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### *Original Communications.*

#### ROTATION OF THE FŒTAL HEAD FROM OCCIPUT POSTERIOR TO OCCIPUT ANTERIOR POSITIONS BY MANUAL INTERFERENCE.

By DR. JAMES ROSS, Toronto.

Many years ago my attention was drawn to a considerable delay which occurred in cases of natural labor, where the head of child presented, the pelvis of mother being normal, and the fœtal head of the ordinary dimensions, and in the majority of such cases I found the head of child presenting with occiput right or left posterior.

All obstetricians of experience are aware that in a natural labor, where the head of child presents occiput right or left anterior, it is in the most satisfactory position, and that the labor will in due time be completed without manual or instrumental aid, provided the pelvis of mother and head of child be of normal dimensions, and all know equally well that in many cases where the child presents occiput right or left posterior, the head will, by the expulsive effort of nature and the peculiar mechanism of the natural pelvis, rotate so as to become occiput right or left anterior, and that the labor will also be completed in due time without interference on the part of the attendant; but I find there is a considerable number of such cases (occiput right or left

posterior), say five or six per cent., where rotation will not take place, or if it does, it will have done so only after a long continued effort on the part of the mother, thus causing much unnecessary suffering to her and a loss of time to the accoucheur.

In November, 1854, I first attempted to relieve a case of this kind by rotating the head from occiput left posterior to left anterior, and with success. Rotation was accomplished by passing the forefinger well up under the pubic arch, and placing it upon the right temple or rather temporal ridge of right frontal bone of child, then pressing upwards, backwards and to the right as the pains recurred, until I found the posterior fontanelle was directed towards the left acetabulum of mother, and then retained it in that position until the expulsive efforts had pressed the head well down into the pelvis. The labor then proceeded as in an ordinary occiput anterior presentation, the occiput emerging from beneath the left pubis, and was completed without any undue effort.

Since November, 1854, I have paid particular attention to these occiput posterior positions, and have, in many instances, relieved my patients in like manner.

During the period from November, 1854, to April, 1871, I attended 2,860 labors, and noted in my obstetrical record 143 cases where rotation had been performed, and since 12th of April, 1871, I have attended 2,003 labors; with similar results, but have not deemed it necessary to indicate all the cases of rotation because I

had felt satisfied as to the propriety and practicability of the procedure.

I notice that, in Dr. Zimmerman's analysis of my obstetrical record, which I have kept as accurately as it was possible to do since May, 1852, and which was published in the October number of the *Canadian Journal of Medical Sciences*, he has only given me credit for 134 cases of rotation, but upon reference to my record I find 143 cases noted, consequently I am constrained to believe that a typographical error had been committed.

Of these 143 cases of occiput posterior positions before cited 103 were right and 40 left.

Since the 28th of May, 1877 (up to which time Dr. Zimmerman's analysis extended), I have attended 255 labors, and have accurately noted the cases where rotation was accomplished, and find that there were 16 in all, 5 of which were left and 11 right posterior, thus bearing the same or nearly the same ratio of left to right as indicated in the 143 cases previously mentioned. Why the occiput right posterior should so largely predominate over the left posterior positions I am not prepared to say, and will leave it for future solution.

Various authors in obstetrics, while mentioning the rotation of the foetal head, which frequently occurs during labor spontaneously, do not attach sufficient importance to manual assistance in order to correct the many deviations which occur in natural labor.

Dr. Meigs, who is no mean authority, speaks of the dipping of the occipital extremity of the occipito-frontal diameter and the rotation of the head so as to bring the vertex towards the pubis, and Dewees, Churchill, Playfair, Barnes, Leishman and others refer to rotation as it spontaneously occurs, but are not sufficiently explicit as to the amount or the manner of assistance which may with propriety be given to facilitate labor and ameliorate the sufferings of the parturient woman.

The head of the child being placed upon the upper end of the vertebral column as upon a pivot (its longest diameters the occipito-mental and occipito-frontal), being directed from before backwards, it is capable of considerable motion, and if in transitu, through the pelvis, the frontal extremity or pole of the occipito-frontal diameter be impeded by pressing upon the forehead with the finger or other obstacle, the

occipital extremity or pole will of necessity dip down into the pelvis, causing the vertex to present itself, and if at the same time the finger be placed upon the temporal ridge of the frontal bone or in the anterior portion of temporal fossa, and carried to the right or left, the head may be placed in first or second positions as desired.

I may state, however, for the benefit of junior practitioners, that I did not succeed in every attempt to produce rotation, but where I failed, the failure was attributed either to too long delay, thus allowing the head to be pressed too far down into the pelvis and become moulded to suit the position, or to some abnormal condition of the head or pelvis. In these cases I deemed it necessary to allow nature to complete her work, or to assist her by applying the forceps.

The best time to effect rotation is either before or immediately after the liquor amni has escaped, but it may be accomplished much later, if the bones of the child's head have not become too fully ossified.

In conclusion I feel justified in stating that by thus rectifying the position of the head of the child, we can save the mother from many hours of extreme anxiety and intense suffering, and also save much time, which to physicians in active practice is often of vital importance.

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## *Correspondence.*

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### OUR LONDON LETTER.

LONDON, ENGLAND, March 10, 1880.

It is a pity that the friends of Dr. William Farr and the Council of the British Medical Association had not made themselves better acquainted with the facts of the appointment of Sir Brydges Henniker as Registrar General before memorializing the Prime Minister on his not having appointed Dr. Farr, as it is well known in the office that Dr. Farr had some time back applied to the Government for the superannuation on the ground of old age and infirmity; indeed, I believe as a fact that for some time past he has been so infirm as to be obliged to be helped in and out of his carriage. I remember this as another instance of "save me from my friends."

The squabble between the Medical and the Surgical Staff and the Governors of Guy's Hospital respecting the nursing is I believe in a

fair way of being settled. The staff could not, in justice to themselves, or with any regard to the dignity of the profession, allow matters to remain as they were. The nurses in a public Institution should be under the whole and sole control of the staff, without any interference from either "Lady Superintendent" or Board of Governors. There has been a painful instance of the same thing in the resignation of Dr. Humphreys of the Children's Hospital, Pendlebury, near Manchester.

The following little anecdote, which I believe to be a fact, may interest and amuse your readers.

Dr. Clémenceau, the eminent Parisian physician, is also a member of the French Legislature, and divides his attention between the political maladies of his country and the physical ailments of his patients. He is a brisk and busy man, keenly cognisant of the fact that "time is money," and the other day, while he was in attendance at his Montmartre consulting-room, two men simultaneously solicited an interview with him for the purpose of taking his advice. One of them, admitted to his presence, and asked "what was the matter with him," complained of a pain in his chest; whereupon he was ordered to take off his shirt, and Dr. Clémenceau subjected him to careful examination. Before the doctor, however, sat down to write his prescription he rang the bell, and ordered his servant to show the other patient into the consulting-room. As the latter entered the doorway, Dr. Clémenceau, without looking up from the desk at which he was writing, said to him, "Just undress yourself, too, if you will be so good. We shall save time by your doing so." Without a moment's hesitation, the second visitor proceeded to take off his clothes, and, by the time the doctor had finished writing his recipe, taken his fee, and dismissed the preceding patient, he was stripped to the waist, ready for inspection. Turning towards him, the doctor observed, "You are also suffering from pain in the chest, are you not?" "Well, no, doctor," the man replied, "I have called upon you to beg that you will recommend me to the Government for a place in the Post Office." Tableau!

The deaths of Sir Dominic Corrigan of Dublin, and Mr. Hancock of London, have left gaps

in the medical profession not easily to be filled up. The latter I knew well, and a kinder or more genial being, either as a man or a surgeon, did not exist. By the way the death-rate of London has been far above the average owing to bronchial affections, chiefly caused by the abominable fogs of which we have lately had more than our share, and to which, fortunately, your delightful climate is not subject.

We have had more than the usual amount of blunders lately respecting the "drunk or dying." How is it possible for *the police* to discriminate between the effects of drunkenness and those of cerebral disturbance, induced by other causes? Until the police are compelled by Act of Parliament to call in a medical man to every case of unconsciousness, these mistakes cannot help occurring. This Act, I suppose, will never be passed until some amiable prelate or a "my Lord" meets with the fate that has overtaken so many of his less fortunate brethren.

A very interesting case of a large gall stone, which was passed per anum, was presented at the meeting of the Pathological Society on the 6th of January last. It occurred in the practice of Dr. Carr Roberts. It had been passed by a lady after her confinement. There had been only two symptoms connected with its passage: very excessive pain in the back, and constant diarrhoea of a pale yellow color. The stone measured one inch and five-eighths by an inch and an eighth, and weighed five drachms. The concretion was a true gall stone, composed of cholesterin mixed with bile pigment.

A somewhat singular death occurred in Holborn a few days ago. A laboring man went into a fried fish shop, and had a penny's worth of fish and potatoes. Next day he complained of pain in the throat, and on Friday evening went to the hospital. The surgeons endeavored to dislodge some foreign matter from the larynx. He felt relieved and went home. On Sunday night he died. Dr. Sparkes made a *post mortem* examination, and found in the bag at the under part of the heart a small hole and a small fish bone protruding. The penetration of the heart by the fish bone was the cause of death.

This case resembles in many respects the case of "Tobacco Stack," reported by me in the RECORD for October, 1879. R.

## Progress of Medical Science.

### HOW TO CURE FITS OF SNEEZING.

John Martin, L.K.Q.C.P.I., L.R.C.S.I., writes to the *British Medical Journal*: In the issue of the *British Medical Journal* of December 27, 1879, the above heading having attracted my attention I was very much interested to find the course of procedure recommended agrees to a certain extent, the principle being the same, with the practice I have adopted for years. Since my schoolboy days I have known that if the nostril of the affected side be stopped early enough, as by pressure with the finger on the ala nasi, there will be no sneeze. During more recent years, when I have been suffering from irritation of my schneiderian membrane so as to annoy me, I have selected out and placed a good "chamomile flower" in each nostril. I find that it not only acts as a respirator, but the flower gives off a very grateful aroma, which I consider beneficial from its soothing influence. These flowers are inexpensive, and can be obtained of all sizes. They will be found, I believe, very useful if placed lightly within the nostril. Although I have practiced this little idea for some time, I did not consider it worthy of recording till I observed the communication of Mr. S. M. Bradley in this journal. I may add that during the past autumn I was much annoyed with continuous irritation of my schneiderian membrane, to which the foregoing only gave temporary relief. After trying many things, I bethought myself of trying extract of belladonna; the small dose of half a grain of this drug produces its toxic effects on me, drying up the secretions of my feces, etc. Although it is now more than two months since I took my dose I continue free from anything unusual in this way. I may say that the irritation complained of did not amount to sneezing, but to a raw sensation on inhalation, which I found was very annoying. I was, therefore, very much pleased when I found that the irritation produced by my dose terminated in complete resolution. Should these hints be of any benefit to mankind I will be more than compensated.

### RULES FOR THE TREATMENT OF CROUP.

The following rules are laid down by Dr. W. H. Day, as the result of a long experience in this disease (*Medical Press and Circular*, November 5th, 1879):—

The temperature of the room should not be lower than 65°.

1. The vapor bath is indispensable in the treatment of croup, and should be used at the

commencement in every case, and continued unremittingly until all fear of a relapse has departed.

2. All cases of croup are invariably relieved by the vapor bath, especially if the tracheal membrane is dry; when it is moist there might be fear of causing too much depression.

3. The earlier that a case comes under treatment, the greater the probability of successful termination, because it is then possible to prevent the tracheal secretion becoming organized.

4. The most trying difficulty we have to contend with in the management of croup in the catarrhal form is a relapse, because with it comes exhaustion; and the weaker the patient the less will be the chance of recovery.

5. Tartarized antimony is our sheet-anchor as a medicinal agent; not so much from any specific effect it exerts on the tracheal membrane, as from its certainty in effecting free and speedy vomiting.

6. Tartarized antimony should, however, be mainly given for the purpose of producing vomiting; that failing, it is comparatively useless, because, if continued in small doses at intervals, its depressing effect is too great.

7. When the emetic has fully operated, if there be much febrile excitement and disordered *primæ viæ*, which aggravate the laryngeal symptoms, a grain of calomel every four hours, or one full dose for the purpose of emptying the bowels and controlling the fever, will be found necessary. In the fibrinous form, when there is violent and acute inflammation, with a firm, hard pulse, and a full reserve of strength, two or three leeches may be applied over the thyroid cartilage, and bleeding can easily be arrested by pressure with the finger, and if need be, with cotton wool; then mercury may prove a valuable addition to the antimonial treatment. Some of my cases improved from the moment the mercury affected the bowels, the fever diminishing, and the expectoration of the false membrane being promoted. When employed in small doses at regular intervals it would appear to diminish the cohesive attachment to the mucous membrane, and to render the lymph less fibrinous and more readily absorbed.

8. When in a case of croup, seen at an early stage, and satisfactorily progressing, forty-eight hours have elapsed, we may generally augur a favorable termination; and we should then begin, if not before, to support our patients with good beef-tea, milk and arrowroot, and (it may be) a little wine and water.

If after vomiting the temperature remains high, and especially when the bowels have acted freely, minim doses of aconite every two or three hours are of great service in inflammatory croup. This keeps up a gentle diaphoretic action on the skin, diminishes tension of the pulse, and controls vascular excitement in a very striking manner. At this stage it comes

in well, because antimony should not be long continued in any of the diseases of children, and it certainly ought not to be in this disorder.

### TREATMENT OF SCABIES.

In a paper in the *British Medical Journal*, October, Dr. Robert Liveing writes—

With regard to the treatment of scabies, errors sometimes occur. The one which is by far the most common I have already indicated, namely, that of using a sulphur ointment too strong, and of continuing its use too long. Of all remedies, not one is so effective as sulphur ointment properly applied. An ointment half the strength of that of the *British Pharmacopœia* is quite strong enough, and the best time to use it is at night, when it should be rubbed all over the body, except the head, but especially on the hands, buttocks and lower part of the abdomen, and then the under clothing used during the previous day, namely, socks, gloves, drawers and jersey, should be worn during the night; this thoroughly disinfects the clothes, and at the same time keeps the ointment well applied to the skin. In the morning, a warm bath may be taken, and no treatment followed during the day. For three nights the process should be repeated, but never longer; subsequently a little ointment should be well rubbed on the hands, wrists and buttocks for a few nights. All treatment should then be discontinued for at least a week, when, if necessary, it may be repeated for one or two nights, or a milder ointment might be used. It is sometimes difficult to say whether a case of scabies is cured or not; under these circumstances, it is very convenient to use an ointment which does not irritate or annoy the patient by its disagreeable smell, and which at the same time will complete the cure. A most excellent ointment of this kind is made with balsam of Peru (3 ij ad ʒj). The styrax ointment is also thoroughly effective, but less disagreeable.

With regard to sulphur baths, I would say that they are not nearly as effective as sulphur ointments. I lately ordered sulphur baths (as being more agreeable than ointment) for a pupil of my own who was suffering from scabies; he took six or seven, and then came to me much better, but not cured; I advised more baths, but did not see him again. He had in all about fifteen baths, and then went home to the country, thinking himself cured; unfortunately he was not, and he conveyed scabies to his family. This is not the first time that I have found sulphur baths fail. They are, however, useful under certain circumstances; it may, for example, be very inconvenient to apply sulphur ointment at night. Again, in cases where there is much secondary eczema set up, with extensive excoriations, the application

of sulphur ointment is very irritating. Under these circumstances, it is very useful to begin with a few baths, which generally produce an excellent effect; this may be followed up by the application of ointment to those regions known to be specially affected.

Lastly, with regard to disinfecting outer clothes and bedding, it can be easily done by sulphur fumigation or baking. In all cases of long standing the clothes, blankets, etc., should be disinfected, but it is never necessary to extend this to the bed itself.

### NOTES OF TREATMENT AT HOSPITAL FOR DISEASES OF THE SKIN, BLACK-FRIARS.

The treatment of diseases of the skin is so often unsatisfactory that the following rough notes of the practice of this hospital may be interesting. The cases described were under the care of Mr. Hutchinson and Mr. Waren Tay.

*Lupus Erythematosus.*—Patient was a woman of about sixty-nine years of age. Her face was affected on both sides, and there had also been patches of psoriasis about the elbows. She had been attending the hospital since 1876, but the disease remained obstinate. The patient believes that the disease began after exposure to a hot sun in July, 1875. She seemed fairly nourished and stout. The erythematous and non-ulcerative characters of the lupus were well marked. The present treatment consists of the internal administration of quinine and arsenic, and the local application of a lotion of glycerine and liquor carbo detergentis.

*Lupus Vulgaris.*—There was one case of this disease. A girl aged about nine years, who was an in-patient, had lupus of an ulcerative character attacking both alæ of the nose, and extending in the form of scrofulous ulceration to each cheek. The patient was markedly strumous. In addition to constitutional treatment, the actual cauterization (Paquelin's) was to-day applied to the diseased surface.

*Pustular Sycosis.*—There was one case of this disease in a somewhat unhealthy-looking man. The pustules were numerous about the cheeks and chin. The local treatment ordered was the application of carbolic acid lotion, and of white precipitate ointment.

*Eczema of the Leg; Chronic Ulcers of the Leg.*—There were several cases, mostly of a chronic nature, of eczema. The treatment generally adopted was the application of a lotion of liquor carbo detergentis (about a drachm to half a pint of water), and of the unguentum creasoti—the former ordered to be kept applied during the day, the latter to be used at night. This form of treatment is very generally successful, so that Martin's pure rubber bandages (which have been recommended in such cases) are not used here.

Mr. Hutchinson believes that the confinement of the secretion of the affected parts by these bandages might be useful in cases of old standing eczema where there is great thickening of the skin; but that its use in cases which yield readily to other treatment is not called for. Martin's bandages have been used with great benefit in several cases of chronic ulcers of the leg. They seem to be especially useful when the ulcers are large, flabby, and thick-edged; and, as Dr. Martin stated, they enable patients who are unable to desist from their employment to walk about with comfort and without injury. In syphilitic ulcers the local treatment adopted in many cases is the application of the red mercury ointment of the Pharmacopœia.

*Porriqo Capitis.*—A child was brought to hospital with the entire scalp covered with a dense porriginous eruption. This disease, which might be called porriginous eczema, was generally associated, Mr. Hutchison remarked, with pediculi, as in that case. The glands at the nape of the neck were enlarged, which was not so in eczema. The secretion from the part was contagious, and the main treatment consisted of entirely getting rid of all incrustation of matter by poulticing and washing and attending strictly to cleanliness, and the use of an ointment of ammonio chloride of mercury. With care this disease should always be got rid of in a week or two.

*Psoriasis.*—Among several cases of this disease one was distinguished by the smallness of the patches. These occurred about the face and neck, and were bright red in colour, and only slightly scale. The parts itched and smarted a good deal. This was in a somewhat acute stage, and the local application ordered consisted of what is called "compound petroleum ointment," and which contains, with other ingredients, chrysophanic acid (ten or five grains to the ounce). This application is somewhat irritating to the skin, and is only applicable where there is no acute inflammation. Arsenic (liquor sodæ arsenitis) was also administered internally.

*Lichen Planus.*—Two cases of this disease presented themselves. One was about the legs of a middle-aged man; the parts were very irritable, but had passed out of the papular stage. The other case was in an old woman whose arms were affected; there, also, the disease was dying away, but in both the pigmentation was pretty extensive. These cases were treated with arsenic internally, and tar externally, to which they almost invariably yield.

*Serpiginous Eruption about Face (Syphilitic).*—A young man, about twenty-one years of age, presented himself, complaining of a swelling in his throat. He was very anæmic, and all over the face were patches of a copper-colored eruption, not unlike psoriasis in parts, but traced out in lines about a twelfth of an inch wide. These were arranged in various patterns, some

being almost circular some dumb-bell-shaped, etc. The tongue was ulcerated about its middle and back parts, and there were ulcers about the tonsils. Patient thought he had contracted syphilis in France last September. A chancre had appeared on his penis about seven weeks ago, and about Christmas his face became affected. He thought his tongue had been bad for about five or six weeks. This seemed to be a case of secondary symptoms following very soon on a primary sore—whether this was dependent on the nature of the infection or on the constitution of the patient was a matter of doubt. The treatment was antisyphilitic.

*Pityriasis Versicolor.*—Chrysophanic acid ointment (five grains to the ounce) has been used with perfect success in the treatment of several cases of this disorder. A lotion of sulphite of soda has hitherto been the general application ordered; and, although the chrysophanic acid is effectual, it seems to offer no advantage over the sulphurous acid.

*Ringworm of the Scalp.*—Two children, brother and sister, attended. They had ringworm about last Easter, which remained obstinate under other treatment, but had become well under the application of chrysophanic acid ointment. The heads were ordered to be well washed several times a week with soft soap and warm water, and the hair to be kept closely cropped. Another case was associated with kerion, but was also doing well.—*Med. Times and Gazette.*

## THE TREATMENT OF COUGH.

Dr. A. W. Perry says, on this subject, in the *Western Lancet*:—

Opium preparations are the surest, but they frequently disturb the stomach and bowels, and produce other undesirable effects. I prefer cannabis indica alone, and opium and belladonna combined. In all cases of ordinary bronchitis of moderate intensity the disease tends to subside rapidly without medicine. Squills, ipecac, antimony usually always disturb the stomach, producing distaste for food, nausea or vomiting, with no good effect that I ever saw.

In the early cough of phthisis it is exceeding important to give nothing which will interfere with the digestive functions. On the contrary, every means should be used to preserve and increase the digestive power, and these two indications I have found best fulfilled by the use of cannabis indica in doses of one-fourth to one-third grain, as often as required, or by inhaling the warm vapor of a mixture of ext. of conium, ten grains to one ounce of water, several times daily, through a small inhaler.

In the compounding of cough medicines the form of administration is not indifferent. In most cases of cough the whole larynx is in a state of irritation and congestion, extending to

the top surface of the epiglottis. Any cough medicine which is at all irritating provokes cough in simply passing over the epiglottis to the stomach. In using *cannabis indica* or larch resin, or other resins, in cough, the only liquid preparation is the tincture made with strong alcohol. I have found by experience that a syrup containing one-sixth or one-fourth of these tinctures would immediately cause a paroxysm of cough. By causing the resins *cannabis indica* or larch to be rubbed up with syrup and mucilage, the patient could take them without producing immediate cough. The immediate cough is due, therefore, solely to the irritating effect of the alcohol in the tinctures on the epiglottis. I often have patients tell me that taking whisky or brandy not much diluted makes them cough immediately; but when they dilute it a great deal and put in much sugar, it has no such immediate effect. This, then, teaches us that the menstruum in cough mixtures should be bland and soothing, and that we should not use tinctures. When syrups are disagreeable to the patient mucilage should be used as the vehicle.

We also see the explanation of the undoubted benefit of the homely tisanes of flaxseed, Iceland moss, etc.

The warmth of the liquid swallowed has also a very soothing effect on the upper part of the larynx. In regard to this point, a patient of mine lately told me that a very annoying spasmodic cough (due to commencing tuberculosis) had been more relieved by drinking hot water frequently than by anything he had used.

A single small pellet of tough mucus in the trachea or larger bronchi will often provoke a cough paroxysm of several minutes' duration, and when, expelled, the violent stretching and shaking of the bronchial tubes and air cells have left a congestion behind which tends to perpetuate the cough. It is in cases like these that narcotics act brilliantly. Where morphia is well borne, and not much contra-indicated, I get excellent results from the use of one-twelfth as much atropia as morphia in the mixture. The atropia diminishes the tendency of the morphia to constipate and make drowsy, and in phthisical cases it stops the night sweats frequently. In children under two years old the narcotics are frequently very dangerous, and when used should be given with great care and under frequent supervision by the physician. In young children who do not know how to cough well, a slight bronchitis may result fatally, from inability to get rid of the bronchial secretion. If ipecac., antimony, lobelia, squills, have any power to increase bronchial secretion, they increase this danger in young children. In young children, cough, unless very harassing, should not be repressed by narcotics. Excessive and disproportionate cough often produces emphysema, and permanently damages the state of the

lungs, leading remotely to the worst consequences—vomiting of food, and thence failure in nutrition; loss of rest; hernia; great soreness of the muscles of the chest; and in old persons, with degenerated blood vessels, a rupture is frequently produced. If cough and expectoration both are great, but in proportion, diminish the expectoration by the administration of the oil of turpentine, copaiba, quinine, sulphate of zinc, larch resin; and then use narcotics if too frequent cough persists. Where the mucus is both abundant and tenacious, the use of chlorate of potass, in 5-10 grains doses, will liquify the expectoration and thereby relieve a portion of the cough.

#### RECENT SUGGESTION FOR OZÆNA.

To remove the crusts, Dr. Lennox Browne, (*Medical Press and Circular*, Oct. 15,) uses—

℞. Iodoformi,	gr.v-viiij
Ætheris,	ʒ j-iss
Ung. petrolei,	ʒ j
Ottar rosæ,	m vj.

Dissolve the iodoform in the ether, then add the others.

For a post-nasal douche:—

℞. Ammonii chloridi,	
Sodii boratis,	aa gr.vi-viiij
Glycerinæ,	ʒ j-ij
Aquam,	ad ʒ iv. M.

This amount for two douches, at 95° Fah.

For vapor inhalations, either pine oil, creasote, or benzole, in water, at 150° Fah. should be inspired by nose as well as by throat. To whichever is prescribed, *aldehyde*, in no larger proportion than one drop to each inhalation, should be added, this drug having a peculiar and quite specific effect on favoring fluid secretions in cases of inspissated mucus, and, if administered in larger doses, it is apt to produce headache or embarrassment of breathing.

In the *British Medical Journal*, Nov. 1, he gives other formulæ:—

℞. Sodii boratis,	ʒ iij
Acidi salicylici,	ʒ ij
Glycerinæ,	ʒ ijss
Aquam,	ad ʒ iij.

One or two drachms of this mixture to the half pint of water, at 95° Fah., acted quite efficiently, whether used with anterior or post-nasal douche, or as a gargle; and this form has now been used by him for any months. It has the advantage, over and above its antiseptic qualities of being not only non-irritating, nor obnoxious in taste, but, on the contrary, of being even emollient, and of agreeable flavor.

#### EARACHE; CHLOROFORM VAPOR.

Dr. Morgan states that he had often promptly relieved the distressing earache of children, by filling the bowl of a common new clay pipe



with cotton wool, upon which he dropped a few drops of chloroform, and inserting the stem carefully into the external canal, and adjusting his lips over the bowl, blew through the pipe forcing the chloroform vapor upon the membrana tympani.—*National Medical Review.*

### A CLINICAL LECTURE ON THE TREATMENT OF LEUCORRHOEA.

By T. GAILLARD THOMAS, M.D.,

Professor of Gynecology in the College of Physicians and Surgeons, New York.

(Phonographically reported for *The (N.Y.) Medical Record.*)

GENTLEMEN:—I want to make use of the cases that come before us to-day, not only to lecture upon their individual peculiarities, but to call your attention to one condition which exists to a greater or less extent in all of them, and that is leucorrhœa. You will find when you get into practice that these cases will annoy you more or less constantly, because of the difficulty in curing them. It is not with these cases as with those of phthisis, where you can assure your patient that she is improving under your treatment, and convince her of the correctness of your assertion. Here you cannot deceive her, for she has a better opportunity of deciding that question than yourself, and although you assure her that she is improving under your treatment, she is positive she is not one bit better than when she came to you—rather worse; and one of the miseries of the gynecologist is to have some woman pestering his life, because he cannot cure her of her leucorrhœa.

I want now to refer to the several cases which I have selected for to-day's clinic. I have several times made the remark to you, that the man who does not practice surgery in gynecology had better give up its practice entirely, for there are many cases where the use of the knife, even if it be only to a very slight degree, may effect a cure, where a prolonged course of treatment without it has entirely failed. I want to apply these remarks to some of the cases which come before us to-day, and when I speak of the use of the knife, I allude to it as a representative surgical instrument; scissors, the curette, and the pessary are surgical instruments, all of great value, but I speak of the knife as the representative of all instruments necessary for the proper treatment of these cases.

Our first patient, Mrs. Julia M—, is a native of Germany; has been married eight years, and has had two children and two miscarriages. Ten months ago she had a miscarriage, which was the last time she was pregnant.

Q. "How long have you been sick, madam?"

A. "I have not been well since I was fourteen years of age, but I have been much worse during the last ten months."

Q. "Have you ever been well since your miscarriage, ten months ago?"

A. "Not entirely well."

Q. "Tell us about your sickness."

A. "Two months after my last miscarriage I had a 'period' and began to flood; this continued twenty-one days."

Q. "And what then?"

A. "You took two pieces of <sup>it</sup> after-birth from me, and it stopped."

It seems that I saw her at this time, and now I recollect the fact that it was in consultation with her physician. I was asked to see her and found her blanched, with a small, feeble pulse and very weak, for she had flooded to a dangerous degree. The uterus was very large, and the view which I took of the case was, that the patient had some portion of the foetal shell, for it could no longer be spoken of as placenta, left in the uterus, and that this flooding was a natural consequence of its prolonged retention. With the doctor's consent I made an examination, and convinced myself of the correctness of my first suspicion. I recommended the introduction of a sponge-tent to dilate the cervical canal, which the doctor did, and on the following day I removed from the cavity of the uterus two small pieces of the foetal shell, each about the size of the distal phalanx of my index finger, and one day later the hemorrhage ceased.

Q. "Have you been well since that time?"

A. "Not entirely, for I have pain through my bowels, and am troubled a great deal with the whites."

We made an examination of this patient to-day, of course, and let me show you, upon the manikin, what I found. The uterus was quite large, something like the one I now place in position upon our model, and dragged down upon its supports so that the cervix had descended into the pelvis lower than it ought to be; and it is this condition which has caused our patient the pain and dragging sensation through her abdomen. Our patient says she has leucorrhœa, and now we want to talk of the method of curing leucorrhœa in her case. When I saw this case, eight months ago, there was no question about the loss of a large amount of blood. Her condition was a precarious one, and my attention, at that time, was directed to giving immediate relief. After I removed these foetal-shell masses with a large curette, the hemorrhage ceased the next day, and I heard nothing further of the case. Since that time her menstrual periods have been, she now tells me, of only about two and a half days' duration. The uterus still remains large, swollen, tender, and heavy, and lower in the pelvis than normal.

Now, what is the case of it? This condition of the uterus is unquestionably the cause of the leucorrhœa, and the condition consists in what is commonly called subinvolution of the uterus; that is to say, the uterus has never returned to its original size since the miscarriage which occurred ten months ago. Now, what stopped involution of the uterus? Unquestionably the retention of these masses of placenta; there was no laceration of the cervix. These masses were retained in the cavity of the uterus for two months before any hemorrhage occurred. Their presence served to keep up a condition of passive congestion or subinvolution of the uterus, and this subinvolution affected not only the parenchyma of the organ, but also, as usual, the lining membrane became deranged, and in consequence thereof we have had a leucorrhœal discharge ever since. I believe if this patient were only put upon uterine and vaginal injections, it would be a long time before the leucorrhœal discharge was arrested; and it is very questionable whether she could ever be entirely cured by this means. But if we take this view of the case, that, owing to the presence of retained masses of the placenta, involution was prevented, thus giving rise to changes in the uterine tissue, and derangement of the mucous membrane, our treatment will be more intelligent and successful. I believe that this leucorrhœa could be rapidly checked by passing a curette up to the fundus, either after or before dilatation of the cervix (I do not think this case would require dilatation), and drawing it gently over both walls of the uterus. This process would probably result in displacing ten or twenty little growths over the lining membrane of the uterus, that is, fungoid growths, which being removed, the leucorrhœa would rapidly disappear. Now, you might ask the question, and it would be a very pertinent question, Why do we not have flooding if these fungoid growths are present? I answer, they may remain there a long time without the occurrence of hemorrhage, but hemorrhage is likely to occur at any time. This patient tells us that she carried two pieces of placenta in her uterus for two months, after her miscarriage, before any hemorrhage occurred, and in her present condition we may have hemorrhage coming on at any time. The point I wish to make is this, that in many cases of leucorrhœa you will accomplish more by one application of a dull wire over the lining membrane of the uterus, thus removing these little growths which keep up a flux of blood to the endometrium, than you could by any other plan of treatment. If this patient were under my care I would pass a curette cautiously and gently, but with sufficient force, to dislodge any of these fungoid growths on the inner wall of the uterus. After this I would keep her quietly in bed for forty-eight or fifty-six hours, watching her condition as to the

occurrence of pain or increased temperature. After this I would support the uterus by means of a pessary, and why? Because it would be getting lower and lower in the cavity of the pelvis whenever the patient went about her work; or, if she were a lady of leisure, the same thing would occur when taking the necessary exercise for her health. Consequently, I would put the uterus in a sling to relieve the pain due to downward traction, and to diminish the congestion of the uterus by preventing its dragging upon the ligaments which contain its blood-vessels. Having removed the cause of the abnormal condition of the lining membrane of the uterus, I would put her upon ergot or viscum album. This viscum album I have been using considerably of late, and find it very efficacious in many of these cases. I would employ it in the form of the fluid extract, for the purpose of making tonic contraction of the uterus. If this did not work, or if it disagreed with the patient, I would give twenty-drop doses, three times a day, of Squibb's fluid extract of ergot, and, I believe, by this means, gradually the subinvolution would be removed, and her leucorrhœa would soon disappear.

Our next patient is Mrs. Catharine M.B., a native of the United States, forty-nine years of age; has been married twenty-five years, and has had one child, but no miscarriages; her child is fifteen years of age.

Q. "How long have you been sick, Mrs. B.?"

A. "I have never been well since the birth of my child."

Q. "How have you been complaining during the last fifteen years?"

A. "I have pain in my back and in my groins; am very nervous, and cannot sleep."

Q. "Anything else?"

A. "I perspire a great deal."

You see, gentlemen, she looks very pallid.

Q. "How about your menstrual periods—have they stopped?"

A. "Yes, sir, some years ago."

Upon feeling of her pulse, I find it excessively weak. She looks like a woman who has some serious organic disease, some pulmonary or renal disease, or something of the kind. She looks older than a woman of forty-nine years. She suffers from leucorrhœa. I have picked the cases which I present to you to-day, so as to call out the treatment of leucorrhœa. If you are going to cure cases of leucorrhœa—and these cases will follow you throughout your practice as gynæcologists—you must persist in trying to get at the cause of each case; and although this will not be possible in many instances, and you will find cases which will baffle all treatment, nevertheless it is the plan to be adopted as offering a clearer insight into the pathology of this class of cases. Now, what is it that is impoverishing this patient's blood?

Very likely the leucorrhœa has a great deal to do with it. The leucorrhœal discharge continues, although she has passed her menopause. She is thus losing a large quantity of the albuminous portions of her blood, in consequence of which her nervous system has become depressed. Her appetite is poor, and although I have not inquired in regard to her bill of fare, I think it is not a very prolific one.

Q. "What do you eat for breakfast?"

A. "I do not feel like eating much in the morning. I usually take a little bread and butter, with perhaps some preserves and coffee."

Q. "When do you eat your next meal, and of what does it consist?"

A. "I usually do not get hungry before three o'clock in the afternoon, and then I generally eat a small piece of beefsteak, together with bread and some vegetables, as canned corn, turnips, or potatoes."

Q. "When do you take your next meal?"

A. "I do not dare to eat much at night; I usually take a cup of tea, together with bread and butter, and some sort of sauce."

Q. "And is this a fair specimen of your daily diet?"

A. "Yes, sir."

Well, gentlemen, I have nothing to say about that bill of fare, other than I think every student of medicine, after graduating and before entering upon practice, should be kept upon it about two weeks, so as to impress upon his mind how these patients are kept sick. Just compare that bill of fare with what a man in active life eats; compare it with what an ordinary woman in active life should eat. You must remember that in this country this system of starvation is more general than in any other country. If you were to travel in England you would find no such bills of fare as this. The people there eat four or five meals a day, and of the most nutritious food, drinking a great deal of beer and wine.

Q. "What wine do you drink?"

A. "I do not take any stimulants whatever."

Now, the Americans, I think, have the misfortune of being the most temperate people in the world. The laboring classes do not take enough food and drink to sustain them in a condition of health. I am talking of a class, and not of the exceptions. The diet of American women, as a class, you will find is fairly illustrated in the case before you. You know we read of the rosy-cheeked, strong, and buxom country maiden, so frequently described by old English writers; but go into the farming districts in America, and do we find them? Not a bit of it. They live upon the same kind of fare as this patient, and in our country homes you will find women pale, lank, and showing absolute want of nourishment. Remember, I am not speaking as a reformer, but as a physician. If you want to cure these

patients, you will have to commence in the kitchen, and make them eat more food, and of a more nutritious nature. Unquestionably, one of the strongest points in favor of the "rest cure," introduced by Weir Mitchell, of Philadelphia, is, that these patients are fed every two hours. They all go there more or less starved; but, should one come there not in a starved condition, Dr. Mitchell would not submit them to this plan of treatment. One who is starved, immediately begins to improve under this course of treatment. But we have another element to consider in our present patient's case, and that is starvation due to loss of albuminous portions of the blood by this leucorrhœal discharge. I wish to impress upon your minds that one of the most important elements of treatment here is to feed this woman properly. If her diet were changed, and she were to eat fresh meat three times a day, together with other food, and between these meals take a tumbler of fresh milk, thus making six meals a day, if she were given iron, bitter tonics, beer, and ale, in addition to all this, we would find our patient changed entirely for the better in one month. This system of feeding up is what improves patients largely in our well-regulated hospitals. Very often the improvement in hospital patients is considered by the attending physician as due to the administration of remedies which he has recommended, when in reality it is owing to improved nutrition. I have not time to go into details concerning the diet of these patients, but I have told you enough to make you think for yourselves.

We must stop this leucorrhœal discharge; but how are we to stop it? Look at this patient and tell her that she is suffering from anæmia or spanæmia, and put her upon iron, quinine, and good diet, and send her away, at the same time telling her to avoid all local treatment. That is all nonsense, as hundreds of medical men who are to-day talking in this ridiculous way to their patients, follow that plan, and this patient will never get well, for you are pouring water into the mouth of a hogshead and leaving a spigot open below. As long as you allow this constant leakage of the albuminous portions of the blood, your tonics and nourishing food will fail to effect a cure. Now, let me tell you the result of my examination. I placed the patient upon her back, passed my finger up the vagina, and at once discovered a polypus hanging from the mouth of the womb. Iron and quinine will not remove that polypus nearly as well as a pair of scissors. If that polypus were snipped off now with a pair of scissors, we would be removing the cause of the discharge. It is called a cervical polypus, and is attached at the os internum. I suppose that polypus has been there fifteen years, or at least for several years—that is, I think it highly probable, for the

leucorrhœal discharge has existed fifteen years' and there is nothing else the matter with this woman's genital organs. If that polypus were removed, the leucorrhœa would be removed, and she would not lose so much of the albumen of the blood every day. This little mass is constantly moving like the clapper of a bell, and every time she gets up, every time she respire, it is rubbing against the endometrial wall. This polypus ought to be removed, and the patient ought to be treated in a general way. By so doing, I believe, as in the case which preceded, she might be entirely cured. You can scarcely believe that this is all that is the matter with the patient, nor can I; but I do believe it, just as you believe it. Very often the physician is inclined to overlook a little thing like this, just as the leper of old was inclined to overlook the river Jordan as a means of becoming purified.

As I was going to say, suppose I remove that polypus, and suppose I cure the leucorrhœa, then I will have accomplished what the patient desires, and afterward I can repair the damage which has been done her system, not only by this, but by diet and tonics.

Our next patient comes to us from a distance. Mrs. Caroline R—, a native of the United States, has been married nineteen years and borne nine children, and has had one miscarriage, which occurred at her last pregnancy, a year ago, since which time she has not been well.

Q. "What is the matter with you, madam?"

A. "For a year I have felt as if there was something wrong here in my left side."

She tells us that after her miscarriage a year ago, she had a flooding which prostrated her very much, and when she got up from this she lifted a heavy stove, and as she did so she felt something give way. To this she attributes the dragging sensation which she has experienced in her left side ever since. She says she feels very weak; that she has considerable pain, and that her bowels are constipated. You observe that this patient seems emaciated. She says she has been thin for several years, but never so much so as within the last year. Of course I at once proposed an examination, and found the vaginal canal bathed with leucorrhœa. You may say, do all these cases have leucorrhœa? Many of them do, but I have intentionally brought these cases before you to-day to impress upon your minds the fact that that condition which gives rise to leucorrhœa, and in consequence of which we have a flux of blood to the lining membrane of the uterus, can often be relieved by surgery. Upon examination, I found that the uterus had descended so as to project into the lower part of the vaginal canal, and this explains why she experiences a dragging sensation in her left side, but why it is confined to the left side I do not know; probably because one of the broad ligaments is more

sensitive to pain than the other, but why more sensitive I do not know. But now, to go a little farther: passing my finger up to the cervix, I found it torn to a little extent upon one side, and the mucous lining everted. Leucorrhœa! material was pouring out of the uterus itself; it was not at all vaginal. The patient is very uncomfortable, very much run down, and this constant leucorrhœal discharge is sapping her strength. I will not stop to go over her bill of fare, but, from my knowledge of these cases, I am willing to take it for granted that it is about the same as in the other instance. Looking at her face, one would say she is certainly not a well-nourished person. In regard to this symptom, which is constantly robbing the blood of important elements, put this patient upon iron, quinine, and a good diet, together with vaginal injections, and send her home. Three years hence, if you see and ask her how she is, she will tell you she is a good deal better, but you did not cure her of the whites, and why? Because you have not touched that part of her case at all. Now, as in the first case, where the cause of the continuance of the leucorrhœal discharge, that is, fungosities upon the endometrium, with subinvolution of the uterus, was different from the cause which prevailed in the second case, namely, a polypoid growth in the cervical canal, so in this case there is an entirely different cause from that in either of the preceding cases, and that is ectropion of the lining membrane of the organ. If you will absorb the idea that to be a good gynecologist you must be something of a surgeon, and if in this case you will simply snip this ectropion on each side and turn in the edges of the mucous membrane, you will cure this patient of leucorrhœa within two weeks after the operation, or certainly within four: not by any other treatment, but simply by removing the cause of the leucorrhœa, which, as I have already stated, is a slight laceration with ectropion. But when this is removed, will the patient be well? Not by any means. The vagina is lax, the perinæum is worthless and in a state of subinvolution. The traction on the posterior walls of the vagina may be overcome by means of a pessary, and a great deal can be done by the use of astringent vaginal injections, thus keeping the vaginal walls contracted. But repair of the perinæum will do more toward the cure of the case than anything else that could be done.

Our next patient is Miss Julia B—, who comes to our clinic to-day in company with her mother and aunt. She is a native of the United States, and is unmarried. She has been sick for six months.

Q. "Will you tell me whether you were in good health up to six months ago, miss?"

A. "Yes, sir, I was."

Q. "How have you complained during the last six months?"

A. "I have had a severe headache."

Q. "And how about your monthly sickness?"

A. "I have not had my periods for six months."

She tells us that she is troubled with backache and occasional rushes of blood to the head. She has also had the whites for a considerable time. Gentlemen, the case is before you; I will not add to the symptoms. Now, let us suppose you were in your office, not in the lecture-room of the College of Physicians and Surgeons, and just beginning practice, say next April or May. It is very important that you do full justice to all your cases, and equally important that you do justice to yourselves. The diagnosis here is very important, of course, and you have to be exceedingly careful to arrive at a correct one for many reasons. In the first place, you may, by not doing so, damage your patient, and in the second place, by not arriving at a correct diagnosis, you would fail to cure the patient now before you. When a patient with a history like this presents, of course certain thoughts pass through your mind. One would perhaps be, is this a case of amenorrhœa occurring in a young woman otherwise healthy—amenorrhœa from some unknown cause, perhaps from some nervous state; and this amenorrhœa would perfectly account for her symptoms—the rush of blood to her head and backache, which is increased in severity at those times when she ought to menstruate, etc.? Well, you may accept this theory, but be careful how you act upon it. I proposed a more thorough investigation in this case, and the patient at once consented to an examination into the condition of the pelvic organs. I discovered an abdominal enlargement extending up to the umbilicus. In some cases of amenorrhœa you will find abdominal enlargements, and these are most common in hysterical patients, and hysterical patients almost always have tympanitis; so there is nothing remarkable about the fact that an abdominal enlargement exists. I proceeded to investigate farther, and placed one hand upon the surface of the abdomen, and with the other percussed, expecting to get a drum-like sound, but I did not. The sound elicited was of something solid, and so I said to myself, this is not hysterical tympanitis, for there is no drum-like resonance. At once vaginal touch was practised, and the cervix discovered to be soft, with the os dilated. Now, other diagnoses presented themselves to view, and I began to feel that it was one of those cases in which a mistake would be particularly disadvantageous both to patient and physician. In your office it would be much more so than here at a college clinic. Is there any way by which we can arrive at a certain diagnosis in this case? She has been amenorrhœic for six months, and the best way of arriving at a correct diagnosis under these circumstances is to place your finger upon the

anterior wall of the uterus, just above the os internum, and push upward, and if you feel a round hard mass lifting itself up and dropping upon your finger, then you can be almost absolutely certain of your diagnosis, because there is only one other condition which gives you this, namely, abdominal dropsy, with a small fibroid rolling around in the abdominal cavity, which, when you press it up, rolls about and drops upon your finger. I have had two cases of this kind in my own experience. Cazeaux declares he has seen a case of an anteflexed uterus giving this sign. I have never seen such a case. Examination of the cervix revealed softness and enlargement of the canal, and, in addition, we have the usual mammary and gastric signs, and our diagnosis is complete. (Exit patient, mother, and aunt.)

I have tried to deal as much as possible in technical terms while speaking of this case, so as not to embarrass the patient, or her mother and aunt. The young woman is six months pregnant, and is just as innocent of the knowledge as you were when she came into the room, and she is still the same way, for all that I have said is as Hebrew to her, her mother, and aunt. I am as sure that there is a fetus in the uterus of that young woman as I am that there are a certain number of gentlemen on the benches in this room, and that that fetus is about six months old. Without expecting a confession, at my request, after the girl went out, Dr. Hunter told her that she was pregnant, and asked her if she had been exposed, to which she replied, yes. She is a *rara avis*, she tells the truth! You remember I told you you would have to be very careful how you announced your diagnosis in such a case as this. You are sitting in your office, and you are just about as sure of your diagnosis as I am of mine, and perhaps it is one of the first you have made, and on that account you are all the more anxious to announce it; but be careful how you do, for in all probability your patient will assume to get excessively angry, and denounce you as an unjust accuser; her father, mother, and all her relatives will do the same; they will take it as a matter of personal insult. They will do this when they know you are telling the truth. The girl will be spirited away for two months or so, and when she returns she will come back to you and will tell you that you made a horrible mistake, and nearly ruined the family; that she has been examined by other physicians, perhaps by some in your own town, who will rather be delighted with the opportunity of saying that she is not pregnant. This may be so now, but she was pregnant when you examined her. Beware of it! The case we have seen to-day is a rare exception to the general rule, for you will find ninety-nine women out of every hundred will swear to the very last that they know nothing

of the matter. One of these cases came under my notice some years ago. I made a diagnosis of pregnancy in a young woman from the lower walks of life, but she declared that it was preposterous, that it was not possible for anything of the sort to exist, as she had not been exposed in any way. She was so violent in her assertions that I accused her falsely, that I felt it my duty to defend my position. At my instigation she entered Bellevue Hospital, and when she was confined I was present and delivered her: When the child was born, and while yet attached to the placenta by the cord, I said to her, "Do you confess? She replied, "No, I do not; you put that child there."

Now, gentlemen, as physicians you must protect yourselves as well as possible against the occurrence of such complications as I have just detailed. You may ask how is this to be done? It is a little difficult to answer; but I would say, if you are a beginner, and cannot stand upon your own merits in the case, it would be best, before announcing your diagnosis, to have a consultation, and commit some other man to the same diagnosis to which you have been committed. By so doing you will fortify yourself against attacks which would otherwise prove damaging to your professional reputation.

### ON THE TREATMENT OF CHOREA.

By Dr. W. H. DAY, Physician to the Samaritan Hospital for Women and Children.

With regard to the treatment of chorea, rest in bed is the first and most important step to observe. In many cases drugs exert only a secondary influence, rest, warmth, and proper food being all that are required; but the class is by no means small in which iron, quinine, arsenic, phosphorus, and strychnia fail as remedial agents. I have given sixteen drachms of the succus conii in twenty-four hours, to a girl ten years of age, without producing dimness of vision or dilatation of the pupil; indeed, the patient was no more affected than if she had taken water only.

*Chloral hydrate* has been recommended in large doses in violent chorea. The principle of treatment was to give thirty grains, and to repeat the dose, or half of it, if the patient did not obtain ten hours' sound sleep in the twenty-four. On waking, a second dose was given in proportion to the ascertained effect, but always less than the first. On waking again another dose less than the second, and so on till the amount of sleep had been obtained, when the chloral was discontinued till the next night. Of two patients so treated, aged eighteen and twenty, one was completely cured in one day, and the other, on the fourth day. In a case of acute chorea in a girl of nine, I found

that five grains given every night produced tranquil sleep, and it was unnecessary to continue the drug beyond a week. In another case a girl, thirteen years of age, suffering from most severe chorea, began to take ten grains every four hours on admission, as she was much exhausted, and the mother stated she had not slept for a week. In the first twenty-four hours after commencing the drug she did not obtain more than two hours' sleep; then it was given every two hours. After following this treatment for another twenty-four hours, my report says, the effect of the chloral has been to induce sleep for ten minutes at a time, but the least noise woke her. The effect has also been to raise a small weak pulse from 60 to 72 and 76 per minute, and the respirations to 20. Towards the close of the day her sleep became so sound that the eyelids could be moved upwards and downwards for some seconds before reflex action was excited; then she would screw up the eyelids, and relapse into sound and heavy sleep for an hour. The remedy was gradually discontinued as natural sleep returned, and the cure was completed by large doses of sulphate of zinc.

There can be no question whatever that hydrate of chloral is a valuable remedy in some cases of chorea, particularly in those where vascular excitement is present and the pulse is good. Dr. Althaus considers that the theory of chorea is explained by active hyperæmia of the corpora striata and the parts surrounding the fissure of Sylvius, and that the beneficial action of hydrate of chloral is to be attributed to the anæmia which it produces in the structures. Its danger as a depressant is nothing compared to the repose and rest which it ensures to the nervous system, lessening as it does in suitable doses the extreme agitation of the limbs, and the violence of the choreic movements. Sleep so obtained gives the necessary time for repair to the over-excited parts, and will be found to succeed when the morphia yields no result.

Dr. Drummond, of Newcastle-on-Tyne, cured an obstinate case of chorea, in a girl seven years of age, by the subcutaneous injection of *curara*. He commenced with an aqueous solution of gr. 1.40 for two days, increasing the dose on the third day to gr. 1.20, and the next day to gr. 1.10, on the fifth day to gr. 1.8, and on the sixth day gr. 1.5, by which time the patient had recovered complete power over the voluntary muscles. Two days later gr. 1.4 was administered, and there was no return. (*Brit. Medical Journal*, June 15, 1878, p. 857.) In a chronic case of chorea which was admitted into the Samaritan Hospital, under my care, in October, 1878, I determined to try the effect of *curara*. The patient was a girl eleven years of age, and had been under my care on three previous occasions with the same disease. There

was incessant agitation of the arms and legs, and it was necessary to keep her in bed. The heart's action was rather excited and thumping, and there was a soft systolic bruit over the apex. After taking hypophosphite of soda and iron, as well as cod-liver oil, she was not manifestly better, and any excitement or conversation would make her very fidgety and increase the muscular movements.

On the 15th of October I injected into the right forearm gr. 1-60 of curara with the following effect:—

16th. Ten a.m., no effect; 11 a.m., gr. 1-40 injected; 2-30 p.m., no change, pulse 72, gr. 1-30 injected; 6.45, since the injection she has been much quieter and is lying perfectly still, with complete command over the limbs; pulse 80, inclined to sleep.

17th. She passed an excellent night, and slept better than she had done for some time and past, but agitation was returning in the arms; I now injected gr. 1-20 at 10.45; at 6.45, as there was no further improvement, I injected gr. 1-10.

20th. No injection used to-day, but after 2 p.m. the limbs became more agitated, and the facial muscles were more active.

21st. The mouth, hands, and legs were in greater motion. The effect of the curara has been to keep her quiet for twenty-four hours, and then it has passed off.

I must admit that this drug fully answered my expectations, and I should be disposed to employ it again when the agitation is great, because it controlled the movements, and caused neither headache, sickness, nor any unpleasant symptoms. One difficulty is the alarm which the injection causes. Lastly, I should like to say a few words about *sulphate of zinc*, and what I have noticed concerning its action. Small doses are sometimes utterly useless, when large doses succeed; and if it is determined to try the remedy at all, it should not be set aside till the latter have had a fair trial. I have given this drug in doses of from one to five grains three times a day, and continued it for a week without producing any effects, and the remedy has so repeatedly disappointed me that for some time I ceased to employ it. This most likely arose from giving it in too small a dose. Sir T. Watson gave it successfully in ten-grain doses three times a day, in a severe case which had resisted other remedies. There can be no doubt that zinc sometimes succeeds where iron and other remedies fail. In prescribing it, the dose should not exceed a grain three times a day to begin with, and should be gradually increased till there is nausea, or an amelioration of the symptoms. In a chronic case which was temporarily relieved by the hypodermic injection of curara, I began with two-grain doses twice a day, increasing the dose daily, till on the ninth day the patient was taking 18 grains. For the first time this controlled the muscular agitation,

improved her voice and appearance, and caused no sickness. On the tenth day, she took twenty grains three times a day, and on the twelfth day forty grains twice a day, without causing the least unpleasant symptom. The heart on admission was rather unsteady, with a soft apex bruit, which I attributed to debility, it was now quiet and regular, and the murmur had entirely disappeared. In another similar case no benefit resulted from large doses of sulphate of zinc, and the patient only became slightly sick when taking ninety-six grains daily in three doses.

I must urge, in conclusion, that the more we look at chorea from the neural side, the more we realize its origin in anæmia, debility, and all sources of exhaustion, the more successfully shall we be able to control and to cure it. I believe that a blind credulity in its rheumatic origin, of which we still hear so much, is a serious mistake to entertain, because it induces us to overlook a cause of far greater frequency, and leads to a line of treatment which I have satisfied myself on several occasions has further tended to impoverish the blood and aggravate the irritability of the nervous system.—*Dublin Medical Press and Circular.*

#### A NEW METHOD OF RECTAL ALIMENTATION.

By F. E. STEWART, PH.G., M.D., New York.

In my article published in *New Remedies*, Vol. VIII., No. 12, entitled "A New Method of Rectal Medication," calling attention to rectal (gelatin) capsules, and the oleates of the alkalis per rectum, the absorbent power of the intestinal mucous membrane was quite fully discussed. Advantage has long been taken of this power for the purpose of alimentation as well as medication, and although the rectum as an absorbing surface is inferior to the stomach, and for obvious reasons not fitted to take its place as the organ of digestion, still this power of taking up food is of great importance when for any cause the stomach is incapable of performing its function.

For alimentation the rectum can be resorted to as an auxiliary organ to the stomach, or it can be used for a time as a substitute for it, in supplying the system with food. It is to the former we wish to call attention, and to desiccated defibrinated blood as an agent especially adapted for rectum alimentation.

But, before proceeding, an explanation is necessary. For more than a year past the writer has been experimenting with defibrinated blood as an aliment in disease. The subject was suggested by the popular idea that warm, fresh, defibrinated blood, quaffed at the butcher's shambles, is remedial in consumption and other wasting diseases. Investigation of this singular practice certainly does show that

many cases are remarkably benefited by it. This, of course, can be accounted for in many ways without referring it to the blood—the healthy outdoor exercise of a walk, or ride, to the abattoir, or diversion of the mind by so novel a remedy—but it cannot be denied that defibrinated blood is rich in the elements of nutrition, and the resulting benefit of its use is out of proportion to the novelty of the medicine, or healthy exercise in obtaining it.

To utilize, therefore, what appeared to be a valuable product, a process was devised for drying it quickly to prevent decomposition, and at a low heat. After shipping a large invoice of this desiccated blood to Detroit, to be used as an aliment, I discovered that Dr. A. H. Smith, physician to St. Luke's Hospital, New York City, was also at work with defibrinated blood, and had proved its therapeutic worth in more than sixty cases. At my request, Dr. Smith substituted the dried article at St. Luke's, where it is now on trial and appears to be of equal worth to the blood before preparation.

This, then, will explain the reason why desiccated blood is brought to the notice of the profession as a new article for rectal alimentation.

There are three ways by which blood can be introduced into the system—per orem, by transfusion, and per rectum. The last named seems, for many reasons, the least objectionable. Naturally enough, drinking blood is disgusting to patients. Transfusion, even in the most careful hands, is not devoid of danger. But injection per rectum is an easy and safe operation, which can be frequently repeated without risk of injury.

Blood per rectum has also the advantage possessed by transfusion of not being subject to the changes incident to the process of digestion.

Various articles are used for rectal alimentation—milk, albumen, and lately albuminose has been recommended. To be of any use to the system they must be taken into the circulation, converted into blood, or else substituted for it. Blood is the product of digestion, and it is supposed that before food can be converted into blood, the saliva, gastric, pancreatic, and intestinal juices and bile must perform their action, absorption must take place, and, finally, that wonderful, vital constructive process by which the corpuscles are made, and the blood is fitted to perform its part in nutrition. If this be all true, blood cannot be manufactured from these articles when injected into the rectum, and their beneficial effect must be accounted for in some other way. It would seem, therefore, that blood itself, for rectal alimentation, if absorbed, would be more suitable to meet the wants of the system.

Blood is the food and air of the tissues. As it is the province of the vegetable world to convert the elements of surrounding nature into organic forms fitted for food, so it is the pro-

vince of digestion to convert food into blood to feed the vital organs. Blood is therefore called the *vital fluid or the life*, and its presence in the vital organs is indispensable to their function. Only a momentary arrest from the brain results in syncope, or fainting away, and any organ deprived of it soon loses functional activity. Supplies for the growth and repair of the whole body are in the blood. Blood is but the body in a liquid state. Being, therefore, perfectly adapted to build and construct tissues, and indispensable to life, its administration would seem to be indicated when tissues are wasted and life is threatened by disease.

Like other vital organs, the nerves depend directly on the blood for their functional activity, and deprivation results in morbid phenomena. Close physiological relations exist between the red globules of the blood and the healthy life of the nerves. This relation is probably between the hemoglobine—the red coloring matter of the blood, which forms the principal substance of which the red globules are composed (about 25 to 30 per cent. of their weight, or 86 per cent. of their solid ingredients)—and the nerves. A morbid diminution of the red globules is designated *anæmia*. As the action of every organ in the body depends upon the nerves, it naturally follows that if they be impaired there is a general deficiency of functional energy. All the vital functions are languidly performed. The action of the heart is feeble, and easily disturbed. Mental energy, strength of will, and purpose, are diminished. Neither can the action of impaired nerves on the secretory organs manufacture healthy digestive fluids for the preparation of food to be converted into healthy blood, so necessary for nerve supply. Then, too, the brain sympathizes in this condition, and the mind, becoming affected, in turn reacts on the nerves to increase the disorder.

Nutrition is directly under nerve control. Every secreting cell, every absorbing villi, the inherent power of each tissue to select from the blood appropriate matter for its repair, even the muscles for respiration, are supplied by artery and vein, with nerve to guide their action, for the purpose of furnishing them with blood, to be used for building new tissue, and to impart nerve-force to repair that lost in the exercise of their functions.

Desiccated blood is therefore suggested for rectal alimentation, when the life-powers are threatened by *asthenia*, due either to loss of blood, loss of nerve-power, or to both. It is indicated in all cases where, for any reason, digestion is impaired, in *cachectic* states from special constitutional poisons, and in all cases when impaired blood, nerves, or digestion give rise to the *anæmic* condition, with its resulting general debility, *hypochondriasis*, or other functional disorder.



It is hardly reasonable to infer, and clinical experience does not justify us in believing, that blood is absorbed from the rectum without a breaking down of the corpuscles; but there are good reasons to suppose that it enters the system without marked chemical change, and it has been satisfactorily proved by Dr. Smith, and other scientific physicians, that its use is remarkably beneficial to patients. How much this is due to the hemoglobine and its action on the nerves, remains an interesting matter to determine.

Blood for rectal alimentation must be from healthy animals. Inflammatory blood from diseased cattle will not do, or blood from animals fatigued from long journeys. None but powerful, vigorous bullocks, fed and rested until the heart's action regains its accustomed tone, should be selected for this purpose.

Killing must be done in a manner to secure healthy blood. This can be accomplished only by bleeding to death. Striking on the head, or any other way causing death from apnoea, prevents a proper arterialization of the blood. Blood from animals killed in this manner, or the inflammatory blood from diseased cattle, is unfit for use in the arts, and therefore must be too imperfect for employment in therapeutics.

Great care also must be taken in the preparation, due attention being paid to all chemical and vital phenomena. Long exposure to the air in a fluid condition, or too high heat, not only decomposes, but devitalizes it, and if the heat be raised to 160° F., coagulates the albumen. No heat above 110° F. should be used in the drying of blood, and the process should be as instantaneous as possible, and without agitation.

Desiccated blood, as thus prepared, is completely and readily soluble in water at all temperatures below 160° F., and contains all the elements of blood, except water and fibrin. The loss of the latter does not seem to impair its nutritive value, being but a very small proportion of the nitrogenous constituents of the blood.

A little more than a drachm of the dried article is necessary to represent a fluid ounce of blood of ordinary specific gravity, but it is sufficient to remember, in using, to employ a drachm to the ounce of water. To dissolve, it should be thrown into water, and allowed to stand until albumen becomes perfectly soft, to prevent sticking to stirring-rod or dish. Gentle agitation will then convert it into a perfectly homogeneous fluid, closely resembling fresh blood. It is a very difficult matter to dissolve dried blood by pouring water upon it, for it immediately adheres together in lumps, and sticks to everything brought into contact with it.

From four to six drachms of the powder daily, or more, is the dose, which may be given at once, at bed-time, or in divided portions dur-

ing the day, as circumstances seem to require.

If a greater amount than can be absorbed be injected at once, and decomposition result therefrom, it is advised to wash out the rectum with tepid water before continuing the medication.

For further information on this subject, the reader is referred to Dr. Smith's paper, read before the New York Academy of Medicine, to his paper before the Therapeutical Society, and to the minutes of these respective societies for their action in the matter.

The *Medical Record* and *New York Journal* have reported on these papers, and are also referred to as containing very nearly as full information.—*N. Y. Medical Record*.

## TRANSFUSION WITH DEFIBRINATED BLOOD.

To the Editor of *The New York Medical Record*.

Sir:—The interest awakened by the successful employment of defibrinated blood, *per rectum* as a valuable auxiliary in the treatment of disease, leads me to call attention to the experiments of Prof. Ponfick,\* which have not been recorded, to my knowledge, in any of our journals, and which seem to open a new sphere of usefulness for this agent. I allude to the intraperitoneal injections of defibrinated blood, which Prof. Ponfick ranks as a simple and effective method of transfusion, devoid of the difficulties and dangers attending the ordinary procedure of transferring the blood directly from one person to another.

For some years back Prof. Ponfick, by way of experiment, had been injecting defibrinated blood into the peritoneal cavity of dogs, and noticed that the reaction following was hardly perceptible, while the absorption of the injected fluid was exceedingly rapid. Encouraged by these uniformly favorable results, he has lately employed this novel method of transfusion in three patients with perfect success, the only phenomena following the operation being a slight febrile movement and abdominal pain, both of very short duration. The quantity injected was 250 grammes in the first case, 350 in the second, and 220 in the third patient, and Prof. P. thinks that a larger quantity of blood can be introduced without any strain on the heart, lungs, or brain, owing to the gradual manner in which the absorption of the defibrinated blood is effected.

The apparatus employed is identical with that used by Prof. Thomas for intra-venous injection of milk, and the whole procedure consists in the introduction of the canula through the abdominal walls into the peritoneal cavity, and then allowing the required quantity of blood to flow in.

Should further experience with a larger number of cases be productive of the same happy

results obtained by Ponfick, and the direct entrance of the injected blood into the circulation be established by ascertaining the quantity of red corpuscles in the patient's blood before and after the injection, this simple method of transfusion, requiring only ordinary skill for its performance, can be applied to many others than extreme and desperate cases, and defibrinated blood will fulfil an indication not second in importance to that of supplementary retal alimentation, which, until now, it has so admirably served.

A. B. DE LUNA, M.D.

368 WEST THIRTY-SECOND STREET.

\* Med.-Chir. Rundschau, and Rev. de Med. y Cirugia de Madrid, Dec., 1879.

### THE PREVENTION OF MAMMARY ABSCESS.

In the *Edinburgh Medical Journal*, June, 1879, Dr. W. A. Jamieson, writes:—

When conception has taken place, among the earliest symptoms of its occurrence are those manifested by the mammary glands, evidenced by stinging or pricking sensations, increased fulness and weight, and all those objective alterations in the areola and nipple so often described. These subjective feelings appear to me to be Nature's summons to attention,—a prayer for aid in assisting to prepare the gland for the important office to be discharged by it in furnishing food for the infant after birth. Yet, in most cases, how little note is paid to the warnings thus given! While all sorts of instruments have been devised for drawing out the nipple after parturition, it has been in great measure forgotten that all this painful and troublesome process might have been avoided by systematic regular attention to the nipple during pregnancy. This should consist in washing the nipple once or twice every day with soap and warm water, during which ablation the nipple should be pressed and drawn out; and further stimulation should be excited by rubbing rather firmly after drying with *eau de Cologne* or equal parts of brandy and water. It is not often that we have the opportunity granted us of recommending the commencement of this procedure very early in pregnancy, but when we are engaged to attend at the approaching confinement we ought to make a point of giving these directions, which are invariably gratefully received. Though more absolutely necessary in the case of primiparæ, they are almost as valuable in multiparous females, and should also be impressed on them. Besides the mere mechanical influence exerted by friction and manipulation, a further effect is produced by the frequent direction of the thoughts to the breast and nipple. Dr. Carpenter quotes Sir H. Holland's remark, that the "strong and con-

tinued direction of the attention to a part in all probability affects either its innervation, or its circulation, or both." Mr. Heath, in his *Lectures on Diseases of the Breast*, says, "that friction, if prolonged, will induce hypertrophy not merely of the nipple, but of the breast, is shown by a case which came under my notice some years back, in which the lascivious manipulations of a lover extending over many months had resulted in a veritable hypertrophy of the whole organ." We have ground, then, for believing that this treatment of the breasts during pregnancy seems to afford legitimate scope for the influence of "expectant attention;" to be really useful, however, it must be thoroughly carried out and persevered in daily till labor sets in. When these measures have been faithfully followed, we have a means of judging whether a nipple is hopelessly atrophic, and unfit to nurse with or not, when we examine the breasts after delivery is completed. If no reaction has followed; if the nipple remains flat, and especially if, on pressing our fingers behind it, it conveys the sensation of being firmly bound down, the probability is great that attempts at suckling, at least with that breast, will be fruitless, and if persevered in, will almost certainly end in abscess. Cautious, very cautious, attempts may indeed be made all the more freely if some milk can be squeezed from the nipple, but we must be actively on the alert for a more than possible failure, and be ready to apply cooling lotions—belladonna, perhaps leeches, or gentle elastic pressure to limit the first symptoms of congestion of the organ. I have several times in former years seen abscess result from ill-judged persistence on the part of the nurse to induce a mother with an imperious nipple to continue attempts at suckling. It is good policy, then, to desist in time.

When the nipples have been prepared for the demands of nursing in the mode described, it is seldom that fissures or hacks of any moment arise during its performance. But when such measures have not been adopted during pregnancy, and even in spite of them, when the skin is delicate, or the infant's mouth is affected with aphthæ, cracks and abrasions of the nipple take place, and must be promptly treated, otherwise abscess is very likely to supervene. The remedies for sore nipples are innumerable; having tried most of them with various success, I have for some time employed one only, which has rarely indeed failed to effect a speedy cure, provided the case has not been too long of being attended to. The *collodium flexile* of the Pharmacopœia answers every indication; it forms an efficient protection from the air; by its contraction, tends to draw the margins of the fissure together, and does not injure the infant—a most important point not always regarded in some of the remedies recommended. The collodium flexile may be painted on several

times a day, the nipple being first dried, and the sides of the crack pressed together. When the child is put to the breast the film covering the point of the nipple may be peeled off, so as to allow the milk free egress from the mammillary tubules.

When an organ in the discharge of its function is strained, either from inherent weakness in itself, from debility of the general system, the contractile power of its vessels is lowered, and a form of congestion is induced, which may go on to the formation of abscess. This is especially apt to occur in the mamma of weakly or ill-nourished women, and here the prophylaxis of abscess consists in the recognition of this fact. When efforts at suckling are attended with pain in the breast, and down the arm on its inner side, or the gland feels, after feeding the infant, tired and strained, and more particularly if the mother herself seems to suffer in health and appetite, and develops hysterical symptoms, the attempt to nurse should gradually be given up.

#### TREATMENT OF INFANTILE CONVULSIONS.

Dr. Charles Bell, in *Edinburgh Medical Journal*:

The first object in the treatment of convulsions is to allay the spasm, and to restore consciousness. This is generally effected by means of a hot bath, and at the same time applying some pungent substance to the nose, such as ammonia. Should these not be effectual in restoring sensibility and overcoming the convulsions, we must have recourse to the application of chloroform. Having overcome the convulsions, we should then endeavor to remove the cause, which is most commonly something irritating the alimentary canal. If the child has recently taken a full meal, an emetic ought to be given as soon as the patient is able to swallow, and the best kind under the circumstances is a full dose of ipecacuan according to the age of the child. If the bowels are constipated, an aperient should be given, either of calomel or castor oil; but as it is important that the bowels should be moved quickly, an enema or a suppository should be administered without delay. Cold should be frequently applied to the head if there is much heat, while the feet are kept in warm water, or mustard poultices should be applied to the calves of the legs. If there is much excitement in the circulation, leeches may be applied with advantage, although M. North prefers venesection or cupping, as he says that he has never seen a well-marked case of congestion removed by leeches. But the use of the lancet or cupping-glasses is very questionable in young children, from the certainty of producing crying, which inevitably

increases the congestion. Some authors have advised the use of opium and blisters, but such remedies are extremely hazardous in very young children. If the child is teething, and the gums seem red and swollen, they ought to be scarified. If there is reason to suspect that worms are the cause, turpentine should be given in milk, or it may be given in the form of an enema.

After the attack is over, bowels should be kept regular by mild aperients, and the most useful are moderate doses of rhubarb, and potash, which, besides regulating the bowels, will act as a diuretic. Change of air and the use of small doses of chalybeates, along with light and nourishing food, will be very beneficial.

*Prognosis.* When the fits are moderate and of short duration, and the natural cheerfulness and lively expression of countenance soon return, the case may be considered extremely satisfactory; but if the convulsions are long-continued or of frequent occurrence, and the child continues to be dull and heavy, with an anxious expression of countenance, there is reason to apprehend great danger.

#### LUNAR CAUSTIC IN THE TREATMENT OF OPHTHALMIA.

Dr. W. A. Macnaughton writes to the *Medical Times and Gazette*: There are certain inflammatory conditions of the eye which, owing perhaps to constitutional causes, are often very perplexing in their treatment. There is, for example, no complaint of its kind more obstinate than the scrofulous ophthalmia of children. In these, and in all cases where the simpler remedies have failed, I would recommend the application of the solid nitrate of silver to the supra-orbital surface as a speedy means of cure. Seeing that the remedy is applied in close proximity to the affected organs, it will be admitted that this is a more rational mode of relieving ocular inflammation than the distant counter-irritation behind the ears recommended in the more obstinate forms of this disease. As a matter of fact, I have observed excellent results in cases where the irritation and intolerance of light had persisted for months. The mode of application is simple. The caustic point is firmly applied over an inch or so of the previously moistened integument above the affected eye, but when both are concerned, I cauterize a narrow strip across the whole supra-orbital region. This causes a slight smarting sensation at the time, which soon passes away. The stain which results can readily be removed afterward with a strong solution of iodide of potassium. It is advisable, while this treatment is being progressed with, to exclude the light from the eyes by means of a shade.

# THE CANADA MEDICAL RECORD,

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## ATHLETIC SPORTS.

Now that the winter's sports are about closing, it may not be out of place to say something about them and how they are indulged in. Athletic exercise of every kind is more or less necessary to the human being. By it, the muscular system is kept in a good state of nutrition, and the internal organs perform their functions more regularly. This desired condition of health will continue as long as athletic exercise is indulged in with moderation and consistent with each individual's physical powers. To become an athlete in the true sense of the term is not in the power of every one. This power belongs only to those of a strong robust constitution, and even they have to begin slowly and systematically before they attain the desired standard of muscular strength. This standard is very easily lost by any relaxation of the system of training, in fact more easily lost than gained. When we say "system of training," we mean strong physical exercise and good diet, and not that exercise and semi-starvation that is the rule with some clubs before their boat races. We are of the opinion there is too much of the starvation idea carried out in the training. Thus is witnessed how soon a man becomes puffy and regains *embonpoint* when he gives up training. The mistake is made by relaxing all systems too quickly, and returning to a diet from some of which he should never have been restricted. Bodily

exercise, to give the greatest amount of benefit, requires to be performed in a sound state of health and at proper intervals. This exercise should not be forced, it should be of that nature to give pleasure so that both the mental and physical powers should be in harmony.

We have in Montreal several clubs for young men, some for snow-shoeing, lacrosse, base-ball, and cricket playing. All are good, and it is desirable that young men should belong to them, but they are not an un-mixed good, inasmuch as the seniors do not sufficiently guide the exercises of the junior members. The juniors attempt too much at once, and are ambitious to be equal to the older men who are better trained. We are prompted to say this, on account of having had several cases of valvular lesions from over-straining.

Violent exercise, as lacrosse playing, should not be undertaken with the stomach empty, as it leads to a feeling of faintness and headache during the remainder of the day. A light meal should always be taken beforehand, and yet we fear that most of the practice of lacrosse in this city is done before breakfast, to the detriment, sooner or later, of some of the players. It is impossible that young men who are behind a counter, or in an office all day, can be in a properly trained condition for violent exercise, such, for instance, as the evening race across the mountain on snow-shoes. We have not the slightest intention to decry athletic exercise, but we would earnestly caution young men to begin slowly, and systematically increase the amount of work, so their hearts and blood-vessels will not have a greater strain on them than they can bear.

## MEASLES IN MONTREAL.

An epidemic of measles has existed in Montreal during the last two months to an extent almost unprecedented, certainly unprecedented during the last twenty years. Fortunately as a rule the disease is of a mild type, but in some it has been exceptionally severe, the laryngeal cough being violent and excessive. Another very prominent symptom which we have noticed in many cases was vomiting, commencing with the first symptoms and continuing until the eruption began to disappear. This seemed to be due

not to the laryngeal irritation, but to the amount of poison in the blood. Ear ache was a very common and troublesome symptom, and where most intense generally left behind it considerable deafness. As a rule the eruption has been unusually profuse, and more raised and in patches than is generally seen. The disease has, much to the amazement of mothers, attacked many who unquestionably had it before. We see no sign of the epidemic abating, for scores of new cases seem to be developed daily.

We notice also that in other portions of Canada the disease is equally rife, also that in various parts of England it is very prevalent.

### COOK'S GRAND EXCURSIONS TO EUROPE.

People who contemplate traveling in Europe will consult their own interests by investigating the grand Excursions arranged by Messrs. Thomas Cook & Son, of London and New York, for the year 1880. We have before us a handsome pamphlet of 64 pages, just issued by the above firm, giving full particulars of their Tours, with details of routes and rates, which include all necessary expenses of travelling from the time the Tourist leaves New York till his return. A handsome Map of Europe shows the routes which Cook's Parties will follow.

Three Grand Excursions will leave New York for Europe during the Spring and Summer. The first is the "Annual May Party," which will leave April 29th. The second is the "Annual Educational Vacation Party," specially arranged for Teachers and Students, and leaving New York July 3d. The third is Cook's "Mid-summer Party," which will leave New York July 31st. The two last Excursions give the choice of three routes. Each of these three Grand Excursions will be under the personal supervision of capable and experienced Conductors, and it is announced that there will be no crowding on the steamers, only two persons occupying a state-room.

Many people have fallen into the error of supposing that to secure the advantages of Cook's system it is necessary to travel in parties and by arbitrary routes. This is not so. Three-fourths of the enormous business of the firm consists in supplying *single travellers* with

International Traveling Tickets by all chief lines of Steamers and Railways to any part of the Globe.

Private Family Parties can secure very favorable terms, with choice of routes and many advantages, by availing themselves of the admirable system which nearly 40 years' experience has enabled this firm to perfect. We have not space for a more extended notice of the interesting pamphlet from which we have culled these facts.

We notice many useful hints for tourists, brief descriptions of the principal cities of Europe, and a very useful table, showing the comparative value of United States and European Currencies.

The book in question will be sent *free* by return mail on receipt of stamp for postage. Address Thomas Cook & Son, 261 Broadway, New York.

A correspondent sends us the following item, for the truth of which we, however, do not vouch. It is said that Laval University have a large fund accumulated to be given to the Montreal General Hospital. This sum is to be given by \$100 instalments by different parties, who will then be necessarily elected as Governors, and thus that University will be able to bring forward one of its Medical Faculty as a candidate when a vacancy occurs on the Medical staff. The sum is supposed to be about \$5,000.

### CASE OF QUADRUPLETS.

Dr. Downey, writing from Topeka, Illinois, the beginning of March, to the *Philadelphia Medical and Surgical Reporter*, says: "On December 4th and 5th, 1879, Mrs. Doha, a German woman, living six miles south-east of this village, gave birth to four well-developed living children. The first was born at 3 p.m., on the 4th December, the second at 10 a.m., the third at 11 a.m. and the fourth at 12 m. on the 5th December." The mother died the following day, and as the case was attended by an incompetent mid-wife, no details of the arrangement of the placenta or membranes, or the cause of death are obtainable. At birth the four weighed 2½ lbs., the smallest five lbs. and the largest 7 lbs. The children are now in their fourth month, and when Dr. Downey wrote, they were all strong and healthy, with as good prospects of living as any infant of that age.

## COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

The Preliminary Examination for admission to the study of Medicine in this Province will be held in Montreal on the 7th of May.

The meeting of the Board of Governors, for granting licenses and other business, will take place in Montreal, on the 12th of May. We direct attention to the advertisement concerning both these meetings, which will be found in this number.

### OBITUARY.

We deeply regret to hear that Dr. Aaron Ansell (C.M., M.D., Bishop's College, 1878) died suddenly at Panama, United States of Colombia, on the 2nd of March. After graduating at Bishop's College, Dr. Ansell at once proceeded to Falmouth, Jamaica, where his wife (a native of the place) and his family were residing. He began practice, and was meeting with good success, when he received a cordial invitation from many of the leading inhabitants of Panama to settle there. This invitation was subsequently rendered more tempting by a considerable yearly income being guaranteed to him. This decided him, and leaving his family (who were soon to follow) he sailed for Panama. He had barely more than arrived and entered upon practice when death came suddenly upon him. Dr. Ansell graduated at the University of Georgetown (Washington) and entered the American Army, being present at the first battle of Bull's Run. He also saw much other service. He continued in the American Army till 1868, when he resigned and settled in Mexico. In 1872, he removed to Texas, being engaged in extensive practice at Corpus Christi, where he was held in very high esteem. He had, however a strong desire to settle with his family in Jamaica, but to do this legally a British qualification was necessary. Accordingly, in the fall of 1877, he arrived in Montreal, and entered at Bishop's College. He took out and attended a full course of lectures, and was one of the graduates of 1878. Dr. Ansell was possessed of much more than usual ability, and as an operator was most expert. His wife and young family have the cordial sympathy of all who knew him during his stay in Montreal.

### REVIEWS.

*Our Homes.* By HENRY HARTSHORNE, A.M., M.D. Philadelphia: Presley Blakiston, 1880.

Of the many attractive titles which have been comprised in the series of American Health Primers already published, none can be more so than that which adorns the little volume now before us. "Our Homes" is written by a gentleman whose name is a guarantee for the production of a book well worthy of perusal, and we can assure our readers that he has fulfilled the task assigned to him most creditably. We have so strongly commended previous issues that it may seem almost too much commendation to say that, if not the best, it is one of the best of the series. It may be a hard task to awaken the sympathies of the general public, strange as it may seem, to the value of teeth, of the eye, of the ear, or of the brain; but when the subject of "Home" is written upon, the heart at once responds, and deep interest ensues. We therefore feel that this volume is sure to take unanimously with the public, and in its perusal they will have no disappointment, for to our mind it is a gem. The chapters on Warmth, Ventilation and Drainage seem to us especially valuable; they convey truths in a manner so insidiously and pleasantly worded as certainly to be productive of much good.

*Posological Table.* By CHARLES RICE. Published by William Wood & Co., New York.

This is an exceedingly handy and useful little book which can easily be carried in the breast pocket, and thus be always at hand for reference. It contains the doses not only of all the medicines and preparations that are officinal in the United States Dispensatory, but also the most frequently employed unofficial preparations. Eclectic medicines are also given. It includes all the most recently introduced substances such as Boldo, Coto, Guarana, Glonoinum, and the like. It is in fact the most complete posological table that has ever been published, and we can recommend it to all who are in active practice.

### MEDICO-CHIRURGICAL SOCIETY.

MEETING 30th JANUARY, 1880.

Present: Dr. R. P. Howard (chairman), Drs. Henry Howard, Larocque, Kerry, F. W. Campbell, Osler, Guerin, Ross, Fenwick, Hingston, Bessey.

The minutes having been read and approved Dr. F. W. CAMPBELL drew the attention of the Society to the fact that a portion of the minutes of the last meeting had been published in the daily papers, contrary to the usual custom which has been established by the Society with reference to publication of minutes. The President explained that he had mentioned the propriety of sending Dr. Larocque's report and discussion thereon to the papers. The general feeling of members was in favor of never departing from the rule already laid down bearing on this matter.

Dr. OSLER explained that the pathological specimens intended for exhibition had, unfortunately, been frozen hard, and could not be shown.

Dr. SHEPHERD then read a most interesting paper upon a case of congenital dislocation of the hip. The case came under his observation in the body of a woman received for dissection in the McGill University. An outline of what is known of this rare occurrence was given, and followed by a most minute and careful anatomical description of all the parts concerned, together with a resumé of the points in which this example differed from other similar recorded cases. The specimens, femur and pelvis, were exhibited, as also drawings of the parts, with ligaments *in situ*.

Dr. HINGSTON, from an examination of the specimen, and in the absence of history of the case, would be inclined to say that the dislocation was the result of disease, and not congenital.

Dr. FENWICK thought that, if disease were the cause, indications of that would be unmistakably still about the affected parts, which were not present, nor were there any signs of old fistulas, moreover the position of the parts corresponds with that which has been found in cases known to be congenital.

Dr. BULLER has knowledge of a case in a young girl, who, having dislocated her hip some time ago and had it replaced, still a recurrence of the displacement took place several times. Her physicians say there is no disease of the cotyloid cavity. He would ask if the present case might not have occurred in the same way in girlhood.

Dr. FENWICK mentioned that a gentleman who had met with an accident at the battle of Gettysburg, dislocating one hip joint. He, curiously,

afterwards could at pleasure reproduce the deformity. It was thought that the border of the cotyloid cavity had been chipped off.

The PRESIDENT did not see why the hip might not become subject to displacement just as the shoulder does. He had also seen the party alluded to by Dr. Fenwick. How common to meet with persons who can partially dislocate the thumb. Well, might not some of these cases of congenital dislocation arise from some such laxity of the muscles, ligaments, etc., especially in presentation of the nates without violence, as dislocation of the hip might easily be produced. As to the specimen, the cotyloid cavity is diminished. In all the cases he had seen of hip disease the cavity was enlarged, and he thought that Dr. S. deserved great credit for having surmised that it was not of this nature. He therefore holds with Dr. S. that the diagnosis of congenital dislocation is correct.

Dr. SHEPHERD explained that thinning in the base of the acetabulum was owing to diminished development of all the bones of that side. The shape of the obturator foramen was characteristic. Loss of the trochanter Minor was to be remarked. No case of hip disease ever presented just such features as this.

The PRESIDENT read a letter from Dr. Larocque, enclosing a resolution bearing on Sanitary matters, which was referred to the Council to report at a subsequent meeting.

O. C. EDWARDS, M.D.,  
Secretary.

#### MEDICO-CHIRURGICAL SOCIETY.

MEETING 6TH FEBRUARY, 1880.

Present: Drs. Reddy (chair), Hy. Howard, Trenholme, Macdonald, Blackader, Hingston, Baynes, Buller, Kennedy, Osler, McConnell, Fenwick, Bessey, Campbell (F.W.), Finnie, Ross, Alloway, Roddick, Rodger.

The minutes of the last meeting were read and approved.

Dr. BROWNE read the report of an unusual case of strangulated umbilical hernia. It occurred in an old lady æt. 63, a small hernial projection showed itself after an attack of diarrhoea. This rapidly inflamed and suppurated, and ultimately opened and discharged. Some days subsequently, whilst at stool, profuse hemorrhage took place, and she died in 15 minutes. The autopsy showed a strangulated portion of

omentum, but the actual situation from which the blood came could not be determined.

Dr. F. W. CAMPBELL had had two cases of umbilical hernia in adults, one of these ending in the same way as Dr. Browne's. In this case the patient had repeated hemorrhages from an ulcerating hernia.

Dr. BROWNE also read a case of Typhoid Fever. The symptoms in the early days were very severe, including constant delirium, prostration, and subsultus. The wet sheet packing was twice employed, the first time with markedly good effect. Towards the end of illness pus appeared in the urine, though there were no symptoms pointing to inflammation of the bladder or kidney trouble.

Dr. OSLER remarked that he had examined the urine, and believed it to be from an inflamed bladder. He also spoke of the frequency with which he had seen post-mortem fecal accumulations in the large bowel, and advised laxatives in the later stages.

Dr. BULLER suggested the possible connection between application of cold and cystitis.

Dr. REDDY had recently had much trouble in emptying the lower bowel of very hard fecal collections.

Dr. HINGSTON thought in this case the scybula had been present while profuse diarrhoea was going on, and spoke of the frequency with which this condition is met with.

Some discussion then followed upon the subject of the tracing of the origin of Typhoid Fever, several members giving instances where this had been found possible.

Dr. OSLER suggested that medical men should suggest to their patients asking for a certificate from some sanitary engineer saying that the house drains have been examined and found properly connected.

Dr. KENNEDY moved, seconded by Dr. Finnie, a vote of thanks to Dr. Browne.

Dr. ROSS then read the notes of a case of Acute Purulent Meningitis. The head showed an acute otitis in a previously healthy young man, followed by delirium and left hemiplegia and death with coma. The autopsy showed extensive purulent inflammation.

Dr. BULLER had seen the autopsy, and was presented with the temporal bone for examination. After careful searching he found a small opening in the antrum mastoideum, through

which the pus had reached the brain. The tympanum showed the signs of catarrh.

In answer to Dr. ROSS, Dr. Buller considers that acute otitis is more dangerous as to meningitis than more chronic cases.

Dr. OSLER showed specimen of gall bladder firmly contracted upon two large gall stones with obstruction of the cystic duct.

Dr. FINNIE stated that the patient from whom this had been taken presented some years ago a large abdominal tumor, the exact nature of which had remained uncertain. The enlargement ultimately disappeared.

Dr. CAMPBELL stated that the Medical Hall were anxious that this Society should occupy the new rooms at once, rent to begin only on 1st October. We would suggest that steps be taken for this purpose at once.

It was moved by Dr. Fenwick, seconded by Dr. Kennedy, that the Council are hereby authorized to proceed at once with necessary alterations in the new premises.

O. C. EDWARDS, M.D.,

*Secretary.*

## MEDICO-CHIRURGICAL SOCIETY.

Feb. 20, 1880.

The ordinary meeting was held this evening, the President in the chair.

There were present: Drs. R. P. Howard, Hy. Howard, Fenwick, Laroque, Roddick, Bell, Kennedy, Kerry, Gurd, Ross, Loverin, Brown, Osler, McConnell, Trenholme, Godfrey, Perrigo, F. W. Campbell, Blackader, Armstrong and Edwards. Minutes read and approved.

Dr. JAMES BELL then read his paper on "Quinine as an antipyretic." After alluding to its introduction by the Germans as a remedy for the reduction of high temperature, he said that within the last four years it had become regarded almost as a specific antipyretic agent when used in large enough doses. From typhoid fever and other zymotic diseases its use has been extended to inflammatory and septic fevers, and surgical diseases affected with fever heat. Indeed, the opinion seems to prevail among the profession that quinine will always reduce febrile temperature produced by almost any cause. He then took up several of the



prevailing theories as to the cause of high temperature, and reviewed them all. Most observers, he said, argue that the temperature in health varies according to age, sex, time of day, muscular exercise, activity of physiological processes, and that in febrile diseases their variations are greater than in health. According to Wagner, the lowest temperature occurs in healthy adults in the middle of the night, about one or two o'clock, and the highest temperature in the afternoon. A variation of  $1^{\circ}$  is quite compatible with perfect health. Temperature is slightly higher in infancy and in old age, and in children the temperature is more easily affected than in adult life. Hence in disease a high temperature has less significance in children than in adults. Regulation of body temperature seems to be under the control of the nervous system. The natural means for reducing the heat of the body is radiation and evaporation. Experiments by Dr. Ringer, in 1868, on healthy children with quinine showed that it only reduced the temperature when given in very large doses to the extent of  $\frac{2}{3}$  of a degree; variations much greater than this takes place in health without any drug treatment. Quinine in sufficient doses to reduce the temperature even this much, produced noises in the ear, and may other unpleasant symptoms. Dr. Bell then said that, in his opinion, quinine was very much over-rated as an antipyretic; that it probably has little, if any, influence on temperature, and in those cases where it appears to have reduced pyretic heat, the effect was probably due to some other cause. That instead of being harmless, quinine always, for many hours, produces great discomfort from its effects on the nerve centres, viz., headache, sleeplessness, ringing in the ears, deafness, blindness, and interference with the special senses generally. In typhoid fever it often produces or at least precipitates the delirium; also digestive disorders, such as vomiting, diarrhoea and tympanitis—very bad complications, and often the immediate cause of death. As an expression of his views on this subject Dr. Bell quoted the last edition of the National United States Dispensatory. After quoting from Binz, the author of this work says: "This author reproaches those physicians who treat typhoid fever expectantly, and wait and watch which will hold out longest, the patient or the fever.

Perhaps it may be better so to wait than to make use of means which tend to aggravate the patient's danger as well as to increase his discomfort, and which neither lessen the duration of the disease nor its rate of mortality, and *quinine does neither.*" This is the latest verdict on the subject by the two leading therapeutists of the United States. Dr. Bell then proceeded to say that he was well aware that it was one thing to make statements, and another thing to prove them. Nothing but a close analysis of a very large number of cases would be worth anything. Such an analysis he thought would be out of place in his paper, even had he the opportunity of doing so, which he had not. All the general results he saw go to strengthen his position. In typhoid fever (as an illustration) the death rate has been higher in the Montreal General Hospital during the last five years (since the use of quinine) than ever before. The cases which occurred during the past three years, of which records have been taken, do not show that the severity of the fever was lessened or its duration shortened by quinine. "My own opinion," said Dr. Bell, "is that, instead of giving comfort, it produces great discomfort. Typhoid patients never complain of discomfort from the fever heat. Moreover, I have compared the temperature charts of a number of cases treated by quinine with a number treated without quinine, but otherwise in much the same way, and I have not been able to perceive any real antipyretic result from the drug. The fact seems to be that in the stage of ascent, and in the stage of stasis of the fever, the fluctuations are limited to a morning remission of  $1^{\circ}$  to  $2^{\circ}$  F., as a rule, and quinine given in these stages has no apparent effect.

In the latter stages of typhoid fever great fluctuations occur in temperature. If quinine is given, the fluctuations are attributed to it. The average mortality of typhoid cases in the Montreal General Hospital for the last ten years was 10.45 per cent. During the last five years it has risen gradually year by year till last year, when it was 16.32 per cent. Contrary to the experience of Liebermester, the deaths were not due to prolonged high temperature, causing parenchymatous degeneration, but to accidents and complications in the course of the disease. In 1879 twelve deaths occurred from typhoid

fever in the Montreal General Hospital: two of them were due to perforation and three to hæmorrhage; two apparently to the severity of the poison overcoming the vital powers at the outset, death taking place within the first ten days, from rapid prostration and collapse, without fever; one died from inflammation of vagina, bladder and pelvis of kidney during convalescence; four died from gradual æsthenia, and in one of these cases the bad symptoms began after a thirty grain dose of quinine. These last are the only ones in which death was clearly due to the severity of the fever uncomplicated. Quinine was given in all, and under the most favorable circumstances. Some claim that, although quinine does not reduce temperature, it still exerts a beneficial effect on the disease. I do not think such is the case. In acute inflammatory affections and pneumonia I believe that it is absolutely worthless. If this latter disease runs a normal course there is a sudden rise between the fifth and tenth days. Quinine given at this time has no effect upon temperature, and produces the usual disagreeable symptoms. Its ablest advocates admit that, in relapsing fevers and erysipelas, it has no effect." Dr. Bell alluded to surgical and traumatic fevers, stating that in them quinine will not reduce temperature. He said that, in those diseases, there is always an evident cause for the high temperature, putridity or pent up pus. Prevent the first, and remove the second, and the temperature will fall. He concluded his paper as follows: "In septic febrile conditions one would expect theoretically some benefit from quinine in moderate doses, but I doubt if large doses daily, or less frequently, will be found to do any real good in any way, much less to produce any immediate reduction of temperature. In children the temperature is very variable; and little reliance can be placed on recorded observations of the effects of quinine upon the diseases of childhood. Finally, if we admit, for the sake of argument, that quinine has some power to reduce febrile temperature, we may fairly ask the question: is that of any benefit? The gradual rise of temperature immediately preceding death, and accompanied by other grave symptoms, seems to show that fever, after all, is only an external manifestation or an effect, and not a cause, and therefore, in itself, not serious and not demanding special treatment.

DR. KENNEDY remarked that he was surprised at the conclusion Dr. Bell had arrived at in regard to the antipyretic action of large doses of quinine, as he understood that in such doses it was looked upon as a specific in the treatment of typhoid fever in the Montreal General Hospital. It was the fashion at present to prescribe these large doses in typhoid, and he was somewhat afraid to express a contrary opinion, as it might be considered a heresy to doubt their efficacy, though he had not much faith in the great value which some placed upon such doses. Since last fall eight cases of typhoid fever had been under his care, three of which were of a very severe type, with temperatures ranging 105° and over. All these cases were treated by quinine in a grain or a grain and a half every four hours, together with nitro-muriatic acid, and occasionally digitalis,—other remedies being given as required. All recovered without any complications having occurred during the progress of the disease. He was of the opinion that these large doses had a tendency to produce paralysis of the nervous centres, and in this manner its action in lowering temperature might be accounted for; certainly in cases of ague, paralysis of the auditory nerve followed the use of large doses of quinine. In two cases of typhoid which he had seen lately for a *confère* large doses were administered; both had died in a collapsed condition, apparently induced by the powerful depressing action of the remedy. In other cases of high temperature he had observed this to become lowered as suddenly where quinine was not given as where it was, and was led to believe that often the apparent action of the remedy was merely a coincidence.

DR. F. W. CAMPBELL was pleased to hear Dr. Bell so thoroughly condemn the use of quinine in large doses, especially in typhoid fever. He had for some time given up administering the remedy in large doses, for he was quite in accord with Dr. Bell in believing that it did not reduce temperature, and that it produced most disagreeable results. There was fashion in medicine, as well as in dress, and the remedy was, he believed, often administered by many because it was fashionable to do so. Typhoid fever ran a specified course, and quinine in large doses, by its bad effects on the nervous system, was, in his opinion, not cal-

culated to place the body in that condition, best fitted to carry it through a lingering disease. He treated the disease by mineral acids, also by large doses of liquor ammonia acetatis. This latter remedy he found reduce the temperature by its diaphoretic action.

Dr. FENWICK said he followed the rule in treating typhoid laid down by King Chambers in administering large doses of hydrochloric acid. He cited a case which had occurred in his practice where 40 grains of quinine had been given without altering the temperature in the slightest, subsequently, under small doses, it subsided and the patient recovered.

Dr. ROSS said that the reader of the paper had made several statements conveying most serious charges against this drug. He did not think that the conclusions arrived at were justly drawn from frequent observation. With reference to the ill effects, delirium, restlessness, and sick stomach, claimed to be almost constantly witnessed after full doses of quinine in fever, he had failed to notice any constancy in such sequences, although that such did occur with some persons sometimes could not be denied. Dr. Bell would appear to endeavor to show that quinine did not possess antipyretic action at all. Now, if we have a well-authenticated fact in therapeutics it is that, in a great many febrile states, quinine will, with positive certainty, reduce the temperature of the body. It is broadly stated that it is commonly used and recommended in the symptomatic fever of local inflammation. He does not agree to this statement; on the contrary, considers that the best writers admit its uselessness in such cases, Dr. Ross himself does not employ it thus. The influence of the drug can hardly ever be better seen than in those septic states, apt occasionally to occur in the puerperal woman, and shown by chills and general febrile disturbance without local manifestations of inflammatory action. A dose or two of quinine here is often invaluable. But if local pelvic inflammation be present, with marked pain and tenderness, it will do no good, but opium and local soothing effect the cure. A previous speaker appeared to be under the impression that a routine practice of giving large doses of quinine in typhoid fever was pursued in the wards of the General Hospital. He would like to correct this idea. In the first place, some of

the attending physicians did not adopt this plan at all. For himself, he liked to think that he did not follow any routine, but rather tried to treat each case in accordance with the special features it might present. Quinine was certainly given in a good many of his cases, but by no means in all, and quite a number had but a few doses only at certain times when the degree of fever and other symptoms appeared to him to indicate its employment. He was glad this discussion had come up, but could not allow the statements of the paper to go unchallenged.

Dr. TRENHOLME said he had more and more discontinued the use of quinine in typhoid fever. During the past year he had not lost any of his cases. His plan of treatment was phosphoric acid and tincture of orange. In diarrhœa small doses of arsenic, and in hemorrhage from the bowels small doses of corrosive sublimate.

Dr. GODFREY favored the use of quinine in large doses when a high temperature ( $105^{\circ}$ ) indicated its advisability. He spoke also of the great benefit he had seen it produce in cases of ague. His plan in the latter disease was to give a large dose three times a day, and when the fever began to rise a double dose.

Dr. McCONNELL stated his experience as unusually successful, never having had it fail him in any case in which he had used it.

The PRESIDENT quite agreed with the observations which had been made by Dr. Ross, and would not reiterate them. He was not prepared to hear the antipyretic properties of quinine denied altogether, as they had been by the reader of the paper. From the tenor of some of the remarks that had been made, several of the speakers appeared to believe that, in the treatment of typhoid fever in the Hospital, quinine was employed in a routine manner, he was pleased to hear that that was not the case. Many members present could certify that the speaker in his lectures advocated the view that typhoid fever could not be cut short, and that the aim of the physician should be to interfere actively as seldom as possible, and only when some important indication arose, such as excessive diarrhœa or hemorrhage, or peritonitis, etc. Modern experience had shown that a very high temperature, say  $105^{\circ}$ , or even a somewhat lower one, if protracted, was a source of danger.

in typhoid fever, calling for the interference of art. Now in such circumstances he had frequently employed twenty and thirty grain doses of quinine with striking benefit in the reduction of the temperature. These doses had also frequently failed. But what agency was uniformly successful in these severe forms of fever? Even when the ice helmet, the wet pack and ice in the rectum are conjoined with large doses of quinine, the temperature frequently continues high. The only resource left in such circumstances is the cold bath, and, apart from the risks of employing it in these critical cases, the serious practical objection to its employment is the great frequency with which it needs to be repeated in the twenty-four hours, and the large amount of nursing assistance it demands. That difference of opinion should exist as to the value of quinine in typhoid fever was not remarkable. Respecting the value of what single important remedy in any disease was there uniformity of opinion? While differing from the writer of the paper as to the antipyretic power of quinine, he complimented him for his close study and investigation of the cases under his care as house surgeon of the hospital, and for the individuality of his character as a medical observer.

The following report was presented by the Council regarding sanitary matters, brought before their notice by Dr. Larocque, City Medical Health Officer.

The Council of the Medico-Chirurgical Society recognize the efforts made by the Board of Health and the Medical Health Officer for the general adoption of the practice of vaccination, but while appreciating their efforts the Council of the Society is of opinion that a general system of *registration of births* is of the first moment in any efforts in the direction indicated, and further that the Local Legislature should be requested to move in this matter.

In the meantime, and until a more general system of vaccination can be effected, a better system of hospital accommodation should be provided, so as to enable the Board to carry out a more thorough plan of isolation and separation.

The Council is strongly of opinion that there should be a Board of Health for the province entirely beyond the control of municipal bodies, bodies who cannot be supposed to be quite

familiar with matters relating to public health.

They are further of the opinion that the Medical Health Officer should have the power of supervision over all houses in which small-pox appears, so as to purify or disinfect with or without the consent of the occupants at such time as the Health Officer should deem proper, and during disinfection a proper place be provided for the occupants of such house as require disinfection.

Also that a more complete record of inspection be kept by an officer deputed for that work only.

The report from the Council was adopted on motion of Dr. Henry Howard, seconded by Dr. Campbell, and the Secretary was requested to forward a copy of the same to the City Council.

The meeting then adjourned.

O. C. EDWARDS, M.D.,  
Secretary.

#### MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, March 6, 1880.

The ordinary meeting was held this evening, the President in the chair. There were present Drs. R. P. Howard, Hy. Howard, Reddy, Kennedy, Kerry, Armstrong, Munroe, Brodie, McConnell, Osler, Major, Buller, Guerin, Gurd, Roddick, Shepherd and Edwards.

In the absence of Dr. Fenwick, Dr. REDDY contributed a paper on diabetes insipidus.

Dr. ARMSTRONG read the following notes of a case of general peritonitis, proving fatal after the application of strong nitric acid to the cervix uteri for the cure of chronic cervical endometritis.

Mrs. D., æt. 29 years, about medium height, fair complexion, light spare build, 6 years married, never had been pregnant, and a patient of the late Dr. Bell, came under Dr. Armstrong's care a few months after his death. She had been treated by Dr. Bell for a retroflexion of the uterus, and the first time that she was examined there was found an Albert Smith pessary in position. Very similar treatment was continued until last summer, when she began to complain of a leucorrhœal discharge, and on examination per vaginam the doctor found chronic cervical endometritis, which he took for the cause of the leucorrhœal discharge. Besides the administration of tonics and the regulation of the bowels, he began making local applications

to the cervical canal. He applied at different times, extending over a period of about three or four months, solutions of arg. nit. ac. carbol, tr. iod. co., tr. iod. co. c. glycerine, but without any benefit. On the 23rd December, 1879, there was in the external os a plug of extremely tenacious glary mucus, very difficult of removal. This was removed by means of a piece of dry sponge, and fuming nitric acid to the cervical canal was applied; then immediately a stream of tepid water was thrown against it for a few minutes, and applied a plug of cotton wool, saturated with glycerine, and directed her to remain perfectly quiet in bed, and if she had any pain to let the doctor know at once. At the time of the application the cervical canal was large enough to admit the little finger. About 6 a.m. the following morning the husband called and told that his wife had had a little pain during the night, and asked Dr. Armstrong to see her, which was done as soon as possible. When he saw her she complained of some pain about the lower part of the abdomen, and there was a little tenderness on pressure. At once turpentine stupes, followed by linseed poultices, were ordered, and opium in sufficient quantities to completely relieve the pain given. But the case went from bad to worse. In 36 hours after the application of the acid she had a chill, followed 24 hours afterwards by another, and a third 48 hours after the second. On the 30th tympanitis was present to a considerable degree, and asafoetida enemas were given in addition to the turpentine stupes. In the evening Dr. Gardner saw her in consultation, advised the internal administration of turpentine, which was done, also the use of nutritive enemata, but these were not retained sufficiently long to be of any benefit. Dr. R. P. Howard saw her on the morning of the 31st, but she was then in a dying condition, with copious bilious regurgitation, and in an hour afterward she died.

Dr. KENNEDY remarked that this case was another illustration of the great danger there was in using such powerful applications. Already several cases of like serious results have been reported to the Society, and he was of opinion that nitric acid should seldom be used. It had become the practice to subject the uterus to the most heroic measures, and often the attention was directed solely to this organ while the general condition of the patient was unheeded. Although the application of nitric acid had received the commendation of eminent gynaecologists, still, from the experience gained in such cases, he thought that in the great majority much milder measures

would secure as good results. In his own practice he had not used nitric acid for some time, and believed that he had obtained equally good results with remedies which had not this element of danger in their use.

Dr. EDWARDS reported two cases in his practice in which nitric acid had been used with benefit. In the first case a condition of subinvolution existed, the woman suffering from severe menorrhagia. After other means had been tried and proved futile, it was decided, in consultation with Dr. Reddy, to apply nitric acid to the interior of the uterus. This was done three years ago, since which time the patient has been quite well. The second case was one of endo-cervicitis in which nitric acid was applied to the cervical canal. The result was satisfactory. In both cases the precaution was taken of thoroughly dilating the canal with sponge tents.

Dr. REDDY said he had used nitric acid very frequently, and never had any bad result from its employment. He further stated that on one occasion he had been induced to use iodine instead, and in that case had one of the most severe cases of pelvic peritonitis he ever had to deal with.

Dr. RODDICK said he had on three or four occasions used nitric acid, and considered the secret of success due very much to a thorough dilatation of the canal. When this was not done a drop of the acid might fall within the uterus and set up peritonitis. He did not think that nitric acid should be rejected, but used with care and with ordinary precautions no accident need occur.

The President said that it was well known that a condition of metritis is produced at times by very simple causes. The introduction of a sound or a sponge tent has had this result, also the use of iodine and carbolic acid.

A vote of thanks to Dr. Armstrong was moved by Dr. Roddick, seconded by Dr. Reddy, and carried. The President presented a letter from Dr. Iose Pererira Ryo Filbo of Rio de Janeiro, asking to be elected a corresponding member of the Society. Certain pamphlets of a scientific character accompanied this request. On motion of Dr. Reddy, seconded by Dr. H. Howard, this gentleman was elected a corresponding member.

The meeting then adjourned.

O. C. EDWARDS, M.D.,

Secretary.

#### OBITUARY.

Sir Dominic Corigan, the celebrated Dublin physician, died a few weeks ago at the age of 79.

Dr. Seaton, the well-known authority upon "Vaccination," died at Notting Hill, London, on the 21st of January, at the age of 65 years.

Henry Hancock, F.R.C.S., an ex-President of the Royal College of Surgeons of England, died on the 1st of January, aged 70 years.