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THE

CANADA MEDICAL RECORD:

A Monthly Journal of Medicine, Surgery and Pharmacy.

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VOLUME VI.

OCTOBER, 1877, to SEPTEMBER, 1878.

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Montreal:

PRINTED BY LOVELL PRINTING AND PUBLISHING COMPANY.

CONTENTS.

ORIGINAL COMMUNICATIONS.

	PAGE		PAGE
Ansell Dr. A., Caries of the Ribs.....	210	Catarrh, Chronic, Treatment by Nitrate of Silver.....	210
Ansell Dr. A., Comminuted Fracture of Left Elbow.....	209	Catarrh, Nasal, Liquor Bismuth for.....	210
Baynes Dr. Donald, Electro-Therapeutics, Remarks on.....	105	Cerumen, Impacted.....	99
Baynes Dr. Donald, Remarks on Hay Catarrh, Fever and Diphtheria.....	161	Chalazion, Structure, and Germs of.....	11
Bell John, M.A., M.D., Oblique Fracture of the Thigh Treated by Extension.....	1	Children, Diseases of, Treatment.....	216
Blackader Dr. Alex., Some of the Sequelæ of Pleurisy..	67	Children, Diseases of, Hydrobromate of Quinine in.....	96
Campbell Dr. Francis W., Address before the Medical-Chirurgical Society of Montreal.....	25	Children, Prescribing for.....	27
Campbell Dr. Francis Wayland, The Endoscope of Dr. Cruise, of Dublin.....	293	Chronic Sore Throat, Treatment of.....	200
Chipman Dr. H., Twin Birth, Extra Digits.....	296	Clinical Surgery in Edinburgh.....	46
Ferguson Dr. A. A., Midwifery Statistics.....	81	Cod Liver Oil.....	214
Fuller Dr. William, Cerebral Tubercle.....	65	Cod Liver Oil, To Promote Digestion of.....	200
Fuller Dr. William, Trephining the Skull in a Case of Idiocy.....	153	Collinsonia Canadensis, Medical Properties of.....	221
Hingston Dr. W. H., Annual Address before Canada Medical Association.....	49	Columbia, Nursing in.....	145
Kennedy Dr. Richard A., Valedictory Address to the Graduates in Medicine of Bishop's College.....	169	Constipation, Remarks on.....	300
Nelson Dr. Wolfred, Membranous Oup, Successful Tracheotomy.....	181	Convulsions, Infantile, Treatment by Hypodermic Injection of Ether.....	222
Robert Carr H., Case of Concealed Birth.....	2	Conjunctivitis, Clinical Lecture.....	297
Rodger Dr. Thomas A., Diphtheria Attacking the Funis Umbilicalis.....	112	Cough, Chronic, Oxalate of Cerium in.....	231
Shoemaker Dr. W. P., Tincture Muriate of Iron in Diphtheria.....	295	Croup.....	71
Stevens Dr. A. D., Observations on Incised and Penetrating Wound of the Knee Joint.....	129	Croup, Treatment by Hypodermic Injection of Perchloride of Iron.....	307
Trenholme Dr. Edward H., A Case of Acute Hydrocephalus.....	160	Croup, Treatment of.....	231
Trenholme Dr. Edward H., Excision of the Uterus for Fibro-Cystic Disease.....	159	Cystitis in Female, Treatment of.....	255
Wilkins Dr. G. W., Case of Popliteal Aneurism.....	237	Dentition, Diseases of and their Treatment.....	277
Wilkins Dr. G. W., Case of Stricture of Urethra.....	238	Diarrhœa, Clinical Lecture on.....	38
		Diarrhœa from Impaction of Rectum.....	255
		Diarrhœa of Summer, Infantile.....	249
		Digitalis and Strychnia in Threatened Death by Asthenia.....	198
		Diphtheritic Croup, Tracheotomy in.....	218
		Diphtheria, Treatment of.....	273
		Diphtheria, Treatment by Large Doses of Calomel.....	188
		Diphtheria, Treatment by Turpentine Inhalations.....	141
		Diseases of Skin and Syphilis, Report on.....	248
		Discloth, Death in.....	305
		Dysentery, Chloral in.....	310
		Dysmenorrhœa, its Treatment.....	306
		Dyspepsia, Treatment of.....	141, 195
		Drunkenness, Immediate Cure of.....	7
		Dry Dressing.....	11
		Earache, Treatment of.....	224
		Eczema in Children, Treatment of.....	139
		Eczema Vesiculosum Acute, of Trunk and Arms.....	223
		Epilepsy, Brown-Sequard's Treatment for.....	137
		Epilepsy, Curare in the Treatment of.....	302
		Epilepsy, Cure of.....	193
		Epistaxis, Raising the Arm in.....	100
		Ergotine, Parenchymatous Injection of.....	29
		Eustachian Tube, Chronic Diseases of, Treatment.....	303
		Eye Sight, Seven Good Rules for Preserving.....	311
		Femur, Fracture of, Clinical Lecture.....	96, 113
		Fever, Typhoid, Rational Treatment of.....	132
		Fetid Feet.....	37
		Foreign Bodies in the Ear, Mode to Relieve.....	71
		Formula.....	231, 309
		Ganglion, Treatment of.....	224
		Goitre, Exophthalmic, Treated by Galvanization of Sympathetic Trunk in Neck.....	221
		Hæmorrhage, Post Partum, Treatment of.....	255
		Hæmorrhage, Secondary Puerperal, Treatment of.....	122
		Hæmorrhage, Uterine, Treatment by Hot Water.....	242
		Hæmoptysis, Hypodermic Injections in.....	12
		Hæmoptysis, Treatment of.....	150
		Hæmorrhoids, Internal, Glycerine Treatment.....	229
		Hair, Hygiene of.....	31
		Headache, Lecture on.....	244
		Hiccough, Cured by Compression.....	307
		Historical Item.....	230
		Homœopathy, Liberalism in.....	149
		Human Body, Electricity of.....	13
		Hydrobromic Acid.....	13
		Hydrocele, Instantaneous Cure of.....	37
Abdominal Pain, Colocynth in.....	36		
Abortion, Symptoms and Treatment.....	256		
Acne, Clinical Lecture on.....	197		
Acne and Acne Rosacea, Clinical Lecture.....	312		
Acne Rosacea treated by Chrysophanic Acid.....	147		
Acne, Erasmus Wilson on.....	249		
Alopecia, Treatment of.....	257		
Amenorrhœa, Treatment of.....	38		
Anal Fissure.....	13		
Ancient Egyptians, Medicine among.....	29		
Anemia, Hypodermic Injection of Iron in.....	145		
Anemia, Cerebral, Use of Opium in.....	229		
Anus and Rectum, Abscess near (Lecture).....	211		
Aphæ, Clinical Lecture on.....	38		
Black Eye, How to Get Rid of a.....	219		
Bladder Catarrh of, Treatment in.....	82		
Bladder Chronic Irritation of, Quinine in.....	222		
Boils, To Prevent.....	172		
Bone Felons and Boils, Cure for.....	311		
Boric Acid Ointment.....	35		
Brain, Needle Found in.....	36		
Breast, Cancer of, Treatment by Caustic.....	253		
Bright's Disease Cured by Jaborandi.....	219		
Bronchitis of Children, Tartar Emetic in.....	8		
Buboes, Treatment of.....	33		
Burns and Scalds, the Alkaline Treatment.....	283		
Calomel as a Medicine.....	150		
Calomel, Substitute for.....	253		
Capsicum with Quinia, Use of.....	200		
Catarrh of Bladder, Chlorate of Potash in.....	224		

	PAGE
MacDonnell, Dr. R. L., Death of.....	125
McGill Medical Society	18
McGill University Convocation.....	20
Medical College Calendar.....	259
Medico-Chirurgical Society of Montreal, 19, 78, 127, 202, 203, 288	203
Medical Candidates for Parliament.....	228
Medical Items..... 128, 204,	238
Milk of Magnesia.....	80
Missisquoi Spring Water	47
Montreal Medical School	18
Mortality in Montreal.....	48
Numbers, Back	17
Obituary	43, 124, 176, 316
One Hundred and Four Dead Doctors and Nearly Five Hundred Sick.....	260
Packer's Tar Soap.....	173
Peltier, Dr. Hector, Death of.....	124
Physicians' Black Book	173
Physicians' Prescriptions.....	20
Precocity, Extraordinary.....	260
Professional Longevity	46
Punishment, Well-deserved.....	20
Retention of Urine, Chloral in.....	260
Scarlet Fever	46
Scarlet Fever, Period of Incubation	260
Seward Dr. Brown.....	260
Scribner's Monthly and St. Nicholas.....	79, 172
Speciman-copy Man	17
Spencer-Wells, T., Retirement of.....	123
Sulphurous Acid in Treatment of Abscesses.....	124
The City of Montreal	258
The late Dr. Benjamin Workman	315
To Our Subscribers.....41, 74, 173, 232, 258, 288,	314
Turkish Baths.....	173
University Lying-in Hospital, Montreal	19
Vermont Medical Society	46
Visiting List (Lindsay & Blakiston's).....	20
Victoria Medical School and Laval University.....	232, 258
Volume, Our Sixth	17
Western and St. Clair Medical Society.....	151
Personal..... 19, 80, 152, 204, 232, 259, 319	319
Correspondence	27, 195

REVIEWS.

	PAGE
Anatomy, Descriptive and Surgical (Gray).....	316
Fowne's Manual of Chemistry.....	318
On the Therapeutic Forces (May's).....	318
Outlines of Organic Chemistry.....	44
Physicians' Visiting List (Wood's).....	44
Retarded Dilatation of Os Uteri, by Dr. A. H. Smith.....	77
The Practitioner's Reference Book (Dungleson).....	127
Treatise on Gonorrhoea and Syphilis (Durkee).....	127

PHARMACEUTICAL DEPARTMENT.

Baynes, Dr. Donald, on Erythroxyton Coca.....	206
Gray, Henry R., Notes on Apprenticeship.....	317
Gray, Henry R., on Cheap Drugs.....	317
Gray, Henry R., Notes on Dispensing.....	177
Gray, Henry R., Notes on Hydrobromic Acid.....	233
Gray, Henry R., Pharmaceutic Notes..... 178, 205,	233
Gray, Henry R., Pharmaceutical Olla Podridra.....	289
Gray, Henry R., Notes on Thymol.....	206
Introductory Remarks.....	177
Letter from "Echo," Hints about Patent Medicines	291
Letter from "Medicus".....	290
Letter from "Progress"	318
Mucilage, a New Receipt.....	180
Pharmaceutical Association of the Province of Quebec, Eighth Annual Report.....	261
Pharmaceutical Association Examinations.....	205
Pharmaceutical Epitaph.....	264
Pharmaceutical Items.....208, 234, 235, 236, 262, 263, 264,	264
291, 319,	320
Queries and Answers.....	208
Rosser, H., on Black Haw.....	290

Original Communications.

Oblique Fracture of the Thigh treated by Extension. By JOHN BELL, M.A., M.D., Physician to the Montreal Dispensary and to the Infants' Home.

On May 18th last, David N., aged 30, while working on a roof, slipped and slid down to the eave, which he caught with his hands and remained hanging for some minutes. Underneath was a platform of planks, one of which was missing immediately below him, and on letting go his hold, he fell with his legs rigid, one going through the hole, and the other (the left) foot, striking the platform, sustained the whole momentum of the body, causing the left femur to be fractured between the middle and upper thirds of that bone. He was conveyed home in a carriage and suffered excruciating pain in the transfer. I was called to see him only after several hours had elapsed, and found him lying on the floor, with the thigh bent outwards, and the muscles swelled out into hard lumps from the spasm. He lay in a semi-conscious state, yet suffered such agony when any examination was attempted that it was necessary to give chloroform, which was done by the assistance of Mr. C. Fenwick. Audible crepitus was at once obtained, and the lower part of the femur, extended, could be moved in any direction. I now rolled a long piece of canvas around both legs and the body, and had him removed to the only bed available, and which had been previously prepared; a woollen "cloud" was fastened in a "clove hitch" around the ankle, passed through the end of the bed, and two smoothing irons attached to the dependent end. The legs were now equal in length and similar in position, and movement was prevented by the canvas binder. On recovering from the chloroform he remarked the very great relief and freedom from pain he experienced.

May 19th.—Had a comfortable night; no pain; lying easy.

May 20th.—Rested comfortably and had no pain. The canvas roller removed.

May 21st.—He had pain in the leg last night; none now.

May 22nd.—The "cloud" removed, and extension made from strips of plaster along the leg, kept applied by bandage. The lower legs of the bed to be raised.

May 25th.—Swelling of the thigh gone. Long narrow sand-bags to be used to steady the leg and keep it from rolling round. His bed being a little

too short there is sometimes $\frac{1}{2}$ inch to $\frac{3}{4}$ inch shortening, which is pulled out when the body is drawn up in the bed. No pain.

May 26th.—Eating lightly; bowels keep regular.

May 28th.—Had bed arranged so as to have leg extended to full length; knee-joint somewhat swollen out with fluid, probably from injury from concussion and strain. Callus beginning to form.

June 18th.—Nothing of note from last date; applied glue bandage to leg, thigh and pelvis, with thick pasteboard splints around the site of the fracture, which has now quite united.

June 20th.—Walking about the house and yard with crutches and glad to get lying outside in the fresh air.

June 22nd.—Applied additional short wooden splints to the outside and inside of the thigh for further security against bending of the femur.

July 3rd.—Moves his leg with freedom; still sore if rested on.

July 15th.—Splints only on the thigh; is able to walk alone.

Aug. 4th.—Eleven weeks from the date of the fracture the patient was examined by the members of the Medico-Chirurgical Society at their meeting of this date, and only one-half inch of shortening was found. Subsequently the patient has done well.

On extending the injured limb to its full length the fractured ends of the bone naturally came into apposition, being guided to and retained in their place by the surrounding tissues. The relief to the pain was most marked and gratifying. The limb easily retained its proper form, for, being movable at the hip and kept constantly extended to its normal length between the hip-joint and point of attachment of the weight, the parts naturally assumed their true positions even if the patient moved the rest of the body. It seemed to me from careful measurement, after the first irritation had subsided and the callus began to form, that the femur was drawn out to its full length. After, however, the glue bandage had been applied and he began to walk about, a certain amount of shortening took place; this might have been even less than it was, had he been kept on his back with extension applied until the bond of union had become more consolidated. After the glue bandage had been removed a considerable amount of thickening was found in the region of the lesser trochanter, evidently from some splintering of the bone having occurred at the time of the accident.

Case communicated by Dr. CARR H. ROBERTS, L.R.C.P., M.R.C.S.E., L.S.A., Shrewsbury, England.

In July of last year (1876), being at that time joint medical officer of health to the Alderbury Union, at Salisbury, in Wiltshire, I was requested by the coroner to make, in conjunction with my friend and colleague, Dr. Gordon, a *post mortem* examination on the body of an infant, which was discovered by the police under the following circumstances:—

An anonymous communication was received by post, at the city police station, stating that if the police searched the houses in a certain court in the city, they would find a dead body. A number was given; but, on a policeman being instructed to go there, he found no such number, and returned, thinking it a fruitless errand. The superintendent, Mr. Matthews, however, being a sharp and shrewd man, resolved to have the matter thoroughly sifted, and a house to house investigation was instituted, with the result that, on coming to a certain house, they found a woman sitting in a room down stairs, where was a large fire with a saucepan on it, apparently boiling. From her appearance and information received, she was taxed with having been recently confined. This she at first strenuously denied, but ultimately confessed, with the qualifying remark, that "it was only a little one." On being asked where it was, she replied "there," and pointed to the saucepan. On the lid of the saucepan being removed, something *tied up* in a cloth was seen, which, on being out and untied, was found to be the body of an infant child. The woman was, of course, taken into custody, and the saucepan with its contents removed to the station house. This being late in the evening the *post mortem* was made the following morning, when the remains presented the following appearance:—

It appeared to be the body of a full grown, fully developed male child, which had been doubled up so that the head nearly touched the toes, and tied up in an ordinary cloth, as a cook would tie up a pudding. The umbilical cord appeared to have been either broken or torn, it certainly was not cut, and from seven to ten inches in length. It was impossible, even had it been material, to judge the length on account of its shrunken state. One arm on one side, and one thigh on the other, were separated from their respective sockets, and the whole of the body presented more the appearance of extremely overboiled veal than anything else I could

compare it to. The contents of the chest were utterly disorganized, and so completely, as to be almost unrecognizable. The bowels were not quite so bad, and were quite empty; there was, as we thought, a trace of meconium, but it was quite evident that no food had been administered. The whole of the body was covered from head to foot with small pustules or blisters, each containing fluid of a greenish yellow, or rather a straw color, and this fluid was, in every case, either in a higher or lesser degree of coagulation. The bones of the skull were completely separated, and the contents had almost entirely disappeared. Whether there had been any violence used was, of course, impossible to judge, the body had been so completely boiled that there was no line of redness to be made out; the weather was intensely hot, but there was no sign of putrefaction.

The woman (who was a widow, her husband having died about six months previously, after suffering for more than a year from sickness, which would utterly preclude the possibility of copulation even, far less that of procreation) was committed for trial by both the magistrates and the coroner's jury, on the charge of "wilful murder," and was tried at the following assizes, in the autumn, at Winchester, and after a protracted trial was acquitted of the capital charge, but found guilty (indeed, pleaded so) to concealment of birth, and sentenced to imprisonment for fifteen months, she having already been in prison nearly four; two years, unless I am mistaken, being the maximum for that offence.

Remarks.—The interest and excitement that this case caused, of course, arose not merely from the (I believe) unparalleled attempt to dispose of an infant in this unique manner, but from the question as to whether the child was put into the water *alive* or *dead*. Horrible and atrocious as the former supposition may be, I could come to no other conclusion than that it was so, on account of the blisters on the body containing serum, or a fluid strongly resembling it. I have since, I understand, been asked in an indirect matter, "What tests, if any, were applied." I would ask what tests could be applied? the lungs were gone, and as for testing for albumen, the fact that the contents of some of the blisters were coagulated and some not, were to me conclusive. I know no animal, that, on being subjected to the action of intense heat after death will have blisters containing *fluid*, containing *air* alone is a different matter. In this county, and I presume in many others, it is a common thing after

a pig is killed (and I imagine a pig presents the nearest approach as regards its skin perhaps in many others to a human being) to subject it to the action of boiling scalding water to remove the hair. I have seen some hundreds so subjected, as well as their being covered with straw and then being set fire to with the same object; but never, in any instance, have I known them having blisters containing *fluid*. I have seen legs of mutton and fowls, after having been either boiled or roasted, brought to table, and in some instances have seen blisters on them, but never, in any one instance, containing *fluid*.

Should any of your readers have an opportunity of proving or disproving the theory, I trust they will make it known. Having had no such opportunity previously, I based my opinion on the experiments made by Christison and others, and reported in *Taylor's Medical Jurisprudence*, chapter 38, and more especially pages 396 and 397. I am afraid I have taken up a considerable amount of your space, but the importance and interest of the subject will, I trust, plead my excuse. I omitted to say that some flannels were found in which the infant had evidently been wrapped, and that they presented the usual appearances. The woman was engaged to be married to a man who swore on the trial that he was not the father and did not even know the woman was "enceinte."

Progress of Medical Science.

ON NON-INSTRUMENTAL AIDS TO LABOR.

By WILLIAM STEPHENSON, M.D., F.R.S.C., Edin., Professor of Midwifery, University of Aberdeen.

When may we, with Advantage, Rupture the Membranes before full Dilatation of the Os?

Many a shrewd practitioner, with but little knowledge of the *science*, has acquired from experience very considerable skill in the *art* of obstetrics, more especially in many little details, whereby a normal but a tardy labor can be facilitated. Such experience, however, is blind and liable to error, until the scientific basis on which it rests is understood. Before even the science of midwifery existed, it was found that a change in the position of the patient was often very effectual in accelerating a lingering labor. Under such circumstances, it was a common resource to get the patient out of bed, make her kneel on the floor, or sit between a couple of chairs. This is often of great service, and a scientific explanation can be given why it should be so. But there is one condition where the labor is certain to be tedious, and where an ignorant midwife, or

medical attendant is very likely to try the above plan, with the result of only aggravating the evil. In this case, the cause of delay is a pendulous abdomen; and a knowledge of the normal axis of the uterus directs the attendant to lay the patient on her back and apply a binder. This illustration is a good example of a non-instrumental aid to labor, and also of the precision which is given to treatment by scientific knowledge, as compared with the blind, and oftentimes bungling actions of empiricism.

There are many ways by which an enlightened and experienced obstetrician can thus materially help off labor. Some, as the one referred to, are described in books; of others, no mention is made, but they are left to be acquired by experience; and more, the result of such experience is at times found to be entirely at variance with the principles laid down by the authors of our text-books. Such is the case in question which I propose to discuss on the present occasion: When may we, with advantage, rupture the membranes before the full dilatation of the os? I may mention that this question has reference only to normal labor, where the head presents, and there exists no contraction of the pelvis, but where the progress of the first stage is retarded.

As a part of the history of our art, it is interesting to observe how exaggerated were men's ideas regarding the importance of retaining intact "Nature's wedge," and how patiently and reluctantly former practitioners would wait, under the dread of being meddling, for nature to do what they could readily have done, even when convinced that the non-rupture of the membranes was the cause of the delay.

There is still remaining at the present day, much of the dread of having too early recourse to this simple operation. In the face of the fact that much and often long-continued ineffectual exertion is often due to the integrity of the membranes, even before full dilatation of the os, and the other fact that such ineffectual work is often productive of serious after-complications, there is certainly a want of discussion on this point in our recent works. Leishman speaks of it where there is unusual thickness and resistance of the membranes: "But before we decide on rupturing them, we should be sure that the proper function of the membranes has been effected in producing dilatation of the os." Playfair recommends puncture before completion of the first stage, only when the liquor amnii is excessive in amount; and renews the oft-repeated and considerably exaggerated caution: "If we evacuate the liquor amnii prematurely, the pressure of the head on the cervix might produce irritation, and seriously prolong the labor." This latter point is a question upon which the members of this Society might with profit express the results of their experience; in how far they have observed that irritation is produced, and the labor delayed, in cases where the membranes have ruptured, or been punctured before, early in the first stage. The term irritation is vague in the extreme, and conveys no definite idea to the mind.

Before entering on the discussion of our question,

it is well to define what is the exact meaning in which various terms are to be employed. By *full dilatation* of the os is meant, not obliteration, but only that degree which we know will permit the ready passage of the head; whilst the state in which the uterus and vagina are one continuous canal, should be designated as *complete obliteration* of the os. The term *os* itself should be confined to the lumen of the *cervix*, and the latter term be always employed when speaking of the state of the tissues which compose it. *Dilatation* also should be limited to speaking of the size of the os, while we speak of *expansion* of the cervix.

In reference to the puncture of the membranes, I have state practice is at variance with teaching. Whilst our books say that this should not be done except in rare cases, until the full dilation of the os, many practitioners have found that, by experience, they can recognize certain favorable conditions, especially in multiparæ, where it is of great advantage to evacuate the waters when the os is not more than half dilated. We have seen that formerly there existed a very exaggerated idea of the function of the amniotic bag; that its purpose was supposed to be the dilatation of the whole length of the parturient canal; and that it should be punctured when protruding at the external orifice. Modern opinion now regards the integrity of the membrane as no longer of any value after the full dilatation of the os; and it remains to be seen whether their true function should not be further curtailed, and that what at present is still empirical in practice, does not rest on pure scientific grounds. The question must be answered by direct observation, and not by any imaginary views regarding the action of "Nature's wedge," the foetal head being quite as much a wedge of nature as the bag of waters.

In discussing obstetric problems involving the first stage, it has been too exclusively the custom to take the degree of dilatation of the os, and the softness or dilatibility of the tissues, as the criterion of the amount of progress made in the process of labor. This, it is easy to show, is an error; and, in forming an opinion, we must take cognizance of something more. It is a matter of common experience to find that the membranes rupture spontaneously while yet the os is but slightly dilated, and that the head at once descends and comes into contact with the whole lower segment, the parturient ring being in close relation to the head. Again, it is likewise a matter of common experience that the membranes give way when the os is of the same size as in the first case, and yet the head does not come into close relationship with the parturient ring; the cervix of the lower uterine segment in this case has not in its upper part been expanded to the full diameter of the head. If the finger be introduced well through the os, it is possible to feel the head resting on a ring of firm tissue. Sir James Simpson describes this as an adventitious band of fibres which delays the first stage. It is nothing more than the unexpanded structure of the lower uterine segment. It is evident that, although the os was of the same size in both cases,

yet that the mechanism of the first stage was, in the first instance, in advance of the second; and that the difference lay in the degree of expansion of the lower segment, not in the dilatation of the os.

Next, take what is also a matter of common experience, the condition of parts after delivery. The cervix is found hanging in the vagina open, loosely relaxed, and elongated; while above, the walls of the uterus are firm and contracted, barely admitting the finger. From this observation (see also Matthews Duncan on *Mechanism of Natural and Morbid Parturition*), together with an examination of Braune's section of the frozen body of a female in the second stage of labor, it is evident that what occurs in the process of the first stage, is not the mere opening up of a canal or tube which has been simply constricted in its middle; but, in addition to a constriction, there also exists a diaphragm, obstructing the lumen of the passage, and this obstruction is overcome by longitudinal as well as lateral stretching of this diaphragm. In easy labor, the constriction and diaphragm disappear simultaneously; but it frequently occurs that the disappearance of the first is in advance of the second, and the canal is dilated to its full, whilst the diaphragm has only been strained. No increase in the size of the os has taken place.

By studying the mechanism of the first stage, we can readily understand the production of these two effects of expansion and longitudinal stretching. By muscular contraction, the contents of the uterus are exposed to a uniform pressure. This force Schulz has called the "internal uterine pressure." It is exerted on the waters, and must, therefore, be equal in all directions; and, as the lower portion of the uterus is the weaker, it must yield. This, then, is the expansive force. But as the uterus also tends to shorten itself in its longitudinal diameter, there is also a longitudinal direction given to the force, whereby it becomes expulsive. This, from the tendency of the uterus to assume its original form, Schulz terms the "form restitution power"; but, as its direction is in the axis of the uterus, I would speak of it as the *axial* force, a term more congenial to our language.

When the membranes are yet entire, this axial force can act only through the ovum as a whole, waters and foetus; and, therefore, at a disadvantage in proportion to the quantity of the liquor amnii. When this is large, as in hydramnios, the disadvantage is at its greatest; the force, in fact, being entirely converted into the uniform internal pressure. When the relative proportion between the quantity of waters and the size of the foetus is less as we find it normally, then the axial force is brought to bear on the foetus; the fundus, acting on the breech, presses the child downward, and the head is brought to bear on the lower uterine segment. When the internal uterine pressure is greater than the axial, the waters are forced downward past the presenting part, which recedes. When, however, the axial force is the greater and can act through the foetus, the contrary effect results; the water is forced upwards, and the head is brought into close proximity with the lower

portion of the uterine walls. When the child is thus forced down during a pain, the uterine walls closely surround the head, and the membranes being still entire, the liquor amnii is divided into two portions; that in the front of the head is called the forewaters. If the division be complete, then the entirety of the membranes is really a disadvantage; for now the forewaters but impede the more powerful action of the axial force. If the separation be incomplete, then the expansive action is only obtained, the internal pressure being still in excess of the axial. If the reverse be the case, the forewaters are but forced back above the head. By the mode of action, the internal uterine pressure is the force which tends to expand the lower uterine walls. Acting, in fact, like a glove-stretcher, its expulsive power can only act on the entire ovum, and is, therefore, at a disadvantage. The axial force is exerted mainly through the fetus, and can exert its full strength only after the membranes are ruptured.

It seems, therefore, evident that the *function proper of the bag of waters should be limited to that of expansion only*. But the full dilatation of the os is effected, not by expansion alone, but also by longitudinal stretching. When, therefore, we find dilatation tardy from defect in degree or direction of the power alone, and not from any inherent character of the tissues, when once it is evident that the lower segment of the uterus is well expanded, the rupture of the membranes is the most effectual means of favoring the dilatation, by bringing the axial force into full action, and this irrespective of the degree of the size of the os.

By the researches of Dr. Matthews Duncan on the Power of Natural Labor, a beginning has been made to place this subject on a more purely scientific and accurate basis; but we are not yet in a position, and it requires qualification which few possess, to follow up the subject as he has done. He has, however, shown mathematically what has been long practically known, that partial evacuation of the liquor amnii is an efficient way of improving the power of the uterus, even when defective in amount. "It is a common belief," he says, "that the uterine pains increase in strength after the evacuation of the liquor amnii. Whether this be true or not, as commonly believed, I do not here consider. But it is certain that if the uterine contractions remain of the same force after as before the partial evacuation of the liquor amnii, the power of the labor or the extruding force will be increased, as the curvature of the contracting organ is increased."

Having laid down the basis of our knowledge, it remains only to discuss the diagnosis of the conditions which warrant us in having recourse to rupture of the membranes before the full dilatation of the os. The first point is the determination of the degree of expansion of the lower uterine segment. We have seen that the size of the external os is no criterion of expansion. The os, in fact, may be very small, and yet expansion may be complete. It is by the internal os that we can best judge, but this is hard to reach, and difficult to determine its exact

site. There is one means, however, of ready access, whereby we can form a proximate opinion: it is the degree of dilatation or up-drawing of the vaginal *culs-de-sac*. This is a point which has been entirely left out in the consideration of the progress of the first stage. It is a matter of common experience to find in the class of cases where we feel something is required to promote a labor with tardy dilatation of the os, that the upper part of the vagina is well expanded and drawn up, greatly increasing the perceptible diaphragm of the cervix, which alone obstructs the continuity of the developed canal. Now, we know that the longitudinal muscular fibres of the vagina run upward, and are continuous with those of the body of the uterus, and that the attachments of the uterus in their upper portion correspond with the internal os. This portion, then, cannot undergo expansion without carrying with it the tissues which are in connection therewith. Consequently, we find that, as the first stage of labor advances, the upper part of the vagina is dilated until it seems to coincide pretty closely with the upper part of the bony canal. When, therefore, a considerable portion of the lower segment of the uterus can be felt in the vagina, and not merely *through* its walls, expansion is certain to be complete, whatever may be the size of the parturient ring; and the tissues composing it are those of the cervix proper and not the uterus. Under such circumstance, I believe the membranes may be ruptured with advantage. It is, however, unnecessary in many cases to wait for the full development of the condition above described. I have taken the extreme state as being most readily understood, and indicating the direction in which our observation should be made.

Another class of cases, or it may be only an additional character to those of the first, are where the action of the uterus seems to be effecting, not steady dilatation, but extreme thinning of the tissue of the cervix; and also where the head is felt to be in close contact with the parturient ring, there being little or no bag of waters.

The next point to be considered is the quantity of liquor amnii; not the actual quantity, as is generally referred to when speaking of it being present in excess, but the proportion its amount bears to the size of the child, and also to the capacity of the amniotic sac. This latter is rarely quite filled; otherwise it would remain much more tense than it usually does in the intervals between the pains. If it be nearly or entirely distended, it will interfere with the power of restitution of form, by preventing alteration in the form of the uterus, and consequent action on the fetus, even though the actual quantity of waters is not greater than ordinary. In this circumstance, it must be regarded as really in excess, quite as much as where there is excess in actual quantity. Undue tension, therefore, of the membranes *during a relaxed state of the uterus* must be regarded as unfavorable to the mechanism of labor, and as warranting an earlier rupture of the membranes, than under other circumstances.

The liquor amnii must also be considered in ex-

cess, irrespectively of actual quantity, if it be unduly great in proportion to the size of the child. Here, again, it interferes with the action of the force which restores form, or the axial force. If, therefore, the parts of the child be not recognizable externally with ordinary facility *during a relaxed state of the uterus*; if *ballotement* be unusually facile, and especially can be felt during a pain, the probability is that there is a true excess of liquor amnii; and this condition would fully warrant the rupture of the membranes before the full dilatation of the os; the other conditions being favorable to the operation.

I have discussed this subject apart from the state of rigidity or dilatibility of the cervix, conditions which undoubtedly must be taken into consideration in determining any line of treatment in the first stage; but the subject of rigidity is one which requires discussion by itself, and would only tend to complicate and obscure the question.—*Clinic, Cincinnati*.

AMYL-NITRITE IN PERTUSSIS.

Dr. George Bayles reports experiments made with amyl nitrite in ten cases of pertussis. In all the cases the usual remedies proved as ineffectual as usual, and the whoop was established when the physician was called. In every instance, save one, regular treatment began with quinine, but sooner or later in each case amyl nitrite was employed. The other remedies used, as quinine, chloral hydrate, etc., all tended toward accomplishing the desired object, and though each gave evidence of its prime utility, it was reserved for the amyl to be the most promptly remedial.

"In quinine there appears to be a real antidotal action to the specific root-element of this disease (whatever that may be); employed throughout the progress of the disease, it cannot but be of advantage. Chloral is a sedative nerveine of very efficient action, and beneficial in an eminent degree where nervous excitement is intensified by the apprehension of an approaching paroxysm of coughing. This agent, therefore, was the most serviceable in the cases of the elder patients.

"Amyl comes in as a direct anticipatory measure for the relief of the cough as to its frequency, and also its pacification as to paroxysmal energy. From this point on, the cases must speak for themselves, and, I think, they will be found to illustrate the positive value of nitrite of amyl in allaying the violence and limiting the duration of the cough of *per-tussis*.

In all cases reported there was a diminution in the force of the cough, the sound of the whoop was not as marked, and the intervals between the paroxysms were lengthened, when amyl was employed. The remedy is given at the commencement of a paroxysm by inhalation, varying in size from one minim for a child five or six months old, to three minims in one at the age of twelve. The best way to administer it is to drop the amyl into the bottom of the interior of a tea cup which is to be inverted over the mouth and nostrils of the patient, not so closely, however, that

the edges of the cup would come in contact with the surface of the skin. This should be done the instant the period arrived for the violent cough to be repeated. The cough commencing and gather force is a signal to use the amyl. The prompt effect is so to modify the paroxysm as to silence the peculiar sonorous inspiration, repress the vomiting, and to allow the cough to assume the character of that which belongs only to acute bronchial catarrh.—*Virginia Medical Monthly, August, 1877*.

THE DESTRUCTION AND EXPULSION OF UTERINE FIBROIDS BY ERGOT.

Dr. William H. Byford, who contributed to Vol. I. *Gynæcological Trans.*, a report of three cases of uterine fibroid in which the administration of ergot resulted in their piecemeal expulsion, reports in the *Archives of Clinical Surgery*, an additional case showing the great value of this agent. The patient was aged forty-seven, and had for three years been the subject of severe hemorrhage, leucorrhœa, pain in the uterus and general prostration. Examination revealed a large fibrous tumor of the uterus which extended to within two inches of the umbilicus, filling up the hypogastric region and extending to the ilium on the left side. The uterine cavity admitted the sound fully five inches. Dr. B. at once prescribed thirty drops of Squibbs fl. ext. of ergot three times daily, this dose gradually to be increased to one drachm. At first it had no perceptible effect; in a few days, however, the pain became so great that the medicine had to be omitted for several days at a time. It was resumed in smaller doses until the pain returned too severely, when it was again temporarily discontinued. She continued the medicine in this way until January 13th, 1877, when the tumor began to break up and be discharged. In a letter to Dr. B., the patient describes the appearance of the material discharged as "like sausage meat from a stuffer," four inches of which would be extruded and cut off daily by the patient. Its discharge was accompanied by sharp spasms of lancinating pains and an intolerable stench. On the 26th of January, the last portion was discharged, after which the patient soon regained perfect health. In commenting on this case, the author remarked that "in the intramural tumor where the neoplasm is so situated that the greater portion of the muscular fibres surrounding it lies outside, the persistent use of ergot if it causes contraction will be very likely to cause its expulsion." The constant pressure on the fibres which lie on the inside, impairs their nutrition and soon results in rupture. With proper care in the examination of cases—with a view to determining the site of the tumor—the cases in which ergot will result in their expulsion, can be predicted with a reasonable degree of assurance.

WHEN NOT TO GIVE IRON.

In the current number of the *Practitioner*, Dr. Milner Fothergill has contributed a few very practical remarks on the contra-indications for giving this

drug. As long, he says, as there is rapidity of pulse combined with rise of temperature, so long must iron be withheld in the treatment of acute disease. As long, moreover, as the tongue is thickly coated, or red and irritable, it is as well to withhold chalybeates altogether. This is particularly true of phthisis, no matter what the other indications are, it is useless, and sometimes worse than useless, to give it unless the tongue be clean without irritability.

It may be laid down as a general rule that this toleration of iron diminishes as the aged increases. Young children take iron well, and it is often well borne by them in conditions which in the adult distinctly forbid its use.

There is one condition where iron is absolutely forbidden, and that is the condition known as biliousness. As long as there is a foul tongue, a bad taste in the mouth, and fullness of the liver, with disturbances of the alimentary canal, iron is not only of no service, but positively does harm. Sir Joseph Fayrer's Indian experience is in full accord with this expression of opinion. In speaking of the treatment of hepatic congestion accompanied by anæmia, he lays stress upon the resort to purgatives and vegetable tonics and the avoidance of iron, until the biliary congestion is removed. "When the portal circulation is relieved some preparation of iron may be useful."

When given in large doses iron always blackens the stools, but if given in moderate doses and well assimilated this blackening is not so marked. The colour of the stools, then, may be utilised as an indicator as to how far chalybeates are assimilated and are likely to be useful.

There are two different states found in women where iron is either totally contra-indicated or to be given with great caution. The first is a condition of amenorrhœa in florid, plethoric persons. The other is the opposite condition of menorrhagia in certain females. There are cases of menorrhagia associated with pallor and debility, where the usual compound of iron and extract of ergot is not so useful as a non-chalybeate treatment. In these cases it is not any imperfection in the process of blood manufacture which is to be remedied, for the blood is made rapidly and quickly, only to be lost at each menstrual period. It is here desirable rather to limit the rapidity of the blood formation, so that when the several vascular turgescence of the menstrual period comes, it will not find the blood-vessels too distended with blood. This will lead to diminished catamenial loss, and so the blood waste will be economised. According to the experience of Dr. Brown Séquard and Dr. Hughlings Jackson, iron does not suit epileptics. It increases the tendency to fits. It may improve the general condition, but it aggravates the epilepsy.—*Dublin Medical Press*, Oct. 3.

THE IMMEDIATE CURE OF DRUNKENNESS.

Dr. Z. Collins McElroy reports *Cincinnati Lancet and Observer*, July, 1877) a case of chronic drunkenness cured in a few days by a peculiar method of treatment. As the evil of intemperance is at-

tracting great and increasing attention, we give a condensed summary of the method of treatment and its results.

The patient, P. B. A., was a lawyer, aged fifty-seven, married, had a grown-up family, had been a drinker for forty years; had sacrificed home, property, business, health, and professional reputation to his appetite; had considerable abdominal dropsy at the time he was put under treatment. Dr. McElroy was visited by Dr. McKinley, formerly of St. Louis, who has followed the treatment of inebriates as a specialty for many years with great success. The patient was placed under Dr. McKinley's treatment, and the case was carefully watched by Dr. McElroy.

Treatment commenced Sunday evening, December 10th, 1876. The patient was put to bed and his clothing removed from the room. He was furnished a pint of good whisky, and told to take what he desired during the night.

December 11th, morning: Pint of whisky about gone; to have another pint of whisky. During the day he drank some coffee and had eaten some ham and bread; to have mush and milk for diet. Evening: Patient still in bed; to have all the whisky he desires during the night. Dr. McKinley gave him a drachm of Howard's hydro-sublimate of mercury (simply pure calomel), dry upon the tongue, washed down with a tumbler of whisky; patient to remain in one position in bed, so far as possible; pulse very feeble; eats very little.

December 12th, morning: Patient had three copious discharges from bowels during the night; pulse good, about one hundred, skin soft and moist, feels very comfortable. At six o'clock A.M. Dr. McKinley gave him a drachm of Squibb's powdered ipecac mixed with licorice, dropped dry on the tongue, washed down with whisky. To have all the whisky he wants during the day; mush and milk diet. Evening: Has had four more operations of the bowels. Dr. McKinley gave him two scruples of powdered ipecac in the same way as the other medicine had been given. At eleven o'clock P. M. Mr. A. was desperately sick at the stomach; thought he was dying; sent for his physicians; more whisky ordered.

December 13th: He was very sick at the stomach and threw up some dark "bilious matter;" no more medicine that morning; Dr. McKinley pressed more whisky upon the patient. About ten A. M. he thought something had been put into the whisky to make him sick. A messenger was sent to his brother-in-law, who procured him a quart of the best whisky to be had, but he never tasted it. About one o'clock he requested his wife to remove all liquor out of his bed-room, as he had turned against it. He has never tasted any since; his taste for it was entirely gone, and has never returned. Evening: He ate some milk and crackers after his stomach settled; has no nausea now; had twenty-five grains of chloral in comp. spts. of lavender.

December 15th, morning: Had eight hours' sleep. Bowels continue to move, discharges more offensive; kidneys act, swelling of abdomen about the same, although there is more gas and less water. At six A.

M. Dr. McKinley commenced giving him grain doses of ipecac every hour, dropped dry on the tongue; gave him no food; although slightly nauseated all the time he did not vomit; gave the last dose of ipecac at noon; to have hot milk and cracker when his stomach will receive it. Evening: Patient improving, pulse good, bowels moved several times, no medicine; next day, 15th, losing flesh rapidly, no medicine.

December 16th: Takes hourly doses of ipecac, with one grain calomel in each of the first three doses in the forenoon; bowels moved twice.

December 17th: Abdominal dropsy all gone; patient up and dressed and down stairs; appetite good; tongue nearly normal; commences to-day to take syrup of the iodide of iron, two ounces in six ounces simple syrup, to take a tablespoonful before each meal, and to return the same amount of water to the bottle after each dose; when it becomes tasteless, to commence with the common tincture of iron, two ounces in six of syrup, and take in the same way, keeping the bottle always full by adding water after each dose.

His recovery was complete, and there has been no return of his appetite for alcoholic drinks.

Dr. McElroy's conclusion from this case, and many others reported by Dr. McKinley, are as follows:

"First, That medicine offers the confirmed inebriate relief from the trammels of appetite, with as much certainty as relief from any other pathological condition.

"Second, That what is done by specialists in the treatment of chronic drunkenness can and should be done equally well by the profession at large.

"Third, That reformation by the aid of medicine has a solid and real foundation in changes of structure on which appetite depends, which purely moral reformations lack, and are, therefore, less permanent." *St. Louis Clinical Record.*

TARTAR EMETIC IN BRONCHITIS OF CHILDREN.

Dr. Ringer says: There is a form of bronchitis seen amongst children, where a large number of coarse mucous rales produce loud wheezing with an asthmatic quality of cough. The wheezing is the symptom that the mother is most likely to complain of, and together with the cough, is most intense at night, both almost entirely disappearing during the day. Such cases very readily yield in my practice under the use of tartar emetic given in solution in the proportion of a grain to the pint of water. Of this solution a teaspoonful is given every one or two hours, with the best results; sometimes relieving the noisy wheezing after one or two doses.

Often in children we find a catarrh of the bronchial and intestinal mucous membranes, either co-existing or alternating with each other. When such a condition persists after the employment of the ordinary household remedies, tartar emetic in the same doses of the solution just before mentioned, hourly repeated, will check both catarrhs, without the use of further treatment.—*Medical Brief.*

WHOOPIING-COUGH.

English practitioners speak highly of the use of croton chloral in the treatment of whooping-cough. They claim that it has a marked tendency to shorten the duration of the disease. The dose for a child one year old is one grain every three or four hours. *Medical Brief.*

DR. SIMON (in the *Med. Journal and Exam.*) states that he instantaneously cured a case of hic-cough, which had lasted twenty-six hours, by the inhalation of three drops of nitrite of amyl. *Medical Brief.*

CONTAGIOUSNESS OF SCARLET FEVER.

Dr. Longhurst (*Lancet*), in answer to some questions regarding the contagious character and communicability of scarlet fever, writes that the period in which the infection is most active is the stage of inflammatory fever up to the full development of the eruption; that the intensity subsides with the subsidence of the fever; and that it is not during the stage of desquamation. That the media of communication are the vaporous exhalations from the skin and the breath affecting the surrounding atmosphere and the clothes. That the patient may ordinarily safely rejoin the family circle at the end of the third week.

TREATMENT OF NASAL CATARRH.

Simple as the disease appears, limited as it is to a very small region of the body, and superficial as it remains during its whole course, it has baffled all efforts at speedy cure whenever allowed to penetrate deeply into the complex and wonderful recesses of the nose and its appendages. Ten years of constant experience in the treatment of this disease has failed to bring forth an antidote, a specific cure. In that time, I have, however, succeeded in simplifying the treatment and in shortening considerably the time of its duration.

Success rests principally in the restoration of the functions of the body to a healthy standard; in giving to the blood the fibrine and red corpuscles that have been diminished through the effects of the disease; in removing the stench from the nostrils of the affected one, which has naturally been a barrier between himself and social life, depriving him of its cheerful and healthful influence. Finally, a cure is the reward of the combined efforts of physician and patient.

When the patient is anæmic, with impaired digestion, his liver torpid, I have found a combination of small doses of mercury with iron and quinine to answer very well in restoring the secretions and imparting renewed vigor.

℞. Hydr. chl. corros. grs. j-ij;
Tinct. ferri. chlor. ʒj;
Elixir cort. calisayæ (detan-
nized) ʒv. M.

Dose, teaspoonful in a wineglass of water three times a day, at meals. At the same time his diet should be restricted, and should consist of meats and meat-juice, milk, eggs and bread; that is, to be light, nourishing, and blood-making. With the meat and eggs some preparation of pepsin should be given until powers of digestion are restored. Out-door exercise should be strictly enforced.

In those cases where the functions of the liver are natural, but where the nervous system is enfeebled, the following combination generally suffices to restore the tone in the nervous element:

R. Acid phosph. dil. ʒj;
 Ferri pyrophosph. grs. c;
 Sulphatis strychniæ. grs. ij;
 Elixir gentian vel cort. cali-
 saya detannized. ʒ v. M.

Teaspoonful three times a day in wineglass of water.

When anæmia is the most predominant symptom, in addition to one of the foregoing prescriptions, I give, for a time, a pill containing:

R. Sulph. ferri exsic. grs. xxx;
 Sulph. manganes. grs. xxx;
 Sulph. quiniæ grs. xiv;
 Ext. gentian. q. s. M.

To be made into thirty pills. Take one three times a day, at meals.

The bowels should be kept regular, and the patient's body and mind engaged in some active or recreating work.

The local treatment is always unpleasant and generally painful, and for this reason I have simplified it as much as I possibly could. In the first place, the patient should be well instructed how to use an injection, or douche, through the nostrils. (I prefer the syringe, for the reason that the force of the current can always be regulated by the patient himself). When he can open his mouth sufficiently and breathe while the current is passing from one nostril to the other, and be made to understand that all the water must be allowed to flow out of the nasal passages before breathing through them, then he can be intrusted with that part of the treatment. During a ten years' constant application of this method, I have not met with a case of inflammation of the middle ear produced by an injection when used as above directed.

A solution of common salt, in warm water, has given better results than any other injection I have used. It is generally soothing, and washes out the passages very well. When this application is made three times a day, and the passages are well cleansed, no hard scab has time to form, the nauseous smell soon disappears, and the disease is checked in its progress.

When the disease is on the wane, light astringent injections may occasionally be used to an advantage. Acetate of lead, tannic acid, and sulphate of quinine may be used in weak solutions.

The patient should also be instructed how to mop the upper part of the pharynx by a tongue-depressor, if necessary, and to make local applications there

with a curved camel's hair brush or mop made with cotton-wool. For such applications I prefer a solution of chlorate of potash or of common salt where there exists much irritation, and of turpentine when the circulation is sluggish and the parts are covered with a muco-purulent secretion.

Having the patient conversant with the use of the mop, the nasal passages cleansed, and the pharynx attended to daily, the moment that these means are found to have caused a check in the progress of the disease is the most favorable time for the physician to begin the local curative applications. Of these I have found nitrate of silver to answer best, and use it almost exclusively. When a strong impression requires to be made on the mucous membrane, I use a solution of one hundred to one hundred and twenty grains to the ounce, with a very fine atomizer, washing off the parts immediately after with a solution of salt. When a stimulating influence is desired, a solution of ten to forty grains is best. Such applications should be made over the nasal passages and the pharynx once every fourth, sixth or seventh day, judging from the effects produced, until the disease is entirely cured; otherwise you will have the mortification of going back over the same routine with your patient, or of seeing him leave you dissatisfied.

The result of the above treatment will generally be as follows: The appetite returns, the coloring of the skin improves gradually, the weight of the body increases, the spirits become more buoyant, and your patient is not only grateful for the benefits obtained, but is anxious, among women especially, to carry on strictly the directions of the physician until an entire restoration to health is obtained. Men generally abandon the treatment before its completion, and the result is that while there are some who do recover, many have a return of the disease and all its unpleasant symptoms.—*J. C. LeHardy, M.D., in the Atlanta Med. and Surg. Jour.*

THE TREATMENT OF SLEEPLESSNESS CONNECTED WITH EXCITEMENT IN MALE LUNATICS.

In a paper reported in the *Zeitschrift für Psychiatrie* (Bd. 33, Heft 2), Dr. Wittich advocates two modes of treatment for the above form of insomnia. The first of these is the administration of bromide of potassium in doses of from six to nine grammes (about one and a half to two and a half drachms) in the twenty-four hours. This treatment is specially applicable to cases in which the symptoms appear to arise from hyperæmia of the brain. The other method employed, which is most useful when anæmia of the brain is present, is giving the patient one or two quarts of beer in the evening. Tables which have been kept in the Heppenheim Asylum show that these two plans of treatment have yielded results almost equal to those of chloral-hydrate and the subcutaneous injection of morphia. In a considerable number of cases, moreover, where the last-mentioned drugs had failed, sleep was obtained by one of the methods mentioned above.—*London Med. Rec., March 15, 1877.*

ON THE OPERATIVE TREATMENT OF INTERNAL PILES.

Mr. Thomas Annandale, surgeon to the Royal Infirmary, Edinburgh, holds (*Edinburgh Med. Journal*, June, 1876) the true principle of operative interference in cases of internal piles to be—to confine the operation in cases in which the disease is uncomplicated with other serious affections, has resisted ordinary treatment, and is causing disturbance to the general health or comfort, either by bleeding or by constant protrusion and irritation, or both.

The principle of the operation itself is to destroy or remove simply, effectually, and without hemorrhage, the vascular growths or masses forming the piles; and in so doing to leave a sore or sores which will heal and contract safely, quickly and thoroughly.

The advantages of the clamp and cautery (Smith's operation), as compared with the use of the ligature, the two operations at present in general use for the cure of internal piles, are, in Mr. Annandale's opinion, as follows:—

1. By means of the clamp and cautery the piles are at once removed, and do not remain in the rectum as dead and putrid masses.
2. The irritation and pain are not so severe or so prolonged as in the operation by ligature.
3. The patient's confinement to bed and to the house is much shorter.
4. The resulting sores heal more quickly, and are attended with less risk of suppuration and its attendant local and general dangers.

It so happens that I can offer some strong evidence in favour of the clamp and cautery in connection with the amount of pain and irritation following the operation, and the quickness of recovery after it—for, in three of my cases operated upon in this way the patients had previously undergone the operation by ligature. The testimony of all these patients who had experienced both methods was most strongly in favour of the clamp and cautery.

Mr. Annandale asks, Are there any risks connected with the use of the clamp and cautery? One of the principal objections which has been brought against this method is the risk of hemorrhage after the operation. If the cautery or heated knife be properly used at an almost black heat, and ordinary precautions taken after the operation, I consider that the risk is a very slight one indeed. There has been hemorrhage in only one of my cases—to which I have already referred—and there was good cause for its occurring. Is this operation entirely free from the risk of pyæmia? Cases have occurred, and have been reported, in which fatal pyæmia has followed the use of the clamp and cautery; and I myself have met with one case, which I will briefly relate.

A few years ago I operated on a gentleman æt. 50 and removed, with the clamp and cautery, three large internal piles. On the fifth day after the operation the patient was out of bed, and appeared to be progressing in every way favourably. On the sixth day he had a rigour. On the seventh day he complained of pain in his side, and symptoms of

pneumonia were present. On the tenth day he died, and evidently from acute pyæmia.

Although, therefore, acute pyæmia may follow this operation, I am strongly of opinion that there is less risk of its resulting from the use of the clamp and cautery than from the employment of the ligature. In confirmation of this, I think I am justified in stating, that experience has shown that a wound made—especially in vascular textures—by a heated wire, knife, or other instrument, in operative surgery, is attended with less risk of pyæmia and septicæmia than one made by other means, provided antiseptics are not employed—and the rectum is a situation where they cannot be satisfactorily used.

If the clamp and cautery are used for the removal of internal piles, it is very important that the cautery or other heated instrument should be carefully applied, and at an almost black heat. I have recently employed the thermo-cautery knife in two cases to cut off the piles after they have been seized with the clamp, and I have found it most simple and efficient in its application.

As is well known, internal piles are often complicated with external piles, or with a looseness or redundancy of the skin round the anus—and it becomes a point of considerable practical importance to consider how far such complication should be dealt with when operating upon the internal tumours. When distinct external piles exist along with internal ones, there can be no doubt that the proper practice is to cut them off at the time of operating upon the internal tumours; but when the condition is simply a general looseness of the skin surrounding the anus, then I think that it should not be interfered with, unless it is very marked. I have seen very troublesome results from the too free removal of such skin, which, when the internal piles are protruded seem more redundant than it really is. The plan I myself follow is to carefully examine the external parts after the internal piles and any prolapsed mucous membrane have been thoroughly pushed up into the rectum. If then well marked external piles or any very redundant folds of skin are present, I consider it a proper case in which to cut them off; but, if the looseness or folds of skin are not aggravated, it is better not to interfere with them.

In conclusion, and as a result of my experience, supported by the facts detailed, I would offer the following opinion in regard to the ligature *versus* the clamp and cautery: That although internal piles may be successfully removed by the ligature, their removal by the clamp and cautery is much to be preferred.

THE DEEP INJECTION OF CHLOROFORM.

Drs. Hall, Curtis, and C. E. Stedman, of the Boston City Hospital, have recently reported in the *Journal*, a number of cases of sciatica, in which the treatment by the deep injection of chloroform, first introduced by Bartholow in a case of infra-orbital neuralgia, was used with marked success.—*The Boston Medical and Surgical Journal*, Aug. 30, 1877.

DANGEROUS PRESCRIPTIONS.

Some cases are mentioned in our exchanges in which corrosive sublimate has been dispensed for calomel in consequence of either prescriber or dispenser being unable to follow the changes which have been made in the nomenclature of these two chlorides. We have always doubted the propriety of a Pharmacopœia attempting to follow the shifting views of chemical theory. A name for a drug need not be chemically correct. A worse case is reported in which *hyd. chlor.* was written by a physician who intended it for hydrate of chloral. Corrosive sublimate was dispensed, and the patient nearly killed, life being saved by vomiting occurring immediately on swallowing the poison, and timely aid. A critic who pronounces the physician's act a blunder, and the dispenser's worse, says the rule should be religiously observed never to abbreviate those words, but write in full, *hydratis chlorali*, or else put it in English. Now the word *chloral* is not declinable in Latin, and should, moreover, precede *hydratis*. Its proper position would render such another blunder less likely, and should, therefore, be assigned to it.—*N. Y. Medical Record.*

CHROMIC ACID IN THE TREATMENT OF ULCERATING GRANULATIONS OF THE OS UTERI.

In the *Annales de la Société de Médecine de Gand*, M. Kœberle prefers chromic as a cauterising agent to the other remedies usually used, as pernitrate of mercury, iodine, nitrate of silver, and the actual cautery. He uses it in the crystalloid condition. It is a very anhydrous substance, and readily absorbs the moisture from the tissues which it may touch. M. Kœberle applies it through an India-rubber speculum on a tampon of cotton-wool. Vomiting often supervenes within fifteen or twenty minutes from the application of the acid. When the tissues are seriously altered, it is necessary to repeat the cauterisation, but M. Kœberle has hitherto found three applications to suffice. After the application he applies a tampon, and advises the patient to use two soap-and-water injections daily. He treats all ulcerations of the os in this way, as in epithelioma.—*London Med. Rec.*, March 15, 1877.

CHROMIC ACID FOR WARTS.

Three or four applications of this acid will cause the disappearance of warts, however hard, large, or dense these may be. The application gives rise to neither pain, suppuration, nor cicatrices, the sole inconvenience being the production of a dark brown color.—*L'Union Médicale*, April 22, 1876.

The use of iodine is sometimes objected to on account of its staining the skin. It is not generally known that a very small quantity of carbolic acid will render this agent colourless without destroying its therapeutic properties.

RECOVERY AFTER TAKING EIGHTY GRAINS OF TARTAR-EMETIC.

Mr. F. Mason, Bath, England, reports, in the *Brit. Med. Jour.*, a case of a laboring man who took, by the mistake of a prescribing druggist, eighty grains of tartar-emetica. No very serious results followed, but the use of tannin and emetics was resorted to, followed by decoctions of cinchona. The patient had been suffering with diarrhoea for several weeks, and seems really to have been benefited rather than made worse by the rough treatment he experienced.

MIGRAINE.

In order to alleviate pain in the course of an attack of migraine, or to cut it short at the commencement Delieux recommends the juice of lemon to be squeezed into a cup of coffee without milk or sugar, and drunk off at a draught.—*Med. Times and Gaz.*, Aug. 25, 1877.

THE STRUCTURE AND GENESIS OF CHALAZION.

Dr. Vincentis, of Naples, (abstract in *Annales d'Oculistique*, Nov.-Dec., 1876, finds that chalazion is composed of giant-cells and an enveloping capsule. The capsule is not simple, but formed of two parts, of which one envelopes the greater part of the tumour, and the other is accessory to the cartilage. The tumour also is composed of two parts, a central, homogeneous in character, and an external, consisting of small masses separated from one another by connective tissue. The origin of a chalazion lies in the inflammation of a Meibomian follicle, and the giant-cells spring from the epithelium of the Meibomian gland.—*London Med. Rec.*, March 15, 1877.

DRY DRESSING.

THE days of water dressing have been numbered by antiseptics, and these latter are now threatened just as ointments were by water. Mr. Robert Hamilton, of Leeds, has contributed an interesting paper to the *Lancet* (5th May) on the advantages of the "anhydrous dressing of wounds," in which he endoavours to show that water should not be permitted to come near any wound, and that the exclusion of this agent is the real cause of much of the success which has attended Lister's method, and the almost equally good results obtained by the use of our old friend "Friar's balsam." Mr. Hamilton believes that in so far as we can keep an abraded surface free from all external agencies, just so far shall we succeed in facilitating the healing process. He holds, too, that amongst the external agencies which are injurious water is worse than the atmosphere. His hope for the future is in the avoidance of heat and moisture. Certainly the results that in so many cases follow the use of dry lint or cotton wool on small wounds, especially scalp wounds, support the idea, which will further be acceptable to those who have witnessed the success of the popular applications of some nap from a silk hat,

burnt rag, tobacco, and other substances which are often used by the public.

Dr. T. R. Fraser succeeds Sir Robt. Christison to the Chair of Materia Medica in the University of Edinburgh.

FORMULÆ FOR THE TREATMENT OF SCROFULOUS OZÆNA.

M. Ory, (*La France Méd.*, 1877, p. 387) gives the following formulæ. He remarks that scrofulous ozæna is an affection peculiarly painful and annoying, both to the patient and those who surround him. In order to combat the odor, Trousseau was accustomed to employ one of the following powders:

1. ℞ Bismuth. subnit.,
Talc. venetian., aa ʒ iv.—M.
2. ℞ Potassii chlorat., gr. xxx;
Sacch. alb. pulv., ʒ iv.—M.
3. ℞ Hydrarg. præcip. alb., gr. iv;
Sacch. alb. pulv., ʒ iv.—M.

He recommends that the nasal fossæ should first be thoroughly cleansed, and all crusts, etc., removed.

Debout prescribes:

- ℞ Bismuth. subnit., ʒ iv;
Potassii chlorat., gr. xvj.—M.

He also recommends the use of sulphur waters together with cod-liver oil and arsenic internally. Percy recommends injections for the nose:

- ℞ Tinct. iodinii, ℥ xlv;
Acid. carbolice., ℥ vi;
Glycerinæ f ʒ i;
Aq. destillat., f ʒ v.—M

The proportion of carbolie acid may be increased. Gailleton urges the use of solutions of common salt—one pint of salt to one hundred pints of water—by way of injection.

These injections should be abundant, and should be made with the aid of the nasal douche, the nasal passages being thoroughly cleansed by passing several quarts of water through them two or three times a day.

Lailler, besides the use of general treatment, is in the habit of employing injections with the following solution:

- ℞ Chloral hydrat., ʒ iss;
Aquæ, f ʒ ii.—M.

The repulsive odor of ozæna is likewise happily neutralized by dilute solutions of hypochlorite of sodium. The following formula containing pix may also be employed:

- ℞ Sodii carb. cryst. pulv., gr. xvi;
Picis liq., gtt. xvi;
Aquæ, f ʒ iiij.—M.

Davy recommends the following astringent injection:

- ℞ Tannin, gr. iss,
Glycerinæ, gtt. xxx;
Aq. destillat.,
Aq. rosæ, aa f ʒ ss.—M. x.

SUBCUTANEOUS INJECTIONS IN HÆMOPTYSIS.

Dr. Jos. Hirschfeld (*Wien. Med. Presse*, 1877, p. 724) alludes to the various methods used to combat bleeding from the lungs. Cold acts reflexly in contracting the vessels and restricting their lumina, and thus aids the formation of a thrombus. Swallowing bits of ice is preferable to the external application of cold. Whatever be the therapeutic means employed, it is aided by deep inspiration and holding the breath, on the patient's part (except when the bleeding occurs from a cavity). The compression exerted by the forcibly inspired and retained air exercises undoubtedly a certain pressure upon the vascular walls and the gaping wound. With this object, Hirschfeld causes the patient to suck a cooling drink, slowly, through a glass tube. The forced inhalation of astringent medicines has not succeeded so well as was expected. Where it has acted well, this is probably because of the deep inspiration accompanying. Styptics, like alum, acetate of lead, tannin, chloride of iron, etc., which reach their destination only after digestion, are of little value, and not unfrequently upset the stomach. Among narcotics, digitalis is most important; in increased cardiac action, and particularly in cases where an uncompensated cardiac deficiency is at the bottom of the trouble, it is a useful though slowly-acting remedy.

The sovereign agent in hæmoptysis, however, is ergotin, which, as is known, acts as a vaso-constrictor. For this use of ergotin we are indebted to Drasche, who recommended its hypodermic use in 1871. Aside from the rapid and active action of this agent, when employed in the manner mentioned, every physician knows how difficult it frequently is to get a patient suffering from hæmoptysis to take anything by the mouth: a remedy which can be kept always ready and can be administered hypodermically is therefore a prize. Ergotin is best administered in glycerin solution (1 to 10). After the injection considerable sensitiveness exists about the puncture, followed by a sensation of warmth, and slight reddening, which disappears in the course of eight or ten hours. It is well known that patients who suffer from repeated attacks of hæmoptysis are found in a condition of marked psychological excitement, since they well know the risk they run. This psychological disturbance allows the patient to rest with difficulty or not at all: this rest is, however, very necessary, if the hæmorrhage is to be controlled. In addition, there is also the irritation of the blood poured out, which is loosened by repeated attacks of coughing, thus keeping up the hæmorrhage and preventing the closure of the vessel by a thrombus. In order to avoid this, II. is accustomed to precede or accompany the ergotin injection by one of morphia. Under the influence of the latter, rest and the resultant quiet of the parts ensue, and the ergotin is enabled to exercise its hæmostatic influence to the best advantage.

RICORD'S COUGH PILLS.

Morphiæ hydrochloratis.....	gr. v;
Extracti hyoseyami	gr. viij;
Rad. belladonnæ pulv	} aa gr. xl̄v;
Rad. glycyrrhizæ pulv	
Mellis	
Balsami tolutani.....	gr. lxxv;
Ol. theobromœ.....	gr. lxxv.

Make into one hundred pills. Each contains one-twentieth of a grain of hydrochlorate (muriate) of morphia.

Dose—One pill every five or six hours, in chronic bronchitis accompanied with cough.—*New Remedies.*

THE ELECTRICITY OF THE HUMAN BODY.

It has been long known from positive and conclusive facts that the human body is charged with electricity in the high altitudes and excessively dry atmosphere of the plateaux of the Sierra Nevada and Rocky Mountains. But it is not so generally known that the accumulation of this electricity may cause very great danger to persons carrying explosive substances.

Two grave and distressing accidents occurred a few months ago at the entrance of the Sutro tunnel, both occasioned by the sudden explosion, in an incomprehensible manner, of a quantity of priming powder in percussion cases.

In the first instance, Mr. Henry L. Foreman, a man of high culture, a former attaché of the telegraphic service at Washington, was examining the cases when 200 of them exploded, blinding and dangerously wounding the unfortunate man. The cases were large copper priming capsules for cannon, each an inch long, charged with fulminate of mercury.

The second accident occurred only a few weeks ago and almost under the same circumstances, at the same place, whereby Thomas Coombs lost his hand and a part of his left arm. He was engaged in packing away ten of these cases, when all at once, and without apparent cause, they all exploded, mutilating their victim so cruelly as to render necessary immediate amputation.

These accidents led M. Sutro to undertake a series of experiments with a view of determining seriously the cause of the inexplicable explosions. This investigation has led him to believe that they were due to electricity disengaged from the human body, and it was to confirm this idea that he commenced his experiments.

The experiments were made as follows: Having insulated a package of cases upon a piece of carpet, he connected with them metal wires of length sufficient to remove the operator from all danger. He now walked up and down the chamber a few minutes and then held a knuckle to the end of the wire, whereupon an explosion followed at once.

This experiment was repeated a number of times with different explosive apparatus, such as those employed by the San Francisco Company, and those of the Electrical Construction Company, and always

with the same results. They go to prove that explosive machines may be discharged by the electricity accumulated in the human body.

Instructions were therefore given to the entire *personnel* of the tunnel. All the men were furnished with boots which were conductors of electricity, and were ordered to wet the boots before entering the tunnel where the explosive material was placed. By taking thus this simple but highly scientific precaution a repetition was prevented of the accidents which rendered Messrs. Foreman and Coombs victims for life.—*La France Medicale*, June 13, 1877.

IN ANAL FISSURE.

Trousseau recommended both the tincture and extract of rhatanny in fissure of the anus, a drachm of each in five ounces of water, by enema. In prescribing the remedies glycerin will be found a convenient excipient; as

R̄. Tinct. kramerizæ	ʒj;
Ext. kramerizæ.....	ʒj;
Glycerinæ	ʒiij. M.

S. A tablespoonful in a tumblerful of water by injection.

HYDROBROMIC ACID.

Edward Woakes, M.D., Surgeon to the Throat Hospital, London, writes to the *British Medical Journal*: This drug having established its claim to antagonize the ear symptoms occasioned by large doses of quinine, there appears to be but one step between this fact and the inference that it should be equally efficacious in analogous states of the ear arising from other causes. Viewing certain forms of tinnitus as possessing marked analogy to the condition induced by quinine—one, that is, of congested labyrinthine circulation—I have prescribed certain remedies with a view to the relief of this most distressing symptom; among these codeia, with some advantage, but not in any degree comparable to the results attending the hydrobromic acid. It may be needless to remark that the cases should be selected with a view to their appositeness to the presumed physiological action of the drug; and the indication which should be regarded as most distinctly pointing in this direction is that the noises have more or less of a pulsating, or, as the patient will describe it, a "knocking" character. The existence of vertigo, if present, will rather confirm the indication for the exhibition of the acid. The subjoined cases are intended to illustrate these remarks, and are taken from a number of others under recent observation.

F. C., aged twenty-four, was the subject of otorrhœa media, associated with tinnitus of a very distressing character. This latter symptom persisted long after the others had yielded to treatment. The patient, a fairly intelligent mechanic, described the noises as increased on lying down, when they became "like the knocking of his heart." He was ordered fifteen minims of hydrobromic acid in water every

four hours. At his next visit he stated that, after taking three doses, the noises had much diminished, an improvement which steadily continued, so that at the end of a week he considered himself well.

J. T., a chorister, aged thirty-three, presented an acutely inflamed condition of the lining membrane of the middle ear, which projected through a large central perforation of the drumhead. The external meatus was red and tender in its deepest portion, and near the membrane were two granular polypoid growths. There was abundant otorrhœa, of a very foetid description. After removal of the growths from the external canal, the subsidence of the inflammatory state of the tympanic cavity, together with the discharge, he still complained of pulsating noises in the head, increased by walking or stooping, headache and occasional giddiness. The hydrobromic acid was given, as in the previous case, with an equally rapid disappearance of all the symptoms associated with the tinnitus.

Two points appear important to secure the success of the drug. 1. The auditory apparatus must be clear of any well marked objective morbid process. 2. The tinnitus should present the characters of congested blood-supply, already alluded to. In mentioning the foregoing facts at a recent discussion at the Harveian Society, owing to the lateness of the hour, the distinctive indications for the successful administration of the drug were not insisted upon, an omission which, I trust, this communication will sufficiently rectify.

A NEW MUCILAGE.

The *Journal de Pharmacie* states that if, to a solution of gum-arabic, measuring $8\frac{1}{2}$ fluid ounces, a solution of 30 grains of sulphate of aluminum dissolved in two-thirds of an ounce of water be added a very strong mucilage is formed, capable of fastening wood together, or of mending porcelain or glass.

UNDER the head of "Honors to an American," the *St Louis Clinical Record* makes the following very severe statements, which, if true, ought to be generally known, and, if not true, ought to subject the editor of the *Record* to damages for libel:

"Several of our contemporaries are giving great prominence to Dr. Sayre's very flattering reception in England. It seems that Dr. Sayre went to England to advertise his (*sic*) method of treating spinal curvature. He intends to publish a book describing his (?) processes, and expects a large sale under an English copyright.

"This would be all very well—in fact, just as it should be—if Dr. Sayre had ever invented anything, which he never did, so far as we are informed.

"'Dr. Sayre's hip-joint splint' was invented by Dr. Davis.

"'Dr. Sayre's plaster-of-Paris jacket' was invented and first applied by Dr. Bryan, of Lexington, Kentucky.

'Dr. Sayre's method of self-suspension in rotary-lateral spinal curvature' was invented by Dr. Benj. Lee, of Philadelphia.

"'Dr. Sayre's lectures on orthopædic surgery' were by Dr. Louis Bauer, formerly of Brooklyn, New York, now of St. Louis.

"As a plagiarist and 'father of other men's ideas,' Dr. Sayre is without a rival. We are glad to see that our English cousins delight to honor such representative Americans (Heaven save the mark!) as P. T. Barnum and L. A. Sayre. *Vive le hubbug!*"

INSOMNIA AND ITS TREATMENT.

In the numbers of the *Archives Générales de Médecine* for May and June, 1877, appears an article on this subject, by Dr. Willemin. It consists of a careful compilation of the views of different writers on insomnia. The question is treated under three heads—1. The Physiology of Sleep; 2. The Causes of Insomnia; Treatment of Insomnia. The general conclusions from the whole article are as follows.

1. Sleep is the result of a diminution of cerebral cell activity, induced by the fatigue or exhaustion following mental or bodily exertion. These physical conditions modify the vasomotor system; the afflux of blood to the brain is reduced, and a condition of temporary anæmia takes place. The cerebral activity is thus diminished, and sleep follows, during which the nervous elements are repaired.

2. The cause of insomnia is a persistent abnormal activity of the cerebral nervous elements, due to some internal or external irritation. It may also be due to active congestion of the brain, which causes abnormal functional activity of its cellular substance.

3. Insomnia may also be the result of a peculiar nervous condition, associated with general anæmia, in which, owing to changes in the nervous elements, there is a modification in the circulation of the brain.

4. In the treatment of insomnia it is important to first ascertain its cause. Slight cases are usually successfully treated by general hygienic measures.

5. Insomnia occurring during acute or chronic maladies cannot, as a rule, be rapidly relieved. Therefore, while waiting the recovery of the disease, the symptom is to be treated with hypnotics, at the head of which is opium and its alkaloids.

6. Morphia is the most somniferous principle of opium. Narcein and codeine, although less active in this respect, leave fewer traces of headache and malaise. Opium preparations are more particularly useful in insomnia associated with pain. They are contra-indicated when there exists any cerebral congestion.

7. Bromide of potassium has a much less powerful hypnotic action than opium. Its use is indicated in those cases due to excitement of the cerebral circula-

tion, in which opiates are useless and injurious. It has been employed successfully as a calmative in children. It is contra-indicated in cases of marked anæmia.

8. Sulphate of quinine, like the bromide, appears to exercise the action of relieving the congestion of the cerebral nervous elements.

9. Hydrate of chloral is an excellent hypnotic in almost all cases of insomnia, but it is to be given with caution to persons suffering from dyspnæa, cardiac affections, or great debility.

10. The insomnia of old persons or patients suffering from great debility or anæmia is sometimes successfully treated by tonics, stimulants and hydro-pathy.

THERAPEUTICS OF TETANUS.

An anonymous writer in the *Practitioner* for August gives an interesting retrospect of the medical treatment of tetanus, from which we extract the following notes:—*Chloroform* has had an extensive trial; it has been administered in large quantities, sometimes with apparent success. Simpson narcotised a child for thirteen consecutive days, using $\frac{3}{4}$ 100 with mercury. But the general result is that while all the fatal symptoms disappear on the inhalation of chloroform, they return on its removal with unabated violence, and the disease generally lands them to its fatal conclusion without delay. *Chloral hydrate* has now taken the place of chloroform in the treatment of tetanus, but without more success. There appears to be great tolerance of the drug, and a case is quoted of a child of 12½ years who took more than 100gr. a day. Dr. Ballantyne, of Dalkeith, gave $\frac{3}{4}$ iij. in twenty-four hours, and $\frac{3}{4}$ vj. in five weeks, with success, the patient during this time being easily aroused to speak. It seems, however, to be a valuable drug in alleviating the symptoms. Its injection into the veins and its subcutaneous injection have not been so successful. *Calabar bean*, which, like chloral, affects the spinal chord, and has little or no action on the motor and sensory nerves, has been recently much employed. As with other drugs, its administration has been at one time apparently successful, and at another a perfect failure. It has, moreover, to be given in comparatively large doses. The spasms are controlled and the body heat sinks, and if the drug be withheld the paroxysms return, while if it be pressed the patient comes into a somewhat dangerous condition. A large dose is required to produce by subcutaneous injection contraction of the pupil, sometimes as much as $\frac{1}{2}$ gr. every two hours. There is not much to be said in favour of either *opium* alone, or opium combined with chloral; while *nitrite of amyl*, *bromide of potassium*, and *conium* have been alike tried in vain. A more favourable report is given of *aconite*, the exhibition of which has been attended in some cases with remarkable results. It lowered the pulse, which fell in one case from 135 to 60, with a simultaneous decrease of the convulsions; but the effects of the drug constitute in themselves a new danger which must be carefully controlled. Tendency to syncope, wakefulness, vertigo, dilatation, and insensibility of

the pupil; small, intermittent, and irregular pulse, and increased irritability of the nervous system are often the result of giving this remedy. The writer of the article referred to believes that such a summary as he has given makes an appeal to pathology to throw fresh light upon this disease, and he hopes that some combination of these agents will be able to accomplish what each one of them singly has been found unable to accomplish.

We have no doubt that we shall one day find a remedy that is as really successful in the treatment of tetanus as the bromide of potassium has been found to be in some forms of epilepsy; but just as we are not indebted to pathology for the discovery of the therapeutic virtues of the bromide in epilepsy, so we are far from being sanguine that pathology will point out by-and-by the drug or combination of drugs which will cure the disease under consideration. In all probability the chemist or the botanist has already provided the remedy; and perhaps it remains for empirical experiment, rather than for physiology or pathology, to find it out.—*Dublin Medical Press*.

ON RUPTURE OF THE MEMBRANES IN LABOR.

Dr. William Stephenson, Professor of Midwifery in the University of Aberdeen, in an article in the *British Medical Journal*, proceeds to discuss the diagnosis of the conditions which warrant us in having recourse to rupture of the membranes before the full dilatation of the os. The first point is the determination of the degree of expansion of the lower uterine segment. We have seen that the size of the external os is no criterion of expansion. The os, in fact, may be very small, and yet expansion may be complete. It is by the internal os that we can best judge, but this is hard to reach, and difficult to determine its exact site. There is one means, however, of ready access, whereby we can form a proximate opinion; it is the degree of dilatation or updrawing of the vaginal cul-de-sac. This is a point which has been entirely left out in the consideration of the first stage. It is a matter of common experience to find, in the class of cases where we feel something is required to promote a labor with tardy dilatation of the os, that the upper part of the vagina is well expanded and drawn up, greatly increasing the perceptible diaphragm of the cervix, which alone obstructs the continuity of the developed canal. Now, we know that the longitudinal muscular fibres of the vagina run upward, and are continuous with those of the body of the uterus, and that the attachments of the uterus in their upper portion correspond with the internal os. This portion, then, cannot undergo expansion without carrying with it the tissues which are in connection therewith. Consequently, we find that, as the first stage of labor advances, the upper part of the vagina is dilated until it seems to coincide pretty closely with the upper part of the bony canal. When, therefore, a considerable portion of the lower segment of the uterus can be felt in the vagina, and not merely through its walls, expansion is certain to be com-

plete, whatever may be the size of the parturient ring; and the tissues composing it are those of the cervix proper, and not the uterus. Under such circumstances, I believe the membranes may be ruptured with advantage. It is, however, unnecessary, in many cases, to wait for the full development of the condition above described. I have taken the extreme state as being most readily understood, and indicating the direction in which our observations should be made.

Another class of cases, or it may be only an additional character to those of the first, are where the action of the uterus seems to be effecting, not steady dilatation, but extreme thinning of the tissue of the cervix; and also where the head is felt to be in close contact with the parturient ring, there being little or no bag of waters.

The next point to be considered is the quantity of liquor amnii; not the actual quantity, as is generally referred to when speaking of it being present in excess, but the proportion its amount bears to the size of the child, and also to the capacity of the amniotic sac. This latter is rarely quite filled; otherwise, it would remain much more tense than it usually does in the intervals between the pains. If it be nearly or entirely distended, it will interfere with the power of restitution of form, by preventing alteration in the form of the uterus, and consequent action on the foetus, even though the actual quantity of waters is not greater than ordinary. In this circumstance, it must be regarded as really in excess, quite as much as where there is excess in actual quantity. Undue tension, therefore, of the membranes during a relaxed state of the uterus must be regarded as unfavorable to the mechanism of labor, and as warranting an earlier rupture of the membranes than under other circumstances.

The liquor amnii must also be considered in excess, irrespectively of actual quantity, if it be unduly great in proportion to the size of the child. Here, again, it interferes with the action of the force which restores form, or the axial force. If, therefore, the parts of the child be not recognizable externally with ordinary facility during a relaxed state of the uterus; if ballottement be unusually facile, and especially can be felt during a pain, the probability is that there is a true excess of liquor amnii; and this condition would fully warrant the rupture of the membranes before the full dilatation of the os; the other conditions being favorable to the operation.

THE TREATMENT OF MALIGNANT PUSTULE.

Bompaire has frequently observed anthrocoïd affections amongst the numerous tanners living at Millau (Aveyron). He recommends, in the *Montpellier Medical* for January, 1877, the following treatment: 1. In slight forms of malignant pustule, when the surgeon has been called in at the beginning, a simple cauterization with Vienna paste is sufficient, and Dr. Bompaire believes that it stops the disease in the majority of cases. 2. When the tumor has acquired a certain development, when the general symptoms

have shown themselves in the usual way toward the fourth or fifth day, cauterization should be preceded by a crucial incision through, as far as possible, the whole depth of the slough. 3. Finally, when medical assistance has been called in late, when the malignant pustule has reached the seventh or eighth day, and œdema has invaded a large surface, action must be taken even when the general symptoms are very serious, and life itself seems in danger. Observation shows that, in these cases, the excision of the slough, combined with vigorous cauterization with sulphuric acid, may be of great service and save the patient. Antiseptics, such as carbolic and salicylic acid and tonics, should be administered internally. —*The London Medical Record*, July 15, 1877.

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITOR:

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

SUBSCRIPTION TWO DOLLARS PER ANNUM.

All communications and Exchanges must be addressed to the Editor, Drawer 356, Postoffice, Montreal.

MONTREAL, OCTOBER, 1877.

OUR SIXTH VOLUME.

Our present issue is the first number of our sixth volume. We enter upon it in the hope that the revival in business, which is said to be taking place, may be felt by ourselves, for we are free to confess that the past year has been a hard one with us. Regularly every three months we have had to pay the printer; but very few, comparatively, of those to whom we believe we have been, during the year, a welcome visitor, have sent us any of the needful, to assist us in doing so. We have had to draw upon our private resources, and, to-day, the *Record* is very considerably in our debt. Now this should not be. Our subscription list is quite large enough to cover the entire cost, and, with a view of ensuring prompt payment, we have placed its subscription at the lowest possible rate. If, however, some subscribers must have from one to four years' credit, and we must pay for our work what is equivalent to cash, no other recourse is left open to us but to increase the subscription rate to those who are thus dilatory. We have, therefore, altered the terms of our subscription as follows: To all who pay for the *Record* previous to the end of the volume, the price will remain as now, two dollars a year, after that it will be charged at the rate of three dollars a year. These new terms will only take

effect from the present volume; old arrears will be collected at the old rate. We enclosed accounts in our last issue to, we believe, nearly all our subscribers. Will they kindly remit at once. The amount due by each is not very large, but when we say that in the aggregate, they foot up over two thousand five hundred dollars, its importance to us will, perhaps, be better understood. We have another favor to ask of our patrons. We have good reason to believe that, as a rule, our *Record* is well liked, and its monthly visits are looked forward to with pleasure. Have we not reason to think so, when the following extract from a subscriber in the Eastern Townships is, in substance, what we have very frequently written to us from every portion of the Dominion: "There is only one fault with your periodical. It is only half as large as it ought to be. It is just what a man like me wants. It is practical." Now, much as we would like to enlarge the *Record*, we cannot do it with our present subscription list, but if our circulation was doubled, then something could be done in that way. That it is quite possible for this to be accomplished, we are certain, if our subscribers would make but a little exertion on our behalf. There are but very few of them who could not induce one fellow-practitioner to take the *Record*, some could induce more; we know this to be the case, for a friend and subscriber to whom we made the suggestion, has, since the issue of the last number, sent us five new names, which he says he got with great ease. Will our subscribers take the hint, and act upon our suggestion. We believe the *Record* to be worth recommending, and feel satisfied that any subscriber willing to do so can do it with a clear conscience. Let the next month show a large increase in our subscription list.

BACK NUMBERS.

We have a few copies of each number of Volume I. still on hand. Any subscriber wishing to complete this volume, should do so at once, as our supply will soon be exhausted. Price 30 cents each copy. Copies of Volume II. can also be had, price 25 cents each copy. Single numbers of Volumes III, IV, and V, can be supplied at 20 cents. Remittances may be made in postage stamps. These rates will only hold good for the next six months, as far as volumes I and II are concerned.

THE SPECIMEN-COPY MAN.

We most heartily endorse the following editorial, from the editor of the *Detroit Medical Review*, for the current month. His experience has been a counterpart of our own. Within the past year New Brunswick has been most prolific in this demand, and we confess that we did not fully see through the swindle until somewhat recently. We were then forcibly struck with the somewhat singular fact, that the order for a specimen copy was often repeated from the *same place*, but from a different person, so far as *name* was concerned; but investigation proved that the writing was by the same hand. We will, in future, only send specimen copies when twenty cents in postage stamps is remitted. We will, however, send our present number to all those "specimen-copy men" whose orders are still on file, so that they may know that medical publishers are alive to their little game, which is now quite played out.

"With its occasional amenities the position of editor of a medical journal, like most other avocations in life, has its vexations, and among these few are more irritating than the perennial applicant for specimen copies. Very seldom does a mail reach us wanting the missive whose device is "Please send me a specimen copy of your valuable journal." Earlier in our journalistic experience we were wont to allow ourselves to be flattered by these requests, coming, as they do, from all parts of the compass, and from regions remote. We laid the flattering unction to our soul that we were becoming "extensively and favorably known" to the profession. It did not take us long however, to become convinced that we were being imposed upon, and that the specimen-copy man was a fraud of the first water. We have yet to have our heart made glad by a dollar of the specimen-copy man's money, and the conviction has become most thoroughly grounded that the individual is the meanest kind of a dead-beat, and the only thing we regret, in this connection, is our inability to communicate to every member of the genus our opinion of him."

"We suspect strongly that our contemporaries are contributing to the propagation of this nuisance from the fact that it has latterly been assuming more alarming proportions. Times are hard, but even the specimen-copy man feels his need of a journal, and with the aid of a package of postal cards (he was never known to send a postage stamp for return postage) he seeks to lay in his stock of periodicals. Unless he met with encouragement from some quarter we cannot

but think that even his audacity would wear itself out. Let there be a general shutting down on this nuisance that it may soon be exterminated from the land."

COLLEGE OF PHYSICIANS AND SURGEONS OF
THE PROVINCE OF QUEBEC.

The first meeting of the new Board of Governors of the College, elected under the new Medical Act, was held in the Medical Department of Laval University, Quebec, on the 26th and 27th of September. There was a large attendance of the Governors, some thirty-six being present. Owing to the steamer *Montreal* not arriving at Quebec till after mid-day, the meeting was not regularly organized till three o'clock in the afternoon, when Dr. Rottot, president, took the chair. After some routine business the Board took up the series of by-laws which the Committee, appointed for the purpose, had reported. The consideration of them occupied the Board till nearly one o'clock on the morning of the 27th, when the Board adjourned. At half-past nine it re-assembled, and sat until half-past three o'clock without recess. The by-laws to be submitted for the approval of the Governor in Council, and which were gone through on the previous day, were adopted *en bloc*, and the President was authorized to have them prepared and transmitted to the proper quarter for endorsement. Medical assessors were appointed as follows:—For *Laval University*, Drs. Marsden and Wells, of Quebec; *Victoria College*, Dr. Angus Macdonnell, Montreal, and Dr. F. Painchaud, sen., Varennes; *McGill College*, Hon. Dr. Church, Aylmer, and Dr. P. E. Mignault, Actonvale; *Bishop's University*, Dr. J. B. Gibson, Dunham, and Hon. A. H. Paquet, St. Elizabeth. The report of the Treasurer was also received and adopted, and a new tariff (which when sanctioned by the Governor in Council will be legal) for the cities of Quebec and Montreal, as well as for the country, was decided upon, and ordered to be printed and distributed to members of the profession. Three sub-committees for the examination of candidates to be admitted to practice were appointed as follows:—First sub-committee—*anatomy*, Dr. Lemieux; *surgery*, Dr. Fenwick; *medical jurisprudence*, Dr. F. W. Campbell. Second—*physiology*, Dr. H. Pelletier; *practice of medicine*, Dr. Worthington; *materia medica*, Dr. E. Laberge. Third sub-committee—*chemistry*, Dr. M. J. Ahern; *midwifery*, Dr. L. Tetu; *botany and hygiene*, Dr. M. G. Badaeux. A notice of motion was made to the effect that at

next meeting the Board will apply to the Legislature for permission to have a code of medical ethics. Another resolution was adopted, increasing the fee for the College's license to practice from \$10 to \$20. The following graduates, on presenting their diplomas, received the license of the College to practice: Drs. Bissett and Shepherd, McGill College; Dr. Henchey, member of the Royal College of Surgeons, London; Dr. Toupin, Victoria College, and Drs. Bourbonnais, Gregoire, Antoine Belleau, Lacoursière, A. Latellier de St. Just, and A. Larochelle. The holders of American degrees presented a petition to the Board to be admitted to the examination of candidates to be licensed for practice, when it was resolved "That all persons from recognized colleges outside of Her Majesty's Dominions, who desire to obtain the license of the College, must pass before the matriculation examiners of the Preliminary Examination Board, or furnish satisfactory evidence of having passed an equivalent preliminary examination, and also attend one full six months' course of lectures in some one of the existing medical schools of this Province, and such other course or courses as may be necessary to complete the curriculum required by the Board, and shall pass the professional examination before the Provincial Medical Board. Such persons may enter for such professional examination immediately after having passed their preliminary examination." Another resolution, was adopted, authorising the President of the college to take legal proceedings against all unlicensed midwives in parishes where there is at least one medical man.

McGILL MEDICAL SOCIETY.

This is a society organized by the Medical Students of McGill, which has done a good work among them. Weekly meetings were held from early summer to the end of July, at which readings and papers on medical subjects were given by the members. At present, and during the winter session, the meetings are held fortnightly. Societies of this kind are capable of doing much good, so we hope the professors of McGill will encourage it.

THE MONTREAL MEDICAL SCHOOL.

The various Montreal Medical Schools opened on Monday, October 1st. The introductory lecture at McGill University was given by Professor Osler in the forenoon of that day. At Bishop's University, Professor Kollmyer gave the Introductory, and here an

innovation was made in the time of the lecture, it being delivered in the evening. The result was a very large attendance of the general public. At Victoria College, we understand Professor Peltier opened the course. The attendance of students at each school, so far as we can learn, is about the same as last year.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The Annual Meeting of this Society was held in the rooms of the Natural History Society on Friday evening, October 19th, when Dr. Fenwick, the President, delivered a brief address on his retiring from the Presidential chair. A vote of condolence to the family of the late Dr. Cline, who during the past year had been Secretary to the Society, was carried,—the mover and seconder of the resolution expressing their deep sorrow at the sudden removal of one with such bright prospects before him. The ballot for new officers then took place with the following result:—President, Dr. Francis W. Campbell; 1st Vice-President, Dr. Henry Howard, (Medical Superintendent of Longue Point Lunatic Asylum); 2nd Vice-President, Dr. George Ross; Treasurer, Dr. Alexander Proudfoot, (re-elected); Council, Drs. Fuller, Roddick and Bell. The Treasurer made a report showing that the Society was in a sound financial position.

UNIVERSITY LYING-IN HOSPITAL, MONTREAL.

We have received the Thirty-third Annual Report of the above institution, which was submitted to the subscribers on the 29th of June last. The number of patients admitted during the year was 108, of this number 26 were married and 82 were single. Forty-one students availed themselves of the facilities afforded by the hospital, for instruction in midwifery. There was not any death during the year. The expenditure was \$2,139.27, and the receipts falling slightly short of this sum, the treasurer drew to a small extent upon the Building Fund. This is, considering the great financial depression, a very good statement, and the result of the year's operations may be put down as quite satisfactory.

ENDOWMENT OF THE CHAIR OF SURGERY IN THE UNIVERSITY OF PENNSYLVANIA.

The widow of the late Dr. J. Rhea Barton, of Philadelphia, has endowed with fifty thousand dollars the chair of surgery in this institution. The professorship will hereafter bear the name of the distinguished surgeon to perpetuate whose memory this liberal gift was made.

PERSONAL.

Dr. Oakley, (M.D. McGill College, 1877) has been appointed apothecary or junior assistant surgeon to the Montreal General Hospital.

Dr. Major, of Montreal, is with the Turkish army before Plevna.

Dr. George E. Armstrong, (M.D. McGill University, 1877) has been appointed Assistant Demonstrator of Anatomy in the Medical Faculty of Bishop's University.

Dr. Burland has been appointed House Surgeon to the Montreal General Hospital in place of Dr. Cline deceased. Dr. Brodie has succeeded to the Assistant Surgency.

Dr. Roddick, Professor of Clinical Surgery, McGill University, returned from Europe early in September, after an absence of about five months.

Dr. Henchey, M.R.C.S., Eng., received his license at the meeting of the Board of the College of Physicians and Surgeons of the Province of Quebec, at their meeting held in Quebec, on the 26th of September. Dr. Henchey has settled in the ancient capital.

DR. MATHEWS DUNCAN, having accepted the invitation to assume the duties of obstetric physician to St. Bartholomew's Hospital, will settle in London.

DEATH OF DOCTOR CLINE, HOUSE SURGEON MONTREAL GENERAL HOSPITAL

In our last issue it was our sad duty to briefly announce the death of Dr. John D. Cline, house surgeon of the Montreal General Hospital, on the 29th of September, from diphtheria, after only five days illness. Dr. Cline was a native of Cornwall, Ont., and had attained the age of twenty-five years. He was a graduate in arts of McGill University, taking his B. A. in 1871, and carrying of the Chapman gold medal. In 1874 he took his M. D. from the same University, and his diligence was seen in the fact that he was awarded the Holmes gold medal. He immediately entered the service of the Montreal General Hospital, as apothecary; in 1875 was promoted to the assistant surgery, and the present year he was elected house surgeon. In all the various appointments which he filled in that institution he evinced an untiring amount of energy, which won for him the esteem and warm friendship, not only of the medical staff, but of every one whom his duties brought him in contact, not excepting the poor and helpless, in whose cause he sacrificed his life. During the past year he filled the office of Secretary of the Medico-Chirurgical Society of Montreal, and the

faithful and energetic manner in which he performed his duties, the reports of the Society's proceedings published in these columns, bear ample witness. Had Providence spared his life, a bright future was in store for him. But, though cut off at the very outset of his professional career, his brief life was not in vain, and his memory will long be held in affectionate remembrance by all who knew him.

DEATH OF A MONTREAL DRUGGIST.

Mr. James Goulden, a well-known druggist of Montreal, and one closely associated with the pharmaceutical interests of this Province, was accidentally drowned, or rather died from the effects of a plunge in the cold waters of Gaspé Basin, directly after exercise, on a sultry day. The funeral took place at Montreal, on August 27th, and was largely attended. Deceased was a member of the Masonic body and the St. George's Society, but at the request of the family these organizations did not attend in regalia. In accordance with a request sometime expressed by deceased, the remains were followed by the Council of the Pharmaceutical Association of Quebec; Messrs. Alderman Mercer, Drs. Burland, Read, Douglas, Covernton, and Manson officiating as pall-bearers.

A WELL-DESERVED PUNISHMENT.

At the Court of Queen's Bench held at Sweetburg recently, Sears, who made an outrageous assault on the liberty and person of Dr. Brigham, of Phillipsburg, Missisquoi, Que., was convicted of robbery. On the pretence of bringing the doctor to see a patient a number of miles away, Sears decoyed him in the middle of the night to his (Sears') house, and there attempted to force him to sign some papers under threats of murder. His Honor Judge Dunkin condemned the prisoner to ten years in the penitentiary for the crime.

PROCEEDINGS OF THE CANADA MEDICAL ASSOCIATION.

In our advertising columns the Publication Committee announce that the proceedings of the Tenth Annual Meeting, held in September last, in Montreal, will be issued about the 15th of November, at the rate of \$1.25 a copy. It will be a volume of about 350 pages, and will contain all the valuable papers which were read. We advise all members of the Association, and others, to subscribe. Dr. Osler, Montreal, is the Secretary of the Committee.

LARGE DOSES OF IODIDE OF POTASSIUM.

In the course of the recent meeting of the American Dermatological Association, it was stated that Dr. A. Brooks, of Chicago, had given as much as one thousand grains per diem of iodide of potassium.

LINDSAY & BLAKISTON'S VISITING LIST FOR 1878.

This Visiting List for the ensuing year has been upon our table for some time. It still, in spite of the appearance during the last few years of a few rivals, maintains its pre-eminence. We have used it constantly, and look upon it as invaluable. We very strongly recommend its employment to our readers.

DEATH FROM CHLOROFORM.

The Toronto *Globe* of July 20th reports the death, July 18th, from chloroform, of a patient in the Toronto General Hospital. It was stated at the coroner's inquest that no more than two drachms of chloroform were administered, and that it was given drop by drop. The patient was a woman on whom it was intended to perform some slight operation. The *post mortem* revealed fatty degeneration of the heart.

PHYSICIANS' PRESCRIPTIONS.

In Great Britain and on this Continent there is a well-grounded complaint from physicians, that prescriptions are believed to be the absolute property of the person receiving them, to be handed round among a large circle of friends. Especially is this the case with a certain class of prescriptions, one of which, from a well-known Montreal physician, having, we are informed, been made up several thousand times by persons simply giving the number of the desired recipe. The difficulty is one which is hard to reach, but we notice that the German government is about to make an attempt to grapple with a portion of it. It proposes to pass a law prohibiting chemists to make up any prescriptions containing strong remedies, unless the prescription is again countersigned by the medical man who originally gave it. Our solution of the local difficulty we have alluded to would be the suggestion that the physician should dispense such remedies. It would then be impossible to have them repeated, except through the physician himself.

LATHAM'S CHROMOS.

These chromos are very largely in demand, and are giving entire satisfaction. They make a handsome ornament in a surgeon's office, at a very low figure. *See Adv.*

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