagina.....This treatment is easy, speedy, and effectual against further hemorrhage. It has never failed me, and I leave a patient with the feeling that she is safe for the next twelve or fifteen hours, so far as danger from further bleeding is concerned. And I may add that I have never had any unfavorable effects follow its use in any one of the scores of cases in which it has been employed—no fevers, no septicaemia, no deaths, no anything untoward—and I have never had occasion to use it the second time in any one case.—*Western Lancet, San Francisco.*

#### REMARKS ON THE DIAGNOSIS AND TREATMENT OF PRURITUS VULVÆ.

*A Clinical Lecture delivered at St. Mary's Hospital.*

By ALFRED WILTSHIRE, M.D., F.R.C.P., Joint. Lecturer on Obstetric Medicine at the Hospital.

GENTLEMEN:—The patient, an elderly woman who is now before you, has brought this specimen of her urine at my request; our object in procuring it being the demonstration to you that it contains sugar. Its specific gravity is high—1040; and, on applying Fehling's test with heat, you may observe that a copious precipitate of suboxide of copper is thrown down. We conclude, therefore, that it contains sugar—the influence of any other reducing agent, *e.g.*, uric acid, being excluded.

Looking at the patient, probably a few of you would suspect that she is diabetic: she is neither notably thin, nor has she had, until recently, either thirst or a large appetite; moreover, the amount of urine voided when she first attended was not remarkable: now it averages seven or eight pints in the twenty-four hours. We were led to suspect the presence of sugar in the urine from her complaint of itching of the private parts, the symptom for which she sought relief; and at each visit we have found it to be loaded with sugar. The vulvar itching was at once greatly relieved by a borax lotion; and although there is no abatement of the glycosuria, yet the itching has scarcely troubled her again; in fact, she now makes no complaint of it.

I have availed myself of this case as illustrating an important form of pruritus vulvæ due to a general disease of great gravity, the first clue to which is sometimes obtainable through the symptom of vulvar itching long before the manifestations of diabetes commonly regarded as classical, *e.g.*, wasting, thirst, voracious appetite, polyuria,

etc.—have declared themselves. This symptom of pudendal itching—for males, though in a less degree, are subject to it—has repeatedly led me to the discovery of glycosuria. Observe that I use the word glycosuria rather than diabetes; for not all the patients whose urine contains sugar are diabetics, that is, they do not all have an excessive flow of urine, polyuria being manifested later if at all. Clinically, it is important to recognize that glycosuria occurs in stout as well as in thin folk; otherwise the malady may be long overlooked. The symptom of pudendal itching will direct your attention to the state of the urine, and may thus lead to the early detection of sugar. Before dismissing the patient, I will ask you to observe her teeth, and note the injection of the capillaries of her cheeks. Her teeth are being shed without decay, as the teeth of elderly diabetics sometimes are, apparently from the shrinking of the sockets, the alveolar processes wasting. In some cases, the teeth become brittle and crumbly. The tendency to injection of the facial vessels seems to be part of a general proclivity to capillary erethism, for flushing of other regions of her skin is easily excited. Here is a photograph of another patient who was tormented with vulvular pruritus, a stout gouty diabetic; and, as the local condition in her case was typical, I will describe it.

The separated vulva looked pale, rough, granular, thickened, and sodden—in texture like the rind of a Seville orange, only dead white. Mark the absence of pigment: it is diminished or absent in many cases, just as in pruritus ani. This change I regard as neurosal. Very rarely there is increased pigmentations, a slaty hue overspreading the parts; or there may be suffused dusky redness, or a glazy redness, especially in the aged, mostly arising from acrid uterine discharges.

But the glycosuric or diabetic is only one of many forms of pruritus vulvæ: and, as the symptoms may arise from a variety of causes, we must review these together, in order that you may acquire a comprehensive knowledge of them. Broadly, they may be divided into two chief classes, the *local* and the *general*; but in some instances these overlap.

*Local Causes.*—These are as follows:—

*a.* Animal and vegetable parasites may infest the vulva, and excite itching. Among the former are pediculi, acari, and ascarides. Pediculi and ascarides are easily recognized, but the itch insect may be overlooked. Ascarides are more common in girls than in women, but are by no means unfrequent in the latter. They crawl from the anus over the vulva, and thus annoy; sometimes provoking leucorrhœa also. (The same may be said of tænia, joints of tapeworm escaping *per anum* and exciting irritation in the adjacent parts; but this very rarely happens.) The vegetable parasites are of interest; for the itching appears in many cases immediately to depend upon the presence of certain low varieties, not only in the glycosuric cases, but also, it appears to me, in other instances,

in which loss of pigment points to neurosal impairment. The *oidium albicans* (the thrush-fungus) has been met with, and also other low forms of vegetable life, as Friedreich, Hausmann, and others have observed. Sugary urine obviously supplies a most favorable pabulum for the development of lowly organized fungi. It is interesting in this connection to note that most of the successful remedies are parasiticides, as we shall see when discussing treatment. Parts whose innervation are impaired afford, as you are aware, a favorable nidus for the development of low forms of parasitic life, both animal and vegetable; and the flourishing of such organisms in the parts in question may be regarded as evidence of neurosal impairment, indicated, furthermore, by the occasional presence of leucoderma.

Among local causes, we have, further, several important affections, *e. g.*—

*b.* Diseases of the vulva (as vulvitis, abscess, carcinoma, oozing tumor, lupus, elephantiasis, etc.);

*c.* Diseases of the urinary system (urethra, bladder, and kidneys);

*d.* Vaginitis—gonorrhœal and other.

*e.* Diseases of the uterus (metritis, endometritis, senile catarrh, cancer, fibroids, polypi; acrid discharges arising from some of the foregoing, or occurring mainly in association with menstruation);

*f.* Ovarian and other tumors, and pelvic effusions;

*g.* Skin-affections—eczema, ecthyma, herpes, urticaria, acne, etc.

As regards the latter, eczema may be associated with diabetes, producing terrible suffering; while urticaria suggests ovarian disease. Ecthyematous spots, with ashen-gray bases, may indicate grave cachexy (? syphilitic); while the herpetic vesicles are prone to crop out periodically in females of gouty parentage just before each menstrual period. The French attribute this to the herpetic diathesis. A pustular form of acne is sometimes accompanied by troublesome itching.

It is perhaps true as a broad generalization, that syphilitic eruptions are not prone to itch; but I have met with marked exceptions to this in some syphilitic affections of the vulva, as in the patient of whom I show you a photograph illustrating elephantiasis of the clitoris and vulva, from whom I removed an hypertrophied clitoris weighing a pound and a quarter. Venereal warts may excite itching.

Malignant disease of the uterus and upper part of the vagina may provoke itching in two ways: first by acrid discharges; and, secondly, reflexly—the latter uncommonly. The same may be said of fibroids, polypi, sarcomata, etc. I have known pruritus to exist for a long time apparently as a consequence of pelvic effusions—*e. g.*, hæmatocele, cellulitis, partly perhaps from venous obstruction, and partly from implication of nervous structures. Some discharges from the interior of the womb are virulently acrid, and excite excoriation of the parts

over which they flow. These are revealed by the speculum.

Urethral and vesical affections—*e. g.*, vascular growths, stone, incontinence, etc.—are sometimes complicated by vulvar itching. Careful local investigation, therefore, is obviously necessary in all such instances; and even when the predisposing cause is general, as in diabetes, the local condition may be significant and important, yielding, as has already been pointed out, valuable information.

*General Causes.*—Among the general causes of pruritus vulvæ, we find: (*a*) diabetes (glycosuria), (*b*) pregnancy, (*c*) gout (or lithiasis), (*d*) syphilis, (*e*) prurigo senilis, and perhaps (*f*) the darts of diathesis of the French. (Diphtheria must be mentioned as an extremely rare cause.)

*a.* The patient whom you have seen is now a type of the diabetic causes. Such are not uncommon; but they usually escape detection until other symptoms obtrude themselves. I have shown you and met with many such; although usually among the middle-aged or elderly, yet also in patients under twenty, as in the case of a young woman who was under my care some years ago. She consulted me for severe pruritus vulvæ; and on examination, I found extensive eczema. I at once examined her urine, and found sugar. She had then no other symptom indicative of diabetes, nor did she present any for many months; but she ultimately died of it; and I believe her brain is figured in Dr. Dickinson's able work on diabetes. We have had other cases here, as you know, notably one in which diabetes came on rapidly after severe mental trouble; the vulvar pruritus alone leading to its detection.

*b.* Pregnant women are liable to a severe form of pruritus vulvæ. It is usually accompanied by an irritating discharge—whitish, creamy, or yellow in color, and occasionally very abundant. Sometimes aphthæ and erosions are seen upon the turgid labia or cervix, or there may be vaginitis granulosa. Most of the cases that I have seen have been accompanied by extreme venous turgescence. The distress experienced by some sufferers appears to be painfully augmented by the exalted nervous tension attending pregnancy. Parturient women seldom make complaint of pruritus; but I have seen a few instances in which it occurred, and it has been associated with hydroa or herpes gestationis.

*c.* The gouty form is not uncommon, but, fortunately, it is seldom intense or obstinate, unless complicated with glycosuria. It may be seen in plethoric women, even when young, recurring before menstruation, when the urine is apt to be loaded with lithates. Sedentary habits, beer, and strong wines, aggravate it. Stout gouty women at the change of life are prone to suffer from vulvar irritation; some, doubtless, are examples of gouty glycosuria, in whom climacteric disturbance intensifies the mischief. Ordinarily indulgence in the pleasures of the table provokes itching, while abstinence alleviates. Obese elderly women are

liable to vulvar irritation, the secretions of the parts apparently possessing very irritating properties ; but you will be amply repaid for your trouble by systematically examining their urine for sugar, for thus you may be enabled to detect latent diabetes.

d. As regards syphilis, it is seldom that the early or acuter manifestations of the disease excite itching. It is associated rather with later phenomena, as in the case of elephantiasis already mentioned ; but chancres and venereal warts may provoke much irritation.

e. Sometimes intractable pruritus vulvæ appears to be part of a general affection, the so-called prurigo senilis, and is associated with general cutaneous hyperæsthesia. Klob says that there are little elevations of the skin, like goose-flesh, consisting of growths analogous to tubercular formations, and giving rise to violent itching. These cases are grave. Some are amenable to the bromides, which are advocated by Gueneau de Mussy, in the form of lotion or ointment, as well as internally. Arsenic and cod-liver oil are also indicated. Such cases are not to be confounded with senile pruritus arising, as commonly happens, from phtheiriasis

f. A tendency to pudendal itching seems to prevail in those who have what the French call the dartrous diathesis. In them, fissuring of the affected parts is often observed, the skin presenting a glazy, cracked appearance. Renal disorder, notably oxaluria and inadequacy, may be associated with this condition.

All forms of pruritus vulvæ are subject to periodical exacerbation. Some patients suffer only at night, after becoming warm in bed, experiencing comparative freedom during the day. All who menstruate are conscious of aggravation at that time. Stimulants, as a rule, exert an injurious effect. Sedentary occupations aggravate pruritus ; governesses and seamstresses, for instance, suffering much, as also do those who work treadle sewing machines. Piles and hepatic disorders generally are conspicuous.

*Treatment.*—While in many cases vulvar itching readily yields to treatment, in others it proves obstinate and intractable, taxing our therapeutical resources to the utmost. Here, as in other affections, a clear diagnosis as regards causation is generally essential for successful treatment. It is obvious that a symptom owning so many and varied causes cannot be appropriately treated in a routine manner ; search must be made into the origin of each case, and treatment based upon the knowledge thus acquired.

Attention to cleanliness will often do much to allay irritation, and should always be enjoined. Demulcent washes are preferable to soap, unless carbolic or coal-tar soap be used, and usually even these are inadmissible. Almond-meal, strong bran-water, decoction of rice, marsh-mallow, slippery elm, of fine oatmeal, are suitable, especially the first, which, if pure, yields during use a marked odor of hydrocyanic acid, and appears to soothe materially.

The prohibition of friction may be required, some afflicted sufferers finding transient relief only during scratching, which may be indulged in to an extent involving serious consequences. Relief may be so frequently sought in this manner, as to exclude sufferers from society, and even from the family circle ; while other regrettable results, moral as well as physical, may ensue.

When pruritus is due to acari or pediculi, ointment of sulphur, white precipitate, or stavesacre speedily cures, by destroying the insects and their ova. If nits persist about the pubic hairs, a lotion containing bichloride of mercury and acetic acid will dissolve them. Ascarides are destroyed by a carbolic lotion (1 in 60) ; but general, rather than local, treatment should be relied on for their eradication—iron, quinine, cod-liver oil, together with enemata of hamamelis, lime-water, iron, etc.

The vegetable parasites are very efficiently treated by unirritating parasiticides, e. g., borax, boracic acid, sulphurous acid, etc. Here I would again emphasize the fact that most of the favorite remedies for vulvar pruritus are parasiticides. It suggests that—whether from the sugary pabulum provided by diabetic urine, or from alteration in the nutrition of the parts from neurosal impairment, or from a combination of the two, when coincident—the immediate exciting cause of pruritus is, in numerous instances, the growth upon the implicated parts of low forms of vegetable growth.

Friedreich (Virchow's *Archiv*, Band 30, p. 476) alleges that the pruritus is due to the development of fungous organisms, and my own observations are certainly confirmatory of this view. It is a curious clinical fact, that patients are often freed for days from itching by a single application of a parasiticide ; I have observed this repeatedly in glycosuric cases, after the use of a strong borax lotion. It is best to use such remedies in a fluid form, for, when necessary, powerful combinations may thus be made in the unhappily intractable cases. In my experience, fatty preparations of drugs do not suit so well for local application as non-fatty ; and yet great relief may be afforded by some ointments, as we shall see presently.

Many cases of pruritus vulvæ are promptly relieved by a borax lotion, and it is well to use this simple and efficacious remedy where not contra-indicated. A drachm to five ounces of warm water is a good standard strength, but a stronger solution is usually needed, seldom a weaker. Hydrocyanic acid may be added—say 3 of the dilute acid to 3 x, or morphia (gr. ij), atropia (gr. ½), aconitia (gr. ½), or veratria (gr. ½). Infusion of tobacco (half an ounce to the pint) alone relieves some cases, and forms a good vehicle for borax or boracic acid. It is not well to use glycerine with the borax as a rule, as it is apt, owing to its affinity for water, to aggravate the irritation. Some find relief from chloral lotions, but the drug has not always suited. Strong decoction of poppy is a soothing vehicle for borax, etc. Ice alone will

relieve some ; while others can get relief only from the use of very hot water. In excessively severe cases, the ether-spray might be tried.

Boracic acid is an excellent remedy ; but, being much less soluble in water than borax, is not so handy as a lotion. It may be combined with hydrocyanic acid, morphia, atropia, aconitia, veratria, etc. In the form of ointment, where fats do not disagree, it often soothes greatly. A non-rancid fat should alone be employed as the vehicle, *e. g.*, freshly made spermaceti cerate, vaseline, fossiline, or purified benzoated lard, etc.

Lotions of iodine occasionally answer, *e. g.*, two drachms of iodine in ten ounces of elder flower water. Electricity may afford relief in neurosial cases. Probably faradism would be the preferable form.

In simple vulvitis, lead, borax, or carbolic lotions relieve. An ointment of calomel or bismuth is also good. Malignant affection of the parts calls for appropriate treatment, such as ablution, where practicable ; but sedative applications (conium, opium, belladonna) alone are often all that we can employ.

Urethral caruncles should be removed ; and urethritis, gonorrhœal or other, treated *in loco*. Cystitis, stone, and kindred vesical affections and renal diseases, must be treated according to their several indications. Success is unattainable if they be overlooked. Vaginitis, gonorrhœal or otherwise, demands thorough treatment. The packing of the upper part of the vagina with a tampon soaked in glycerine, with carbolic acid, lead, tannin, chloride of zinc, or borax, seems the most prompt method of cure ; but injections of these agents may suffice, and may be preferable. When the itching is associated with chronic metritis, iodized tampons are useful ; and so are copious irrigations of the parts with warm water.

When vulvar irritation arises from acid discharges proceeding from the uterine cervix or cavity, the use of a tampon filling the top of the vagina is most efficient. Cotton-wool, iodized or carbolicized, answers well. As glycerine is apt to excite watery flux, it is not always admissible, but may now and then be required. Absorbent wool, dusted with iodoform, boracic acid, morphia, tannin, camphor, chloral, and such like, may be packed against the cervix uteri, so as to arrest and disinfect virulent discharges ; the choice of drug being guided by the form of disease present. It is necessary to attach a string to each tampon to facilitate its withdrawal. Vaginal and pudendal pruritus, arising from acid uterine discharge, is mostly seen in elderly women, and may be accompanied merely by glazy redness around the ostium vaginae. Search for uterine discharge may, therefore, be necessary. I have seen it in cancer of the fundus uteri, as well as in senile catarrh.

Local treatment by the tampon may be demanded in malignant disease of the uterus, and also in fibroids and polypi when accompanied by irritating discharge, *e. g.*, in disintegrating calcified

growths. Removal of the diseased structures is preferable where practicable ; and the same may be said of cases dependent upon ovarian growths. Urticarious itching is the form of pudendal irritation mostly seen in association with ovarian tumors. A lotion of bicarbonate of soda, or one of borax with hydrocyanic acid, generally relieves. Magnesia internally is useful. When there is previous turgescence of the vessels of the part, as may be seen from stasis in some pelvic effusions, relief is afforded by the watery flux provoked by the presence of a well-soaked glycerine tampon ; and a mercurial and saline purge is helpful when portal congestion is present. Eczema—often symptomatic of glycosuria, remember—may be very obstinate. Dusting freely with fine oxide of zinc answers well when ichorous weeping is abundant. If fissure be present, a poultice formed of the clot resulting from the addition of two drachms of liquor plumbi to ten ounces of new milk is most useful. Sometimes calomel ointment will alone relieve, as in certain instances of anal mischief ; or bismuth may answer, dry or otherwise. Mercurial ointment suits certain cases excellently.

Angry ectymatous spots appear to yield only to calomel, either dry, or in the form of ointment or of black wash. Opium is a valuable adjunct, both internally as well as externally.

Herpetic eruptions are benefited by a small mercurial dose followed by a saline purge, as the effervescent sulphate of soda, and the local use of borax lotion. If they be very severe, hydrocyanic acid and other local sedatives may be necessary ; but it must be borne in mind that these herpetic manifestations generally run a definite course, the vesicles dying away completely. They are often accompanied by lithiasis, and may excite preputial herpes in the male.

It is unnecessary for me to dilate further on the importance of recognizing diabetes as a cause of pruritus vulvæ. When the parent disease is discovered, those restraints upon diet, drink, etc., which observation and experience have taught us to be necessary, should be strictly enjoined. Unhappily, we have no cure for confirmed diabetes, but much may be done by judicious treatment and management, alike for those who are threatened with glycosuria, as for advanced cases. Immense comfort may be secured by the habitual use of cleansing ablutions, and of borax or boracic acid.

Gouty diabetics may experience much benefit from a course of the Bath waters and baths, or from those of Carlsbad, as I have seen there ; but I doubt whether confirmed and advanced diabetics are so relieved. The insomnia of diabetic pruritus vulvæ sometimes shows a gratifying amenability to codeia, in the form of one-grain doses in till. The bromides are also useful as hypnotics.

The distress that pregnant women sometimes experience, especially towards the latter months, may be terrible. When associated with aphthous ulceration, and the *oidium albicans* is present, nothing relieves more quickly than a lotion of sul-

phurous acid. Some prefer the hyposulphites, and in either case prolonged use is undesirable. As sulphurous acid is very volatile, it is best to mix a tablespoonful of the pharmacopœial solution with half a pint of warm water, barley water, or almond emulsion, freshly for each occasion. Another very useful lotion is formed by two drachms of bicarbonate of potash in half a pint of water. This should also be injected into the vagina; it checks the discharge, often alkaline, which seems to excite irritation. Borax is again a valuable agent, and so is lead.

In some cases, relief is only obtained after treating the cervix uteri; as when aphthous ulceration is seen around the os. Nitrate of silver, lightly used, suffices. Bromide of ammonium internally is highly serviceable. Attention should be paid to the state of the bowels, and to the hepatic and renal secretions, for in many cases elimination is defective. Turkish or hot-air baths exert a better effect over some of these cases than any ordinary treatment, and the same remark applies to certain other varieties of pruritus vulvæ, *v. g.*, those seen in the obese, gouty, and (senile) pruriginous. Jaborandi may prove very helpful under similar circumstances, by producing profuse diaphoresis. Diuretics—juniper, broom, potash, lithia, etc.—are often beneficial as in gouty cases, especially when combined with colchicum. Restrictions as regards meat, beer, and wine, should be imposed on the subjects of lithiasis.

When vulvar pruritus appears to be part of a general prurigo senilis, besides the local applications already indicated, a lotion of bromide of potassium may afford ease, as has been shown by Dr. Gueneau de Mussy. The same drug given internally is helpful, the affection appearing to be part of a general nervous erethism. Arsenic exerts a controlling effect in some instances of senile prurigo, as well as in those due, as the French allege, to the dartrous diathesis. Arsenic may be said to be indicated in the neurosial forms, and especially when there is marked loss of flesh. It has appeared to me to benefit most those who are the subjects of leucoderma.

It remains only to remark that, in the intractable cases, frequent changes of remedies may be inevitable for the relief of torment. Chloroform locally applied answers; it may be used in the form of vapor, liniment, ointment, or lotion. Bichloride of mercury, also a parasiticide, gives relief to some in the form of a lotion, but it requires caution in its use. Used in the proportion of gr. j to gr. v to  $\frac{3}{4}$  viij of mistura amygdalæ, it may afford great relief.

I have no experience of section of the pudic nerve in inveterate cases, nor am I aware that it has ever been practised; but Sir J. Simpson mentions that he once severed the skin from the subjacent structures, with considerable benefit.—*British Medical Journal*, March 5, 1881.

## MILK INDIGESTION IN YOUNG CHILDREN:

Dr. Eustace Smith, in an article on this subject in the *British Medical Journal* (vol. i., 1881, p. 877), says that when indigestion is due to catarrh of the stomach it is readily amenable to treatment. All that is necessary is to put a stop to the milk for a day or two, and to clear away the curd by a full dose of castor oil. If, however, the fault be in the milk, and not in the digestive organs of the child, some change in the method of feeding is indispensable. In one case where curdling took place, with resultant griping and indigestion, and where various remedies had failed, Dr. Smith at last adopted the plan of giving the child barley-water from a bottle immediately before he took the breast, in the hope that by this means the milk might be diluted directly it reached the stomach. This method succeeded perfectly, and the child had no further unpleasant symptoms.

In cases of gastric catarrh, when the complaint is acute and severe, vomiting is usually the most prominent symptom. Under such circumstances milk becomes a positive poison, and no hope of alleviating the symptoms can be entertained while this diet is persisted with. In the case of an infant two months old, brought up by hand, and fed upon milk and barley-water, uncontrollable vomiting and diarrhoea had reduced it to the last extremity. Dr. Smith directed a weak mustard poultice to the epigastrium. The milk was stopped, and the child fed with weak veal-broth and thin barley-water, mixed together in equal proportions, and given cold at intervals with a teaspoon. A few drops of brandy were given occasionally, as seemed desirable. As a result of this treatment the vomiting stopped at once, and the child, when seen three days afterwards, was found to be much improved, and was cured by the end of a few days' further treatment. The most important part of the treatment in this case was the substitution of veal-broth for milk. Directly the supply of fermentable matter was stopped, fermentation ceased, acid was no longer formed, and the digestive organs returned to a healthy condition. Here the derangement was acute.

Another case of a chronic character is cited by Dr. Smith, where a little girl ten months old had been fed first with milk, then with farinaceous food, and later with beef-tea. She vomited everything, and was growing extremely emaciated. Such a case is treated, he says, by restricting the diet to equal parts of weak veal-broth and thin barley-water, given cold, in small quantities at a time, by warmth to the belly and extremities, by perfect quiet, and by suitable remedies. The best sedative is Fowler's solution,—half a drop for the dose,—given with a few grains of bicarbonate of sodium in some aromatic water. After a few days of such treatment the power of digesting milk usually returns. But at first it should be given sparingly,

freely diluted with barley-water, and only once or twice in the day.

Looseness of the bowels is a common consequence of milk indigestion. Such cases, seen in the early stage, are sometimes spoken of as cases of "inactive liver," the white stools being supposed to be merely the result of insufficient biliary secretion. Cholagogues are, however, in such cases quite useless. The stools are white, because they consist of curd mixed with the farinaceous matter which is usually given in large quantities at the same time; and their character can only be improved by a complete change of diet. When a chronic diarrhoea is regularly established, the cases are very often called "consumption of the bowels." It is needless to say that they have no relation at all to "consumption," but are purely functional derangement, a chronic catarrh of the bowels, excited and maintained by indigested food.

In another case cited by Dr. Smith, where a child of fourteen months was wasting away with chronic diarrhoea, the diet of milk and sago was changed, and the child was fed instead with whey and cream, veal-broth and barley-water, yolk of eggs, and "Mellin's food" dissolved in barley-water. Iron and arsenic were also administered, and later quinine and cod-liver oil. Dr. Smith does not think well of beef-tea for children, and prefers veal-broth.

#### WHITLOW.

In a clinical lecture on whitlow (*Medical Times and Gazette*, vol. i., 1881, p. 667) Mr. Christopher Heath says that the subject is meagrely treated of in the text-books. If met with in the earliest stage, when the finger has just begun to redden and tingle, a twenty-grain solution of nitrate of silver, or the silver stick wetted and lightly pencilled over the affected part and a little beyond, checks it at once. When the whitlow is a little more severe,—that is, when pus forms about the nail or the tip of the finger,—the cuticle, which is insensitive, may be incised. Occasionally, however, when a foreign body has found its way beneath the nail, pus forms there and gives rise to excruciating agony from the tension beneath unyielding structures. Judicious cutting of the nail will relieve this if near the margin; but if near to the base, it is much better to pare down to the nail with a sharp knife until the matter is let out than to resort to the unnecessary cruelty of removing the entire nail.

The third kind of whitlow is really an acute necrosis of the terminal phalanx, following periostitis and suppuration beneath the periosteum, just as it does in the case of a long bone. A very slight injury—the prick of a needle or pin—may set it up. After some hours' uneasiness, the pain becomes acute and throbbing, and entirely prevents the patient sleeping. If timely relief is not given, pus will very slowly make its way to the surface of the

finger, but never up the sheath of the tendons, and, when discharged, will leave the greatest part of the phalanx bare and dead behind it. A timely and free incision is the only mode of saving the phalanx, and cannot be resorted to too early; for, if no pus be present, the inflamed periosteum will still be divided with great relief to suffering. The finger should be held firmly on a table, and the surgeon, entering his knife just above the traverse interphalangeal mark in the skin, should cut boldly down to the bone in its whole length from base to apex. When, as so often happens, these cases have been treated domestically with "soap and sugar" and poulticing until the end of the finger is riddled with sinuses, there is nothing to be done except to extract the necrosed phalanx as soon as it is loose and to bring the finger into shape by careful water-dressing applied in strips. The base of the phalanx usually survives, giving a point of attachment to the tendons.

Inflammation of the skin and subcutaneous tissues may occur in any part of the finger. Incisions must here be made with care, so as not to open the theca or sheaths of the tendons, which then invariably slough, and the patient is left with a useless finger. For this reason incisions on each side of the finger are safer than one in the centre, that may unawares let out the tendons, which will look perfectly healthy at the moment, but soon become soddened and softened.

The synovial sheaths of the flexor tendons of the thumb are often, though not always, in direct communication with the synovial membrane of the annular ligament of the wrist, and hence pus is rapidly conducted in this way up to and, if not relieved, into the forearm.

#### TREATMENT OF TYPHOID FEVER IN CHILDREN.

By M. J. SIMON (Le Concours Medical. L'Union Médicale.)

The treatment of typhoid fever in children differs materially from that adopted in the case of adults. It does not consist in active medication or the employment of a particular remedy, but in a series of indications which should be fulfilled, and which may be stated in the following words: To sustain the strength, quiet or excite the nervous system according to circumstances, and to stimulate the functions of the skin, which are inactive. During the first few days the employment of diluted beverages is clearly indicated; acidulated drinks are to be preferred, since they are refreshing and agreeable to the taste. Such treatment will suffice at the outset, but after four or five days we may commence to administer alcohol. This agent, as is well known, is exciting in certain doses; on the other hand, it is a well recognized fact that in diseases accompanied by high temperature it reduces

the same, and sustains the forces which tend to exhaustion. The form in which the alcohol is administered may vary: brandy, rum, Malaga wine, etc., may be employed indiscriminately, the dose, of course, being cautiously graduated.

During this first stage the child has generally suffered more or less with constipation, but suddenly the scene changes: diarrhoea appears, accompanied by colic, which is sometimes very violent. Emollient fomentations may now be applied to the abdomen, and enemata employed containing two or three drops of laudanum for an infant of five to seven years of age. In most cases we shall soon secure relief of the abdominal pains, and the meteorism disappears after two or three days, sometimes at once. Every third day we may give with advantage a small quantity of some laxative mineral water, not for the purpose of purging the patient, but in order to cleanse out the intestinal canal. Enemata may be administered daily, to which may be added, if desirable, some antiseptic. For the purpose of stimulating the integument and reducing the temperature, the entire body may be sponged with tepid water, to which vinegar may be added. At this point S. makes a slight digression in regard to the employment of cold baths, which he rejects in the treatment of infants; he, however, commends the use of tepid baths, as giving good results, not being accompanied by the discomforts of cold immersions. The patient should be moved to a bed in another chamber, morning and evening, if circumstances will permit; the object of this practice is to prevent the child from being kept constantly in contact with the poison which is engendered. It is desirable to add to this the most absolute silence, a darkened room, and rest which is undisturbed by inopportune visits. The diet should be regulated, but not too greatly restricted: milk and broth should be prescribed for the purpose of sustaining the strength of the patient.

To recapitulate, the treatment of ordinary typhoid fever, developing without unusual complications, consists, directly, in sustaining the vital forces by means of milk, broth, alcohol; and, indirectly, in diminishing the hypersecretion of the intestinal tract and combatting the poison by means of enemata, change of air, etc.

(1.) *Abdominal complications.* These include diarrhoea and severe griping. Absorbent remedies may be employed boldly, and palliatives to a limited extent. We may prescribe a mucilaginous mixture of ten grammes of chalk or four grammes of bism. subnit. in water or sugar. Benefit will also be derived from the administration of enemata of boiled starch, to which may be added four or five drops of laudanum; this dose of opium may be increased according to the tolerance of the patient, but great precaution should always be exercised. Emollient fomentations should be applied to the abdomen; it is possible that the diarrhoea may not cease for four or five days.

(2.) *Thoracic complications.* The most frequent

are general bronchitis and partial congestion of both lungs. Emetics should generally be avoided. Ipecac, kermes and antimony are strictly prohibited; all such agents have no other effect than to depress the strength of the patient, and, indeed, may superinduce a fatal result. We should restrict ourselves to the application of dry cups to the front and back of the chest; this is a very simple remedy, but nevertheless very powerful, and always at hand. By such a procedure we stimulate the cutaneous functions, and cause a salutary revulsive effect. Alcohol should be freely prescribed in doses of twenty to thirty grammes in a mucilaginous drink; if required, a little extract of cinchona may be added. If the dyspnoea is greatly increased, a blister may be at once applied to the chest, and left in place three or four hours, but never longer. This will suffice to irritate the integument, and may be replaced by a bran poultice, which will promote vesication. We should not reject a therapeutic agent of such great value, especially in the infant, for the fear of causing an eschar. It is true that such an accident may very readily be produced in typhoid fever, and in general in cachectic conditions, but it may always be prevented by early removal of the vesicant.

(3.) *Cerebral complications.* These are the least controllable. Chloral may be employed in the dose of one to two grammes (?). If the infant presents symptoms of much excitement an enema may be given containing the yolk of an egg, a gramme of chloral and a gramme of camphor. Bromide of potassium may be administered as a last resort, but only for two or three days in succession.

(4.) *Hemorrhages.* Intestinal hemorrhages, so common in typhoid fever, are rare in the child; more frequently, obstinate epistaxis occurs, and the most successful means of arresting the discharge of blood is the following: A piece of agaric is cut into portions about 1 ctm. in size; these are introduced as far as possible into the nasal fossae until the cavities are well filled, and held in place by means of a bandage. It is sometimes necessary to soak the agaric in a solution of per-chloride of iron. In every case tamponing the posterior nares by means of *Belloc's* canula should be rigorously prohibited; such manipulation is indeed very difficult, on account of the restlessness of the child it excites nausea and secures no better results than the above means.

In case of intestinal hemorrhage, two drops of perchloride of iron may be administered every two or three hours, in a little water; if this does not suffice cold drinks may be given, and cold compresses applied to the abdomen. Internally ice may also be administered, grated and mixed with powdered sugar, which is generally very agreeable to the patient.

(5.) *Complications arising from pressure.* These are caused by congestion, leading to the formation of eschars over the parts which support the weight of the body; they occur most frequently over the



sacrum. An attempt should be made to prevent them, which may be most simply accomplished by placing the infant upon an air cushion two-thirds filled; the parts may also be washed carefully with an infusion of fol. juglandis, or with ordinary astringent solutions. In conclusion, we may glance at the grave forms of typhoid fever.

In the ataxo-adyamic forms, characterized by a combination of delirium and prostration, we may at once apply a blister to the back of the neck, which, as soon as it is dry, may be replaced by another; moreover, we may employ the remedies above adopted in cerebral complications. Finally, in adynamic typhoid and zymotic forms we should rely upon tonics and stimulating agents, capable of exciting the functions of the nervous system. If necessary cold baths may be given, which should not be continued more than a few seconds, which will suffice to produce a strong excitant effect, however, this is a means which should never be employed until all others have failed.

#### ON MORPHIA AND CHLOROFORM COMBINED TO PRODUCE AND MAINTAIN ANESTHESIA.

Alexander Crombie, M.D., Superintendent of the Medical School and Mitford Hospital, Dacca, Bengal, in a paper which he contributes to *The Practitioner*, says:

The practice I believe to be one the importance of which can not be overstated, and which, in my hands, has robbed chloroform almost entirely of its inconveniences and risks. The advantages derived from the combination are, first, the prolongation of the anesthetic effect of the chloroform, once it has been established; and, secondly, the small quantity of chloroform required to keep it up afterward. The first advantage is most conspicuous in operations about the mouth and face. The prolongation of the anesthesia originally induced in this way is often so great as to enable me to perform operations of the first magnitude without being interrupted by the necessity of recommencing the inhalation of chloroform on account of the patient returning to consciousness in the middle of it. The benefit both to the patient and surgeon in these cases is too obvious to require mention.

But the chief benefit lies in the fact that so very small a quantity of chloroform is required to reproduce anesthesia which has been originally induced under the co-operation of the combined drugs, as long as the influence of the narcotic alkaloid continues. My experience is that once complete surgical anesthesia has been so established from half a dram to a dram of chloroform is usually sufficient to keep it up for half or three-quarters of an hour; that is to say, during the whole of the time required for all ordinary

surgical operations. I have thus, I flatter myself, been able to eliminate from my practice most of the risks and complications of an overdose of chloroform. Among the latter I include vomiting, which I rarely see now, as the consequence of performing an operation under chloroform when morphia has been injected under the skin. Vomiting in some cases occurs very early, and often before anesthesia is complete; but in the later stages of an operation or after removal to the ward it is very rare indeed. I therefore invariably use morphia in combination with chloroform in cataract operations; for, although the long continuance of the anesthesia is of no consequence in these cases, the risks of vomiting are more surely avoided.

Last, but certainly not least, chloroform asphyxia has practically ceased to form part of my experience of the dangers of that anesthetic. It is true that during the first five or eight minutes after beginning the inhalation of chloroform, while the stage of excitement yet lasts, even after morphia has been injected under the skin, I not infrequently see the respiratory movements stop in a state of full inspiration. It is easily removed by taking away the chloroform from the face and then giving one or two smart slaps with the open hand over the epigastrium or forcibly depressing the lower ribs. It sometimes constitutes a considerable obstacle to the administration of chloroform when it recurs, as it sometimes does, whenever the inhalation is recommenced. It usually disappears before anesthesia becomes complete, and if watched for and immediately removed is without risk. Very different is the arrest of the function of respiration in a state of expiration, which occurs during deep surgical anesthesia from paralysis of the respiratory centre from the continuous inhalation of large quantities of chloroform. This grave danger has not occurred in my practice since I have made use of the combination of morphia and chloroform I am now advocating, and when the precautions I insist upon have been faithfully carried out. I attribute the immunity from this danger, also, to the small quantity of chloroform I require to give in order to keep up complete anesthesia when it has once been induced under the influence of morphia, and also to the great care I take that the free ingress and egress of air to and from the lungs are never for a moment interrupted.

The common liquor morphicæ hydrochloratis has never in my hands produced the smallest pain or irritation. Then an ordinary hypodermic syringe holds just the quantity of it—twenty minims—which I find to be usually sufficient. Were I practising in Europe I should probably find it necessary to employ a larger quantity of morphia than one-sixth of a grain—say a fourth or a third, which was the quantity used by M.M. Labbé and Guyon.

I use for the administration of chloroform a metal cup with perforated bottom, and with a piece cut out of the side for the reception of the

nose. The chloroform is sprinkled on a piece of sponge which occupies the bottom of the cup. The whole fits loosely over the nose, mouth and chin—so loosely that it is impossible for the most careless administrator to prevent the freest admission of air to the nostrils at each inspiration. This is not the case with a folded napkin or towel, which can be tucked closely around the cheeks and under the chin.

I next insist not only on there being nothing tight around the neck and waist, but on the upper part of the abdomen and lower part of the chest being bared; and the person charged with the administration of the chloroform is directed to divide his attention solely between the respiration, which he is thus enabled to watch in the clearest way, and the condition of the sensitiveness of the cornea. The rise and fall of the epigastrium and lower ribs are the best indication that air is entering and leaving the lungs freely.

As soon as possible—that is to say, before there is complete anesthesia—as soon, in fact, as the relaxation of the muscles will admit of it readily, I cause the condyle of the lower jaw to be pushed forward out of the glenoid cavity on to the eminence in front. In other words, I insist on teeth of the lower jaw being brought forward well in front of those of the upper, and retained in that position during the whole duration of the operation. This is easily done by pushing the bone forward by means of the thumbs placed behind the posterior margin of the ramus and angle of the jaw. This movement forward of the lower jaw has the effect of dragging forward the tongue by its root, and at the same time the hyoid bone, in consequence of the attachments to it of the mylo-hyoid, genio-hyoid, genio-hyoglossus, and genio-hyoid muscles. Since I adopted this expedient, in 1873, I have entirely discarded the use of the barbarous tongue forceps. The traction exerted by the displaced lower jaw on hyoid bone and root of the tongue is much more efficient in preventing occlusion of the glottus, by the tongue falling backward during deep anesthesia, than can be effected by forcible traction by forceps applied to its tip. If this displacement of the lower jaw forward is properly carried out there will not be the least stertor or other sound of impeded passage of air to and from the windpipe during a long operation performed in a condition of the deepest insensibility. If that insensibility is produced by the combined use of morphia and chloroform no difficulty will be found in keeping the jaw in that position for any length of time, for the chloroform is only applied to the face at long intervals, during which the administrator has nothing to do but to keep the jaw forward and touch the cornea from time to time, the inhaler lying at one side. Should consciousness partially return the jaw can be kept in position by one hand while the cup is being reapplied for a few seconds to the face. If during the performance of an operation I hear the least noise in the breathing I know that

this traction on the root of the tongue is not being efficiently maintained, and a word of warning to the assistant charged with watching the anesthesia suffices, by directing his attention to it, to restore that free and noiseless respiration upon which I insist throughout every operation.

By these means, by attention to these details, and by the combined subcutaneous use of morphia, asphyxia has practically ceased to form part of my experience of the risks of chloroform as an anesthetic. This I attribute to the small aggregate quantity of chloroform required to keep up deep insensibility during the whole time required for all ordinary surgical operations when morphia has been injected under the skin.

Of the other great risk of chloroform—paralysis of the heart—I have happily had no experience either before or since I adopted my present practice, and I am aware that this terrible accident sometimes occurs during the first few minutes of the inhalation of chloroform before anesthesia has been established. But the danger of this accident occurring during the stage of deep insensibility will, it stands to reason, be diminished in proportion to the smallness of the dose of the anesthetic required to cause and reproduce the anesthesia. The combination of the hypodermic use of morphia with the inhalation of chloroform would, I am confident, if universally practiced, by acting in this way, materially lessen this grave danger. One death from chloroform is said to occur in five thousand cases; so that the experience of any one practitioner is not sufficient to form an opinion of the value of any procedure calculated to avert its risks. But if I have eliminated, as I believe I have, from my practice one of the dangers of chloroform—paralysis of the function of respiration due to overdoses of the drug—it is reasonable to think that an expedient whose chief value lies in the smaller doses required to produce the desired effect will serve to diminish other risks arising from the same cause.

#### OPHTHALMIA NEONATORUM—PURULENT CONJUNCTIVITIS.

Dr. J. R. Wolfe, in a lecture on this subject (*Med. Times and Gaz.*, vol. ii., 1880, p. 259), says he has found that the larger number of the incurable blind owe their misfortune to the purulent ophthalmia of infancy. He urges upon practitioners the importance of abandoning the old routine treatment for this difficulty, and suggests the following measures. The diagnosis of the affection is as follows. On the third or fourth day after birth the baby's eyelashes are found stuck together with crusts forming at the borders, which are red. Next day the lids are more swollen, and the conjunctival sac filled with transparent, yellowish-colored serum and mucus.

Within a week all the symptoms become intensified and there is a copious discharge of pus, which runs over the cheeks. The eyelids are swollen so that they can only with difficulty be opened, and the cornea is found hidden and retracted in the purulent discharge. The cause of the trouble is that the child, in its passage from the uterus, has had its eyes inoculated with gonorrhoeal or, possibly, leucorrhoeal discharge from its mother's genital organs. The suppuration goes on in the eye until the reproduction of epithelium cannot keep pace any longer with the pus-formation; then the covering becomes imperfect; the conjunctiva and subconjunctival tissues are attacked at the limbus; ulceration or abscess of the cornea ensues, ending in perforation; the eyeball bursts; the lens is evacuated; and the ball shrinks. Should the eye escape disorganization in some of the milder attacks, opacity of the cornea is left behind causing strabismus, amblyopia, nystagmus, or opacity of the lens-capsule (capsular cataract).

If the old-fashioned, deleterious treatment is followed, which consists in dropping a solution of argenti nitrat. (gr. x ad  $\bar{3}$ j) into the eye, the effect is either that the Pus washes away the solution, rendering it innocuous (for it never touches the diseased surface), or it irritates the cornea, denuding it of its protective epithelium; the cornea ulcerates, or an abscess is formed, leading to the disorganization just referred to. Meanwhile, the eyelids swell so that the ball cannot be examined, and when the swelling goes down the eye is found to be gone.

Dr. Wolfe's procedure is as follows:

1. When seen in the first stage, before the purulent discharge has set in, the patient's head is placed on a towel and secured on the doctor's knees. The lids are then everted, singly or together, and, after cleaning them with dry lint, he touches the conjunctival surface with lint dipped in this solution:

℞ Boracis, gr. x;  
Aq. rosæ, f  $\bar{3}$ j;  
Aqua ad f  $\bar{3}$ vj.—M.

One dessertspoonful in two ounces of warm water.

He then puts a few drops of the solution of atropin upon the conjunctival surface:

℞ Atropiæ sulph., gr. j;  
Aqua, f  $\bar{3}$ ij;  
Glycerinæ, f  $\bar{3}$ ss.—M.

The application is repeated three times a day. The atropin has an antiphlogistic effect upon the inflamed surface, and also, by dilating the pupil, relieves the tension of the eyeball. Dr. Wolfe never uses cold applications, nor does he employ ointments to keep the lashes from sticking together; washing with warm water is better. Dry lint is then applied to the lids and secured by an immovable bandage. The case is watched carefully.

2. When the case is found to be unmistakably

one of purulent ophthalmia, the lids are everted one after another, dried as before; a few drops of the solution of atropin dropped in, the surfaces touched with a stick of argenti nit. two parts, potass. nit. one part, and a few more drops of atropin put upon the cauterized surface. When the conjunctival surface is bleeding (a favorable symptom), it is dried with lint and the cauterization repeated. The whole conjunctiva is touched, and also the *cul-de-sac*. He bathes it with lint and warm water, and covers the eyes with dry lint and a bandage. If one eye only is affected, the other is closed with court-plaster and covered with lint.

3. When called to see a case in the stage of advanced suppuration, say of three or four weeks' standing, the eyelids must be opened with great care, as the eyeball may be ruptured. If the cornea is found intact, the atropin and nitrate of silver pencil are to be used.

4. When an ulcer of the cornea or an abscess has already formed, it is the more urgent to use the nitrate as the only weapon to combat the disease. When the cornea is not actually ruptured, Dr. Wolfe generally manages to arrest the progress of the disease, and save it even if it is found in the process of softening or with an abscess. Such cases should be seen daily. In public hospitals or dispensaries Sundays must not be excepted, for one day's neglect may prove disastrous.

#### ALOES FOR PILES.

Dr. Fordyce Barker advocates the use of aloes in hemorrhoids. The following formula is proposed by him:

℞. Pulv. aloes. Soc.....  
Saponis Castil.....aa  $\bar{2}$ j  
Ext. hyoscyami..... 3 ss  
Pulv. ipecac.....grs. v.

M. ft. pil. No. xx. Sig.—One morning and evening.

When the patient is anæmic he adds to the above twenty grains of the sulphate of iron. A popular and very useful aperient in piles is a combination of equal parts of the bitartrate of potassium and sulphur, given in milk. Sulphur internally exercises a most soothing influence on the inflamed tumors more than can be fairly attributable to its aperient action.

In those who have, or are predisposed to have hemorrhoids, Dr. Barker recommends the following:

℞. Magnesiæ sulph.....  
Magnesiæ carb.....  
Potass. bitart.....  
Sulphur. sublim.....aa  $\bar{5}$ ss

M. Sig.—From a teaspoonful to tablespoonful of the powder in a wine-glass of sugar and water before breakfast.

This powder produces a soft evacuation without pain, even when the tumors are inflamed.

## TREATMENT OF HEMORRHOIDS.

I imagine it will be better for the class, before presenting the patients, to say a few words concerning the affections, that you may understand the nature of the cases.

As I have often remarked, it is a fact that very few general practitioners diagnose these affections correctly, for the simple reason that they fail to examine the patient. It is a frequent occurrence for the surgeon to find, upon the presentation of a patient to him suffering with internal hemorrhoids, that an ulcer or other trouble has been diagnosed by the physician. Many times a serious condition is supposed to exist, whereas upon an examination a simple affection, easily relieved, is found.

I have not talked to you at all upon the subject of piles, and I propose to do so this afternoon; and in order to make my remarks impressive I shall bring some cases before you; but before they arrive I wish to speak of the diagnosis, the prognosis, and the treatment of external hemorrhoids.

From time immemorial piles have been classified as external and internal, and while that is the true classification, you may have, of course, some internal piles that are partly external, and per contra, some external that are partly internal. But at the same time, when you come to make the distinction, all you have to do is to return the protruding part, and if it goes upon the sphincter you can safely say it is an internal pile. The difference, however, between the internal and external is very great; and yet you will meet with many cases of external piles that have been diagnosed as internal, and very often with cases in which no distinction has been made. It has simply been stated to the patient he has piles, leaving him to infer either internal or external: yet the treatment must be radically different.

Many causes are recognized as efficient in producing external hemorrhoids; thus, you may say that diarrhoea, constipation, dysentery, over-indulgence of the sexual appetite, too high living, sitting upon a cold seat, intemperance, may all cause this development.

External piles can be divided into two classes, and one division ought to be called simply "tabs of skin." The other is a little venous tumor. It is the bursting, likely of a small vessel, and the blood has run into the tissues and coagulated. Now, whether it be true that this coagulation is simply in the tissues or in the vein itself is a matter of little importance, because the treatment is the same in either case.

Having met with this order of piles in its simple, uninfamed condition, you would naturally suppose that they do not amount to much, and you will be led into the error of prescribing some simple application and sending the patient home. But if you see it when it is inflamed, and has grown to be as large as a walnut, likely (and everything coming in contact with it causing the patient pain), you will then see they can be a source of much annoyance;

and if you meet with them in this inflamed condition, the question at once arises, How are you going to treat them? Remember, I say in this *inflamed* condition; because you are not called upon to treat a simple little tab of skin; but it is when they became inflamed, and engorged, and angry looking. The only question then can be, Must you operate upon it when it is inflamed? Surgeons, of course, take the position, and very correctly so in the majority of cases, that no portion of the human economy ought to be cut or operated upon when inflamed. Is that true in reference to this affection? I think not; though, before you would resort to the operation you can make some application to it, if you prefer, to quiet the irritability, and the best thing you can do is to bathe them with cold water. You will find this, gentlemen, always one of the best applications, in these cases, to relieve the irritation. Suppose that is not sufficient, however, then what is the best application in addition to this? If you are consulted at your office, my advice to you is simply to apply belladonna and extract of opium, in equal parts, with the direction to the patient to apply it again the next day, after a thorough abluion in cold water. If they will follow these directions and repeat the same for two or three days, this inflammation will have disappeared from this external tab of skin.

Then you have relieved this suffering for the time being; but have you cured the pile? No. This tab of skin is there, or this venous tumor has just been reduced to the size it was before the inflammation.

Now what are you to do? Well, gentlemen, I am glad to say that the treatment of external hemorrhoids is very simple and very effectual. If it consists of a tab of skin, clip it off with a pair of curved scissors. You will find a great many patients who will object to the knife, but you can assure them there is no other hope for a cure.

After this operation all that is necessary is to apply some persulphate of iron; if there is much hemorrhage dress it with a T-bandage, and let your patient go home. The only question that could come up, then, would be, Should you allow them to take exercise? You will find they will go about their business as usual. If the hemorrhoid consists of a little coagulated blood tumor, then I think it is advisable to either cut off this, as you would a tab of skin, or, with a bistoury, cut into it, and evacuate the blood. If this has existed for a long time, or if there are any flaps of skin that can fall into this cut, with a pair of scissors cut them off.

This constitutes the treatment, and the only sensible treatment, for external hemorrhoids.

CASE 1.—Now, I have told you that external hemorrhoids are liable to become inflamed. I will add, they are also liable to become ulcerated. You will find that as they exist they are liable to be rubbed by the clothing, or possibly there is a discharge from the bowel that, coming in contact with the tab of skin, will inflame it, and therefore

there is a considerable pain, not only in defecation, but also in walking or any other exercise.

This man says he had an attack of piles about ten years ago. Those were probably internal piles, which, ascending above the sphincter, never troubled him again, or one of these tabs of skin that has never since been inflamed. To-day he has them, not only inflamed, but ulcerated. When this inflammation has subsided they will be only about one-fifth their present size. Here at another point, is one of these tabs of skin uninflamed. If it should become so, it would be much larger than this which is now inflamed. Here bordering upon the perineum, is some superfluous skin that may become inflamed and give rise to the same amount of distress.

Now let us apply the treatment to this case. But first let me urge you never to be satisfied with the diagnosis of only one class of trouble, because if you do you may be guilty of operating upon external hemorrhoids when there exist at the same time internal. Besides, in a case like this you may have fissure, or a narrow fistula, or an ulceration, or a stricture of the rectum; therefore we will proceed, by the introduction of a finger, to determine if anything else exists, more than is apparent externally..... These are simply external hemorrhoids. We will apply the belladonna and opium here for a day or two, and then the only sensible thing remaining to be done is to operate, and that operation consists in cutting them all off, because if you leave any they may become inflamed and give us much trouble again.

Now, here is one that is ulcerated. If you rely upon local applications to cure this, it would require three or four weeks to accomplish that result, while if you operate upon it at once, you see the ulceration, being confined to the pile, is removed, and the man is relieved of his hemorrhoid and the ulceration both at the same time. It is remarkable how readily these wounds heal. If you apply the persulphate of iron and put on a T-bandage he will be well in three or four days, and will suffer no relapse. It is not necessary even to confine his bowels, as we do in most cases of operations upon hemorrhoids, by some form of opium. It will be sufficient for him simply to bathe the parts and keep them clean, and this, gentlemen, constitutes a radical cure for hemorrhoids of this character.

I would not have you waste your time with these patients, applying ointment for weeks, when you can do this operation at your office and send your patient home not only relieved but absolutely cured.—*Clinic of Dr. Matthews, Louisville, reported in Medical and Surgical Reporter, Philadelphia.*

#### OBSTETRICAL EXPERIENCES.

Dr. David M. Williams of Liverpool, in an abstract of 2,500 confinements "chiefly among the comfortable middle classes," states that he

considers the forceps a great boon, always to be used with comfort and safety, without injury to the mother, and in only one case did he find craniotomy necessary. For over twenty years he has introduced the forceps into the uterus, often saving the child by that means, when the os was very narrow, but dilatable. He had only employed chloroform in the first stage to overcome rigidity; in the second stage he often administered it till complete unconsciousness was produced, believing that the perinæum may thus be frequently saved from rupture, and accident which will sometimes occur after every precaution. He has cured a complete rent, involving the sphincter, without operation, by rest, local cleanliness, and the induction of temporary constipation by opium. He trusts in ergot especially as a preventative of flooding in cases where the pains are weak and the intervals long. He denies, on the evidence of distinguished travellers contrasted with the records of contemporary British practitioners, that puerperal mortality is the result of civilization. The truth is quite the other way, and by acting on increased knowledge, more lives will yet be saved.—*British Medical Journal.*

#### FUNGOID ORIGIN OF DIPHTHERIA.

Dr. Michael Taylor of Penrith, in recording an isolated outbreak of diphtheria, expresses his belief in the influence of dampness as an exciting cause, and in the connection with that disease of certain fungi associated with dampness. Three children, living in the same house and occupying the same bedroom, were all seized with diphtheria last August, in a district then free from any epidemic. The house was very healthy until the water-spouting of its roof got out of order. A great rainfall in July caused one wall of the bed-room to become saturated, through leakage of the spouting, the paper on the wall facing a passage, between the apartment and a second bed-room, became sodden and separated from the plaster, and small clusters of a toadstool (*Coprinus*) grew on the wall, as well as a fine thready bluish mould. The drainage of the house and its drinking-water supply were very good. Excepting near the damaged spouts, the house was dry; and it is remarkable that the three children slept several weeks in their warm cribs in the damp room, without suffering in any way, and it was not until the fungi appeared that they were attacked with true diphtheria. This is in accordance with Professor Laycock's theory, that diphtheria depends on *Oidium*, or potato-fungus, for although in Dr. Taylor's case another vegetation was in question, there is fair reason to believe that the sporules of many kinds of fungus may not merely irritate, but directly infect the mucous membrane of the throat.—*British Medical Journal.*

## TREATMENT OF SPASMODIC ASTHMA.

By R. B. FAULKNER, M.D., Allegheny City, Pa.

On the first day of last April I was called to attend a lady, aged fifty years, whom I had attended at different times for over three years. On that day commenced the most violent attack of asthma she had ever had. Until the 10th day of May she had never left her room—scarcely ever the chair in which she sat. Breathing was difficult, without intermission. So much medicine had I given her that now I was beginning to fear the result in her case. Morphine quieted her, but as soon as I diminished its quantity the dyspnoea returned as bad as ever. At last her limbs became very much swollen; she became very weak, having had no appetite at all. I feared emphysema; I feared a termination of my case in dissolution. The lady had been a life-long sufferer from asthma; was a farmer's wife, but for over three years has been a resident of this city and a lady of leisure. As a last resort the idea arose in my mind, and I applied counter-irritation over the pneumogastric nerves from the upper part of the thyroid cartilage to near the upper borders of the clavicles, with tincture of iodine, even to blistering, when relief followed so rapidly and completely as to make me doubt that it was due to my application. In twenty-four hours the lady was greatly improved, and within forty eight hours from the time of painting her neck *her asthma had disappeared entirely*. I was not satisfied, but had determined to paint her again so soon as the asthma returned. It has not yet returned. After the paroxysm had terminated, she took iodide of potash for several weeks, and has been better than ever before in her life.

The next case is that of a gentleman, æt. 42 years, a farmer. He has had spasmodic asthma all his life. His mother had it through her lifetime. He had been having attacks, growing worse every night, for a long time. I at once applied *counter-irritation over the pneumogastric nerves* in the neck, and placed him on iodide of potash. The night of the day on which I painted him (August 12th) he slept. He said that "he never saw relief come so quick. That last night was the most pleasant night he ever had."

Case III.—Gentleman, æt. 32, afflicted with spasmodic asthma since he was two years old. Had been having attacks every night. I painted his neck with iodine, making a streak about half an inch in width, and ordered potash internally. I cured the paroxysms.

All I have observed and all I claim for this treatment is relief of the paroxysm; and, thus far in my experiment, of the first paroxysm in which it is applied, because the patients have had no more since I first applied it, but all continue better.

These are three cases, consecutive, and all made better. It is a very limited number, but recollect they are consecutive cases of pure spasmodic asthma which have occurred within five months in

my practice, and as I may receive no new cases for some time, I speak of them for what it may be worth.—*N. Y. Med. Record.*

## THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy

EDITORS:

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

R. A. KENNEDY, M.A., M.D.

JAMES C. CAMERON, M.D., M.R.C.S.

SUBSCRIPTION TWO DOLLARS PER ANNUM.

*All communications and Exchanges must be addressed to the Editors, Drawer 356, Post Office, Montreal.*

MONTREAL, OCTOBER, 1881.

## THE HAYVERN MURDER CASE.

One of the most important cases which has ever come before the Criminal Courts of this Province was tried in Montreal, before the Hon. Justices Monk and Cross, during the October term of the Court of Queen's Bench. It is the first time in Canada that the plea of insanity has been urged as a defence in a trial for murder. On account of its being regarded as a test-case, the Court allowed considerable latitude to both prosecution and defence, and gave the case a patient and careful hearing. The trial extended over four days, and ended in the prisoner being convicted of murder and sentenced to death, the plea of insanity not being sustained. As the case has excited a great deal of attention in Montreal, and has important medico-legal bearings, a brief resumé may be of interest to our readers.

The prisoner, Hugh Hayvern, is a stout, thick-set, muscular man, twenty-eight years of age, with black hair and whiskers, small deep-set restless eyes, and a sullen dogged look. Throughout the trial he seemed indifferent and unconcerned, chewing tobacco vigorously; nevertheless, he watched the proceedings closely, and occasionally darted quick, furtive glances at the jury. From the age of twelve he has been a drunkard, loafer and thief, a desperate character and a terror to the police. This is the twenty-fifth time he has appeared before the Courts since November, 1872.

At the time of Salter's murder the prisoner was serving out a five years' sentence at the St. Vincent de Paul Penitentiary for highway robbery. Twenty months had already elapsed, during which period he was quiet and orderly, though at times inclined to be moody and taciturn. The prisoner being a cleaner, and the deceased a lamplighter, their duties occasionally brought them together. Latterly some bad feeling seems to have existed between them. The St. Vincent de Paul convicts dread being transferred to the Kingston Penitentiary; Hayvern suspected Salter of trying to secure his removal thither. Salter still further enraged Hayvern by calling him some insulting names. Smarting under these injuries, real or imaginary, Hayvern secretly and deliberately prepared his revenge.

An old file ground down and sharpened to a fine point, was fixed in a rough wooden handle. On the 29th of June, armed with this weapon, Hayvern obtained permission, on the plea of illness, to dine upstairs in the hospital. Instead of eating his dinner, he paced up and down the ward, and out upon the landing, as if waiting for some one. When his fellow-convicts had finished their dinner below, they filed upstairs, past the hospital door, on their way to chapel. When Salter appeared, Hayvern rapidly crossed the passage, threw his left arm around Salter's neck, and with the dagger in his right hand stabbed him to the heart. As Salter staggered back, mortally wounded, the prisoner said, "you will not call me a —— again." For a moment he stood motionless, then turned and walked downstairs to his cell. Several of the guards tried to stop him and secure the dagger, but without success. In the cell he seemed to be excited, and stubbornly refused to surrender his weapon to the warden and deputy warden. He voluntarily told the warden that he had stabbed Salter with a knife, and that he had "*done for Salter.*" When asked for the knife he brandished it in a threatening manner, and declared that they would never get it away from him unless they fired on him with their revolvers. Meanwhile Salter had died. When the prisoner heard the news he tried to cut his throat. The attempt at suicide was not serious; for, although he had every opportunity to effect his purpose, he inflicted only a slight, superficial scratch. The Reverend Father Knox then tried to obtain the knife. His first attempt was unsuccessful; but, returning shortly after, arrayed in priestly vestments, he succeeded, upon promising

to administer to the prisoner the rights of the church. Being given the choice of his cell or the sacristy, Hayvern chose the latter, quietly went with the priest thither, made confession, and received the Sacrament of Penance. During the afternoon he told one of the guards that he had stabbed Salter, because Salter wanted to send him to Kingston and for several other reasons besides.

In defence, the Counsel for the prisoner urged the plea of insanity, affirming *imbecility* and *epileptic mania*.

In support of this plea the mother and uncle of the prisoner testified that he was subject to "*fits*" when about seven years of age. These fits were characterized by convulsive movements, and frothing at the mouth: they came on about twice a week and extended over the period of a year. Medical aid was never deemed necessary. Ever after he seemed childish or simple. He was sent to school, but either would not or could not learn; his teachers sent him away because they could make nothing out of him. He can read and write. When about twelve years of age he began to drink; since then he has rarely been sober, except while in gaol. When under the influence of liquor, he was very violent and abusive, requiring constant and careful watching. Young children were then his associates. He could never be induced to work for his living.

Several of his fellow-convicts testified that in the Penitentiary he was sullen, morose, and solitary; he talked and acted strangely, and seemed bent on committing suicide. He asked one for poison, another for a knife: he requested one to knock his brains out with a club, another to stab him, while he dared a third to go down to the cellar with him and drink poison. Although thus importuned, none of these convicts thought it necessary to report his sayings or doings to the Penitentiary authorities.

Mr. Payette of the Montreal Gaol was called to prove that the prisoner fell some twenty-five feet while trying to escape by the gaol-roof, the night before he was transferred to the Penitentiary. The attempt was clever and daring, and would have been successful had it not been for the breaking of the rope.

The Reverend Father Knox testified strongly in favor of insanity, basing his opinion largely upon Hayvern's conduct in his cell, and laying most stress upon his restless movements, heavy

dogged expression, and disjointed incoherent mutterings. The words "*Kingston*" and "*quiet*" were repeated several times. Prisoner said he would never go to Kingston Penitentiary. Father Knox believed that prisoner was a madman, and irresponsible for his acts, and at that time had not common-sense enough to save his soul. Notwithstanding this strong and sweeping opinion, the reverend gentleman found it somewhat difficult on cross-examination to explain why he had administered the Sacrament of Penance to such an utter lunatic.

Dr. Henry Howard, Government visiting physician to the Longue Pointe Asylum, was the chief Medical witness for the defence. He visited the prisoner on the 26th and 31st of August, remaining about an hour with him on each occasion. As the result of his examination, he gave it as his opinion that *the prisoner is an imbecile of a low order, and an epileptic maniac, and that, on the 29th of June, he was irresponsible for his acts, although quite able to distinguish between right and wrong.* Dr. Howard recognized in the prisoner two distinct conditions, viz., *imbecility and epileptic mania.* He was of opinion that the murder was caused by an attack of *petit mal*, that Hayvern was perfectly unconscious of what he did, and was therefore irresponsible for his act. Towards the close of the trial, however, Dr. Howard was recalled by Judge Monk, and stated to the Court that, on the 29th of June, the prisoner was able to distinguish between right and wrong, but was laboring under an *uncontrollable impulse.* Dr. Howard based his conclusions upon: (1) an examination of the facts elicited at the Coroner's Inquest, (2) a short conversation with the prisoner, (3) a physical examination of the prisoner. The following points were noted and emphasised:—great pallor of surface, profuse perspiration, low temperature, rapid visible pulse, rapid respiration, abdominal aneurism, sluggish pupil, and diminished cutaneous sensibility. The *æsthesiometer* and *electro-magnetic battery* were employed to determine this last-mentioned condition. He laid great stress upon the value of the *thermometer*, *æsthesiometer* and especially the *electro-magnetic battery* in the diagnosis of insanity.

On cross-examination, Dr. Howard affirmed his ability to diagnose imbecility by inspection. He denied the existence of monomania or partial insanity, and claimed that if a man is really insane upon any one point he must be insane upon all,

his mind must be a total wreck. He denied the possibility of *insanity* and *responsibility* co-existing; he maintained that, although there are different degrees of insanity, it is impossible to conceive of an insane man being either *morally* or *legally* responsible for his acts. He admitted the difficulty, or impossibility, of diagnosing marked eccentricity from mild insanity, and asserted that insanity is far more widespread than is usually supposed; nevertheless, he held that even *mild insanity* is incompatible with legal *responsibility.* He claimed that an *irresistible impulse* might impel a man to commit a crime, and when it did so the criminal could not be held responsible. In order to test his views upon *irresistible impulse*, the following question was propounded to him by the Crown Prosecutor: could a man, prompted by revenge or hatred, premeditate a deed of violence, prepare and conceal a weapon, lie in wait for his victim, and perpetrate a murder—and could he, although at the time able to distinguish between right and wrong, be held irresponsible for his crime on the ground of an *irresistible impulse?* Dr. Howard asserted that *irresistible impulse* in such a case was quite possible, and would confer irresponsibility.

When asked what led him to infer that the crime had been committed under the influence of epileptic mania, he said that Hayvern's standing still for a few moments after stabbing Salter proved that he was having then an attack of *petit mal.*

Dr. Angus McDonald briefly corroborated Dr. Howard's views as to the prisoner's insanity and irresponsibility.

In rebuttal of the plea of insanity, the Crown Prosecutor examined the physician, wardens, steward, and other officials of the Penitentiary as to the prisoner's conduct and health during the twenty months he had been under their charge previous to the murder. Their unanimous testimony was that he had always been quiet and orderly, though inclined to be moody and despondent; he had frequently been ailing, but his symptoms were either dyspeptic or else referable to his aneurism. None of them had ever seen or heard anything to arouse suspicion of either epilepsy or insanity. Sleeplessness was never noticed until after the murder.

The officials of the Montreal Gaol testified to the absence of epileptic symptoms while he was under their charge. They had not remarked anything like imbecility in either speech or actions.



He was neither better nor worse than the average class of criminals that pass through their hands.

Dr. Robillard, Government Inspector of Insanity in prisons, testified that he visited and examined Hayvern in the Montreal Gaol on the 17th, 19th, 20th, 21st, 22nd, 23rd of September. He found the pulse and respiration somewhat rapid at first, but before his visit was concluded they became quiet and natural. The temperature was taken at each visit, and was always normal. The prisoner would answer questions freely and rationally enough upon any subject except the murder; but no artifice could ever induce him to admit that he knew or remembered anything about that. Dr. Robillard never saw any signs or proofs of epilepsy, and did not consider him to be an epileptic. He recognized in the prisoner not *imbecility*, but great *moral degradation*, the natural result of a career of dissipation and crime. He believed that the prisoner was perfectly conscious of what he was doing when he stabbed Salter, and was quite capable on that occasion of distinguishing between right and wrong.

Several police constables were called to prove that the prisoner was a very hard case, and associated with a desperate gang of roughs and loafers, all about his own age. Their evidence conflicted with that of the mother and uncle, who made out that prisoner was foolish and simple, and associated only with little children.

The Crown retained the services of three medical experts: Dr. Vallée of the Beauport Asylum, Professor of Medical Jurisprudence in Laval University, Quebec, and Drs. Gardner and Cameron Professors of Medical Jurisprudence in McGill and Bishop's Colleges, Montreal. These gentlemen had not been called upon to examine the prisoner previous to the trial, and consequently were not witnesses of fact.

Assuming all the evidence that had been adduced in the case to be true, they were asked to give an opinion upon the following points:

(1) From the evidence adduced does it appear that Hayvern is an *imbecile*?

(2) Is he an *epileptic maniac*?

(3) Does it appear from evidence that on the 29th of June the murder was the result of an *irresistible impulse* on the part of the prisoner?

(4) On the 29th of June was the prisoner capable of distinguishing between right and wrong?

(5) Throughout the trial has sufficient evidence

been brought forward to prove the prisoner's *insanity and irresponsibility*?

In reply to these queries the three Medical experts testified that, in their opinion, sufficient evidence had not been adduced to prove that the prisoner was either an imbecile or an epileptic maniac, or that the murder was the result of an irresistible impulse; they believed that at the time of the murder he was quite capable of distinguishing between right and wrong: they furthermore did not consider that the evidence was sufficient to prove the prisoner's insanity or irresponsibility.

They were examined somewhat in detail as to the value of the various diagnostic signs emphasised by Dr. Howard, and pointed out the fallacies that might arise in basing a diagnosis of insanity upon the results of an ordinary physical examination. Low temperature, rapid pulse and respiration, sluggish pupil, sleeplessness, and impaired cutaneous sensibility were shewn to be common symptoms in many other forms of disease, and could not be considered of themselves diagnostic of insanity.

After lengthy addresses by the Counsel for the defence and the Crown Prosecutors, His Honor, Mr. Justice Monk delivered his charge to the jury. He said that it had been proved beyond doubt that there was premeditation and malice aforethought. "Hayvern prepared his knife, waited for his victim, and executed his crime most effectually. The deed was one of the most skilfully performed tragedies on record. But there is another point, and that is the plea of insanity. His convulsions in childhood were not proved to have been epileptic. It is admitted by all the medical witnesses that he knew right from wrong. But he is said to have been the subject of an *uncontrollable impulse*. It is the first time the prisoner is known to have had an uncontrollable impulse. It is strange that in the whole period of his criminal life he should have chosen, for such an impulse, the moment when he was in the possession of a deadly weapon, and had premeditated the assassination of the man whose murder he actually accomplished."

His Honor was of opinion that the prisoner at the bar was guilty of the murder of Salter; he had no faith at all in the plea of uncontrollable impulse which had never been admitted in Canada, and only in special cases in England.

His Honor considered Dr. Howard, although undoubtedly a man of large experience, to be

"a scientific enthusiast whose mind on this subject is made up of many theories; and the jury must decide whether these are corroborated by facts."

His Honor then very clearly and concisely laid down the law in such cases. He said that, with respect to the fact of the murder, the clearest proof must be submitted to the Court; if any doubt existed the prisoner must get the benefit of it. The law of England presumes a man to be innocent until he has been proved guilty. But when once the fact of murder has been proved or admitted, and the plea of insanity set up in defence, the presumption is against the prisoner. The law holds a man to be sane and responsible until he has been proved to be insane and irresponsible. The burden of proof, therefore, in such a plea lies with the defence. Vague theories or suppositions will not satisfy the law; clear and conclusive proofs of insanity and irresponsibility are absolutely necessary. In such cases the question to be decided is, whether or not the prisoner committed the deed with *intention, will and malice*; in other words, Was it his act? Could he help it? Did he know it was wrong?

After a deliberation of twenty-five minutes the jury brought in their verdict, "guilty of murder," and the unfortunate man was sentenced to be hanged on the 9th of December.

#### COLLEGE OF PHYSICIANS AND SURGEONS, P.Q.

The semi-annual meeting of the College of Physicians and Surgeons of the Province of Quebec was held on the 28th Sept. at Laval University, Quebec. The following Governors were present:—Dr. R. P. Howard, President, the Honble Dr. Theodore Robitaille, Drs. J. J. Ross, Drs. Ladouceur, Come Rinfret, Gervais, Perrault, Belleau, Rottot, F. W. Campbell, Austin, Kennedy, Lafontaine, Bonin, Marmette, Lemieux, Hingston, Gingras, Worthington, Craik, Marsden, Laberge, Gibson, R. F. Rinfret, Rodgers, Sewell, Parke, Lachapelle, Rousseau, De St. George.

Immediately after reading the minutes of the last meeting, His Honor Dr. Theodore Robitaille, the Lieutenant Governor, moved, seconded by Dr. Marsden, and it was resolved unanimously:—

That this Board has learned with deep regret of the death of Dr. F. A. H. LaRue, Professor in the Medical Faculty of Laval University, a gentleman distinguished alike for his medical and

scientific attainments, and whose reputation extended not only throughout the entire Dominion but to the neighboring Republic. This College, of which he was so long a member, desires to extend to his family and relatives their sincere sympathy in their bereavement.

On making the motion, His Honor paid a well-merited tribute to the memory of the deceased's, and was followed by Doctors Marsden, Hingston and Howard.

The following Graduates obtained the license of the College, on presentation of their respective diplomas:—*Laval University* (Quebec)—L. G. Phileas DeBlois, M.D., St. Henri de Lauzon; Aimé Trudel, M.D., Three Rivers; Ls. Alex. Chaussegros De Lery, M.L., St. François, Beauce; Napoléon Mercier, M.L., St. Jean Chrysostome; Chs. Noel Barry, M.D., St. Anne de la Perade; Pierre Alex. Gauvreau, M.L., Rimouski. *Laval University* (Montreal)—Jos. Ed. Lemaitre, M.D., Pierreville; Gustave Demers, M.D., Montreal. *Victoria University*—A. Gibeault, M.D., C.M., St. Jacques l'Achigan; Gilbert Huot, M.D., C.M. *Mc-Gill University*—Wm. L. Gray, M.D., C.M., Geo. T. Ross, M.D., C.M. *Bishop's College*—Frank M. R. Spendlove, C.M., M.D., Robert H. Wilson, C.M., M.D.

Mr. T. J. Symington, graduate of Queen's College, Kingston, Ontario, obtained the license after passing a successful examination.

The Committee appointed at the last meeting of the Board to consider whether it was in accordance with the Medical Act and the By-Laws of the College to permit a student to take his fourth year of study with a medical man, *after* having passed all his examinations, reported against it. The Committee was unanimously of the opinion that the year of study with a practitioner must be taken by the student the second or third year. The report was adopted by the Board without a dissenting voice, and the Secretary was instructed to notify the various Model Schools.

The Treasurer presented an *interim* report, which showed the finances of the College were in a healthy condition, after which the Board adjourned.

#### MONTREAL MEDICO-CHIRURGICAL SOCIETY.

The annual meeting of this Society was held in their elegant rooms on the 14th October. The attendance was large, and the Treasurer's report

showed a handsome balance. The following officers for the ensuing year were elected :

*President.*—Dr. George Ross.

*1st Vice-President.*—Dr. Richard A. Kennedy.

*2nd Vice-President.*—Dr. Thomas A. Rodgers.

*Treasurer.*—Dr. W. A. Molson.

*Secretary.*—Dr. O. C. Edwards.

*Council.*—Dr. Francis W. Campbell, Dr. Roddick, Dr. Osler.

### WYETH'S HYPOPHOSPHITES OF LIME AND SODA WITH COD LIVER OIL.

This preparation represents in a convenient form one of the most efficient and popular remedies in cases of a pulmonary character, with tendency to hemorrhage, loss of appetite, cough, and especially when attended with emaciation.

The hypophosphites with cod liver oil may be given also with great advantage in anemia, chlorosis, to nursing mothers, and in all cases of nervous exhaustion and general debility.

By combining the hypophosphites with cod liver oil—the latter in a finely divided state, by a peculiar process of emulsifying, and so disguised as to be inoffensive to even a delicate stomach, Wyeth & Bro. are enabled to afford, at the same time, a stimulant to the nervous system, and a promoter of nutrition, as well as a fuel which takes the place of the wasting tissues.

This preparation, like every other bearing the name of this firm, is composed of the very best materials, and made up with the utmost care.

### PIGEONS AS MESSENGERS FOR PHYSICIANS.

A late number of the *New York Times* says that:—

“A physician of Erie, Pennsylvania, is training homing pigeons for use in his practice. Some of his young birds put upon the road to make records for distance have made very good time, viz., 50 miles in 90 minutes, 66 miles in 82 minutes. Homing pigeons are largely used by country physicians both here and abroad. One doctor in Hamilton County, N. Y., uses them constantly in his practice, extending almost over two townships, and considered them an almost invaluable aid. After visiting a patient he sends the necessary prescription to his dispensary by a pigeon; also any other advice or instruction the case or situation may de-

mand. He frequently also leaves pigeons at places from which he wishes reports of progress to be dispatched at specified times or at certain crises. He says he is enabled to attend to a third more business at least through the time saved to him through the use of pigeons. In critical cases he is able to keep posted by hourly bulletins from the bedside between daylight and nightfall, and he can recall case after case where lives have been saved which must have been lost if he had been obliged to depend upon ordinary means of conveying information.

### PERSONAL.

Dr. Bibaud, Professor of Anatomy in Victoria College, had an attack of paralysis from which he died on the 18th October.

Dr. H. Larue, Professor in Laval Faculty of Medicine, died at Quebec on the 26th of September. He was an able and accomplished physician.

Dr. George W. Nelson (C.M., M.D., Bishop's College, 1879) has, owing to ill health, been obliged to relinquish practice at Marbleton. He shortly leaves for California, where he intends to settle.

Dr. Robert H. Wilson (C.M., M.D., Bishop's College, 1881) succeeds to Dr. Nelson's practice at Marbleton.

Dr. F. M. R. Spendlove (C.M., M.D., Bishop's College, 1881) has commenced practice at Beebe Plain, Que.

Dr. Mills (M.D., McGill College, 1880) has commenced practice in Montreal. He has been appointed assistant to Dr. Osler, professor of physiology in McGill College.

### REVIEWS.

*Anatomical Studies upon Brains of Criminals. A contribution to Anthropology, Medicine, Jurisprudence and Psychology.* By MORIZ BENEDIKT, Professor at Vienna. Translated from the German by E. P. Fowler, M.D. New York: Wm. Wood & Co., 1881.

The author starts with the proposition of Erasistrates that man thinks, feels, desires, and acts according to the anatomical construction and physiological development of his brain. If the cerebral constitution be normal, the individual is presumably sane and moral; if abnormal, he may be insane or criminal. The author affirms that the majority of condemned criminals present one of

the following psychological characteristics, either (1) inability to refrain from a repetition of crime, although conscious of the superior power of the law; or (2), a lack of the sentiment of wrong, although they have a clear perception of it. He endeavors to prove that the brains of criminals are not only individually defective in gyrus development, but present marked deviations from the normal brain-types of their respective races. He holds that crime differs from monomania in being the result of faulty psychical organization as a unit, the particular form of expression being determined by social circumstances. *Crime* is therefore a *psychological* act of the criminal; and if crime is to be successfully repressed or prevented, those who make and administer the laws must patiently and carefully study the psychological constitution and peculiarities of the criminal.

If Professor Benedikt's views are in the main correct, then the present system of penal legislation is radically wrong. Effects only are being treated, while causes are ignored. The law is a failure; the spread of crime is not prevented; the criminal is not reformed, but in many cases is still further degraded and brutalized by punishment, and unfitted ever again to take his place in society as a useful and law-abiding citizen.

Professor Benedikt bases his conclusions upon the study of the brains of twenty-two criminals who had been convicted of theft, highway robbery, counterfeiting and murder. The observations have been carefully made, and although insufficient to justify the sweeping conclusions of the author, are valuable as a guide and stimulus to future investigation.

The translation has been well done; the print is clear and distinct, but the woodcuts which replace the photographs of the original work are somewhat blurred and rough. As a whole the work possesses considerable merit.

*The Prescriber's Memoranda.* New York: Wm. Wood & Co., 1881. Montreal: J. M. O'Loughlin.

To the busy general practitioner, this handy little vest pocket manual will prove invaluable. It has been brought well up to date; the prescriptions have been judiciously selected from the leading European and American writers, and on the whole fairly represent the most modern treatment of the commonest forms of disease. Besides prescriptions, it contains many useful formulæ of hos-

pital mixtures solutions and pills, and practical hints as to the general management of disease. For facility of reference, the sections are arranged alphabetically. To the country practitioner especially, we heartily recommend this little work.

*The Popular Science Monthly.* D. Appleton & Co., October, 1881.

The October number of this deservedly popular monthly contains much valuable matter. Particularly interesting to the medical reader, is the thoughtful and eloquent address of Sir James Paget on "The Cultivation of Medical Science," at the opening of the recent International Medical Congress. The address of the Vice-President, Professor Huxley, on "The Connection of the Biological Sciences with Medicine," is a masterly plea for improved biological training in our Medical Schools.

In marked contrast to these Scientific and scholarly productions is the somewhat flippant and sensational article of Dr. Felix Oswald on "Remedial Education." Dr. Oswald professes a thorough disbelief in the efficacy of drugs, and maintains that dieting and out-door exercise suffice to cure all forms of disease except scabies and venereal troubles. He considerably admits that antidotes and anodynes are useful, but he thinks that in time even they will be replaced by *mechanical* measures. He rides his hygienic hobby so far as to predict that, with the few exceptions mentioned, before the middle of the twentieth century, the internal use of drugs will be discarded by all intelligent physicians. Dr. Oswald's articles are pungent and vivacious, and in many respects interesting and instructive; but his conclusions are too sweeping and dogmatical, and had better be taken *cum grano*. Writers of Dr. Oswald's stamp mistake a general spirit of scepticism for scientific acumen; believing in nothing themselves, they do much to retard the advance of true science, by falsely pandering to the sceptical and infidel spirit of the age.

*Lindsay & Blakiston's Visiting List for 1882.*  
*Philadelphia:* LINDSAY & BLAKISTON.

We have received a copy of this list, the first published on this continent. It maintains its position as the best Visiting List published. At least, we think so, and we have used it for many years. We strongly recommend it to our readers.

*The Wilderness Cure.* By MARC COOK. Wm. Wood & Co., New York; John W. O'Loughlin, Montreal.

To the invalid, debilitated in body and threatened with consumption, whose only chance is in a change of climate, this little volume will be found of peculiar interest. Its author was through ill health obliged to try the recuperative power of the Adirondack region, and from his experience enters into those minor details of camp life with all its drawbacks and requisites which are essential to the comfort of the invalid, but which cannot usually be obtained in books. Included in the work is an interesting paper by Dr. Loomis of New York on the St. Regis Country in the Adirondack region. The concluding chapter gives full details of cost and necessities required. The story is well told, and as it concerns a country which can be reached in a few hours should be read not only by invalids, but also by the physician who contemplates sending his patient away for a change of climate.

#### PRELIMINARY EXAMINATION.

The Preliminary Examination of the College of Physicians and Surgeons, P.Q., took place in Quebec on the 22nd of September. The following gentlemen were admitted:

William McClure, John J. R. Church, Henri Dazé, J. Daniel Casse, Joseph Piedalue, Louis F. Lepage, Norbert G. Chabot, Auguste Gagné, Alfred Laurendeau, Alfred Morin, Jos. A. Deschambeault, F. X. Tremblay, Lucien Beaudoin, Hormidas Brodeur, Oscar Clouthier, Philippe Grandpré, Siméon Grondin, Joseph Houle, Joseph Jetté, Louis Noel, Hector Palardy, J. Celebert Poissant, Alphonse Thibault, Arcadus Toupin.

We understand that several additional suits have been taken by the College of Physicians and Surgeons of the Province of Quebec, through their prosecuting officer, Mr. Lamirande, against irregular practitioners. In our last we mentioned that judgment had been obtained by the College against one Dragon. We since learn that this man did large and extensive practice in the Eastern part of this province where he has resided for the past fifteen or sixteen years. On judgment being obtained against him before the papers

could be served, he escaped to the United States, and his family have since followed.

The College of Physicians and Surgeons of the Province of Quebec has obtained a conviction this month against a Madam Emelie Bonin, of St. Benoit, for practising illegally as a midwife. She confessed judgment and paid the fine.

#### THE TREATMENT OF GONORRHOEA.

Mr. W. Watson Cheyne, assistant-surgeon to King's College Hospital (*British Medical Journal*, July 24, 1880), has carried out a series of experiments in the treatment of gonorrhoea which are worthy of being extensively known. It has been demonstrated by Neisser that organisms are present in great abundance in gonorrhoeal pus, and Mr. Cheyne has verified the observations by inoculating cucumber infusions with some of the discharge. Acting upon the known effects of certain antiseptic materials, he decided to adopt iodoform and oil of eucalyptus. In order to bring them into certain contact with the suppurating surface, he had bougies made of these materials and cacao butter. The formula is—5 grains of iodoform, 10 minims of oil of eucalyptus, and 85 grains of cacao butter. This bougie is introduced into the urethra, and a strap and pad over and around the orifice retains the bougie there until it is dissolved. After this, an injection of boracic lotion (saturated aqueous solution of boracic acid) or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to forty or twenty ounces), to be used for two or three days. At the end of that time injections of sulphate of zinc, two grains to the ounce, may be begun. For a day or two the purulent discharge continues, but afterwards it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days.

#### THERAPEUTIC VALUE OF TARTAR EMETIC.

Dr. A. B. Arnold, of Baltimore thinks this remedy has fallen into undeserved neglect. In inflammatory croup it is capable, if early used, of keeping it in the catarrhal stage, and preventing its passage into the membranous form. He gives in these cases one-twelfth of a grain every hour to a child. In one case, aged six years, he gave one-fourth of a grain every hour, with excellent results.