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Original Papers.

A CASE OF INVERSIO UTERI: WITH A NEW METHOD OF ITS REDUCTION.

By W. WINSLOW OGDEN, M. B.

Inversio uteri, though an accident of rather unfrequent occurrence, is worthy of our most careful consideration, inasmuch as it speedily places the life of its subject in the greatest peril, on the one hand; or should she resist the immediate effects, from nervous shock or loss of blood, and its reduction, within a few hours, fail to be accomplished, hopeless sterility, with its inevitable accompaniment, unhappiness, will be the deplorable result.

As the accident, in the past, has not always been the consequence of carelessness, it may be that some practitioner who reads these lines will have to grapple with it at the conclusion of the very next case of labor he may be called on to attend; and hence, I may presume, that it is worthy of more than a cursory notice.

Having to treat a case of the kind under consideration, somewhat recently, I am the better prepared to appreciate its nature and surrounding terrors, as well as the more satisfactorily to weigh many of the conflicting opinions entertained regarding its successful management.

I am not of the opinion that in every case of uterine inversion, even where the degree of displacement is perfectly apprehended, we should pursue a stereotyped method of treatment, as the remarks of some might lead us to infer; but in this, as in every other mishap of human flesh, stereotyped principles only ought to be entertained.

Take a case of complete inversion of the uterus, the body and cervix having passed the os, and the latter become firmly contracted behind them. Now, to pursue the course usually considered "orthodox," of attempting by force to overcome the obstacle, would not only fail of success, but would most certainly, if persevered in, be attended with danger to the life of the patient,—an unscientific proceeding, at least, not to speak of its recklessness and cruelty.

If each such case be carefully examined on the spot, and the treatment pursued is based on rational principles, having due regard to the vital and important interests involved, no practitioner need have scruples regarding the result.

Whatever may be our views as to the value of eclecticisim in philosophy—so strongly sustained by M. Cousin—I have an idea that eclecticisim in medicine—the practice of some in these cases—however plausible in the past, will sink into oblivion in the light of better general principles and sounder theories on which to build, and from which to direct, our practice.

REGARDING ITS HISTORY.

Little attention appears to have been bestowed on this subject prior to the beginning of the present century, for concerning it, and some other conditions of lying-in women, much speculation existed. As might be supposed from such premises, the *treatment* of inversio uteri was equally vague. I have no reference now to the progress of medical science in general during the "reform period" (seventeenth and eighteenth centuries), nor to the practice of obstetrics itself about that time; for I remember that it was early in the seventeenth century that Mauriceau, of the Hotel Dieu, Paris, dragged from its beaten paths the art of midwifery, as pursued by the

sage femmes, and based it on truly scientific and rational principles. By his first effort, Mauriceau contributed greatly to diffuse and popularize sound obstetrical doctrines, and would have been considered a benefactor of the race, but for the "Collections and Observations" of a lady—Louisa Bourgois—appearing about the same period. In the transition from the seventeenth to the eighteenth century, following the writings of the above, a goodly number of names appear of persons anxious to extend and improve the science, the most distinguished of whom, it is but just to say, were Paul Portal, Deventer, Peu, Delamotte, and Amand.

FORMS AND DEGREES OF INVERSION WORTHY OF CONSIDERATION.

The first worthy of notice is that of Dr. Crosse, who recognizes four degrees of this accident—1st. Depression or indentation of the fundus short of invagination, recognizable only by pressure on the walls of the abdomen, over the fundus uteri. Several circumstances point to this accident, the chief of which, when the placenta is partially separated, is hæmorrhage, the slightest examination being sufficient to determine the true state of the uterus. Dr. Crosse's 2nd division is termed "introversion," or depression, produced till the fundus is grasped by the body of the womb; the 3rd division, called "perversion," is when the body has passed the os and become lodged in the vagina; the 4th division, called "total inversion," is where the uterus has escaped from the vagina, and is found lodged between the thighs of the patient. The second divisions noticeable are those of Dr. Newnham, three in number—1st, called "depression," consists of various degrees of inversion till the fundus has reached the os, thus comprehending two degrees of Dr. Crosse; 2nd, "partial inversion," where the uterus passes the os and fills the vagina; 3rd, "complete inversion," where the womb has escaped from the vagina and appears external to the soft parts. Dr. Meigs calls the accident "incomplete inversion" when the fundus reaches the os or fills the vagina, and "complete inversion" after it has passed the latter limit. Others have divided it into "acute" and "chronic" inversion, meaning, by the latter, that in which the inversion was slowly produced;

and we find the terms "reducible" and "irreducible" also used.

I venture to disapprove of all these terms and divisions as unnecessarily complicated, tending to confusion and mistaken views as to their causes and treatment. I propose to simplify the consideration of inversion, by designating its extent by the word "degrees," thus—that all those cases in which the fundus has not passed the os be called inversion of the "first degree;" those in which the fundus is found lodged in the vagina, inversion of the "second degree;" and those in which the fundus has appeared externally to the vulva, inversion of the "third degree."

It will be observed that this method of dividing the subject is similar somewhat to that of Dr. Newnham, with this advantage in favour of the former, that there is no extent of inversion recognized short of that condition in which the fundus has reached the os, believing firmly that the condition called "depression" has never been recognized up to this hour—simply because the force in operation as the cause is always sufficient to carry the fundus to the os, and invariably does so.

This division of the subject enables the mind more easily to seize and understand the nature of the affection, as well as the requirements for relief. The infrequency of inversion of the uterus, of any degree, has been such as to render our knowledge of it rather imperfect, as may be imagined from the fact that those practitioners with the largest opportunities for observation have met with comparatively few cases; otherwise an unwillingness must exist on the part of many to acknowledge its occurrence in their hands. Thus, Dr. West, of London, never saw a recent case of it; Dr. Thos. R. Mitchell, of the South-Eastern Lying-in Hospital, Dublin, only met one case in a total of 3,500 labors. In the Dublin Lying-in Hospital and London Maternity, it was met with but once in a total of 140,000 labors. Hardy and McClintock never saw a recent case; and Dr. Ebenezer Skæ saw but two cases. Dr. Meigs saw three cases (if any, let it be remarked, in his own practice), while Dr. Bedford is silent on the subject. I feel, therefore, in view of the foregoing facts, that

probabilities and possibilities have entered largely into the history of this accident, as we find it from the pen and experience of some closely observing accoucheurs.

(To be continued.)

Selected Papers.

On the Hypodermic Use of Morphia in Diseases of the Heart and Great Vessels.

BY T. C. ALLBUTT, M.A., M. D. CANTAB, F.L.S.
PHYSICIAN TO THE LEEDS INFIRMARY.

From the Practitioner.—(Concluded).

It is surprising how little the morphia has affected the head in the multitudes of cases in which I have tried it. The condition of the brain in heart disease is often, no doubt, anæmic, and some of the restlessness of the patient, and some of the heart disorder, may at times be due to cerebral anæmia. In such cases one might expect the morphia to calm by bringing about the sleep, or rather the stupor, of cerebral congestion; but this explanation is insufficient. On the contrary, in aortic disease with marked symptoms of encephalic anæmia I have seen less good result from the hypodermic use of morphia than in heart cases of other kinds. But in cases of mitral regurgitation, when the head is full of venous blood, and distress and stupor seem striving together, then I have found great benefit from the injection, for it stills the distress in the chest, and by staying the tumult of the heart it seems to allow the sinuses to empty themselves, and to allow of the establishment of a true soporific anæmia. I think, moreover, that the un-wonted blessing of peace brought by the drug so tranquillizes the system, that even those persons find solace and rest from its use, when labouring under heart disease, in whom, under other circumstances, morphia would rather annoy the medulla than tranquillize the cerebrum. I scarcely ever remember that morphia caused disturbance of the stomach or other inconvenience in the cases I am describing. As in cases of severe pain, so it seems that in cardiac disturbance the intolerable distress "carries off" the troublesome qualities of the drug. Its effects, again, are not merely comforting, but are curative so far as such cases are to be cured. An injection of morphia three or four times a week by tranquillizing the heart and allowing the circulation to recover its freedom, sets free also the organs which are oppressed, and the system can

once more find something like its balance.* Thus relieved, the patient may with incessant care enjoy some respite from his malady, and the occasional use of morphia may put off the day of its return. All this bears very closely on the difficult question, How is it that a man having a given lesion of the heart goes on sometimes for a year or two without an "attack" of general suffering, and after recovering from this may go on for a longer or shorter while before the "attack" is repeated, the heart lesion remaining always the same? There seems to be a gradual accumulation of deficient work, which does not throw the patient over until it reaches a certain amount. Gradually and indirectly the morphia injection does much to restore balance of function; directly and immediately it seems to affect the chest almost alone. The face generally becomes less turgid and its expression calmer. The heart, which for days had been thumping out of all rhythm, or striving against an unequal weight of blood, becomes tranquil and rythmical; and this whether it be a direct result of the morphia or not, is the chief one, and that upon which the rest seems to hang. More haste, worse speed, is as true of heart work as of any other, and it seems clear that the hurried labour of the overtaxed heart is not compensatory, but is mere blindness and bewilderment. After injection the insufferable precordial distress ceases, and the heart gaining time and rythm, gains power. The effect upon the pulmonary circulation is very striking, the congestion and secretion of the lungs lessened, to the unspeakable solace of the patient.† The quick, shallow, anxious "cardiac dyspnoea" gives way to a deeper, slower, and easier movement; the cough falls, not from want of sensibility, but from relief of oppression; the overweight of blood oozes slowly onwards, and the patient, who has been tossing in misery, feels the first tranquil sleep he has enjoyed for weeks. On awaking he is conscious of an ease he has not felt for long, and the good effects are often as well marked and sometimes better marked the second night than the first, so that in ordinary cases an injection every alternate night is sufficient. The injection has little or no direct effect upon the anasarca or the urinary secretion, but only gives occasion for their relief by other means. The venæ cavæ are no doubt unloaded, but the state of the kidneys and legs is too confirmed for immediate change.

* I should perhaps make a point of saying that in using the morphia I do not wish to overlook other remedies which still have their place.

† It is the administration of "an opiate" during the clogged state of the lungs which will excite the most serious doubt. We cannot, however, reason in the least from morphia by the mouth to morphia by the skin; the remedies are quite distinct in their results. I have never dared to inject morphia in bronchitis, but shall not wonder if it is done before long.

As regards the class of cases in which the morphia is useful: it gives the most striking relief in angina with diseased coronary arteries, &c., in neuralgic distress from intrathoracic tumour, and in mitral regurgitation. It is very valuable also in small doses in so-called "irritable heart," whether this be due to weakness of the organ or instability of its nerves. It is less useful in disease of the aortic valves, and I think it is less valuable in mitral obstruction than in mitral regurgitation. In aortic disease, however, where the heart is big and pumping, it gives much ease.

I need not detail any cases in which I have used the morphia, as they would not make my statements any the clearer; their farther confirmation must come from the profession; and I now leave the matter in the hands of my brethren, feeling assured that before long the injection of morphia will be a common remedy in cases of disease of the heart.

Ether as a Stimulant-Sedative in the Neuroses of the Aged.

From the Practitioner.—(Concluded.)

The practice of ether inhalation, as above described, has been steadily continued by Sir F. Pollock up to the present time, and the general facts observable are the following:—Both his physical and mental health may be called magnificent, considering his advanced years. The pulse is regular and firm, of medium tension, and keeps very nearly to the standard of eighty; it does not appear to vary materially either during or after an inhalation. Not merely can gastric spasm and flatulence be relieved with the same instantaneous certainty as at first, but the tendency to such affections has evidently and notably diminished. Sleep is obtained, at intervals, to the amount of, perhaps, eleven hours out of the twenty-four, including a regular mid-day siesta. As is common in advanced age, not much solid food is taken; but a moderate amount of alcoholic liquids (brandy and sherry) are consumed, in small doses. The appetite for solids is visibly diminished when any considerable amount of ether has been inhaled shortly before a meal. There is not the smallest impairment of muscular co-ordination proper; and in regard to this it may be mentioned that the handwriting is singularly vigorous and perfect. So free are the muscles from tremor that till quite lately Sir Frederick could balance a full wine-glass on the backs of his closed fingers and lift to his lips without spilling, and even now the hand can be held out for a long time without a visible shake. At present the inhalations

are very frequently taken, and a variable quantity of ether, amounting sometimes to several ounces in a day, is used: but of course it is impossible to calculate how much of this enters the blood. We may conclude this detail of the facts observed by stating that a few extra whiffs, of exceptional vigour, produce slight flushing of the face, and a feeling of fulness in the nasal mucous membrane.

[Upon the facts of the above very interesting case we shall base a few remarks on the use of stimulants in the nervous malaise from which aged persons so frequently suffer. It is rather singular that more detailed and specific consideration has not been given, in medical treatises, to the management of the very troublesome neuroses of old age. Not to mention the severe and intractable neuralgias which occasionally make the last years of a long life miserable, there are minor nervous evils which more commonly beset the aged. The majority of very old people find it difficult or impossible to sleep continuously for any considerable length of time; and though, doubtless this is of the less consequence because but little muscular exercise is taken, yet it is often distressing, and by its mental no less than its directly physical effects tends to unhinge the nervous system and to destroy the calm of life. Spasmodic affections of the stomach and intestines also frequently cause great misery to old persons, and inflict further mischief by rendering the problem of their nutrition more difficult. It seems to us that for these troubles, which are so often spoken of as inevitable, the aged have a right to ask relief; and what is more important, they are generally pretty sure to attempt to get it. By coarse-fibred or uneducated persons, more especially, the relief may be sought in alcohol; and under the idea that one cannot have too much of a good thing the sufferer may contract habits of sottish excess. We have so recently proclaimed, however, our decided objection to the use of alcohol for the relief of the nervous miseries of adolescent and of middle life, that we may venture, without fear of being misunderstood, to say here that we have much less objection to the use of alcohol as a sedative in old age than during any portion of the time in which the disturbing influence of the sexual functions is felt by the organism; for it does not present a title of the seductions to the excess in the former case which does in the self-conscious condition of the organism which exists during sexual life. Still one would prefer to be armed with a better weapon against the miseries of old age. Tobacco has the two great defects that women cannot use it, and that elderly men, if they have not smoked before, often fail to take to it comfortably at an advanced

age. Opium is probably suitable to a considerable number of elderly persons, and an interesting point in medical morals is the extent to which its use, as a mere solace of life, should be deliberately permitted to the aged. For our own part we entertain a strong opinion that the commonplace morality which is usually talked now-a-days, on this subject is both false and cruel. No one is more keenly alive than ourselves to the evils of narcotic indulgence (*i.e.* for the mere relief of trivial nervous discomfort) during the active period of life. But upon what principle it can possibly be wrong to soothe the declining days of those who have already fought the battle of life, we are at a loss to imagine. It is needless to remark that with many aged persons opium is found to disagree, disordering their digestion and impairing their nutrition; and this really is a fatal objection, where it exists. But why it should be wrong for a nervous and irritable old person, still less for one liable to stomach-cramps, to take a daily allowance of laudanum, which has been found to make his life happy, we cannot conceive. The stock argument, of course, is that this and similar things muddle the intellect at a time when a calm retrospect of life ought to be taken, and the approach of death prepared for. But this involves an assumption of the very question at issue: for it may be with much reason maintained that the effects are the very opposite of this, and that by quieting nervous perturbation and worry we do in reality clarify the mind. And the fact is that elderly people have less difficulty than others in confining the dose of narcotic stimulants strictly or nearly strictly *within stimulant limits*, and hence one great objection to its use in earlier life does not apply here.

Still, there are social reasons which make it desirable to search for a better stimulant wherewith to soothe the nervous system of the aged than either alcohol, tobacco, or opium. We confess to a prejudice in favour of some agent which should be inhaled rather than one which should be drunk; but the number of substances which could be safely inhaled without the presence of a medical man is very limited. Neither chloroform, nor any of its substitutes except ether, would be reasonably safe. The latter drug, however, inhaled in the manner described by Sir F. Pollock, is free from all danger to life, and can very easily be kept down to the production of its purely stimulant effects. We have not personally had much experience of the inhalation of these very small doses of ether; but we have very often experimented on ourselves with small quantities taken by the stomach, and can report that the effect of these upon the nervous

system is not in the slightest degree depressing, but tranquillizes only by stimulating and thus steadying the nerves. There is no temptation to take ether by the mouth, however, as it is disgustingly nasty; and this is a real advantage. Nor is it likely to be taken in any large excess by the kind of inhalation above described, as its smell is only tolerable, and by no means attractive. Without, then, expressing any positive opinion on the matter, it appears decidedly worth inquiring whether ether-inhalation might not be advantageously recommended to a large class of aged persons who would scarcely call themselves patients at all, but to whom "the grasshopper is a burden" from the irritable state of their decaying nervous systems. It used to be a maxim of medicine, that the physician is as much bound to promote the euthanasia of the sick when they *must* die, as he is to save their lives if that be possible. And surely that phrase euthanasia may be reasonably enlarged so as to include not merely the management of the illness which actually cuts off an aged person at last, but the solace of months or years of a continuous decay which is the visible precursor of of death.—*Ed. Practitioner.*]

Extract from a paper, entitled

The Induction of Premature Delivery as a Prophylactic Resource in Midwifery.

By T. GAILLARD THOMAS, M. D.,

Professor of Obstetrics, and the Diseases of Women and Children in the College of Physicians and Surgeons, N. Y.

PLACENTA PRÆVIA.

No one who has had experience with this form of complicated labor, will feel disposed to undervalue or cast aside any remedy which is offered for the rescue of patients presenting its premonitory symptoms. So serious are its results that, although it occurs not oftener than once in five-hundred cases, which is the proportion computed as correct by some authors, it exerts a marked influence upon the statistics of obstetrics. According to the calculation of Sir James Simpson, based upon the analysis of three hundred and ninety-nine cases, one-third of the mothers and over one-half of the children are supposed to have been lost. The reasons for this great mortality are probably the following:

1. The dilatation of the cervix for the passage of the child, unavoidably exposes both mother and infant to great danger from placental detachment and hæmorrhage.
2. Repeated hæmorrhages occurring during the

ninth month; as the os internum dilates under the influence of painless uterine contractions, which then occur, the woman at the time of labor is usually ensanguinated, exhausted, and depressed both physically and mentally.

3. Profuse flooding generally occurring with the commencement of labor, the medical attendant is often not at hand, and reaches his patient only after a serious loss of blood has occurred.

Fortunately, this condition is usually announced during the last months of utero-gestation by premonitory signs of reliable character, and thus we may empty the uterus before the vital forces of both mother and child are exhausted by hæmorrhages, the results of repeated detachments of the placenta. My conviction is that, in every case of declared placenta prævia, premature delivery should be induced. What objections can be urged against it, other than that a child of less than nine months of intra-uterine life does not have as good a prospect of life as one which has arrived at full term? In the case which we are considering, even this falls to the ground, for an eight-months child out of the uterus, and depending upon pulmonary respiration, has a brighter prospect for life than one in that cavity depending for aëration of its blood upon a crippled and bleeding placenta. For the mother, how incomparably greater the safety which attends an emptied and contracted uterus! By inducing delivery during the ninth month of pregnancy, we should be dealing with a woman who is not exhausted by repeated hæmorrhages; we would be in attendance at the moment of cervical dilatation, and consequently the moment of danger; and we would be able by hydrostatic pressure to control hæmorrhage in great degree, while at the same time dilatation of the cervix, which constitutes the period of maximum danger, may be rapidly accomplished.

With these considerations before me, and with a certain amount of experience to support them, I cannot resist the conviction that, when premature delivery becomes the recognized and universal practice for placenta prævia, the statistics of Dr. Simpson will be replaced by others of a far more satisfactory kind.

CASE I.—Mrs. W., aged twenty-six, primipara, in good health, was suddenly taken with hæmorrhage three weeks before full term. She sent for me in great haste, but, being occupied, I was unable to go to her, and she was seen for me by my friend, Dr. Reynolds. He discovered that she had lost a few ounces of blood, but that the flow had ceased. Three days afterward she was again affected in the same way, the flow ceasing spontaneously. About a week after this, she was taken during the night

with a flow, which was so profuse as to result in partial syncope when she endeavored to walk across the room. I saw her early the next morning, found her flowing slightly, and, upon vaginal examination succeeded in touching the edge of the placenta through the os, which was dilated to the size of a ten-cent piece. Later in the day, Drs. Metcalfe and Reynolds saw her and agreed in the propriety of premature delivery. In accordance with this consultation, at 7 P. M. I introduced into the cervix, with considerable difficulty, and by the employment of some force, the smallest of Barnes's dilators. This in twenty minutes was followed by the next larger dilator, and in an hour by the largest. Dilatation was rapidly accomplished, but, instead of removing the largest bag, I left it in the cervix until 10 o'clock that night. Expulsive pains coming on at that time, I removed it, when the head rapidly engaged, and before morning Mrs. W. was safely delivered of a living girl. The placenta followed rapidly, and both mother and child did well.

In this case, although hæmorrhage continued slightly throughout the labor, it was never sufficiently profuse to endanger the lives of either mother or child. The implantation of the placenta being lateral, diminution of the flow occurred as the head advanced, and made firm pressure against the bleeding surface.

CASE II.—Mrs. D., a lady over forty years of age, whose last pregnancy had been completed fourteen years previously, was placed under my care by Dr. Metcalfe. She was an excessively nervous and hysterical woman, but in good health. About three weeks before full term she was taken with hæmorrhages, which lasted for very short periods, recurred at intervals of four or five days, came on without assignable cause, and ceased without remedies. The cervix was not dilated, and no physical signs of placenta prævia could be detected either by vaginal touch or auscultation. Dr. Metcalfe saw her in consultation, and, as all the rational signs of placenta prævia were present, and our patient was suffering from the repeated losses, and was becoming extremely nervous and apprehensive, we concluded to bring on premature delivery. Accordingly, at 11 A. M. I introduced a large sponge-tent into the cervix, and at 3 or 4 P. M. removed it, and succeeded in inserting Barnes's smallest dilator. At 9 that night the cervix was fully dilated at the expense of very slight hæmorrhage, and Dr. Metcalfe then being present, I removed the bag, intending to leave the case to Nature, provided no flow occurred. Previously, during the evening, upon changing the bags, I had distinctly touched the head as the presenting part, but now, to my surprise, I found that the bag impinging on this part had caused the child to revolve in the liquor amnii, and that the breech was now within the os.

We decided under these circumstances to deliver at once. The patient being put under the influence of ether, I drew down the legs and delivered a living, female child. The placenta followed in fifteen minutes, and both patients did well, the child rapidly recovering from an injury to one of its legs, received during delivery.

In this case, the placenta was very nearly centrally attached. At one side of the os interum, a space of only two fingers' breadth was free. Through this, digital examinations were made, and the hand pushed to seize the feet. The first stage being accomplished by means of the hydrostatic dilators, no hæmorrhage attended it; but, without this means having been employed, it is highly probable that profuse and dangerous flooding would have occurred.

CASE III.—Mrs. P., a multipara, aged thirty-eight, had advanced, without any unfavorable symptoms, to the middle of the ninth month of pregnancy. At this period, while sitting, at 9 p. m. in her parlor, engaged in some light needle-work and in conversation, she suddenly felt a free flow of blood pouring away from the vagina. In a few moments she became very much exhausted, and was lifted up by her husband and carried up-stairs to bed. I saw her within an hour after this, and found her still losing blood to a slight extent. Her pulse was very rapid and weak, and her face extremely pallid. It was estimated that about one quart of blood had been passed, though this was of course uncertain.

As the flow had ceased after I had kept the patient quiet for an hour, I left the house, promising an early visit in the morning. Upon this visit I found her doing well, though somewhat exhausted. Feeling satisfied, from the great amount of flow, and the fact of its having occurred without any exciting cause, that placenta prævia existed, I now explained the state of affairs to my patient's husband, and requested Dr. Metcalfe to see her in consultation. He agreed with me that the probability of the safety of both mother and child would be greatly increased by at once inducing premature delivery, and at 9 that night I set about accomplishing it. At 9.30 exactly, in the presence of Dr. Metcalfe, I introduced into the cervix the smallest size of Barnes's dilators, and at 10.30 the os was fully dilated. So long as the bag was retained in the cervix, no hæmorrhage occurred, but on the instant of its removal a flow took place. Under these circumstances, it was thought best to deliver at once. The patient being put under the influence of chloroform, I performed the bimanual version, and with great ease delivered a living child. The placenta soon followed, and mother and child recovered without an unfavourable symptom.

In this case, delivery was accomplished in one and a half hours from the commencement of the effort, and the process was inaugurated just twenty-four hours after the development of the first symptom of danger. The flow which constituted this symptom was so sudden and alarming that we thought that great danger would attend delay, uncompensated for by any corresponding advantage. After full dilatation and removal of the dilator, Dr. Metcalfe examined and found a very large piece of placenta hanging out of the os uteri, and thus the diagnosis was proved to have been correct.

CASE IV.—I was called on the 14th of November,

by Dr. Keeney, to see with him Mrs. R., a multipara, aged twenty-three years, who was nearly at the end of the seventh month of pregnancy. About one week before our visit, she had been suddenly seized with quite a profuse hæmorrhage, which had rapidly diminished, but never completely disappeared. The nature of the flow, which occurred by sudden gushes, and in great profusion, led us to the conclusion that it was due to placenta prævia, but as the period was not favourable to the viability of the child, we determined to avoid interference until the eighth month, if possible. The patient was accordingly kept perfectly quiet in bed, and all effort avoided. For two and a half weeks this plan appeared to succeed, and we had strong hopes of reaching a period when both child and mother might be rescued by premature delivery. When the seventh month and one week of the eighth had passed, the flow returned, and continued so steadily that, to our regret, we were forced to empty the uterus in the interest of the child, who was evidently becoming much enfeebled by gradual placental detachment, and of the mother, who likewise felt the loss of blood very perceptibly.

At this period Dr. Keeney and I met at the patient's house at 8.30 p. m. At twenty minutes before 9 I introduced Barnes's smallest dilator. At ten minutes after nine the os was fully dilated, and I, introduced my hand, readily delivered a living child by version. The child was evidently very feeble, and, although at once rapped in cotton and surrounded by an atmosphere heated to 95°, it lived only about nine or ten hours.

In this case, as soon as the os was fully dilated, we could distinctly feel the placenta, and as I passed up my hand I found that it was centrally attached. It is the only case in which I have met with complete placenta prævia. The mother recovered without an unfavorable symptom.

Acute Bright's Disease.

EXAMINED BY DR. DA COSTA:

Reported by M. M. W.

Isabella G., a domestic. Born of parents free from constitutional taint of any kind. Four years ago had variola, which left deep scars upon hands, face, and other parts. Is an industrious, temperate girl of good habits, and perfect health, until, about five months ago, she took a table-spoonful of calomel instead of magnesia. This was followed by severe heavy pain in the epigastric region, with vomiting and purging. She was carried to a hospital for treatment. Next morning her gums were swollen, and, in rapid succession, followed the usual symptoms of salivation. Remained in that hospital two weeks, and was discharged seeming quite well, but feeling very weak; found herself more liable to the effects of cold than before; bowels habitually constipated; face pallid; drags

also at her daily work as best she can. Three weeks after getting her feet wet, became restless at night, with constant frontal headache; bad appetite; obstinate constipation; a puffiness of the eyelids; grew steadily worse up to six or eight days ago, when she seemed to be swollen all over; abdomen prominent, and feet and ankles markedly enlarged. Hoping to be benefitted by rest and proper medicines, she comes to the hospital. Attracted by her pallid face, puffy eyelids, general anasarca condition, etc., the very first thing we do is to examine the urine. It proves to be of a light straw color, faintly acid, specific gravity 1030, and about one-fourth its bulk albumen.

Tongue coated, gums spongy, mercurial fetor of breath; no marked cardiac trouble; but the first sound of the heart is weak, as if this organ shares in the constitutional debility. No pulmonary symptoms of abnormal action. Under hospital treatment has improved somewhat. This morning the urine has a specific gravity of 1020; faintly acid by litmus test; by heat becomes quite turbid; should estimate the albumen at one-third the bulk. Nitric acid scarcely changes it. By carbolic acid test, which is a new and very delicate test, we prove conclusively the presence of albumen. This test is by dropping into the urine a few drops of the following solution:

R. Carbolic acid;
Acetic acid; aa f ʒj.
Alcohol (by weight) ʒij. M.

Ft. Sol.

The mere presence of albumen is not sufficient; we should also ascertain the quantity, for it has a strong bearing on the diagnosis and prognosis of the case.

A most valuable aid to us in this class of examinations, is the microscope; and nowhere more so than in suspected Bright's disease. Before making a microscopical examination, let the urine stand at least eight hours. In the present case were found numerous hyaline tube-casts, epithelial cells, white blood corpuscles, here and there a little granular matter, but no fat. Now, what is this case? Acute Bright's disease. When acute, both kidneys are always affected. They are swollen, congealed until recently, and now exudation from tubules is taking place, and some blood passing along into the urine. Is there any degeneration of the kidney yet? No. How do I know? By results of the chemical and microscopical tests, which show large hyaline tube-casts, blood, undegenerated epithelium, no oil. As a rule, we find neither red nor white blood corpuscles, when degeneration has commenced. We are also justified in diagnosing Bright's disease

when chemical re-agents show urine of high specific gravity, and a large amount of albumen.

Treatment.—Insist upon rest in bed, here. I shall teach you differently of chronic disease. When an organ is undergoing desquamation, this is important. If there is blood in the urine, carry your ideas of acute disease far enough to draw a few ounces from over the kidneys by dry cups or leeches, etc.

Diet.—A form of diet that will leave as little as possible to be excreted by the kidneys. Milk, beef-tea, soft boiled eggs, arrow root, raw meat, oysters, etc.

Exhibit quinine, about grs. vj every day, for the debility. Promote sufficient flow from the kidneys to prevent accumulation of urinary salts, by small doses of bi-tartrate of potassa—ʒj three times daily. Also, administer tr. digitalis, ten drops, daily. Insist upon rest in bed, and nourish freely, without stimulation.

Dec. 11th.—No very good result to report; swelling of the legs persists; has good appetite and better color, but the constipation is obstinate. The cream of tartar has failed to act as a cathartic, and she has taken oleum ricini. Urine not increased; had passed fʒxxiv in twenty-four hours, but notwithstanding the diuretic treatment, has come down to fʒvij. Under these circumstances, substitute Rochelle salt, ʒss daily, and insist upon drinking more fluid. She has an intense aversion to water, and drinks very little. Ought a great amount of fluid to be insisted upon? It is my decided opinion that a person with Bright's disease ought to drink largely; except in that frightful form of contracted kidney, where there is a small secreting surface. But in the early stages of the disease, insist upon it. Why? Because the tubules will be clogged with albumen and exuding cells, and they must be washed away, else you will favor the degeneration of the kidney. Hence, this case teaches us the practical lesson, that a large amount of drink should be given. What of her dislike of water? Give infusions. She is now taking an infusion of chamomile,—lemonade or orangeade might be given. It is the fluid we want. If the Rochelle salt does not act, double the dose. You will ask, why not give her more stimulating diuretics? Because they are dangerous. They should never be given in Bright's disease, except when there are convulsions and when urination must be established at all hazards. One more practical point; ought she to take iron? Yes; she is now taking Basham's mixture, a tablespoonful three times a day, in which she gets about grt. xxx of tr. ferri chlor.

Yesterday the total amount of urine passed in twenty-four hours was fʒ xvij. Bulk of albumen,

about one-half. Specific gravity, 1030. There are yet pale granular casts, and a few oil globules, which show commencing degeneration.—*Medical Gazette.*

Retroversion Complicated by Hernia of the Bladder during Gestation.

By O. H. HITCHCOCK,
KALAMAZOO, MICHIGAN.

* * * * * On carefully examining the abdomen, now very large, but more flaccid than at first, I was surprised to find what appeared to be a large aperture in the muscular walls, nine and a half by eight and a half inches, the umbilicus being near the middle of it. Throughout this whole space there appeared to lie over the contents of the abdomen only the skin, and a very thin layer of fascia.

The convolutions, and the vermicular motion of the intestines, were almost as distinctly observable throughout this whole space as though there had been nothing over them. This space was distinctly bounded, above and below, by a thick, somewhat rounded edge, slightly uneven, quite tender to the touch, and laterally by edges less thick and distinct, but still quite apparent.

No uterus could be seen or felt in this space above the pubis. On examination per vaginam, the body of the uterus was distinctly felt in the hollow of the sacrum, but the os could not be reached as far as the finger could be passed up under the pubic arch.

The diagnosis of the whole case was at once made out. Sometime in the early part of pregnancy the uterus had become retroverted. Pressure of the cervix upon the urethra and fundus of the bladder had caused frequent desire to void urine, and had also obstructed its passage. The urine had gradually collected in the bladder, distending it enormously. The muscular walls of the abdomen, ruptured, perhaps, during her second pregnancy, had been torn into a large rent, or else had now been newly ruptured; the bladder had escaped as a hernia from the abdominal cavity, and hung before the thighs, supported by the greatly stretched skin—the condition I first found her in.

A more careful examination would have been made at my first visit, and a complete diagnosis arrived at, had I not been misled by the patient concerning her symptoms during her second pregnancy, and her failure to be relieved of them except by her delivery, which was natural, coupled with her expression of the sensation of complete

relief of her bad feelings on the evacuation of the distended bladder. I confess to a feeling of chagrin that three weeks had been allowed to increase the danger to my patient.

Immediately summoning the assistance of Drs. Chapin, Fiske, and Porter, I made a faithful attempt to replace the uterus by the hand, favouring its reduction by various positions of the patient. By persevering effort we succeeded in so far changing the axis of the womb as to give her at first a sense of relief, but so as to obstruct both the bowels and urethra.

Further effort was at this time deferred, and a full anodyne ordered the patient.

Two days after, as soon as some fresh bladders could be obtained, the attempt was renewed, Dr. L. C. Chapin kindly assisting me. A fresh bladder was passed well into the rectum, the patient being in the knee-elbow position. Dr. C. with both hands retained it in place, while I distended it with air, by one of Tiemann's universal syringes. After the bladder was fully inflated, I found that I could just reach the posterior lip of the uterus above the pubis, and, by a little management, was able to slip the blunt end of a hook into the os.

Lifting with the blunt hook steadily and quite strongly upward as the patient was then placed, and my assistant, at the same time, with both hands crowding the bladder up the rectum against the fundus of the uterus, I was able to dislodge the organ, and completely replaced it.

The patient then being placed upon her back, the shape and size of the uterus could be distinctly seen through the open span in the abdominal walls, as well as all the motions of the foetus. The uterus reached to the umbilicus.

There was not a drop of hæmorrhage, and no sign of uterine pain followed the replacement. A full anodyne was administered, and the patient slept well that night. Next day she was very comfortable, and with ease evacuated both her bladder and bowels.

No untoward symptom followed for four days. The movements of the foetus were numerous and strong, and could be seen, and the shape of the limbs traced by the eye through the hiatus in the muscular walls of the mother's abdomen.

Towards the close of the fourth day, a renewal of the intermittent fever was ushered in by a chill. With the exacerbation on the fifth day, the uterus took a contraction, and emptied itself of its contents, a lively little foetus, fully five months and a half old, weighing two pounds, and a healthy placenta.

With the interruption of the intermittent fever, the patient became completely convalescent, and is now, July 15th, in good health, doing her own work. The aperture in the walls of the abdomen remains just as distinct as before, though of course not so large in extent; and yet she suffers no inconvenience from it.

As to the precise time when this rupture in the muscles took place, I could learn nothing from the patient, only that such an enlargement of the abdomen with difficulty of voiding urine was attendant upon her second pregnancy, after about the fourth month.

In reflecting upon this case, several questions occur to me, which it is perhaps easier to ask than to answer.

Could this aperture have been congenital? Could it have been enlarged from an old umbilical hernia? Could a rupture of those muscles have been made by a distended bladder? Was the distention of the bladder *caused by*, or did it *cause*, the retroversion of the pregnant uterus?

If, with her second pregnancy, there had been retroversion of the uterus, and the symptoms had continued unrelieved, could labor have taken place naturally, quickly, and easily?

If the Fellows of the Society can answer these questions they will greatly oblige a corresponding member.—*Gynaecological Journal*.

Treatment of Scarlet Fever.

In a sensible paper on scarlet fever, by Walter Fergus, the following remarks, in a somewhat less condensed form, occur. Medicines easily become poisons in scarlet fever; a smart purge or a repeated emetic not unfrequently changes a moderate and regular attack into one of peril, increasing the danger of all the symptoms. Next to a good supply of air and a comfortable bed, quietness is of the utmost consequence; a fussy nurse, or over-anxious parents, turn the scale against the patient with unerring certainty. An emetic of sulphate of zinc and ipecacuanha wine in the *earliest* stage of the disease is of use, helping, as it generally does, reaction; but it should not be repeated with a view of cutting short a disease which will run its course. If the patient can be kept alive for from seven to nine days, he will most probably make a good recovery. After the emetic the patient should be allowed to sleep as much as possible; the more he sleeps on the first two or three days of the attack, the better. Two remedies have proved almost equally useful. Chlorine gas in a

sweetened solution is most grateful to the patient, and evidently helps him in his battle; but a better medicine is the liquor of acetate of ammonia, with a considerable excess of carbonate of ammonia, with ten minims of spirit of nitric ether in each dose. It should be given in doses repeated with greater frequency in severe cases. Gargles are useful in cooling and relieving the throat; a weak solution of chlorine gas sweetened, or of Condry's fluid, answers well as a gargle. It is a good practice to make a patient gargle before taking food or medicine. Nitrate of silver or strong hydrochloric acid must be used if there is much blocking up of the fauces, or grey patches on their surface. Ice is of immense use where there is either great throat affection or sickness. The pleasantest drink is soda-water given freely, with wine added when required. The disease seems to produce a stretching or distension of all the soft structures, and the treatment should therefore be directed to the restoration of the tone of these structures. With this view, iron and quinine may be given early. From the fifth or sixth day, six grains of the sulphate of iron, magnesia, and quinine, should be given with the ammonia draught, and this mixture may be continued till convalescence is complete. The external treatment is of great importance; rapid sponging with vinegar and water is called for if the patient do not sleep, or if there is much irritation of the skin. In cases with extreme development of the rash and burning skin, the cold douche, rapidly given, acts like a charm. The patient, placed in a sponging bath close to the bed, has four or five wash-hand basins of cold water poured in quick succession over him, is quickly rubbed dry and put to bed, when, if the treatment has done good, he drops off to sleep almost at once. In the early stages warm baths do harm, nor should they be used until a certain amount of restoration of tone has taken place. Anointing the patient with fatty substances early in the disease is not likely to benefit the patient; it may arrest to a certain extent the diffusion of the separated cuticle. Scrubbing the skin with carbolic acid soap ought to be postponed to a late period of the disease. Before the restoration stage is reached, every exertion on the part of the patient should be avoided. Close-stools near to the bed should be provided, and always kept charged with a disinfectant. A well-regulated and sufficient diet, with a change of air as soon as a removal is prudent, completes the recovery. Occupation, and especially mental occupation, must be cautiously resumed. Long after recovery the brain frequently shows signs of slow restoration of power.—*Practitioner—Lancet*,

Fibroid Uterine Tumor Successfully Removed.

The patient, aged thirty-seven, and married, was sent to Dr. H. R. Storer, in November last, by a physician in San Francisco. She was completely exsanguine, with all the symptoms attending the long-continued loss of blood. She had consulted several physicians, at home, in London, and on the Continent, none of whom, though vaginal examination had been made, had diagnosed the case. Dr. Storer being at the time unwell, Dr. Warner found the uterus somewhat enlarged, but the os uteri not at all dilated. Upon introducing the sound, it came into contact with an evident tumor of considerable size within the uterine cavity. Upon passing a sponge tent, the tumor was found to be of the size of a large hen's egg, and attached by a broad base to the fundus uteri.

Upon November 14th, Dr. Storer proceeded to operate, with the assistance of Dr. Warner. The chain of an ecraseur having been applied, with some little difficulty and the attachment of the mass divided, it was found impossible to deliver it through the well dilated os, there being no compressibility to the tumor. The cervix was then freely slit up to the vaginal reflexion on each side by angled scissors, and the inner sphincter divided by a guarded bistoury, and still delivery could not be effected. Nor was this accomplished till a finger had been forced past the tumor, and bent above it, while powerful traction was exerted from below by hooked forceps. The hemorrhage was readily restrained, and the patient soon returned to her home convalescent. Upon incising the tumor, the cause of its being so incapable of longitudinal compression became very evident. There were present two distinct nuclear masses, the superior one the size of a large walnut, and the inferior one somewhat smaller, harder in structure than the tissue adjoining; the former of them was distinctly capsulated, and might easily be tugged out from its bed.

Dr. Storer, in quite an extended experience with the removal of intra-uterine fibroids, some of them of much larger size, had never before had so much difficulty in extraction after excision had been effected. He quoted from Klob with reference to the extreme rarity of nuclei in uterine fibroids, and remarked that this writer had evidently never known of anything approaching the nuclear enucleation so beautifully demonstrated in the present tumor.

Dr. Jackson had never seen a similar specimen. He considered it perfectly typical of the theoretical uterine fibroid.

Dr. Bixby had examined the tissues under the microscope, and found them purely fibrous.—*Gynaecological Journal*.

Belladonna in Hooping Cough.

In order that belladonna should produce its full effects, it should be administered according to a particular method, which is of such importance that if you neglect to observe it, you will not succeed in curing hooping-cough, any more than you will succeed in curing ague, however large the dose of bark you may give, unless you follow certain rules which I will some day point out to you.

Before I give you the details of the plan of treatment to adopt, I must first establish the following capital point:—The active principle of solanaceous plants influences neuroses only when given in sufficiently large doses, and this influence lasts for some time; but lest the therapeutic effects should be greater than desired, the medicine should first be given in doses which are probably less than those needed for exerting a favourable action on the disease; these doses must be gradually increased until therapeutic effects begin to show themselves. As soon as this result is obtained, it is generally sufficient to continue the same daily dose in order to increase the good effect produced. If the dose which has brought on these good results were increased hastily with the view of accelerating the cure, and especially if it were repeated on the same day, one might at first wonder at the success obtained, but an unpleasant dryness of the fauces, and some disturbance of vision, which increases rapidly, would soon render a diminution of the dose necessary, and the consequence of this would be to allow the disease to reproduce itself, and to escape the influence of the mode of treatment.

Bearing well in mind these general principles, the treatment is to be carried on after the following method:—

If the patient be an infant, have pills made containing each one-tenth of a grain of extract of belladonna, and one-tenth of a grain of powdered belladonna leaf. For children above four years old, and for adults, the pills should contain one-fifth of a grain of extract, and one-fifth of a grain of the pounded leaf. Whatever quantity of belladonna you may give, it is an essential point that it be taken in one dose. If you have been obliged to increase the original quantity ten or twelve times, let the patient take it in one dose, in the morning, fasting, at the same hour, and not at distant intervals in the course of the day. But before you increase the quantity, wait two or three days, and according as there has been an improvement or not, keep to the same dose, or increase it by degrees, unless symptoms of poisoning should come on, when of course you must stop.—*Trousseau's Clinical Medicine*.

The Dominion Medical Journal,

A MONTHLY RECORD OF
MEDICAL AND SURGICAL SCIENCE.

EDITORS:

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TORONTO, FEBRUARY, 1870.

THE MEDICAL COUNCIL EXAMINATIONS.

We give elsewhere some additional resolutions passed by the Executive Committee of the Medical Council, at their last meeting. In their mode of conducting the written examinations, they have followed somewhat the model of the Royal College of Surgeons, England; each candidate submitting his curriculum to the Registrar some days before the Board meets, and on its being approved receiving a number which is to designate him throughout the examination. Each examiner is to prepare the paper upon his own subject, and the answers are to be afterwards marked by him, according to a graduated scale of merit, and finally submitted to the whole Board for approval or rejection.

So far there is nothing to object to, and a fairer guarantee of impartiality could scarcely be given to the students; but in the oral examinations, the committee have indeed set the examiners a herculean task, as will be seen when we remember that by the printed regulations of the council, only one day, Saturday, April 9th, is allowed for oral examinations.

There are fifteen subjects on which the candidate (no matter how he may wish to register), will be examined by written papers; but for the sake of illustration, we will suppose that by uniting the different sub-divisions of anatomy, surgery, &c., they may be reduced to ten. We will also suppose that sixty students will present themselves for examination, which is quite within the mark, and that the examiners will sit for ten hours that day, which is quite beyond the mark.

Now, if each of our readers makes a very simple arithmetical calculation, he will find that every candidate will have to enter the room, sit down, hear and answer whatever questions any members of the Board may think proper to propound, and retire, all in the space of one minute.

This being manifestly impossible, the difficulty can only be got over by lengthening the examination

and thus breaking into the next week, or confining the oral to those candidates whose written examination has been unsatisfactory.

We await with interest some action of the committee on this head, for, undoubtedly as things stand at present, the Board are bound to follow out the printed programme, which limits them as to time, and implies, if it does not command, that each candidate shall undergo a *visá vocé* examination.

For the sake of the students, we hope the committee will reconsider their later resolutions, and allow each candidate to be orally examined before neither more, nor less, than two examiners.

Any imaginary protection that a student might gain by appearing before the whole Board, would be more than counterbalanced by the awe so august a body would inspire.

HOSPITAL MANAGEMENT.

"Fanaticism," says Mackintosh, "is the most incurable of all mental diseases, because in all its forms it is distinguished by a sort of mad contempt for experience, which alone can correct the errors of practical judgment."

When we examine the records of British hospital management for the last fifty years, and observe the acrimony of the struggle sustained by the London medical journals for a period of twenty years, before the most glaring abuses could be reformed, it would seem as if hospital authorities had tried to exemplify the truth of Sir James' aphorism, and when we refer to the proceedings of our own Toronto Hospital Trustees, for the last twenty years, it would seem as if they too, were often actuated by a sort of "mad contempt for experience," or they never would have perpetrated the mistakes or sanctioned and vindicated the abuses, which we find recorded as their acts in former years. But we expect better things from the present Trustees, and hope they will not allow themselves to be led into wrong doing by any man who cannot raise himself above the petty vindictiveness of the faro-bank, or sectarian jealousy, and we trust they will display that intelligence and independence of thought and action which have characterized them in other walks of life.

The position of Hospital Trustee is a most trying one, and few men have the firmness or magnanimity to carry them through it, uninfluenced and undisturbed by the many little personal, sectional, national, or sectarian prejudices and proclivities by which they are beset.

With reference to our own Hospital, we believe a mistake was made when the staff was increased to

its present size, especially in view of the crippled state of the endowment. Eight attending and four consulting medical officers, all privileged to receive and attend patients, in an hospital only able to support fifty free beds, (yes, for several months only able to support twenty-five,) does appear to us an absurdity.

If it were not presumption in us to express an opinion, we would suggest classifying and dividing the men differently. We would make three classes: consulting, attending, and assistant physicians and surgeons. We would limit the consulting men to what the term implies—the giving advice at consultations. The consulting staff we would compose of all men from the active staff who had arrived at a certain age, or who had served a certain number of years. The attending physicians and surgeons we would limit in the present state of the institution, to two of each, or four without distinction, and we would make provision for the filling of vacancies in this staff, from among the assistants.

We would limit their duties to the attendance upon interné patients, and make it compulsory on them to give a certain number of clinical lectures every month during their period of attendance. They should have the privilege of admitting or refusing any patient sent up to them (by the assistant physicians and surgeons) during their period of service; and we would extend the period of consecutive attendance for each, to one, two, or three months; one physician and one surgeon, if thus classified, being compelled to attend at the same time, the one to receive surgical, and the other, medical cases; and we would make them be at their post of duty, every day at a certain hour during their period of attendance. Then students would not go to the hospital day after day, register their names, and go home again without seeing the face of a medical officer, as we believe they often do now.

Then we would elect (“by concours”) a number of assistant physicians and surgeons, whose duty it should be to attend (in a certain rotation) to the externé patients, and send up for admission those requiring such aid, thus saving much time to the attending staff; and we think it would be a vast convenience to the sick poor, to medical students, and to the assistant staff, if this out door relief could be afforded at some central point within the city, easily reached by the feeble and infirm. We would only allow the attending staff to be filled from the assistant staff, and then only by election, according to fitness. The men might be appointed to the assistant staff, for three or five years, but eligible for re-election if found competent.

We would thus have a modification of the French system of appointing, which we consider to be one of the most equitable and efficient for all purposes in the world, and under which no man is admitted to examination, for appointment on the assistant staff, or “Bureau Central” as it is called, under twenty seven years of age, while a surgeon must have attained the age of thirty years, and a physician thirty-five, before he is eligible to the office of attending surgeon or physician.

If some such system were adopted we would escape the absurdity which now exists, of appointing men on account of their national, sectarian, or political affinities or influence, without any reference to, or test of, their professional ability.

WHAT WE MAY EXPECT FROM THE PUBLIC.

The *Toronto Leader*, of February 2nd, 1870, has the following paragraph in its Police reports:—

“*Procuring Abortion.*—The abortive charge preferred against Dr. R. S. Andrews, of this city, by Dr. Clements, of Bradford, proved abortive indeed. Dr. Andrews was honourably acquitted. The particulars of this case have already appeared in the *Leader*, and it is needless now to repeat them. It was expressed in court that it was a pity such a feeling of animosity should exist between doctors who had studied their profession in different schools of medicine, and it is to be hoped this will be the last scene of the kind.”

The truth, as far as we could learn is, that the case was dismissed, because the principal witness, the woman herself, was not forthcoming. We know the difficulty of obtaining evidence in cases of this sort, and presume every effort was made to sift the matter to the bottom. Upon this head we have nothing to say, and “R. S. Andrews, L.L.D.,” is fully entitled to the honorable acquittal accorded to him, for anything we know to the contrary.

But when we read the feeling expressed in court, which the *Leader* quotes in a way which certainly implies approval, we despair of the general public ever appreciating efforts to distinguish between legal and illegal practitioners. Surely the present law is broad enough, (too broad, many of us say,) and allows a man to practice any *isem* whatever, at present invented, provided he has a proper medical education. But a Dispensary for private diseases, and for the sale of Pills which will restore Menstruation, with special instructions when they are not to be used, is a school of medicine existing only in the fertile brains of the *Leader*.

We have no wish to say anything personally offensive to Dr. Andrews, we have said nothing of him now that he does not say of himself in his advertisement. The whole matter would be entirely un-

worthy of notice, were not such sentiments quoted with tacit approval by one of the leading dailies of the capital of Ontario. As it is, it is enough to disgust any physician with the endeavour to practice his profession honestly, and maintain it pure and unsullied in the position it ought to occupy for the good of humanity.

A NEW LIQUOR ERGOTÆ.

From an article in the *Canadian Pharmaceutical Journal*, by Edward Long, M.R.C.S., it would appear that a new preparation of ergot is likely soon to be brought under the notices of the profession. The writer thinks that glycerine will make a better solvent and preservative of the actual principles of ergot than the menstrua generally used in the tincture, infusion or liquid extract, and that this preparation will also be more pleasant to the palate. The following paragraph gives the method of making the preparation:—"I digested ergot, freshly powdered, in glycerine, for ten days, frequently shaking it. On straining this off, it was found to be of a deep purplish color, as thick as treacle nearly, and the marc quite soft and pulpy. This marc was then digested in spirit for ten days more, pressed off and filtered, the resulting tincture distilled off till it became of the consistence of syrup, and then added to the previous solution. The 'fluid extract' formed of these combined solutions, I find to be exactly equal to the volume of glycerine employed, and each drachm represents half a drachm of powdered ergot, and may be considered a dose."

We think a drop or two of chloroform added to each ounce of either this or the old fluid extract would render it more acceptable to the stomach, and while we are on this subject, we may say that for a good many years we have used the fluid extract very largely, instead of the old powder or infusion, and that it very seldom disappoints us.

"LO THE POOR HEATHEN!" WHICH?

A few months ago, a lady of this city having been for some time under the care of Dr. Beaumont, had occasion to visit Ireland, and the Dr. gave her a letter, detailing the nature of her disease, the treatment pursued, and his views generally on the case. On reaching her destination, she presented the letter to an eminent oculist of Dublin, who expressed the greatest possible surprise, at the existence of so much learning and professional ability, in such a wild backwoods place as Toronto.

OUR STUDENTS ABROAD.

We are glad to see from an English paper, that our Students are doing credit to their Canadian instruction, before the Licensing Bodies of the Mother Country. The following names appear among the successful candidates for the diploma of the Royal College of Surgeons, England, on the 23th January, 1870:—

Buller, Frank, M.D., Victoria University.
Burdett, David Earl, M.B., Toronto University.
Wade, Wm., M.D., Victoria do. and New York.
Widdifield, J. Henry, M.D., do.

WHAT IS ECLECTICISM?

We clip the following definition of Eclecticism from the *Chicago Medical Times*. For ourselves, we do not know enough of that particular *ism* to say whether it is correct or not, but in the name of the Regular Profession, we protest most strongly against such a gross misrepresentation of our pathology; so gross, indeed, that it requires a strong exercise of that most excellent gift of charity to believe it other than wilful.

"Eclecticism is that system of medicine based upon the special pathological deduction, "disease, an impairment of vitality," and correlatively demands a conservation of the vital forces, and that all therapeutic measures should be expressly directed thereto. It is diametrically opposed to the old school practice which has persistently taught for years that disease is an excess of vitality, and that every effort should be made to break it down, and antiphlogistics were the inevitable resort, *premier* and *dernier*; in fact, that disease was vitality exalted to a sort of hypothetical phlogiston, that had taken possession of the body surreptitiously, and—must be put out, hence allopathy, from the *Great* *allos*, other, and *pathos*, morbid condition, attempting to correct one morbid condition by introducing or substituting another, driving out a bad tenant by putting in, perhaps, a worse one, hence mercurialization, premising that the terrible enemy was entrenched in the blood, therefore it must be drawn out, hence phlebotomy."

"Such were the principles that carried the old school profession, body and soul, like a hurricane, from the time of Paracelsus, onwards, but, sad to reflect, fell like continuous simooms upon their patients with fearful fatality."

"Eclecticism seeks to build up, strengthen and support, aiding in every possible way the natural vital powers of the system to overcome disease. Allopathy depletes, debilitates and exhausts the *vis medicatrix nature*, in its blind endeavors to rid the body of one affection by substituting another."

THE LANCET SAYS:—

"The Queen has been suffering repeatedly during the past three months from neuralgia, affecting different parts of the body, and severe enough to..."

ously interfere with rest. Her Majesty has just recovered from a recurrence of neuralgia, attacking the face severely. The attacks have been attributable to disturbance of the nervous system, due to exposure, worry or excitement."

We fear there must be something radically wrong about the royal residences, to account for the above, and we hope the authorities will look well to the matter before we have a repetition of the melancholy occurrence which terminated so disastrously in the case of the late Prince Consort.

Foul air from defective drainage or imperfect ventilation is a much more frequent exciting cause of neuralgia than either "exposure, worry, or excitement," in a person otherwise so well cared for, and nourished as Her Majesty.

Correspondence.

[The Editors do not hold themselves responsible for the opinions of correspondents.]

OUR HAMILTON CORRESPONDENT.

To the Editors of the Dominion Medical Journal :

There is an unusual commotion amongst members of the profession in this city at the present time, owing to two causes principally. The first subject of interest was the election of two members of the Hospital Medical Board. I may state, for the information of your readers, that two members are elected annually, whose term of office is three years. The election is held under the authority of a city by-law, which says that the election shall take place annually, at a meeting of the "regular" members of the profession, to be convened by circular from the City Clerk. Ever since Dr. Parker's Act was passed, the City Clerk has been in the habit of writing to the Registrar of the Council for a list of the regular practitioners of the city, by which list he has always been guided. The Registrar, of course, looked to his register for this list. No objection was ever raised to this course until the meeting of the 9th inst., when two homœopaths and an eclectic presented themselves, claiming the right to vote. A scene ensued. Two or three members asked upon what grounds these gentlemen thrust themselves into the society of the regular members of the profession. To which they replied that they had been summoned by the City Clerk. This functionary was then arraigned, but he said he was guided by the official list of the Registrar of the Council, who, being present, was very severely censured for returning the names of homœopaths and eclectics. It was mortifying to think that a member of their own profession should degrade them by placing homœo-

paths, &c., on the same level with themselves. The Registrar defended himself by reading the 37th section of the Ontario Medical Act, which says, in effect, that "whenever, after the passing of the said Act, any words importing legal recognition are used in any act or law, it shall be construed to mean a person registered under the said Act, so far as relates to the Province of Ontario." The majority were satisfied, from this, that the Registrar had properly regarded the word "regular" as one "importing legal recognition," and therefore was not justly censurable. There are some, however, who charge him with betraying the interests of the profession, and talk of asking the Medical Council to define the word "regular." Dr. Billings was in the chair, and he decided that homœopaths and eclectics had a legal right to vote if they were registered. The vote was then taken, by ballot, and resulted in the election of Dr. Isaac Ryall and Dr. Strange. Dr. Macintosh protested on the ground of the "irregular votes given."

The other source of unusual commotion was the address of Dr. Mackintosh, as retiring President of the Hamilton Medical and Surgical Society. The society elected for its officers for the ensuing year, as follows:—J. W. Rosebrugh, M. D., President; J. D. Macdonald, M. D., Vice-President; and John A. Mullen, M. D., Secretary. The time of the meeting was fully taken up with the usual routine business of the annual meeting. I shall endeavour to give you a report of the proceedings of the Society's monthly meetings, for each number of the JOURNAL, also an abstract of the most interesting cases in the city hospital during the preceding month. In the next number of the JOURNAL I shall give you a report of an operation for the removal of an epithelial cancer involving the right half of both upper and lower lips and a considerable portion of the cheek. The deficiency being supplied by bringing up a flap from the anterior portion of the neck.

Yours, etc.,
FORCERS.

Hamilton, February, 1870.

[With all deference to the Registrar, of the Medical Council, we are convinced he has made a grave mistake, in his interpretation of the Medical Act. We have good reasons for believing that the term "Regular Practitioner" is *not* used to imply simply "legal recognition," but is always used to indicate a member of the orthodox profession, as distinguished from the Homœopathic or Eclectic. The word "regular" is always used as synonymous with orthodox or allopathic.]—ED. D. M. J.

A CORRECTION.

To the Editors of the Dominion Medical Journal.

GENTLEMEN:—In your January number you did me the honor of noticing a paper read by me, before the medical section of the Canadian Institute at a meeting of that body, held on the 21st ult.

The subject of the paper was "The Past and Present Employment of Bleeding in the Treatment of Febrile or Inflammatory Diseases."

In tracing the past history of the employment of the Lancet, and shewing how free that was wont to be, I made a short quotation from one of Addison's celebrated essays, in which the essayist humorously refers to the way bleeding was practiced in his day. He suggests, in answer to a query of Sir W. Temple's, as to why the comparatively rude Northern nations, do not now, (i. e. at that time) overrun civilized Europe, as they did in bygone days, that such a feat would be impossible, on account of so many doctors living amongst the gentry, and reducing their numbers by the most heroic practice. This, as well as the rest of the quotation was merely clever fun on the part of the writer, and was introduced into my paper to show that bleeding, now nearly disused, was then, employed to such an extent as to call forth the satire of eminent writers, altogether outside the profession of physic.

You may fancy how I was amused, and bewildered by your reporter's ingenuity, which, merely on account of his having heard this most simple quoted jest, and having rather mixed up matters in his mind, represents me as showing (I quote the precise words of the report) "that according to the writings of Addison and his times, England (!!!) did not send out half as many emigrants (!!!) as the old Northern nations of Europe, simply on account of the great multiplication of doctors, and the extent of the practise of venesection in the former country." A more laughable instance of misreporting, (albeit entirely, I doubt not, unintentional) I think I never knew. There is not even a family likeness between the report and the thing reported.

Hoping I have not trespassed too much upon your valuable space.

I am, Gentlemen,

Yours truly,

W. B. GEIKIE.

Alexander St., Toronto, Feb. 17, 1870.

[Artemus Ward was in the habit, when lecturing or writing, of stopping to tell where the laugh should come in, or what was meant for sarcasm, but we did not think it safe to insult our readers by telling them that Dr. Geikie's reference to Addi-

son's statement was "merely clever fun," or that the statement of Addison was meant for satire. We think our readers have wit and common sense enough to 'point a moral or adorn a tale', without our help; and we did not think at the time, that the Doctor's joke was so tame as to require a point from us.

If the Doctor will substitute the words,—"rude Northern Nations," for England, in our report, he will not be so "bewildered" by the "reporter's ingenuity," and he will find, we think, quite enough "family likeness" to fix the lineage of the wail. But as we are half Irish, we have the liberty of speaking twice to make ourselves understood; and in the mean time, we leave our readers to judge for themselves where the laugh comes in.]—Ed. D. M. J.

Proceedings of Societies, &c.

College of Physicians and Surgeons of Ontario.

The Executive Committee of the Council of the College met in this city lately, and, among other matters transacted, passed the following important resolutions with reference to the examinations to be held in Kingston in April:—1st. The questions for the WRITTEN examinations to be prepared by the gentlemen whose names are returned by the Education Committee on the several subjects allotted to them. 2nd. The papers not to be signed by the candidates with their names, but a number is to be attached to them by each candidate; after the documents entitling him to examination have been certified by the Registrar, a number is to be allotted to him. 3rd. The papers to be then examined by the examiners above referred to, and an order of merit, from 0 to 100, to be attached to each. 4th. The papers to be finally submitted to the whole Board for approval or rejection. 5th. The ORAL to be conducted by the whole Board of Examiners, any member of which may put such questions as may appear proper to him to the candidate, upon any of the subjects of examination. 6th. The passing or rejection of any candidate to be decided by a vote of the whole Board. It was also resolved that the Registrar be notified to bring and produce all certificates and documentary evidence as regards the curriculum of candidates, on Thursday, the 24th day of March; and that a copy of this resolution shall be forwarded to the heads of the various educational bodies. Dr. H. F. Tuck, of Guelph, was appointed examiner in Materia Medica and Botany, in place of Dr. H. A. Gordon, resigned. It was resolved that the next meeting of the Council be held in Hamilton, on Tuesday, 12th April, 1870. Certified, THOS. PYLE, M.D., Chairman.—Toronto Globe.

Reviews and Notices of Books.

TANNER'S CLINICAL MEDICINE AND PHYSICAL DIAGNOSIS. Third American, from the second English Edition. Revised by **TILBURY FOX, M.D., &c.** Published by Henry C. Lea, Philadelphia. Toronto: Adam, Stevenson & Co.

This is an exceedingly useful little book, presenting in portable form, well condensed, but very distinctly, a vast amount of instruction for students attending hospital, and for older men busily engaged in practice. It does not teach the treatment of disease, but it takes the student to the bedside, and shows him how to diagnose one disease from another, and for a beginner, that is more than half the battle.

There are so many things to approve, that we hardly know where to begin. One passage in the chapter on examination of children, we fully endorse, although the laity, and many practitioners, we are sorry to say, take the opposite view. He says,—"by patience and good temper, by a quiet demeanor and a gentle voice, a diagnosis may be formed almost as easily as in the case of adults." The whole chapter is worthy the careful attention of those who have to treat sick children. Then he gives directions how to report a case, and how to conduct a post mortem, both of which, if attended to, would prevent much of the bungling we sometimes meet with. The chapter on medico-legal investigations, evidence in courts of law, and in relation to railway accidents, will be found most interesting, in view of the many occurrences of the kind which we have recently witnessed in this country.

Then we have chapters on the thermometer, microscope, ophthalmoscope, laryngoscope, and sphygmograph, as aids to diagnosis. But while we approve of all the author says, we must confess our belief that the two latter will never be more than toys or playthings in the hands of the majority of general practitioners. Their successful use requires more time and practice than most men can afford, and more patience than most sick people possess, unless they fall into the hands of a specialist, who has a peculiar power in gaining and fixing their confidence. But where a community is large enough to sustain a man in devoting his whole time to the use of one or both, then we believe he may become so expert in the use of the laryngoscope and sphygmograph as to derive very great help from them in diagnosis.

In the chapter on "circumstances that modify disease," we are glad to see attention drawn to the facts pointed out by Weber, Brehmer, Spengler, Smith, and others, in relation to the treatment of

consumption by prolonged residence in elevated regions.

There appears to be a large mass of evidence in favour of the mountains; and we advise our friends to examine the matter carefully when called upon to select a residence abroad for those threatened with phthisis, as we have been long convinced that injury was often done by sending such invalids to warm, moist, miasmatic climates.

In the chapter on examining for Life Assurance, we find some very clear and sound advice, viz.:—"In doubt about the propriety of accepting a certain life, consider whether it would be advisable for the office to have one hundred such cases on its books."

"Decline the life of a person who is not sober. Suppose he has been given to drinking, and has reformed two or three years, yet his life should be declined, since permanent reformation is so very rare." Such is the character of the little book before us, which for practical usefulness will excel many works five times as pretentious.

OBSTETRIC APHORISMS, FOR THE USE OF STUDENTS COMMENCING MIDWIFERY PRACTICE. By **JOSEPH GRIFFITHS SWAYNE, M.D.** From fourth revised English edition, with Additions. By **EDWARD R. HUTCHINS, M.D.** Philadelphia: Henry C. Lea. Toronto: Adam, Stevenson & Co.

We are glad to find this excellent little work has been reprinted in America, and thus brought within reach of our Canadian students. It treats first of the management of natural labour; then of those cases which the student may, and again those which he may not undertake without assistance. To this is added, by the American editor, a chapter on the care of the newly born infant, and another upon abortion.

Without professing to be a treatise upon Midwifery, it is full of practical hints, which are of incalculable value to the student and junior practitioner. We have ourselves used the book as a student, in London, and can speak from personal experience as to its utility. It contains just that information in a concise shape, which the beginner is constantly in need of, and the possession of which gives him ease and confidence as to the course he ought to pursue. No student should begin practice without it.

HANDBOOK OF ZOOLOGY, WITH EXAMPLES FROM CANADIAN SPECIES, RECENT AND FOSSIL. By **J. W. DAWSON, LL.D., F.R.S., &c.** Part I.; Invertebrata, with 275 illustrations. Dawson Brothers, Montreal.

This volume comes up to our ideal of a class-book for the use of students and beginners, and

will be found useful by those engaged in busy strife, when they wish, in haste, to refresh the memory on matters pertaining to this captivating branch of science. We like the book, because it treats so largely of our own Canadian species, and we think it is thus calculated to beget in the minds of our native students an interest in Zoology which the more comprehensive works will fail to do. It adds greatly to the interest of any subject we may study, if we can pick up the illustrations during our morning walks or holiday rambles; and this little book is just the thing to stick in the pocket for a day's ramble on the beach, or over the mountain, or by the less romantic mud-hole of our country roads. It gives very clear directions for preserving and collecting specimens, and these are, we think, of peculiar value to the novice. The work is divided into chapters on Physiological Zoology, Classification, Descriptions of the Radiata, Mollusca, and Articulata, with a classification of Vertebrata; and all are treated in so short and clear a manner, and the pages illustrated with so old familiar faces, that we envy the young men who are privileged to sit under so able a teacher as the author, with such a guide as this handbook to enlighten the way and prepare the mind for the study of more elaborate works.

STEIGER'S CATALOGUE OF GERMAN LITERATURE has been received by us from the publisher in New York. It is written in good High Dutch, and appears to contain short historical sketches of several Western American cities and institutions; but as the only German we understand is a Dutch wife, we have put the catalogue in a safe place for the benefit of any subscriber who may have a better acquaintance with German language and literature than ourselves.

CANADA HEALTH JOURNAL. Edited by C. T. CAMPBELL, M.D., London, Ontario.

Just too late to notice in our last issue, we received this little periodical. Though expressing no particular leanings in the first number, we suppose we may look upon it as the exponent of the views of our Homeopathic brethren, as it is under that head that the editor is registered.

We have received, through the kindness of Messrs. Copp, Clarke & Co., BRAITHEWAITE'S RETROSPECT, and THE AMERICAN JOURNAL OF OBSTETRICS, for January, 1870, both containing their usual amount of valuable matter. We give our readers some selections.

SUBSCRIBERS who have paid Dr. Brock for Vol. II. of the JOURNAL, will notice the acknowledgment in another column; he also wishes to announce to unpaid subscribers, that if they pay up before the next issue, he will only require the sum of Two Dollars, after that, Three Dollars will be requisite.

Miscellaneous, &c.

Medico-Legal Decision.

The cobbler should not leave his last, is an aphorism as true as it is trite, and as applicable to gentlemen of the long robe, or the silver shoe-buckle, as to the sons of St. Crispin.

It is not many years since, a learned judge in this city called a man to a seat on the bench, and after half-an-hour's conversation on business matters, decided that he was perfectly sane, while many medical men and others testified that the man was so haunted by the idea that his wife formed a league with everybody where he might be living, for the purpose of poisoning him, that he habitually neglected his business and his family, and was allowing a large property to be squandered through sheer neglect, while he was continually moving about from place to place, in order to escape the emissaries of his wife. In view of the above circumstances, we commend to our reader's attention, the following article from the *Medical and Surgical Journal*, and the *New York Medical Gazette*:—

"On the evening of Friday, the 10th instant, a paper of no little interest, entitled "*The case of Hermann Albert, a medico-legal study*," was read before the Medical Journal Association, by Dr. E. L. Parsons, Resident Physician of the New York City Lunatic Asylum. It appears that a young man named Hermann Albert, who has been twice an inmate of the Bloomingdale Asylum for the Insane, and several times a patient at the New York City Lunatic Asylum, was brought before Judge Ingraham the week previous, on a writ of *habeas corpus*, and was discharged as an improper subject for detention in an Asylum for the Insane. Little was said in the paper regarding the unprofessional evidence, beyond the simple fact that in the opinion of several shrewd business men, Albert was not insane. Of the medical testimony adduced there seemed to be three grades:—First, the opinion of men who knew nothing whatever, either of the relator or of the study of mental diseases; secondly, the opinions of those who were either well acquainted with the relator or with the subject of insanity—but not with both; and, thirdly, the testimony and opinions of those who were both well acquainted with the mental history and condition of the relator, and well versed in the study of insanity. The medical men belonging to the first of these classes, were fully persuaded that Albert was not at all insane; those of the second

class thought he was insane, but were not particularly decided in the expression of their opinion; while those of the third class expressed a decided and unequivocal opinion, that Albert was then insane, and dangerous, if allowed to go at large. * *

"There is little doubt that a competent board of inquirers would have had no difficulty in satisfying themselves and the court that the relator was really insane. On the night previous to his discharge, he was maniacal; in the morning he wrote an incoherent document, and the moment the judge pronounced his discharge, he commenced making an irrelevant, crazy speech in court.

"We have been told that on the fourth day after his discharge, Albert was recommitted to the asylum in a state of acute mania, since which time he has been incoherent, noisy, violent and destructive—the prolonged excitement attending the investigation in court cannot have proved otherwise than highly prejudicial, to say nothing of the evils resulting from his premature discharge.—*Boston Med. and Surg. Jour.*

On the Treatment of Carbuncle.

By JAMES GREY GLOVER, M.D.

* * * Instead of the ordinary dressing of linseed poultices, I apply turpentine ointment on a piece of lint the size of the carbuncle, or slightly larger, and over this a large piece of cotton-wool. The ordinary turpentine ointment of the Pharmacopoeia is rather strong, and bears generally to be mixed with equal parts of lard, or spermaceti ointment. This dressing is light and clean, and slightly stimulating. It seems to favour the vital process of separation of the sloughs, and the return of a better hue to the affected skin. It should be changed twice or thrice a day, according to the stage and degree of the disease and the amount of discharge.

As to the general medical treatment of the patient, there are two points which I think important; first, the administration, three times a day, of quinine, two grains or so, in conjunction with tincture of the perchloride of iron, in ten or fifteen minim doses, well diluted; and, secondly, the administration nightly of a grain of opium to relieve pain and procure sleep. More might be necessary, but I have always found this to be sufficient.

The diet of the patient should be good and nourishing; but it should be simple, and not incommencing. I mean the patient should neither be stuffed with food, nor heated with stimulants. But beef-tea or milk may be administered *ad libitum*, and I think a glass or two of wine in the day helps the patient. If the tongue is little furred, and

there is not much anorexia, then the less departure from ordinary sensible feeding the better.

Turpentine ointment and cotton-wool locally, an opiate at night, and quinine and iron three or four times a day, and a good, simple, nourishing diet, are the essential points of the treatment I recommend, and which I think the profession will find satisfactory in the majority of cases. Within the last few days I have had a case of carbuncle in a patient about fifty, which almost provoked incision by its tension and tendency to spread, but I abstained, and practised the above treatment, and it has done excellently.—*Practitioner.*

Therapeutic Effects of Mechanical Vibratory Motion.

A paper containing the results of inquiries made on this subject has been published by Dr. Taylor, of New York, in the *Medical Journal* of that city. The inquiries were made on several hundreds of patients labouring under various kinds of maladies. Dr. Taylor regards vibration as a rapid wave-like motion, propagated in constant series through the soft yielding substance of the body, from a convenient external point. The action consists of a rapid displacement and replacement, and consequent alteration of the cells, fibres, and membranes that are in proximity, together with displacement of the fluid contents of these structures, and of the fluids in which they are bathed. He draws attention to the agreeable sensations and the remedial effects well known to be produced by friction, and contrasts this mode of producing motions of the deeper lying parts with that which he now introduces to the profession, of imparting a series of very light, rapid strokes, directed perpendicularly upon some portion of the body. Such strokes cannot be satisfactorily performed by the hand, as the operator soon becomes fatigued, and it consequently became requisite to invent some apparatus by which such strokes can be effected. After much research and numerous experiments. Dr. Taylor has constructed a series of machines capable of the various uses hitherto found desirable. In one form of the instrument slight taps are made; in a second a rubbing movement; and in a third method, which is limited to the extremities, the limb is oscillated upon its axis with a short, quick, reciprocating movement. The degree of rapidity with which these vibratory movements may be applied generally ranges between one and two thousand vibratory acts per minute. The more rapid rate produces effects somewhat allied to those of a diffusive stimulant, except that it is more permanent, and is not followed by any sign of depression. The time during which any portion of the body may be subjected to vibratory action will depend on the pathology of the case. In paralysis the instrument

may be used without stint, but in some forms of nervous affection requires caution in its application. One of the most direct and conspicuous of the effects of vibration is an increase of temperature, not, however, rising above the natural standard, and sometimes followed by perspiration. This effect Dr. Taylor attributes to increased oxidation, occurring in the fluids and tissues. Vibration also causes elimination of waste products. It is an excellent revulsive. It removes capillary congestions, and finally it promotes absorption.—*N. Y. Med. Jour.—Practitioner.*

Inhalation of Oxygen in Consumption.

Theoretically, for some time the thoughts of the profession have been turned in the direction of inhalation of oxygen as a source of relief in cases of deficient oxidation, and some benefit has been derived, but "whether due to the direct addition of oxygen to the blood, or to a sedative action on the nerve centers, or through its promotion of secretion from liver and kidneys and removal of temporary congestion, is not known." In ten cases of consumption submitted for testing its value, the following results were obtained: In six cases there was a gain in the aggregate of 49½ pounds, in the remaining four, a total loss of only four pounds.—*N. Y. Journal of Medicine.*

[In connection with the above, we may state that an elderly lady of our acquaintance, while recently labouring under an attack of acute albuminuria, general anasarca, and extreme irregularity of the heart, suffered intensely from orthopnea, the face becoming quite blue. Oxygen, prepared by simply heating in a flask, chlorate of potash, and black oxide of manganese, was administered from time to time, and afforded the greatest possible relief, the face becoming clear and the breathing comparatively easy in a few minutes; and although she subsequently died, apparently from the cardiac trouble, yet her friends had the satisfaction of thus relieving her distress when they could not do so by any other means.]—*Ed. D. M. J.*

Soothing Syrup.

According to the *California Medical Gazette*, an analysis of the above proved it to contain nearly one grain of morphia and other alkaloids of opium to the ounce; hence the half-teaspoonful dose directed for a child three months old would be equal to the sixteenth of a grain of morphia, and double that quantity, three or four times a day, is directed for children of six months. Verily, Mrs. Winslow is a benefactress to the present generation of American women who dread the encumbrance of large families.—[*Ed. D. M. J.*]

Zymotic and other Diseases.

The Sulpho-Carbulates.—There can be no doubt as to the action of carbolic acid when applied locally to a wound, but its internal use for the destruction of foreign and noxious germs in the blood, as in

zymotic diseases, has not hitherto been practicable on account of the unsuitability of the pure acid for the purpose. The sulpho-carbulates, of which perhaps the best is the sodium salt, can be readily administered, and *in transitu* through the system the carbolic acid is set free and escapes with the breath, and sulphate of sodium passes off by the urine. From experiments made, it is found that half a grain of pure carbolic acid is equivalent to twenty grains of sulpho-carbulate of soda. From twenty to sixty grains of the latter should be given at a dose, dissolved in water. It is not unpleasant in taste, and is readily borne by the stomach. It is particularly useful, of course, in zymotic diseases, as scarlatina, but is of great use in phthisis, in which disease it arrests the night sweats, and checks the factor of expectoration.—*Braithwaite, January, 1870.*

Prostration arising during the Puerperal State.

Turpentine given internally, or by injection, is not only, as is well known, extremely useful in cases of uterine hemorrhage, but in those cases of great prostration, characterized by rapid pulse, tympanitic abdomen, and other symptoms not connected with peritoneal or other fever, yet threatening the advent of a typhoid condition. In an interesting typical case, the injection of turpentine and mucilage by the bowel seemed the first thing to light up the dying embers of life.—*Braithwaite.*

Belladonna in Incontinence of Urine.

In cases where children have been in the habit of wetting the bed nightly, it is recommended to give five drops tr. belladonna three times a day, and continue for one or two months.—*Medical Gazette.—Oregon Medical and Surgical Reporter.*

Cash received by Dr. Brock, in payment of Vol. II

Drs. Diamond, H. H. Wright, Lizars, Hodder, Rowell, Bethune, Fulton, Winstanley, Barrick, Aikins, Rossbrugh, Howson, Newcombe, Richardson, C. B. Hall, Lawlor, Hampton, Phillips, Kennedy, Thorburn, Cummings, Rosa, Small, Bovee, Toronto; Doig, Denbigh; Johnson, Millbank; Philp, Waterdown; Masscar, Otterville; Fee, Kingston; McGill & Rae, Oshawa; Rounds, Drumbo; Nelles, London; Cameron, Port Hope; Corson, Washington; Coverton, Simcoe; Edmundson, Brockville; Martyn, Kincardine; McMarchie, Clinton; Parker, Sterling; Fife, Brampton; Dupries, Odessa; Beaham, Princeton; Booth, Odessa; Douglass, Port Elgin; R. H. Davis, York; T. Moore, Picton; W. H. Drake, Kingsville; Griffin, Brantford; O'Connell, Clinton; Woodruff, London; Hornibrook, Mitchell, Henwood, Hamilton; Savage, Delta (\$1); Davison, Beaverton.

Pamphlets Received.

Differential Diagnosis in Disease of the Spine:
Chas. F. Taylor, N. Y.
Report of the New York Orthopaedic Dispensary
The Management of Lumber and Pines Abscess
By Chas. F. Taylor, N. Y.