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MEDICO-CHIRURGICAL SOCIETY.

STATED MEETING, DECEMBER 15TH, 1882.

The President, Dr. K. A. KENNEDY, in the Chair.

Dr. Gurd exhibited a patient in whom the expiratory act was of a peculiar interrupted character, the air being expelled in a series of distinc ly audible jerks quite evident to the ear some four or five inches from the mouth. A condition resembling this somewhat has been described by Drummond as a diagnostic sign of thoracic aneurism, and it is explained by pulsation on the trachea. The woman is healthy in every respect, and physical examination fails to reveal any condition likely to give rise to the symptoms.

Dr. Mills said that he had heard slight murmurs accompanying the expiratory act very similar to this after exertion, possibly being transmitted through the medium of the trachea acting as a conducting board.

PATHOLOGICAL SPECIMENS.—Exhibited by Dr. Osler.

I. Lungs from a case of Tuberculosis of Pleura and Lungs.

History.—Mrs. McL., aged 27, admitted early in November to General Hospital under Dr. Ross. Hard drinker, early symptoms of cirrhosis of liver. Hemorrhage from bowels, no ascites, intense tenderness over region of liver. Pleurisy on both sides and signs of tuberculosis of lungs. Left lung covered with a thin fibrinous exudation, thickest at base and near the edges. In places the membrane is studded with minute granular bodies resembling tubercles, which are best seen where the exudation is less abundant. The organ is crepitant throughout, a caseous spot is seen at apex, and a narrow fibroid area in the lower lobe. No disseminated tubercles throughout the substance.

The right lung presents a similar exudation, less abundant than in the left lung. At the apex is a small caseous mass with a cavity the size of an almond in direct communication with a bronchus. In the neighborhood of this are several small groups of tubercles. The lower lobe also presents a couple of small caseous bodies, but no scattered tubercles.

The costal pleura is thickly lined with false membrane, is congested, and presents small gray bodies scattered through the membrane.

Liver.—Weighs 2,200 grammes, is large and pale. Lobules distinct, bile-stained in center. Organ is both fatty and cirrhotic. Other organs normal.

II. *Specimen of Ulceration in Typhoid Fever.*

Clinical History.—I. McI., æt. 35. Attack sudden, onset marked with rigor; admitted to hospital on 7th day. Did well at first, then became delirious, and shewed signs of bronchitis. The "typhoid symptoms" set in and patient died on the 15th day.

Lungs are dark-colored, full in volume, crepitate throughout; lower lobes are sodden and very heavy, and crepitate but slightly. On section cut surface shews much blood. Bronchi shew a dark mucous membrane covered with mucus.

Spleen enlarged, dark and soft intestines.

In the ilium in the upper part one or two small reddish spots a little elevated above the mucous surface. Only one ulcer of any size, this is about 1½ feet from the valve. Several of the Peyer's patches are only injected, and present here and there an isolated swollen follicle. An enlarged patch is next the valve. There are a few solitary glands enlarged and capped with sloughs or presenting small ulcers.

III. *Fibroid Disease extending to the Lung from the Pleura. Cirrhosis of Lungs and Kidneys.*

A. D., æt. 33. In General Hospital under Dr. Ross. Signs of phthisis and dropsy, albumen, casts and pus in urine.

Autopsy.—Anasarca of legs. 1½ pints of fluid in abdomen, turbid effusion in pleura, adhesions on both sides, unusually firm on the right. Heart—Organ is large, especially on the right side. Right ventricle somewhat dilated, walls firm and somewhat increased in thickness. Tricuspid orifice 4¾ in. in circumference. Aortic valves a little opaque and thick, as are also the mitral. Aorta presents a few small patches of fatty change but no atheroma.

Left lung crepitant throughout, lower lobe heavy and sodden; pleura of upper lobe covered with adhesions. About the middle of upper lobe a small cicatricial spot extending from the pleura into the substance. In this is the small cavity of a dilated bronchus.

Right lung small, especially at the lower part. It is very intimately adherent to the diaphragm, and the diaphragm at that part to the liver. The pleura covering the lower half of the lung is much thickened. In places nearly 1 c.m. thick, averaging about 5 m.m. The diaphragm, pleura and lung form one dense firm mass.

On section through the lung the upper lobe is crepitant and healthy looking. The lower lobe presents numerous fibrous bands passing into it from the thickened pleura, constricting the lung and greatly diminishing the volume of the lower lobe. Close to the pleura the tissue is quite fibroid and airless. In the deeper parts the tissue between the fibroid septa still contains air. The organ presents a beautiful example of fibroid disease extending to the lung from the pleura.

Spleen a little enlarged; pulp soft; kidneys small; capsule detaches without difficulty; surface irregular, and presents numerous coarse granules and several cysts. On section organs are firm. Cortex much reduced, in some places only 2 m.m. thick. It is pale, and presents a few opaque spots. The pelvis of the left kidney is in a state of inflammation extending into the calices. Liver closely adherent to diaphragm. Presents a small fibroid area at a spot corresponding to the fibroid disease of the lung. Substance pale and a little tough, but presents no marked alteration.

Nothing of note in other organs.

Dr. Alloway exhibited a specimen of a placenta, removed by the Uterine Curette, with the following history:

Patient aged 41, married 20 years; has had 10 children at full term, and 4 miscarriages (2, 3, 5 and 5 months respectively), 14 pregnancies in all. She is now in her 5th month of pregnancy; has had metrorrhagia for the last five weeks with occasional pain. On the 10th inst. Dr. Alloway was sent for. Found membranes protruding through the os, with the embryo contained within. The internal os was fairly well dilated, but could not introduce finger beyond it, notwithstanding the use of considerable pressure outside in an endeavor to force the uterus low down in the pelvis. The pain would have been intense without an anæsthetic. The embryo was removed. No protruding placenta could be reached with the finger, but concluded it must be firmly attached to the uterine wall. So firm and complete were the adhesions that considerable difficulty was experienced in endeavoring to find a part sufficiently detached to insert the curette. When this point was gained the whole was detached without any further difficulty. During the operation the patient was placed across the bed on her back, with her feet resting on Dr. A.'s knees. No pain whatever was experienced, and the operation occupied about twenty to thirty minutes. The patient was placed on M. x. Ext. Ergot. fld. three times a day. Recovery was complete in ten days. Dr. Alloway remarked that his chief object in exhibiting the specimen was to point out the complete form of the placenta removed and the fibrous condition of its tissues. That the embryo must have been dead seven or eight weeks judging from its size, and the utter impossibility of the uterus being relieved of its contents without the aid of the curette or an anæsthetic.

That the use of the tampon and the expectant plan of treatment would have ended in septicemia and probably loss of the patient's life.

Dr. Trenholme urged the great value of the finger, and preferred it to any instrument. By hooking the finger over the inner os, and pressing down over the fundus externally, almost every case could be easily managed; in fact, he had never met with a case where the finger failed to remove any adherent placenta in early abortions. Where the abdomen was difficult to depress, chloroform gave perfect command of the patient. In this connection Dr. Trenholme remarked that he had a case where the dead fœtus was retained as a sessile tumor for six or seven months, the woman having monthly hemorrhages until it was removed. This form of hemorrhage during gestation is due to non-union between the *reflex* and *uterine* deciduæ.

Dr. Gardner testified to the value of the vulcellum. In many cases it is very difficult to force the uterus sufficiently low down, and it is much more easily brought within reach by fixing one lip with the vulcellum, and then drawing the uterus down. He has never used the curette. As a rule he can succeed perfectly with the finger, which he prefers to the curette, but no doubt cases will occur where the removal of the attached membranes is facilitated by the curette.

Dr. George Ross said that it was most important that an anæsthetic should be administered, after which the uterus can be forced down with comparative ease in many cases where otherwise it would have been quite impossible; he also spoke of his preference for the finger as compared to the curette in these cases.

Dr. Cameron as opposed to Dr. Alloway, who invariably uses ether as an anæsthetic, held that chloroform was much better, and spoke of a case where, owing to rigidity of the parts from the former, the removal of the contents of the uterus was rendered impossible until chloroform was used, when it was easily effected.

Dr. F. W. Campbell also spoke of the advantage of the finger over the curette, and of the assistance rendered by the use of the vulcellum.

Dr. Fenwick exhibited the portions of bone removed at an operation for excision of the knee-joint performed by him that day. The patient, 21 years of age, gave an account of an acute synovitis in the knee-joint twelve years before, following cold or some very indistinct injury, and frequent attacks of more or less severity ever since. On consulting him the joint was swollen, loose and tender, and there were severe starting pains at night. At the inner side of the head of the tibia it was very tender, and possibly the disease commenced in the periosteum at that point. On cutting into the joint the semilunar cartilages were found destroyed, and the cartilages of the femur gone; erosion of the bones and a fringed condition of the synovial membrane.

The usual form of operation was followed, rounding off the end of the femur and hollowing out the tibia, not more than 1¼ inch of bone was removed. Dr. Fenwick remarked that the great advantage in children was to save the epiphysis, and thus benefit by the growth of the bones.

Dr. Mills explained the method of demonstrating the urinary pigments, and exhibited specimens illustrating the different steps in the process, which latter are as follows:

About 50 c. c. of urine suffices to show the reactions clearly. (1) Urine treated with strong solution of acetate of lead and a few drops of ammonia and filtered.

(2) Pasty mass remaining on filter, treated with strong sulphuric acid and a little alcohol and filtered.

(3) To the yellow filtrate is added excess of strong sulphuric acid and boiled.

(4) The resulting dark fluid is then diluted with a large excess of water, and allowed to stand; a flaky black precipitate (very soluble in ammonia) deposits. This is diromelamine, a resultant product of the decomposition of urochrome.

Dr. Gardener then read a paper on *Cases of Procedentia Uteri*, with the view of giving an account of the experience he had had at the *University Dispensary* and in private practice, of this condition, illustrating its nature and treatment. He included under the head of *Procedentia Uteri* those cases of elongation of the supra-vaginal cervix, with protrusion or descent of the vaginal wall through the vulva. In a large majority, 10 out of 13 of the cases reported, this condition was present. As to the nature of this elongation he thought there could be little doubt of its being in the main due to a "tensile elongation," as Matthew Duncan calls it, of the supra-vaginal portion of the cervix through primary descent of the vagina and bladder, and in some cases leading to a remarkably extreme degree of elongation and thinning of this portion of the cervix. *Huguier*, who was one of the first to call attention to the subject, held it

to be a true hypertrophy. "*Allongements Hypertrophique du col de l'uterus,*" but from facts adduced from the experience of *Fritsch*, and from the cases cited by the reader of the paper, such a view would seem to be disproved. The great majority of the cases reported occurred in women from six to sixteen years past the menopause, and in whom senile involution, as well as stretching, was a factor in the production of the condition. The opinion that it is a stretching is also borne out from experiments on the cadaver; and furthermore on the living subject when the parts are replaced and retained, and all traction force removed, the stretched cervix in a short time retracts, becomes shorter and thicker.

In regard to the treatment of Procedentia Uteri by surgical measures, Dr. Gardner held that although valuable, as such operations were in certain cases, yet they were often unnecessary and inexpedient, always uncertain in their results and in some cases positively dangerous; and while thousands of women can be so thoroughly relieved of their symptoms by pessaries they will not listen to any proposal to perform an operation. Dr. Thomas of New York states that in a certain number of cases where traction of the prolapsed vagina, rectum or bladder is the cause of the uterine displacement, operation should be the chief resource; but if a heavy uterus presses down of its own weight, or is forced down by pressure from above, closing the perineum or contracting the vagina by colporrhophy is illogical, unnecessary and empirical.

In reference to the many forms of pessaries in use to keep the prolapsed uterus within the pelvis the great principle to be observed is that they fulfil their purpose with as little distension as possible of the vagina. The Gehring pessary, with which Dr. Gardner has had most experience, he has found to answer admirably in a number of cases and fulfil in an important way the above-mentioned general indication in the use of pessaries. It supports the cystocele very effectually, and in this respect has no equal. One objection, however, from which it is not free is that it interferes with marital relations, but that it does not positively prevent coitus is shewn by instances of conception in patients wearing the pessary.

In reply to Dr. Campbell, Dr. Gardner remarked that he used and believed in the utility of tampons soaked in an antiseptic and astringent solution, such as that recommended by Bell of Glasgow, in the treatment of recent cases of prolapse of mild degree. Intravaginal pessaries were in many cases quite ineffectual where the object in view might be attained by a pessary with an external support, such as the Cutter cup or ring.

In reply to a remark from Dr. Trenholme, to the effect that he preferred the Hodge to any other pessary, Dr. Gardner said that he believed that there were cases in which the Hodge retained the parts, but there were others in which it failed, where the Gehring pessary succeeded admirably. It fulfilled one important indication, viz., that it supports the cystocele much better than any Hodge pessary could, without unduly distending the vagina.

In reply to questions from Dr. Roddick and others Dr. Gardner said he would certainly operate in suitable cases, such as those in which pessaries were not borne; when the patient was past the child-bearing period; when the uterus was not inordinately heavy, and therefore likely to again force its way gradually through the narrowed vagina; and when the patient's general health was good enough to warrant reasonable expectation of primary union; and, lastly, when the patient could spare the (sometimes quite considerable) necessary time.

STATED MEETING, DECEMBER 29TH, 1882.

Dr. HENRY HOWARD in the chair.

Cases in Practice.—Dr. Kingston exhibited a patient suffering from necrosis of the upper jaw, contracted from long exposure to the influence of phosphorous in the match works of Messrs. Eddy & Co., of Hull, Ont. The patient, a middle-aged man, had worked in the factory since six years of age, but the first evidence of infection was only six months ago, since which time the progress of the disease has been rapid. There is now complete necrosis of the alveolar processes of the upper jaw, with absence of the teeth and swelling and tenderness of the right side of the face from local periostitis. The lower jaw is healthy in every respect. Dr. Hingston spoke of the comparative rarity of these cases reported as occurring in the establishment of Messrs. Eddy & Co., and also of the fact of the lower jaw in this case being unimpaired, while the disease is generally spoken of as being peculiar to this bone.

Dr. Trenholme mentioned a case of necrosis of half of the lower jaw in a boy addicted to chewing matches.

Dr. Shepherd spoke of a case under the care of Dr. Macdonnell, the cause of which had been ascribed to the habit of burning matches in the mouth by a boy, shewing how peculiarly susceptible some were to the influence of phosphorous.

Dr. F. W. Campbell reported a case of pyæmia. The patient, an elderly person, during the past summer was poorly, and complained of flying pains in his feet, left the city, and returned about six weeks ago; pains continued. At this time the cuticle under the great toe and at the heel was slightly raised. On puncturing these points a watery fluid escaped, and the under surface of the big toe and a small portion of the little toe presented a small spot having a decidedly gangrenous appearance. He kept going about, and was actively employed till he had a severe rigor. Matter subsequently formed at the heel, which on evacuation was offensive and fetid. From this time there were repeated rigors. From the gangrenous spot a line of inflammation extended up over the instep and the inner side of the leg to the knee. A gangrenous looking spot at the instep disappeared on the application of poultices, but the condition at the toes remained unaltered, and shewed no tendency to spread. The arteries were hard and atheromatous. Cerebral symptoms soon set in, and the patient rapidly sank.

Dr. Hingston had met with many cases of gangrene, senile gangrene and other forms of the disease. In his opinion senile gangrene (although generally looked upon as fatal) is less dangerous than that of middle life; he had seen toes, and even half the foot, drop off, but in this form a small blush may indicate a fatal termination. He spoke of a case he had been consulted about last summer, in a man 54 years of age, commencing in gangrene of the small toe, which seemed trifling, only involving the 1st joint; in consequence of this an operation was postponed. In five or six days the whole toe was dead and half of the next toe, and matter was burrowing. No pulsation was felt in the artery as far up as the popliteal space. Amputation was then performed above the knee, and ½ an inch below the amputated part the artery was brittle like glass, and half way down the leg was blocked by a clot. The patient died from exhaustion in 36 hours.

Dr. Hingston said that gangrene of old age begins from without and extends inwards, whereas in that of middle life it shews itself in the skin last. The gravity of the case seems to be in inverse ratio to the age of the patient.

Dr. Howard spoke of the frequency of gangrene in the insane. In regard to the greater gravity in cases of gangrene occurring in middle life it might be explained by the greater power of absorption in these individuals.

The members were then invited into the reading-room to partake of refreshments provided by the officers of the society.

Progress of Medical Science.

TREATMENT OF AGGRAVATED HYSTERIA AND CERTAIN ALLIED FORMS OF NEUROSTHENIC DISEASE.

Dr. W. S. Playfair concludes an interesting and quite exhaustive article on this subject as follows:

The principal elements in the systematic treatment of these cases are—

1. The removal of the patient from unhealthy home influences, and placing her at absolute rest.

2. The production of muscular waste and the consequent possibility of assimilating food by what have been called "mechanical tonics;" viz.: prolonged movement and massage of the muscles by a trained shampooer, and muscular contractions produced by electricity.

3. Supplying the waste so produced by regular and excessive feeding, so that the whole system, and the nervous system in particular, shall be nourished in spite of the patient.

On each of these I shall offer one or two brief observations:

1. The removal of the patient from her home surroundings, and her complete isolation in lodgings with only a nurse in attendance, is a matter of paramount importance. This is a point on which I am most anxious to lay stress, since it is the great crux to the patient and her friends; and constant appeals are made to modify this, which I look upon as an absolute *sine qua non*. I attribute much of the success which I have been fortunate enough to obtain in my cases to a rigid adherence to this rule. In almost every instance of failure in the hands of others of which I have heard, some modification in this rule has been agreed to, in deference to the wishes of the friends; as, for example, treating the case in one room by herself in her own house, or in admitting the occasional visits of some relatives or friends. While, however, the patient is to be rigidly secluded, it is incumbent to secure the attendance of a judicious nurse, with sufficient intelligence aud education to form an agreeable companion, To shut up a refined and intellectual woman for six weeks with a coarse-minded stupid nurse, can only lead to failure. I have had more difficulty in obtaining suitable nurses, sufficiently firm to ensure the directions

being carried out, and yet not over-harsh and unsympathetic, than in any other part of the treatment. Whenever my case is not doing well, I instantly change the nurse—often with the happiest results. In addition to the isolation, the patient is put at once to bed, to secure absolute rest. In many cases she is already bed-ridden; in others there has been a weary protracted effort, and the complete repose is in itself a great gain and relief.

2. Under the second head comes systematic muscular movement, having for its object the production of tissue waste. This is administered by a trained rubber, and here again is a great practical difficulty. The so-called professional rubbers are in my experience worse than useless, and I have had to teach *de novo* a sufficient number of strong, muscular young women; and the aptitude for the work I find to be very far from common, since a large proportion of those I have tried have turned out quite unsuited for it. I cannot attempt any description of this process. I need only say that it consists in systematic and thorough kneading and movements of the whole muscular system for above three hours daily, the result of which at first is to produce great fatigue, and subsequently a pleasant sense of lassitude. Subsidiary to this is the use of the faradic current for about ten to twenty minutes, twice daily, by which all the muscles are thrown into strong contraction, and the cutaneous circulation is rendered excessively active. The two combined produce a large amount of muscular waste, which is supplied by excessive feeding; and in consequence of the increased assimilation and improved nutrition, we have the enormous gain in weight and size which one sees in these cases, it being quite a common thing for a patient to put on from one to two stones in weight in the course of five to six weeks. The feeding, at regular intervals, constitutes a large part of the nurse's work. At first from three to five ounces of milk are given every few hours; and for the first few days the patient is kept on an exclusive milk diet. By this means dyspeptic symptoms are relieved, and the patient is prepared for the assimilation of other food. This is added by degrees, *pari passu* with the production of muscular waste by massage, which is commenced on the third or fourth day. By about the tenth day the patient is shampooed for an hour and a half twice daily, and by this time is always able to take an amount of food that would appear almost preposterous, did not one find by experience how perfectly it is assimilated, and how rapidly flesh is put on. It is the usual thing for patients to take, when full diet is reached, in addition to two quarts of milk daily, three full meals, viz.: breakfast, consisting of a plate of porridge and cream, fish or bacon, toast and tea, coffee and cocoa; a luncheon, at 1 P. M., of fish, cutlets or joints, and a sweet; such as stewed fruit and cream, or a milky pudding; dinner at 7 P. M., consisting of soup, fish, joints, and sweets; and, in addition, a cup of raw meat soup at 7 A. M and 11 P. M. It is really very rare to find the slightest inconvenience result from this apparently enormous dietary. Should there then be an occasional attack of dyspepsia, it is at once relieved by keeping the patient for four and twenty hours on milk alone.

Such is a brief outline of the method to which I am here to direct your attention. As to the results, I have already published several remarkable illustrative cases, so that it is perhaps not necessary to do much more in this direction. I may say, on looking back at my cases, that the only ones with which I have any reason to be disappointed are those in which the primary selection has been bad: and in the few in which the results were not thoroughly satisfactory, I had doubts as to their suitability for the treatment, which I expressed before hand. These include one case of chronic ovarian disease, and one of bad anteflexion with fibroid enlargement of the uterus, in both of which the local disease prevented any really beneficial results. In the third I had to stop the treatment in a week, in consequence of cardiac mischief; two others were cases of positive mental disease; and in one case there was true epilepsy. I have no doubt that any positive coexistent organic disease of this kind should be considered a contraindication. In my other cases the results have been all that could be wished, and in many of them the patients have been restored to perfect health after having been helpless bedridden invalids for years; in one case twenty-three without ever putting a foot to the ground, in others sixteen, nine, six, and so on. In two instances my patients were in such a state, that it was found absolutely impossible to move them except when anesthetized; and they were brought to London by the medical men long distances under chloroform, in each case leaving in six weeks perfectly cured.

DIAGNOSIS BY ABDOMINAL SIGNS.

Dr. J. Matthews Ducan writes as follows in the *Med. Times and Gaz.*:

Begin by examining the abdomen, exposing it to observe its pigmentation, striæ or cracks, wrinkles, baggedness, scars, eruptions. Then you feel it carefully all over, and, if you find anything abnormal, you note the presence or absence of the numerous qualities or conditions which I shall presently describe in categories. Keep in mind the arrangement of the cavity into regions—epigastric, right and left hypochondriac, three lying above a latitudinal line joining the lowest fixed rib of either side; umbilical, and right and left lumbar, lying below the preceding three, and bounded below by a horizontal or latitudinal line which joins the iliac crests; hypogastric, and right and left iliac, beneath the three preceding. In mapping, besides the horizontal or transverse lines, you use two which are vertical or longitudinal, and run from the middle of Poupart's ligament.

Erroneous notions of the antero-posterior dimensions of this cavity, as a woman lies on her back for examination, are prevalent, being carried into the mind by the familiar anatomical drawings in books, which represent the anterior abdominal wall as far removed from the lumbar spine. Now, in a healthy woman this wall almost touches the spine; the aotic pulsations being, at the navel, frequently visible, and easily felt by the finger slightly depressing the wall.

Examining the abdomen of a healthy woman not overloaded with fat, you recognize localities by the floating ribs, the lower margins of the fixed ribs, the xiphoid cartilage, the iliac crests and spines, the pubic bones, the lumbar vertebræ, and the often accessible sacral promontory, the navel lying on the next lowest lumbar vertebra, and the aortic bifurcation about an inch lower down and nearly an inch above the sacral promontory. You may make out the position and dimensions of the spleen by percussion; and the lower margin of the liver may be felt or made out by percussion. Occasionally, in a thin, relaxed, healthy woman, with yielding abdominal parietes, you may, with some definiteness, feel the kidneys; and occasionally the fundus uteri can be made out. Some authors of eminence say the ovaries can also be felt, and do not add the qualification of "rarely;" but, for my part, I say that I have never distinctly felt them in the healthy or in the pregnant woman, and I regard the directions given for finding them in the unimpregnated woman as misleading. I shall afterwards point out to you how they may be felt and actually examined.

If, in any part of the abdomen, you find enlargement, or hardness, or tension, you specially investigate its conditions; and the conditions which you have to consider are numerous, for the possible diseases are numerous and various; and for the diagnosis it is necessary to make out the physical conditions and characters not only of the whole swelling, but also of its parts.

Sensitiveness, tenderness, pain, are conditions made out on this examination, and are mentioned here, though they are not physical, and do not come under a strict definition of signs; and one of them, pain, is a sympton—the great symptom, indeed.

The region or regions occupied, the size, including the prominence, and the shape, of the swelling, are ascertained.

It may be dull on percussion, resonant, or tympanitic, and these conditions may be present or absent in different parts and at different times.

It may be more or less elastic, or have the feeling of fluid—that is of having fluid contents; or it may present fluctuation, a sign quite distinct from that of a feeling of fluid.

It may be mobile or floating, or it may be merely displaceable, or it may be fixed.

It may present no definite characters, and is then called a fullness; or it may be hard in greater or less degree; or it may be a tumor—that is, a defined mass having three dimensions.

It may be growing at various rates, or it may be stationary, or decreasing.

There may be felt in it, or over it, friction, or pulsation, or movement.

If it has irregularity of surface, and no adhesions anteriorly of a tumor, then movement of it may be seen in inspiration and expiration, or on displacement by the hand. The bowels may also be seen to move or travel in like manner.

The ear may find it dumb, or may find a souffle, or a pulse, or friction, or gurgling, or movement of a fœtal limb.

All these points have in most cases, and in every case of difficulty, to be investigated and considered.

STRYCHNINE AND NUX VOMICA IN INFANTILE THERAPEUTICS.

We take the following rules for the use of strychnine in the disorders of the digestive organs of children from the lectures delivered by Simon in the hospital *Enfans Malades*, in Paris.

There is a form of dyspepsia that you will find in young girls, with faces full of expression, at the approach of puberty, when from eight to fourteen years of age. They come complaining of gastralgia, of different forms of dyspepsia; they are generally constipated. After eating, the epigastric region becomes swollen, tense and painful; their intelligence is above that of children of their age, but they are capricious, irritable, whimsical; already untruthful, they use far-fetched expressions, affected, and very different from what ought to come directly from the minds of children. These are the links of the chain that unites the neuropathic affections of children to confirmed hysteria. This is one of the favorite formulas of Mr. Simon, for that condition:

℞. Tr. of cascarilla, Tr. of cannella, aa 5 grammes.
Tr. of gentian, Tr. of colombo, Tr. of rhubarb, Tr. of nux vomica, 1 to 2 grammes.

This constitutes a very good aperient, of which ten drops should be given in some wine before meals. If constipation predominates, increase the proportion of rhubarb and tincture of belladonna:

℞. Tr. of rhubarb, 10 grammes.
Tr. of belladonna, 3 grammes.
Nux vomica, 1 gramme.

To be given in the same dose and manner as the preceding.

For those who will take powders, he prefers to give this prescription in that form:

℞. Powder of crab's eyes, 0.20 centig.
Magnesia calcined, 0.15.
Rhubarb, 0.10.
Nux vomica, 0.05.
Pepsine, 0.05.

If there be intestinal indigestion also, and meteorism becomes very pronounced, he orders the belly to be rubbed with the following liniment:

Tr. of nux vomica,	3 gram.
Tr. of belladonna,	5 "
Camphorated oil of chamomile,	15 "

or with a pomade of the neutral sulphate of strychnia, 1 part to 60 of ointment. You will be astonished to see how notably the meteorism will be diminished. The same ointment can be used for prolapsus of the rectum, and also for relaxation of the anal sphincter, so common in old people and children.

In paralysis of every kind nux vomica is much used, either to hasten the return of motion from peripheric or toxic paralysis, or to prevent the degeneration that takes place in muscles condemned to repose, or when the lesion is in their tropic centres.

In diphtheritic paralysis he gives two to five drops of tincture of nux vomica before each meal, insisting at the same time on tonic medication: cod-liver oil, or cinchona wine.

In the grave and extended cases of diphtheritic paralysis it is well to insist strongly on the use of strychnia; from five to ten drops of the tincture of nux vomica must be given at each dose, or from two to eight drops of the following solution, of which the effects must be carefully watched:

℞. Sulphate of strychnia, 1 milligr.
Eau, 1 gr.

Infantile paralysis is divided into two stages, the first or febrile, which lasts from six to eight days; at the end of that time, when the child is raised from his bed, the paralysis is first perceived. This is the beginning of the second stage, and it is only during this one that he uses nux vomica in the form of tincture. From five to ten drops during each meal will have the effect of awaking the muscular functions, and of combating the atony of the digestive organs.

In other affections of the nervous system, such as the weakness of the convalescents, the paresis that is brought on by long-continued surgical dressings, and that which follows rheumatism, he employs nux vomica, alternating its use with that of arsenic. He has obtained good results from the arseniate of strychnia.

For chorea he does not use strychnia, because it is a rheumatic affection, and says that it should be treated as such; it cannot be cured, but may be rendered less severe. He knows nothing that will shorten it—its duration being about three months.

In incontinence of urine, when belladonna and the cold shower-bath have failed in nocturnal incontinence, you may have some hope in strychnia. The diversity of results obtained elsewhere is easily explained by the immediate and predisposing causes of that infirmity. Belladonna is nevertheless preferable to nux vomica, which, on the contrary, excels when the incontinence is diurnal as well as nocturnal. In those cases of epilepsy that were not ameliorated by the bromides, either simple or compound, Mr. Simon found it well to order strychnia, alternating, about every five days, with atropia. He had two cases at that time that were notably benefited by this treatment, so entirely opposed to the bromides. It is an enigma, he confessed, that was inexplicable. The appearances of cerebral congestion were the same as those in other patients who received the greatest benefit from the bromides.

In concluding he said that strychnia was decidedly contraindicated in marked irritability, in cerebral irritation, in all acute disorders of the nervous centres; but, administered as he has carefully pointed out, it would always give the best results as a bitter, as a tonic, as an excitant of the sensibility, and of the reflex actions.—*The Progrès Medical.*

PLEURISY IN CHILDREN.

The following is a portion of a clinical lecture by Dr. Wm. T. Plant, published in *Obstetric Gazette*:

In the young as in the mature, pleuritus is almost always unilateral, and that is a blessing, for thereby we are furnished with a standard of comparison.

It is practically important that you should know that it occurs under different conditions. It may be *primary*—standing apart from any other disease; or it may be *secondary*—that is, attendant on and sequent to some other malady as pneumonitis, scarlet fever, nephritis, rheumatism or pulmonary consumption.

As a primary affection, its usual cause is taking cold. It may happen to the youngest infant, though it is mostly met with in children who are older and more liable to exposure. In grown people the initial symptom is a chill. Not so in infancy and not generally so in childhood. Sometimes vomiting is the first thing noticed; sometimes a convulsion or a series of them. But usually the first symptom of prominence is pain—a stitchy, stinging pain. Though infants cannot tell you this, the fact of pain is made evident by fits of crying and screaming and a disinclination to be moved from a chosen position. Older children will indicate the seat of pain. In most cases, perhaps, it is in one side near the nipple; but quite often it is not in the thorax at all, but in the upper part of the abdomen, and the child's constant wail may be that his "belly hurts." I would have you make a mental note of this, for not a few children have been treated for colic when the real trouble was pleuritic. I suppose the reason of this is to be found in the fact that the lower intercostal nerves are distributed to the integument of the abdomen. The pain of pleuritus in early life varies

greatly as to intensity. Sometimes the little one appears to be in the extremest distress, and there may be such tenderness of the affected part that the least pressure causes flinching. In other cases the pain is moderate and not lasting. Though I cannot give you the reason, I may mention the fact that the pain may remain limited to one small spot, though all the pleura of that side may have become inflamed.

I may as well tell you here that you will sometimes fall in with cases of pleurisy that are latent as to pain and other prominent symptoms. A child that had not been known to be seriously ill is brought to you for an opinion as to the cause of its failing health. You examine it and find one side of the thorax full of fluid. Insidious pleurisy is rather frequent in early life, especially in connection with scarlet fever and some other diseases.

The next symptom that will in most cases engage your notice is the cough. A child in the first days of pleuritis handles its cough with the greatest caution. It is short, dry, and frequent, and the pain that it causes and the efforts to suppress it are often depicted in the features. But the cough is as variable as the pain. In some cases it is well nigh constant; in a few so slight as scarcely to attract notice. But please to notice that the cough *follows* the pain—the latter generally having a lead of half a day or more.

Another point is the fever. Pleuritis, like other affections ending in *itis,* is attended by a rise of temperature. I think it is seldom quite as high as in acute pneumonia. The difference in surface heat between these two divisions may be strikingly evident to the hand. In pneumonitis the integument is often "burning hot;" in pleurisy it feels but little warmer than nature. In pneumonitis also the face is flushed, often crimson; in pleuritis, if there is a little flushing at first, it soon subsides and leaves the countenance pale and often rather sallow. Notice also the decline of temperature in the two diseases. In acute pneumonia it is sudden; at the end of a week or thereabouts the crisis occurs and the temperature falls quickly—in one day—to the normal or even below it. But in pleuritis the decline is always gradual. Often two or three or more weeks pass before it drops to the standard of health. The pulse is, of course, quickened in its pace, and there are the usual attendants of the febrile state.

Occasionally, in the first days, when the fever is at its highest, there is severe headache and active delirium; and if there is also vomiting and constipation you may lean towards a diagnosis of cerebral inflammation. But consider and weigh all the symptoms and carefully examine the chest, and you will seldom go wrong.

Another feature of this disease that claims your attention is the breathing. It is hurried, but less so, as a rule, than in pneumonia. If you observe it carefully you will be struck with its superficial character. The child prefers to breathe frequently rather than deeply, for it has learned that a full breath excites the cough and causes pain. There is seldom either much dyspnea or lividity. If the child needs more air, it breathes oftener rather than deeper. Sometimes there is a little expansion of the nares and an expiratory moan, but these features are seldom as prominent as in pneumonitis.

Altogether the child will probably seem to be less ill than are children with acute inflammation of the substance of the lung, nor is there at the end of a few days that sharp turn for the better that characterizes the latter disease. The natural result of an inflammation of the pleura is, as you well know, an increase in its functional activity; hence an exudation of fibrinous lymph or of serum, or both. Layers of fibrin are deposited on the pleural surfaces while detached shreds and floculi of it float in the fluid that is accumulating within the cavity. In most instances this fluid is a clear serum; but here is a point that I would emphasize: In children this fluid has a remarkable tendency to become purulent; sometimes, indeed, it has this character from the very first. This is empyema.

The amount of effusion is variable. There may be but two or three ounces—not enough to hamper the lung in its movements; or there may be sufficient to fill the cavity full and over-full, so that the lung, retiring before it, is crowded into a corner at the upper and inner part of the chest—an airless, bloodless, leathery lump.

I hardly need to tell you that, as a result of excessive effusion, the diaphragm may be pressed downward, the heart crowded to one side, the intercostal spaces rounded outwards, and the side considerably increased in its measurement. The increase in size, however, may be difficult to estimate, because the other side may be enlarged as much from the increased volume of the sound lung that now has double work to do.

I have gone somewhat minutely into the general symptoms because the physical signs on which in the pleurisies of adults we can plant ourselves with so much assurance are often, in children, unreliable and misleading. Especially is this so at first. Auscultation is unsatisfactory, because the child breathes as superficially as possible, and the friction sound is seldom caught in infants and young children.

After some days, when considerable effusion has occurred, a diagnosis is not difficult. The flat, toneless thud, and the sense of great resistance on percussion, are of themselves almost conclusive of a fluid accumulation. Above the level of the liquid the sound will be clear and tympanitic. In some instances the diagnosis may be happily confirmed by observing that the upper line of dullness varies with changes in the posture of the child. But often the fluid is confined by fibrinous partitions, or the pleural sac is full, and then this test is not available.

In the adult, when the effusion is large, all respiratory sounds may be absent, and the results of auscultation are only negative; but in children there is seldom so much fluid between the lung

and the chest-wall as to do away with bronchial breathing, and quite often the vesicular murmur may still be faintly heard. This will not be so, of course, when the accumulation is so great and the pressure so long continued as to wholly close the lung to the entrance of air. But in any event the contrast between the diminished air-sounds of the crippled side and the exaggerated respiration and hyper-resonance of the sound side will be so pronounced that there should be no error of diagnosis. When there is much effusion it may be both seen and felt that the usual mobility of that side is lessened.

Some writers speak of a change of shape as a sign of large effusion, consisting in lateral flattening and anterior bulging.

You will not forget that in the young, pleurisy and pneumonia are often concurrent—pleuro-pneumonia. In that case you will recognize the prominent symptoms of both diseases, and you will give a guarded prognosis, for the condition is one of extreme peril.

In early, as in mature life, pleurisy may terminate in different ways. In many—in most cases, the fever ceases within a few days; the exudation is speedily absorbed; the lung regains its former volume, and within two or three or four weeks the child may be as well as ever. In some cases, and especially if the pleurisy is secondary to other disorders, the child may die at length from diseases and exhaustion. In many instances, the fluid, if not purulent at first, soon becomes so. I think I have already stated that suppurative pleurisies are much more frequent in the young than in older people. Secondary pleuritis is very often of this character. Empyema is always a serious disease. It is true that when the quantity of pus is small it may be disposed of through fatty degeneration and absorption, but not so, I think, if the cavity is full or nearly full of pus. It is retained; and before long there are symptons of pyemic infection, such as high fever, exhausting night sweats and rapid wasting. After some weeks, or months, if the child lives so long, unless your art has provided an outlet for the pus, nature attempts its evacuation either through a spontaneous opening in the chest wall, or internally through the air tubes or esophagus, or possibly downwards through the diaphragm. In children, evacuation through the outer wall seems to be nature's favorite method.

But even when the drain has been established the child does not always recover. The production of pus may keep pace with its discharge until the patient sinks from exhaustion or falls into a hasty consumption. If it lives and the discharge at length ceases there is apt to be retraction of the side and spinal curvature, resulting from atmospheric pressure. In children, however, much oftener than in adults, the crippled lung may by slow degrees become re-inflated and reach at length its former volume, and in this way a very considerable deformity may in time be overcome.

Treatment. "Prompt and very efficient bloodletting is indispensable in the treatment of this form of pectoral inflammation. Blood should be freely drawn with the lancet until a decided impression is made on the pulse. The early application of leeches to the chest is also a highly important measure. As soon as the momentum of the circulation has been moderated a blister ought to be laid over the breast. The bowels must in the first place be freely evacuated by an efficient dose of calomel and rhubarb and kept in a loose state throughout the course of the disease by small doses of calomel and ipecac, or suitable portions of epsom salts."

I have quoted these lines from a great authority in his day, partly that you may see how tenderly the little ones of thirty or forty years ago were treated, but chiefly to caution you against such counsel. Do nothing of the kind. Do just the other way. Avoid reducing measures, and seek to preserve the child's strength.

The truth is that most cases of primary pleurisy tend to speedy recovery without medical treatment. Yet we are not on that account to withhold our ministrations.

If the pain is severe, considerable relief may usually be obtained by hot poultices—linseed as good as any—so covered as to retain their heat. More rapid and complete relief may be had by the hypodermic use of morphine—one-thirtieth of a grain for a child of one year. When the pain is referred to the abdomen a broad bandage so applied as to restrain abdominal and diaphragmatic movement may give some relief.

To quiet the cough at night, and secure rest, Dover's or Tully's powder may be given in doses of from one to three grains according to the age. At first, while the fever lasts, the diet should be light and simple; later it should be nutritive but plain. Constipation is to be obviated; beyond that I do not believe cathartics are of service.

Some cases require more decided treatment. In weakly children, especially if the pleurisy is secondary, absorption may be for a long time at a standstill. Your first duty in such cases is to determine whether the fluid is serious or purulent. This is easily done by passing the hypodermic needle through an intercostal space in the lower half of the chest. The back is preferable, because the child is less terrified when not a witness of the procedure. If clear serum is withdrawn you are justified in resorting to medical means to hasten its absorption. Among these means diuretics have always been in favor. If unable to devise a better, you may use a formula something like this: ℞ Potassii iodidi, ʒ ii; Potassæ nitratis, ʒ i; Infusi digitalis, ʒ ii; Syrupi simplicis, ʒ iss.; Elix., simplicis, ʒ i; Misce Aquæ ad, ʒ iv.

Signa. Teaspoonful once in four hours for a child three or four years old.

Tonics do well for these cases, and about the best of them is the old muriated tincture of iron,

From five to ten drops with syrup and water will not be too much for a child from one to three years old.

We likewise have local treatment for promoting absorption. Inunctions with blue ointment have, I am glad to say, fallen into merited desuetude. The compound iodine ointment is a good remedy. It may be applied over the effusion with suitable friction from one to three times daily. Eustace Smith prefers the liniment of iodine to any other form. He paints a spot the size of the palm of the hand twice daily until the skin becomes irritated and then works a new field. I believe that small blisters removed from place to place—flying blisters as they are called—are about as efficient agents as we have for exciting the absorbents. Only blisters, even small ones, are irritating and tantalizing to the young, and I seldom use them if I can serve my ends by other means. Seek in all ways to put your patient in good general condition. "Proper nutrition and good air," says Vogel, "are the main essentials to rapid absorption."

Some late authors recommend a "dry diet" to starve out the effusion. I doubt whether much is to be gained in this way, for the system will not long remain in good condition if deprived of a proper supply of fluid.

By perseverance in the use of the above means, with now and then, if the little one is not weak, a sharp cathartic or a sweat, most serious pleuritic effusions will, after a time, become wholly absorbed.

But if the quantity is excessive, if the mediastinum is crowded to one side and dyspnea occur, the fluid should be promptly let out. This may be done by a small trocar and canula, or better, perhaps, by the aspirator. It has often been noticed that the removal of a part of the fluid serves as a stimulus to absorption, so that the residue is taken care of without further instrumental aid.

Doubtless, mine and your esteemed friend, Prof. Alfred Mercer, of the chair of Surgery, will give you specific instructions as to the details of chest-tapping, or, to speak less burglariously, *paracentesis thoracis*.

If, instead of abating at the usual time, the fever continues or increases; if there are profuse night sweats and a growing debility, and if percussion shows that the fluid is not lessening, it probably is, or is becoming, purulent. If this suspicion is confirmed by an explorative puncture, the sooner you tap the better. It is true that nature may establish a drain and make a tardy and (too often) an incomplete cure, for the proportion of empyemas in children successfully treated by aspiration is much greater than of adults. If the pus reaccumulates after its withdrawal the operation may be again and again repeated.

It seems, sometimes, as if the whole pleura had become converted into a pus-forming membrane, so rapidly is it produced. For these cases I think the better way is to make a counter opening; to wash out the cavity daily with warm water *slightly* carbolized or iodinized, and to insert a drainage tube. In all cases of empyema, bear in mind the danger of phthisis. Feed your little patient liberally with milk punch, eggs, meat broth, and the best food he can digest, and resort early to such agents as cod-liver oil and quinia.

COLIC IN CHILDREN.

The *Medical Times and Gazette* says: In a clinical lecture delivered by Hofrath Prof. Widerhofer, and reported in the *Allg. Wein. Med. Zeitung*, No. 22, we find the following observations:—

By the term colic we understand an intestina neurosis originating in irritation of a chemical or mechanical kind, of the sensory nerves of the mucous membrane of the intestinal canal. The causes of this irritation arise either in a changed condition of the mucous membrane or in the nature of the contents of the canal. There may also occur pure y nervous colic, wherein neither irritating ingesta nor a pathological state of the canal is present, excitement of the central organs being propagated to the nerves of the canal. In infants who are at the breast it is indigestible milk, and especially when this is too rich in fatty matters, that causes the colic; and when children during the first six months are fed with amylaceous food, before a sufficiency of saliva is secreted, colic is also produced. This occurs, too, when indigestible matter are swallowed, such as sand, small pebbles, etc.; and we have good opportunities of observing the operation of this cause in idiots, who often swallow such objects in great numbers. And here we have to meet the question, whether during the period of lactation the mental emotions of the nurse may not induce colic in the infant. It is beyond doubt that frequent mental emotions may induce colic with convulsions, which may be explained by the changes that are induced in the secretion of the milk. In the group of colics induced by irritation caused by the contents of the canal, must be included that caused by constipation, by worms, and by the presence of foreign bodies. Of the morbid conditions of the mucous membrane which give rise to colic, enteritis folliculosa may be especially mentioned, and then scrofulous and catarrhal ulcers, the worst forms being observed in intussusception. Pure nervous colic appears in diseases of the spinal cord, and it may appear in hysterical form, which is not so very rare, and also as intermittent colic, with as regular rhythm as in intermittent fever. We may also include metallic colic, which certainly occurs far more frequently in children than it is diagnosed, as might be expected from the frequency with which toys are made of or contain lead. As regards diagnosis, the purely windy colic produced by the collection of gases which distend the canal and irritate the sensory nerves, comes on with attacks of pain and

with distension of the abdomen, ending with the expulsion of flatus. These attacks are paroxysmal, and are frequently accompanied by clonic convulsions, which may last for some minutes, and even for an hour or more. After the cessation of the paroxysm the child is either itself again, or may remain dull and feeble. In the intervals of the attacks there are no essential cerebral symptoms perceptible. The prognosis depends upon the nature of the cause, but it has been questioned whether a colic of itself alone may not prove fatal. Through the long duration of the accompanying convulsions, through the shock and the exhaustion of the nervous system, death may follow, and at the post-mortem no anatomical cause of the fatal termination can be shown. Hysterical attacks of colic especially concern very excitable children, usually nervous girls, and are characterized by violent pains, a drawing in abdomen, slight convulsions, and obstinate constipation. In the treatment of colic we must first endeavor to remove the cause. In suckling infants, colic is especially apt to occur when the nurse's milk exhibits a large proportion of fat, and in such a case the nurse should be changed. In flatulent colic, oleum chamomillæ or fœniculi may be given, with a drop of tinture of opium, as an oleo-saccharate. In metallic and in hysterical colic, belladonna is the best means; and intermittent colic should be treated by quinine.

SICK HEADACHE.

Surgeon Major Roehring of Amberg, reports, in No. 32 of the *Allg. Med. Centr. Zeit.*, April 22, 1882, a case of headache of long standing, which he cured by salicylate of sodium, which confirms the observation of Dr. Oehlschlager, of Danzig, who first contended that we possessed in salicylic acid one of the most reliable remedies for neuralgia. This cannot astonish us if we remember that the action of salicylic acid is, in more than one respect, and especially in its influence on the nervous centres, analogous to quinine.

While out with the troops on manœuvre, Dr. Roehring was called to visit the sixteen-year-old son of a poor peasant family, in a neighboring village. The boy, who gave all evidences of living under bad hygienic surroundings, but who had shown himself very diligent at school, had been suffering, from his sixth year, several days every week, from the most intense headache, which had not been relieved by any of the many remedies tried for the purpose. A careful examination did not reveal any organic lesion or any cause for the pain, which seemed to be neuralgic in character, a purely nervous headache. Roehring had just been reading the observations of Oehlschlager, and knowing, from the names of the physicians who had been already attending the poor boy, that all the common remedies for neuralgia had been given a fair trial, thought this a good opportunity to test the virtue of salicylate of sodium. He gave the boy, who, in consequence of the severity of the pain, was not able to leave his bed, ten grains of the remedy every three hours, and was surprised to see the patient the next day in his tent and with smiling face. The boy admitted that he for years had not been feeling so well as he did then. The remedy was continued, but in less frequent doses, for a few days longer; the headache did not return. Several months later Dr. Roehring wrote to the school teacher of the boy, and was informed that the latter had, during all this time, been totally free of his former pain, that he was much brighter than formerly, and evidently enjoying the best of health.

It may be worth while to give the remedy a more extensive trial, and the more so as we are only too often at a loss what to do in stubborn cases of so-called nervous headache.

THE SUBCUTANEOUS INJECTION OF ETHER.

It should be more generally known that ether injected subcutaneously has a powerful stimulant effect, and is remarkably efficacious in case of extreme depression of the powers of life. It has long been used to a limited extent in such cases, but increasing experience has enlarged the domain of its application. In adynamic pneumonia, in fevers when failure of the vital powers is threatened, in the puerperal state, in cases of thrombosis of important vessels, the injection of ether has been lately used with singular benefit. Besides, as a stimulant in conditions of depression it has important applications as a hypnotic and local anodyne. In cerebral excitement and wakefulness, accompanied by depression of the arterial circulation, it is most useful. In the more chronic cases of superficial neuralgia, as sciatica, lumbago, intercostal pain, zoster, etc., ether injected in the neighborhood of the affected nerves often gives surprising relief.

There are contra-indications to its use. It is not proper in the cases of cardiac depression due to chloroform or ether narcosis, and yet it has, in the confusion incident to such an event, been freely injected on the cessation of the cardiac or respiratory movements. Under similar circumstances, alcohol has also been freely injected subcutaneously, but this practice is equally improper—and both for the obvious reasons that these are synergistic agents. Ether, subcutaneously, is also not a suitable remedy when there is arterial excitement with power.

The technical details are simple. Ether must be injected with a glass or metallic syringe. Rubber and celluloid are damaged by it. As ether dissolves the oil with which the piston is lubricated, the syringe should always be put in order after ether has been injected. It is a useful precaution,

also, to see no particles of dirt or of leather are taken up with the fat. Vaseline appears to be the safest lubricant under these circumstances. From ten to sixty minims is the dose—fifteen minims being the quantity most frequently injected. Some smarting attends the operation, but if the operator is careful in withdrawing the needle to press on the orifice tightly, to prevent the ether escaping, much smarting will be thus obviated. A puffy swelling is caused by the vaporization of the ether, and this presently subsides, and only rarely is an indurated knot formed. An anæsthetic and analgesic area of limited extent surrounds the puncture.

The ether used should be of good quality—as good, indeed, as that employed for inhalation. The number of times injected will depend on the character of the case, but there appears to be no reason why it may not be injected frequently. Three or four times a day has been the rate in cases of adynamic pneumonia. When sudden, extreme depression of the heart is to be overcome, ten or twenty minims can be injected every five minutes, until some result is reached.

The systemic effect is that of a stimulant; the action of the heart is increased, the surface grows warm, and the nerve centres and the organs of the body in general functionate more quickly and powerfully. The curative results of the subcutaneous use of ether are not only different, but in kind, from the stomachal administration of the same agent. This fact must be recognized to obtain a correct notion of the utility of this practice. —*Medical News.*

STRUMOUS OPHTHALMIA.

The physician is often called upon to treat cases of strumous ophthalmia, children of a strumous habit, who suffer with sore eyes, and perhaps other evidences of scrofula, but in which the unpleasant condition of the eyes is the most prominent symptom. The lids are red and swollen, with numerous and frequently recurring minute pustular collections about the lashes, with some conjunctivitis and photophobia, etc., not only giving the eyes a very unpleasant appearance, but also preventing the patient from using them with any degree of comfort.

In these cases, in addition to the local treatment as sketched above, the internal use of sulphide of calcium is almost a specific. The good effects resulting from the use of sulphide of calcium in scrofulous sores, suppurating glands in the neck and similar affections occurring in connection with this strumous diathesis, have been known for some time, this use of the remedy having been brought to the attention of the profession by Dr. Sydney Ringer; but it is of more recent date that it has been recommended in cases of blepharitis and strumous ophthalmia.

I have employed it in a number of cases and with very satisfactory results; and, although my experience with it has not been sufficiently extended to be able to express a decided opinion, yet I feel that this remedy is destined to be a valuable one in the treatment of this class of cases. The testimony of others as to its efficacy is being gradually collected, and sulphide of calcium is assuming a high place in the therapeutics of strumous ophthalmia, blepharitis, phlyctenular keratitis, etc.

Of course there are some cases it will fail to cure, but it often happens that the exception proves the rule. There are some cases of ague that quinine fails to cure, and yet no one doubts the value of quinine in the treatment of ague. But even though there are some cases of strumous ophthalmia that sulphide of calcium will not cure, yet I think it cannot fail to be at least of partial benefit in every case, so that it should always be given a fair trial.—*Dr. C. H. Brown in The Medical and Surgical Reporter.*

INHALATION OF MEDICATED VAPORS IN DISEASES OF THE RESPIRATORY ORGANS.

Guillemin (*Archives Méd. Belges—Lond Record*) summarizes his views as follows:

1. The affections of the mucous membrane of the respiratory passages may in certain cases be advantageously treated by inhalations of medicated vapors.

2. In the first stage of acute inflammation of this mucous membrane, pain, cough, and painful sensations, which are the consequence of irritation and dryness, are rapidly calmed by inhalations of warm, moist, and aromatic vapors.

3. The calming action is still more decided if to the liquid, which serves for inhalation, there be added a small quantity of certain volatile calmative substances, such as ether, distilled cherry-laurel water, or conium.

4. Frequently renewed inhalations of essence of turpentine, when they are administered at the commencement of the first period of inflammation, may arrest its progress.

5. The vapor of iodine exercises an irritant action on the mucous membrane of the air-passages. It induces efforts of coughing, and augments the secretion of the mucus of the air-passages. This irritating action may be utilized: (*a.*) To diminish the swelling of the mucous membrane by causing the inflammation to pass from the first to the second stage; this indication is present especially in cases where the inflammation occupies the small bronchi; the swelling of the mucous membrane is sufficient to give rise to fear of respiratory insufficiency. (*b.*) To diminish the viscosity of

the products of morbid secretion by their admixture with the mucus, of which the vapors increase the formation. (*c.*) To induce efforts to cough, and to disembarrass the air-passages from the products which are there accumulated.

6. It is not only by its irritating properties that the vapor of iodine modifies the mucous membrane of the air-passages. Iodine in reality possesses the property of stopping purulent secretion, and, on the other hand, it arrests and prevents putrescence. Thus, when the mucous membrane of the air-passages yields a purulent secretion, resulting either from an acute inflammation in the third stage, or from a chronic inflammation, the inhalations of iodine will determine by degrees the quantity of pus, and finish in certain cases by entirely changing the nature of the secretion, which becomes completely mucous.

7. Although the essence of turpentine, in the fluid condition, is a sufficiently powerful irritant for the tissues with which it is placed in contact, inhalation of this essence is easily supported by the mucous membrane of the air-passages. It only brings on very moderate irritation, and very rarely provokes fits of coughing.

8. When the mucous membrane is affected, and yields a product of secretion, these vapors have the effect of diminishing the quantity and augmenting the consistence of this.

9. If the product of secretion be purulent, the inhalation of essence of turpentine, continued during a sufficiently long time, progressively diminishing the quantity of pus, may, in certain cases, competely stop the secretion. The inhalations are indicated in all affections of the larynx, of the trachea, and of the bronchi, when accompanied by a very copious muco-purulent secretion without viscosities. On the other hand, the use of them must be avoided whenever expectoration is difficult, in consequence of the too great viscosity of the products of secretion.

10. In cases when these products are at the same time very copious and very viscous, it is possible, by alternate inhalations of vapors of iodine and vapors of turpentine, to rapidly diminish the quantity of secretion without increasing its viscosity. The inhalation of iodine should always be used in the first instance.

11. Inhalation of essence of turpentine is indicated in hæmoptysis, and is very successful in cases of hæmoptysis of average intensity.—*Detroit Lancet.*

IODOFORM IN DIABETES MELLITUS.

By Prof. Jacob Moleschott (*Wiener Med. Wochenschr.*, 17–19, 1882). Prof. Moleschott reports five cases of diabetes mellitus which were treated with iodoform, and the result in these cases lead him to the following conclusions: Iodoform is a remedy of much promise in this disease. A few days after the commencement of the iodoform treatment, there is a marked reduction in the amount of sugar discharged, and in a few weeks it disappears entirely from the urine. If, however, the saccharine matter again appears, after the remedy has been suspended for a few days, it is an evidence that the disease is not cured, and the iodoform should be repeated in larger doses. Furthermore, it was noticed that there was a marked improvement even in those cases where an unsuitable diet was persisted in, or when the patient had to contend with harassing care and excessive work. Finally, iodoform produced curative results, in some cases, after a faithful trial of salicylate of soda had been made without effect. This agent (salicylate of soda) had been used in doses of three or four grammes daily; and there was, it is true, a decided diminution in the amount of water and of sugar under its use, but the effect of iodoform was far more prompt and more lasting.

The dose of iodoform to commence with is from 10 to 20 centigrammes, but it may be increased to from 30 to 40 centigrammes a day. To conceal the disagreeable taste and odor, he advises that it be given in the form of pill, and combined with tonka-bean.

RECENT RESEARCHES ON TUBERCLE, AND THEIR BEARINGS ON TREATMENT.

By Robert Saundby, M.D. Edin., M.R.C.P. Lon.

The history of tubercle, ever since its first description by Lænnec, has been a history of controversies. The rival schools of Paris and Montpelier in Lænnec's time fiercely debated the question whether its origin were inflammatory, as Broussais maintained, or a "deposit," as Lænnec held. In our time there has always been a very strong school following the teaching of Alison, Addison, and Niemeyer which regards tubercle, at least so far as it constitutes the common lesion in pulmonary phthisis, as the consequence of inflammation, often strumous in character.

All attempts to establish a histological criterion to determine the specific nature of a supposed tubercular lesion, from Lebert's tubercle corpuscle to Schüppel's giant cell system, must be regarded as having failed.

Rindfleisch's view that tubercle is an infective process, originating in caseous material, was supported by the experiments of Villemin, Klebs, Cohnheim, and others, who found that caseous matter introduced under the skin of rabbits and guinea-pigs produced tuberculosis; but this theory fails to explain those cases of spontaneous tuberculosis in man in which no cheesy focus can be found; and, moreover, the experiments just named were somewhat invalidated by the contradictory

results obtained by other experimenters, and also by the fact that tuberculosis followed the introductionof many other substances besides caseous matter, even blotting-paper and gutta percha ! (Cohnheim, Frankel). But more recent experiments with ubercular matter itself have been more decisive. Tappeiner succeeded in producing tuberculosis in dogs—animals not liable to spontaneous tuberculosis—by making them inhale phthisical sputa, distributed by a spray producer ; while similar experiments with non-tubercular sputa and pus gave no result. These experiments were very numerous, and had the advantage of being performed in Virchow's laboratory, the autopsies of the dogs and the descriptions of the lesions being made by his assistance. In addition, more precision has been introduced into the inoculation experiments by the plan of introducing the morbid material into the anterior chamber of the eye instead of under the skin ; by this means tuberculosis of the iris is produced, and owing to its situation the evolution of the lesion can be watched from day to day. Such experiments have been made by Cohnheim, Baumgarten, and Solomonson, and their results strengthen the view that tubercle is a specific disease, capable of propagating itself by infection.

The infective nature of tuberculosis was insisted upon very strongly by Cohnheim in his pamphlet, published two years ago, which attracted very general attention. He insisted that this constituted the sole criterion of tubercle ; that is to say, given a certain diseased animal tissue, its tubercular nature could be proved only by observing the consequences of introducing a portion of it into the body of another animal. Such a view of tubercle necessarily involved, with pathologists like Cohnheim and Klebs, who are thorough-going germ theorists, a belief in the existence of some specific organism.

Cohnheim himself has described what he called the *monas tuberculosum*, a micrococcus which, however, Deutschmann has shown to be incapable of giving rise to tubercle when freed from all admixture with caseous material. Klebs and Schiller also described "micrococ-spheres," in tubercle, and Aufrecht found micrococci and short rod-shaped bodies in inoculated tubercles.

Eklund, a Swedish naval surgeon, described two years ago an organism which he regarded as the specific fungus of tubercle, and to which he gave the name of *micrococcus phthisis dryotemenos ;* and we are now only just recovering from the *furore* created by the announcement, almost simultaneously, of the discovery of the *tubercle bacillus* by Koch and Baumgarten.

However much ground there may be to dispute Koch's claim to absolute priority of discovery, there can be no doubt that the splendid series of investigations which he has recorded place him in the front rank of workers in this particular department. Koch has shown : (1) that the examination of a very large number of cases of tubercle in man and animals, including bovine tuberculosis, reveals the constant presence of bacilli, slender rods, one-quarter to one-half as long as the diameter of a red blood-corpuscle ; (2) that these bacilli behave in a characteristic manner with certain staining agents, *e.g.*, retaining the color of methyl blue when this is discharged from the tissues in which they lie ; (3) that these bacilli may be cultivated out of the body, on gelatine, and separated from all contamination by frequent transplantation and breeding for weeks and months, and are then capable of producing typical tubercle of the iris when introduced into the anterior chamber of the eyes of rabbits, or general tuberculosis when injected into the abdominal cavity or the blood-stream of cats and dogs. Following on this, Dr. Ehrlich by a modification of Koch's method, succeeded, in identifying the tubercle bacilli in phthisical sputa.

I am not disposed to regard the behavior of the bacilli with staining agents as *per se* satisfactory evidence of their identity, but Koch's cultivation experiments and successful inoculation of the fungus after repeated transplantations require only independent confirmation to establish the existence of the tubercle bacillus as an incontrovertible fact, like that of the bacillus of spirillum fever, anthrax, &c. It is of course still undetermined what value we must ascribe to these bacilli, whether for example we shall agree with Cohn in regarding the fungus as the direct agent in the production of the disease, or follow Nageli and Pasteur in believing that, although transmitting the virus, yet that this was originally independent of them, or, failing to accept either of these views, content ourselves with saying that we are not at present able to determine the relations which exist between the organisms and the pathological conditions in which they are found.

Fokker's experiments on the anthrax bacillus show at least that there is need for further investigation of these relations. He points out that mice inoculated with anthrax bacilli often die without any bacilli being found in their blood or tissues, yet from them a long series of cases may be fatally inoculated, and after the virus has passed through the systems of many individuals the bacilli may again appear in the blood. An additional doubt is thrown upon the question by the well-known fact that the presence of the spirillum in the blood of relapsing fever is by no means constant, and this inconstancy has not yet been properly explained.

Having thus reviewed the past history of the discussions on tuberculosis, there is good reason to blush at the manner in which Koch's experiments were served up to form the subject of leading articles in the daily papers ; that a new era in the treatment of consumption should have been so loudly proclaimed, and that even our medical papers should teem with articles on the antiseptic treatment of consumption conceived in the same spirit of optimism. The "antiseptic treatment" of consumption is certainly no novelty,

Our memories must be very short if we have forgotten already the stir made in Germany three years ago by the statements of Rokitansky concerning the cures effected by means of the inhalation of a spray of sodium benzoate; or that Dr. Guttmann showed that such treatment, carefully carried out in 31 persons, failed to lower temp., lessen night sweats, affect the body weight, or relieve a single symptom in any one case. Variously modified means of applying antiseptic agents to the diseased pulmonary tissues have been devised by Dr. W. Roberts, Dr. Coghill, Dr. G. H. Mackenzie and others, including myself. My own personal experience of the treatnent has been very considerable, and while I am satisfied that it is a valuable and rational method for allaying cough, diminishing expectoration, and indirectly promoting the healing of the inflamed and ulcerated pulmonary tissues, I have seen nothing to lead me to modify my own views, or to desire to modify the views generally held as to the gravity of the prognosis of pulmonary consumption. If analogy can be allowed to guide us at all in such a matter, the antiseptic treatment should precede the development of the signs of pulmonary phthisis if we are to expect any advantage from it at all comparable to that which has made Mr. Lister's name famous in modern surgery.

As I have pointed out in a former paper, the experience of antiseptic surgery, so far from encouraging us to expect a like good result by the use of carbolic acid in consumption, should rather warn us to expect nothing. Surgeons have not found that carbolic acid is of any special service in the treatment of surgical tubercular diseases; cod-liver oil and sea air are still needed to promote the healing of wounds in strumous subjects; and finally, but by no means least in importance, antiseptics are known to be of small value when the wounded surfaces have been for some time exposed to the air, especially when they are deep-seated, irregular, and practically out of reach.

It is possible that further investigations may discover some means by which the tubercle bacillus may be readily destroyed, and I would suggest the importance of special inquiries in this direction. It may be that such means could be applied to the lungs in some more efficient way than is possible with carbolic acid. But while these are possibilities, the experience of the past warns us against indulging in too optimistic dreams of the therapeutic advantages to be derived from these discoveries. We do not possess a cure for relapsing fever or anthrax, nor has it been worth anyone's while to announce that Eklund's discovery of the *bacillus leprœ* is the foreshadowing of knowledge mightier still, which shall cleanse the leprous skin, heal the ulcerated limbs, restore the blighted features, and make the flesh again like the flesh of a little child. Such a consequence, wonderful as it would be, would not be more strange or more illogical than those which have been put forward as the probable results of Koch's researches on the tubercle bacillus, but we have not a large number of wealthy lepers in England, or no doubt we should have heard of it.—*Practitioner.*

MENSTRUATION AND ITS DERANGEMENTS.

By ALFRED MEADOWS, M.D., F.R.C.P., etc.

Amenorrhœa must be carefully distinguished from *delayed Menstruation*, since, though in the latter class of cases the menstrual discharge may not appear for many years, even after its usual time, yet it is a distinct condition, as will be seen later, from that of which absolute absence of all discharge at all times is the sign. The discharge usually appears for the first time at about 14½ years, but is subject in this respect to almost infinite variety. In rare cases it is *never* established, and they called for particular and separate study. The diagnosis of amenorrhœa, however, is a comparatively easy matter. As its name implies, the presence of the condition is at once established by simple observation. The *cause* is another matter, and must be looked for in the condition of the organs implicated. Thus a mechanical obstacle may prevent the outlet of the discharge, in which case its progressive increase quickly reveals the true state of the case, for in every instance of true menstruation *ovulation* is an invariable accompaniment, it is as invariably absent in every case of true amenorrhœa. Some inexplicable cases, however, must be admitted to occur; but in every instance of congenital defect, the subsequent unusual symptoms will be found due to the arrested development of the genital apparatus. Either the ovaries will have been arrested in growth, or the ovaries and uterus may both have shared in it; but, as a rule, there is a less degree of malformation than this, an imperfect kind of menstruation, small in amount, being possible to the organs. These cases admit of early recognition, and in them the ovaries can be proved to be the organs at fault. There are other cases in which the menstrual function, after being duly performed, perhaps for a considerable number of years, may become arrested and entirely cease, as a consequence of some local and general and constitutional changes, the essence of which, Dr. Meadows' experience tends to demonstrate, is a blood-poisoning of some description. Thus after blood-poisoning due to scarlet fever, arrest of the menstrua is by no means uncommon; and similarly, though less frequently, the same effect may be produced after measles, typhoid fever, and rheumatic fever. In all such instances the pathology is obscure, but the changes are probably due to *atrophy* of the ovary, and no hope of effectually remedying the condition can be entertained. Colds taken during menstruation are another cause of arrested function. Pain is a frequent accompaniment of these cases, in which inflammation

being induced by the exposure, trophic changes follow, producing a state of things for which it is futile to expect a remedy to be found.

The *cause* of all the menstrual irregularities above described is arrest of *ovulation;* the ovary atrophies, shrivels, shrinks up, becomes mobile in the pelvis, but usually out of reach, and assumes a senile appearance. Diagnosis is confirmed by cessation of function, and the clinical history forms an explanation of the cause of the change.

Treatment of amenorrhœa, under whatever form, resolves itself into treatment of ovarian atrophy; and hence the indication first and foremost is, to stimulate the sluggish action of the organ. Very few remedies, however, can be relied on to effect this result—if, indeed, any—and when the condition is consequent on blood poisoning, absolutely *nothing* will avail to produce any benefit. Tincture of cantharides, in ten to twenty minim doses, have been most efficacious in Dr. Meadows' hands, where remedies have not been resorted to in vain; and rue and savin have a reputation in the same connection. Iron will be of service when the constitutional state demands it, and blisters may be productive of some slight good. The most efficient agent, however, in any case of the kind, is undoubtedly *electricity*, and the method of applying it as a stimulant to ovarian activity has occupied the attention of several authorities. The late Sir James Simpson advocated the use of an intra-uterine galvanic stem, by the employment of which the uterus is excited, lumbar pains are produced, and a slight discharge is provoked. This is certainly not a true menstrual discharge, since it possesses no ovarian character, and is not preceded by the excitement of ovarian activity to ovulation. Moreover, this mode of applying electricity is attended with serious risks, it being within Dr. Meadows' experience that it

y be followed by retro-cellulitis and pelvic abscess, the stem in one case referred to having been removed with difficulty, and found to be covered with a thick membranous deposit from the irritated mucous membrane adjacent. Stimulation by galvanism for a short time daily has been adopted with better results, special bougies, sounds, etc., having been constructed to facilitate the passage of electrical currents to particular regions as required. Daily passage of sounds, introduction of sponge tents, and dry cupping, are other modes of promoting functional activity which are unscientific and extremely unsafe proceedings. By these means irritation of a kind is certainly set up, and a thin sanguineous discharge is provoked, but this is by no means *menstruation*, for, in the circumstances, the ovaries are not in the least degree affected, and without they are in active function ovulation and true menstruation cannot take place. It is nevertheless possible to transmit the electric current directly through the ovaries, several plans having been suggested for thus exciting them to action. The patient may be placed in a galvanic bath, or the poles of the battery may be adapted to secure the desired end in various ways. The bath is to be preferred in many cases, and in conjunction with it enemata of rue and tinct. cinnamon on alternate days, for five or six times, may be advisable.

It is well to remember that obesity is a frequent accompaniment of amenorrhœa, and even plethora, the latter being more common in married women than in single. Also, the uterus varies as the general condition of the body differs, and the general treatment must be carefully directed on well-known general principles, in regard to such conditions.

In *chlorosis*, amenorrhœa is not, as is generally insisted, a *cause*, but a *consequence*, of the condition of the blood. To this is due the arrest of ovulation, and any attempt to restore the function must be addressed to improving the state of the blood, without any regard whatever to the generative organs pending essential changes in the circulating medium. These once brought about, menstruation will be re-established without any special attention being directed to it. The digestive system, however, should be seen to.

Dysmenorrhœa in some of its forms presents characters analogous to those exhibited by amenorrhœa. It may vary wonderfully, from a large amount of discharge to a mere "show." As the amount of nervous excitation produced is to be taken as a measure of the ovarian act, it is evident that when this is scanty and abortive pain will not accompany it, the effect produced, or energy displayed, being too infinitesimal to bring it about. Nevertheless, as long as a discharge however small in amount, is regular in appearance, there is good hope of restoring the functional vigor of the organ.

Scanty menstruation is commonly associated with obesity of figure, and sterility as a consequence of improper ovulation. Examination per vaginam of such cases shows that the organs generally are normal in form, etc., but that the ovaries are atrophic, and, as a rule, undiscoverable by the fingers in this position. The uterus may exhibit scarcely any alteration. In all such instances the diminution and cessation of the menstrual discharge are matters of time and degree, and are thus sharply separated from those in which total disappearance suddenly follows blood-poisoning. In case of gradual loss of function, emmenagogues may be found useful, but bromides and iodides are contraindicated when the signs are as above described. With them, however, electricity is signally serviceable, but must be frequently applied to secure benefit, the reason for this being that the remedy acts on a function which only recurs periodically, the ovaries and *not* the uterus being the organs implicated.

Entire *absence* of the generative organs is very rarely witnessed, only a single instance ever having come under Dr. Meadows' own observation. This was an infant which lived but a few minutes after birth: ovaries, uterus, and urinary organs were all wanting.

Rudimentary organs may be enco unte elo red. Thus, when the ovaries are abortively de at ped, menstruation will be very slight, and tre ment must be directed to assisting the better development of the stunted organ. A rudimentary condition of other organs, *e. g.*, uterus, vagina, and especially the mammæ, usually goes with this condition of ovary when occurring congenitally.

The ovaries may be perfectly normal in all respects, and the uterus also, above the os, but from that point occluded. In such a case diagnosis will be simple if the vagina also is normal, for a globular, bulging tumor of increasing size will be found in the situation of the cervix, which needs only not to be confounded with pregnancy. The real nature of the case being understood, a trocar may be introduced for the evacuation of the uterine cavity, care being taken to preserve the vaginal wall from contact with the confined, acrid secretions.

Lastly, dysmenorrhœa may be due to occlusion of the vagina, necessitating operative procedure for relief. Here it must be remembered that true amenorrhœa has not been present, and precautions must be taken to guard against danger to the patient, by (1) evacuating the collection of fluid slowly, (2) excluding air from admission to the pent-up fluid, (3) freely injecting disinfectants into the cavity opened, and (4), by acting on the uterus with oxytocics.

PRACTICAL NOTES ON NEURALGIA AND ITS TREATMENT.

There exists no better established nor more important fact than that neuralgia is a disease arising when the body is in a state of general debility. This is now more generally recognized than formerly, when pain was too often regarded as the symptom of what was termed "sthenic inflammation," to be energetically treated by low diet and depleting remedies.

As this disease is frequently mistaken for rheumatism, gout, spinal irritation, etc., and *vice versa*, it may be well to name some of the leading features of a typical case of neuralgia. 1. It occurs when general debility exists, is increased by fatigue, mental or bodily, but relieved by food and sometimes by stimulants. 2. The pain, which is sudden, darting and excruciating, exhibits remarkable intermissions, especially in the early stages of the complaint, and the constitutional disturbance is slight (temperature, pulse, etc., frequently normal). 3. It is usually unilateral. 4. As the disease advances tender spots (points douleureux) are formed in the course of the affected nerves.

That debility is a prime factor in neuralgia we have but to call to our remembrance cases which constantly appear. The overworked, anæmic, badly-fed girl suffering from neuralgia of the fifth, the anxious, struggling man in the early years of professional life or business, the married woman weakened by child bearing or over-zealous in domestic cares, and the neuralgia of declining years, degeneration having set in, nutrition being defective. In our diagnosis we are assisted by the family history of the case, whether nervous disease in any of its varied forms has existed.

The treatment should be directed in every case toward improving the general health. Nutrition must be improved by very nourishing food, well masticated, and, if stimulants are prescribed, they should be given with food; pure air night and day; great cleanliness, and the use of sponging with sea-salt and water. Cod-liver oil and cream are of service, given after meals. Quinine in facial neuralgias, and also chloride of ammonium; arsenic in cases of angina pectoris; iron and strychnine in anæmic states. Bromide of potassium is useful in mild cases, where the pain is not severe, but a general nervous condition exists, with restless irritability. The subcutaneous injection of morphia, beginning with one-sixth of a grain, is the most speedy and useful remedy we possess, and is a curative agent; for it checks at once pain; and thus gives us the opportunity of carrying out all those constitutional measures for improving the general health, whilst it disturbs but little appetite and digestion, and with use a toleration is established and appetite sometimes improved; for nothing is more apt to destroy appetite than the distress of severe pain. In chronic cases of neuralgia a blister, not necessarily carried to the point of vesication, is often of the greatest possible service, and it is a treatment peculiarly adapted to old-standing intractable cases.

Having sketched the mode of treatment it is unnecessary to give illustrations of the ordinary cases which constantly present themselves in hospital and private practice. I therefore select from my note-book one of several successful cases, where neuralgia has occurred in that period of life when a cure is rarely accomplished (some authorities say *never*)—the degenerative period.

In March, 1877, I saw, in consultation with Dr. Walker, of Wakefield, a lady, aged seventy-six, who in early life had suffered severely from neuralgia of the stomach, which had been much aggravated by the treatment then in vogue, of insufficient nutritive food and depleting remedies. This patient was seized with violent pain, affecting the nerves of the scalp, and which became so excruciating as to deprive her of sleep for many successive nights. She became delirious in consequence, and we decided to inject one-quarter of a grain of morphia. This gave prompt relief and procured sleep. She was ordered turtle-soup, oysters, and an exceedingly nutritious dietary. She was well supplied with food at night also, which invariably relieved the pain. A mixture, containing half-drachm doses of aromatic spirit of ammonia and fifteen minims of tincture of nux vomica, seemed greatly to improve the appetite, which became prodigious and surprising. The

tendency to degenerate was kept prominently in view, pure air was freely supplied in the bedroom, and every other measure taken to improve nutrition and the general health. As a local application, the chloroform liniment with tincture of opium relieved pain, and as soon as the case became chronic, the hair was cut closely and blistering fluid applied to the tender spots, which well developed in this case; multiple abscesses formed, and were frequently opened by Dr. Walker. The old lady, after an illness of three months' severe suffering, recovered perfectly, left Wakefield for Harrogate, and is now (1882) in fair health, having had no return whatever of her former complaint. Her body is feeble, but her mind extraordinarily clear and bright for a lady who has passed her eighty-first year.—*London Lancet.*

GOOD ADVICE TO DOCTORS.

From the Physician Himself, by Dr. CATHELL.

Do not let your wife or any one else know your professional secrets, nor the private details of your cases, even though they are not secrets; nothing is more mortifying or hurtful to the feelings of patients than to hear that the details of their cases are being whispered about as coming from the doctor or those he has told. If you allow yourself to fall into the habit of speaking too freely of ordinary affections, or submit to be indiscriminately interviewed concerning your patients, your very silence in disreputable cases will betray them. The credit of whole families and the character of its individual members will sometimes be at stake, and unless you shut your eyes and do not see too much, also your mouth, and do not say too much, it may ruin them and involve you. You will be allowed to see people in a very different light from that by which other people view them. The community see one another with a veil over their moral and physical afflictions, over their blasted hopes and the sorrows that flow from love and hatred, their poverty and their crimes, their vexations and their solicitudes; *you* will see their deformities, debilities and deficiencies with the veil lifted, and will become the repository of all kinds of moral and physical secrets. Observe reticence at your visits, and do not mention the private affairs of anybody from house to house. Seal your lips to the fact that patients have or ever had venereal diseases, hemorrhoids, fistula, ruptures, leucorrhea, constipation, or that abortions, private operations, etc., have taken place, or that any one takes anodynes or liquor, or has this, that or the other bad habit. No matter how remote the time, if patients wish their secrets told, let them do the telling. You have no right to tell the affairs of patients to any one without their consent.

But while silence should be your motto, it is your duty to society and to the laws to expose and bring abortionists and unprincipled quacks and heartless vampires, whether acting under cover of a diploma or not, to justice, whenever you meet proof of their wicked work.

In prescribing medicines for the sick it is better to confine yourself to a limited number of remedies with whose uses and powers you are fully acquainted, than to employ a larger number of ill understood ones.

When you order unusually heavy doses of opiates, etc., instead of using the common signs, take care either to write the quantity out in full or to underscore both name and quantity. It is safer also to put the names of heavy-dose patients on their prescriptions. When you order morphia, etc., in unusually large doses, it is well to have it made into pills or granules, and direct the druggist to "put them into a bottle." It is so unusual to dispense pills in a bottle that it informs the compounder that the quantity is not a mistake but is as intended, and guards patients and attendants against taking or giving them in mistake. When you prescribe pills, powders, etc., for sailors and persons whose business exposes them to get their medicines wet or wasted, it is better to direct them to be put into bottles or tin boxes instead of paper boxes.

A placebo or tentative remedy should, as a rule, be small and easy to take. A very good form is prepared thus: Purchase a pound box of No. 35 unmedicated homeopathic globules, which cost but 35 cents, and immerse one half of them in fluid ext. of belladonna, and the other half in compound tinct. of iodine, for twenty minutes, then roll them about on a newspaper till all surplus fluid is absorbed, and let them dry; after which they can be put into bottles, with a small quantity of powdered cinnamon in one bottle and powdered liquorice root in the other to prevent agglutination. These can either be given as globules, or put between paper, crushed, and given as powders; they make cleanly, convenient placeboes for office use, and cost so near nothing, and a pound will last so long, that you can afford to give them away and charge such patients for advice only. They will suit almost any case requiring a placebo. Be careful to keep a straight face and to give minute directions concerning the manner and time of using inert remedies given simply to amuse people who are morbid on the subject of health, and you will do them double good.

You will not only find that your placeboes amuse and satisfy people, but you will often be surprised to hear that some full-of-faith placebo-takers are chanting your praise and are actually willing to swear that they are cured of one or another awful thing by them; cheated into a feeling of health by globules, or teaspoonful doses of flavored water, or liquorice powder, as if by a charm; some who seem to be magically benefited by a

teaspoonful of—nothing—will actually thank you for saving their lives. What a sad comment on the discerning power of the nineteenth century! What a sad fact for legitimate medicine! What a gold mine for quackery!

Just here let me impress a caution: Take care that seeing cases get well thus does not create in your own mind unconscious deception, and lessen your belief in the necessity for medicine in real sickness, and modify or destroy your usefulness when medicines are required.

Never send a patient to the drug store with a prescription for bread pills. It is not right to make any one pay for bogus medicines; besides, if, from among all the articles in the pharmacopeia you cannot devise some trifling placebo that is more plausible than bread pills, you must have an unusual paucity of resources. Moreover, were a patient to discover that he had been paying for such a thoroughly insipid cheat, he would naturally feel victimized and indignant.

Never solicit people, either by word or manner, to employ you; for such a course would surely either repel them or prevent your enjoying the necessary esteem.

Many people are naturally capricious and fickle, and, no matter how earnestly any one tries to serve and satisfy them, they will change about from one to another. Others are more true, and will adhere to you through everything, good or bad, with surprising tenacity. You should, however, always found your hope of being retained upon deserving it. Do not set your heart or faith upon the continuance of the patronage of any one, for you will many a time be replaced by those you know to be far below you in everything that unites to make a good physician. Sometimes you will be unexpectedly and unjustly dropped out of a family, and the most ignorant or shallow fellow in the whole section, or an old lady, or a homœopath, will supersede you, and you may have to bear the reflection and the wrong without showing the slightest chagrin.

Ability to promptly detect loss of confidence or dissatisfaction with either yourself or your remedies is one of the acquirements that *you* must seek to attain, if you do not already possess it.

A patient has a legal right to dismiss you from a case, and you have also a perfect right to relinquish attendance on him at any time. Indeed, you may sometimes find yourself so hampered or harassed, or maltreated in a case, that to retire from it is your only alternative.

Whenever dismissed from a case, consider attentively the combination of circumstances that conspired to produce the dismissal, and how you might have averted it, that you may gain additional familiarity with the art of satisfying and retaining patients.

Some people, indeed whole families, who will almost idolize you as long as you are lucky and have neither unfortunate cases nor deaths in their families, will turn as rudely and maliciously against you as soon as either occurs—as if you kept the book of life and controlled the hand of God.

When you are unjustifiably dismissed from a case, especially if it is to make room for an irregular doctor, do not tamely consent to be thrown aside in such a manner. Express your perfect willingness and your determination to retire, but make it known in a gentlemanly way that treating you thus wounds your sensibilities, and that such action necessarily casts undeserved reflection on you and does your reputation a very great injury. Such a protest will secure for you greater respect, and will counteract the injury following your dismissal better than if you meekly submit without protesting.

A CASE OF EXTIRPATION OF THE GALL-BLADDER FOR CHRONIC GALL-STONES.

Langenbuch, of Berlin, taking the ground that the gall-bladder is the locality in which gall-stones are especially developed, concluded that in cases of cholelithiasis, in which repeated attacks of colic and other symptoms confirm the diagnosis, the patient may be saved from further suffering and from the dangers of ulceration and fatal peritonitis by removing the gall-bladder, with its contents, with perfect safety, by laparotomy. This view is supported by physiology and morbid anatomy, which demonstrate the fact that the gall-bladder is not an organ essential to life, inasmuch as it is frequently absent after death, either being congenitally deficient or destroyed by disease, without there having been any material or evident disturbance of the health of the individual. Moreover, it is normally absent in some of the higher animals, as in the horse and the elephant. As regards the operation for its removal, after repeatedly performing it on the dead body, he arrived at the conclusion that, *of all abdominal operations for which preliminary laparotomy is required the extirpation of the gall-bladder, with preceding ligaturing of the cystic duct, is to be regarded as the least complicated.*

The operation is detailed as follows: A transverse incision through the right abdominal wall, corresponding with the anterior border of the liver meeting another along the outer border of the rectus muscle, so as to form a T, both of them being about 10-15 cm. in length, will open the abdominal cavity in the most convenient manner The gall-bladder is at once exposed, with the fundus presenting, under the lower surface of the liver. If the colon and small intestines are now pushed backward by introducing a large flat sponge, and the right lobe of the liver lifted upward, the hepato-duodenal ligament will spring into view from below, so that the anterior boundary of the foramen of Winslow can be taken between the fingers of the left hand. In this fold run the great gall-ducts, and towards the middle

the portal vessels. In order to separate the cystic duct, which lies farthest to the right—in fact, almost isolated—it is advisable to separate the few peritoneal attachments to the gall-bladder, with the aid of a few small incisions. The bladder decreases in size until it terminates with some spiral turns in the duct, upon which a tightly-drawn silk ligature is now placed, from 1 to 2 cm. from the bladder. Since the success of the operation depends upon the permanent occlusion of the cystic duct, the catgut ligature for this purpose is absolutely excluded. Having done this the peritoneal investment of the gall-blader is slit up around its circumference, the connective tissue holding it in place, carefully divided by the knife or scissors, and the gall-duct is then cut outside of the ligature. In case the gall-bladder is greatly distended, its size may be first reduced by the aspirator, in order to prevent its rupture, and the consequent flooding of the field of operation. It is necessary to bear in mind the vascularity of the liver-tissue, injury of which should be carefully avoided; otherwise in this operation there will scarcely be found a vessel large enough to require a ligature. With the closure of the abdominal wound the operation is concluded, in which, with the exception of a small portion of the colon, scarcely any of the intestines are exposed.

Having completed the study of the details and principles of the operation, it was not long before the author had an opportunity of carrying it into actual practice. A case of long-standing jaundice, enlarged gall-bladder, with occasional discharge of calculi, in a man 43 years of age, was seen in consultation in June, 1882. In spite of medical treatment, the affection, which commenced with an ordinary attack of biliary colic in 1866, had persisted; his general health had greatly suffered, and he became markedly emaciated. Attacks of pain were of frequent—indeed, almost daily—occurrence, and were so intense as to lead to fainting-spells on several occasions. Without detailing all the symptoms, it may be stated that the patient was in a decidedly precarious condition, nutrition was greatly impaired, pains were very severe, and there was great danger of the opium habit, so that the prognosis was very unfavorable. At the request of the patient, the above operation was performed, July 15, in the manner prescribed, without any difficulty. Aseptic precautions were observed with unusual care. The gall-bladder was found in moderately distended condition: it contained two small stones. There was slight venous bleeding from the surface of the liver, which was checked by a stitch with a cat-gut ligature. After the operation the patient had no pain, and slept well the succeeding night. With the exception of a slight attack of dry pleurisy on the fourth day, which passed rapidly away, he had an uninterrupted recovery, and left his bed on the twelfth day, the wound having healed within a week after the operation. The results of the operation were very marked.

The old pains had, in November, not yet returned, nor had he had others. It was some time before the irritable, weak stomach was restored, but it had greatly improved. He had not taken morphia since the operation. The bodily weight increased so rapidly that in six weeks he had gained 7.5 kilos (about 19 pounds.)

The author concludes that cholecystotomy is especially adapted to treatment of those cases in which the patience of the physician and that of the sufferer have reached their limit. It is a last resort, although it should not be too long delayed; it should be carried out only by a practised surgical hand, and conducted under the guarantee of the most rigid antisepsis. As it is the least dangerous of all laparotomies, it is in the special cases, as a matter of fact, to be preferred, in its actual though slight chance of life, to an existence given up to morphia and the innumerable possibilities of this most insidious malady.—*Berliner Klin. Wochenschrift.*

INFANTILE CONVULSIONS.

The adopted and regular treatment of M. Jules Simon, of the Hospital des Enfants Malades, for infantile convulsions is as follows: On arrival the first thing he orders is an injection of salt and water, salad oil, or glycerine, or honey, which he administers himself, as he has too often observed that the parents or the nurse have already lost their wits. If the teeth can be opened sufficiently, a vomitive is given, which clears the stomach of any food that could not be digested—the most frequent cause of convulsions. However, the attack continues, but soon ceases on applying a handkerchief, on which a few drops of chloroform are poured, to the mouth, which the child inhales largely. If convulsions re-appear the anæsthetic is renewed, and the child is placed in a mustard bath for a few minutes, and then wiped dry and placed on his bed properly wrapped. Chloroform might be again administered if, after an interval, the child was seized again, and before leaving the nurse M. Simon prescribes a four-ounce potion, containing sixteen grains of bromide of potassium, one grain of musk, and a proportional preparation of opium, for he does not believe that the brain is congested in these attacks, it is rather excited, and the opium acts as a sedative. A teaspoonful of the mixture is given several times a day. On the following days the child is generally restless and irritable, and ready to be attacked again, but a small blister about an inch square is applied to the back of the neck, and left on about three hours, when it is replaced by a poultice of linseed meal and gives most satisfactory results. M. Simon, in terminating, says "such is the treatment that I have instituted in my practice of every day.—*Medical Press and Circular.*

AN EARLY SYMPTOM OF PREGNANCY

It is in no spirit of boasting that I strongly insist upon the importance of a symptom as indicative of the beginning of pregnancy. I refer to the almost complete disappearance of the phosphates from the urine. Were we to investigate the cause of their being thus retained we should doubtless find that they are in no small degree required for the development of the fetus in the earlier part of pregnancy. They condense almost entirely into the formation of the bones, increasing the density of their surfaces by the formation of osteophytes, for a long time erroneously considered the result of an error in nutrition. In the late months, the fetus develops rapidly, these reserves are attached, the bones tend to increase their primitive weight, the osteophytes gradually diminish and finally disappear. In the earlier months of nursing, they are required to maintain in proper proportion the phosphates of the milk.

This also happens when the woman is strong and well nourished. In a contrary manner, however, and these are the cases which always occur in the cities and great industrial centres, the mother, far from laying up such reserves, appropriates, from her own substance, material for the nourishment of the fœtus. She wastes away and gives life to a miserable being, which her impoverished milk is wholly unfit to nourish. If now the organism be supplied with the phosphates which it thus loses, we shall see the pregnant woman recover her strength and give life to a new being under normal conditions of health and resistance. This is no longer a theory, but it is also practical, for I have had the fortune to observe good results, nine times in ten, following the administration of the phosphate of lime.

Among other facts in proof of this, I will cite the example of a family of four children, the first two of whom, of ordinary strength, were of the lymphatic type, deficient in both mental and physical vigor, with palor and inactivity of the skin, etc., while the other two, born a long time after these, and in a time when the mother was in an enfeebled state, from the effects of a nervous disorder, were nevertheless vigorous, noisy children, with beautiful, healthy complexions. I attribute this difference of condition to the administration, during the last two pregnancies, of the phosphate of lime in the form which I consider most physiological, namely, in the form of a syrup or the wine of Dusart. The observation is rendered the more conclusive in that the results of the administration of the phosphate of lime was so happy as compared with the condition existing during the former pregnancies.

I have further observed, in many cases, a rapid disappearance of the vomiting in women to whom I have prescribed the syrup or wine of Dusart; and I have nearly always found the eruption of the teeth to occur more readily and to progress without difficulty in their children. Thus, in the family of a *confrere*, I have seen the first tooth appear in the first two children, at the eleventh month. During the third pregnancy the mother took the phosphate of lime and the child, without any disturbance of its health, cut the first two teeth at a few days after the fourth month.

Let me repeat: I have been able to demonstrate, entirely to the recommendation of phosphate of lime, the comparison between infants that have followed pregnancies deprived of the only aid to nature, and those that have been blessed by the administration of the element which presides over the formation of muscle as well as of the osseous system.—Dr. Delattre in *Gazette des Hospitaux*. —*Cincinnati Lancet and Clinic.*

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Surgery.

EDITORS:

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

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

JAMES C. CAMERON, M.D., M.R.C.P.I.

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MONTREAL, JANUARY, 1883.

VITAL STATISTICS.

In our issue for December, we gave a history of an interview which recently took place at Ottawa between the Minister of Agriculture and a delegation from various cities of the Dominion upon the subject of vital statistics. Since then an order in Council has been passed, putting into force a scheme such as was intimated would be applied to cities of about 25,000 inhabitants. The Board of Health for the City of Montreal have been written to by the Government, with a view of putting the scheme into operation here, and we believe that the same has been done to the other cities where Boards of Health are in operation. We hope that every effort will be made to second the wishes of the Government, and that ere a great while we may be able to chronicle the fact that work has actually commenced.

Those cities which may avail themselves of the order in Council, whenever they possess local Boards of Health, should at once bestir themselves, and fall into line as rapidly as possible.

BODY SNATCHING.

The daily papers in the City of Montreal have lately teemed with accounts of body snatching in its vicinity, and naturally enough the public mind has been considerably excited. The desecration of graves is a matter which, of course, harrows the feelings of all right-minded persons, and even we who know the necessity which compels the act, cannot say aught in its favor. All we can do is to raise our voice, and urge upon the Provincial Government the absolute necessity which exists for the enforcement of the present Anatomical Act. This Act might be improved upon, but even as it now stands upon the Statute Book, if properly enforced, the various medical schools in Montreal would have an abundant supply of anatomical material. If we are rightly informed there is one institution in our immediate vicinity which, if it complied with the Act, could alone give the amount of required material. The entire difficulty, it seems to us, lies in the utter inefficiency of the present Inspector of Anatomy. This gentleman does not like his office, and is perfectly willing to be replaced. The Government, although repeatedly applied to to do so, have so far failed to name his successor. Till this is done, in spite of all that may be said against it, body snatching will continue.

SIR THOMAS WATSON, BART.

To the entire profession the death of this eminent physician, which occurred on the 11th December, will be a source of deep sorrow.

Thomas Watson was born at Kentisbeare, in Devonshire, on the 7th March, 1792.

In 1820 and 1821 he attended the medical classes in Edinburgh, and in a letter to his sister dated from Edinburgh he speaks of his intention to return thence in a sloop as being more economical and allowing the carriage of an unlimited amount of luggage. He was married in 1825, and in the same year he took his M.D. degree. In the following year Dr. Watson was elected a Fellow of the College of Physicians, and in May, 1827, physician to the Middlesex Hospital, an office which he continued to hold until November, 1843. For some years after he settled in London practice came very slowly, patients and fees were few, and he was not free from pecuniary cares and anxieties.

At the opening of the medical school of King's College in the autumn of 1831 Dr. Watson was appointed Professor of Forensic Medicine.

In 1836, Dr. Watson was appointed Professor of medicine at King's College, and he continued to hold this office until the spring of 1840, when, at the opening of the newly founded King's College Hospital, he had to resign either his office of physician to the Middlesex Hospital or his chair at King's College, and he preferred to retain the former office. The resignation of his professorship, which was felt as a calamity by King's College, was attended with this great benefit to the entire profession and the public, that it led to the publication of his admirable lectures on the "Principles and Practice of Physic." The lectures were first published week by week in the *Medical Gazette*. The first lecture appeared on September 25th, 1840, and the last of the series on September 23rd, 1842. In the following year, 1843, they were collected and published in two volumes.

The publication of these lectures, admirable as they were universally acknowledged to be, not less for the soundness of their teaching than for their lucid, elegant, and scholarly style, greatly increased the reputation of their author, acquired for him the well-merited title of the Cicero of English medicine, and led at once to a large extension of his practice.

At the College of Physicians Dr. Watson held numerous offices before he was elected President. From 1858 to 1860 he was the College representative on the Medical Council. In 1862 he was elected President, and he held that office for five successive years.

Dr. Watson was appointed Physician Extraordinary to the Queen in 1859, and in 1870 one of the Physicians in Ordinary. On the 9th December, 1861, he was summoned to attend the Prince Consort at Windsor in consultation with Sir James Clark, Sir Henry Holland, and Sir (then Dr.) William Jenner, and his attendance continued until the lamented death of the Prince on December 14th. In 1866 Dr. Watson was created a baronet, the honor having been offered to him, as he was informed by the then Prime Minister, Lord John Russell, by the express desire of Her Majesty.

During the last ten or twelve years of his life he had retired from the active practice of his profession, but continued to take great interest in all that concerned it.

Notwithstanding his advanced age, he enjoyed good health. On Sunday, October 22nd, on attempting to rise from the table, after lunch, he made a sudden inclination towards the left side, and would have fallen if he had not been supported. Afterwards the left leg was found to be weakened, and he walked with great difficulty. He was visited soon after by his old pupil and friend, Dr. George Johnson, to whom he calmly said, "This is the beginning of the end."

On October 26th, after some exertion he was suddenly seized with difficulty of breathing, and he believed himself to be dying. There appeared to have been some sudden failure of the heart's action; but in the course of an hour or two the distress passed off. He was then carried to his bed; and from that day he did not leave his room.

At length on December 11th, came the final rest for which he had longed and prayed. To quote his own words with reference to an old and beloved friend, "Ripe in years as he was, and ready in spirit for the solemn change, his death must long be the subject of tender and sacred regret among the nearest and dearest of his surviving family and friends; nor will his memory soon cease to be reverently cherished throughout a much wider circle."

CORRESPONDENCE.

Montreal, Jan., 1883.

To Editor MEDICAL RECORD.

SIR,—Permit me to call the attention of prescribers to the fact that the solubility of chlorate of potash is 1 in 16 of cold water. It is much more soluble in hot water, but when the temperature of the solution drops to 60° Fahrenheit the salt crystallizes out.

A great many prescribers try to get too much into a bottle. For instance I have before me now a prescription in which 2 drams of chlorate are ordered in a 6 oz. bottle, but what with tinctures and syrup only two ounces of water are present to hold in solution the 2 drams of chlorate. Blunderbuss mixtures are not extinct in Montreal, and some of our physicians in attempting too much make a sad mess of it.

The simplicity and common-sense displayed in the prescriptions of a certain much respected physician, who was professor of chemistry for a number of years at a University in this city, and who it is to be presumed knows something of that science, shews that simplicity in prescribing is not incompatible with a knowledge of chemistry.

Before concluding also allow me to draw the attention of prescribers to that monument of medical and pharmaceutical skill the new Pharmacopœia of the United States, just issued from the press, and which is now official in that country. It is a great pity we cannot make it official here in place of the antiquated British one.

Truly yours,

"CHEMICUS."

No. 49 BEAVER HALL TERRACE,

Montreal, Jan. 8, 1882.

Editor CANADA MEDICAL RECORD.

SIR,—In your December edition I notice in the report of a meeting of the Boston Medical Society several instances of foreign bodies being swallowed and no ill effects resulting therefrom, and I wish to place on record an instance of recovery under exceptional circumstances.

A lady, aged 24, received a severe shock, and while gasping for breath felt something sharp passing down her throat. On recovering, she discovered that she had swallowed a dental plate with one tooth attached. It reached the stomach after cutting its way downwards, and causing severe pain. I was called in, and at once administered milk and oatmeal porridge as quickly as it could be made. I also advised her to eat plentifully, but the third day having passed and no sign of the foreign body, and the patient complaining of severe abdominal pain, I administered a dose of castor oil, and on the fourth day it passed away in a bloody stool, having apparently almost cut its way down. I advised a change of air, as the effects were so serious, and a sea voyage was taken with the happiest results and complete restoration to health.

Yours respectfully,

L. O. THAYER, M.D.