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Original Communications.

VACCINATION IN CHRONIC SKIN DISEASES.

(Read before the Medico-Chirurgical Society of Montreal, Oct. 29th, 1880.)

MR. PRESIDENT AND GENTLEMEN:—In the number of the *British Medical Journal* for Sept. 4th, 1880, a letter appeared from Chas. D. Drury, M.D., Bucklersbury, Eng., giving his experience of the result of vaccination in three cases of chronic eczema, which was most gratifying.

This communication interested me very much at the time, inasmuch as it recalled to mind many cases in my experience as public vaccinator, in which I had seen skin eruptions of various kinds disappear at the time of vaccination, and apparently as the direct result of it.

I am aware that it is contrary to the preconceived notions of the profession to vaccinate any child having a skin eruption, and when in 1876 I was appointed one of the public vaccinators we were strictly prohibited from vaccinating any child, "with eruptions behind the ears or elsewhere on the skin." And we were particularly cautioned against collecting vaccine lymph from any child with "eruptions on the skin," notwithstanding that some of our prominent local medical authorities then held, and still hold, that no other virus or blood contamination can be communicated or conveyed with vaccine lymph.

Four years of experience (during which time I have vaccinated over 7,000 persons) has taught me many practical lessons on this subject, among others these: that, 1st. There is no danger incurred, and there need be no hesitation in vaccinating any child suffering from a cutaneous eruption.

2nd. That most skin eruptions disappear immediately after vaccination.

3rd. That there is very strong presumptive evidence of the communicability of various blood contaminations through the medium of vaccine lymph; and,

4th. That the absence of red blood corpuscles from lymph does not guarantee the absence of blood taints, simply because germs of disease float in the serum of the blood in the same way that blood corpuscles themselves do, and may find their way into the lymph poured out into a vaccine, as well as any other vesicle; and who shall say that blood corpuscles convey poisons; or that the liquor sanguinis is not the medium of their communication. Or, that a cancer, or a syphilitic cell, may not be present in the lymph exuding from an apparently healthy child's arm, although to the naked eye it may appear perfectly clear and transparent.

Our authorities moreover described pure lymph as "liquid, clear, limpid, translucent, *sometimes slightly yellow* and moderately viscid."

Now I take exception to the "*sometimes slightly yellow*" characteristic, and unhesitatingly say that

I believe if such lymph were examined under a microscope it would be found to contain *pus*. The lymph furnished by a vaccine vesicle of a scrofulous or strumous child is always yellow, because it always contains pus after the earliest stages, and such lymph will produce septicæmia.

Hence I would prefer not taking vaccine from children at all, except under the most favorable circumstances, and for the simple reason that communicable blood taints may lurk in the blood of persons, where no outward evidence is yet apparent, as, for example, in children of cancerous families. The sincerity of our faith in the non-communicability of blood taints by means of vaccine lymph may be easily discovered by asking the question, who is there among us who would be willing to allow himself to be vaccinated with lymph from the arm of a patient covered with a syphilitic eruption?

When the present system of district vaccination was first introduced the whole populace were in a state of excitement on the subject of vaccination, and the French portion of the community, led by the anti-vaccinationists were bitterly opposed to the practice, pointing to numerous cases of bad results following it. Under these circumstances, in order to conciliate and change the popular prejudice, it was necessary that the greatest care should be exercised in the whole mode of procedure:

1st. That the lymph used should be absolutely pure and perfectly reliable; and, 2nd. That no children unfit for the operation should be vaccinated.

The discovery of the Longue Pointe cases of spontaneous cow-pox afforded us the opportunity required to meet the first indication; and the instructions of the Board prohibiting the vaccination of any child having "an eruption behind the ears, or elsewhere on the body," and which was sedulously adhered to for some time, met the second.

However, during the season 1878-79, finding that a very large number of children having slight rashes were being passed over, and some of these in some cases, almost immediately afterward were attacked and died of small-pox, relying on the purity of the lymph, I determined to vaccinate all children with rashes not of a very severe character—omitting only the very worst, which I had not the temerity to undertake.

I soon found, to my great satisfaction, that this

class of children all did well, their arms giving no trouble, and the rashes in such as I was able to see afterwards, having disappeared altogether. Emboldened by my success in mild cases, I next began to extend the benefits of vaccination to cases of greater severity, as, for instance, general eczematous eruptions, scald head, children with scrofulous ophthalmia, &c., &c. And, although in some instances of slow recovery I doubted the prudence of incurring the risk, yet in the end all resulted satisfactorily, and the skin eruption was cured.

I have selected five cases as examples, which I will narrate to you as briefly as possible:

CASE I. Eczema Chronicum.—The child of a resident in St. Martin street, previously an anti-vaccinationist. The family consisted of seven children, six of whom I had, at the father's own request, vaccinated successfully—although he had refused over and over again, previous to this time, to have any of them vaccinated. This child, aged fifteen months, was at first passed over because of an eczematous eruption over the whole body, but chiefly on the head and upper extremities.

From an extreme opponent he became an extreme partisan by telling me that, if it would not make the child any worse, I might vaccinate it also. Feeling a little cornered, and as small-pox was across the street, I vaccinated the child, believing that there might be something after all in the theory of the "antagonism of poisons," and that, by setting up one disease, it might cure another. To my great satisfaction the vaccine did well, and the eruption began to decline as soon as the vesicles were developed, and soon disappeared entirely.

CASE II. Porrigo Capitis.—The infant child of a resident of St. Joseph street. At two months old an eruption on head appeared, which grew worse, and spread over face, arms, and chest. Every kind of treatment proved unsuccessful. When eighteen months old I vaccinated it, not for the purpose of curing it, but (as they were patients of my own) to determine whether vaccination in such a case would really aggravate the symptoms or not.

From the time that the vaccine disease had developed itself the eruption began to decline and, in about three weeks, had entirely disappeared.

CASE III. Secondary Syphilis.—During the winter of 1879 a young gentleman, calling himself a commercial traveller, called upon me to be vaccinated, stating that a gentleman had just been

taken to the Small-Pox Hospital from his boarding-house.

On stripping his arm I found an extensive secondary syphilitic eruption for which he told me he was then taking medicine.

I hesitated about vaccinating him, as I feared a possible syphilitic ulcer at the point of vaccination.

However, as his dread of small-pox was paramount to every other consideration, I yielded, and vaccinated him. He reported to me two or three times afterwards, when I found my vaccination successful. It ran the usual course, but was slow in healing, and desquamated a succession of scabs. As the vaccine began to decline an improvement in the appearance of the eruption was perceptible, and it gradually disappeared, whether from influence of an iodide or vaccine I am not prepared to say.

CASE IV. Eczema Simplex.—In a small street off St. Alexander I vaccinated three children, one aged about two years having an eczematous eruption on head, arms and body. It did well, and finally made a good recovery. After it had been vaccinated the father, feeling dissatisfied about it, consulted a senior practitioner, who very gravely denounced my procedure as very improper. However the result was satisfactory, and I blessed my stars for the old motto: "Nothing succeeds like success."

CASE V.—In Chaboillez street I vaccinated a child very recently having a general eczematous eruption of the body, with sores behind the ears: The vaccination was successful, and, when last seen, the eruption had entirely disappeared.

I can recall to mind several cases of chronic skin disease in which the eruption disappeared, after vaccination, but, until I read the letter of Dr. Drury in the *British Medical Journal*, I would not have had the courage to advise another to go and do likewise.

Dr. Drury's letter appeared in the *Journal* for September 4th, 1880, in which he narrates having vaccinated an eczematous child at the urgent solicitation of the parent, in which case the eruption began to decline on the fifth day of vaccination, and entirely disappeared. He then repeated the operation in a second and a third case with the same beneficial result.

This letter called forth letters from others, and Dr. Murray writes, September 18th, 1880, that "It is or ought to be known to all obstetricians, that

vaccination is a cure for infantile eczema." Dr. Wilson also narrates cases of vaccination in eczema, followed by decline of the eruption, and Dr. Tyler writes in the same strain, narrating cases of eczema cured by vaccination.

But to Dr. Grant of Ottawa, seems to belong the credit of having first drawn attention to the alterative effects of vaccine lymph in cutaneous diseases. In the *Medical Times and Gazette* for March, 1863, appears an article from his pen from which I gather the following particulars pertinent to the subject under consideration.

CASE I.—Aged twenty-five, was one of psoriasis palmaris of five years duration; had tried various methods of treatment without success; finally as a *dernier resort* tried vaccination, "to observe the alterative effects of vaccine virus upon the system, under the conviction that vaccine introduced into the system is under certain circumstances one of the most powerful blood purifiers we possess." Had been previously vaccinated when a child; operation successful; case cured by 20th day.

CASE II.—Torica numularis on right forearm of boy, aged thirteen; re-vaccinated successfully; on seventeenth day disease disappeared.

CASE III.—Tubercula syphilitica; vaccinated on arm successfully. On fourteenth day the tubercles flattened down, and in four weeks only a slight desquamation remained in most spots.

CASE IV.—Psoriasis Lepraformis, æt. twenty-four, mother of four children; extending over whole body, even to roots of hair; tried alteratives without success. Six months after its appearance, tried vaccination. Disease disappeared in four weeks.

I have found a case (similar to last of Dr. Grant's) of Psoriasis Lepraformis of eighteen years standing, which I propose showing to the Society for the purpose of submitting this method of treating chronic cutaneous diseases to a *crucial* test. I propose to vaccinate her on both arms and both legs if she will allow me, and, after sufficient time has elapsed, ask her to come back and show what the results of the experiment has been.

This patient was presented to the Society and presented a well marked case of Chronic Psoriasis. On Nov. 1st she allowed herself to be vaccinated with animal vaccine on twelve places—three on each extremity. Nov. 10th, vaccine taken well; patient very feverish and ill from its effects. Nov. 17th—Eruption rapidly disappearing.

I need hardly add how pleased I have been to

find that others had made like observations with myself, and I will read you a note received from my colleague, Dr. Laberge, public vaccinator in Eastern District. In regard to vaccination in cases of skin diseases: From my experience as public vaccinator, I can state that I have vaccinated in various kinds of skin eruption without any bad effect. Moreover, I would have no hesitation in any kind of skin diseases, as I would expect no bad result to follow. I have remarked that in some cases the eruption is increased immediately after vaccination but again declines. As to the point raised whether cases are cured by vaccination, I have not followed up the cases vaccinated to be in a position to state the final effects.

In conversation with a lady patient a day or two ago, she narrated to me a circumstance bearing on this subject. A number of years ago she was residing temporarily at Berthier, P.Q., with a friend who had a child with a severe and obstinate eruption on the head. A Dr. Mull, a resident physician (an old Norwester), after trying various remedies, told the mother that he would try vaccination, and did so with the happiest results. The child recovered immediately. (I must apologise for introducing this tale here, but I have taken pains to verify it, and believe the above to be a narration of facts).

I am fully convinced from observation that the three following propositions embody the conclusions to be drawn from my own experience as public vaccinator.

1st. Pure vaccine when introduced into the system of the human subject acts as an eliminator, and *drives out*, or causes to appear on the surface, any latent blood poisons that may have been lurking in the system. Hence practitioners are sometimes unjustly censured where an eruption has followed vaccination.

2nd. No harm can arise from the vaccination of children suffering from cutaneous eruptions.

3rd. Not only will no harm result, but because of an eliminative or alterative action of the vaccine virus on the human system, impurities in the blood may be got rid of, and many cutaneous diseases (not of parasitic origin, but depending upon the presence of some blood taint or poison in the system) may be radically cured by it.

4th. From all this it must be apparent to the most casual observer that the use of lymph taken from human subjects must always be attended with considerable risk.

Lastly. From what I have tried to bring before you, I think it must be apparent that in vaccine virus we have something of much greater importance to the profession than a mere prophylactic against small-pox; that in fact it is powerfully eliminative and depurative in its action, which will recall to mind the popular prejudice that the human system is always much more free from impurities after an attack of small-pox than before.

An interesting discussion then followed.

Dr. Kennedy said, with respect to the theory of the antagonism of blood poisons, advanced by Dr. Bessey, there appeared to be a possibility of such antagonism producing good results. He had recently a severe case of Psoriasis in a child, in which various remedies had been tried without success. Diphtheria ensued, and, on recovery from the latter, the skin affection entirely disappeared. With regard to vaccinating a child suffering from eczema, he thought it was improper, as the eruption was likely to be made worse, and thus bring discredit on vaccination. Some time ago had seen a child that Dr. Bessey had vaccinated a few days previously, this child was very scrofulous, and there existed an eczematous eruption and favus of the scalp. Since the vaccination the eczema was very much worse, and the favus had spread to the arm, which was severely inflamed from shoulder to elbow. The parents loudly condemned the vaccination, and could not be convinced but what the vaccine had poisoned the arm. Fortunately the disease yielded in a few weeks to the usual remedies. This case was an example of the impropriety of vaccinating under such circumstances, and therefore he would not favor the operation in skin diseases.

Dr. Reddy would like to ask Dr. Bessey how long a time usually elapsed after vaccination until a cure was effected.

Dr. Ross thought conclusions drawn in the paper too general. The number of cases reported were too few to enable the Society to form an opinion. A large number of cases would be required. As to how vaccine acts to produce this effect is pure speculation. The attempt to show that cases of secondary syphilitis and purely local chronic skin affections are amenable to treatment by this means was going too far, notwithstanding that Dr. Grant's cases were reported in substantiation of the theory. He thought the subject deserving of greater attention in future so as to define

the exact scope of the application of this agency in the treatment of skin affections. He thought it would be difficult to apply where patients had been previously vaccinated.

Dr. Larocque, health officer, had never given the subject any thought, but had never seen skin affections cured by vaccination. However, he was aware of the fact that eruptive blood poisons were eliminated by it.

Dr. Henry Howard considered much credit due to the reader of the paper for bringing the subject before the Society. More cases were required to form an opinion—all eruptive diseases are not *blood poisons* as, for example, *gouty eczema*, which is due to nerve irritation. Nervous irritable old people are liable to be eczematous. Impure blood, he considered to be blood laden with disease germs, and in many skin affections the blood was not impure. He hoped the observations would be continued, and more facts bearing on the subject elicited.

Dr. Roddick said it was an entirely new subject, and the observations made, and the boldness of the conception reflect credit on the reader of the paper. He would, however, not have feared any trouble arising from the vaccination of a person having a secondary syphilitic eruption as Dr. Bessey appears to have done. The cases which gave trouble were those in which syphilis had been conveyed or transmitted from a diseased to a healthy subject. The theory required to be supported by further evidence before it could be accepted by the profession. He would watch with interest the result of vaccination in the case of Psoriasis Lepraformis of eighteen years standing, presented before the Society to-night.

The President (Dr. Hingston) said the portion of the paper introductory to the subject proper referred to the "Instructions given to Public Vaccinators." Having been Chairman of the Board of Health at the time those instructions were issued, he considered himself personally responsible for them. They were compiled in the most careful manner from various codes of other countries, and to the careful manner in which the instructions were carried out by the public vaccinators the City was indebted for the remarkable freedom from accident which attended their work.

On former occasions, and before attention was directed to certain details which were formerly considered unimportant, accidents were of frequent occurrence, and of a nature to give a sort of ex-

cuse to the anti-vaccinators to continue their unfortunate attacks against the practice of vaccination. One of these instructions was not to vaccinate infants suffering from febrile disturbance or from cutaneous eruptions. He (Dr. Hingston) thought this a wise advice. As to chronic eczema he had nothing to say, not having seen vaccination practised for that disease. But in *acute eczema* the case was quite different. The latter is not a blood disease. Eczematous eruptions frequently occur about the period of teething, and the highest authority, West, for instance advises non-interference. It would be hardly fair to the little sufferer to add another irritant, such as that of vaccine, to one already producing so much disturbance. He hoped nothing in the paper just read would induce practitioners to vaccinate infants suffering from acute febrile or cutaneous disorders. If, however, vaccination were found to modify and cure *chronic eczema*, the Society would certainly be indebted to Dr. Bessey for having so earnestly drawn attention to the matter.

Dr. Bessey, said, in reply to Dr. Kennedy, he did not see case referred to after vaccination, as he understood the family physician had been called in, and he accordingly retired. However, judging from the time in which the cure was effected, he thought the case might be claimed for vaccination, which would at first greatly increase the eruption, and that would be followed immediately by decline and disappearance. In answer to Dr. Reddy, he said the time in which cures were effected in cases observed by him had been in about three weeks. Exceptional cases might be longer. In reply to Dr. Ross, he said he had not expected to establish a new departure in the treatment of skin diseases, but had merely wished to add his quota from the ample opportunity for observation which his position had afforded him. As to the difficulty about re-vaccination, Dr. Grant's cases were mostly re-vaccinated, and the result had been satisfactory, and no one would deny that Dr. Grant was a most creditable medical witness. Dr. Larocque had simply not paid any attention to the subject.

A day or two ago, while in conversation with a lady of this city on the subject of vaccination in skin diseases, she related a circumstance of a Dr. Mull, of Berthier, having vaccinated a child suffering from an inveterate eruption on head of what she termed Canadian Reef, for the express purpose of curing it, and with the happiest results.

Dr. Howard's objection was a valid one, but he did not propose to apply the remedy in any acute cases nor the skin affections of the aged, but thought its action specific in cases dependent upon a blood taint or germ in the system. Dr. Roddick's question might be answered by saying that he had feared an ulcer of a syphilitic character.

In reply to the President's remarks he stated that he merely referred to chronic cases of skin affections, and, notwithstanding the President's positive opinion against the possibility of contagion being conveyed by vaccine lymph, he would still believe it next to impossible to extract lymph, from a syphilitic patient, except in the earlier stages of the eruption and under the most favorable circumstances. Would not be as willing as the President to be vaccinated from a syphilitic person.

He trusted good results might flow from the discussion of the subject, and that it might prove beneficial to the course of vaccination generally.

ON THE LOCAL AFTER-TREATMENT OF OPERATIONS.

By Dr. C. E. NELSON, New York.

The writer begs to apologize to the readers of the Montreal RECORD for intruding his views once more upon their notice—especially on such a hackneyed subject as is indicated in the above title.

Lately, the attention of the surgical profession has been much attracted to, and even exercised by the treatment of wounds made in operations—the main cause of this has been the vaunted efficiency of applications, where carbolic acid entered, in various ways. We should be thankful to carbolic acid, or anything else, that would cause surgeons to look more closely into the result of their surgical practice. It is not my intention, this time, to discuss the merits or demerits of carbolic acid; nor is it my intention to weary the reader's patience with what surgeons have done, since the beginning of civilization, down to Lister; we all know the celebrated names, which are like household words. To the subject at once.

How should a wound (surgical, accidental, or caused by the bursting forth of matter) be *dressed*, and in what *way* should we endeavor to make it *heal*?

The Duke of Wellington was asked in Spain by one of the staff, in case of his death, if he had left papers, or a draught of a plan, which his surviv-

ing officers might follow closely? "Plan," he said, "I have *no* plan: my plan is to beat the French."

And there, I think, is the secret of our treating wounds, surgical or otherwise.

The great Russian General Suwarrow had a profound contempt for "councils of war," or, as doctors say amongst themselves, "consultations." After the junior officers had given their opinion severally, he would rise (with contempt marked upon his countenance), walk to the blackboard, draw two parallel chalk lines, saying, one was the Turks, the other the Russians; he would then wipe out one line, saying, to-morrow we beat the Turks—he then would walk away.

All this is to show that when we have got a thing to do, do your best, and let not your mind be disturbed by what this man and that man does.

Personally, I have *no plan* of treating wounds, or of operating either; before entering the room I have no idea of what I am going to do; after the operation has begun, or during its progress, I have not the slightest idea what I may be required to do next.

The after-treatment of wounds (surgical or otherwise) is universally divided into two sections, according to whether they be likely to heal (I) by the first or (II) second "intention"; the old surgical term being retained, which I suppose means "stretching," in allusion to the edges, or (as in case of amputation) the flaps.

But I do not know beforehand which way it is going to be; I may endeavor as much as I please to obtain union by the "first intention" (with or without that eternal carbolic acid), but my best endeavors may be frustrated just as likely as not.

Here I will note that I do not stick to one line of treatment either; I may keep continually changing, even twice in one day, if necessary.

If a *physician* were asked what were his plan for treating diarrhoea or headache, he would answer, "If I had six cases of each to-morrow, very possibly I might treat every one of them differently according to their causation." It should be the same with the surgeon in my humble opinion.

THE OPERATION. (INCISIONS, &c.)

Learned and lengthy treatises have been written (wasting people's time reading them) as to the different *kinds* of incision, and to the *way* of *making* them; as if it made any difference how you made them, if you had a tumour to get out. Special inculcations have been given, "how to hold the knife;" this can surely make very little

difference, although I hold it more by the blade than by the handle.

SPONGING AND LIGATURING.

For years I have been averse to this practice, mainly because, instead of stopping the blood, it generally causes it to flow more, thereby tantalizing the operator: in a small degree, it irritates the part, all and every irritation being best avoided by a careful operator. After the incision is made, *wait* half a minute and let the blood run down over the person's skin. If the officious assistants insist on stuffing the sponge down between the edges of your incision, there will almost certainly be an afflux of blood, which will most completely mask the incision, so that the operator does not know where he made his cut: the eyes of the bystanders are now on him, he gets impatient and perhaps nervous,—plunges ahead; then there is much more blood, from his having severed many small vessels; now, all is in hopeless confusion; the bystanders press forward offering tenacula and ligature threads; the operator draws himself up, stands aside, letting assistants pull out and ligate a great many more vessels than it is necessary to do: the operator now feels considerably relieved, and proceeds to the conclusion of the operation likely without any further contemp-

I think the following a better method of proceeding [of course, I do not intend to apply the preceding or following remarks to hospital surgeons, but to young gentlemen who have seen but a limited private practice]: after having made the preliminary incision with a scalpel (I am not particular about its being very sharp), no sponge, then take a sharp bistouri, and cut *right down* to where you want to go, regardless of severed arteries; as long as your knife fills up the cut, there will be little blood as yet come forth; it is only on taking the knife out, and cutting round the tumour, e. g. in another part, that the blood begins and continues to come smartly; if not an important loss, you may finish the operation there and then. If the blood is in largish jets (because the small jets soon stop of themselves) one of two things may be done: you may stop long enough to clap artery forceps (spring, or fitting close together) on each vessel, having several pairs at hand, lying on the patient; or, assistant may press his different fingers on the vessels in severally, firmly, keeping them there till the cutting is finished,—this latter plan requires an

able and cool assistant—its disadvantage is that his fingers are in your way. When the tumour is excised, or an important artery ligatured (as the carotid), whatever the operation may be, next thing to do is to take a look and see how things are: if it is cancer, see that none is left behind; if it is ligature of an important vessel take your time, and observe the chasm coolly; if it all appears satisfactory, ligate the severed arteries, and close the wound, if it can be done.

Sometimes plasters (strips), sometimes not.

Sometimes sutures, sometimes not.

Uncovered, or lightly covered, compress and bandage, entirely excluding the air.

I think in the majority of cases it is best to put some kind of covering on, as the "aura" of atmosphere might possibly bring on tetanus.

ACUPRESSURE

I think is objectionable; the needle may cause irritation, and is difficult to take away, let alone the possibility of tetanus accruing therefrom: formerly much in vogue, I believe very few now practice it, like many other passing inventions and methods.

TORSION.

Is, I think, bad, besides dangerous. There are different degrees of torsion, but with all of them a devitalized piece is left, which has to slough away afterwards, which is not exactly what a person wants when endeavouring to produce union by the first intention; the argument put forward in that case is that the little ends may be absorbed.

Leaving the chasm open, before finally closing.—This has been a disputed question. Perhaps it would be as well to wait a quarter of an hour, allowing surface to be "glazed over."

How to get rid of the blood after cutting.—May *rub it out* with one's fingers, wiping them as often as necessary on the patient's skin, which can be washed clean after the operation is over.

If the sponge is insisted on, dip a *small* one slowly, deeply, and firmly down, keep it there a little, then take it up vertically, and slowly, but no rubbing or scraping out, which irritates the vasomotor, and the nervous tendrils winding around and among the larger vessels.

Styptic cotton I have found of not the slightest use. *Hæmostatics* I suppose are only used by timid surgeons, who have not had very much experience: the same remark applies to Esmarch's bandage for "bloodless operations"; although many distinguished men have used it, for

the sake of experiment, it is now falling into disuetude.

Applications on wounds, with the view of excluding the air.—These may be tried, and found very serviceable; but the contemporary practice is rather to dress the wound, so as to be able to frequently examine it.

Stuffing charpie into the wound, a French practice, need only be mentioned to be condemned.

Leaving a piece of sponge in the wound is an exceedingly dangerous practice; the idea is that it will mechanically stop hemorrhage, it favours it, on the contrary.

Applying bandages requires a certain amount of discretion. In the first place, a bandage should never be applied so tightly as to cause extensive ecchymosis, or to impede the patient's breathing freely. A bandage need not be applied with the same amount of tightness in all of its parts, but modified according to circumstances. I should be inclined to put more faith in making a firm horizontal pressure than a vertical (or lateral) pressure there may be then less chance of abscess (suppuration) forming.

Drainage tubes, three horse hairs (or one only), leaving depending portion of incision open. I think all these expedients are faulty. I should suppose as much pus ran outside of the tube, as through it; in that case (like in the hollow style in fistula lachrymalis) it is of no use: it certainly must be a great inconvenience to the patient if he wants to turn in bed. *Horse hairs.*—As to these, Lister has already found that one is better than three; by-and-bye, he will find out that none at all is the best. *Leaving depending section of cut gaping open.*—I think this often tends to forming abscess, troublesome to treat afterwards, and sometimes dangerous.

Sutures.—For a while, those pretty silver wire sutures were all the rage. I dressed many cases for other surgeons, who had employed these. I was put to a great deal of trouble in vainly trying to get the dressings to lie down flat on their ends, people said they cause in suppuration, but it was not always true. *Catgut ligature* has sometimes the inconvenience of dissolving away. *Thread* is the best; *silk cuts* the flesh too much.

Deep and superficial sutures in the same operation.—I think it best to use the deep merely in cases of ovariectomy and laparotomy; to make up for not applying the deep sutures firm pressure can be made by one or more pads and bandages.

I think I have tired out my readers now, and may as well draw the line, hoping I have not offended anybody—if so it is unintentional.

FRACTURE OF THE CERVIX FEMORIS, EXTERNAL TO THE JOINT, IN A LADY 71 YEARS OLD, WEIGHING OVER 200 POUNDS: CURE, BY BONY UNION.

Dr. C. E. NELSON, New York.

Some of these cases, as related by doctors as cures, are thought by other doctors to be spurious, *i. e.*, that a mistake was made in the diagnosis; this seems to be a severe verdict upon the relators, although undoubtedly not, in some instances; however, in defense of the relators, these cases, in many instances, present more or less difficulty in their diagnosis—especially in very fleshy persons; then, again, a nervous doctor, who may not have been in the habit of examining such cases, may be more or less influenced by the patient crying out, if he causes the patient pain, and would thereby make a hurried examination, and, consequently, a very imperfect diagnosis.

I really believe that the facts of this case were as stated in the heading to this article.

Miss Canfield, of 471 Hudson street, New York, an unwieldy, heavy woman, 71 years old, tripped on the carpet, and fell solidly on her left hip, that is greater trochanter, of course,—the solid floor of the house being the counter-weight—the weight of her large body, the direct weight; between these two opposing forces (as every medical student knows) the neck of the thigh-bone gave in; she was unable to rise, and unable to raise or move that limb in any way whatsoever; the bystanders with difficulty placed her in bed. I was not sent for till next day: I took with me my friend, Dr. Schultze, sr., (who occupied a high rank in the army medical staff, in our late civil war, in the United States). This gentleman, on digging his fingers deep in, felt a break; on moving (rotating) the limb, he heard crepitus; I then felt the break myself (quite decided), but did not examine as to crepitus, not wishing to put the lady to any extra pain. According to Dr. Schultze's recommendation, we put her affected limb (after extension) on a plane, inclined upwards from the knee to the foot at an angle of about 30°,—adhesive plaster on each side of lower leg, and roller; to this was attached a loop of bandage, holding a kitchen iron (about five pounds weight), which was left hanging for weeks, by means of a string through an auger hole in the

foot-board of the bedstead. The patient was kept on her back, in bed, for almost three months, in intensely hot weather (summer of 1880). Once the nates felt irritable,—I had the skin of same washed with brandy, no further trouble occurred. For the first few days she was annoyed with startings (spasmodic drawings up) of the affected limb; to day, perhaps four months after the accident, I saw her in company with Dr. Schultze, sr. : shortening, 5 inches; walks on crutches, carefully; gets off the bed, first one leg, then the other; cannot stand without the crutches, putting on stockings; bends sound limb, but cannot bend affected limb, owing in great part to swelling of knee, which latter has accompanied the fractured condition during most of the time. This knee swelling is very likely due to her having hit her knee also in falling. Is obliged to sit on a high chair. I must say that a few weeks ago I took Dr. Schultze, sr., there, for the purpose of "getting her up". On examination, he dug his fingers in, and pronounced the bone perfectly united; I did not examine myself, being content to take his word for it: we then proceeded to get her up, which was no small matter. After great difficulty, got her sitting up on edge of bed,—an easy chair was wheeled to edge of bed; she then became bedewed with sweat, and fainted. When she was slightly come to we got her into the large chair, where she fainted again. After a while we got her up on the crutches; in less than a moment she fainted, so we had to lay her down on the bed, with instructions to the people to get her up the best way they could. We at last got her into the chair once more, she again fainted dead; after revival, we left. I must confess to the readers of the CANADA MEDICAL RECORD that I am not in the habit of seeing cases of fracture of the cervix femoris, so I asked Dr. Schultze if it was customary for them to faint the first day on getting up; he answered he had often met with it. I have seen plenty of these cases when I was a student in the hospital; but, compared to the chances of a hospital house-surgeon, a medical student has very little opportunity of making himself acquainted with the surgical treatment of fracture. A few words now to the younger readers of the RECORD: in my opinion, I think the usual way of measuring in fracture cases is erroneous and illusory. To ascertain the amount of shortening, it is recommended to put one end of the tape-measure on the anterior superior spinous process of the

ilium, taking it down to the sole of the foot of the corresponding side—repeating the like procedure on the other limb; this cannot be accurate, for, when you place the end of the tape on the ilium process (above named) you cannot be sure whether it be placed half an inch too high, or half an inch too low,—and of course the measurement is faulty. I prefer taking the "natural measurement", *i. e.*, bringing the knees and ankles together; the difference is then (in case of shortening, in fracture) very obvious. To ascertain the exact difference in length of the two limbs, put one end of the tape against under surface of heel of shortened limb, then run the tape down to under surface of heel of sound limb; the exact amount of shortening will thus be immediately obtained from $\frac{1}{2}$ to $2\frac{1}{2}$ inches, to do this nicely three little points require to be attended to: I. The patient's feet must be drawn up so as to be at right angles with the leg. II. A thin, hard-cover book must be placed beneath the feet so as the heels do not sink into the mattress. III. The tape must be held closely against the foot of the sound side. Some persons might object to this, that, if the patient does not "lie square" in the bed, this mode of natural measurement might be illusory; however, a little care on the part of the medical attendant would obviate this.

Progress of Medical Science.

ON THE USE OF ARSENIC AS A BLOOD AND CARDIAC TONIC.

In a communication to the *British Medical Journal*, Dr. Lockie calls attention to the remarkable results obtained by him in the administration of arsenic in certain cases of anæmia, and those cases in which iron and good food had failed to produce any benefit. His attention was first directed to the power of arsenic in this respect by a paper published by Dr. Byron Bramwell, of Newcastle, in which he narrated several cases of essential or progressive pernicious anæmia where remarkable benefit accrued from the administration of this drug. Whether it really has the power of curing this disease—a disease which has hitherto baffled the resources of our art, and the good results apparently promised by phosphorus in the hands of Dr. Broadbent not having been obtained, to any extent at all events, by other observers—remains for the future to determine. Certain it is that in cases of anæmia approaching in gravity the so-called essential or pernicious anæmia, it is capable of producing great benefit. In support of this statement Dr. Lockie reports several striking cases.

CLINICAL LECTURE ON BURNS.

By R. J. Lewis, M.D., Surgeon to the Pennsylvania Hospital and to the Jefferson College Hospital. Delivered at the Pennsylvania Hospital.

No injuries of ordinary occurrence produce such great and prolonged suffering as burns. Unfortunately, they are rapidly increasing in frequency and severity, due to the use of heat in mechanical occupations, to the universal presence of friction-matches, and, most seriously, to the extended application of highly-inflammable and even explosive fluids for the purpose of illumination. Petroleum is answerable for a great number of the most dreadful of these injuries that we admit to the wards, and the ignorant or careless use of it in attempting to kindle fires, or in filling lamps whilst the wick is still burning, causes some of the greatest human misery and frequent death.

Probably our hospital experience would show that no class of injuries, in proportion to the number, is so fatal. The majority of burns are of domestic occurrence, and women and children the most frequent sufferers. Our records give evidence of the great mortality of cases of burns among children, and of the termination of the sufferings of many, dying within a short period after their admission to the wards, without reaction from the primary shock of injury.

You have seen already, during this clinical term, how varied may be the character of injuries from the application of either dry or moist heat, from a mere erythematous redness of the skin produced by a momentary flash of burning gas or escaping steam to the total disorganization and destruction of a part. Burns vary in severity according to their extent of surface as well as to destructive depth. The complete incineration of a part, as a hand or a foot, might be a matter of less gravity than even a merely diffuse erythema affecting a large area of the skin. A man once walked into this hospital who had fallen into a vat or tank, and was immersed in water not hot enough to produce more than a superficial irritation of the derma, and without in any place blistering, yet he died within a very few hours. I have had cases in which part of a limb has been totally charred, through integuments, muscles, and even bone. One was that of a man who had been held for some time in the ruins of a fallen blast-furnace, whilst portions of his feet and hands were immersed in flowing molten metal until even the bones were charred; yet he recovered,—of course in a maimed condition. In another instance a man's leg was, by a curious accident, so held in a pot of molten iron that he could not extricate it, and the disorganization was total. So it is evident to you how the grades of such injury must vary.

Arbitrary classifications of burns are made by some surgical authorities, based on their depth,

but you need not be troubled about memorizing six or eight distinctions if you will merely bear in mind that the pathological significance, the prognosis, and the treatment of the injury will vary with its locality, the extent of surface involved, and the depth of penetration. If the application of heat be only momentary, a mere erythematous redness will follow, the cuticle will soon desquamate, and then complete restoration will ensue. A more prolonged application of heat will produce serous effusion, elevating the cuticle in the familiar blisters of bullæ. A deeper burn disorganizes the entire skin, so that effusion cannot take place; and I have spoken of still deeper destruction, even to the complete incineration, of a part.

A scald results from the application of moist heat, which, with water or steam, is not usually above a temperature of 212° , and the action is liable to be but momentary and superficial in effect. But the prolonged impression of moist heat may be as destructive—and in a pathological view the effect is the same—as that of dry heat, and I am inclined to use the word burn in a generic sense, to include the general action of heat, moist or dry, on the body.

Some of the cases of deeply destructive burning of parts I have seen among persons who were insensible at the time of receiving the injury, as in cases of epileptics who have fallen into open fires or against stoves, and the coma of drunkenness has frequently caused the same. One of the most extensive and deep burns I have ever seen in these wards was in the case of a man who was at the time intoxicated by the fumes of a lime-kiln by which he had lain to warm himself until his back was deeply roasted from the nape to the coccyx.

It is one of the curious traditions of surgery that the effect of exposure of the surface of the body to the rays of the sun, producing erythema of the skin, is in the text-books classed with burns. That effect is rather due to the intensity of solar light than to heat. I have seen the so-called sun-burn produced when the air was cold and the parts exposed necessarily colder than those which remained covered by clothing; and in the case of a boy whose neck and back were extensively vesicated from exposure to the sun whilst bathing, the skin had been continually wet with cold water, and actual burning was impossible.

When a severely burned patient is first brought into the wards, our intension is at once directed to two important and urgent demands of treatment,—the great pain that he is suffering, and the shock of injury. The immediate inhalation of an anæsthetic and a hypodermic injection of morphia are the speedy recourse, and these should be followed, if pain continues, by the internal administration of morphia, decisively, but yet with caution. When the injury is very severe and the prostration extreme, the patient

is sure soon to have well-marked rigors, with tremor, and the sensation of heat yields to a distressing chilliness. In the severest cases coma comes mercifully, and continues until death relieves the sufferer. When there is evidence of great general shock, it must be treated, as in ordinary traumatic injuries, by stimulants, quinine, nutrients, and warmth. If the clinical thermometer, placed beneath the tongue, indicates a temperature below the normal, it may not be enough to wrap the patient in blankets, which merely retard the escape of heat from the body, but warmth must be artificially imparted by contact with cans of hot water placed beneath the coverings.

The removal of the clothes of a badly-burned patient should be effected with the greatest care, cutting them off and removing them in portions, so as to avoid detaching the adherent cuticle. When blisters or bullæ exist, they should be merely punctured with the point of a needle, so as gradually to drain away the serum, always leaving the epidermis as the natural and unirritating protection for the burned surface.

After the first considerations of relieving pain and shock to the system, the local treatment of burned surfaces will require attention, and this must vary with the portion of the body injured, and also with the superficial extent and depth. Patients are always distressed by the vesicating influence of the air on even slightly-burned parts, and protection by dressings with lotions or unguents is essential. We are, in these wards, in the habit of applying, at first, mildly-astringent and antiseptic unguents for this purpose, such as the benzoated ointment of the oxide of zinc, or the carbolized ointment of the oxide, in the proportion of one part of carbolic acid to sixteen or twenty of the ointment. Such applications are soothing and disinfectant: and, if the surface is extensively blistered, with the epidermis broken, the comfort of the patient will be much increased by encasing the part in a layer of carded cotton, frequent disturbance of the dressing being carefully avoided.

In cases of extensive burn of the surface of the trunk and extremities, involving a very large area of skin, and where changes of the dressing would cause much suffering, I have directed that almost the entire body be simply wrapped in a linen sheet saturated with a slightly carbolized oil. For this purpose linseed oil, from its viscid character, is probably the best.

Most of the domestic remedies which are resorted to have some merit in at least protecting the parts from the air, but such popular applications as flour, molasses, starch, soap, and glue have the inconvenience of being dirty, and some of them incline to form crusty masses over the surface which are not easily removable. The familiar combination of linseed oil and lime-water—a soapy emulsion—has no real merit,

and has the disadvantage of becoming disgustingly offensive when combined with the discharges from burned surfaces. It is at all times exceedingly difficult to prevent fetid effluvia from the bodies of patients who are extensively burned; and such are the most offensive surgical cases we ever have in the wards. As ablations and frequent changes of dressing are attended with suffering, the prevention of putridity is best effected by the use of carbolic acid, which has the property of being a local anæsthetic as well as an antiseptic.

The application of a paint of carbonate of lead and linseed oil, as practised by Professor Gross, is said to be very soothing, quickly relieving pain, and it has the merit of being readily attainable in places where severe burns are apt to occur. The originator of this treatment says that he has never seen evidence of its being followed by the specific toxic effects of lead, even where the dressing is extensively applied; but in individuals who are peculiarly susceptible to saturnine influence it might be dangerous. A recently-proposed remedy, which has remarkable virtues claimed for it, is the bicarbonate of sodium, in fine powder, dusted over the burned surface or applied as a saturated aqueous solution. It is said to relieve pain instantly, and that burns heal readily under the application. The watery solution of bicarbonate of sodium would have the serious objection of other wet dressings,—in chilling the patients when largely used,—and it must be remembered that during the existence of shock from burn, the temperature is often much below the normal, and that the restoration and maintenance of warmth should be a primary object. Dr. Ludlow, of this city, states that the application of the ordinary brown resin soap, spread on linen cloths, quickly relieves pain, and is a very satisfactory dressing.

When mortification of a part occurs from a deeply-penetrating burn it must be treated, as gangrene from other traumatic causes, with cataplasms and antiseptics, to facilitate separation of the dead from the living tissues, and to avoid fetor and septic infection of the patient's system.

There are some remarkable visceral complications of burns which you should watchfully and carefully anticipate, and, if possible, guard against. The statistics of death from burns show that associated intra-thoracic, intra-abdominal, and cerebral lesions are the causes of death in nearly one-half of the fatal cases. These affections are usually either congestion or inflammation, and are ordinarily associated with burns of the overlying integument. Generally tonic and stimulating treatment seems to be the most available in such complications.

There are other serious pathological associations of burns, to which I can at this moment make but passing reference. Intestinal ulcera-

tion is a frequent and curious attendant of extensive burns, particularly of the trunk, and causes many fatal terminations. This remarkable associated lesion, which affects the mucous membrane of the small intestines, particularly the duodenum, is not well explained, and cannot always be diagnosed, but the persistence of uncontrollable diarrhoea and vomiting should incline you to direct your attention to the probability of the existence of such lesion.

There are some structural changes resulting from burn involving destruction of integument which result in cicatricial contraction, and often require the aid of reparative or plastic surgery for their relief. The contact of denuded surfaces is liable to result in their unnatural union: so they should, by position and by dressings, be kept apart, and in parts liable to be deformed by contraction the healing integument should be kept stretched until long after cicatrization is completed.—*Phila. Medical Times.*

A CASE OF INVETERATE EPILEPSY SUCCESSFULLY TREATED BY ERGOT AND BROMIDE OF SODIUM.

By J. K. BAUDUY, M.D., Professor of Nervous Diseases and Psychological Medicine in the Missouri Medical College.

In the treatment of such an implacable affection as epilepsy, specialists in the treatment of nervous diseases have few successes to signal in confirmed cases.

Therapeutic measures are ordinarily crowned with good results only under special circumstances, peculiarly favorable for their attainment.

When the malady originates in eccentric causes which can be removed, reflex irritations, which, whilst recognizable are susceptible of eradication, together with epileptic manifestations which are acute or strictly incipient in character, and certain dyscrasia from blood poisoning: all these conditions constitute the sole varieties of this morbid affection which furnish a reasonable hope of cure. Idiopathic cases are usually irremediable; such at least is the usual experience of the profession at large. The following case, therefore, is of no little interest, and its peculiarities will afford an ample apology for its publication.

Miss—, *æt.* 18, consulted me in 1874. Her mother gave the *history* of her case, which I will state as concisely as possible.

She had been subject to attacks of epileptic convulsions from the age of 2 years. The attacks were of the nature of *grand-mal*, and occurred monthly. They thus continued until about the period of puberty, when they became greatly aggravated in frequency and intensity. The etiology was very obscure, if not altogether wanting. There was a vague reference to an accident sustained in early childhood or infancy, occasioned by the nurse falling with all her weight

upon her, causing her to experience a severe blow upon the back of her head. Beyond the statement of the fall sustained, it was impossible to recall the subsequent development of symptoms which were directly or indirectly to be traced to such an injury. As stated before, when the catamenia were established, all the manifestations of the epileptic disease were intensified, on which occasions the periodical hemorrhage was ushered in with a violent convulsion. Five or six lighter attacks invariably followed during the course of the first day. On the second day two or three more seizures occurred. On the third day she usually escaped with one.

In order to convince the most skeptical, I may state *en-passant* that a most careful analysis of all the symptomatic developments most obviously corroborated the diagnosis of epilepsy. The profound loss of consciousness, the laceration of the tongue, the tonic followed by clonic convulsions, the great pallor of countenance at the commencement of the seizure succeeded by great lividity, the foaming at the mouth, the stupor or comatose condition which followed the convulsions, were all susceptible when viewed in one picture of but one possible interpretation.

The case could not properly be relegated to the nosology of hystero-epilepsy, because the characteristic *contortions* which are almost pathognomonic of that disease were entirely absent.

The most interesting collateral fact connected with the case was the frequent development of a singular and anomalous state of mental automatism.

Dr. Hughlings Jackson has offered to the literature of this subject some most interesting observations, the explanation of which has many features of the originality for which that distinguished observer is so justly celebrated. He states that "the condition after the paroxysm is duplex: (1) there is loss or defect of consciousness, and there is (2) mental automatism. In other words, there is (1) loss of control, *per-mitting* (2) increased automatic action."

Dr. Hammond, in commenting upon these views in the recent edition of his most excellent work on Diseases of the Nervous System, states that "whilst in the main agreeing with Dr. Jackson, I am scarcely prepared to deny that such unconscious attacks may not be substituted for the more fully-developed paroxysms instead of, as in his opinion, always following a seizure."

My experience, however, especially that which is illustrated by the remarkable case we are citing, concurs with Dr. Jackson's views, that such phenomena are post-epileptic, and not mere substitutions for the seizure proper. This young lady, who was an accomplished musician, would perform most difficult pieces upon the piano, and when subsequently complimented by visitors, who were then present, would not have the most remote recollection of ever having played

in their presence. She would, under these influences, knit marvelously and achieve prodigies of fancy work with her needle, and upon being interrogated by her mother would be entirely oblivious of such accomplishments during the prevalence of the automatic mental conditions described. Being a Catholic, she frequently went to confession and communion whilst subjected to these peculiar mental phases, and upon returning to her normal mental state, would most strenuously deny to her relatives any recollection of such actions, usually disavowing the possibility of their occurrence, without her full consciousness and remembrance thereof. Her general deportment, intelligence and coherence of conversation during the mental automatism were all that her most critical friends could desire; yet the oblivion of all actions, conversations and moods, whilst thus acting automatically was necessarily perfect and incontestable. Such were the developments which for years marked this young lady's life, and no one will consider them exaggerated who is at all familiar with the literature of the obscure, remarkable and protean manifestations of epileptic disease.

A case cited by Dr. Hammond, page 672, in his sixth edition, "Diseases of the Nervous System," occurring under his observation, and in which the mental automatism lasted eight days, will satisfy the doubts of the most incredulous upon this subject, as it is the most remarkable case on record and an undisputed fact. That Dr. Hammond is *facile princeps* the leading authority on this continent on all that is allied to Neurological Science, will be my apology for introducing it in this connection.

The patient, who was engaged in active business as a manufacturer, left his office at about 9 a. m., saying he was going to a florist's to purchase some bulbs. He remained absent eight days. He was tracked all over the city, but the detectives and friends were always an hour or more behind him. It was ascertained that he had been to theatres, to hotels where he slept, to shops where he had made purchases, and that he had made a journey of a hundred miles from New York, and, losing his ticket and not being able to give a satisfactory account of himself, was put off the train at a way-station. He had then returned to New York, passed the night at a hotel, and, on the eighth day, at about ten o'clock, made his appearance at his office.

He had no recollection of any event which had taken place after leaving his place of business, eight days previously, till he awoke on the morning after his return to the city, and found himself in a hotel at which he was a stranger. It was ascertained beyond question that in all this time his actions had been entirely correct to all appearance, that his speech was coherent; and that he had acted entirely in all respects as any man in the full possession of his mental faculties would have acted. He had drank

nothing but a glass of ale, which he took with some oysters at a restaurant.

I will not be accused of a digression in the clinical description of this case by the aforesaid references, as this history would not be complete without their citation. Then again, for those who (as regards its therapeutic management which is to follow) are incredulous concerning the *post hoc ergo propter hoc*, will at least be convinced that all the phenomena which had to be dealt with were purely of epileptic origin.

The patient had been treated most perseveringly by many eminent physicians, and was finally taken abroad in order that nothing would be left undone. She was there under distinguished professional care. In passing through this city, in October, 1874, her mother was induced to consult me by a mutual friend.

I must confess that I felt that, under the circumstances, it was almost useless to prescribe.

As a forlorn effort at simple palliation, I determined to utilize the recommendations of Dr. Kitchen, in a then recent article in the *American Journal of Insanity*. The article referred to is headed as follows: "Ergot in the treatment of Nervous Diseases," by Dan. H. Kitchen, M.D., Assistant Physician of the New York State Lunatic Asylum. He states, page 90, July Number, 1874:

"In epileptic headaches and in epilepsy we have used ergot largely."

"In *petit mal* there are muscular twitchings, congestions of the face, suffusion of the eyes, and a rush of blood to the head. We have in many of these cases been able to ward off the *grand-mal* by large doses of ergotine. We have often combined it with conium, and it seems in this combination to work even more satisfactorily than alone, which is chiefly due, we suppose, to the sedative effect of the conium."

We therefore placed the patient upon a formula almost identical with Dr. Brown Sequard's celebrated one for epilepsy, substituting the sodium for the potassium salt, in consequence of its less depressing effect and of its greater tolerance by the system, giving three times daily twenty grains of the former with a half drachm of Squibb's Fl. Ext. Ergot. She began the remedy in October, 1874, and took it *faithfully* for, a year and a half.

Her mother stated that at the four subsequent menstrual periods she had three severe epileptic seizures daily. They then disappeared entirely. Continued medicine, notwithstanding their cessation, for over eighteen months. The fits have never recurred since early in February, 1875, now three years and ten months.

Present condition—Her general health is excellent; she enjoys society, of which she is an ornament; her intelligence is far above the average; no vertigo; no nervous symptoms of any kind are present; no phenomena which might point to the presence of aborted epileptic par-

oxsysts. One month ago she was in my office in splendid mental and physical condition, presenting no traces of her old malady except numerous scars upon her tongue, vestiges of her direful experience in the past.—*St. Louis Courier of Medicine.*

VAGINITIS.

Extracts from Dr. J. MATTHEWS DUNCAN'S clinical lecture in *Medical Times and Gazette.*

Vaginitis is a disease greatly neglected in medical practice and literature. This arises from two circumstances; it is often chronic and slight; and it often forms a part of a more extensive disease, of which other parts are much more urgent, and attract the whole attention of the observer to themselves. The frequency of this disease gives it great importance.

Diphtheritic vaginitis is a rare disease. Erysipelatous vaginitis is a rare disease; and there is a peculiar form of it which is rarer—a diffuse inflammation of the external cellular coat, causing swelling which almost occludes the whole length of the passage; and when this ends in suppuration it sometimes so dissects out the tube of the vagina as to deserve the name para-vaginitis dissecans. Lately I have seen a case of vaginitis with similar inflammation of the cervix uteri, where the disease consists of rounded sloughing phagedenic ulcerations, of one or two lines broad, for whose origin no satisfactory syphilitic account could be given; the ulcers were on the laquear vaginæ and on the cervix. Then an ulcerous vaginitis ending in adhesions is described; and I have seen a pustular vaginitis.

Besides these differing kinds there are varieties of vaginitis, as where the disease attacks only parts of the passage, as the laquear, in which case it is very frequently associated with inflammation of the cervix uteri. It also frequently attacks the lower part alone of the vagina, and in that case it is often associated with inflammation of the pudendum. Besides, the inflammation may be of small parts, so that when the vagina is looked at it has a mapped, or a marbled, or a mottled appearance. I have seen also a vagina spotted like a Dalmatian dog, as if the chronic inflammation were only around the openings of numerous little mucous follicles, regularly arranged. Again, as in a case which I showed you in "Martha" last Tuesday, the inflammation may so affect the ridges of the rugæ of the vagina that they alone appeared, the sulci being pale.

Vaginitis may be a local or a constitutional disease. The characteristic acute vaginitis, gonorrhœa venerealis; or the same disease occurring after marriage, or the same disease occurring after the introduction or during the wearing of a pessary, are examples of local (purely local) disease. If the disease is severe it draws the constitution into sympathy with it, and you have a constitutional affection secondary to the local. But a large number—

indeed I think the majority of cases—are constitutional in their origin; they exhibit an order the reverse of that which I have mentioned as characteristic of local diseases; it is the constitutional that brings on the local affection secondary to the constitutional.

In this hospital it seems natural to speak at length on the constitutional origin and treatment of local disease, of which Abernethy made so much. There is an inflammatory diathesis which accounts for the occurrence of local diseases, and this is occasionally well exemplified in lying-in women. Such, while well and tenderly cared for and scrupulously nursed, and after the time of septicemia and pyemia are far past, may have a violent attack of pleuritis or pleuropneumonia, for which no explanation can be discovered, and which begins and ends as a simple inflammatory disease, but not a mere local disease; it springs from a constitutional origin, and this origin we call the inflammatory diathesis for want of a more definitely intelligent name. . . .

What are the constitutional conditions which give rise to vaginitis? Alcoholism is the most important; the next is old age; the next is lupus, or rather the constitution accompanying lupus; and the next diabetes, and in this case the vaginitis is generally accompanied by vulvitis.

The importance of this distinction of vaginitis into local and constitutional is seen in treatment. A local vaginitis is to be managed almost entirely by local treatment. A constitutional vaginitis will be very imperfectly and unsuccessfully treated if you pay attention only to the local treatment; whereas if you pay attention to the constitutional treatment and even omit local treatment, you will succeed. . . .

This inflammatory affection of the whole genito-urinary organs by alcoholism, and of which vaginitis is a part, is not a disease which stands alone. There is a well-described disease, for instance, which affects the same systems of organs, and them alone, in women, called genito-urinary tuberculosis, a good example of which in the post-mortem room is one of the most interesting sights I know. . . .

This form of vaginitis is often easily cured, but it is very liable to relapse; for I have classed it as of constitutional origin; and who will remove lupus from the constitution? . . .

Epoch or age here produces not different diseases of the vagina, but it produces vaginitis of different kinds. You have no vaginitis in childhood. I, at least, have never seen any except of the lower part adjoining the hymen. Then during mature life you have the characteristic acute vaginitis, the venereal gonorrhœa, or a like disease, which may owe its origin to a perfectly pure sexual intercourse. An acute vaginitis is not to be so designated, unless it has the combination of characters necessary to entitle it to that name. You must have intense inflammation rapidly coming on after the cause has acted, coming to a climax in eight or nine days, and then rapidly fading and going away altogether or becoming chronic; and you must have during

the height of the disease a copious flow of laudable pus.

The vagina in this disease generally presents a red, raw-like surface, beneath which there is little edema, the rugæ not being obliterated. It is sometimes punctated, which probably arises from the injection of papillæ, and it is often granulated from the same cause.

The vaginitis of old age is generally subacute, and a similar disease is not rare during pregnancy and in the puerperal state. Rarely does the vagina, when inspected, present the same appearance as in the acute vaginitis of youth. It is oftener smooth, having a glazed appearance and feeling, the rugæ being obliterated and reappearing as the disease is cured; and sometimes you see areas over which the mucous surface seems to be destroyed, and these bleed readily, especially when touched. In many of these cases you are consulted not for vaginitis, but for so-called menorrhagia, which the woman supposes she is suffering from; and, as you know, this is an alarming symptom in old women.

This disease, especially in old women, leads to garrulitas vulvæ, not the garrulity of feeble-mindedness to which I have before referred. The vagina secretes air, and the woman may be extremely annoyed by passing it from the body. This is not the only explanation of passing air from the vagina, but it is the only one I at present mention; and I may remind you of the disease called vaginitis emphysematosa. In the subacute vaginitis of old women the bladder is very often simultaneously affected. The pus is generally thin and green. It is sometimes extremely copious. Although the disease may depend greatly upon the permanent constitutional influence of senescence, it is upon the whole amenable to simple treatment. . . .

Chronic vaginitis of youth occurs in various forms. There is a chronic vaginitis in which the vagina is hard and small, its rugæ well seen, seen but yet evidently swollen, edematous, and with either no secretion or with the rugæ painted over by an old gray-white accumulation of sordid epithelial detritus. This, which may be called dry vaginitis, has its analogue in a disease of the deep cavities of the nose, which I have suspected as producing peculiar headache and giddiness, and which is assuaged or cured by the same soothing remedies as act on the disease in the vagina.

The chronic vaginitis of old age, as I have already said, is generally accompanied by pruritus, and frequently causes alarm by bleeding.

I have mentioned many forms of vaginitis, and one important practical subject I must discuss briefly in connection with the forms of this disease. Is it, in any special case, venereal or not venereal? You will, in practice, often be asked this question, and I advise you never to answer it explicitly. You can not decide absolutely whether a case is venereal or not. At one time it was supposed that the discovery of trichomonads, or a leptothrix, or a vibrio, would decide whether it was venereal or

not. But this is now given up. I have seen gonorrhœa which was certainly not venereal bear every character of the ordinary venereal disease. I do not say that there is no distinction, but only that the distinction can not be made out by the practitioner so as to justify him, from his own inquiries into a case, in giving a decided opinion on the subject. Meantime, the distinctions of venereal gonorrhœa are simply marks of severity. It has been said that venereal gonorrhœa is infectious, while simple gonorrhœa is not; but I have seen every character that can be predicated of the one occur in the other, as I said before, including infection.

What are the characters that make you suspect that a vaginitis is of venereal origin? It begins within a few days (generally two or three) of the infection; it is very severe, and runs an acute course; the secretion of pus is copious, beginning about the third day of the inflammation, and remains copious for about a week or nine days. The vulva is generally affected, so that the woman has more or less difficulty in walking; and the vulva being affected, the inguinal glands are liable to be affected and you may even have bubo. The urethra is affected, and also the bladder; there is liability to ovaritis and to perio-ophoritis; and there is the almost certain infection, not only by sexual intercourse, but by the matter touching any mucous surface, such as that of the eye.

The treatment of this disease is so well described in every text-book that it would be waste of time to enter upon it. It must be based upon a careful diagnosis, including the diagnosis of the local or constitutional origin of the disease, the diagnosis of the simplicity of the affection, or of its complication or extension to other parts.

HEAT AND LIGHT IN THE SICKROOM.

A recent writer gives the following sensible suggestions on this subject:—

Each person in a room should be supplied with 3000 cubic feet of air per hour; and this should be done, where possible, without creating a perceptible draft, for the nervous irritation induced by drafts is liable to produce internal inflammations.

The temperature of the sick-room should be kept at a uniform height, the best average being from 65° to 70° F., except for infants or very old people, who require a temperature from 75° to 80° F.; and for these it is especially important to guard against changes, and keep it as uniform as possible. All cases of fever require a temperature lower than the average, as from 50° to 60° F., to assist in reducing the high temperature of the body; but, when the fever subsides, and there is much debility remaining, the temperature should be raised somewhat above the average. As a patient can bear a greater degree of cold when in bed than when out of it, convalescents from severe diseases, fevers especially, should have the temperature of their rooms higher than that maintained during

the height of the attack. Diseases of the air passages, as croup and diphtheria, require a high temperature (80° to 85° F.) and a moist atmosphere. The best method for heating the sick-room is by the open grate fire.

The sick-room should not be darkened by blinds, except where there is disease of the eyes, with photophobia, or where the patient is very restless and cannot sleep; then strong light must be excluded. Otherwise the sunlight should be allowed to enter and act chemically by decomposing the noxious gases, and thus purifying the air. Of course it is not advisable to place the patient under a strong, uncomfortable glare of sunlight, nor in summer to allow the sun's rays to shine into the room and raise the temperature too high. Artificial light has no useful effect, but does harm by burning up oxygen.

THE COLLODION BANDAGE IN THE TREATMENT OF UMBILICAL HERNIA.

Umbilical herniæ are very frequent in the first year of life.

They are of different forms, according to their chronicity and the age of the child: (1) A slight enlargement of the umbilical ring through which a small tumour projects. (2) A considerable enlargement of the umbilical ring, through which a tumour projects varying in size from a walnut to an apple. (3) A slight enlargement of the umbilical ring, with small or large projections, variously located about the ring, above which the principal mass of the tumour projects. (4) A considerable enlargement, and simultaneously a considerable projection of the ring. Under this latter form the largest umbilical herniæ occur. The first category heals without artificial aid, the 2nd, 3rd and 4th classes require treatment on account of their size, and continual increase.

In the Vienna general Polyclinic, the collodion of Rappa (of Naples) is used. It is applied in the following manner. The mother takes the child on her lap, the shoulder lying on the left, the hips on the right leg. The upper extremities of the child are held fast by the left hand of the mother, the lower extremities by the right hand.

The hernia and its vicinity are now penciled over with a broad layer of collodion. The hernia is now reduced, and a folded compress 4 centimeters wide and 3 centimeters long is placed over the ring, the side next to the hernia having been covered with collodion. This compress is held in place by an assistant, and a long strip of adhesive plaster, 3 centimeters broad, is placed over it. This strip must be long enough to pass around the body and cross upon the abdomen. During the application of the plaster the recti-muscles must be pressed together by an assistant. Finally, over this a linen bandage equally long and broad is applied, and the entire surface of the bandage over the abdomen is covered with collodion.

To protect from eczema Monti applies a mix-

ture of emplast. diachyli simp. and cerat. fuscum, instead of the adhesive plaster. The formula is, emplast. diachyl. simp., 30; cerat. fusci 10; ol. oliv. 9.5; ut liquifacit, ft. emplast.—*Centi. Zeit. f. Kdrhllk.* 21, *Der. Prak. Arzt.*, 8, 1878.—*Cincinnati Lancet and Clinic.*

COUGH PRODUCED BY ACCUMULATIONS IN THE EAR.

The patient, a singularly robust young lady, consulted me in regard to a cough of some three years standing. The cough was loud, incessant and peculiarly hollow. It was dry, unaffected by times of day, seasons, or weather. It deprived her often of rest at night, and rendered her a source of annoyance and anxiety to her friends. She had consulted various medical men, and had taken almost every conceivable patent medicine, including some powerful sedatives, without obtaining even slight relief. The heart and lungs proved, as I had expected, to be healthy. The functions of the uterine, gastro-intestinal, and renal systems were stated to be strictly normal. There were no symptoms indicative of the presence of entozoa. The condition of the throat was natural; there was no relaxation of the uvula. I had come to the conclusion that the cough must be of a hysterical nature, when it occurred to me to examine the ears. The left membrana tympani was plainly visible and healthy. The state of the right one was hidden by a dark mass. On touching this mass with a probe, through the speculum, the patient's peculiar cough was immediately produced, and by keeping up a very slight, steady pressure on it, a fit of coughing, not unlike a violent paroxysm in whooping cough, resulted. By the aid of a large ear-syringe and a weak, hot alkaline solution, a piece of hard wax, *fons et origo mali*, was, with some difficulty, produced. It weighed over three grains. I followed up the syringing by the use of Politzer's apparatus. The cough ceased, and, though some weeks have now elapsed, it shows no sign of returning.—A. E. Bridger, M.B., in the *Lancet*, March 6, 1880.

LINIMENT FOR SORE NOSE.

Hager, who is strong in "learned" names, calls this *Licquor rhinohygranticus*. He recommends it for the soreness of the nose caused by the acrid secretions due to a cold in the head:

Corrosive sublimate.....	1 ¹ / ₂ grain.
Benzoic acid.....	3 ⁴ / ₄ "
Rose water.....	2 drachms.
Diluted alcohol.....	1/2 drachm.
Glycerine.....	1/2 "
Tincture of opium.....	10 drops.

Apply three times a day with a camel hair brush.—*Pharm. C.H.*

FORMULA IN GONORRHOEA.

Dr. Herbert L. Snow publishes, in the *British Medical Journal*, April 17th, 1880, the following formula, which in his hands has proved of great service, and which is not particularly unpalatable:—

℞. Ol. copaibæ,
 Ol. cubebæ, aa ʒ ij
 Liquor potassæ, ʒ iiii ss
 Tinct. aurantii, ʒ ij
 Syrupi simplicis, ʒ ij
 Aq. menth. pip., q.s. ad ʒ viij. M.

Sig.—Two tablespoonfuls, three times daily.

As an injection, he regards the liquor potassæ permanganatis (ʒ iij ad aquæ ʒ vj) as by far the best injection, and it has the great advantage of being serviceable all through the acute stage of gonorrhœa. It should be used very frequently; and subsequently, a little zinc sulphate may be added, with benefit.

EARACHE AND CHLOROFORM VAPOR.

Dr. Morgan states that he has often promptly relieved the distressing earache of children by filling the bowl of a common new clay pipe with cotton wool, upon which he dropped a few drops of chloroform, and inserted the stem carefully into the external canal, and adjusting his lips over the bowl, blew through the pipe, forcing the chloroform vapor upon the membrana tympani.—*National Medical Review*.

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

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MONTREAL, NOVEMBER, 1880.

LAVAL MEDICAL FACULTY.

No small degree of excitement and ill-feeling has arisen among our French confreres, in consequence of the Laval University of Quebec having opened a branch college in the city of Montreal, which they have done, they say, with the intent of affording a more efficient system for the higher education in this city of the French and other Roman Catholic Medical Students, which statement in itself would seem to imply that the Roman

Catholic Medical Students following the courses in the already well-established schools and universities of Montreal had not been able hitherto to secure a first-class education; which assertion, to say the least of it, was not only egotistical and bombastic, but decidedly discourteous to the Montreal Colleges, which have always ranked high as educating establishments all over the world.

There were already in this city McGill University, which was established somewhere about 1830; The Montreal School of Medicine and Surgery, opened in 1845, and affiliated with the University of Cobourg, Ontario, about 1866; and the Medical Faculty of the University of Bishop's College of Lennoxville, Province of Quebec, established in 1871. When the latter Faculty commenced operations by opening their doors to Medical students, there was a great outcry against multiplying the seminaries for higher education; for it was maintained that the two schools before existing were fully competent to afford all the facilities for acquiring a knowledge of medicine that could be required, inasmuch as the lectures were given in English in the one (McGill) and in the French language in the Montreal School of Medicine. Therefore, they contended, there was no necessity for the opening of another medical school in this city, and all that could be done was tried to prevent its success, but without avail; the very opposition of its rivals having perhaps assisted rather than injured it. The Laval University, however, appears to have entertained different views, since they have established a fourth school in our midst; but concerning this, more anon.

Shortly after the opening of Bishop's Medical School, there were certain reports circulated to the effect that the Jesuits were endeavoring to obtain University privileges, in fact that they were about to apply to the Provincial Parliament for a charter, and that should they obtain one it was their intention to adopt the Montreal School of Medicine, and Surgery as their Medical Faculty. But notwithstanding the power of that august order they found their equals in the authorities of the Laval University, who had determined to oppose such a procedure by every available means, as it would injure their College at Quebec, and so the matter stood.

However, about this time Monseigneur Conroy was sent out from Rome as a special envoy to endeavor to arrange amicably the disputes that had arisen between the ecclesiastical bodies of Laval,

St. Sulpice and the Jesuits concerning this and other matters spiritual as well as temporal, and he thought that he had fulfilled his mission in this particular instance most satisfactorily when he had obtained their consent to form an amalgamation between the bodies just named, and the French Montreal School of Medicine and Surgery was in this manner absorbed, as it were, by the Laval University, professors, buildings, hospitals and all, and was henceforward to be regarded and known as the Montreal branch of the Laval University. His Holiness the Pope shortly afterwards issued a bull, approving of this arrangement and confirming the appointments then made. The professors of the Montreal School of Medicine fell into the trap set for them most unsuspectingly, and this apparently satisfactory state of affairs lasted for about a couple of months; when the Faculty of the Montreal School of Medicine, now the Montreal branch of Laval, felt the necessity of making certain alterations in their staff of professors, and wishing to make a certain appointment, the party named was refused at Quebec, and they were coolly informed that in future they would be spared this trouble, and that all appointments would henceforward be made by the authorities of the Parent University at Quebec. This clipping of their wings opened their eyes, and a revolution followed, most of the professors preferring to remain as the Montreal School of Medicine, and to retain their rights as such as heretofore, rather than sell their birthright for a mess of pottage. Laval then endeavored to compel them, but the nuns of the Hotel Dieu, in consequence of an old arrangement, supported the Montreal School, and refused Laval the use of their valuable Hospital, which was indispensable to the latter. From that time the Montreal School has continued to carry on its lectures independently and under affiliation with Cobourg, as before.

Laval, however, having once obtained a footing (though only nominal) in this city, is determined to maintain her ground, and proceeded to fill up the vacancies in her medical staff, created by the secession of most of the old professors, a few only remaining with her, and opened her doors to medical students in this city the same year (1878), and as a hospital was indispensable, she opened a new one for the accommodation of her students, the Hospital of Notre Dame, in 1880.

As this step injured the Montreal School very

materially, the lectures being delivered in the French language only, in both of these institutions, they strenuously objected to it, and finally sent one of their members (Dr. d'Orsonnens) both to London and to Rome, to obtain a legal opinion upon the powers and privileges allowed by the Royal Charter of Laval, and also to lay the matter before His Holiness the Pope. The following was the opinion received from Sir Farrer Herschell, Solicitor-General of England, after a careful investigation of that charter:—

RE UNIVERSITY LAVAL AT QUEBEC.

"I am of opinion that the Laval University of Quebec is not entitled under its Charter to establish itself elsewhere than in Quebec, or to establish faculties of Theology, Law, Medicine and Arts, to exist at the same time at Quebec and Montreal. I think the Charter by which it is incorporated establishes it as a local University at Quebec, and that it acts in excess of the powers and privileges conferred upon it by the Charter when it establishes itself elsewhere. There are various considerations which point to this conclusion, amongst others, I may mention that the title is strictly local, that the visitor is the Archbishop of Quebec, that the Rector is the Superior of the Quebec Seminary, and that the Council consists principally of the Directors of that Institution. If it were in the power of the Laval University to do what is contended for, great inconvenience might arise: for all the senior professors who form part of the Council might at any particular time be professors of the branch at Montreal whilst the other *ex officio* members of the Council were all at Quebec. Further, it is to be observed that the express power is given to affiliate to and connect with the University Colleges, &c., anywhere within the province, and this I think is all that the Charter authorizes to be done outside Quebec. It is to be noted that the word 'connect' on which I understand reliance is placed as justifying the action of the University Laval is joined to the word *affiliate* by the conjunctive 'and'. The words are not 'affiliate or connect'. It seems to me clear therefore that the Charter does not warrant a connection apart from an affiliation.

"It follows from what I have said that professors of the succursale at Montreal are not entitled to be styled professors of the University Laval.

"I think that professors of the succursale are not entitled as such to take part in the Council of the University Laval.

"For the reasons given I think faculties established by the University Laval at Montreal or elsewhere than at Quebec cannot form part of the University Laval.

"As I have already stated the University cannot in my opinion establish itself in different places or have branches there. And I see nothing in the articles of the Code referred to to modify my opinion.

"I am disposed to think that the University of Laval when exceeding the powers conferred upon it by its Charter would fall within the scope of article 997 of the Code of Civil procedure of Lower Canada.

"The University Laval having derived its existence from Royal Charter, I think that the Pope can neither derogate from the rights conferred by the Charter, nor confer, so as to give them legal effect, any powers beyond those created by it. I ought to add that the Pope does not seem to have intended either to derogate from or extend the rights possessed under the Charter, but merely to have given directions under a misapprehension as to what those rights really were.....

"I may add to the above that I concur generally with the views expressed by Mr. Archambault in his *Etude Legale* on the various questions with which he deals.

(Signed) FARRER HERSCHELL.

"Temple, July 20th, 1880."

Having received an opinion so favorable to their views, the Montreal School Authorities have served the Laval University with a notarial protest, demanding the said University to abolish the Faculty, which it has formed, forthwith; and threatening that if they do not they will carry the matter before the Courts, as their action has been illegal and beyond the powers given them by their charter.

Laval still maintains that she has the power and right, and is perfectly willing to test the case in the Courts, and further report says that, should they lose their suit, they intend to apply to the proper authorities to have their charter amended so as to enable them to continue their operations in this city.

Before, however, taking extreme measures, the professors of the Montreal School have again sent a protest to the Holy See at Rome, requesting them to command Laval to discontinue teaching here, for they say, since it was through a misunderstanding of the powers of the charter that his Holiness the Pope authorized the opening of the said Laval branch, it is only right that the matter should be laid before the Holy See, that they should have the opportunity of rectifying the

mistake by countermanding the act; but in the event of their refusal, no other resource will be left them, they having done their duty first as Catholic Churchmen, but to bring the matter before the proper legal tribunals of the Dominion.

TROMMER'S EXTRACT OF MALT.

Let no physician allow the value of this great constructive medicine, this palatable and potent remedy in cachectic and asthenic conditions, to become obscured in his memory by the ocean of new remedies ever pouring in on the profession. No one who fairly tries it can fail to learn that it is a great boon to the race.

PERSONAL.

Dr. Fenwick, Professor of Surgery in McGill College, returned from a brief visit to Europe, early in October.

Dr. Francis W. Campbell, Professor of Practice of Medicine in Bishop's College, returned from Europe by the Allan Mail Steamship "Sardinian," arriving on the 7th of November.

Dr. Oakley, formerly apothecary to the Montreal General Hospital, and a graduate of McGill College, (1877) is at present attending the London Hospital, in London, Eng.

Dr. Hunt (McGill College, 1872) is one of the most rising physicians in Sheffield, Eng., where he has been in practice for the last seven years.

Dr. Tetreault, (M.D., Bishops College, 1880) has commenced practice in Orange, New Jersey, U. S.

Dr. Chandler (M.D., Bishop's College, and Gold Medalist, 1880) has obtained the House-Surgery of one of the New York Hospitals, having taken the first position among a host of competitors.

Dr. Drake, of Montreal, has left the city for a brief period of travel. His numerous friends will join us in the wish that he may soon return fully restored to health.

OBITUARY.

SAMUEL B. SCHMIDT, M.D.

Dr. S. B. Schmidt, one of Montreal's oldest and best esteemed physicians, died on the 4th of November at his residence at the corner of Union Avenue and Burnside Place. Dr. Schmidt was born in

Montreal in 1826, and was consequently 54 years of age at the time of his death. He was of German extraction, his father having come from Germany to settle in Montreal at the beginning of the present century, engaging in commercial pursuits. The subject of this notice when very young commenced the study of medicine and having previously graduated in Arts became an M. D. of McGill College at the early age of twenty-one. During the terrible ship (Typhus) fever in 1847 Dr. Schmidt was among the most active in attending to the disease-stricken immigrants. He was one of the well remembered "thirty" physicians from Montreal, Quebec, Three Rivers and elsewhere, who volunteered to go to the quarantine station at Grosse Isle, and attend the ships as they arrived. Of the entire thirty, two only returned alive, Dr. Schmidt being one, the other dying shortly after his return. He was active throughout life in all works of charity, was attendant surgeon of the St. Patrick's Orphans Asylum during the past thirty years, was surgeon to the Grey Nuns' Hospital for seventeen years, and physician to the Seminary for twenty-five years, all of which offices he held up to the time of his death.

An honorary life member of the Montreal German Society he was highly esteemed for his gratuitous work among the poor of the German population when such was needed. He was a fellow of McGill University, and was regarded as a ripe scholar. He was a member of the Medico-Chirurgical Society of Montreal, which Society at its meeting on the 12th of November passed suitable resolutions of condolence to his family. He had been ailing for the past four months, but his death was not expected till about three weeks ago, when he began to decline rapidly. His disease was cancer of the liver. The removal of Dr. Schmidt by death leaves a blank in medical and social circles in this city which will not readily be filled.

Dr. C. C. HAMILTON.

Dr. C. C. Hamilton, of Canard, Nova Scotia, died on the 23rd of Oct. last, aged 67 years. Dr. Hamilton was widely known throughout the Dominion, having taken a warm interest in the Canada Medical Association, of which, a few years ago, he was Vice-President for Nova Scotia. He sat in the Nova Scotia Legislature from 1863 to 1867, and took an active interest not only in the local politics of his Province, but in those of the Dominion. In all works for the advancement of the people he took

a personal interest—the temperance cause receiving his constant support. Dr. Hamilton was a practical farmer of a thoroughly scientific type and, next to his profession, of which he was a devoted member, his farm occupied his thoughts.

ST. NICHOLAS FOR 1881.

5000 for England, 100,000 for America.

St. Nicholas, the charming magazine for boys and girls, edited by Mrs. Mary Mapes Dodge, has increased so much in size and number of pages during the year past that the publishers have been obliged to issue the yearly volume in two parts, instead of one as heretofore. As to its circulation, they report a gain of 10,000 in the average monthly editions of 1880 over 1879. The announcements for the coming year include a capital serial story for boys, full of exciting adventure, "In Nature's Wonderland," or, Adventures in the American Tropics; Stories of Art and Artists, by Mrs. Clara Erskine Clement, a faithful outline of the history of European Art, with many illustrations; "Phaeton Rogers," a delightful and humorous serial by Rossiter Johnson; "Mystery in a Mansion," a six months' serial; The Treasure-Box of Literature, directing and encouraging young people in the best reading; The Agassiz Association, fully explained in the November number; "Two English Queens," by Mrs. Oliphant; "The Land of Nod," a children's operetta, with music,—full of charming tableaux and effects; A series of beautifully illustrated Ballads for Young Folks, beginning with the Christmas number; A Special Budget of Fairy Stories by Frank R. Stockton—the first of which is in the November number; An Indian Story by "Bright Eyes," the Ponca Indian maiden; a splendid holiday story, "A Christmas with the Man in the Moon," by Washington Gladden. Open-air Papers, stories of sports, and games, will be continued, with all the popular departments.

Subscriptions beginning with the November issue will include "the wonderful Christmas number," of which the edition will be 5,000 in England and 100,000 in America. The price of this number, to be issued about November 30th, will be 30 cents.

Regular price \$3.00 a year; 25 cents a number. For sale, and subscriptions received, by all dealers, or the publishers, Scribner & Co., 743 Broadway, New York.

21 NUMBERS OF SCRIBNER'S FOR \$5.

The richly illustrated November number of *Scribner's Monthly*, the Decennial Issue, appears in a new cover, and begins the twenty-first volume. The increasing popularity of the magazine is strongly evidenced by recent sales. A year ago the monthly circulation was about 90,000 copies; during the past nine months it has averaged 115,000, while the first edition of the November issue is 225,000.

The first Part of the now famous serial by Eugene Schuyler, "The Life of Peter the Great," was finished in October. With November begins Part II, Peter the Great as Ruler and Reformer," which will be an advance, in point of popular interest and wealth of illustration, upon the part already published. To enable readers to secure Part I. the publishers make the following special offers to new subscribers after October 20th, who begin with the November number.

(1) New subscribers may obtain, for \$5.00, *Scribner's Monthly* for the coming year, and the previous nine numbers, February to October, 1880, which include Part I. of "Peter the Great," Mrs. Burnett's "Louisiana," etc. In accepting this offer, twenty-one numbers will be had for \$5.00.

(2) They may obtain the previous twelve numbers of *Scribner's*, elegantly bound in olive-green cloth (two volumes), containing Part I. of Peter the Great, all of Cable's novel, "The Grandissimes," with the numbers named above, and a year's subscription, for \$7.50. (Regular price, \$10.)

All book-sellers or news-dealers will take subscriptions and supply the numbers and volumes mentioned in the above special offers, without extra charge for postage or express; or the publishers, Scribner & Co., 743 Broadway, New-York, may be addressed direct. The regular price of *Scribner's* is \$4.00 a year, 35 cents a number.

PAMPHLETS RECEIVED.

Hernia in Children, by Dr. Edward Swasey, reprinted from the *American Journal of Obstetrics*, July 1880.

Some Practical Suggestions in the Treatment of Diphtheria, by Dr. R. J. Munn of Savannah, Ga. Proceedings of the Medical Society of the County of King's, November, 1880.

Peptonized Milk as a Food for Infants and Invalids, by Dr. Munn.

Acts of the Legislature of Louisiana—Health Ordinances.

REVIEWS.

Geo. P. Rowell & Co, *American Newspaper Directory* for 1880.

This book contains an immense mass of information concerning the press of the United States and Canada, which is of service to advertisers. It is a most creditable production, and shows the energy of the great advertising house of George Rowell & Co., of New York.

Ophthalmic and Otic Memoranda. By D. B. ST. JOHN ROSA, M.D., Professor of Ophthalmology in the University of the City of New York, and Edward S. Ely, assistant to the Chair of Ophthalmology University of the City of New York. New York, William Wood & Co.; Montreal, Dawson Bros.

This is a small-sized volume of almost three hundred pages, and is worthy of attention. It contains a *complete digest of the whole subject.*

Cutaneous and Venereal Memoranda. By Henry G. Piffard, A.M., M.D., Professor of Dermatology University of New York, and George H. Fox, A.M., M.D., Lecturer on Skin Diseases, College of Physicians and Surgeons, New York. William Wood & Co., New York; Montreal, Dawson Bros.

This is a companion book to *Ophthalmic Memoranda*. It is especially valuable to students going over thoroughly, though briefly, the subjects upon which it treats.

Medical Heresies, historically considered: a series of critical essays on the origin and evolution of Sectarian Medicine, embracing a special sketch and review of Homœopathy past and present. By GONZALVO C. SMYTHE, A.M., M.D., Professor of Practice of Medicine in the College of Physicians and Surgeons, Indianapolis. Philadelphia, Presley Blakiston; Montreal, Dawson Bros.

This is a thoroughly interesting book of two hundred and twenty-eight pages. It begins with ages in medicine, then traces its origin and gradual evolution into Primeval Medicine. Egyptian Mythology is then considered, followed by the genealogy, writings and opinions of Hippocrates. The Dogmatic school and its prominent characters are well described, followed by brief mention of the Empiric and Methodic schools. The influence of Christianity upon medicine, and its gradual improvement down to the present day, form the sub-

ject of six chapters. The Homeopathic question is well put, and its adherents cannot say they have been unfairly dealt with. Altogether, the work is a very readable one, and will find not a few admirers.

Lindsay & Blakiston's Visiting List. Philadelphia, 1880; Montreal, Dawson Bros.

This is the thirtieth year of the publication of this visiting list, which, in spite of the keen competition of late years, still, in our opinion, maintains its place as the very best which is published. Good as it always has been, it is this year made even more valuable than heretofore by the addition of the Metric or French Decimal system of weights and measures, and of Posological tables, shewing the relations of our present system of Apothecaries' weights and measures to that of the Metric system. It gives the dose in both. We urge its use by our readers. We have for years found it invaluable.

Therapeutics of Gynecology and Obstetrics. By WM. B. ATKINSON, M.D. Philadelphia, D. G. Brinton; Montreal, Dawson Bros.

This work is a compilation of the methods of treatment recommended by writers and well known obstetricians and gynecologists of the present time, each chapter being prefaced with a "Synopsis of Diagnostic points." In no way can it replace any of our standard text books, but for the busy practitioner it will be found extremely useful, grouping as it does the various formulæ recommended.

The author has shown great diligence in collecting his material, and the result is to be commended.

Frequently it happens that some particular form of treatment or formula has attracted attention, and, when the necessity for its application arises, cannot be remembered: the book supplies this deficiency, so that as a work for ready reference it fills a want felt by many.

Lessons in Gynecology. By WM. GOODELI, A.M., M.D., Professor of Clinical Gynecology University Pennsylvania, &c. 92 Illustrations. 8vo, pp. 454. Philadelphia, D. G. Brinton; Montreal, Dawson Bros., 1880.

One year had not expired before a second edition was called for, and the author in preparing this volume has taken advantage of the opportunity to carefully revise, add new matter, and of a necessity enlarge upon his former work. Consisting of a series of lessons or lectures, it bears

the practical impress of the lecture room, of which it is the outcome. The author has not given us a systematic treatise on gynecology, although these lessons are almost as comprehensive. Many original suggestions, the result of a large experience, and the details of cases give them a clinical character which is instructive, while at the same time due credit is given to the latest teachings on the subject. The lessons are 33 in number, ranging over a wide extent, and specially valuable for the practical indications given for treating the diseases most commonly met with. In the enumeration of instruments wanted, modes of examination, &c., it is pleasing to note that the author does not parade his own inventions unduly as is the fashion with many authors, who consider their instruments to be essential, and without which gynecological practice would be in vain. The lessons on the hygienic and moral treatment in the prevention of uterine disease should be read by every physician, matters which are unfortunately too often neglected.

These lessons are valuable additions to the literature of gynecology, and every physician who obtains them will, we have no doubt, be satisfied that he has done so.

Diseases of the Bladder and Urethra in Women.

By ALEXANDER J. C. SKENE, M.D., Professor of the Diseases of Women, Long Island College Hospital, &c., &c. New York, Wm. Wood & Co.; Montreal, Dawson Bros.

The volume before us contains the substance of lectures delivered originally in the class room amplified and improved, and is the only systematic work published which treats specially of this class of disorders in women. A knowledge of the anatomy and functions of an organ is essential to a proper understanding of its diseases and treatment, and therefore at the outset these are given in detail. The formation of the bladder and urethra is described, resulting malformations due to arrest of development explained, and methods for treatment given. Functional derangements due to nervous and constitutional conditions, to inflammatory affections of neighboring organs, to displacements of uterus or malposition of bladder, are fully reviewed; organic disease, various forms of cystitis, morbid growths, are all described in a clear and concise manner. Urethral affections also receive due attention. The reputation that Dr. Skene has obtained in this particular department is a suffi-

cient guarantee that the work will be found a valuable addition to the library of the physician. In pelvic disorders the condition of the bladder is often entire'y overlooked, and the uterus alone blamed for symptoms which have their origin in the bladder, so that it is not to be wondered at that many so-called uterine cases should be unsuccessfully treated. A study of this work will materially aid in preventing such mistakes to the great comfort and benefit of the unfortunate sufferers.

The Compend of Anatomy. By JOHN B. ROBERTS, A.M., M.D. Philadelphia, C. C. Roberts & Co.

This compend has been compiled "for use in the dissecting room, and in preparing for examinations." Anatomy is in this little work so boiled down as it were as to be almost a skeleton, for we have not yet met with its equal as a condensation. It consists in great part of names, there being the briefest of detail. We cannot recommend the work to students and others, for we believe that the student should *know* his anatomy before proceeding to examination, and not cram by such aids in the hope that the smattering thus obtained will carry him through. In the dissecting room it can never take the place of other well-known works which instruct and aid the student in acquiring a knowledge of the human body. In fact we think that to the mind of the ill-prepared neophyte any attempt to get posted by it would only make confusion worse confounded.

Eyesight, Good and Bad: a Treatise on the Exercise and Preservation of Vision. By ROBT. BRUDENELL CARTER, F.R.C.S., Eng. For sale by Dawson Bros., St. James St.

This is an excellent little book, which we have read with pleasure. It gives in a concise and clear manner an account of all matters relating to the use of the eyes, and preservation of the sight.

Asthenopia or weak sight is fully treated of under the heads of Myopia, Hypermetropia and Astigmatism.

The properties of lenses are described, and the New "Dioptric" system of expressing their number or power explained, and some practical hints given on spectacles and their use in defects of vision.

Mr. Carter calls particular attention to the necessity of caring for the eyes of infants and young children, as loss of sight in a considerable number of cases dates from the first few days or

weeks of life. And when the child begins to use the eyes for constant work, defects of vision first begin to show themselves, and should at once be treated.

The Transactions of the American Medical Association. Volume XXX. Philadelphia: printed for the Association, 1879.

The thirtieth annual meeting of the American Medical Association was held in the City of Atlanta, Georgia, on the 6th of May, 1879, and was as successful as any previous meeting. A large number of very interesting communications were read, and they now appear in this volume of the Transactions. The volume is therefore a valuable one. We, however, are of the opinion, that the suggestion of the late President, Dr. Sayre, to have an association journal, in which these communications could rapidly appear, is a most valuable one. No matter how interesting communications read before a society may be, much of their value is lost by being hid between the cover of a ponderous volume of transactions. The number who will read through the book now before us is comparatively small, and in this way much of the benefits likely to follow the preparation of the papers is limited. If they appeared weekly in the columns of an association or other journal, they would be read by thousands, to whom they are now all but absolutely dead. We hope therefore to see Dr. Sayre's suggestion carried out before very long.

MEDICO-CHIRURGICAL SOCIETY.

Oct. 15th, 1880.

The President, Dr. Hingston, on taking the chair thanked the members for the honor conferred upon him in electing him once more to the Presidential chair.

Dr. Osler presented to the Society a case of Progressive Muscular Atrophy, accompanied with a carefully-prepared chart of the family history for three generations. Dr. Osler said the point of interest in this case is the locality affected. The majority of cases reported begin in the upper extremities; in this case the left leg and thigh are most affected. The muscles generally over the body show peculiar vibrillar twitching. He has been suffering for over a year. There is no pain nor disturbance of sensibility, but there is impairment of motor power in the leg, in proportion to the degree of muscular atrophy. The point of greatest interest is the remarkable family history.

Probably there is no other disease in which heredity is shown to such an extent. The most noted instance of this disease was that of the Bessel family, in which it was seen in seven generations. In the family of the case presented thirteen members have been or are affected; only two were affected under thirty, the others were past forty. Dr. Osler remarked, in conclusion, that this was the disease that supplied the living skeletons exhibited at circuses, &c.

Dr. R. P. Howard said he had had a case under observation for thirty years, and he is still living. He had treated him by a course of electricity, but the result was negative. The original locality has extended: the extension and flexors of the upper extremities were first affected, now the lower limbs are involved.

Dr. Edwards then read a paper on "A Case of Obstruction in the Bowels," where, after various measures were used to excite the bowels to act, and had failed, the patient was left alone. After sixty-seven days obstruction the bowels acted naturally, but the patient being advanced in life, and much wasted, died three days after.

Dr. R. P. Howard said that, in addition to the means used, kneading the bowels might have been tried.

Dr. Osler stated that he had seen a case in one of the Chicago Journals where the patient had a motion once a year.

Dr. Gardner mentioned one case, where the direct current had excited peristaltic action. Dr. Hingston mentioned a case where the custom was for the patient to have an evacuation once in sixty days.

Dr. Alloway mentioned one case where no action had taken place for five weeks, and then, by assistance, the patient was delivered of a mass the size of a child's head.

Dr. Roddick then read a paper entitled "Remarks on Club Foot," presenting to the Society a little child on whom he had operated.

Dr. Roddick claims for his method originality only in connection with the application of plaster of Paris, soon after the division of the tendons. The plaster bandage is applied directly to the skin, so that the foot cannot move out of position so readily as it otherwise would. A child was exhibited on which he had operated.

In the remarks following this case, Dr. R. P. Howard asked how young a child had an operation been performed, and thought the plan adopted

by Dr. Roddick a most admirable one. Too often in these cases muscles are divided, where, if proper pressure was made, the operation would not be necessary. Dr. Smith quoted the practice of Dr. Broadhurst, which was to have the foot for five days after operating before putting it in its place, differing from that practiced by Dr. Roddick in putting the foot in position immediately after operating.

Dr. Hy. Howard asked Dr. Roddick if he would operate on a child at the age of eight.

The President remarked that this paper was eminently practical. It is a great drawback that we are obliged to send to surgical instrument makers for appliances in these cases, it being certain that no instrument devised can accomplish that which the human hand fails to do. The strip of plaster round the ankle will add to the success of this plan of treatment. The reader of this paper said that he considered one or two months the best time for operating; had he said, one or two hours he would have agreed with him. The two operations for club foot and hair lip should be done immediately after birth. In what cases should we operate? When we cannot bring the foot into proper position by the hand. In regard to the order of division of the tendons, in his early practice Dr. Hingston always divided the tendo achillis first; he did not do so now: this tendon should come last; divide the plantar fascia first.

He did not favor the plan of bringing the foot immediately into position.

In reply, Dr. Roddick said he had operated on a child of eighteen months of age.

As to delay after operation, Dr. Roddick had seen Broadhurst, Adams and Sayre operate, and was more impressed with the latter's mode after operation, which is to bring it into immediate position. He finds that, by so doing, the tendon is not weakened. He would not do the operation above four years of age; at the age of eight if anything was done, he would excise some of the ankle bones.

A vote of thanks to Dr. Roddick was moved and carried.

The Secretary, on behalf of Dr. Osler, announced that two members of the Society have given \$10 for an album, to place photographs of cases and specimens of disease.

The meeting then adjourned.

O. C. EDWARDS, M.D.,

Secretary.