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CANADA

MEDICAL JOURNAL

AND

Monthly Record

OF

MEDICAL AND SURGICAL SCIENCE.

EDITED BY

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VOL. III.

MONTREAL:

DAWSON BROTHERS, No. 23 GREAT ST. JAMES STREET.

BALLIERE BROTHERS, LONDON, PARIS, AND NEW YORK.

1867.

JOHN LOVELL, PRINTER.

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CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Two Cases of Excision of the Knee Joint. By GEORGE E. FENWICK, M.D., one of the Governors of the College of Physicians and Surgions, C.E.; Physician to the Montreal General Hospital, &c.

IN the present day, Conservative Surgery has so far advanced, that the surgeon does not consider himself justified in sacrificing one inch of substance unattacked by disease, and, where a fair probability exists of the part becoming of some use to his patient. Considerable difference of opinion exists among surgeons, as to the advisability of excision as applied to the knee joint; the formidable nature of the procedure, the high rate of mortality, shock to the system, the chances of a useless limb, and the time required before a perfect cure is obtained, are all reasons which have been urged against the operation. Excision of the knee joint is more formidable in appearance than in reality; it certainly is not more so than amputation. The removal of a limb is always a cause of great anxiety to both surgeon and patient, the results not being more promising in the one than in the other; provided always, that in excision, the case is carefully selected, and that by delay, the bony structures are not found in such a state of disease, as to preclude the possibility of cure. Excision is not to be practised as a last resource, as is frequently the case in amputation; and I think, the success of the operation of excision of the knee joint, will be found to depend mainly on its early performance. Surgeons are fully alive to the unsatisfactory nature of synovitis affecting the knee joint; the attacks are frequent in their recurrence—each one leading to further mischief. From the synovial membrane the disease extends to the other structures, the ligaments, cartilages and bones, become altered in structure and appearance, and the disease steadily advances. These changes are by no means rapid in their advance. Years may elapse from the commencement up

to that period in which, from the formation of pus, little hope remains of saving the joint. The attempt at procuring anchylosis in disease of the knee joint is not always attended with success; in this disease it appears to me to be the exception and not the rule, indeed, when there is disease of the cartilages, and caries of the bones, little hope need be entertained of a successful issue. What, then, becomes the surgeon's duty in a case of this nature?—manifestly to remove the diseased structures, and by securing a comparitively healthy surface, place his patient in the very best possible position of saving a useful limb, which, although shorter than its fellow, is at least of greater benefit than a stump, which as Sir W. Fergusson aptly says, "becomes a peg whereon to hang an artificial leg." From the successful results of cases operated on by Sir W. Ferguson, Mr. Jones, Mr. Butcher, and others, it does appear that excision of the knee joint is a justifiable procedure, and the opinion of hospital Surgeons is growing in its favour. It is hardly fair, at this period of the history of this operation, to examine critically the results of the cases of excision of the knee joint, and compare them with the results obtained after amputation at the lower third of the thigh. When the operation of excision numbers its thousands as does amputation, I firmly believe, that the favourable results will be found somewhat different from those given by Dr. Hodges, so that the question of the rate of mortality cannot be considered as definitely settled. If, in comparison, we take the operation of ovariotomy, which, at the present day, is considered by most surgeons as justifiable, and compare the results as first given by Mr. Clay, at the early period of the history of that operation, with the statistics of the present day, a wide difference will be found to exist, and one in every way favourable to the procedure. Shock to the system, after excision of the knee joint, does not appear to me to be at all greater than after amputation at the lower third of the thigh.

With regard to the time required to elapse after excision, before a perfect cure is obtained, it is not more than that after amputation. From eight to twelve weeks must elapse before union is sufficient to permit of the use of the limb, but I would ask, where is the stump that is capable of bearing the weight of the body, on a well-padded and well-fitted artificial leg, even at the end of that period of time after amputation. From these facts, I think, that in every way excision compares favourably with amputation, and, in some respects, is superior. The security and comfort with which a patient stands and walks on his own leg, although shorter than its fellow, and, with a stiff knee, is far greater than that with any artificial contrivance applied at the end of a well-healed

stump. The operation of excision of the knee joint, so far as I can ascertain, has been performed four times in Canada. The first case, that of a young woman suffering from scrofulous disease of the knee joint, excision was performed by Dr. Hingston, at the Hotel Dieu Hospital, in the spring of 1862; every hope was entertained of success, as the case progressed favourably, until about the twelfth or thirteenth day, when diarrhœa set in, which carried her off on the seventeenth day after the operation. The second case was that of Dr. Grant, of Ottawa, C.W., the notes of which are to be found in the first volume of this journal. The results were most encouraging: the patient recovered with a sound and useful limb, two and a quarter inches shorter than the other leg. I may observe, that in a recent letter received from Dr. Grant, he states, that his patient had perfectly recovered, and was capable of enduring the labour of working his farm, and following the plough. In the other two cases, the operation was performed by myself, and they are of sufficient interest to warrant their record.

John Keenan, aged 18 years, a native of Canada, by trade a confectioner, of small stature, regular conformation, delicate appearance, fair complexion, light-coloured hair and eyes, and is of a happy, cheerful disposition. His family history was good, his maternal grandfather still living at an advanced age, and all members of his family strong and robust. He was admitted into the Montreal General Hospital on 11th April, 1865, suffering from an acute attack of synovitis.

History.—Seven years since he received a kick on the knee from a cow; at the time it became inflamed and very painful. He was confined to his bed for several weeks, during which period the knee was leeched several times, and various local applications made. This attack was attended with considerable constitutional disturbance, which, after some time, subsided, and he was enabled to get about, but the joint remained a little swollen, and was rather stiff. He was able, however, to go about his usual avocations, but the knee gave him much uneasiness; it was easily hurt, and he could not enter into the play of boys of his age. Slight blows, or twists in running would oblige him to remain at rest for days; these accidents were of frequent occurrence.

Two years ago the knee joint began to pain him at night, and occasionally would start, giving him much agony and interfering with his rest. Still he continued on at his work, with occasional intermissions; these attacks became more frequent, until worn out by their annoyance, he sought admission to the Hospital. At the time of admission he presented a careworn look. There was loss of appetite; he was pale and anxious, and the affected limb presented a marked contrast with its fellow

—the muscles on the affected side were not as well developed as on the sound limb, and the joint was much enlarged, being, by measurement, an inch and a half larger than the other knee. Active treatment was adopted, and the limb put on a double inclined plane, this afforded temporary relief.

On the 1st May, the patient came under my care. I continued the treatment up to the 15th, but finding that the man's health was beginning to suffer from the confinement and pain, consequent on the starting of the limb, and want of rest, I removed all bandages and made a careful inspection of the joint. The condyles of the femur were found expanded the synovial membrane felt thickened and pulpy, and on moving the patella in lateral, or rotatory motion of the joint, a distinct roughness was found to exist. This examination was accompanied with considerable pain which continued for some hours. In consultation with the medical staff of the Hospital, it was decided to excise the joint, which operation was performed on 17th May. The disease being on the left side, the operation consisted in making a U shaped incision from the outer side of the leg commencing a little above the head of the fibula, and with a semi-circular sweep, the joint was opened, the flap was dissected upwards and the heads of the bones, being turned out about 1½ inches of their anticulating surfaces were removed, a second slice had to be removed from the head of the tibia as that bone was found diseased. The femur was also found in a diseased condition, but not extensivley so; the cartilages were eroded and gone, and the articular surface of the patella being also diseased it was removed. Several small vessels had to be ligatured; the bones were placed in apposition, the flap turned down, and secured by eight silver sutures, the leg placed in a box splint, similar to that recommended by Mr. Butcher, carefully padded, and the patient removed to bed; ℥j of tinc. opii. was ordered to be given as soon as he recovered thoroughly from the chloroform, as much vomiting and nausea existed; however the anodyne was not taken until about six in the evening, when I saw him myself. He was still suffering from a sense of nausea; said he had no pain in the knee, but a feeling of soreness in the vicinity of the wound; had not taken any nourishment, but experienced thirst; was allowed weak brandy and water, of which he partook sparingly; pulse 100, and weak; appeared rather dull, somewhat like a person recovering from intoxication. Cold water dressings were applied to the wound, and the anodyne was ordered to be repeated during the night, if necessary.

May 18.—Slept a little during the night; feels squeamish; has taken beef tea at intervals; pulse full 110. Complains of pain in the wound; the anodyne to be repeated at night.

May 19.—Slept well during the night; had slight starting of the limb; has taken freely of beef tea; the surface of the wound was hot and slightly inflamed, skin moist, tongue slightly furred, pulse full 100 per minute. Complains of fulness; as the bowels had not moved was ordered ʒ ii. of castor oil, and if necessary, the anodyne to be repeated at night.

May 20.—The oil acted gently, and gave him relief this morning; is cheerful and easy, a sense of tingling in the wound but no pain, slept well, and felt refreshed, the anodyne was not needed, healthy pus is exuding from the wound, and granulations are observable at several points. The thigh bone was displaced forward, which necessitated the removal of the dressings.

It was put up afresh, and an anterior splint applied. He bore the removal of the splints well, and after the limb was done up stated he felt more comfortable. Tongue moist and clean, appetite returning, takes freely of beef tea, pulse 90 full and soft. From this date he steadily improved, the ligatures and sutures were all removed by the 14th day. On July 1st, it is stated, the wound all but healed; slight discharge from the outer side, the bones are firmly united, but it was not thought advisable to remove the splints. The diet throughout was nourishing, and he was allowed a pint of porter daily.

On the 25.—July, the limb was put in a starch bandage; all discharge

had ceased for some time; the bones were supported by a gutta-percha splint moulded to the limb, and he was permitted to leave his bed and go about on crutches.

August 10.—Can lean his weight on the limb, union is firm and the splints were removed, the part supported simply by a well-adjusted bandage.

From this date he was considered cured; the strength of the limb gradually and steadily increased—the leg now became muscular, and he soon resigned the use of the crutches. The accompanying wood-cut is from a photographe taken seven months after the operation. At that period he could go about the city, and walk a whole day without fatigue. Shortening was very slight—not over one inch and a half—he did not require a high-heeled boot to compensate for what he had lost. I am indebted to Messrs. R. S. Parker, and E. C. Walsh, for the notes of this case.

The second case of excision was somewhat different in the origin of the disease, and occurred in a young man of robust appearance, who was admitted into the Montreal General Hospital on 18th May, 1866. The following account is from the notes, kindly furnished me by Mr. J. H. Chipman:—William Davis, aged 22 years, a native of Scotland, tall well-developed and muscular, was admitted into the Hospital under the care of Dr. Fenwick.

Present state:—The right knee joint is partially anchylosed, the limb is bent nearly at right-angles, he cannot put his foot to the ground, there is a very limited motion in the joint, the patella is perfectly attached to the femur. At the inner side of the thigh, close to the joint, there exists a sinus, which leads downwards and outwards in the direction of the joint, and, on introducing a probe, the bone is found denuded and bare; there are marks of old cicatrices on either side of the thigh, somewhat above the condyles of the femur. From these, he stated pieces of bone had come away on several occasions. He is of medium height, well built, muscular, dark hair and eyes, is well-nourished, does not suffer any inconvenience from his leg, but, from the circumstance of being informed by his medical attendant that he must lose his leg, and from its uselessness in its present condition, he determined to seek assistance in the hospital in our city.

Previous history:—About nine years ago he suffered from rheumatic fever; his right knee joint was first attacked, and the other joints in succession, he was three months under treatment before was able to leave his bed, the disease seemed to locate itself in the right knee joint, which remained stiff, and since that period he has suffered from inflammatory attacks of the joint, coming on at intervals of three or four weeks. Three

years ago the joint became very stiff, and openings formed in the neighbourhood, which discharged freely, and several pieces of bone came away, when these sores healed up. Eighteen months since, the leg became fixed in its present semiflexed condition. The man is anxious to have anything done to save his leg.

In consultation it was agreed to excise the joint, which was performed on the 21st June, 1866. The U incision was employed, and about two inches of the bones removed. The head of the fibula was found diseased, and had to be removed; considerable oozing followed, but not sufficient to weaken the patient, still a clot formed beneath the flap after the leg was put up. The splint used was a box carefully padded; the wound, after it was brought together with sutures, was simply dressed with cold water and lint. In the evening he did not complain of pain or uneasiness, except in the instep, pulse 116 full, no sickness or vomiting; has taken a little beef tea since the operation, to have ʒ j. of Tinc. opium, to induce sleep.

June 22.—Slept very little; the pain in the instep is rather severe, no undue pressure appears to exist, the wound looks well, and a slight bloody discharge coming away, pulse full 102, countenance flushed, tongue foul, does not care for food, but has taken a little beef tea; a hypodermic injection of morphia to be administered at bed-time.

June 23.—Slept well last night, and expressed himself as much refreshed; still some pain in the instep; a desk was made to rest the splint on, and elevate the foot, which position gave him much comfort. He was rather feverish, and complained of thirst, pulse 112 full. The following prescription was ordered:—

℞	Chl. potassa	ʒ jj.
	Nit. do.	ʒ j.
	Aqua do.	℥ viij.

A table spoonful every three hours.

June 24.—Feels very little pain in the leg, no starting, complains of pain in the back, from difficulty of obtaining a comfortable position, bowels not moved, pulse 98, tongue still foul, takes more nourishment.

June 26.—Pain in the back nearly gone, he had a pillow placed beneath the loins, which gave him great comfort; discharge from knee is becoming more copious, consisting of blood and pus; several masses of the old clot were pressed out, feels comfortable, and takes as much nourishment as usual since the operation.

June 29.—Since last report has gone on favorably; the discharge is becoming more healthy in appearance, bowels not opened since the operation; to have castor oil, slept very well, ligatures, of which there

were five, all on small vessels, came away; takes abundantly of beef tea and chicken broth. The bones had become somewhat displaced, and were readjusted.

July 3.—The next report is under this date. He is going on most favorably, sleeps well, bowels acting every second day, he takes the full diet of the hospital, and a pint of beer; the wound nearly healed, four sutures removed, the discharge, which is moderate, is of healthy pus.

July 16.—All the sutures taken out; on careful examination, the bones were found somewhat displaced, the femur being to the outer side, and tibia internally; they had to be readjusted, which is to be regretted, as considerable union had taken place; the discharge has altered much in appearance, resembling synovial fluid.

July 28.—Discharge not very great, he is continuing on as well as can be expected; eats well, sleeps well, and has no pain; is very anxious to leave his bed.

On the 9th August all discharge had ceased, and on taking the limb down a day or two subsequently, the union was found perfectly strong. There will be shortening of about two inches. The man may be considered cured, although I do not consider it advisible to remove the splints for a week or two.

REVIEWS AND NOTICES OF BOOKS.

A Treatise on the Principles and Practice of Medicine, designed for the use of Practitioners and Students of Medicine. By AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine in the Belvue Hospital Medical College, and in the Long Island College Hospital, &c., &c. Philadelphia: Henry C. Lea, 1866. Montreal: Dawson Brothers.

THE reputation which Professor Flint enjoys as a teacher of the practice of medicine in the United States, has led us to examine the above work from his pen, with all the care that a limited time would allow; and, while we find much, very much, to commend, we cannot help thinking that his style has too much of terseness to make it pleasant reading, to devote more than an hour or two to its persual, and that perhaps he is somewhat too dogmatic in stating the treatment to be followed in certain affections. In a measure, he may be styled "conservative" in his doctrine, and we imagine it would not give him a pang of regret if he could never lay his

hands upon a lancet, to employ it in depletion, or never be able to make use of calomel or antimony in the treatment of inflammatory affections. In this matter, we think, he has gone a little too far, and has given the anti-mercurialists strong peg upon which they can hang their chronic grievances of the evils attending the use —mind *not* the *abuse*—of mercury. Upon the *vis medicatrix naturæ*, Dr. Flint seems to have much faith—and that it is a power that works at times wonders, we will not for a moment deny—yet it would be a doctrine at once pernicious and disastrous, to instil into the mind of the young practitioner to depend too entirely upon the conservative power of nature; and much of Dr. Flint's writings seems to point to that method of treatment.

It is a well known fact, that many physicians believe that diseases have changed their type within the last twenty-five years; among those who hold that opinion is Professor Stokes of Dublin. In speaking of the treatment of acute pleurisy, Professor Flint thus incidentally alludes to this question:

"The opinions held by some, that diseases, and the human constitution have undergone a notable change during the last quarter of a century, and that blood-letting and other anti-phlogistic measures are less appropriate now than formerly on this account. This opinion seems to me not well founded, after a professional experience, extending beyond the period named. I do not hesitate to express a conviction that acute inflammations at the present day are essentially the same as they were twenty-five years ago, and that anti-phlogistic measures were no more appropriate then than now. Were it true that such changes have occurred, the fact would strike at the root of medical experience. If changes requiring a revolution in therapeutics are liable to occur with each successive generation, it is evident there can be no such thing as permanent principles of practice in medicine; the fruits of experience in our day, which so many are striving to develope, will be of no utility to those who are to come after us."

Upon a question of such importance as this, we think the author has been somewhat unnecessarily brief. It would have satisfied us more had he stated his reasons a little more in detail, for coming to such a conclusion. We do not contradict the opinion he has expressed, for we candidly admit the subject is one involved in a good deal of mystery to us, yet we think had he entered more fully into the reasons, gathered from his long experience, which have led him to this conclusion, he might have exercised considerable weight in influencing minds not biased to either doctrine yet, and with whom his somewhat abrupt dogmatic assertion will have little weight. For instance, Stokes, reasoning for the opposite side, has told us that in certain years, fever raging in Ireland had certain well-marked symptoms, which he described at much length, and he then gradually

traces the change in the type, which seems to him to have taken place. We deeply regret that Dr. Flint has not thus fully entered into the opposite side of the question, which is the one he holds.

In the treatment of pleurisy, he says:—"The regulation of the amount of drink ingested is an important point with reference to the promotion of absorption. The elimination of water by the bowels or kidneys is of little avail, if the patient be allowed to take fluids into the system abundantly. The quantity of fluid ingested should be as small as is compatible with comfort. The treatment is often rendered inefficient by inattention to this point."

Pneunomia is styled pneumonitis; also, pleurisy—pleuritis. We confess a dislike to these names, and have always rebelled against calling them by such terms, preferring the well-known pneumonia and pleurisy. There is a tendency, now-a-days, and a very pernicious one it is, to multiply and alter terms which only tends to mystify and perplex; we can conceive of no good to come from it. Speaking of pneunomia, and alluding to the absence of the chlorides from the urine, which is, however, not peculiar to this disease, he says:—"It is stated that the chlorides are found in abundance in the matter expectorated, during the time of their disappearance from the urine." In describing the treatment, he thus alludes to the alcoholic portion of it; and now that a new school, under the direction of Professor Gairdner, of Glasgow, is springing up, who deny the ultility of alcoholic stimulation in this, and all other diseases, it is important to have the opinion of such an able authority as Dr. Flint. He says, at page 167: "Alcoholic stimulants form a very important part of the supporting treatment in this disease, as in all other disease wherever the great object is to keep the patient alive until the disease has reached the end of its career, and advanced into the stage of resolution. The principle is the same as in essential fevers. And here, as in the management of essential fevers, alcoholic stimulants are indicated to an extent commensurate with the danger from failure of the vital powers. In certain cases of pneumonitis as in typhus, and typhoid fever, and other affections, there is often a remarkable tolerance of alcohol, and the only guide, as regards quantity, is the effect as manifested by the symptoms. No abstract rules can be laid down but careful observation must furnish the rule proper for each individual case. * * * If pushed to an injudicious extreme they are as potent for evil, as they are potent for good when judiciously used. * * * They are always indicated as soon as evidence appears of any tendency to failure of vital powers, and of this the action of the heart, represented by the pulse, is the best criterion. Feebleness, great frequency, and pulse vibratory or thrilling, but compresible, denoting

increased activity, but diminished power of the ventricular contractions; these are the characteristics which indicate supporting measures, of which alcoholic stimulants form an essential part. * * * * Whenever the question arises, whether alcoholic stimulants be advisable or not, it should be borne in mind that to begin earlier than they are required is far preferable to subsequent delay; for with proper care they can be suspended without injuring, whereas the time lost in beginning too late cannot be regained."

On the treatment of Acute Bronchitis, Professor Flint says that "in some instances it may be prevented by a full opiate and diaphoretic. A quarter of a grain of sulphate of morphia, half a grain of codeia, a proportionate dose of any of the preparations of opium, may be given at bedtime, accompanied by a hot pediluvium, and some warm stimulating drink, such as weak punch or toddy, followed in the morning by a saline purge." We make this extract, for it is a plan we have often followed with much success. Again he says:—"Opium is thought by many to be contraindicated in the first stage. It is supposed to interfere in the free secretion of mucus, and renders expectoration difficult. This is an inference from the effect of opium on the secretions in health; but so far from these results being produced, opium appears to hasten the second stage. The free secretion of mucus is not the cause, but the consequence of an abatement of the inflammation, and by contributing to the latter, opium virtually acts as an expectorant. Opium, therefore, is indicated in the first stage of bronchitis, as it is in most acute inflammations. In the second stage it is only indicated, when the cough is out of proportion to the expectoration; that is, when the amount of cough existing is not needed to effect the removal of morbid products in the bronchial tubes. Opium is contraindicated, if owing to the feebleness of the patient, the efforts of expectoration are inadequate to prevent accumulation in the bronchial tubes."

When treating of the subject of delerium tremens,—our author thus gives expression to his opinion regarding the cause of the disease. "In a large proportion of cases its development is evidently owing to the use of alcohol being suspended or much diminished. Thus it occurs in persons who voluntarily undertake to abandon intemperate habits, or who are unable to obtain liquor, or who are prevented from drinking by the occurrence of some disease or accident. It is notoriously common among inebriates who are thrown into prison, and among those admitted into hospital. It is apt to follow paroxysms of intemperance in periodical drinkers when the stomach refuses further alcoholic libations," Dr. Flint has tried the method of treating this disease by large doses of

tincture of digitalis, and says:—"In one case it acted like a charm, but in the others no curative effect was apparent. He recommends tartar emetic in nauseating doses, and opium as advised by Professor Stille, of Philadelphia—that is, commencing with a quarter of a grain, and hourly increase the dose, till sleep is produced. He thus speaks of the continuance of the stimulus:—"In general it is injudicious to discontinue entirely the use of stimulants so long as the affection continues. The time for breaking off the habitual use is after sleep has taken place and the patient is convalescent. Stimulants are to be given freely, in cases in which the symptoms denote failure of the vital powers."

When writing of the various means that have been suggested to prevent pitting in small pox, Professor Flint does justice the late Dr. Crawford, Professor of Clinical Medicine in McGill University, by stating "The application of tincture of iodine, once or twice daily, by means of a brush, was a plan introduced by Dr. Crawford of Montreal."

Dr. Flint has evidently devoted great care in the compilation of his work, which has the advantage of being brief, and yet containing almost everything really essential. It has faults, and what work is free from them? But we feel that, with justice, we can cordially recommend it to the practitioner—although we must admit there are works from other pens, that we would sooner have in the hands of students. It is neatly produced from the publishing house of Henry C. Lea, late Blanchard & Lea, Philadelphia.

The Practice of Medicine. By THOMAS HAUKES TANNER, M.D., F.L.S., Member of the Royal College of Physicians, London. From the fifth London edition, enlarged and improved. Philadelphia: Linsay & Blakston. Montreal: Dawson Bros.

Tanner's Manual of the Practice of Medicine has, for a number of years, been the standard one in use among practitioners and students, but we think they will hardly recognise their old friend, in the large volume of almost a thousand pages, into which it has been transformed, and which bears the title at the head of this article. In his preface Dr. Tanner tells us that all the time that he could spare from his onerous duties have been devoted to the revision of his work, which has almost unconsciously attained its present size. His style of writing is pleasant, and, without being at all wearied, several hours can be passed in its perusal; but we cannot avoid stating that this work has one of the faults, which we complained of in the review of Dr. Austin Flint's Practice of Medicine, viz., the dogmatic tone to be observed throughout the entire

volume. Dr. Tanner has, in his preface, attempted an apology for this in the following words—"I trust it may not be thought that too dogmatic a tone has been adopted. But twenty years of daily observation have given me great confidence in the strength of the general principles which I have tried to inculcate in the following pages; and being thus zealously impressed, it is difficult (even were it advisable) to do otherwise than speak positively." We can fully appreciate the difficulty to which Dr. Tanner alludes, yet believe that it might have been overcome, and upon the advisability of his having overcome it we do not entertain a doubt. With this exception we believe Dr. Tanner's work to be a most admirable compendium upon the treatment of disease—one from which much useful information may be derived. Upon the subject of obesity our author gives a good deal of credit to Mr. Banting, for his system. Speaking of the power which physicians have to cure obesity, he says—"Now I believe that we possess this power, and that we are indebted for it to the light which has been shed by physiological chemistry on the production of fat in the body, and the influence of respiration of removing carbon from the blood * * *. But it is only fair to allow, that some credit is due to Mr. Banting, whose pamphlet appears to me a very sensible production. In August 1862, this gentleman was 66 years of age 5 feet 5 inches in stature, and 202 lbs. in weight. He could not stoop to tie his shoe, was compelled to go down stairs backward to avoid the jar of increased weight on the knee and ankle joint, and was made to puff and blow, with every slight exertion. After trying many remedies, including fifty Turkish baths with gallons of physic, without the slightest benefit, he consulted Mr. William Harvey, who cut off the supply of bread, butter, milk, sugar, beer, soup, potatoes and beans, and ordered the following diet.—(We give this table, as it may be of interest to many of our readers who may have been unable to obtain Mr. Banting's phamplet.—Ed. Journal.)

Breakfast.—Four or five ounces of beef, mutton, kidney, broiled fish, bacon or cold meat (except pork), a large cup of tea, without milk and sugar; a little biscuit or one ounce of dry toast.

Dinner.—Five or six ounces of any fish except salmon, (it would have been as well to have forbidden herrings and eels,) any meat except pork, any vegetable except potatoe, one ounce of dry toast, fruit out of a pudding, any kind of poultry or game, and two or three glasses of good claret, sherry or madeira; champagne and beer forbidden.

Tea.—Two or three ounces of fruit, a rusk or two, and a cup of tea without milk or sugar—(coffee might have been allowed).

Supper.—Three or four ounces of meat or fish or a glass or two of

claret. For nightcap, if required, a tumblerful of grog (gin, whisky or brandy without sugar or a glass or two of claret or sherry.)

"At the same time a draught of a drachm of the aromatic spirit of ammonia, with ten grains of carbonate of magnesia, was given twice daily on an empty stomach. The result of this treatment was a deduction of 45 lbs. in weight, with better health than had been enjoyed for the previous twenty years."

When writing of the treatment of gonorrhœa, a disease which is unfortunately but too prevalent, he advises great caution with regard to two drugs, copaiba and cubeb pepper. He says—"Without saying that these agents are never to be prescribed, yet I would guard their administration with so many 'ifs' as almost to amount to a prohibition. Such has been our experience; and for a number of years we have never made use of either of the drugs named, and yet have seldom met with much difficulty in curing the disease." This assertion we most cordially endorse. Within the last seven years we have treated several hundred cases of this disease, and with one or two exceptions, never made usa of the last drugs named. In the only cases in which we used it, we found the nausea produced so great, that we then abandoned their administration in the disease, and never have had occasion to regret it.

As we gave Dr. Flint's views of the cause of delirium tremens, we quote Dr. Tanner's, with a view of shewing what entirely opposite opinions, are held by these two eminent authors. Dr. Tanner says—"According to some authors, the symptoms of delirium tremens, may set in after a protracted debauch of six or eight days, or upon the sudden withdrawal of the accustomed potations. The latter observation has been repeated so frequently that at last it has almost become a sort of recognised law; but *for all that it is probably thoroughly untrue.* Evidence derived from hospital practice, and from the reports of convict prisons, seems directly to negative it; and it may now be said to be at least highly probable, that a person accustomed to the very free use of stimulants may at once give them up without any danger whatever; in fact, as with other persons, the only risk to be feared is from continuing their employment." Our experience has tended to prove directly the opposite, and so great a benefit have we seen derived from the administration of stimulants, in this disease, when the patient has been cut off from it for several days previous to the attack, that we would feel, we would not be doing our duty to our patient, if, in the majority of cases, we did not continue the stimulants until sleep had supervened. Looking upon the disease as alcoholic toxæmia, our author says—"It is as absurd as it is injurious to treat this disease by continued doses of the

poison that has caused all the mischief." Dr. Tanner says his experience tends to confirm that of Dr. Jones, of Jersey, of the benefits to be derived from the employment of digitalis in large doses.

We have no doubt that all who patronised the Manual of Dr. Tanner will be anxious to obtain the work in its enlarged and improved edition; to others we can especially commend it as being replete with the most valuable practical information. It is neatly got up, and substantially bound, by the publishing house, whose imprint the book bears, that of Lindsay & Blackston, of Philadelphia.

PERISCOPIC DEPARTMENT.

Midwifery and Diseases of Women and Children.

ILLUSTRATIVE OF THE DISEASES OF CHILDREN.

By G. Stevenson Smith, L.R.C.S.E, Fellow of the Obstetrical Society, and formerly resident Medical Officer, Royal Edinburgh Hospital for sick children.

ACUTE HYDROCEPHALUS.

The following cases are intended to illustrate the chief symptoms of Acute Hydrocephalus, which is one of the most frequent and most fatal affections of early life. The insidious manner of its approach, the extremely painful nature of its course and termination, as well as the resistance it usually offers to all treatment, cause this disease to be regarded both by parents and practitioners with feelings of anxiety and alarm.

It is one of that class of ailments for which unfortunately medicine can do but little; for although in recent years, mainly through the researches of French pathologists, we have become intimate with the structural changes and appearances which generally accompany an attack of hydrocephalus, we are still ignorant of any remedy on which we can rely as a cure. And consequently the annals of medicine record very few instances indeed of recovery having taken place, after any well-marked symptoms of water on the brain had manifested themselves. It is no uncommon thing for patients labouring under the chronic form of the disease to survive for many years, but in them the senses and the intellect are often impaired; in acute cases, however, a fatal result is almost invariable.

Case 1.—E. W., aged 6, had enjoyed tolerably good health up till the month of October, 1865; but about that time she began to fall off, her

appetite was poor, and she had frequent headaches. On the 1st day of January, 1866, she was seized with a violent attack of vomiting and retching, which continued for several days. On the 6th she was so exhausted that she had to go to bed, and there was severe pain in the head and back of the neck. On the 21st she had what the friends described as nervous fits, during which the hands were spasmodically clenched, the eyes rolled wildly, and the teeth were ground together. The bowels had been all along confined, and when first seen by me on January 24th she was in the following condition:—Face pale and dingy, eyes sunken and glassy, the pupil of the right eye widely dilated, left pupil natural, conjunctivæ red and injected. She was greatly emaciated, skin dry, pulse feeble, rapid but regular; breathing was gurgling; tongue coated, small and sharp-pointed, fiery-looking at the tip. Though extremely exhausted she was quite sensible, and answered questions correctly. The belly was sunken but the bladder was distended, and about fourteen ounces of urine were drawn off. It was of specific gravity 1007, faintly acid in its reaction, and free from albumen. As the patient was so feeble, ammonia, strong beef-tea, and wine were ordered. On the morning of the 25th the breathing was slow, pulse fluttering, and irregular. She kept constantly pushing the bedclothes down, clutching at imaginary objects, and grinding the teeth all day, and died without any convulsion at eight o'clock the same evening.

Sectio Cadaveris thirty hours after death.—Rigor mortis feebly marked. Hypostatic congestion considerable. On examining the head some adhesions of the membranes to the brain posteriorly were found. Both ventricles were distended with clear fluid. Around the optic nerves the membranes were roughened, and in the fissure of Sylvius that appearance of the textures which has been described as resembling sago was found to exist.

The brain substance was not at all softened, but of a natural firmness.

In the abdomen the mesenteric glands were enlarged.

The left lung was firmly adherent to the thoracic wall anteriorly, but no trace of tubercle could be found in either of the lungs.

Remarks.—In this case the approach of the disease was heralded by symptoms which are extremely common, falling off in general health, retching and vomiting, and pain in the head and neck. The headache is generally confined to one side, and according to my experience, pain or stiffness in the neck is almost a constant symptom in cases of inflammatory affections of the head. The roughening of the membrane about the optic nerves was no doubt caused by the deposit of minute masses of tubercular matter.

Case 2.—T. J., aged 6, was first seen by me on the 28th of January, 1866. He had been ill for about a week with feverish symptoms. He was restless, cried aloud every now and again, and complained of pain in the forehead. The pulse was 80 and intermittent. Tongue red at the point; pupils natural. Body emaciated, belly sunken, skin dry and dingy, There were some purpura-like spots on the arms and trunk. The urine was acid, slightly albuminous, and of specific gravity 1033. Under the microscope numerous amorphous masses of urate of ammonia were seen. The iodide of potassium, three grains every four hours, was prescribed, and as there was some tenderness on pressure over the stomach, a mustard poultice was applied. Wine, beef-tea, and milk were also ordered to be given frequently.

On the 29th the pulse was 132, and irregular. The breathing was gasping and shallow, eyes sunken, but natural. He complained of pain over the spine in the dorsal region, when pressure was made there. He was quite sensible, but tossed about in bed, and coughed a good deal. As the bowels had not opened, an enema was ordered, and blistering fluid was painted on behind both ears.

On the 30th patient still continued conscious, but had some difficulty in speaking. The breathing was laboured, pulse 120-140, and very feeble and irregular; pupils unaffected.

On the day following—viz., the 31st January—the bowels became very loose, the pulse fell to 96 beats in the minute, and he vomited some black bad-smelling matter. Towards evening his motions were very fœtid, and passed involuntarily in bed. At midnight he was seized with violent convulsions, which affected chiefly the left side. During the attacks the pupils, which hitherto had remained unaltered, became dilated, and the arms were pronated forcibly. The pulse at this time could hardly be felt, and patient moaned much. He died on the 1st of February, having retained his consciousness till near the close. No examination of the body could be obtained.

Remarks.—In this, as in the preceding case, the patient retained possession of his faculties till the close; but it differs from Case 1, in being accompanied by convulsions. The boy was evidently of a strumous constitution, and had previously suffered from pneumonia,

The iodide of potassium has been greatly extolled of late in the treatment of the head affections of children, but like all other remedies, it is too generally found to be of little service. There is one case, however, recorded in the books of the Edinburgh Children's Hospital, in which, after the manifestation of the usual symptoms of hydrocephalus, including convulsions, recovery took place under frequent and full doses of this drug.

In Case 2, I made a daily observation of the state of the temperature of the body, and found that in the axilla the mercury of the thermometer stood as follows:—

January	29th,	Morning,	temp.	97 2-5th	degrees.
"	"	Evening,	"	98 3-5th	"
"	30th,	Morning,	"	98	"
"	"	Evening,	"	98 2-5th	"
"	31st,	Morning,	"	96 4-5th	"
"	"	Evening,	"	97 4-5th	"
During convulsions				99 1-5th	"
Feb. 1st, at the moment of death,				99 1-5th	"

It will be noticed that during the convulsions there was a rise in the temperature, and just at the moment of dissolution the thermometer stood at the same figure—namely, 99 1-5th degrees.

Had there been any doubt as to the nature of the case, any uncertainty as to whether it was hydrocephalus or typhoid fever, the state of the temperature would have been of invaluable service in aiding us to form a correct opinion.

Case 3.—J. M., aged 9, had never been a very healthly boy, and some time ago suffered from an an attack of inflammation of the lung. He had been pretty well, however, and running about as usual, till one day in the end of the month of September, 1865, when, after eating a raw turnip, he was seized with a violent headache. Two days afterwards retching and vomiting came on, and continued for five days, when he fell into a state of stupor, and had a violent convulsion. When seen by me he was partially insensible, screamed with pain in the head, tossed restlessly in bed, and had a good deal of gurgling in the throat. The skin was hot, and so was the head, pulse small and quick, tongue red and parched. There was also an occasional short cough. The iodide of potassium in frequent doses was prescribed, and patient was to have milk and beef-tea. Cold was also applied to the scalp. The following day, October 6th, he seemed to be rather more sensible, but still complained of pain in the forehead and face. A small fly blister was applied to the nape of the neck.

October 7th: Patient worse to-day. Eyes very much congested. At times he lies quietly in a semi-comatose state, and then gets restless again and cries out most piteously. An enema was administered, and the bowels were freely moved. The gurgling in the throat continues, and he seems to lack the power to cough up the mucus.

The urine is free from albumen.

October 8th: Patient died quietly, without any convulsion, this afternoon.

Sectio-cadaveris twenty hours after death.—The veins of the head were quite full of dark clotted blood. The ventricles contained a small quantity of greenish-coloured fluid. The cerebellum was adherent to the membranes at several points. The substance of the brain appeared to be healthy.

An examination of the chest revealed an old pleurisy of the right side, which had resulted in extensive adhesions. The pericardium contained about two drachms of fluid. The mesenteric glands were slightly enlarged; liver large but healthy; spleen very dark and shrivelled.

All these cases were regarded as hopeless by the time they came under my care; but they may be looked upon as good illustrations of hydrocephalus in its acute form. It is worthy of remark that in all of them there was distinct evidence of previous inflammation of the chest; while in two of them the mesenteric glands were found to be enlarged. These facts lead us to infer that the patients were of a weakly constitution, and that in cases I. and III. at least, there was a tubercular diathesis. Paralysis was not observed in any of these cases; but it ought to be remembered that frequently loss of muscular power in the arm or leg is the first recognizable symptom of approaching disease of the head. Cases have come under my notice in which a slight dragging of one leg, or a failure in the prehensile power of the hand, was the precursor of a fatal attack of hydrocephalus, and this symptom occurring in a child who has been previously healthy should always be regarded with suspicion. Squinting is another sign of grave importance in all intracranial affections; but in the three cases recorded above it was not present, although in Case 1 the pupils were unequally dilated.

TYPHOID FEVER IN CHILDREN.

In his "Clinical Records illustrative of the Diseases of Children," published in the *Dublin Press and Circular*, Dr. G. STEVENSON SMITH makes the following remarks on diet and treatment of typhoid fever in children:

With regard to the very important subject of diet we have merely to say that the patients are allowed sweet milk *ad libitum*, with small quantities of beef-tea occasionally, and this is all the food that is necessary. During convalescence, however, eggs are sometimes given, generally beat up in the form of flip. Solid food, such as beef, etc., is often productive of much evil, by being given too soon, and is a frequent cause of diar-

rhœa and feverishness. As to the use of wine and brandy, that is a subject which has caused a great deal of discussion, and concerning which much diversity of opinion still prevails. Experience leads us to take up no extreme position on one side or the other, for while we hold that stimulants are often used much too freely, and to the injury of the patient, we must at the same time admit that we have seen typhoid patients saved by the continuous and judicious administration of brandy. The fact is, that many cases will do well without a single drop of wine, while others need to be stimulated from the very first. There are some physicians who in every case of fever pour into the patient so great a quantity of wine or brandy, that the symptoms are rendered most complex and confused; while others again, even when the patient's powers are flagging, when the tongue is black, and the teeth are covered with sordes, refuse to allow the administration of any stimulant whatever. The exercise of a wise discrimination on the part of the practitioner is therefore required to prevent his falling into error. If the diarrhœa is troublesome, sound port wine is the most suitable. When there is much nervous prostration, indicated by tremor of the tongue and hands, brandy ought to be given.

As to medication, the patients in the Children's Hospital, Edinburgh, generally are given the following;

℞.	Acid. hydrochlor. dil.,	f. ʒ j.	
	Syrup. simplex,	f. ʒ j.	
	Aquæ,	f. ʒ iij.	M.

S. A dessert spoonful every four hours. Occasionally, if a stimulant is indicated, a drachm of the sp. æth. nit. is added. This mixture is very pleasant to the taste, and possesses tonic and refringent properties; besides it is eagerly taken, and indeed often greedily demanded by very young children.

If diarrhœa exists, a few grains of DOVER'S powder are generally most useful. When the looseness is very persistent, a grain or half a grain of plumb. acet. should be added. When hæmorrhage occurs, enemeta of starch and laudanum will be found of much benefit, but occasionally more active remedies are required. Nitrate of silver in ¼ or ½ grain doses, along with some preparation of opium, is often attended with much benefit. When the breath and evacuations smell badly, the chlorate of potass., dissolved in milk or water, and given as a drink, acts very beneficially.

If there is much tenderness of the belly, warm light poultices of linseed meal, or turpentine stupes are useful in allaying the pain, while an enema of castor oil, and a few drops of the tincture of asafœtida, will be of use in removing the tympanitis, which is frequently troublesome and distressing.

ON VAGINAL HÆMORRHAGE DURING PREGNANCY, LABOUR, AND THE PUERRERAL PERIOD.

Spontaneous hæmorrhages, the source of which is in the vagina, are upon the whole not very frequently met with during pregnancy, labour, or the puerperium. They owe their origin to the rupture of a vein, (unless they are—a still rarer accident—the consequences of foreign bodies in the vagina, a case which we leave out of consideration for the present; we likewise disregard in this place those hæmorrhages which have been caused during labour by extensive rupture of the vagina.)

In the affection under consideration, the blood either escapes outwardly, directly upon the rupture of one or more vessels taking place; or if a deeper seated vessel is ruptured, a tumor is formed in the labia, and in the walls of the vagina, which is generally known by the name of thrombus vaginæ. (*McClintock* calls this blood-tumor pudendal hæmatocele.)

All authors probably agree at present that the blood escapes chiefly from veins, without asserting, however, that arterial vessels *cannot* participate, which happens but very rarely. The occurrence of such a hæmorrhage, or the production of a thrombus, during labour and immediately afterwards, as well as in the puerperal period, is sufficiently explained by the considerable obstruction of the venous circulation in connection with excessive dilatation of the genitals during the passage of the child. (When the affection shows itself in the puerperium, its origin must, nevertheless, be referred to the time of labour.) During pregnancy, however, we cannot speak of such a dilatation, and the venous stasis, also, is not as considerable as during labour, although this agency must not be left out of consideration altogether. We find the cause of these hæmorrhages, in the period of pregnancy, in the greater fullness of the blood vessels of the pelvis, where some unusually thin-coated vessel can no longer withstand the increased pressure of the blood. We believe that we must assume such a predisposing thinness of the vascular coats, because hæmorrhages from ruptured veins must else be more frequent during pregnancy than they are really observed. Thrombus vaginæ, and spontaneous bleeding from ruptured veins of the vagina, during pregnancy, are among the rarest occurrences. Most frequently this affection occurs during labour, or rather immediately upon the expulsion of the child; but it is, in either case, one of the most perilous accidents, and demands, as such, the energetic interposition of art.

Regarding the state of the vessels upon which this affection is based, an opinion still prevails generally, which is by no means confirmed by practice. It is asserted by many that the anomaly in question is favoured by a varicose dilatation of the vaginal veins, although the fallacy of this

view has been proved by high authorities. *Scanzoni* has, in eight cases of thrombus vaginæ, observed in but one woman a varicose degeneration of the veins, and that not very pronounced. In thirty-eight cases which *McClintock* collected, varicose dilatation of the veins occurred only twice.

Varicose degeneration of the veins, moreover, is observed chiefly in women who have born several children; yet *McClintock* found among twenty-five cases of thrombus vaginæ, thirteen women who were pregnant the first time. *McClintock* treated a large number of pregnant patients with varicosity of the veins of the vulva and vagina, without observing the pudendal hæmatocele in one of them. He is even inclined to draw from these circumstances the opposite conclusion, viz: that varicosity of the veins prevents the occurrence of thrombus vaginæ.

The prognosis of these hæmorrhages, and of a thrombus of the vaginæ, is always dubious; the patients may either succumb to the great loss of blood, especially when a large superficial vein has burst, and the blood is poured out immediately on the surface; or, in case of formation of a thrombus, they may perish in consequence of ichorous decomposition of the collected blood, or of extensive tedious suppurations and burrowing of pus. The treatment, of course, is very difficult according as we have before us a pregnant patient, a woman in labour, or one just delivered.

If in the course of pregnancy a serious hæmorrhage takes place, it is, in our opinion, best to tie the bleeding vessel, in case it can be reached, as has been done [in one of the author's cases.—ED.]. The ligature certainly prevents a repetition of the hæmorrhage, and is least disturbing to the course of the pregnancy. In case the hæmorrhage is not very profuse, the use of cold may be sufficient—injections of cold water, introduction of small pieces of ice into the vagina, in connection with the various astringents; but in cases of very profuse hæmorrhage from a larger vessel, cold and astringent remedies will not answer the purpose. If the place of bleeding is high up in the uretha, or if the bleeding vessel is not superficial, so that it is impossible to ligate it *en masse*, the only remaining resource is plugging of the vagina; but in this case it is always necessary to be prepared for another effect of the tampon, viz: the induction of premature pains, and an interruption of gestation.

If a thrombus forms during pregnancy, we should confine ourselves to the application of cold, so long as it does not increase in size. If it is certain that no more blood is extravasated, it is, in our opinion, best, unless the tumor is very small, to open it and remove the coagula. These thrombi, during pregnancy, however, seem inclined very soon to open spontaneously, at least such was the case in the majority of the

observations known to us; nor does either the artificial or the spontaneous opening appear to have any deleterious influence upon the course of the pregnancy.

During labour, a thrombus vaginæ, or a *profuse* hæmorrhage from a ruptured vein of the vagina, demands immediate artificial delivery. The thrombus is to be previously laid open only, if the still increasing tumor forms a mechanical obstacle to labour. These cases are perhaps the most dangerous: the loss of blood can be so considerable that the woman dies undelivered; not a few such cases have been reported. Delivery by art must, therefore, be resorted to as quickly as possible.

After delivery the thrombus demands the use of cold and of the tampon so long as the tumor increases. As a matter of course, the state of the uterus must not be overlooked, in order to obviate the occurrence, during the *tamponnement* of the vagina, of an escape of the blood into the insufficiently contracted uterus. When the tumor no longer increases in size, it is best to open it by not too small an incision, and to plug the vagina, and perhaps the cavity of the emptied thrombus itself, for the prevention of a new hæmorrhage. Subsequently it is chiefly necessary to maintain the strictest cleanliness, by frequent injections into the vagina, under which simple treatment the cavity usually closes pretty rapidly. At all events, the duration of the affection is shorter if the thrombus is opened by art than when left to itself. In the latter case tedious suppuration and ichorous decomposition always ensue, to which, not seldom, are added pernicious forms of puerperal fever.—*Dublin Med. Press.*

Surgery.

ON FRACTURES.

By Dr. William Lyon, Surgeon to the Glasgow Royal Infirmary.

In the Glasgow Royal Infirmary fractures are very frequently at once put up in pasteboard splints, sometimes in a starch bandage. In this way, I believe, the patient suffers much less pain, and the practitioner a great deal less annoyance. Allowance is made for the occurrence of swelling; but if this happen, to any extent, it is easily relieved by splitting up the bandages. By this method of treatment, patients are often able to leave their beds in the course of two or three weeks. While in the simple fractures there is hardly any danger to life, we have found it a very different affair with the compound fractures. Out of four cases of compound fracture that I had lately in the hospital I lost three, and one still remains under treatment. In one, amputation was

performed, and the patient died of pyæmia. Removal of the bone was practiced in another, where amputation would not be submitted to, and perhaps this was fortunate, as pyæmia probably existed before the proposition of amputation was made. A third patient, who suffered compound fracture by his limb passing between the spokes of a wheel of a railway engine in rapid motion, and in whom there was much bruising and laceration of the soft parts, was thought, nevertheless, to have a chance of recovery without amputation. He went on very well for a week. Very high inflammation then set in, and this was followed by very copious suppuration. A thorough examination (an examination which could not have been instituted with any propriety at the time of his reception) was now made, and it was believed that his only chance was by amputation. It was performed, but he was seized with traumatic delirium and sank. In fact, so dangerous did we find compound fractures, that a remark was made by one of my colleagues (and I am almost inclined to coincide in it), that if in cases of compound fracture the universal rule was to amputate, a greater number of recoveries would take place. At all events I am deeply impressed with this, that in all cases of compound fracture it is of the very utmost importance to make a thorough examination on admission, to decide whether amputation should be performed or not; for if secondary symptoms are allowed to come on and to progress to a great extent, even though amputation be performed, there is little or no chance of recovery. And, therefore, in such cases, I have established the rule with myself to put the patient under chloroform, to ascertain by a careful examination of the parts whether an attempt should be made to save the limb, or amputation at once performed.

We have had cases of compound fracture and dislocation at the elbow, at the ankle, and very frequently in the fingers. You are all aware of the great danger of a large open articulation. Possibly you are not quite so much alive to the danger when the open articulation is a small one. All that time will permit me to do is to remind you of the great importance of performing excision in all cases of open articulations, whether large or small, as by this you dimiuish very much the hazard of the accident. A woman fell from her chair, and dislocated and fractured the end of the humerus, throwing it upon the front of the forearm. We performed excision, and in the course of a little while she recovered, with the limb in a condition very little worse for the accident. In the case, too, of a man whose ankle was excised, he left with a useful foot in a short time. A similar result was obtained in a little girl, in whom the soft parts in front of the ankle were completely divided. A

the time of her dismissal from hospital her foot promised to become exceedingly useful. I remember a very striking example of the efficacy of this mode of practice, and the danger of the contrary. A patient was admitted with an injury of the elbow, such as I have described to you, and I performed excision. One of my colleagues had a boy admitted under similar circumstances, about the same time, and he decided to reduce the dislocation and to stitch the wound. My patient, a man of fifty, recovered perfectly; the boy was dead in a few days. A man was admitted with compound dislocation of the thumb. It was reduced, but shortly afterwards cellulitis set in, which extended rapidly up to the shoulder, and the patient sank under it. I blamed myself very much indeed for not following up my usual practice, in all such cases, by excising the joint—an operation which I have good reason to extol.—*Glasgow Medical Journal.*

CASE OF ABSCESS OF THE BRAIN.

By T. B. Moriarty, A.B., M.D., etc., Limerick, Ireland.

The subject of this case was a young man of strong plethoric constitution, who was attacked by assassins on December 30. He received two wounds—one a lacerated, two inches in length over the occiput, which laid bare the bone, and bled profusely. The other an incised wound—the subject of these remarks—was inflicted over that part of the left frontal bone know as the "temple," in length two inches, with a deep depression in the centre which led to a depressed fracture. Compression later on ensued in consequence of the formation of an abscess between the dura mater and the bone. The wound in the back of the head got well rapidly, and as the depression did not interfere with the mental faculties an attempt was made to produce as much union as possible by the first intention. A bone abscess manifested itself, and the matter, which soon became offensive, ceased to discharge almost entirely after a fortnight's time. The early part of the treatment consisted of counter-irritation, purgatives, and calomel, with a diaphoretic mixture. From the outset there existed a slight incoherency in speaking without the occurrence of any epileptic fit.

On January 19 this man felt well enough to write three business letters.

On the 20th he appeared so much improved as to be allowed to use chicken broth.

On the 21st it is said he vomited a quantity of greenish fluid; and on the night of the 24th he was again seen by me, when his condition was

the following:—Lying quite insensible; pupils contracted; pulse 51. Neither asking for anything nor making known his wants in any way. There was no excess of urine in the bladder. These symptoms, as well as my previous acquaintance with the case, led me to conclude that there was an abscess lying beneath the frontal wound. On this account I demanded the assistance of another Doctor. Calomel was given in small doses every two hours.

The following day two pieces of bone came away, and on the ensuing day some two pieces more of bone were extracted. It was then proposed to trephine, as the attempts to raise the depressed bone were ineffectual.

On the 27th I enlarged the wounds longitudinally and laterally by a crucial incision. Another effort was then made to raise the bone by means of the elevator; while doing so, the matter which was very offensive, got exit, and in a few minutes our patient opened his eyes, and said, "Doctor, you are hurting me." He soon began to recognise those around him.

The following day the depressed bone was broken off, so as to leave no source of irritation; a quantity of sanious matter exuded, which was succeeded by a copious discharge of pent-up pus. As soon as the opening was cleaned the pulsations of the brain became quite visible. Mercury, with chalk, had been administered until salivation was effected, so as to guard against any tendency to meningitis.

February 1.—There has been a copious discharge from the wound, which is filling up with fibrous tissue. Patient going on very favourably; pulse 80; there is no relaxation of the sphincters.

24th.—Is now quite recovered.—*Dublin Medical Press and Circular*

GUN-SHOT WOUND OF THE BRAIN, THE BALL TRAVERSING BOTH HEMISPHERES. RECOVERY.

By John C. Hutchison.

Lydia Lista, a little girl aged seven years, walked to my office July 4, 1864, with her mother, who stated that her daughter had been injured by a buck-shot fired from a toy cannon by her brother while at play. She fell to the ground immediately on receipt of the injury, and vomited soon afterwards. I introduced a probe into the external wound, which was situated on a level with the top of the right ear and half an inch posterior to it, expecting from the appearance of the child that the shot had not punctured the skull. The probe, however, entered the brain substance and passed in about four inches. There was no opening on the opposite side of the skull. I expressed an unfavorable prognosis, and sent the

patient home, requesting the mother to call her family physician, Dr. Isaac H. Barber.

I did not see the child again, but Dr. B. has informed me that there were *no symptoms* of any description indicating injury of the brain except some slight vomiting, which continued for two or three days. No treatment was deemed necessary except rest, and she soon appeared as well as ever. She remained in good health, going to school and playing as other children until January, 1865, when she was attacked with scarlet fever and died of that disease on the 17th of that month. She had no symptoms indicative of disease of the brain during her last sickness.

On the day after her death a post mortem examination was made by my pupils, J. C. Goodridge, jr., and J. H. L. Elmendorf. Hearing of the death but a short time before the funeral, and the family positively refusing an examination, being in an adjoining room, made it necessary to conduct it with the utmost secresy and as expeditiously as possible. The brain being removed was brought to my office for examination. The specimen shows by four slightly depressed cicatrices that the ball entered the posterior lobe of the right hemisphere, near its juncture with the middle lobe, and emerging from this it crossed the longitudinal fissure, entered the left posterior lobe and made its exit from the brain upon the opposite side; then traversing the cerebrum from right to left in a direction backward and upward. The condition of the brain at the points of entrance and exit of the ball were normal. The membranes were healthy. Finding the ball had passed entirely through, the brain substance had not fallen back into the original track, and could not be found by such incisions as would not injure the specimen, we assumed that it was imbedded in the skull near its point of exit from the brain, and that in the necessary haste of the examination it had been overlooked.

On examining the brain to-day, December 27, 1865, Mr. Goodridge detecting a point of unusual hardness and a corroded substance, found the ball imbedded in the substance of the brain near the surface an inch and a half in front and half an inch below its point of exit from the left hemisphere. I suppose that after traversing the cerebrum the ball struck the skull of the opposite side and rebounding lodged in the brain at or near where it was at last discovered. The specimen has been in a preparation of corrosive sublimate and alcohol for nearly a year, consequently the ball was much corroded. The portion remaining presents an irregular angular appearance, and is about half its original size.

Recapitulation.—We have then a girl seven years old injured by a *buck-shot penetrating the cranial cavity.* The child *walking* to the office and back home. A *probe passed* into the track of the ball *four inches.*

No *brain symptoms appearing* except slight vomiting, which lasted but two or three days. *Entire recovery*, the child going to school and playing as other children. Subsequent death from another cause and a post-mortem examination revealing that there had *been no disease of the brain*; that the *ball* had *traversed* the posterior lobes of both hemispheres of the cerebrum, and rebounding had lodged in the brain substance, where it had remained with impunity, causing no inconvenience, and had become almost " a forgotten thing."—*Buffalo Medical and Surgical Journal.*

DISLOCATIONS OF THE HIP OF LONG STANDING.

Dr. D. J. Thomas, Surgeon to the Melbourne Hospital, read, at a meeting of the Medical Society of Victoria, a paper in which the following cases were related.

CASE I.—On February 8th, 1865, Mr. Evans Morgan, a miner, consulted Dr. Thomas about a dislocation of his hip-joint. On December 15th whilst working in a gold mine in the kneeling position, the earth fell upon him, causing his thighs to be widely separated. When extricated he was taken to the surface; and it was discovered that he had sustained a dislocation of the head of the femur. An attempt at reduction was made, but without success. The following day he was taken to a neighbouring hospital, when another attempt was made to replace the head of the bone by means of pulleys, and with the aid of chloroform, In this attempt, he stated, the head of the bone became changed in its position it was probably brought from the dorsum ilii to the sacro-ischiatic notch. After nine days, he commenced walking about; and seven weeks afterwards came to Melbourne to consult Dr. Thomas. He was a powerful muscular man. On February ninth, chloroform was given and when he was under its influence, Dr. Thomas extended the limb, and rotated it in all directions, for about ten minutes, when the staple broke. It then occurred to him to try the plan recommended by Dr. Reed of America. He flexed the leg on the thigh, and gradually brought the thigh diagonally across the abdomen. He then abducted the thigh, whilst his assistant, who stood on the opposite side, got hold of the foot, and with some degree of force, pulled it across the lower third of the sound femur, while Dr. Thomas depressed the knee. The head of the bone entered the acetabulum with a loud crack; immediately upon which Dr. Thomas's attention was drawn to the patient's state. His face was livid, his tongue nearly black, and slightly protruding; there were no abdominal respiratory movements visible; no pulse could be felt; and his eyes were fixed. Without waiting a moment, Dr. Thomas opened the external jugular vein. At first

blood flowed, but, on drawing the finger two or three times over the vein, it spurted out; and after about a pint had been drawn, the lividity had disappeared, the patient made a gasp, the pulse could be indistinctly felt, and in about five minutes, the breathing was quite restablished. It was then discovered that the bone had again become dislodged. Dr. Thomas pursued precisely the same manipulation, and, in a few minutes, again got the thigh to its proper place. A straight long splint was applied, and the two limbs were tied together. He was kept in this position in bed for a fortnight. The splint was then removed; but the legs were tied together for another week. He was then allowed to get up and use the leg; and in five weeks he could walk a long distance, with the aid of a stick, having only a slight limp.

CASE II.—In 1859, a shepherd, named J. Buncle, was sent to Dr. Thomas, having a dislocation of the hip on the dorsum ilii of nine weeks' standing. Seven unsuccessful attempts at reduction had been tried. Dr. Thomas gave him chloroform, and applied pulleys, and the limb was kept on the stretch from 10 A.M. until 5 P.M. He was the whole of this time under the influence of chloroform, and every ten minutes or quarter of an hour a gentle pull was made on the pulleys. At 5 P.M., the relaxation of the muscles seemed complete, the leg of the affected side was flexed, and brought across the lower part of the sound thigh. A jack-towel was placed under the upper part of the thigh to pull it outwards, the pulleys were relaxed and the knee depressed, and the bone regained its natural place. In three weeks, he left town, and could walk a little with the aid of a stick and crutch.

CASE III.—On November 5th, 1861, John Prytherch, aged 18, midshipman on board the *Swiftsure*, was admitted into hospital with dislocation of the head of the right os femoris into the sacro-ischiatic notch. The accident occurred from a fall on board ship two months previously, and the attempts at reduction had proved abortive. On November the 7th, chloroform was again administered, and extension kept up for some time, without any beneficial result. On the 8th, chloroform was again administered, and the pulleys applied without success. On November 11th, the patient was transferred to Dr. Thomas, and reduction was again attempted, the patient being under the influence of chloroform. Extension by means of the pulleys was kept up for an hour and a half, when the head of the bone was found to have moved considerably. The thigh above was elevated by means of a sling. The leg was flexed, and drawn across the front of the sound thigh, in order to rotate the bone outwards, and the knee at the same time depressed. The bone was then brought to its proper situation. A splint was applied, and he was

kept in bed for some weeks; and, on December 28th, he was discharged cured.—*Australian Medical Journal*, September, 1865.

THE GUTTA-PERCHA SHOE IN THE TREATMENT OF TALIPES.

By Alfred C. Post, M.D., Professor of Principles and Practice of Surgery, University Medical College, N.Y.

About sixteen years ago I was treating a little girl for talipes varus, with a modification of Scarpa's shoes, which I was then in the habit of employing, when troublesome ulceration of the integument occurred from the pressure of the straps which were used to secure the shoes upon the feet. It was evidently a matter of necessity to omit for a time the use of the shoes, until the ulcerated surfaces should have an opportunity to heal. I was much chagrined by the prospect of a long delay in the treatment, especially as the patient resided in the country, and it was quite inconvenient to the parents to keep her for a long time in the city. I was led to reflect on the best means of preventing a return of the deformity towards its original condition, during the period when I should be obliged to suspend the use of Scarpa's shoes. It occurred to me that a splint or shoe of gutta-percha might be applied in such a manner as to maintain the improvement which had already been gained by the treatment, if not to make some further advance towards the cure of the deformity. I accordingly contrived and applied such an instrument, keeping it in place by means of a roller bandage. I found that by this means the feet could be maintained in a good position, with very little inconvenience to the little patient; and under appropriate dressings, the ulcerated surfaces soon healed. To my surprise, the deformity yielded more readily to the new treatment than it had done while Scarpa's shoes had been worn, and I felt no disposition to return to the use of the spring shoes after the ulcers had healed. From my experience of the benefit of the simple contrivance which I had used in the case just alluded to, I was induced to employ it in similar cases which were presented to me and the results were so entirely satisfactory, that I have ever since employed shoes or splints of similar construction in the treatment of infantile clubfoot, in preference to the spring shoes which surgeons ordinarily employ for the same purpose. The material which I ordinarily use in the construction of these shoes is a gutta-percha sheet from a sixteenth to an eighth of an inch in thickness. It is cut of such a shape as to adapt itself to the sole and sides of the foot, leaving a space uncovered on the dorsum of the foot equal to about one third of the breadth of the foot; it is also adapted to the sides of the leg, extending up two-thirds

of the distance to the knee, and leaving a narrow space uncovered before and behind, each space so uncovered being about one-sixth of the circumference of the leg. The material is readily moulded to the shape of the limb, by immersing it for a few seconds in water, at a temperature of 100° Fahrenheit. I am in the habit of moulding the shoes thus heated, over a wooden last made for the purpose. The last is not made after the fashion of a bootmaker's last, but it is shaped like the natural leg and foot, except that the outer side of the foot is made to correspond with the inner, thus obviating the necessity of having separate lasts for the right and left foot. I have sometimes used similar shoes made of felt stiffened with shellac, as manufactured by Dr. Ahl, of Southern Pennsylvania. In order to mould the felt, it must be dipped in water at nearly a boiling temperature, and the hands require to be protected by means of cotton gloves wet with cold water. I am rather inclined to prefer the gutta-percha shoes to those which are made of felt, especially as the former material is more conveniently moulded to its proper shape.

I generally commence the treatment of infantile clubfoot by the subcutaneous division of the tendo-Achillis, after which I apply a strip of isinglass plaster over the small wound of the skin. I then have the foot held by an assistant as nearly as possible in its normal position, and while it is so held, I carefully apply a roller bandage so as to cover the foot and leg, beginning the application on the outer side of the ankle. I then apply the gutta-percha shoe, an assistant grasping the leg with one hand, pressing the upper part of the shoe against the sides of the limb, and with the other hand pressing the sole of the shoe against the sole of the foot. While the shoe is thus firmly pressed against the leg and foot, I apply a roller bandage firmly, so as to secure it in its place. After the lapse of twenty-four to forty-eight hours, I take off the bandages and shoe, wash the foot, wipe it dry, use passive motion freely in different directions, and then reapply the apparatus as before. The application is repeated at intervals of two or three days, until the foot is brought to its proper shape, when it is put up in a laced boot, lacing to the toes, and having a firm sole and stiff sides, provided with iron braces which exend nearly as high as the knee, and secured by a strap and buckle around the upper part of the leg.

The following are, in my estimation, the advantages of the gutta-percha shoe over Scarpa's shoe, and its various modifications :—

1st. Its greater simplicity, and the ease with which it is made. When the material is at hand, the shoe can readily be made in fifteen minutes.

2nd. It is much cheaper than the spring shoe.

3rd. It is more comfortable to the patient, being lighter, exerting a

less injurious pressure, and being less likely to be kicked off by a restless child.

4th. It is much less likely to occasion excoriation or ulceration of the integuments.

5th. It expedites the cure, giving a better support to the foot, and bringing it more readily into its normal position.—*N. Y. Med. Record.*

CONGENITAL HYPERTROPHY OF THE TONGUE. AMPUTATION.

By Alfred Bolter, M.D., Ovid, N.Y.

The subject of this malformation is a girl of a little over three years of age—of large physical development, and of healthy parentage. The unusual size of its tongue was noticed at its birth, and, the mother says, continued to grow with its growth. It materially interfered with the process of suction, but did not wholly prevent it.

My attention was not called to the case until after the period of dentition. The tongue was then protruding from the mouth to the extent of something more than an inch. Its appearance was tumefied, red and glossy, as if inflamed. But I soon discovered that this was not the case. There was no unusual heat, or tenderness, or febrile excitement. It was obviously a case of preternatural growth, or abnormal enlargement, and not one of *disease*, any more than an extra finger or toe would be. I advised nothing to be done except the removal, by the knife, of so much of the organ as prevented the teeth and lips from coming together. After explaining, as fully as possible, to the parents, the nature of the operation—its dangers and probable and possible results, they determined, after long deliberation, that it should be done.

Accordingly, on the 12th of December last I proceeded to the work, assisted by Doctors Post, Morris and Woodward. I should here remark that the child, at this time, was in perfect general health. But its tongue had become a much more unsightly and disgusting deformity. It was constantly dribbling with saliva, and parts of the exposed surface were blackened, dried and shriveled. Fissures traversed those parts, from which flowed considerable quantities of bloody serum. This was, no doubt, very much aggravated by the child frequently picking the surface of the tongue with its fingers. The countenance of the child was, of course, filthy and revolting, despite every parental effort at cleanliness. From the size of the tongue, the orifice of the mouth appeared nearly circular, and to be entirely filled when the features were in repose. The under lip was everted upon the chin, and the lower incisor and canine teeth, covered with tartar, were projected obliquely forward. The

tongue was of firm and cartilaginous consistence, but with no unusual sensitiveness to the touch.

When every thing was made ready for the operation, the patient was put under the influence of chloroform and sulphuric ether, in the proportion of one part of the former to two of the latter. She readily became insensible. Her limbs and body were then firmly wound with strong towcling, so that all motion might be easily prevented; for in that case I was apprehensive that it might be impossible, or very difficult, to repeat the anæsthetic on account of hemorhage. The child was then held in a sitting posture, in the lap of an assistant, and, taking a chair directly in front, I first passed a strong ligature through the body of the tongue, for the purpose of enabling me to hold it with more facility. Then drawing the organ forward, I thrust a straight, sharp-pointed bistoury underneath, pushing it obliquely backwards and upwards, and bringing out the point near the median line, and then cutting obliquely outwards towards the canine teeth, thus making the left flap. After securing the raninal artery, the only one that required ligature, I then passed through this left flap, laterally, a double suture, for the twofold purpose of joining it to its fellow, soon to be made on the other side, and also to give me control of the organ after the part to be removed was entirely separated and the tongue retracted within the mouth.

The instrument was then again passed through to form a corresponding flap on the right side, leaving, however, a narrow central septum uncut until the bleeding vessels, two in number, were tied. This part was then divided, and the piece removed was in the shape of an inverted letter A.

The tongue, now forked in shape, retracted within the mouth. The next step was to draw it forward by means of the suture already passed through the left flap, and then to pass the same suture through the right flap from its inner face to the side, then approximating the cut surfaces of both flaps firmly together, and securing them in that way, by dividing the suture, and tying one part on the dorsum and the other underneath the tongue. The extremities of the flaps were then brought together by a single suture passed from side to side and tied upon the apex. This completed the operation, and a pointed, well formed tongue was made, with no part of cut surface exposed. The time consumed in the whole of this work was about twenty-five minutes.

The piece removed was one inch and five-eights in length, on inch in vertical thickness, and five inches and five-eights in circumference. This was, relatively, an enormous growth.

All the cases recorded, that have fallen under my observation, have

been those of adults, and while they have been described as of much larger proportions, it will doubtless be conceded that the case I have detailed exceeds them all, when the age and development of the parties are taken into the account. The hemorrhage attendant upon this operation, although considerable, was quite easily controlled. The oozing of blood was very little after the sutures were adjusted.

The inflammation, for several days, was severe, causing the tongue to swell so largely as quite to prevent deglutition even of the blandest fluids, and rendering the child, most of the time, restless from pain. This acute state passed pleasantly away about the fourth day, when the ligatures from the arteries came off spontaneously. The treatment consisted of cold applications and washings, mainly, with a very limited use of antimonials and opiates.

The sutures were not removed until the tenth day, when the union was nearly complete.

The recovery of the child has been rapid, and the indications now are of a perfect success. The lips can already be closed, and the teeth nearly so. There is every prospect that, in a few weeks more, both will come together in a perfectly natural way, and this great deformity will never again offend the sight of the patient or her friends, or subject her to the numerous disabilities which its existence occasioned.

Sugeons have generally been deterred from amputating any considerable portion of the tongue on account of its great vascularity, and the danger of an uncontrollable hemorrhage. The success of this case, and of others that have been reported, prove that this peril is not so great as it has been supposed to be.

Cases of this kind are not of frequent occurrence—at least, few have been reported. Dr. W. G. Delaney, U. S. Navy, in a case reported by him in the American Journal of Medical Sciences, No. 32, October, 1848, says that his case, and two others, recorded by Dr. Thomas Harris, Phila., in the same journal, November, 1830, and May, 1837, were the only ones of the kind, to his knowledge, in the United States.

Since that time few, if any, cases have been put on record. But be this as it may, the case, in any view that may be taken of it, will, doubtless, be regarded as of sufficient interest and importance to merit a place in the annals of surgery.—*New York Medical Journal.*

MENORRHAGIA.—Give a drachm of finely powdered matico in two ounces of water.—*Braithwaite, Part* 16, *p.* 347.

DYSMENORRHŒA.—Give quinine and prussiate of iron.—*Western Lancet.*

Medicine.

THE HYPOSULPHITE OF SODA IN SCARLET FEVER. WILL IT PREVENT THE DISEASE?

By N. L. North, M.D., Brooklyn, N.Y.

There is a great popular dread of scarlet fever in all civilized communities—more than of any other of the so-called ordinary exanthemata. Vaccination has wonderfully mitigated the fear of small-pox, and measles is generally looked upon as a complaint of little moment. But scarlatina, having cut down the favorite flower of so many families, and left its incurable sequelæ to mar the physical powers or appearance of so many other loved ones, has come to be looked upon as a lion in the path of life by fond parents the world over. Whatever, then, may be found in the way of treatment to lessen its virulence or prevent its occurrence, will be hailed by the public, as well as by the profession, as of vast importance.

Belladonna has been claimed as a prophylactic, and very likely does exert some influence in that direction; but it is so uncertain in its effects as to have almost entirely fallen into disrepute and disuse. Domestic remedies to "prepare the system for scarlet fever," or to prevent it, are as numerous almost as the cases themselves. Some seven or eight years ago I was attending a family, when one of the children was taken sick with this disease, and, as usual, the child was medicated before the "doctor" had been sent for, and in this case "cream of tartar and sulphur" was the cure-all, and the patient had had its dose, and I was, upon my arrival, called upon for permission to have it given the other (healthy) children as a preventive. I assented, and to my astonishment, and to the great gratification and pride of the "friend of the family," who had suggested it, none of the other of the numerous children of the family were attacked by the disease. As, however, that was no uncommon occurrence, and knowing that scarlet fever does often attack one or more members of a family and not all, I thought very little of the circumstance until in the same neighborhood I saw and heard of the same thing being repeated several times with the same result, when I thought it worth while for me to try it. Accordingly I began giving the "cream of tartar and sulphur" also, to "prevent scarlet fever;" and, though it often failed in its work of prevention, I could but think that it sometimes had prophylactic power; and believing it to be the sulphur, I concluded to combine that drug, in its precipitated form, with the extract of belladonna, and give it in all cases where children coming under my care had been exposed to the scarlatinal poison, and I believe often with the effect of preventing the disease.

After the promulgation of Dr. Pallis' theory of the use and effect of the sulphites and hyposulphites in the zymotic diseases, and after I had seen something of its use in typhoid fever, I concluded to give this remedy a trial in scarlatina, and have since given it very frequently as a remedy of much power, as I believe, in controlling the symptoms of the developed disease, by eliminating or destroying the poison, and also as a prophylactic.

On the 12th of February, 1865, I was called to attend a little child of Mr. T., of this city. The child was about one and a half years of age, and suffering with a severe attack of scarlatina-anginosa. I gave five grains of hyposulphite of soda, dissolved in syrup and water, every four hours, and ordered that the well child, who was about three years of age, should have the same dose three times a day. The patient improved rapidly and with ordinary attention soon recovered, and the other child showing no symptoms of the disease, the medicine was discontinued after five days.

In the early part of June, 1865, I was called to attend Miss S., a stout girl, of fifteen years of age, who had been exposed to and had taken scarlatina, which was, when first seen by me, fully developed. I used the same remedy in ten-grain doses every three hours, and gave five grains three times a day to a little girl of four years, who had been with her most of the time since she had been complaining, and who continued to stay with and around her during her whole sickness. The patient recovered rapidly, seeming to be favorably affected by the hyposulphite, and the little girl, with whom the medicine was continued a week, had no symptoms whatever of the complaint.

Again, by reference to my notes, I find an interesting case, commencing April 4, 1865. Mr. F. has two interesting girls, one eight and the other two years of age. The eldest was taken sick with scarlet fever, and I commenced giving, in connection with other remedies, the hyposulphite of soda, in five to eight grain doses every three or four hours, and three grains three times a day to the little one. After the first day's treatment I myself was taken ill, and obliged to ask a neighboring physician to take charge of my patients, which he very kindly did, including the scarlet fever patient. After three days I again got about, and was advised by my friend, who had attended my business, to be sure to see this scarlet fever patient early, as he thought it very probable I should lose her. I did, and, of course, as I had not urged it, the hyposulphite treatment was not followed either for the child with the fever or the one exposed to it. I immediately returned to the plan of treatment I commenced upon, and in twenty-four hours thereafter my patient was much

improved. I also gave the medicine to the little child, but not to my satisfaction, as it produced a cathartic effect, and I was obliged to discontinue it. About seven days from the time I was first called, the older child was fairly convalescent, but the younger began to complain, and show symptoms of the approaching malady, so that I now gave to her the medicine in smaller but frequently repeated doses, and after some three days of listlessness, with poor appetite and slight soreness of the throat, she commenced improving, and had no further symptom of the disease. About the ninth day from the attack of the first child, one of the attendants, a miss of eighteen, who had never had the fever, began to complain of headache, sore throat, &c., and was much frightened. To her I gave ten grains of hyposulphite of soda every two hours, and, after about sixteen hours, catharsis commenced with relief of the symptoms. She continued the medicine, ten grains three times a day, for four or five days, and had no further symptoms of scarlatina, except that the throat was not entirely well for four or five days.

Mr. S. has a family of five children, all quite young, none of them ever having had scarlet fever. Was called, June 27, 1865, to see the youngest, a child of two years of age, who was covered with the scarlatinal eruption, had a very sore throat, and who otherwise presented unmistakable symptoms of scarlet fever. I used the hyposulphite, with, however, not very marked good effect, so that I had to fall back on old remedies. The child finally, after a very severe and protracted sickness, recovered. The peculiarly interesting part of this memorandum is that the other four children were given the hyposulphite, according to their several ages, and not one of them took the disease.

One other note and I will close. A Mr. B., of Wilson street, this city, has brought up a large family, and all have had scarlet fever, and suffered terribly, except two of the younger ones. I was called in haste, on November 24th, 1865, to see the youngest of these two, and found a well marked and well developed case of scarlatina. I immediately resorted to the hyposulphite of soda for both the sick one and the well one, and had the satisfaction of seeing the sick one recover rapidly from a severe form of the disease, with no other remedy than the one mentioned and some chlorine water as a gargle for the throat. The other child, although in the room with the sick one most of the time, presented no symptoms whatever of the complaint.

I am not so sanguine as to suppose that we have in the hyposulphite of soda an unfailing remedy for this dreaded malady, or even a positive prophylactic; yet I have a strong belief that it may prove beneficial both in the treatment and prevention of scarlet fever. I have hastily recorded

these brief notes of cases, with the hope that they may have the effect of inducing others to try the remedy and report upon its effect.—*New York Medical Jonrnal.*

A CLINICAL LECTURE ON THE TREATMENT OF TUBERCULAR PHTHISIS.

Delivered in the Theatre of the Cork County and South City Infirmary, on the 27th April, 1866, by W. C. Townsend, M.D., Senior Physician to the Infirmary.

We proceed this morning to the consideration of the treatment of tubercular phthisis.

During the last four lectures we were occupied, I trust profitably, with the consideration of this fearful disease, which, unfortunately, owing to its great prevalence, our hospital affords you ample opportunities of investigating in its different stages.

To some of you, I have no doubt, there appears to be a great amount of sameness in the several cases, and many wonder how little in the shape of medicine, I order for those under my charge; but the truth is, gentlemen, the older we grow, the less faith we have in physic; and I have no hesitation in telling you that the medical management of consumption pre-eminently consists in a liberal and judicious diet, in residence in well ventilated apartments, where there is a constant and fresh supply of unbreathed air; in exercise in the open air, I would almost say in all weathers, taking due care at the same time that your patient is warmly clad. In my opinion, this plan will do more to prevent the development or growth of tubercle than any or all the medicines of the Pharmacopœia.

But you will not, I hope, misunderstand me, or think for one moment that I undervalue medicines when judiciously used, but I wish, now at the close of our winter session, and after the careful consideration we have given this subject, that you should have correct notions as to the treatment of this terrible disease.

Doubtless you have often been surprised, as I pass from bed to bed, at the apparently little variety in my treatment; and I can almost fancy I hear you say "always the same"—cod-liver oil, iron, opium—and you are to a great extent right, gentlemen. You have great advantages over your fathers in the profession. You are now in a position, if you will use it, to reap the great harvest of their experience; and I venture to assert that in no disease is that harvest more abundant. Great as the advantages are that we have derived from the glorious discoveries of Laennec, they are as nothing when compared with those which an

enlightened pathology has conferred within a very few years on the treatment of tubercular diseases. It is quite true we owe to him and others the knowledge of those physical signs whereby we are enabled to diagnose with such painful certainty the presence of tubercular disease of the lungs; but it is equally true that we are deeply indebted to Bennett, Thompson, and a host of others, who have based the treatment of this disease on true principles derived from an accurate knowledge of pathology. To the first class we owe the great debt of teaching us how to diagnose during life, and after death, the ravages of this fearful malady; from the latter, we learn that our efforts should be directed—*first*, to check the tendency to the disease, and *next* to arrest or cure it in its progress. It is truly deplorable that even at this present time such erroneous notions should be held as to the treatment of this disease. Forgetful or ignorant of the cause, it is too much the habit of many practitioners to devote all their energies to what is in reality not the disease, but its result or effect; and the unfortunate patient is made to swallow any amount of cough mixtures, to submit to any amount of blistering, with an occasional leeching—a plan of treatment which might be allowed if it did no harm, but which, tending as it most assuredly does, to the further developing of the disease, cannot be too strongly deprecated.

Of all the constitutional maladies that I am acquainted with, *there is none that more can be done for than tubercular phthisis.* It is now an admitted fact that in the very early stage, even where the constitutional tendency is largely inherited, a great deal may be done for the patient, even if he be not completely cured; and there is little doubt that even in the second and third stages of the disease, a judicious treatment will often prolong life for several years. It is well for you, then, to study carefully the principles that should guide you; and I may here take the liberty of reminding you of what I have so frequently called your attention to at the bedside, *that every case of tubercular phthisis has its own natural history, and must be treated on its own peculiar merits.* Unfortunately, in the great majority of cases of tubercular phthisis we do not see the patient until the disease is somewhat advanced; in such the chances of cure will be in the majority, in proportion to the amount of lung injured; not that I wish you to understand by any means, that where a portion of lung is engaged, that person must of necessity die. On the contrary, I have seen and known several, where there could be no reasonable doubt of a large amount of lung being engaged, recover perfectly. Pulmonary consumption is entirely a disease of debility,

whether it be inherited or acquired; and the treatment of it in every stage appears to me to be "*support.*"

Now, there are two classes of patients which present themselves to us from time to time. Among *the first* we find those who are surrounded by every luxury that wealth can produce; *the second* includes those who are exposed to every privation, who are ill-fed, ill-clad, living in badly ventilated apartments, and eking out a miserable existence. The only wonder in such cases is that they so long resist the development of disease.

I have already told you that it is a disease of debility, and it now becomes my duty to tell you from my own practical experience how you can best remedy that state of system which leads to the growth of tubercle.

First, above all, I recommend that the patient should breathe a pure air. I find that within the last twelve months there were admitted into the Workhouse Hospital of this (Cork) Union, 184 males suffering from tubercular phthisis. I have paid some attention to this important subject, and I find that they are principally composed of tradesmen and indoor servants; while cabdrivers, and those whose occupation keep them constantly in the open air, seldom suffer. Again, I have observed that consumptive patients who remain constantly in hospital, where they are well fed and carefully preserved from changes of temperature, succumb to the disease more readily than those who after a short stay leave, often badly clad, to resume their ordinary avocations. I need say no more to prove to you how indispensable is a pure air for the consumptive patient.

The next point to be considered is *the regulation of their diet.* A consumptive patient should be well fed, and his food should be easy of assimilation; meat, eggs, porter, wine, butter-milk, should be used; and his diet should be so arranged that, instead of giving him two or three meals daily, he should have five or six. I emphatically state that no consumptive patient should be allowed to remain longer than four, or at furthest five hours, without food. He should have food late at night, and very early in the morning, and some nutritious drink should be placed at his bedside for the night, should he wake.

I now pass to the medical treatment. If a consumptive patient has a fair appetite and digests his food, you had better take care you don't destroy his appetite by the use of what are commonly called expectorants, cough mixtures, sedatives, &c., &c., which, instead of doing the unlucky patient good, do him an immense amount of mischief. If, on the other hand, his appetite be bad, take care you don't overload his stomach; give him

bitter tonics, quinine, strychnine, and such medicines as will have the effect of bracing up his system, and gently stimulate the relaxed mucous membranes; above all, avoid, unless absolutely called for by bronchitic or pneumonic complications, blistering, leeching, application of iodine, &c., &c.—a system of practice which cannot be too warmly deprecated, as evidencing an unpardonable amount of ignorance of the pathology of the disease; for you should always have before your eyes that your treatment must be directed to remedy that state of system which leads to the further separation or growth of tubercle, taking little heed of that which is already formed.

Of all the medicines introduced to the profession for the improvement of the general health, and therefore for the treatment of pulmonary consumption, none are so conspicuous as cod-liver oil and iron. These, either separately or together, appear to exert a greater influence in arresting the state of system which leads to the growth of tubercle than any other known remedies. I have not time nor inclination to enter into the different discussions as to how they produce such remarkable effects, but that they do so is beyond all reasonable doubt. The use of cod-liver oil is indicated in all stages of the disease, and as there can be no doubt that the bronchitic, pleuritic, and pulmonic complications, which so frequently present themselves, are altogether dependent on the unhealthy condition of the blood, I see no reason why its use should be discontinued during their presence.

In the latter stages of this disease you will find that the various preparations of opium, in one or other of its forms, allay pain, restrain the cough, check diarrhœa, produce sleep; and, in hopeless cases, promote *euthanasia*, by soothing the dying moments of the poor sufferer.—*Dublin Medical Press.*

BATHS.

Perhaps we owe an apology to our readers for bringing to their notice matters apparently so trivial as those of which we are about to treat. We trust that their importance and the fact that such subjects are but little understood by the younger members of our Profession may be accepted as a sufficient excuse.

We propose to treat, first, of baths, their various methods of application, their action, and their uses.

Baths, as is well known, are of various kinds. The water composing them may be hot, cold, or tepid. They may be used generally or locally. To the water various substances are sometimes added.

It may be accepted as proved that none of the constituents of baths

are absorbed by the skin. Many experiments have been made to ascertain the truth of this statement. None of the ingredients that were added to the bath could be found either in the urine or in the other excreta. Nay, it is highly probable that even the water itself is not absorbed by the skin. Thus the effects they produce on the system must be due to their action on the skin in virtue of either their moisture, their temperature, or of the ingredients that the water may contain.

We shall first speak of the general cold bath—baths composed either of simple or of sea water, and whose temperature varies from 40° to 75° Fahr. These baths produce their effects by virtue of either their moisture or their low temperature. This latter property may act either by its influence on the cutaneous nerves, thus producing shock, or by abstracting heat from the body. It is probable that they produce their effects by means of all these properties. By their moisture they cleanse the surface of the body, and thus promote the proper functions of the skin.

But cold baths are given for other effects than these. If properly used, the cold bath becomes one of the most powerful tonics we possess. If improperly applied, it may inflict serious mischief on the person using them.

The remarks we are now about to make apply to both cold simple and cold sea baths, but especially to the latter. We shall subsequently point out in what way these two kinds of baths differ.

On entering a cold bath a feeling of depression is first experienced. The pulse is greatly quickened, but loses much in force. The respirations are hurried and irregular. There is a feeling of chillness with great diminution of the temperature of the surface of the body. This condition, however, quickly changes. The surface of the body glows; the pulse gains in force. There is a sense of increased vigour both of mind and body; the spirits are greatly exhilarated. This continues for a variable period, and is then again followed by a feeling of depression, accompanied by chillness and a feeling of languor and exhaustion.

Baths, as we have stated, are given for their tonic effects. To secure these it is necessary that the patient should leave the bath during the second stage. If left at this time the condition of that period remains during the rest of the day. Thus given, the appetite is increased and digestion and assimilation improved. There is increased vigour of the body, with a desire for exercise. The patient is cheerful, the spirits more buoyant. If, however, the bath be remained in, the depression of the last stage becomes permanent. The patient remains languid, fretful, irritable. The appetite is lessened. Much chillness may be felt during the day.

He is disinclined to exertion, and often experiences a sinking at the epigastrium. These results are to be most carefully avoided.

How long should persons remain in the water in order to obtain the greatest tonic effects? To answer this question in an individual case, two points must be kept in mind—namely, the strength of the bather and the coldness of the water. With persons whose health has been impaired by excesses of any kind, by over-work, bad air, or who are convalescent from an acute disease, the first two stages pass quickly by, and they speedily pass into the stage of depression, which becomes permanent for many hours aftewards, and often for the rest of the day. Hence the time the patient be ordered to stay in the bath must be regulated to the vigour of his system. It is also most important to recollect that if the shock be very great, no second stage may occur, but the patient passes at once into the third stage and remains languid and depressed, with an impaired appetite during the remainder of the day. Thus it is important to regulate the shock to the strength of the patient. The amount of shock is dependant on the coldness of the water. Water, moreover, in motion, as is the case with the shower bath, produces much more shock than water at rest.

These principles teach us how to administer baths to persons in different degrees of. health, and will explain the directions we are about to lay before our readers. These rules, however, are not merely deduced by the principles just stated, but they are the conclusions arrived at by those who have enjoyed a wide experience of baths.

Persons unaccustomed to bathing, if in health, should only stay in the water ten to fifteen minutes. Should they prolong their stay in the water, the bath is liable to produce much depression, and consequently fails to produce the desired tonic effect. By habit, however, the system becomes accustomed to bathing, and thus after their frequent use persons can often remain in the water half an hour or longer with good result. The length of time that the bath should be used depends on the temperature of its water. The colder the water, the shorter the duration of the bath, as we have seen that the amount of shock is in proportion to temperature of water and the time it is used. With weak people the duration of the bath must be considerably shortened. The time must be strictly regulated to their condition of health. The weaker the patient the shorter the time, as we have seen that in such persons the second stage lasts but a short time, and is quickly lost. Such persons can seldom remain in the water more than five minutes without suffering harm. If the patient's health be much depressed, he should be directed merely to dip into the water and allow a billow to wash over him, and then immediately to leave the water.

In determining the temperature of the water we must have regard to the strength and condition of the patient, for if the shock be too great we obtain only depression, and thus if the patient be very weak the water must not be very cold.

Persons of plethoric habit must bathe with much caution, for the excitement produced in such people may be too great, and thus headache, giddiness, congestion of the brain, may follow the use of the bath.

Children under two years of age should not have cold sea or fresh-water baths given them. At this early period of life they are easily influenced, and may be seriously injured. Warm sea bathing for such is preferable, or the cold bath may be administered in the following way: —The child must be placed (or, if too young to stand, held) with its feet in warm water, and before a good fire, and cold water should be poured over the body for one to two minutes. The water should not be applied to the head. When administered in this way, very young children may have cold baths given them with the very best result. The same method should also be adopted with older children if they be weak, or if the weather be very cold, or the water may be slightly warmed in addition.

May pregnant women bathe? If they have had previous abortions, if they be nervous and irritable, baths had better be abstained from. Under other circumstances, both the mother and child will be much benefited by sea bathing. It is also unadvisable to commence a course of bathing at the time of menstruation, and at first bathing should be discontinued at these periods.

Patients who are very weak should not at once commence to bathe in the cold sea; with such the system may be so weak that only depression will result from the use of the bath. In such people cold bathing is apt to cause shiverings, trembling, a feeling of excessive fatigue, and with loss of appetite and other symptoms, and these results continue for the rest of the day, and often much longer. If such symptoms occur, or if the patient be considered too weak for cold bathing, tepid baths should be used, and the temperature of these should be daily lowered until the temperature of the sea is reached. It has been stated that water in motion produces a greater shock than water at rest, and we have seen that the amount of shock must be regulated to the condition of the patient; consequently, weak people should bathe in a calm sea. Persons of stronger health may choose a rough sea; for the action of the billows on the body is pleasurable and exhilarating to the spirits, and in such persons produce great tonic effects.

Too much exercise in the water should be avoided by weak people, as such are liable to be easily fatigued, and then depression follows. Patients

should have directions given to them in respect to the time of day and season of the year at which they will profit from sea bathing.

At what time of the day can patients bathe with the best results? At that time when they are least liable to be depressed. Early in the morning, when the system is fasting, such a result is very liable to occur. Invalids, therefore, should be prevented from bathing before breakfast. But due time must be allowed for the digestion of the meal, as any strong impression on the mind or body is liable to arrest or destroy digestion. Therefore two hours should elapse after breakfast, and three after dinner, before the bath be taken. At this time also the water is warmer. It is preferable to take the bath after breakfast than later in the day. Even strong persons unaccustomed to bathing are liable to be much depressed by a bath taken before breakfast. Children should never bathe before ten or eleven. The patient must be directed to plunge at once into the water, and not to stand shivering for some time until the surface of the body is cooled. He should dip down and allow each wave to pass completely over him. It is the temperature of the sea to which we must have regard when we give direction to patients at what time of the year they may bathe with advantage. If the patient is not much debilitated, the months of May and September are good, and they should choose a shore on which the billows are rough. If, on the other hand, the patient be weak and depressed, the summer months are preferable, and a calm sea should be chosen.

The hair often falls off greatly at the commencement of bathing. This causes much alarm to the patient. Their fears may be quieted by the assurance that it will grow again more luxuriantly than ever.

If the patient be very weak, he must not indulge in much physical or mental exertion after the bath, as such exercise is apt to cause overfatigue. Thus patients should have careful directions given them in this respect. Horse exercise is often good, as this does not require much exertion; but if the patient be very weak, carriage exercise is to be preferred. It is stated that persons who have commenced a course of seabathing are easily influenced by wine.

Various irregularities of the various functions of the body are apt to occur at the commencent of a course of bathing. Thus constipation is not infrequent. This must be remedied by purgatives, diet, or exercise. It need not hinder the bathing. If dyspepsia or diarrhœa occur, it is better to suspend the baths for a short time. Irregularities of the menses need not cause the patient to desist from the use of baths. Restlessness at night sometimes occurs at their commencement. If this be not very great, the baths may be continued. The diet of the patient should be

carefully regulated. Stimulants should mostly be abstained from previous to the time of going to bed. Before entering the bath care should be taken that the body be not overheated by exercise; on the other hand, the patient should not be cold or chilly. Thus it is often desirable that slight exercise should be taken previous to their use.

All strong emotions should be avoided before bathing, and if they occur, especially of a depressing kind, the bath should be omitted. It follows that children who dread the water should not be compelled to enter the sea, but should be coaxed in. If timid children be violently plunged into the water, they may be made very ill for several days. On leaving the bath a short walk should be taken. Two baths a-day can seldom be indulged in.—*Medical Times and Gazette.*

BLACK OR BLACKENED SKIN?

(From a Correspondent.)

About the latter end of 1857 two female children, one apparently about twelve and the other eight years of age, were found on Fraser's Island, at the mouth of the Brisbane, on the eastern coast of Australia. When found they were both *black*, but when washed they became white, except in parts which remained as irregular black patches, scattered about the skin. The black appeared to have been rubbed in, the white skin seemed natural, and the theory was that they had been ship-wrecked on the island, and so marked by natives. The younger turned out clever and industrious, the elder proved a complete idiot, and was sent to the Paramatta Lunatic Asylum. Mr. Rowling, now a distinguished student of King's College, was then Assistant Medical Officer of the Institution, and it occurred to him that the question whether the girl was of black or white origin might be determined by the odour which is peculiar to black races, whether African or Australian. He therefore encouraged this girl to dance until she was in a copious perspiration, when the characteristic perfume, which in Mr. Rimmel's catalogue would be styled "the bouquet de'Afrique," was very easily recognised by every one present. Some time after this the poor girl died, and Mr. Rowling preserved some of the skin. After coming to England he asked Professor Beale his opinion, who told him that the skin alone would decide whether the pigment was natural or rubbed in. The skin has recently arrived from Australia, and Professor Beale has determined by microscopical examination that the pigment is natural; showing Mr. Rowling to have been correct in his judgment founded on the African odour. This disappearance of pigment will not so much surprise any one who has seen much of the West Indian negroes especially the turtle fishers.—*Med. Times and Gazette, March 14th*, 1866.

Canada Medical Journal.

MONTREAL, JUNE, 1866.

No. 2. OTTAWA, July 20th, 1866.

The Commander-in-Chief is pleased to direct that henceforward all applications for the post of Surgeon or Assistant Surgeon in the Volunteer Militia shall be accompanied by an intimation that the applicant is ready to pass an examination of fitness before a regularly constituted Board of Medical Officers of the Regular Army. And no appointment to the post of Surgeon or Assistant Surgeon in the Volunteer Militia will be made without a certificate of qualification from such Board of Examination.

The above General Order appeared in the *Canada Gazette* of a recent date, and, as the representative of the profession in Canada, we enter our most earnest protest against it. For the Militia authorities to imagine, for a single moment, that those who hereafter apply for the post of Surgeon or Assistant-Surgeon, will submit to a professional examination before a board of medical officers of the regular army, is it to look for what we believe, will never come, or we very much mistake both the spirit and the temper of the Medical profession of this Province. It may be argued, that Medical men, although possessing qualifications from Universities and Colleges, are compelled to pass a second examination previous to being appointed Assistant-Surgeon in Her Majesty's regular service, and it may have been a desire to follow the example of the Imperial Government that has led our Minister of Militia to issue the above General Order. But the cases are so very opposite, as hardly to admit of comparison. In the case of the regular army, the applicant for the commission of Assistant-Surgeon, is invariably fresh from his *alma mater*, his knowledge all theoretical, and he presents himself before a Board composed of some of the first medical men of the United Kingdom. Should he be judged capable, he is sent to Netley Hospital, where he undergoes a training specially adapted to the service which he has just entered, and concerning which he obtained but little knowledge, while attending his ordinary University or College lectures. But, with the volunteer Medical officer, how different. As we glance over on the list of Surgeons and Assistant-Surgeons of the Volunteer Force of Canada, we find that most of them were men of position and experience, long before they accepted their commission. Had the above order been in force, when they got their appointment, it is folly to imagine that they would have submitted to an examination. And even the younger members of the Volunteer Medical force, with their qualifications attested to by the well-

known Medical faculties of the different Canadian Universities, would, we feel convinced, rebel against being compelled to undergo an examination before a Board of Medical officers of the regular army. We are proud of being connected with the Volunteer Medical service, but, had we to enter it again, under such a general order, we would absolutely refuse. Upon what are the Candidates to be examined? upon the general prinples and practice of the profession. If so, then, we say, and we certainly mean no disrespect to our brethren of the regular service, that the chances are, from the nature of things, that the candidate is equally well-posted as the examiner. To compel a private practitioner, soliciting a commission in the Volunteer service to undergo an examination before either Surgeons or Assistant-Surgeons of the regular service, is to stop all such applications, and leave the Volunteer service without a Medical staff, for we assure the Government, the profession will not submit to any such examination. If the examination is to be upon the nature of Military Hospital duties, and the nature of Military Returns, it is useless, for from experience on the frontier during the recent Fenian excitement, we assert, that any Medical man can get into the routine (of which, heaven knows there is too much), after twenty-four hours' experience. We are aware this Order has created much feeling among the Medical profession, and we beg of the Militia department to consider what they are doing. The other day, a practitioner from the country called upon us with reference to this matter; he said,—"they are organizing a battalion in my place, and they wish me to take the Surgeoncy, but, according to the recent Order, I would have to pass an examination. The idea of me, after thirty years' practice, going before a Board! I wont do it." Such is the tenor also of letters which have reached us. We feel, however, that it is the duty of the Government to adopt means to keep out of the Volunteer service, those not properly qualified, and those who may have adopted an illegitimate mode of practising their profession, thus shutting themselves out from being regular practioners in good standing, and given themselves right and title to the name of "*quack.*" It is due to the members of the Volunteer service that means should be adopted to prevent the admission of such persons into the ranks. We would, therefore, suggest that two Boards be formed, one at Montreal, and one at Toronto, to be selected from the Surgeons of the Volunteer Corps of these cities, and that, to them should be submitted the names of applicants for Surgeons or Assistant-Surgeons, with their qualifications. If the qualifications are all that is to be desired, the candidate named, to be recommended for his commission. In conclusion, we can assure the Government, that the profession will never submit to the general order we have quoted, and the sooner it is rescinded the better.