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# CANADA

## MEDICAL & SURGICAL JOURNAL

MAY, 1884.

Original Communications.

### PUERPERAL ALBUMINURIA—ECLAMPSIA—INDUCTION OF PREMATURE LABOR—RECOVERY.

BY H. N. VINEBERG, M.D., PORTAGE LA PRAIRIE, MANITOBA.

The subject of this communication (F. C.) is a married woman, aged 30, of medium stature, rather stout, and of a nervo-sanguine temperament. During the spring of 1883 I treated her for mitral insufficiency, which was causing œdema of the lower extremities. I then made several examinations of her urine, and found it normal. While under treatment, she was taken with a subacute attack of rheumatic fever (her second attack, the first occurring six years previously), which ran a tedious course, but from which she made, however, a good recovery. During the following summer she enjoyed good health, better, she said, than she had for years; the œdema of the feet and legs disappeared, and she experienced no trouble whatever from her heart. She became pregnant, and she dated her pregnancy somewhere about the beginning of June, "but possibly not earlier than the first," as her husband had been absent from home until then.

On December 10th I was summoned to see her. I found her suffering from a sharp pain at the pit of the stomach, shooting through to the back, and from nausea and vomiting. She had been in the best of health and spirits until the night of the 8th, when the above symptoms set in, after a two hours' drive, and to that she attributed her ailment. On the 14th, she was not much better, having received only temporary benefit from the opium

and soda powders I had prescribed. I now gave her grs. v each of Pulv. Kino. Co. and Bismuth Trisnitrate. This had the desired effect, and at my visit on the following day she was attending to her household duties. The pain, nausea and vomiting had entirely left her, and she said she felt quite well. I had asked for a specimen of her urine at my first visit, but only got it on the morning of the 15th. It was of an amber color, sp. gr. 1025, and on boiling and the addition of nitric acid, it became half solid. On close enquiry, I learned that her feet and legs had been swollen for some time, and, lately, that she had noticed swelling of the hands and face occasionally, but that she had not at any time suffered from headache nor dizziness. There was no swelling of the face and hands at the time of my enquiry. I put her on Basham's mixture, gave her ℥v of Tincture of Digitalis three times a day, enjoined her to live principally on milk, and to take ʒss of Rochelle salts every other morning.

*December 18th.*—At 3 a.m. I received an urgent message from her. On my arrival, I learned she had been very well during the day, but that at 11 p.m. she was seized with a violent headache, which she tried to combat by domestic remedies, and that it was only at 2 a.m., when she lost her vision, that she became alarmed, and decided on sending for me. She was quite sensible, with a bounding pulse of 72 (her natural pulse-beats being from 54–60). I was scarcely in the room five minutes when she was seized with a slight convulsion, and in a few minutes afterwards she had another, which was general, and tolerably severe. While away getting remedies she had a third severe seizure. It was 3.45 when I returned, and from then until 5.15 a.m. she had two more severe attacks, which appeared to be shortened by the administration of ether. I at once gave her a hypodermic injection of a  $\frac{1}{4}$  gr. of morphia. At 5 a.m. I cleared out the rectum by a copious enema of warm water and soap suds, and introduced a gum-elastic male catheter, without the stilette, into the uterus, endeavoring not to injure the membranes. I put a couple of drops of croton oil on the back of her tongue. At 7 a.m., as she was very restless, and complaining a great deal of headache, and as there was considerable vomiting, I gave her

another hypodermic injection of gr.  $\frac{1}{2}$  morphia. At 11 a.m. the headache had left her, but the vomiting and the amaurosis still continued. I now gave her chloral grs. xx, Pot. Bromid. ʒss per enema. At 2.30 p.m. I repeated the above enema, and gave a  $\frac{1}{4}$  gr. of morphia hypodermically. The bromide and chloral enema seemed to check the vomiting, so that at 5.30 it had ceased entirely. The sight now began to return. She could discern objects, but could not distinguish them. Prior to that the loss of vision was complete. At 9.30 p.m. labor set in, the child's breech presenting, in the dorso-posterior position. In half an hour afterwards she was delivered of a living male child. There was moderate hemorrhage, which was easily controlled by ergot, and the placenta came away fifteen minutes after the birth of the child.

Everything progressed favorably from this on; her vision was completely restored the following day; the stomach grew tolerant of nourishment, but on the 20th she was taken with a slight attack of parametritis. This lasted for three days, the temperature ranging from 101° to 103°F. during that time. The urine was withdrawn with a catheter for the purpose of testing, and was found to contain 50 per cent. of albumen (that is, on boiling, and on the addition of nitric acid, it became half solid). The child lived for eight days, and, until within a day or two of its death, cried lustily and partook of a fair amount of nourishment. Had the weather not been so cold (30° below zero), and with an experienced nurse, I think it could have been reared without any difficulty. The patient, though somewhat thrown back by the death of the child, steadily improved, and was allowed to sit up on the 6th of January. The urine at this time was of a high color (sp. gr. 1040), and contained about 10 per cent. of albumen. She was passing about 30 oz. daily. I made weekly examinations of her urine after this, and the quantity of albumen kept diminishing only gradually, so that even now (April 3rd) there is still a trace of it present. She has been feeling very well, and has had no untoward symptoms since her getting up. During the past fortnight, however, she has noticed slight swelling of the feet and legs at night-time, which disappears in the morning.

The treatment consisted at first in the administration of the potash salts in an infusion of digitalis ; later on, of Basham's mixture. The bowels were kept free by saline purgatives ; the diet was bland and nourishing, consisting chiefly of milk ; and after she was allowed to get up, she was given daily a hot air bath.

*Remarks.*—The publication of the above case may, I think, be of some interest to the readers of this Journal in connection with the much-mooted point, whether or not we are justified in inducing premature labor in similar cases. It is unfortunate to the ordinary practitioners, far away from the leading medical centres, that there should be a division of opinion on so vital a subject. It tends to make him uncertain in his course in a class of cases which are trying under any circumstances, and the success of which depends in a great measure upon immediate and decisive measures. The treatment of puerperal eclampsia has recently engaged the attention of the Montreal Medico-Chirurgical and New York Obstetrical Societies. The discussion at the former Society arose principally upon the question of bleeding ; some were in favor of venesection in certain cases, while others had more faith in hypodermic injections of morphia, but the question of inducing labor was not broached. The course adopted in the case which opened the discussion, and in the cases referred to by the speakers, leaves the inference that, in Montreal, the profession is in favor of leaving nature alone, resting satisfied with the endeavors to allay the violent nervous symptoms for the nonce. But, as in all the cases mentioned, a still-born foetus (in our case “ a dead foetus, much decomposed, ”) was expelled from one to four weeks after the onset of the convulsions, the lesson of the inutility of waiting upon nature to terminate gestation was forcibly illustrated.\* If the life of the child is not saved, why expose the mother to the risks and dangers of a second outbreak of convulsions ? Are these not greater than those of bringing on labor by the simple and comparatively safe means of “ catheterization of the uterus ” ?

Those who took part in the discussion at the New York Ob-

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\* CANADA MED. & SURG. JOURNAL, January, 1884.

stretical Society were decidedly averse to bleeding. The President, Dr. C. D. Lee, thought that patients with puerperal convulsions were too liable to be over-treated. In his opinion the induction of premature labor and narcotization during convulsions by hypodermic injections of morphia constituted all the treatment that was necessary.\*

I recollect recently reading of an axiom laid down by Dr. Lee that in puerperal albuminuria, on the first appearance of severe nervous symptoms, labor was to be brought on. Lusk† expresses himself almost in the same language. "My own convictions are clear, that, so soon as grave cerebral symptoms develop, the period of folded hands has passed." Further on he says, "So far as my own experience goes, however, the practice of waiting upon nature has proved uniformly disastrous, while the induction of labor has furnished me with a certain proportion of recoveries."‡

Playfair thinks "the operation (induction of labor) is unquestionably indicated, and is perfectly justifiable in all cases attended with symptoms of gravity."§

We thus see that modern opinion is in favor of the induction of labor on the first appearance of grave nervous symptoms. Nearly all writers agree as to the value of hypodermic injections of morphia in controlling the convulsions, and in the case which forms the basis of this paper, I was much struck with the beneficial effect of the enemata of the bromide and chloral in checking the troublesome vomiting. The persistence of the albuminuria in my patient puts an aspect upon these cases which does not appear to have been taken notice of in the discussions and text-books referred to. By leaving the progress of pregnancy to nature, does not the danger arise of laying the foundation of a chronic disease of the kidneys?

I am now (April 3rd) treating a primipara for puerperal albuminuria, who was delivered of a female child on the 18th of February. My friend and colleague Dr. Higginson, who attended her during my absence, did not notice anything unusual during

\* *New York Medical Journal*, December 1, 1883.

† Lusk, *Science and Art of Midwifery*, page 536.

‡ *Ibid.*, page 538.

§ Playfair's *System of Midwifery*, p. 134.

the labor. There certainly were no nervous symptoms. A few days after delivery she had a sharp attack of pelvic cellulitis, which underwent satisfactory resolution in from ten to fourteen days. Still the patient was not growing strong, and had a couple attacks of unaccountable vomiting. These excited Dr. Higginson's apprehensions. He withdrew a specimen of her urine, which, on examination, was found to contain 50 per cent. of albumen. Then, for the first time (nigh three weeks after delivery), did swelling of the hands and face appear. During the last months of pregnancy I repeatedly enquired of the patient's mother if she noticed any swelling in her daughter's hands and face; to which she always replied in the negative, and said "she was getting very well, though rather costive." The latter was relieved by daily enemata. I may here state that the patient has a fair complexion, and is rather of a phlegmatic temperament. The urine still contains about 25 per cent. of albumen, in spite of rest in bed, hot air baths, a milk diet, and the medicines that are usually administered in such cases. This case, apart from showing the tendency of puerperal albuminuria becoming chronic, has taught me the lesson of the necessity of making routine examinations of the urine of pregnant patients.

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### LETTER FROM BERLIN.

*(From a Special Correspondent.)*

I was not prepared to find Berlin so much changed in the ten years which have elapsed since my former visit. In every direction, improvements and reforms have been effected. The drainage system has removed the unsightly and odorous gutters, the streets are well paved and kept clean, and the newly erected public buildings are exceedingly ornamental, and offer a striking contrast to the general hideousness of the older ones. In the Medical Faculty of the University many important changes have taken place. Death has removed Traube, Martin and Reichert, and Langenbeck no longer rules the surgical clinic. Leyden, from Strasburg, was called to succeed Traube, Schroeder from Wurzburg has Martin's post, and Waldeyer from Strasburg has only recently occupied the chair of anatomy so long held by

Reichert. Bergman followed Langenbeck at the University surgical clinic. These are the changes in the front rank, and the men whom we all know by name; there have been many others, of course, among the extraordinary professors and privat-docents. The recent rapid development of the Berlin school, and the tendency towards centralization, have, doubtless, been powerful influences in causing the lavish expenditure of money on laboratory and hospital buildings. The new buildings of the surgical clinic on Ziegel Strasse, and of the Obstetrical and Gynecological Department on Artillerie Strasse, are the chief additions to the hospitals, though the new City Hospital on the other side of the town has also been opened since 1873. From my window, as I write, I look over the palatial buildings on Dorotheen Strasse, devoted to Physiology, Pharmacology and Physics, unequalled in Europe. At the Charité and the Pathological Institute I see no special changes.

Through the kindness of our townsman, Dr. Richard Lomer, 2nd assistant at the clinic, we have had an opportunity of seeing the new Obstetrical and Gynecological Hospital, opened in September, '82, which consists of a main building devoted chiefly to diseases of women, and four pavilions for the lying-in wards. There are about 50 beds in each department, a small number apparently, considering the extent of the buildings. The outdoor clinic is a very large one, and about 1800 obstetrical cases are attended in the city, chiefly by midwives, who, when in difficulty, send for one of the resident students, who, in turn, if unable to manage the case, calls in one of the assistants. A curious custom prevails of paying the midwives so much (three shillings) for each case sent into hospital. From the gynecological clinic the patients are selected for the wards, chiefly operative cases. Professor Schröder has complete control of both departments, but, of course, a very large amount of the work and responsibility fall on the assistants, who are skilled men, often remaining for years in the hospital. On the 12th of April we saw an abdominal section performed by Prof. Schröder. A limited number of students or physicians only are asked to each operation, and certain preliminary precautions—such as bathing



and changing the clothing—are requested to be taken. He operates at 7 a.m., believing that this time of the day is better for both surgeon and patient. Stringent antiseptic measures are taken. The spray is not played directly on the patient, but is in one corner of the room, and directed over the table. The operator and his two assistants put on special linen overalls and jackets. The instruments are all taken from carbolic solution, 1 to 20, and the same strength is used for the hands. The patients are anæsthetized with chloral-chloroform, the sort used almost exclusively here. Ether is never employed. The case was believed to be one of uterine fibroids, but turned out to be retro-peritoneal cancer of the sacral and lumbar glands, which had extended in the pelvis along the sides of the rectum. There was a quantity of colloid substance in the peritoneum, very similar to that sometimes seen in ovarian cysts. Nothing could, of course, be done; the abdominal wound was closed with silk ligatures, inserted by means of large full-curved lance-pointed needles. In addition, coaptation sutures were used. An iodoform gauze dressing was then applied by means of adhesive plaster. On the 16th, Prof. Schröder removed a uterus for malignant adenoma of the mucosa, which had been frequently scraped out, but had always returned; and on the same morning, a myomatous uterus from a woman who had been suffering for years with hemorrhages and pelvic trouble. In the latter operation, after ligating and cutting through the broad ligaments, a small Esmarch bandage was tied tightly at the lowest possible position, and the organ with the tumors removed. The larger vessels were tied, and the stump stitched with numerous silk ligatures inserted in rows; a surprising number were employed, and infinite pains taken to tie every bleeding point. The enormous thickness of the abdominal walls made the operation very difficult.

The operating room is comparatively small, not more than 25 by 16. No major operations are performed in the theatre.

In the obstetric department, tolerably stringent antiseptic precautions are used. Before delivery, and after each examination, the vagina is washed out with a 1 per 1,000 corrosive sublimate

solution. No special antiseptic napkins are used after delivery. A good plan prevails of entering in a book the name of every individual who has examined any patient. In event of an elevation of temperature, the speculum is used and intra-uterine injections practised, or, when deemed necessary, constant irrigation.

There is a portion of the building set apart for septic cases of all kinds, with a special assistant, nurses, &c. There are two delivery rooms, one of which only is used at a time. The obstetric wards are small, four beds in each. The building is magnificently finished, in a style worthy of the government which paid for it; nothing appears lacking. The entire building is lighted by Edison lamps.

The Easter vacation ended on the 16th April, and the work of the summer session began on the 17th.

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## QUARTERLY RETROSPECT OF OBSTETRICS AND GYNÆCOLOGY.

PREPARED BY WM. GARDNER, M.D.,

Professor of Gynæcology, McGill University; Attending Physician to the University Dispensary for Diseases of Women; Physician to the Out-Patient Department, Montreal General Hospital.

*Corroding Ulcer of the Os Uteri.*—At the meeting of the Obstetrical Society of London on March 5th, 1884, Dr. John Williams read a paper on this subject. He spoke of the rarity of the disease, and the want of description of it in systematic works on diseases of women. Cancer is the disease with which it has been mistaken. Dr. Williams related the histories of three cases which had been under his observation for some time. One of these had been watched for two years, and two for ten years. Two were dead, the third still alive. The post-mortem characters and microscopical appearances in one case were described. The differences, anatomical and clinical, between this disease and cancer were described. Dr. Williams believes with the late Sir Charles Clark that the disease is distinct from cancer. It begins at the os uteri, and extends along the vagina in a symmetrical manner. It makes slow progress. Dr. Williams' patients died of some other disease. Loss of flesh is not neces-

sarily associated with it; the pain and discharges are different from those of cancer; the edges of the ulcer are not hard and thickened. In one of the cases the mode of progress was by means of reddish raised tubercles, which became ulcerated; in another case, it was by slow ulceration, without any preceding changes in the tissue about to be invaded, except redness. The mucous surface up to the edge of the ulcer appeared healthy, and this was confirmed by microscopic examination. During the discussion which followed, Dr. Matthews Duncan said he had given the disease special study for many years, but had never seen it affect the os. In his experience, it had always involved the lower part of the vagina. He believed it to be of the nature of lupus. Drs. Griffith and Routh had seen similar cases. In closing the discussion, Dr. Williams remarked that rodent ulcer is epithelioma, starting from the hair follicles and sweat-glands, and corroding ulcer could not be such an affection.—(*Brit. Med. Journal*, April 5, '84.)

*Sulphate of Copper in Obstetric Practice.*—M. Charpentier of Paris recommends this salt as an antiseptic in obstetrical practice. He has tested it, and arrived at the following practical conclusions: Solution of sulphate of copper at 100° acts both as an antiseptic and disinfectant; its use is agreeable to patients. It can be used for vaginal and uterine injections without the slightest danger or pain, even when there is erosion of the epithelium. It is a more energetic hæmostatic than iron perchloride. It may be used during the first eight or ten days, and applied several times a day if necessary. Lowering of temperature and slowing of pulse are the only results.—(*British Medical Journal*, *Paris Letter*, April 5, '84.)

*The Treatment of Uterine Displacements by Medicated Tampons.*—Some two years ago, Dr. Robert Bell of Glasgow published a paper on this subject. I took occasion then to embody the substance of the views and experience therein presented in one of these reports. The formula for the solution used by Dr. Bell was then given. In a paper read before the Edinburgh Obstetrical Society on Feb. 13, '84, the author gives the results of more extended experience of this method. He admits having

had reason to modify his views considerably, but emphatically asserts his increased confidence in this method in properly selected cases. He does not discard pessaries, but finds the remedy most valuable in the treatment of many cases of prolapsus and retroversion or retroflexion, with enlarged, congested and catarrhal cervix. The solution, it will be remembered, is one of alum and carbolic acid in glycerine, and a tampon saturated with it, the author claims, when properly applied, fulfils three indications: 1, It supports. 2, It depletes. 3, It invigorates the uterus and vagina. Dr. Bell asserts having cured many cases of displacements, prolapsus and retroversion that had resisted the use of pessaries for years.—(*Lancet*, Ap. 12, '84.)

Dr. Clifford Abbott of Leeds delivered the Gulstonian Lectures this year. He selected for his subject "Neuroses of the Viscera." The author is well known, especially to the readers of the early volumes of the *Practitioner*, during the period when it was edited by the late lamented Austie, to whom he was a kindred spirit, as an able advocate of the theory that a large, important and intractable class of common maladies which medical men are called upon to treat are of nerve-origin, and that if anything more than neurotic disorder occurs in their development, it is an effect, and not the cause, of the trouble the physician is called upon to deal with. These lectures March (15, 22 and 29, '84, *Lancet* and *Brit. Med. Journal*), by the able Lecturer on Medicine at the Leeds School of Medicine, make "for the first time a formal and broad affirmation" (*Lancet* leader, April 12, '84) of this most important fact. As the writer of a report on the progress of gynecology, I am especially charged with presenting to our readers the following statement: "Now, gentlemen, it is time we complete our reaction from this gynecological tyranny, and that we of this College no longer permit ourselves to be snubbed by these brethren of ours, who calmly tell us, with their superior airs, that our use of such expressions as uterine neuralgia, irritable uterus, ovarian neuralgia, neurasthenia, and the like, comes of a shallow sciolism, and is grounded upon the emptiness of our knowledge of uterine diagnosis. The spirit of meekness alone restrains me from

throwing the same stone again, and accusing our gynecological friends of ignorance of neuropathies and of the neurotic diathesis." In support of the point he attempts to make, the lecturer reports a number of cases of uterine trouble long under local treatment, but unrelieved, which were speedily relieved by general tonic treatment. It does not require a large experience of the diseases of women to teach the practitioner that many of them cannot be successfully treated by local measures alone; that to cure the patient there must also be the employment of measures calculated to improve the tone of the system generally. I have to commend these lectures to our readers. They will do much to correct a tendency on the part of some practitioners to excessive use of local measures in uterine and ovarian affections. Personally, I am grateful to Dr. Clifford Allbutt for reminding me forcibly of truths long ago learnt by experience, but the memory of which may be dulled by the habits and methods of a specialist.

*Pilocarpine in Puerperal Eclampsia.*—The use of this powerful diaphoretic in puerperal convulsions has been proved to be by no means always safe. Dr. Fordyce Barker has recently reported some unfortunate results. On the other side of the question may be adduced the report of two cases treated successfully with the drug by Dr. Murphy, of Sunderland, Eng. Dr. Murphy's report will be found in the *Am. Jour. Obst.*, Dec., '83. The *Philadelphia Medical News* for April 26, '84, contains the report of another by Dr. Marechal, of Stockton, Alabama. The woman, *æt.* 26, was in the ninth month of her third pregnancy, the two previous pregnancies having ended in abortion. Her symptoms were headache, vertigo, nausea, vomiting, watery diarrhoea, suppression of urine, and enormous *œdema*. The urine with heat and nitric acid became almost solid. Other remedies were tried for four days with little good result. Convulsions set in. One-fifth of a grain of the muriate of pilocarpine was administered. It produced excessive sweating and copious dejections from bowels and bladder, and after 24 hours of coma without return of fits, she regained consciousness. Two days later she was delivered of a living child after a short normal labor.

*Iodoform as a Preventive of Uterine Colic and Pelvic Inflammation after intra-uterine application of Nitrate of Silver.*—Dr. Selman read a paper on this subject before the Medical and Chirurgical Faculty of Maryland at its annual meeting last month. The writer finds that no remedy he has used is so efficacious in endometritis as a solution of silver nitrate, eighty grains to the ounce. He finds that perfect cure or great relief follows its use. Stricture or atresia of the uterine canal has never, in his experience, followed its use. But he has several times seen colic or pelvic inflammation follow. To relieve the colic, belladonna, opium and hyoscyamus he had found ineffectual. Knowing the anæsthetic effect of iodoform he had used that and hitherto with unvarying success. His method is to make the application of the nitrate of silver solution on a cotton-wrapped applicator, and to follow it immediately with powdered iodoform applied in the same manner or by means of the uterine iodoform bougie.—(*Phila. Med. News*).

Fungous endometritis is, in its various forms, a most important disease. Its true etiology is still somewhat uncertain.

Brennecke, in a recent number of the *Archiv für Gynakologie*, discusses the subject. Olshausen, it will be remembered, has also written ably upon it. Brennecke believes in two forms, a glandular, in which overgrowth of gland-tissue is the conspicuous change; and an interstitial, in which there is marked hyperplasia of connective-tissue. He describes six cases observed by himself, and refers to some other published cases. In all he finds a history of complete amenorrhœa or of irregular, frequent or scanty menstruation, preceding for some time the hemorrhage and other symptoms characteristic of the disease. For these reasons he believes that the disease depends primarily on a functional disturbance in the ovaries, which as a reflex effect causes chronic hyperæmia of the uterine mucous membrane, and thus leads to hypertrophy of its structure. This reflex effect is produced through the nervous mechanism which governs ordinary menstruation, and it therefore affects the body only and not the cervix. Being due to reflex action, it cannot be cured, while the cause of the reflex effect remains

in operation. Hence the frequency of relapse. For treatment of this form he considers the curette to be the great remedy. Cauterization is of little avail. That form of the disease in which there are localized outgrowths Brennecke believes to be due to some other disease of the uterus, as chronic catarrh, simple or gonorrhœal; retroflexion, stenosis of the os internum or externum, interstitial or submucous fibroids. This he calls the uterine form. He points out the following distinctions: 1. In the uterine form there is hemorrhage from the beginning; in the ovarian, menstruation is at first deficient or absent; 2. In the uterine form there is scarcely any tendency to relapse; in the ovarian a strong tendency; 3. The fragments removed by the curette are smaller in the uterine than in the ovarian; 4. In the ovarian form these pieces show the structure simply of hypertrophied mucous membrane; this is seldom the case in the uterine form, in which the products of catarrh and ulceration are commonly found. The author points out the importance of distinguishing fungous endometritis following abortion from the other forms. He calls it the decidual form. In this latter form the results of treatment are most satisfactory. One curetting usually completely cures.—(*Am. Jour. Med. Sc.* from *Med. Times & Gaz.*)

*Simultaneous Operations for Lacerations of Cervix Uteri and Perineum.*—These operations are now frequently performed at one sitting. Experience has demonstrated the perfect safety of the plan, and the advantages to the patient are obvious. Dr. Janvrin of New York reports a series of fifteen successful cases of the double operation in the April ('84) number of the *American Journal of Obstetrics*. As Dr. Janvrin remarks, an hour and a half usually suffices for the completion of both operations, and this is usually quite a safe duration of etherization. In a recent instance, I completed both operations in one hour and twenty minutes. The perineal sutures are removed on the eighth day, and the cervical on the eighteenth to the twentieth. With care this can be done in a good light with a long narrow-bladed Sims' speculum without danger to the integrity of the newly-formed perineum.

*Ignipuncture in Uterine Disease.*—This remedy has for some time been popular in France and some other continental European countries in the treatment of indurated hypertrophy, or, as Dr. Thomas would have it, hyperplasia, with or without profuse catarrh or ulcerations of the cervix. Courty, whose work has recently become known to English readers through Dr. Agnes McLaren's translation, is a strong advocate for it. Dr. Prochownik of Hamburg writes a paper for the April number of the *American Journal of Obstetrics*, in which he gives the results of a most favorable experience of it. He does not advocate its substitution for Emmet's or Schröder's operations, as these cannot be replaced in suitable cases by any other procedures, but discusses it as an alternative measure in the treatment of swollen hypertrophied vaginal portion. He believes that in such cases it may be a valuable substitute for the wedge-shaped excision and amputation of the vaginal portion. The patients, after ignipuncture, are not confined to bed, and this is a great advantage in the case of the poor in dispensary practice. The author's method is to apply the ignipuncture every 10 or 14 days—two punctures to the anterior and two to the posterior part of the *portio* with a pointed galvano-cautery or Paquelin. In hypertrophy without catarrh, the punctures are made centrifugally from the vaginal surface to the lining of the cervix; when there is profuse catarrh, the punctures are made from within the cervix outwards. Before and after the puncture disinfectant irrigation is practised, and afterwards a tampon laid over the cervix. The first effect is to cause increase of swelling of the cervix for a few days. The subsequent reduction of size goes on for some months. The author reports forty cases thus treated, without a relapse.

*The significance of Metrorrhagia recurring about and after the Menopause.*—This is the title of a recent paper by Dr. B. F. Baer, Instructor in Clinical Gynecology in the University of Pennsylvania. The author begins his paper by saying that "Metrorrhagia, recurring about the menopause, is as likely to be the result of disease in the uterus, or its appendages, as it is at any period previous to that time. The popular belief that



flooding at the change of life is physiological often results in harm, and should be discouraged. But many physicians also believe that profuse hemorrhages are often necessary at the period of the menopause ; that the blood-loss is depuratory or critical, and that it protects the vital organs from injurious or even fatal congestion." The author goes on to say that he thinks this to be erroneous ; for if it were true, many more cases of metrorrhagia would be met with at this period, or more women would suffer and die from cerebral or other internal congestions, as a result of the absence of hemorrhage. Statistics show that this is not the case, but, on the contrary, that in those women in whom the cessation is gradual, and without more than the ordinary menstrual flow, better health is enjoyed then and afterwards, than when these so-called critical floodings occur. When health exists, the cessation of menstruation will be attended by no more aberrations of function than are seen in its establishment. Temperament and idiosyncrasy are modifying factors, but where deviations from the normal standard are marked and persistent, they should be regarded as pathological and the cause sought for. Those women who suffer at puberty and at the catamenial periods are almost certain to suffer at the menopause, and the cause is usually found to exist in an imperfectly developed sexual system and a nervous susceptibility. Where puberty and menstruation have been normally established and performed, and where much suffering is experienced at the change of life, the cause will very generally be found in a pathological condition of the uterus or ovaries, the result, probably, of injury at parturition, which may or may not have given rise to symptoms previous to the period of life at which menstruation usually ceases. Dr. Baer reports a number of cases, the histories of which show that hemorrhage at and after the menopause is almost invariably a consequence of uterine disease, such as cancer or fibroids, or the less serious engorgement from the remains of old pelvic peritonitis or cellulitis, which cause displacements or otherwise act as irritants, or interfere with venous return-flow of blood. I think the paper one well deserving the study of every practitioner, as it must tend to modify the erroneous ideas to which

the author alludes at the commencement of his paper.—(*Amer. Jour. Obst.*, May, 1884.)

*The Operation of Ovariectomy : A Lecture delivered before the Fourth Class Students in the Harvard Medical School*, by John Homans, M.D., Surgeon to the Massachusetts General Hospital. The lecturer stated that he had opened the abdomen for various purposes 203 times, and that he had performed ovariectomy 159 times. His first five ovariectomies all died. They were done without antiseptic precautions of any kind. In the next 100 cases of ovariectomy, with antiseptic agencies, including spray, 87 recovered. Since then he has operated 54 times, with four deaths. His last 30 have all recovered. He has never but once declined to operate. In the preparation of the patient he restricts her diet for 48 hours previous to operation to flour gruel, made by boiling equal parts of milk and water together for an hour, gradually adding the flour until the gruel is made smooth and free from lumps. As regards the time to operate, he prefers two days after the cessation of the menses, but has operated six times when there was hemorrhagic flow from the uterus, when it could not be avoided. These all recovered. He has found it necessary to tap a large cyst before operation, to enable the patient to breathe more easily, to take more food, to lie down, to secrete more urine, or to lessen her size and weight before she travels. In speaking of sponges, he says "about forty clean soft sponges of various sizes, which have been soaking for several weeks in a five per cent. solution of carbolic acid. I have three barrels filled with solutions of carbolic acid, and these barrels are kept full of sponges. Each barrel is used alternately. Some of my sponges have been soaking for ten years. I formerly used sponges but once, but I now use them over and over again after they have been cleaned." He always uses the steam-spray, but does not believe it essential, but has had good results and no harm from it. He prefers to operate with seven assistants, in this respect differing from Keith, Tait, Spencer Wells, and others, who operate with one or two assistants only, and these, if possible, always the same. Assistant No. 7 has a responsible duty ; he oversees the spray and keeps tally upon

paper of the sponges placed in and taken out of the abdominal cavity. He prefers this method to that of counting the sponges after an operation. For compressing hæmostatic forceps, he prefers the small forceps (Duffenbach's pattern). To each one he ties a piece of small fishing line, 20 inches long, and attaches it to a little weight of lead. "When I see a bleeding point I pick it up with the little forceps and throw the weight and line over the patient's side. I attach this line in order that none of the forceps may fall into the abdomen if I knock them off. It is much easier to work through an opening surrounded by these little instruments than through one bristling with forceps, each one of which is five or six inches long." In the treatment of the pedicle, he first clamps it with Dawson's clamp, then passes through it a small needle threaded with a loop, on which hangs a long silk ligature. He then burns through the pedicle with Paquelin's cautery. After the tumor is thus separated, while the pedicle is still held by the clamp, he ties it with Tait's "Staffordshire knot." Like every other operator of note, he devotes a great deal of attention to the "toilet of the peritoneum." In sponging the spaces between the uterus and rectum and uterus and bladder, he uses Nelaton's cyst forceps as a sponge holder. In the after treatment, he says: "The cardinal principle in taking care of a patient after ovariectomy is to give opiates and stimulants by the rectum until flatus passes by the bowels, or until all symptoms of nausea or vomiting have been absent for many hours."—(*Boston Med. & Surg. Journal*, April 10, '84.)

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### Reviews and Notices of Books.

**Transactions of the American Surgical Association.** Vol. I.—Edited by J. EWING MEARS, M.D., Recorder of the Association, Philadelphia. Printed for the Association by Presley Blakiston, Son & Co. 1883; pp. 566.

This is the first volume of the transactions of the American Surgical Association, a society of recent origin, founded in 1880, with Dr. S. D. Gross as its first President.

The volume is a handsome one and the typography is excel-

lent. It contains thirty-two papers on surgical subjects, some of them of great length. Dr. Senn, of Milwaukee, takes up over a hundred pages with an exhaustive paper on "Fractures of the Head of the Femur," with special reference to bony union after capsular fracture.

Dr. P. S. Conner, of Ohio, has an interesting paper on "Excisions of the Tarsus," with a report of two successful removals of the entire tarsus. He shows clearly that the generally received opinion that extensive tarsal disease necessitates amputation, is one that requires reconsideration. He has collected 108 cases from various sources, and gives a very exhaustive analysis of them. This paper is one of the most valuable in the volume.

Dr. S. D. Gross, in a short paper, strongly urges the value of early operations in morbid growths.

Dr. James L. Cabell writes on the "Sanitary Conditions in Relation to the Treatment of Surgical Operations and Injuries." Dr. Briggs on the "Antiseptic Treatment of Wounds after Operations and Injuries," and Dr. B. A. Watson on "Lister's System of Aseptic Wound Treatment *versus* its Modifications."

Dr. Packard, of Philadelphia, reports a successful case of Ligature of the Common Iliac Artery, to relieve secondary hemorrhage after Amputation at the Hip Joint. We congratulate Dr. Packard on his successful case, but fail to see why he should have had secondary hemorrhage. Had he ligated in the modern way, that is, by employing an antiseptic ligature and cutting it short instead of leaving the ends of the ligature hanging out of the wound (a procedure which we thought had become entirely obsolete), we venture to say the necessity for this formidable operation would not have arisen.

Dr. S. W. Gross contributes a paper on the "Influence of Operations upon the Prolongation of Life and Permanent Recovery in Carcinoma of the Breast," another on the "Condition of Cicatrices after Complete Extirpation of the Breast," and also reports a case of "Nephrectomy for Medullary Sarcoma."

Dr. Kinloch reports a case of "Spontaneous Aneurism of the Posterior Tibial Artery," and gives a resumé of the literature

on the subject. It would be impossible to notice all the papers, but many of them are valuable contributions to our surgical knowledge. The weakest part of the volume consists of the discussions at the end of each paper. These are crude, uninteresting and often not at all to the point. The discussions following the papers on antiseptic surgery plainly show that most of the men taking part in them are woefully ignorant of the first principles of antiseptic surgery. They speak of that which they know not of and testify to (or rather against) those things which they have not seen. We should be sorry to think that their opinions truly represent the condition of American surgery. In future volumes of the Transactions we hope that these discussions will be omitted.

**The Principles and Practice of Surgery :** Being a Treatise on Surgical Diseases and Injuries.—By D. HAYES AGNEW, M.D., LL.D., Prof. Surgery, Univ. Pennsylvania. Vol. III. Philadelphia : J. B. Lippincott & Co. 1883.

The third and last volume of this surgery adds to the reputation achieved by the first two. In it are treated of, for the most part, what are at the present day known as *specialties*, a part of surgery which has, perhaps to their discredit, almost entirely passed out of the hands of the general surgeons.

The first six chapters are taken up with the Diseases of the Larynx and Trachea, Nose and Naso-Pharyngeal region, Eye and its appendages, Ear, Orthopædics and affections of Muscles, Tendons and Bursæ. Chapters XXXII and XXXIII are devoted to Syphilis and Tumors. Both these subjects are simply and concisely treated of. Dr. Agnew strongly disapproves of a person who has once had syphilis marrying. He also believes that the regulation of prostitution comes legitimately within the province of civil law.

Dr. Agnew, in the treatment of a case of excision of the breast, still believes that strips of plaster are useful as well as silver sutures. He recommends very plain diet for the first three or four days, until the surgical fever (which he apparently always expects) is over. His cases generally take be-

tween three and four weeks to heal, but he mentions, as evidently a rare occurrence, that he has seen "recovery follow removal of the mammary gland in twelve days." In our experience this is about the average time of recovery. The last three chapters of the book are devoted to Electricity, Operations for Nerve Stretching, and Massage.

The two latter chapters are profusely illustrated and will prove very useful to practitioners. There is an index for Vol. III. as well as a general index at the end of the volume. This work, which is now completed, is one which will ever be the storehouse of valuable surgical facts. It, however, can hardly be said to truly represent modern surgery, as the author has evidently failed to grasp the great facts of modern antiseptic surgery, and seems to doubt that the splendid results achieved by it surpass those of what we may call "old-fashioned" surgery.

**Clinical Chemistry.**—By CHARLES HENRY RALGE, M.D.,  
Asst. Physician at the London Hospital. Illustrated with  
16 engravings. Philadelphia: Henry C. Lea's Son & Co.  
Montreal: Dawson Bros.

The fourth of the series of manuals for students. "Is an account of the analysis of blood, urine, morbid products, &c., with an explanation of some of the chemical changes that occur in the body in disease." In the first and second chapters, the proximate and ultimate composition of the principles of the animal body, and the nature of the processes which produce the various decompositions and variations, are considered. Then follows examination of blood, chyle, lymph, milk. The chapters on morbid conditions of the urine and digestive secretions are particularly recommended to clinical clerks for perusal.

**Eczema and its Management.** A Practical Treatise  
based on the study of 3,000 cases of the disease.—By D.  
BULKLEY, A.M., M.D. Second edition. New York: G.  
P. Putnam's Sons. 1884; pp. 344.

The fact that this book has come to a second edition is suffi

cient evidence of its popularity. We see very few changes in this new edition, the number of pages being exactly the same as first. As we very fully reviewed the first edition in 1882, we need say very little about the second more than that it fully sustains the well merited reputation of the author. We can honestly recommend this work to all those who desire to know something of that very common disease, Eczema; a disease which every practitioner of medicine is called upon to treat, and which is most often, of all skin diseases, ill-treated. A careful perusal of Dr. Bulkley's book will enable the physician to intelligently and successfully treat many cases of Eczema, which he before had thought to be incurable. The volume is well printed and furnished with a good index.

### Society Proceedings.

#### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, February 29th, 1884.*

WM. OSLER, M.D., 2ND VICE-PRESIDENT, IN THE CHAIR.

*Unilateral Hyperidrosis and Tabes Dorsalis in a Female.*—

DR. REED read the notes of this case. (*See April number of this Journal, page 534.*)

DR. HY. HOWARD said that unilateral hyperidrosis is by no means uncommon in cases of mania in the chronic stage, particularly where there is partial sensory and motor paralysis. It is just what we should look for in these cases, if we bear in mind the experiments of Dr. Isaac Ott, from which he drew the following conclusions:—1, That the sensory fibres decussate in part in the spinal cord; 2, That the vaso-motor fibres also do; 3, That the sudorific fibres follow the vaso-motor and decussate; 4, That vaso-motors run in the lateral columns. Now, seeing that in nearly all cases of mania, particularly in the chronic stage, there is found some abnormal state of the different nerves, producing low temperature, etc., it is but natural that we should find hyperidrosis in these cases; but in the case brought under our notice by Dr. Reed, as yet there has been no pathological psychosis. But with the hyperidrosis, there is

absence of patellary reflex, showing some abnormal or degenerate state of the sensory or motor tracts in the cords, with enlarged and fixed pupil, showing a partially paralyzed state of the ciliary nerves. With these symptoms, I should say that there was some abnormal state of the spinal cord, or of the vaso-motor, sudorific and sensory nerves in their course along the sides of the cord, which time will more fully develop.

DR. OSLER had seen two cases of unilateral hyperidrosis during the past two years, one of which was in a patient suffering from caries of the cervical vertebræ.

DR. REED remarked that he, with Dr. R. P. Howard, was treating another case of tabes in a female.

#### PATHOLOGICAL SPECIMENS.

*Actinomykosis.*—DR. OSLER exhibited the jaw of a cow attacked by the above disease, often called “big-jaw,” or osteo sarcosis, and due to a fungus, slides of which were also shown. The yellow color in the centre of the nodular masses was well seen. Dr. Osler said that this disease was fairly common in Europe and America, and has been known for a long time under a variety of names, such as tubercular stomatitis, scirrhus tongue, scrofula, etc. The tongue, lips and mucus membrane of the nose are often attacked. Actinomykosis is fatal unless removed with the knife. This disease is seen in the horse and swine, and even in man, twenty cases being reported, all in Germany. In man, multiple abscesses are generally produced throughout the whole body, a fatal issue always following.

*Lack of Development in an Infant.*—DR. TRENHOLME exhibited the above, which was born at full time in the Western Hospital. There was entire absence of the genital organs and pelvic bones. The abdominal wall was formed by the posterior wall of the bladder, on each side of which the ureters opened. The anus was covered with integument. The child lived four or five days.

*Local Paralysis Agitans.*—DR. MCCONNELL exhibited this patient and read the following history :—Fred. R., aged 34, was born in Cambridge, England. Since 20 years of age, has been



occupied as a railway engineer. Has always enjoyed good health, and he is not aware of any member of his family having suffered from any nervous affection. On 20th August, 1882, at Sacramento, California, his engine collided with that of another train, and he was thrown violently to the ground, falling on the top of his head. He was quite unconscious for ten weeks. He received a scalp wound on the top of the head, at which point there can now be felt a distinct depression. On returning to consciousness, he found his head done up in a kind of harness, which he soon after ascertained was intended to prevent an involuntary lateral and continuous motion of the head. He was treated in California and in various cities throughout the United States. He states that all kinds of treatment have been employed, such as blisters, actual cautery, electricity, trained exercise, &c., and endless medication, with no relief to the movements. *Present condition*—Is somewhat emaciated; very tall (6 feet 3 inches), and of light build, and appears very intelligent, speaking of his affection and the various methods of treatment in a humorous strain. There is a continuous rotation of his head from side to side—very regular when quiet, but increasing in frequency when he attempts to speak or perform any act, and ceases during sleep. When quiet, the movements are 103 times per minute. Frequently complains of pain over region of left temple. Has occasionally a slight discharge from left ear; for some time after the accident this was continuous. Is usually very restless during sleep, talking much and tossing about. Walks well, except when he has attacks of what, from his description, appears to be vertigo, accompanied with double vision; says sometimes single objects appear as if there were four. When one of these attacks occur, he usually has three or four in succession, occurring daily or every other day, thus a month or two might elapse before again experiencing any. They usually come on suddenly while walking, when he is unable to guide himself, and has frequently been locked up, his condition being mistaken for drunkenness. There are no symptoms of paralysis, as loss of sensation. From the symptoms of this case, I have looked upon it as one of local paralysis agitans, possibly symptomatic.

DR. ROSS referred to the article in Ziemssen's Encyclopædia on cases of clonic spasm. The writer there says that cases similar to this one of Dr. McConnell's are generally produced by blows on the back of the neck or head ; the operation recommended being to divide the spinal accessory nerve or excise a portion. The prognosis is bad.

DR. TRENHOLME did not think it ought to be called paralysis agitans, and would suggest trephining over the depression.

DR. FOLEY had seen nerve-stretching performed for a similar condition.

DR. OSLER said the symptoms were not unlike those seen after removal of the vertical semicircular canals in pigeons.

In reply to Dr. Trenholme, DR. MCCONNELL said : If not paralysis agitans, what is it ? According to the classification of the narration of the disease by Sanders in Reynold's System of Medicine, I certainly think it must come under that title. In regard to the suggestion made of trephining the skull at the point where the depression exists, with a view of curing the case, I think that result would hardly be attained. The movement is produced by alternate contractions of the sterno-cleido mastoid muscles, thus indicating some implication of the nervous structures at the origin of the spinal accessorius. I therefore think it a question whether treating the surface of the brain would have much effect on an apparently localized lesion in the upper end of the cord. In reply to Dr. Osler that it would be better classed as a case of multiple sclerosis, I may say that the fact of the affection occurring in one at his age, and being confined to the head, would favor that view ; but, on the other hand, the definite movements occurring during rest, as well as during voluntary movements, and the fact that no paralysis exists as yet, although the tremor has lasted now a year and a half, are points which are generally supposed never to obtain in multiple sclerosis.

*Stated Meeting, March 14th, 1884.*

T. A. RODGER, M.D., PRESIDENT, IN THE CHAIR.

A groom sent by DR. GURD was exhibited to shew what appeared to be a clear case of accidental inoculation of horse pock

in the human subject. A dark colored scab, depressed in the centre, was to be seen a little below the outer corner of the left eye and the parts about, were red and swollen. One of the horses which he had the care of was suffering from horse pock, so prevalent in the city lately.

DR. PROUDFOOT shewed a specimen of epithelioma of the lower eyelid removed by him a few days ago.

DR. KENNEDY exhibited a small *Anencephalic Fœtus*, the deficiency also extending as a spina bifida downwards to the middle of the dorsal region. There are also an abdominal hernia, the protrusion being covered with the peritoneum only. At birth there was evidence that general peritonitis had existed for some time which no doubt had caused the death of the fœtus some days before delivery. The case was of some interest owing to the difficulty that arose during delivery. Dr. Kennedy gave the following history: The mother had passed through several pregnancies. Her first child was carried to full term, but the labour was difficult and only completed by instrumental delivery. Each successive labour terminated at the seventh month without any apparent cause, none of the children surviving. She came under my attendance with this last pregnancy, and at the time of engaging my attendance for her confinement, stated that a physician who had examined her had found an extensive laceration of the womb. No opportunity was given me of verifying this condition. Anticipating a recurrence of premature labour, rest and other precautions were taken to avoid its induction but without avail. I was sent for about the seventh month and found she had been in labour about twelve hours. On examination of the abdomen the foetal body was felt to be lying in an oblique position relative to the mother's body. A vaginal examination showed the os to be fully dilated and a large amniotic sac distending the vagina. As no movements had been felt for some time by the patient and there being occasional discharges of blood, the membranes were ruptured. An immense quantity of amniotic fluid came away, followed by a free discharge of blood. Failing to find any part of the child presenting, and as the loss of blood was becoming serious, the hand

was passed into the vagina. The intention was to perform version at once, but owing to the pain it was thought best to retain the hand in the vagina as a plug to prevent loss and send for assistance. While waiting the placenta and cord were forced down into the palm of the hand, showing that the attachment of the placenta had been very low and that easy separation had taken place. Dr. Perrigo arriving, gave her chloroform. The hand was introduced into the uterus, which was found constricted in the middle. Dilatation of this constriction was slowly effected, and in the cavity above the foetus was found and brought down by the feet. Delivery was speedily effected, the patient making a splendid recovery. This patient would, without doubt, have died from hemorrhage but for the promptness of assistance given her. The low attachment of the placenta may in some measure account for the deficient development of the foetus.

DR. TRENHOLME stated that in cases of lacerated cervix uteri the cause of abortion was not due so much to the laceration itself as to the diseased condition of organ induced by the lesion. The uterus was irritable and the altered state of the tissues hindered its normal development. The mere fact of lack of support was not enough to induce abortion, or we would meet with such more frequently than we do in multipara where, as is well known, a considerably dilated os was compatible with normal gestation. The reflected decidua effectually closed the womb, - whether the os was lacerated or patulous as already stated.

DR. HY. HOWARD considered that there must always be a physical cause for a physical effect, and said it was the duty of scientific medical men to get at the cause of such deformities. He related a case in his own family of port wine mark due to a maternal impression.

DR. TRENHOLME avowed his belief in the transmission of maternal impressions to the foetus.

DR. PROUDFOOT reported the case of a child born with one arm and one leg.

DR. WILKINS remarked that Paget reports a case of a

child with deficient fingers, apparently due to the mother having handled a deformed hand during pregnancy.

DR. GEO. ROSS thought that only cases of irregularity were the remembered ones. He also reported a case of hydrocephalic foetus with fusion of the fingers and toes.

DR. TRENHOLME exhibited two *Dermoid Cysts*, each attached to an ovary which he had removed on Saturday last. The left weighed two pounds and the right one pound. Both fallopian tubes were considerably dilated. The uterus, removed *post-mortem* and normal in appearance, was also shewn. The woman was aged 32, healthy, &c. Had suffered for many years, but especially since birth of last child, 5 years ago. Of late was unfit for duties of life and sought relief. Temperature and pulse continued most favorable for the first 24 hours, when pulse rose to 150, notwithstanding drop doses of *veratrum viride*, which was continued 8 or 10 hours. Twenty minims of Battley were given hypodermically in the evening to quiet the utterances of patient. She passed a quiet night and gradually sank, and died 44 hours after operation. Autopsy shewed limited but insignificant local peritonitis and some slight effusion. Heart was normal. The womb had healed by first intention throughout. The cause of death, while not clear, may be perhaps fairly laid to the *veratrum viride*, which may have caused the otherwise unaccountable collapse and death.

DR. KENNEDY remarked that he had seen two patients who seemed to have been affected injuriously by *veratrum viride*, and objected to its use in a case like this of Dr. Trenholme's.

DR. RODGER had observed great rapidity of pulse follow the use of *veratrum viride*.

DR. STEWART said that cardiac depressants as *veratrum viride* are contraindicated in puerperal cases.

DR. ROSS related cases of great depression produced by *veratrum viride* in the Montreal General Hospital. *Convalleria* seemed also to have acted unfavorably in a recent case treated there.

DR. MACDONNELL exhibited photos of a patient the subject of an internal tumor. The cutaneous abdominal veins appeared excessively enlarged.

*Slow Pulse.*—DR. MIGNAULT related a case of slow pulse in a dyspeptic—treatment brought the beats from 38-48 to 70.

DR. WILKINS met with two cases where the rate per minute was only 45.

DR. STEWART had a case of 25 to the minute which, under atropine treatment, went up to 100.

DRS. MACDONNELL and ARMSTRONG also mentioned having seen cases of abnormally slow pulse.

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### Extracts from British and Foreign Journals.

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

**Milk Diet in Childhood.**—That milk is the only proper food for infants is universally acknowledged. It is my purpose to consider in the following paper whether the exclusion of meat from the dietary of children under seven and eight years of age and the use of milk as the chief article of food are beneficial. The importance of the subject can scarcely be over-estimated. Upon the proper nourishment of the child's body and the careful training of his digestive apparatus depend the good or ill health of the future man and, to a great extent, his ability to succeed in life's struggle.

Milk is now used in much larger quantities than formerly, not only by children but also by adults. But a pretty general underestimation of its dietetic value still prevails even among those who use it abundantly. Milk contains the elements necessary to the growth of the body, and is the natural food of the young of all the higher forms of animal life. "A distinguished chemist once remarked to me," says Sir William Jenner, "Do not forget that a pint of milk contains as much solid animal matter as a full-sized mutton-chop.'"

It is unnecessary to give an analysis of the composition of milk. Such may be found in any work on dietetics. "Milk," says Pavy, "is complete in itself. In it exists, besides the organic principles, all the inorganic matter, including both salines and water, that is needed."

"The action of milk," says another writer, "is exceedingly

analogous to that of the cereals, and the combination of the two appears to be the most perfect kind of food."

We might very naturally infer that such a diet would be the best for children. It is with an appreciation of this that the temporary teeth, which begin to loosen and fall out at about the sixth year, are called milk teeth. At this age, too, the delicate mucous membrane of the stomach is not adapted for the meat diet of adult life. Who has not noticed that feverishness and fretfulness, and stomach and intestinal disorders, are common among children who eat largely of meat? In France it is not uncommon to give meat to very young children.

"In France," says an English writer, "children are often fed upon flesh meats when very young, but they are not so healthy as English, and mortality is greater." "My experience is," writes Dr. Clouston, "that children who have the most neurotic temperaments and diatheses, and who show the greatest tendencies to instabilities of brain, are, as a rule, flesh-eaters, having a craving for animal food too often and in too great quantities. . . . And in such children I most thoroughly agree with Dr. Keith, who, in Edinburgh, for many years, has preached an anti-flesh crusade in the bringing up of all children up to eight or ten years of age. I believe that, by a proper diet and regimen more than in any other way, we can fight against and counteract inherited neurotic tendencies in children, and tide them safely over the periods of puberty and adolescence."

Another writer, after urging the necessity of giving children an abundance of milk, continues enthusiastically:—"If this, or anything approaching this, were the rule instead of the exception, rickets in its manifold phases would be completely banished from this country, and a much higher standard of health and robustness would unquestionably prevail." The strapping gillie of the Scotch Highlands is brought up on oatmeal and milk, and he is "certainly not wanting in strength and muscular endurance. On the contrary, as every one will admit who has had to keep up with him in a hard day's deer-stalking, he is all wind and limb."

During the past twenty-five years, in a large institution in

this city, meat has been omitted from the dietary of children under eight years of age, and it must be admitted that this has been long enough to test fully the value of the diet adopted. It will be appropriate in this place to consider the dietary somewhat in detail. It will be given in full as adopted about a year ago by the Board of Managers. It is essentially the same as that adhered to for the past twenty-five years. The reason for formulating a new dietary was that some changes were about to be made in the management of the institution, and the Medical Board was therefore asked to state its views upon the subject. The report of the board contains the following:—"The past records of the institution furnish such ample proof of the value of milk and vegetable food, and the exclusion of meat from the dietary of children under eight years of age, that the Medical Board sees every reason to adhere for the future to the diet from which such good results have been reaped in the past."

#### DIETARY FOR CHILDREN UNDER EIGHT YEARS OF AGE.

*From November 1st to May 1st.*

Sunday, Tuesday and Friday.—*Breakfast*—Bread and milk.

Monday.—Oatmeal, steamed, and served hot with molasses.

Wednesday.—Hominy, steamed, and served hot with molasses.

Thursday—Mush, hot, with milk and sugar.

Saturday.—Wheaten grits, hot, with milk and sugar.

Sunday.—*Dinner*—Bread, milk, potatoes, cabbage, or pumpkin; sago or rice pudding. *Supper*—Bread and milk.

Monday.—*Dinner*—Bread, milk, eggs, potatoes, parsnips, or spinach. *Supper*—Bread and milk, stewed prunes.

Tuesday.—*Dinner*—Bread, chowder of salt codfish, potatoes, crackers and milk, cabbage sprouts, or tomatoes. *Supper*—Corn starch, with milk and sugar.

Wednesday.—*Dinner*—Bread, milk, potatoes, onions, rice or bread pudding. *Supper*—Bread and milk, stewed apples.

Thursday.—*Dinner*—Bread, milk, eggs, potatoes, spinach. *Supper*—Mush and molasses.

Friday.—*Dinner*—Bean porridge, potatoes, parsnips, carrots, or turnips. *Supper*—Bread and milk, stewed peaches.

Saturday.—*Dinner*—Bread, milk, potatoes, cabbage, or onions; apple sauce. *Supper*—Hominy, with milk and sugar.

*From May 1st to November 1st.*

*Breakfast*—Bread and milk.

Sunday.—*Dinner*—Bread, milk, potatoes, asparagus, or other fresh vegetables, salt bacon broiled, rice or sago pudding. *Supper*—Bread and milk.



Monday.—*Dinner*—Bread, milk, eggs, string-beans. *Supper*—Bread and milk, dried apples stewed.

Tuesday.—*Dinner*—Bread, chowder of salt codfish, potatoes, crackers and milk, tomatoes, fresh fruit. *Supper*—Corn-starch, with milk and sugar.

Wednesday.—*Dinner*—Bread, milk, salt bacon broiled, onions, rice or bread pudding. *Supper*—Bread and milk, stewed peaches.

Thursday.—*Dinner*—Bread, milk, eggs, potatoes, string-beans, fresh fruit. *Supper*—Mush and molasses.

Friday.—*Dinner*—Bean porridge or salt codfish, potatoes, tomatoes. *Supper*—Bread and milk, stewed apples.

Saturday.—*Dinner*—Bread, milk, potatoes, asparagus or other fresh vegetables, fruit. *Supper*—Hominy, with milk and sugar.

The following fruits may be given :—Strawberries, raspberries, peaches, pears, currants, blackberries, blueberries. No changes to be made in the dietary without the approval of the attending physicians. The report is signed by the Medical Board, Dr. J. R. Leaming, consulting physician, and Dr. Janvrin, Dr. McQuestin and Dr. Cammann, attending physicians.—

The medical reports have been usually short, and have not entered very fully into details. A few extracts, however, bearing upon the subject under consideration may be given. The report of 1862 says :—“ From the antecedents of these children, being orphans, we might expect more or less constitutional tendency to disease—and such indeed is the fact ; yet their general health will compare favorably with those enjoying the luxuries of their own happy homes. We owe much to the superior sanitary regulations adopted here, the facilities for bathing, the pure air, and, more than all the rest, the admirable bill of fare—plain, nutritious, bountiful, and yet unstimulating—well adapted to their age and wants.”

Five deaths occurred in 1865. During this year meat was added to the dietary of the children, but the old diet was resumed at the end of the year.

During the year a great deal of sickness prevailed, mostly cases of diseases of the digestive organs. This may have been to some extent due to the sudden and marked changes of weather experienced during the early months of that year and the persistent high temperature prevailing through the summer months. Under the head of gastric derangements ninety-eight cases are reported, and only twenty-five cases under the same heading in

the previous year. It is somewhat significant that this was the only year during which the children under eight years of age had a meat diet. The report for 1866 says:—"The dietary, being founded upon principles having reference to the wants of the system at the tender age of most of the inmates, is, from that fact, of such a nature as to preclude most of the digestive derangements which are the fruitful sources of most of the more serious maladies."

The report of 1868 contain the following, which is only an echo of many similar reports in other years. It says that during the year there was "a very moderate share of the ordinary diseases usually prevalent in like institutions." The report of 1870 says:—"This is not the place to enter into a disquisition upon the causes of sickness among children, but it will be observed that, although we have many very young children, no cases of convulsions, gastric fever and intestino-spinal paralysis have occurred, for the reason that the chief cause has been avoided, viz., the ingestion of unwholesome and (for their age) indigestible food, the diet of such consisting entirely of bread, milk, farinaceous food and vegetables, no 'indulgent parent' being at hand to permit the bolting of meat and other substances unfitted for these stages of physiological development of their digestive organs." The report of 1873, after congratulating the Board of Managers on the few cases of sickness during the previous year, and the length of time that has elapsed since the last death, says:—"Truly this is something unusual when we consider the number of children in the institution, and of their tender years. Too much credit, however, cannot be given to the physician first connected with the Home, Dr. J. R. Leaming, and for the admirable rules which he established as to the diet of the children. To this one point we attribute, in a great measure, our exemption from serious sickness." The report of 1875 says:—"When we consider that the inmates are the children of parents who themselves lived in crowded and ill-ventilated houses, whose subsistence was unwholesome and still more poorly prepared, we can only see and wonder at the remarkable health in which proper sanitary, hygienic and dietary

measures may result." The report of the Medical Board for 1876 says:—"It is with feelings of great satisfaction that it now announces to you the continued good condition of all the inmates of the Home; this is especially satisfactory when we consider the debilitated condition of most of the children on their entrance into the institution. The majority are the descendants of those whose condition in life was so unfavorable to health that they are placed under our care already impregnated with the seeds of disease sown by vice and violation of all sanitary laws. . . . We should fail to do justice to the labors of our predecessors did we omit to acknowledge our indebtedness to them for their very perfect dietetic and hygienic system heretofore established and still continued with such favorable results."

The rarity of disturbances of the digestive organs has been especially worthy of remark. Diarrhoea and dysentery in the summer months are rare. For twenty-five years only one death has occurred from dysentery and one from cholera infantum, and these were in 1865, when meat was for a short time added to the dietary. During this year the cases of derangement of the digestive organs were increased nearly 300 per cent. over the previous year. Another matter worthy of note is the large percentage of recoveries from diseases which from time to time have invaded the Home. More than once has scarlet fever attacked a considerable number of the inmates, yet only two deaths have occurred from this cause in a quarter of a century. The general health and appearance of the children are exceptionally good. They are freer than is usual from colds and other slight ailments so common in the winter.

It has been my endeavor in this paper to avoid theorizing and to give a plain statement of facts, backed by twenty-five years of proof. I think that the experience gained during these years has shown not only that young children can do without meat, but that they become stronger and develop best without it; that they may thus escape many of the disturbances of the digestive organs and other troubles springing therefrom which are so common in childhood. Especially is the diet suitable in our

country, where disturbances of the nervous system, both inherited and acquired, are so common. Many man and women doubtless owe to-day good health and success, and even life itself, to its happy influence in early years.—*Dr. D. M. Cammann in New York Medical Journal*, March 29, 1884.

**Gastrostomy in the Olden Times.**—Dr. James Dixon, in a letter to the *Times* and *Gazette*, brings to light the following, which must prove of great interest to the surgical antiquary :

The patient was Andreas Gruenheide, a peasant of Gruenwald, near Königsberg. On May 29, 1635, wishing to induce vomiting, he took up a table-knife by the blade and with the handle tickled his fauces. The knife slipped from his hold, and after a short delay in the œsophagus entered the stomach. He tried the very simple plan of placing himself with his head downward, but finding that the knife did not stir, he went to Königsberg, and applied for advice to Dr. Becker. The whole *collegium medicum* of the city were invited to deliberate on the case, and a further opinion was requested from the medical faculty of Leyden. These learned doctors returned a solemn reply, divided into ten heads, finally sanctioning an operation. Dr. Becker encouraged the man to submit, by relating a similar case which had been successfully operated on at Prague, and then, on July 9th, handed him over to Daniel Schwäben, “ Surgeon and Lithotomist.” All present having joined in solemn prayer for success, the man was bound to a plank, and the surgeon made a vertical incision below the false ribs on the left side, two fingers’ breadth long. This seems a very small opening ; and, indeed, in all the three drawings it is represented as a full hand’s breadth from end to end. Lakin speaks of the “ two fingers breadth” as indicating the point below the ribs where the incision was begun, not the length of the incision itself. The abdominal cavity having been opened, the stomach was caught up with a curved needle and drawn forward. In doing this the point of the knife was felt and cut down upon, then seized, and the knife drawn out. No attempt

was made to close the wound in the stomach, which is described as spontaneously shrinking together. The external incision was united with five sutures, over which a most fantastically compounded poultice was applied. Nutritive enemata, it seems, were not thought of, and some soup was taken by the mouth on the very day of the operation, and was followed up by a powder and mixture. The patient appears to have resumed his ordinary diet within a few weeks after the operation. The wound healed completely; the man regained his health, and in 1643 was married; the name of the bride and the date and place of the marriage being duly recorded by Dr. Becker in his MS. Another proof that the patient was living several years after the operation is afforded by a quaint entry in the diary of John Evelyn. He visited Leyden, and under date of August, 1641, describes his visit to the anatomy school, where, he says, "among other rarities I was shown the knife newly taken out of a drunken Dutchman's gut, by an incision in his side, after it had slipped from his fingers into his stomach. The pictures of the chirurgeon and his patient, both living, were there." In Becker's MS., in his book, and in Lakin's translation, the patient is shown with the incision in his abdomen; and in the margin the knife is depicted of its natural size. The blade and handle together measure about seven inches. Dr. Hagens, in concluding his paper, mentions the celebrated case of "*l'homme a fourchette*" at Paris, and Félicet's "*taille stomacale*" for extracting a spoon; Schwaben's knife, he adds, completes the *Besteck*.

**Diphtheritic Dysentery Following Confinement.**—At a recent meeting of the New York Pathological Society (*N. Y. Med. Jour.*) Dr. Janeway presented a large intestine the whole length of which was involved by diphtheritic inflammation, probably of not more than four day's duration. The interesting feature of the case was that it should have happened just after confinement. The woman was twenty-three years of age, a domestic, who was delivered of her first child on March 18th, at 6 p.m., labour being normal and lasting six hours. The temperature on the following morning

was 99°F., and remained at that point until the afternoon of second day, when it suddenly went up to 104.4°. And the uterus, which had contracted well after delivery, increased to a large size, extended above the umbilicus, and was flabby. There was a discharge from the vagina, somewhat colored, which was increased by pressure upon the uterus. There was no perceptible odor. Intra-uterine douches of bichloride solution, 1 to 2,000 were given when the temperature rose. On the night of the 22nd she had a number of diarrhoeal movements, perhaps eight. These were afterwards controlled by suppositories of opium. On the last day of her life, although the temperature continued high and the heart-beat was comparatively strong, there was no pulse at ankle or wrist, and the hands were cold. She had taken full, but not excessive, doses of ergot. She had had morphine, whiskey, and quinine. At the autopsy there was found to be some diphtheritic endometritis, with some patches on the vagina, but the lesions were not so striking in the general tract as in the large intestine. There were no other lesions except slight parenchymatous nephritis and a large, soft spleen. The case was interesting, as it demonstrated that in some of these cases the intrauterine injections would not touch all the disease. In this case the lesions in the intestine had the appearance of being older than those in the uterus. It was further interesting as illustrating a point which Dr. Janeway had frequently remarked, namely, that simple inspection of the discharges would not always enable us to determine the absence of a serious diarrhoeal disease; and even should a little blood or a few clots be found in the stools after delivery, they might readily be attributed to the lochia.

### **The Prevalence of Rickets in Glasgow.**

—For the second time within the last two or three years, attention has been drawn to the prevalence of rickets in Glasgow and its neighbourhood. On the present occasion, the matter was brought up at the last meeting of the Glasgow Philosophical Society, in the shape of a paper by Mr. James Thomson, the president of the Biological Section of the Society, and a well known geologist. The subject was treated under the two heads

of, first, the frequency of the disease; and, secondly, its relation to the food and water used. On the former point, abundant evidence was adduced as to the great prevalence of the disease, as shown by the number of deformed children seen in the streets; the results obtained being the fruit of several years of observation in the various localities of the city. When dealing with the second question, namely, the relation of the disease to the food and water used, Mr. Thomson brought out some curious but interesting statistics. He does not altogether blame Loch Katrine water, with its small amount of lime, as the cause of the mischief, though he evidently regards it as a source of weakness to the growing members of the community, but he looks for an explanation of the present state of matters in the wrong system of feeding which is so much in vogue among the working classes, in which there is an excessive use of tea and sugar, to the almost total neglect of oatmeal. In fact, it was apparently brought out by the figures quoted that the prevalence of rickets in different localities bore some relation to the amount of oatmeal used. Another point on which Mr. Thomson also dwelt was the evil resulting from the supercession of oatmeal by fine flour, this last being so much less nutritious. He says, "both the miller and the baker not only foster, but pander, to the popular and delusive desire for white bread," which is "a mass of deception in the form of flour." In the course of the discussion which followed the reading of Mr. Thomson's paper, Professor McKendrick gave the weight of his opinion in favour of the view that the number of rickety children in large towns, such as Glasgow, is principally owing to the kind of food employed, and not so much in the water-supply. There can be no doubt that the foolish style of infant feeding so prevalent amongst our working classes has much to answer for in the frequency of rickets in our city populations; and if the public attention thus drawn to the matter leads to an increase in the use of oatmeal as an article of diet, and to the discontinuance of many of those "modern innovations which have supplanted the simpler and more natural arrangements of living," we would find rickets as a disease

less prevalent in our midst, provided due attention is also paid to those conditions, such as impure air, bad drainage, and careless nursing, which are so favourable to its development, apart from the question of food supply.—*Brit. Med. Jour.*

**Endarteritis and Gangrene of the Limbs in Typhoid Fever.**—The cause of the arterial obstructions sometimes observed in typhoid fever has been the subject of much discussion and of numerous researches during the last few years. Some authors, adopting Hayem's opinion, tried to prove that thrombosis of the arteries is the result of their obliteration by an embolus coming from the heart; but this organ is sometimes found quite healthy, and a paper published recently by Dr. Barrié in the *Revue de Médecine* goes far to support an opinion already expressed by Patry de St. Maure, according to which the obliteration is due, in nearly all cases, to endarteritis. Dr. Barrié, who bases his conclusions on careful observations and necropsies, states that typhoid fever may produce two forms of endarteritis, the obliterating and the parietal. Both are characterized anatomically by an infiltration of all the coats of the artery with embryonic cells; the internal coat loses its polish, and in the obliterating form the blood coagulates at the diseased spot and plugs the vessel; in the parietal form, small clots are found on the internal coat, but the circulation is not arrested. These lesions occur most frequently in the arteries of the lower extremities, but they may be found also in those of the upper limbs, in the carotid, the arteries of the heart, liver, spleen, etc. They are due, according to Dr. Barrié, to an inflammation of the arterial walls, and to a vaso-motor paralysis consequent on the presence of micro-organisms in the blood. They appear generally about three weeks after the onset of the disease. The symptoms of the obliterating form are violent pains along the artery, which is hard and tender to the touch, diminution or disappearance of its pulsations, swelling of the limb without œdema or redness, and diminution of the temperature; after some time, dry gangrene of the limb generally supervenes, and amputation may be



required; the prognosis of the operation is of course very unfavorable, but some successful cases have been recorded by Lereboullet, Patry, and others. In the parietal form there is also pain along the artery and swelling of the limb, but the vessel does not feel indurated, the pulsations are often increased at first and then diminished; the temperature of the limb is generally lower but sometimes higher than on the sound side. After a few days the symptoms disappear, and in most cases the patient recovers completely.—*Brit. Med. Jour.*

**The Micro-Organism of Acute Infectious Osteomyelitis.**—Dr. Becker has made, in the laboratory of the Berlin Imperial Sanitary Office, a series of important experiments on the micro-organisms discovered by Schuller and Rosenbach. He collected pus from five cases of acute osteomyelitis in which the abscesses had not been opened, and cultivated the micrococci contained in it on sterilized potatoes, coagulated serum, and gelatine peptone. In the latter case the pus was introduced by means of needles into the mass, which was then kept at the temperature of the room during three to five days. After that time, the puncture made by the needles assumed the appearance of white streaks, around which the gelatine liquified gradually and took an orange color. After a few days more, the mass gave out a smell like sour paste, and the microscope revealed the presence of large numbers of micrococci, having the same appearance as those found in the pus. A small quantity of the mass was mixed with sterilized water and injected into the peritoneal cavity of some animals; they died in a very short of acute peritonitis. The same fluid injected into the jugular vein caused acute septicæmia and death; but nothing abnormal was found in the bones in either case. Dr. Becker then injected a small quantity of the same fluid into the jugular vein of fifteen rabbits, after having, some days before, fractured or bruised the bones of one of their hind legs. On the day after the injection, weakness and loss of appetite were noticed; but after a short time the symptoms passed away, and the animals seemed to have recovered. At

the end of the first week, however, a swelling formed at the seat of the bruise or fracture, the animals lost flesh, and died after a few days. On dissection, large abscesses were found around and in the bones, and in several cases metastatic abscesses had formed in the lungs and kidneys. Numerous colonies of micrococci were discovered in the blood and pus of the animals upon which the experiments were made.—*Brit. Med. Jour.*

**Marriage and Mitral Stenosis.**—In a recent clinical lecture at *la Charité*, Dr. Landouzy stated that the mitral orifice is anatomically narrower in women. On the other hand, the hyperalkalinity of their blood leads to sclerosis. These conditions explain the frequency of mitral stenosis in women. Nevertheless, as long as the left auricle, says the *Journal de Médecine*, remains in good condition, the primary lesion makes but little progress; but when the great, vital test of pregnancy comes, there is danger.

Porak's statistics show that in gravido-cardiac disorders, as they are called, more than two-thirds of the cases are those of mitral stenosis, mitral insufficiency, or the two combined. Obstetricians are agreed in advertising that a woman suffering with mitral disease, especially mitral stenosis, should not marry; or, being married, should not have a child; or, having given birth, she should not nurse. A woman with mitral disease having been married, and becoming a widow without having borne a child, is in a most favorable condition if she remains content with widowhood. So, too, religious celibates who preserve their continence may have mitral stenosis, and live to the age of grandmothers.

Landouzy mentions the case of a young girl, who had been in the hospital under his care, and whom he had advised not to marry, but who disregarded his advice, married, became pregnant, and, after a miscarriage, died suddenly in an attack of asystole.

Of course, in cardiac disease, it is well to discourage marriage, but, in regard to such action, the old fable of Cupid being blind has countless illustrations, and at the bridal altar these

very maidens, like other brides, deck themselves with orange flowers, the very symbol of fecundity—whether they knew this or not—when they ought not to have a single pregnancy. But, when married, they are advised not to have children. How many women can control this matter? To avoid reproduction is very easy to advise, very difficult to do. Possibly it might be well to counsel these cardiopathics to prepare for marriage by first undergoing Battey's operation. But when the wife is not sterilized in advance, a similar proposition might be made to the husband, and in the day when our gentle sisters become professors of diseases of the male sexual organs, possibly normal orchidectomy may occupy as important a place in the surgical therapeutics of men as normal ovariectomy now does in diseases of women.

However, we are not sanguine that either plan of treatment for the prevention of pregnancy will be adopted; but we are inclined to think that germicide solutions may continue to be in demand by cardiopathic wives.—*Medical News*.

**Traumatic Aneurism of the Vertebral Artery.**—In the *Archives of Medicine*, for April, 1884, may be found the report of a case of traumatic aneurism of the right vertebral artery high up in the neck, which is interesting not only on account of the rarity of the lesion, but from the fact that Dr. R. F. Weir succeeded in effecting a cure by digital compression over the lower and anterior edge of the sac, in seven hours.

Dr. Weir tabulates eight similar cases, in which the error was committed of ligating the carotid artery. All proved fatal. He also refers to the case of Möbres, cured by the application of cold after pressure on the exposed external carotid had produced no effect on the tumor, and to that of Kocher, cured by graduated compresses of carbolyzed gauze acting on a pledget of lint, dipped in perchloride of iron, and crowded into the space between the transverse processes of the fifth and sixth cervical vertebræ. Hence, in the two cases in which the diagnosis was made, digital compression and direct compression have proved successful.

The great difficulty is in arriving at a correct diagnosis, which Dr. Weir says, may be done by "carefully considering the effect of pressure on the carotid, not only above, but also on a line with the transverse process of the sixth cervical vertebra, or rather over the anterior or so-called carotid tubercle. Compression above this point affects, as a rule, the carotid artery only; over and below the transverse process compression will not only occlude the carotid but also the vertebral artery, which runs to its outer side. It must be remembered, however, that the vertebral, instead of entering the foramen in the transverse process of the sixth cervical vertebra, its upward course sometimes remains exposed until it enters a foramen. To meet such possibilities, it has been suggested to isolate the carotid according to Rouge's plan, which is, with the sterno-mastoid relaxed, to grasp the muscle with the finger and thumb and to pinch the carotid between them. It is necessary also to keep in mind, in trying to effect vertebral compression, that the carotid tubercle is, according to Chassaignac, always from two to three inches above the clavicle. A traumatic aneurism whose pulsations are unaffected by compression of the carotid applied as above detailed, will be found to contain the vertebral artery."

In the treatment, ice and compression by bandages or the fingers having failed, the sac should be opened, the finger applied to the wounded artery until the clots are cleared away, and firm antiseptic plugging be resorted to, as was successfully done by Kocher in a case of aneurism, and by Kuester in two samples of wound of the artery.—*Medical News*.

**Rupture of the Urinary Bladder.**—Dr. B. Beck, General and Corpsarzt of the Fourteenth Armée Corps of the German army, has observed twenty-five cases of traumatic rupture of the bladder, and in the *Deutsche Zeit. f. Chirurgie*, xix, 4, 5, he reports two cases at length, and adds the following conclusions:—

1. That simple rupture of the bladder may be caused by direct or indirect violence—falls on the feet or the lower end of the trunk—and that the momentary position and attitude of the

body contributes in determining the situation, form and extent of such rupture. The bladder will always give way at its weakest part, the anterior or posterior wall, the point being determined by the direction in which the contents of the bladder are pressed by the outside force.

2. The only characteristic symptoms are those furnished by the wounded bladder itself, and these are: violent, frequently-returning attempts to urinate; inability to pass water spontaneously; flow of a small quantity of bloody urine on passing the catheter; strong contraction of the bladder, whereby its capacity is diminished; free movability of the catheter, after which the small emptied space speedily fills up with some urine, which sets up renewed straining. If bloody urine escapes, the diagnosis may be made of extra-peritoneal rupture, as it is only rupture of the anterior wall in the vicinity of blood-vessels that give rise to hemorrhages. Œdema of the external genitals, caused by disturbances of circulation, supports the diagnosis of extra-peritoneal rupture.

3. The fatal termination in cases of simple rupture of the bladder is not a consequence of peritonitis, but of intoxication by resorption of decomposed urine.

3. Internal medicines are insufficient. The first requirement is the introduction of a permanent catheter under strict antiseptic precautions.

As the urine that is poured out into the abdominal cavity is the greatest source of danger to the organism, the treatment in intra-peritoneal rupture should not be expectant. At the onset, or increase of local symptoms, if the general condition be gravely affected—and this will be seen in the course of a few hours—the following is the only mode of procedure calculated to save life: Laparotomy, removal of the urine poured out into the abdominal cavity, thorough disinfection, and, finally, closure of the bladder wound by suture. In extra-peritoneal rupture, when the urine has permeated the extra-peritoneal connective tissue, an expectant plan of treatment is allowable so long as changes at the centre of infiltration do not point to the necessity for surgical interference. The main point in the treatment is the

employment of a retaining catheter, with occasional cautious washing out of the bladder with some antiseptic fluid, in order that no fluids capable of becoming disorganized may be allowed to remain, to the jeopardy of the patient.—*Medical Press.*

**Etherization by the Rectum.**—Dr. A. Post reported three cases at the Boston City Hospital. The *Boston Med. & Surg. Journal* of April 17th had a short account of etherization by the rectum as done at Lyons. Its administration in that manner has been tried at the City Hospital since that publication. The ether has been given from a small bottle with a perforated cork, to which is attached a rubber tube, to the other end of which is fastened a catheter. The bottle of ether is placed in a vessel of warm water, and the catheter passed into the rectum. The ether is seen to boil in the bottle, and its vapor is conveyed through the tube into the bowel. The hot water used was drawn from the hot-water pipes, and was so hot as to be uncomfortable to the hands. The first case was a patient of Dr. Homans, a man with cellulitis of the arm, who had been vomiting before etherization. After the tube was introduced he first complained of the taste of ether in the mouth. It was then noticeable to the bystanders in his breath. His pulse grew rapid, the pupils dilated, he partially stiffened out, put his hand to his mouth, vomited, and anæsthesia was complete at the end of thirteen and a half minutes. The ether was discontinued almost as soon as he was insensible, but the anæsthesia continued for nearly thirty minutes, probably not so complete as to allow surgical interference without shrinking during all that time, but so complete that he lay without motion. During the afternoon he had two or three loose discharges, mostly gas, for which he received a starch and opium enema, and which soon ceased.

The second case was a woman of large size, who had eaten a hearty breakfast before coming to the hospital. She took an ounce and three-quarters of ether, and was insensible for thirty-four minutes. During the etherization the ether was administered evidently faster than absorption took place, as her abdomen became sufficiently distended to embarrass respiration; but a

little pressure on the abdominal walls caused the gas to issue from both ends of the abdominal tube, and all difficulty ceased. On recovering, this woman vomited perhaps an ounce of thin, yellowish fluid. Within an hour, had a natural movement of the bowels, and afterwards two slight loose operations, one of which was tinged with blood.

The third case was in every way a most favorable one except in length of time required to produce insensibility. The ether was given more slowly to avoid the distension of the bowels that had occurred in the previous case. A little less than two ounces was given, and etherization was complete in fifteen minutes. The stage of excitement was marked by a laugh and one or two comical remarks, but no struggle. Insensibility continued nearly 30 minutes, and no unpleasant symptoms occurred during recovery. This patient was operated on for piles, and her rectum was packed with sponges to provide against hemorrhage. Slight meteorism occurred, but no more than might well follow the closure of the anus. The sponges were removed after a few hours, but no diarrhoea showed itself.

So far as it is possible to draw conclusions from present experience, etherization by the rectum differs from inhalation principally by the absence, or rather the diminution, of the stage of excitement. If vomiting occurs during the etherization, it does not interrupt the administration of the anæsthetic. The unpleasant after effects seem less marked. Vomiting, if it occurs at all, is slight. The secretion of mucus, which so frequently fills the mouth and air passages, has not occurred so far. The spasm of the glottis which sometimes occurs at the commencement of inhalation, and which is the result apparently of the local effects of ether vapor, is not to be expected by this method. The feeling of suffocation which is so common when ether is given by inhalation, and which is the cause of most or at least a large number of the struggles which patients sometimes indulge in, is wanting. Of course the constitutional effects of ether, however given, are the same. The use of a much smaller quantity is sufficient to induce anæsthesia when given by the rectum, where all is absorbed, than when given by inhalation; at the same time

the effect is slower in most cases. After complete anæsthesia is reached it is apt to grow more profound after the supply of ether has been removed—so that its administration should cease when once the patient is asleep. The effect of ether upon different individuals varies very widely. It cannot be supposed that no patient will ever struggle if etherized by the rectum. Of course the man who makes a row whenever he is drunk will probably show his ugly disposition when ether is the cause of his excitement, but so far the excitement shown has been very small. The disagreeable effects seem to consist in the possibility of blowing up the rectum. Evidently the power of absorption differs in different individuals; probably the rate at which the vapor is poured into the rectum differs, as it ought to do, where the heat applied is indefinite and variable. It is necessary to watch the abdomen somewhat to see that it does not become ballooned. An irritation of the rectum is set up in some cases which, perhaps, corresponds to occasional effects on the air passages when the ether is inhaled, but nothing so far has transpired to cause alarm or anything more than a temporary inconvenience.—

*Boston Med. & Surg. Journal.*

**The Aryan Views of Doctors One Thousand Years Before Christ.**—The Aryans were a remarkable race. Their views of their doctors are commendable even now. Billings gives some of these views, from which we quote. Susruta advises medical students, “That they must utterly abstain from love and from hate, from anger and laziness, and from greed for gain. They must pay consideration to their external appearances, and have care that their clothing is appropriate and cleanly. They must be servants to the truth. They must show the same respect to the Brahmins, to their teachers in medicine, to their friends, and to all who turn to them for help. The doctor must wear his hair short; his nails must be clean and closely cut; he must never leave his house except with his cane or sun-shade; and above all, he must avoid any undue intimacy with women. He must be handsome, well-built, amiable, earnest, but without self-conceit, friendly, and full of spirit; his speech must be soft, yet encour-



aging, as that of a friend ; his heart must be pure and honorable ; he must be a patron of cleverness and sagacity, and must love his patients better than relations, friends or parents. One may have a fear of a brother, a mother, or a friend, but never of his doctor." Besides the theoretical instruction by lectures and books, the student was trained practically by visiting patients, witnessing operations, assisting in the same, and practicing upon models. Before he could begin the practice of medicine, each student was required to obtain the consent of the ruler having charge of the practice of medicine. The doctor among the Aryans practiced by the authority of the state. Susruta says : " Not seldom, through the carelessness of the ruler, unsuitable doctors were admitted to practice. Such men flatter the friends of the sick, are very attentive, take less pay, are bold-faced, and never attribute the poor results of their practice to their own ignorance. The educated practitioner must flee the company of such men as a thicket full of ravenous animals. The reward of the practitioner must be ordered according to the means of his patients. It is dishonorable to demand pay of Brahmins, relations, friends and the unfortunate." Thus it seems that doctors of three thousand years ago among the Aryans, had a government regulation of their practice. It also seems that they had an ethical code far more exacting than that of the American Medical Association. With reference to irregular practitioners, they were to flee from them as from the wild beasts of the jungles. It is questionable whether the ethics of to-day furnish truer doctors in the best sense of the term, than were found in those ages. The difference between then and now consists mainly in the amount of knowledge that he has since accumulated. As to the ways of so using this as to best serve the race and the doctors themselves, the same principles of action and deportment hold good.—*Det. Lancet.*

**Delivery Prevented by an Enlarged Fetal Spleen.**—Surgeon-General C. R. Francis, of the British Army, reports in the *Med. Press and Circular* a very singular case which occurred in the practice of Dr. Webber, of Dinagapore, India : A well-formed native female, aged twenty,

was taken in labor with her first child, and attended by a native midwife. The labor had continued for several hours, when the civil surgeon was called, his services being desired owing to the cessation of all pains after the delivery of the head. The child was dead, but he corrected the position with facility, bringing the shoulders down and hooked down the arms with his fingers. In this position traction was practiced for two hours without any advance. At this time the head became detached. The woman was then placed under chloroform and podalic version performed, but still without effecting delivery. It was decided to open up the child's abdomen, the distension of which was an obstacle to delivery. A guarded scalpel was introduced, and, after the opening was made, an enormous and hard tumor was detected, which required to be broken up before it could be removed. The delivery was then easily accomplished, and it was then discovered that the tumor was an enormously enlarged spleen. The placenta came away in eight hours without flooding, and the woman made a complete though slow recovery.—*Maryland Medical Journal.*

**The Tercentenary of Edinburgh University.**—At the students' reception of the University guests, which was, perhaps, the crowning event of the festival week, Professor Virchow of Berlin made the following speech:—

“I should have wished to speak to you in your own language, but as I only received the invitation to this meeting on arriving in London, it was impossible for me to prepare a good address; therefore, I beg to be excused if I make a modest German speech.” He then proceeded with his speech in German, of which the following is a translation: “In considering what to say that might be of interest to a group of students, I remembered that I would be speaking in this hall, not only to Scotland, but to England, Ireland, the Colonies, and the whole English-speaking world. I knew that great subjects were discussed in your University, in the wide range of which the teachings of this school were largely in accordance with my own. Among the matters which have a common interest for us, I am in such cordial sympathy with you that there is only one topic on which there may

seem to have been some disturbance in the happy relation which subsists between us. On that matter, therefore, you will allow me now to speak to you. I refer to the position which I am supposed to have taken up towards the teachings of Darwin. The opinions which I have expressed have, in some English publications, been much misunderstood. I never was hostile to Darwin, and never have said that Darwinism was a scientific impossibility. But at that time, when I pronounced my opinion on Darwinism at the Association of German Naturalists at Munich, I was convinced, and still am, that the development which it had taken in Germany was extreme and arbitrary. Allow me to state to you the reasons on which I founded my opinion. First, Darwinism was interpreted in Germany as including the question of the first origin in life, not merely its manner of propagation. Whoever investigates the subject of development comes upon the question of the creation of life. This was not a new question. It is the old *generatio equivoca*, or *epigenesis*. Does life arise from a peculiar arrangement of inorganic atoms under certain conditions? We can imagine oxygen, hydrogen, carbon and nitrogen coming together to form albumen, and that out of the albumen there was produced a living cell. All this is possible; but the highest possibility is only a speculation, and cannot be admitted as the basis of a doctrine. In science it is not hypotheses that decide, but facts; we arrive at truth only by investigation and experiment. I need not say that this demand of science for proof, instead of speculation, was long ago made in England. Ever since the time of Bacon it has had a home amongst you. We may concede that *generatio equivoca* is a logical possibility. But it is important for you students always to bear in mind the great distinctions between the construction of logical possibilities and their application in practical life. If you try to shape your conduct simply according to logical possibilities, you will often find yourself coming into violent conflict with the stern facts of existence. Let me give you an illustration. In recent times the fact of the presence of minute organisms giving rise to important processes has been recognized, not only in medicine, but in connection with agriculture and various in-

dustries. It was of the utmost importance to determine whether these organisms were originated *de novo* in the decomposing bodies, or were produced by similar pre-existing organisms, and introduced from without. A century ago it was possible to admit the spontaneous generation of micro-organisms. But M. Pasteur has demonstrated, by means of direct experiment, that, in spite of all logical possibility, all known micro-organisms found in decaying matter are derived from similar ancestors. No man would now be justified in practical life in acting on the possibility of a *generatio equivoca* of micro-organisms. A physician who finds himself in presence of infectious disease among his patients, or an agriculturist whose crops are blighted, or a man engaged in the production of alcohol or sugar by fermentation, must set himself to discover what brings about the changes with which he has to deal; he must see that organisms are there which have been imported from without, and must then inquire whence they have been derived. The physician who has to combat an epidemic dare not act as if the germ were spontaneously produced in any patient. Such is the difference between logical possibilities and the practical work of daily life. Every teacher of science must lead his students to suppose that each living being that he meets must have had a father and mother, or, at least, one or other of them; and every scientific conclusion maintains that one generation is legitimately descended from another precisely similar. That was one consideration that led me to warn my fellow-countrymen against developing a system out of logical possibilities. At the very time when we were getting free from the chains of former dogmas, we seemed to be in danger of forging new ones for ourselves. The second question concerning Darwinism had regard to the descent of man, whether from apes or other vertebrate animals. Was there anywhere a pro-anthropos? In regard to this question, I thought that the existence of such a precursor of man was a logical possibility, perhaps a probability. Only I found, to begin with, that it was a purely speculative question: not one raised by any observed phenomenon. No pro-anthropos had ever been discovered; not even a fragment of him. I had myself long been specially occupied in making prehistoric in-

vestigation to get near the primitive man. When I began these studies, twenty years ago, there was a general disposition to arrive at this discovery. Everybody who found a skull in a cave, or a bone in the fissure of a rock, thought he had got a bit of him. I wish you specially to notice that the smaller the fragment of skull, the easier it was to make out to be the skull of the pro-anthropos. It was never thought of where an entire skull was in hand. When the upper part of the cranium alone—the calvarium without the face and the base, as in the case of the Neanderthal skull—was discovered, it was easy, by changing its horizontal position, by elevating either the anterior or posterior part, to give the impression that it had belonged either to a being of a superior or of an inferior race. You can make the experiment with any calvaria. If you make a series of diagrams of skulls, placing them over each other, you may make them appear similar or dissimilar, according as you choose one or another fixed point for bringing them into relation. I should like to impress upon you that every discovery of that kind should be received with caution and scrutiny. In my judgment, no skull hitherto discovered can be regarded as that of a predecessor of man. In the course of the last fifteen years, we have had opportunity to examine skulls of all the various races of mankind—even of the most savage tribes—and among them all no group has been observed differing in its essential characters from the general human type. Hence I must say that an anthropological teacher has not occasion to speak of a pro-anthropos except as a matter of speculation. But speculation in general is unprofitable. As Goethe says :

“ Ein Kerl der speculirt,  
Ist wie ein Thier auf oeder Heide,  
Vom boesen Geist umhergefuehrt.”

(“ A speculating fellow is like a beast on a barren heath led about by the Evil Spirit.”)

The day before I gave the address in Munich to which I have referred, Haeckel had gone so far as to propose to introduce into our schools a new system of religious instruction, based upon the doctrine of the *Descent of Man*; and I still think it necessary to guard against the danger of constructing systems of doctrine

out of possibilities, and making these the basis of general education. Lastly, I have to refer to the geological aspect of the question. This is the most important aspect of it as treated by Darwin himself; and here we must recognise that the most important advance has been made in consequence of his ideas in our understanding of the progressive development of organs in the different classes of animals. From the earliest period, the organisation of man has been regarded, and can only be regarded, as an animal organisation; and, therefore, from a zoological point of view, the body of a man must be regarded as belonging to the animal kingdom. That I do not wish to deny. This day ten years ago, Liebig died. I recall his memory at this moment to repeat one of his memorable sayings, "Natural science is modest." He meant that science should be confined within the limits of observation. Every man who goes beyond that sphere becomes a transcendentalist, and transcendentalism has always been dangerous to science."—*Brit. Med. Jour.*, May 3.

### **Downward and Backward Dislocation of the Acromial End of the Clavicle.**—

The *New York Medical Record* says: Dr. Cassius D. Westcott, of Chicago, Ill., sends us a report of the following very rare case: "Mrs. K——, aged twenty-six years, while going down stairs made a mistep and fell three steps, striking against the baluster in such a way as to drive the acromion process of the scapula *over* the end of the clavicle. I saw her twenty-four hours after the accident. There was little swelling and no pain, except upon motion of the arm; notable absence of the usual prominence of the clavicle in its outer half, but by burying my fingers deep in the neck, I could outline the bone to its extremity, as it passed beneath the acromion, and demonstrate the absence of fracture. With the assistance of my friend Dr. Luce, the patient was etherized and I reduced the dislocation by putting my knee between the shoulders and drawing them forcibly backward. Some difficulty was experienced in maintaining the reduction, but patient recovered without 'impairment of function' and with no visible deformity. Prof. Edmond Andrews in the 'International Encyclopædia of Surgery,' says that only five similar cases have been reported."

CANADA

# Medical and Surgical Journal.

MONTREAL, MAY, 1884.

## A CASE OF OPIUM-POISONING TREATED WITH ATROPINE.

Dr. Finlay recently reported a case of opium-poisoning before the Medical Society of London, where life was no doubt saved by the judicious use of atropine. The patient, a man aged 36, swallowed, 20 minutes before his admission into the Middlesex Hospital, a quantity of tincture of opium and the compound tincture of camphor, equal to seventeen grains of dry opium. Before the stomach-pump could be used his respiration ceased. The employment of artificial respiration soon restored him. The contents of the stomach were then removed. Failure of respiration occurred a second time, but was again relieved by the employment of artificial respiration. In spite, however, of coffee, stimulants and compulsory exertion, the respirations became gradually less and less in number, until they were reduced to two in the minute. The  $\frac{1}{10}$  of a grain of atropine was given hypodermically, and repeated in half an hour. The respirations, a few minutes later, were found to be fully doubled on the average, although they continued irregular for some time. The pupils were soon noticed to be less contracted. In about three hours the respirations had reached ten per minute. The patient gradually recovered.

This case well illustrates the physiological antagonism which exists between opium and atropine, especially on the respiratory centre in the medulla. Dr. Finlay's patient was evidently dying from paralysis of his respiratory centre, and there seems to be no doubt whatever but that his life was saved by atropine, and that the atropine acted by stimulating the respiratory centre.

In treating a case of opium-poisoning with atropine, it is perfectly safe to give the latter in doses of up to the one-fourth of a grain, but higher than this it is not quite safe to go. It has, however, been given, and only with benefit, in doses of one grain. The doses given by Dr. Finlay were very small, and, considering the urgent symptoms present, too small. No harm could possibly have arisen by using it in doses of at least the  $\frac{1}{10}$  of a grain.

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### PROVINCIAL MEDICAL BOARD.

The semi-annual meeting of the Provincial Medical Board was held in this city on the 14th inst. A detail of the proceedings will be given in our next number. The accusations already made by Dr. Lachapelle against Victoria Medical College of having been guilty of grave irregularities were formally presented. A long discussion ensued, in which a good deal of warmth was displayed on both sides. It was finally resolved to refer the matter to a committee, to be composed of the four members of the Victoria College already investigating the case together with the members of the Board resident in the city and district of Montreal, this committee to report at the next semi-annual meeting in September. Dr. Geo. Ross again referred to the hasty manner in which the license examinations were conducted, and urged the Board to immediately consider the question of making suitable arrangements for the holding of these examinations prior to the general meeting. As it is now, these examinations possess neither the confidence nor the respect of the public.

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MONTREAL GENERAL HOSPITAL.—At the usual quarterly meeting of this institution, held on the 14th inst., the president asked for an expression of opinion from the governors present on the advisability of proceeding with the erection of a new building, the present structure being considered inadequate for the requirements of the city. He stated that he had in his possession certain plans drawn up by an English architect, but which he was not at liberty to produce at present. Many thought that an architect accustomed to this climate, or acquainted with



its peculiarities, would be in a better position to devise a suitable building than one who had never even visited this side of the Atlantic, as is the case with the gentleman whose plans are in the possession of the president. The whole matter was therefore referred back to the Committee of Management, to report on at the quarterly meeting in November. It is quite possible that the new building will not be proceeded with for some time, or at least until a sufficient fund is raised, say half a million dollars, to meet the increased expenses.

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—The following letter appears in the *Canadian Practitioner*, signed by six well-known physicians in Toronto :—

*To the Editors of the Canadian Practitioner :*

Will you kindly allow us space in your journal to make an explanation with regard to our names having appeared as subscribers to a work on "Domestic Medicine." The book was left at our residences under the pretext, in nearly every case, for examination, and a slip was presented for signature. The person who left it, in each case, said he desired the signature merely to show that the book had been received, and for no other purpose. Not wishing to act discourteously, we signed the slip, which was a simple receipt for the work, and the agent has no authority to use in his advertisement our names as subscribers for the "Practical Home Physician."

Several of the leading men in this city have signed *receipts* for this same book, and have been informed that their signatures thus obtained have been used to represent them as signifying approval of the book. If this has been done, a great injury has been inflicted upon them, and the case affords another warning to medical men to be extremely cautious in signing any printed paper relative to any book, preparation, instrument, or what-not. The "Practical Home Physician" is not, in our opinion, in any way a proper or suitable book to be circulated in private families, and we should be sorry to be made to suggest anything to the contrary.

—Some time ago, *L'Union Medicale* published an article headed "*Fiat Lux*," in which it was stated that certain students had received a private examination, and obtained certificates therefor from one of our local Universities. Circumstances pointed to Bishop's College as the one accused. To clear themselves from this insinuation, they took criminal action for libel against the editors of that journal. The grand jury threw out

the indictment, and the editors, in their turn, sued Dr. F. W. Campbell (Dean) and other members of the Faculty for damages. This case has recently been decided, Judge Johnson holding that no case for damages had been shown.

**CARBOLIC ACID IN TYPHOID FEVER.**—With many physicians it has been the habit to prescribe carbolic acid in typhoid fever. Especially in France is this practice common. Whether it does any good or not, has not been determined, but that its indiscriminate use is occasionally followed by untoward effects is highly probable. Robin, of Paris, enters a strong protest against its use, on the ground that its presence in the blood robs the tissues of sulphuric acid and potassium. Carbolic acid combines with the sulphates in the blood, and in its elimination the tissues are in consequence robbed, not only of their sulphuric acid, but also of their potassium and sodium, especially the former; and when we remember that a typhoid patient loses more of these compounds than a healthy person, we have sufficient reason to make us slow in recommending carbolic acid in this disease.

**HYPODERMIC INJECTIONS OF CHLOROFORM.**—M. Bouchard has made a series of experiments on rabbits and dogs, in order to determine the effect of subcutaneous injections of chloroform. A cubic centimetre of chloroform injected under the skin had no apparent effect on the animals until 24 or 36 hours had elapsed, when violent albuminuria declared itself, and death quickly ensued. Three-fourths of a cubic centimetre determines death; one-fourth results in one-half of the animals under experiment being attacked by albuminuria; one-fifth does not induce albuminuria. M. Bouchard supposes albuminuria thus produced to be due to chloroform poisoning, and that hypodermic injections of chloroform should be practised on patients with the greatest prudence. The cause of the death of the animals consequent on albuminuria remains unexplained.

**CORROSIVE SUBLIMATE POISONING FROM INTRA-UTERINE IRRIGATION.**—As most of our readers know, corrosive sublimate, in solutions of from one to a thousand, fifteen hundred, and two thousand, is coming very much into use as a substitute for car-

bolized water as a lotion for irrigating the vagina and uterine cavity in puerperal cases. In view of this fact, it is of the utmost consequence that it should be generally known that it is a remedy by no means free from danger. Professor Stedtfeldt of Copenhagen has recently reported a fatal case after intra-uterine irrigation with a solution of one part in fifteen hundred. The symptoms were slight collapse during the injection, and subsequently diarrhæa, vomiting, and suppression of urine, which quickly led to death. Hoffmeier reports another fatal case at Schroeder's clinic in Berlin. The symptoms were similar to those in Stedtfeldt's case. Mercury was found in the tissues. A third case is reported in the *Centralblatt für Gyn.*, April 26, 1884, by Mäurer of Coblenz. This latter recovered after most alarming symptoms. These were a cutaneous eruption (affecting also the vagina) of red points and erythematous patches, high temperature, rapid pulse, and fetid diarrhœa.

**THE TREATMENT OF ACNE.**—Dr. Piffard, the well-known American dermatologist, considers that, in the treatment of acne, internal measures are more important than external applications. For the common form (*acne vulgaris*), he says that the sulphide of calcium, given in small doses, is the most trustworthy agent that we possess. Next in usefulness he ranks the bromide of arsenic, which should be given in doses of from the  $\frac{1}{100}$  to the  $\frac{1}{50}$  of a grain. It is best administered in alcoholic solution, well diluted. For a local application in acute cases, he recommends an ointment of belladonna; and in subacute and chronic, green soap or some mercurial ointment.

—There is a bill at present before the United States Congress entitled "An Act to regulate the carriage of passengers by sea," which provides for a regularly *licensed surgeon* on every steamship or vessel having more than fifty steerage passengers on board. Where the number of passengers exceeds six hundred, an assistant surgeon will be required. Every passenger ship must also be provided with two compartments, to be used exclusively as hospitals.

## Obituary.

## THE LATE DR. DICKINSON.

With sincere regret we chronicle the death of James J. Dickinson, M.D., C.M. (McGill, 1846), of Cornwall, Ontario, which occurred suddenly on the evening of the first of May. Dr. Dickinson was the son of the late Dr. Noah Dickinson, a gentleman who, being one of the U.E. Loyalists, left the United States and settled in Cornwall as a practitioner of medicine toward the end of the last century.

The subject of our notice led a somewhat eventful career. Born in the year 1819, he was of an age capable to bear arms during the troublesome times of the Canadian rebellion. He was in the affair of the Windmill Point, near Prescott, Ont., on the 13th November, 1838, serving in the ranks of the 2nd Regiment of Stormont Militia. The following December he was gazetted Ensign in the 3rd Provisional Battalion, which force was afterwards merged into the 5th Battalion of Incorporated Militia, and Mr. Dickinson was appointed lieutenant. In this capacity he served until the regiment was disbanded. In 1842 he commenced the study of medicine, and graduated at McGill University, M.D., C.M., in May, 1846. During the year following, Canada was visited by what was termed *ship fever*, a severe form of typhus, due in a great measure to a large emigration, chiefly from Ireland. The emigrants were forced to leave their homes in consequence of the failure of the crops. Dr. Dickinson, with many others, heroically braved the danger, and went to Grosse-Isle, the quarantine station below Quebec, where temporary hospitals had been established by the Government for the relief and care of those who came to our shores to die. We could record the deaths of many of our own class-mates who, with our late friend, entered the same service. There were few of that little heroic band that escaped the disease, and many of them succumbed to it. The names of Fortin, Jacques, Pinet, Malhiot, Paradis, Allan, Keefer, and others occur to us, and although nearly forty years have passed since some of them left their bones to whiten on the Grosse-Isle shore, still is their

memory green, and this incident of one of the number passing away, in peacefulness and honor, recalls to our memory many of the circumstances of our youth and early manhood. These, indeed, were busy times, and no greater proof of the heroism and devotion of the members of the medical profession can be offered than when a little band of men, like a forlorn hope, stood in the breach to wait upon and serve those afflicted with plague and pestilence, even at the risk of their own lives.

Dr. Dickinson, in August, 1847, came to Montreal from Grosse-Isle with typhus fever, and went through that disease in this city, after which he returned to his duties at the Island, where he remained until the close of the season. He subsequently settled in Cornwall, his native town, and practiced his profession throughout life. In 1850 he married Mary, daughter of the late Rev. Salter J. Mountain, M.A., of Cain's College, Cambridge. Mrs. Dickinson survives, as also three sons and six daughters. Dr. Dickinson was an excellent surgeon, a man full of resources, very practical, and as a physician, there were none in the country round his superior, and few his equal. Many will miss him, now that he is gone, for he was kind, courteous, and a strict observer of medical ethics. He was a general favorite, and as a practitioner, was consulted far and wide by his *confrères* on both sides of the St. Lawrence river. His was an active and valuable life, and like many another, worked to the very last with a full interest in the service of his calling, making monetary reward a secondary consideration.

G. E. F.

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### PROFESSOR S. D. GROSS.

The celebrated Professor Gross, of Philadelphia, died on the 6th inst., after a short illness. We copy the following obituary notice from the *New York Medical Journal*:—

Samuel D. Gross, M.D., LL.D., D.C.L., emeritus professor of the institutes and practice of surgery in the Jefferson Medical College, was born near Easton, Pa., July 8, 1805. After a high-school education, he studied medicine as a pupil of the late Dr. George McClellan, and received the degree in medicine

from the Jefferson Medical College in 1828. He began practice in Philadelphia, but returned to Easton in 1830. In 1833 he removed to Cincinnati, having been made demonstrator of anatomy in the Medical College of Ohio. In 1835 he became professor of pathological anatomy in the medical department of the Cincinnati College. During his stay in Cincinnati he earned a wide reputation as a surgeon and as a contributor to the advancement of medicine. In 1839 he was made professor of surgery in the University of Louisville, where his fame soon became national. In 1850 he came to New York, having been appointed to the chair of surgery in the medical department of the University of the City of New York, as the successor of Dr. Valentine Mott. He served but one season in this capacity, however, and returned to Louisville in 1851. In 1856 he was chosen professor of surgery in the Jefferson Medical College, succeeding Dr. Mütter, and he remained in Philadelphia thereafter.

During the early part of his career as a teacher, Dr. Gross was chiefly known to the profession throughout the country as the author of a systematic treatise on pathological anatomy which was for many years the standard text-book in America. In 1859 the first edition of his "System of Surgery," a colossal and monumental work, was published. This book at once took a prominent place in the surgical literature of the world, and, perhaps, more than any other single work ever issued from the American press, served to disclose the achievements of the American profession to their colleagues in foreign countries. Ever since it appeared it has been everywhere considered as among the best treatises on the subject. Dr. Gross was the author of several other works, all of which bore evidence of excellence, and at one time he was the editor of the "North American Medico-Chirurgical Review." He was the first president of the Philadelphia Pathological Society, of which he was one of the founders, and at different times he was president of the American Medical Association, of the Pennsylvania State Medical Society, of the International Medical Congress, and of the American Surgical Association. He received distinguished

honors from a number of foreign universities, including the degree of D.C.L. from Oxford and that of LL.D. from Cambridge and Edinburgh, the degree from the latter university having been conferred upon him *in absentia* at the tercentenary festival.

In addition to these formal honors, Dr. Gross was held in heartfelt admiration and esteem by the great mass of the profession in the United States, of which there could be no more touching mark than the action of the American Medical Association at the meeting held last week in Washington. Few men ever lived who bore greater sway over the medical profession than Dr. Gross has borne for many years past, and his influence was due to no art, but to a simple power of a long course of devotion to the best interests of those who delighted to do him honor. The world is better for his having lived, and no one will read the announcement of his death without a feeling of sadness. There is something touching in the fact that Dr. Gross and Dr. Willard Parker, who were closely associated in their early life, have paid the debt of nature within a few days of each other.

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### Personal.

Dr. Roddick has returned to the city and resumed practice.

Dr. James Bell, late Medical Superintendent of the Montreal General Hospital, has commenced private practice in Montreal. We wish the doctor every success.

Dr. James Gray succeeds Dr. Bell as Medical Superintendent of the Montreal General Hospital. His term of office expires in May next.

Dr. William Stephen, who has been absent for some months in London and Vienna, returned to his old quarters a few days ago.

Dr. Buller joined the benedicts on the 16th ult., and returned to the city a few days since after an extended bridal tour. He will please accept our heartiest congratulations.

Drs. Osler and J. B. Howard have reached Berlin, where they purpose spending two or three months in the pathological laboratories and lecture-rooms of that great medical centre.

Dr. John Gardner, brother of our esteemed Professor of Gynecology, intends hanging out his shingle in Point St. Charles. We predict for him a very prosperous future.

Drs. Fergusson (medallist, 1884), Johnson and Graham have been elected to the resident positions in the Hospital made vacant by the resignations of Drs. Gardner, Gray and Henry.

Dr. James C. Irvine (McGill, '66), is whiling away a few months of leisure as surgeon of the "Circassian." The doctor spent several years on the west coast of Africa, where he appears to have practised his profession most successfully.

We had the pleasure of meeting our old and esteemed friend Dr. Wickwire of Halifax the other day, when passing through that city. We hope to see him in Montreal at the meeting of the Canada Medical Association in August.

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### Medical Items.

—Twenty ladies graduated at the Woman's Medical College of Philadelphia at the last commencement.

—The "Planet," edited by Dr. E. C. Nelson, of New York has been discontinued. It will be missed by those who enjoyed the piquant humour peculiar to it.

—Carbolic acid is the best disinfectant for phthisical sputum, according to the experiments of Drs. Schull and Fischer. A five per cent. solution will disinfect an equal amount of sputum.

—In 1866, carbolic acid first appears in the dispensary-books of King's College Hospital, in which year it cost £5 8s. Last year the Hospital paid £126 for this article alone. Notwithstanding this, however, the average drug expenditure has considerably diminished in that time, the adoption of antisepticism being thus an economical move in spite of the high price of carbolic acid.



—The late Prof. Gross of Philadelphia set a noble example in having ordered his body to be cremated. If every member of the medical profession who dies in the present year could be induced to make the same arrangements for the disposal of his remains, cremation would soon become fashionable.

—The American Medical Association held its annual meeting in Washington last week. Judging from the reports to hand, the session must have been a great success. The elder Gross was lying on his death bed at the time, and when asked if he had any word to send the Association said in a feeble voice, "Give them my love." A special committee, of which Dr. Billings is chairman, was formed to arrange for the meeting of the International Medical Congress in the United States three years hence. We notice with pleasure that our old esteemed friend, Dr. Botsford, of St. John, was present as delegate from the Canadian Medical Association, and was invited to a seat on the platform. He was accompanied by Dr. Steens, also of New Brunswick.

ONE GOOD EFFECT OF LISTERISM.—Since the introduction of antiseptics into Germany and Austria, German surgeons no longer, it is said, wear mourning under their finger-nails.

EFFICACY OF BICHLORIDE OF MERCURY IN RINGWORM.—In the February number of the *Journal of Cutaneous and Venereal Diseases*, Dr. R. W. Taylor recommends a solution of corrosive sublimate in the treatment of the various forms of ringworm. He found that the efficacy of the mercury was much enhanced by dissolving it in tincture of myrrh. The strength of the solution was four grains to the ounce. Eczema marginatum, and ringworm in general, were readily cured by thoroughly painting the affected parts with this parasiticide solution. It was applied twice daily. He believes that the tincture of the gum-resins make excellent vehicles for various agents in the treatment of skin diseases.