

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

CANADA

MEDICAL & SURGICAL JOURNAL

MAY, 1881.

Original Communications.

CASE OF PARALYSIS OF DOUBTFUL NATURE IN A CHILD.

By D. FRASER GURD, M.D., M.R.C.P., Lond.

[*Read before the Medico-Chirurgical Society of Montreal.*]

On Monday, Jan. 19th, 1880, I was asked to see J. Y., a boy aged 4 years and 7 months, who was said to have been losing power in his legs and complained of great pain in head, back and legs. From his parents I obtained the following family and personal histories up to present attack: Family history good, except that the father has been subject to headaches of a neuralgic nature, having had one intensely severe attack of occipital neuralgia whilst I was treating his son. Have two other children (one older and one younger), both good-natured, healthy boys. My patient, Johnny, described to me by his mother as being the crossiest and worst tempered child she had ever seen; is said to have been a healthy baby till he began cutting his eye and double teeth, during which time he was fretful and restless, and had two or three convulsions with each tooth; at this time he also sweated very much about the head. For eight months after cutting last tooth had good health, but at this time, when 2 years and 8 months old, he lost power in his right ankle and could not walk. A doctor treated him for sprain, but not improving after five months, his mother took him to another doctor, who said he was paralyzed, and applied electricity in the form of baths every second day for three weeks. Little or no benefit

following, he was ordered to the country, and leg and ankle to be rubbed; this was done, and in a couple of weeks he got all right, and was able to run about as well as ever.

This attack, which lasted over six months, I believe was paralysis. His health continued fair up to present illness, with the exception of occasional attacks of vomiting, diarrhoea, and pains in head.

Present illness began Jan. 1st, 1880, when 4 years and 7 months old. He now looked white, and veins of forehead shewed very distinctly; became more cross and restless; would often start in his sleep; had signs of weakness and difficulty in walking, and complained of pains in legs and head. These symptoms very gradually got worse until the 19th, when I was asked to see him. He was of usual height for his age, a little thin, and had the fair complexion and clear skin suggestive of tubercular diathesis. He walked with difficulty, even when holding his mother's hands, the attempt causing him to cry with pains in his legs. The feet were everted and toes dragged; the right hand appeared weak, and dropped at wrist. His mother, thinking worms were the cause of these troubles, was giving him santonine powders and opening medicine. I left orders to stop further dosing, and called again in two days to find that now both hands dropped at wrist, and that he could not stand. On examination, found paralysis of extensors of both forearms and legs; rectum and bladder unaffected; pupils normal; no fever. At times he complained of pains in back; head and legs; could not discover anything wrong about vertebræ; sensation appeared normal. He was put on Syrup Ferri Iodidi and Liq. Strychniæ, sea-salt baths, and legs to be rubbed with a liniment containing ammonia and opium. I also began the daily application of magneto-electricity, using sponges moistened with hot solution of salt to the bellies of the affected muscles, but to which the muscles did not respond at all. His condition remained about the same for ten days—*i.e.*, till Feb. 1st,—when he had a slight febrile attack, lasting a day. At this time he was given a grey and rhubarb powder; for next three days he appeared in better general health and complained less of pain. On Feb. 5th I found him very ill.

Was told he had a bad night, been delirious and restless; temperature mid-day, almost 104°F .; complained of darting pains in head. His parents requested a consultation, and Dr. Gardner saw him with me late in the afternoon of same day; the result was, the parents were told that it was a puzzling case; he might not get over it, but that his condition was not hopeless, and there was no immediate danger. A prescription of Pot. Bromid. and Aconite was ordered. Next day (6th), temperature was $99.3-5^{\circ}$; had a good night. 7th—Fever entirely gone, and now, as it gave him pain to press the fore-part of foot up, so as to stretch the tendo Achillis, which appeared slightly contracted, he was put on Bromid. Potass. and Iron, instead of the strychnia mixture. From this date up to the 14th his appetite improved and he slept better; paralysis unchanged. 15th—Had another febrile attack lasting a day. From this date till March 1st the muscles gradually responded better and better to the electricity which was applied regularly every day, except when he had fever. During these two weeks his general health improved, and he was able to creep surprisingly fast; but he was a pitiable-looking child, unable to walk or use his hands. His parents, despairing of his ever getting the use of his limbs, said if he could only get the use of his hands he might, when he grew up, earn a living as a shoemaker or tailor. However, they were agreeably surprised on March 1st to see the little fellow get on his feet and stagger a few steps; he walked across the room for me next day, his feet being strongly everted, and at each step the toes hung down and dragged. It was now found he could not walk at all without heeled boots, owing to slight contraction of tendo Achillis. His mother was told to encourage him in trying to walk without boots, which he was able to do after two weeks more. At this time, too, he could extend the fingers, but was not able to raise the hand on a level with the forearm held horizontally. From now onward the extensors of the forearms and legs gained power, so that by the 24th March he could use his hands and walk fairly well, to the great satisfaction of his parents and medical attendant.

I think, even in this meagre report, you may see reasons why a difficulty was found in getting at a diagnosis. As I was unable

to find any of the causes producing peripheral paralysis, I could not place it under that head, and I do not think it to have been a case of ordinary infantile paralysis, not only from the peculiar features of the case given in the report, but also from what I observed at a hasty examination made to-day. I found the little fellow had been pretty well since his recovery, now over a year ago, but his mother said that for some months past he has at times had attacks of swelling and hardness in the calves, accompanied with severe pains. On feeling his legs, I was surprised to find his calves beautifully developed and as hard as an athlete's, quite a contrast to his brothers'. This tonic spasmodic condition is confined to the muscles of the back of the leg; it does not hinder him from running about, though a constrained action in the movements of the legs is observable.

BI-MONTHLY RETROSPECT OF OBSTETRICS AND GYNÆCOLOGY.

PREPARED BY WM. GARDNER, M.D.,

Prof. Medical Jurisprudence and Hygiene, McGill University; Attending Physician to the University Dispensary for Diseases of Women, &c.

The Treatment of the Third Stage of Labour.—During the last few months a spirited and somewhat acrimonious discussion on this subject has been going on in German gynecological periodicals. During the discussion the method of removing the placenta, known as Credé's, has been attacked and advocated by turns. Certain of the writers have attributed ill consequences to this method. The discussion has elicited a long article from Credé, which appears in the *Archiv für Gynæcologie* (Band XVII. Heft ii, 1881). In this paper the author complains that the procedure credited with these ill consequences has not in reality been his at all, but has differed from it in some most important particulars, against the practice of which he was careful to warn in his original article describing the method, published in the *Monatsschrift für Geburtskunde*, (1860, Band, XVI. S. 345.) In the present article Credé quotes his original description, which we think it may be useful, in view of the discussion, to translate. After asserting that the most important point in

the method is the application of the pressure by the hand at the proper moment, the description continues:—"The whole hand is placed gently over the uterine region, and made to execute gentle stroking movements over as large an extent as possible of the uterine surface, till beginning contraction is perceived. Then the uterus is grasped with the outspread fingers and palm of one hand, if sufficient, if not, with both hands, and at the moment when the contraction has attained its greatest intensity, strong pressure is made over the fundus and walls of the uterus in the direction of the hollow of the sacrum. The placenta and blood-clots which may have accumulated in the uterus are now, as a rule, suddenly and forcibly expelled from the external parts, the uterus again rising to its original level, which, indeed, in most cases, it has scarcely quitted. Pressure over the uncontracted uterus, with a view of removing the placenta, is faulty and will not attain the object in view."

Diagnosis of the Placental site is obviously of the greatest possible consequence in the old Cæsarean and the Porro operations. The prognosis of these operations depends to a great extent upon the site of the placenta. If this be the anterior wall, as it is with great frequency, the prognosis is more unfavorable. If the placenta could always be avoided the prospects would be greatly improved. Dr. Halbertsma, Professor of Gynæcology in the University of Utrecht, proposes for this, puncture of the uterus with a probe-trocar. If the instrument strike the placenta when it is introduced for some distance, blood only escapes; if liquor amnii escapes or foetal movements are felt on the canula then the placenta has not been touched. Halbertsma has actually practised and proved the value of this method in a Porro operation. In this case the placenta was situated on the anterior wall, but more to the right side than the left. The uterus was strongly directed over to the right, and incised as much as possible to the left side, and the placental site so avoided. By this puncture the liquor amnii may be evacuated before incision. This is important, especially in head presentations, in which there is usually some retention of liquor amnii, which having become septic from rupture of the membranes some time pre-

viously, must, if possible, be prevented from touching the peritoneum. By this method also the uterus is more strongly contracted and so the danger of hæmorrhage lessened if the old Cæsarean operation be selected. Halbertsma is of the opinion that if we can always diagnose the site of the placenta, Cæsarean section will lose one of its chief dangers and supersede the mutilating and castrating Porro operation. (*Centralblatt für Gynækologie*, No. V., 1881.)

Chloral-Hydrate, its uses in Obstetric practice.—Dr. H. H. Kane of New York, in a very long article (*American Journal of Obstetrics* for April, 1881), in which he cites the opinion of a large number of obstetricians, American and foreign, states that when properly used in labour at full term, normal or complicated, chloral has a three-fold action: to blunt sensibility to pain (the production of a state of partial anæsthesia), to hasten dilatation of the mouth of the womb, and to increase the force and frequency of the uterine contractions. It is especially serviceable in quieting those teasing and irritating pains that sometimes precede by hours or days the commencement of normal labour. It is valuable in quieting hysterical and nervous manifestations. Even when pushed to anæsthesia, it does not destroy the force of the uterine contractions. The alleged danger of post-partum hæmorrhage has no foundation in fact. Dr. Kane further concludes that in moderate doses it is never dangerous; that the slight delirium that sometimes occurs is usually removed by an additional dose of the drug, and need occasion no alarm; that it is rarely necessary to give more than one drachm in any one confinement; that it is best given by the rectum in the form of enemata or suppositories. The required quantity of the drug is beaten up with one or two raw eggs, and a little warm milk may then be added. When this is thrown into the rectum it acts rapidly, causing no irritation. To each dose Kane usually adds ten drops each of the tinctures of opium, belladonna, and digitalis.

It is, however, according to Dr. Kane, in puerperal convulsions that chloral hydrate has scored its greatest triumphs. He refuses to accept the evidence upon which is based the opinion

of Playfair and others, that, although of great value as a remedy in this disease, large doses may so disorganize the blood as finally to favour death. Dr. Kane does not, in our opinion, give due credit to other remedies, especially morphia in large doses, which is undoubtedly most valuable in a class of cases uninfluenced by chloral. A synoptical table of 62 cases, condensing divers observations on puerperal eclampsia treated by chloral, is appended. The author agrees with Dr. Leo Testut, the writer of a recent paper on the subject, in advocating the necessity for large doses and in advocating the rectal method of administration. Indeed we are often compelled to resort to this method or the alternative hypodermic injection (which is apt to cause sloughing) from the inability of the patient to swallow. A valuable hint in the rectal method is to pass the drug well up the bowel by attaching a large soft catheter to the syringe. Absorption is perhaps more rapid than in the rectum. At all events there is much less liability to expulsion during a pain.

Ueber die Wirksamkeit des Chloral Hydrates bei Krampfwehen, "On the efficacy of Chloral Hydrate in Spasmodic Uterine Action," by Dr. Spöndly of Zurich.—By the term used the author means a spasmodic contraction of a part, commonly the lower segment of the uterine muscle with relaxation, more or less marked, of the upper parts. Every obstetric practitioner will admit that it is most desirable to be able to remove this condition, causing as it does increased suffering, nervous disturbance, and sometimes undeniable danger to mother and child from prolonged labour. Chloroform and chloral have both been used to combat these symptoms. Since 1876 Dr. Spöndly has used chloral hydrate, and in this paper gives a brief synopsis of the results in 46 cases. Of these 33 were primiparæ of ages varying from 21 to 37 years, the majority being between 23 and 30. As regards causes Dr. Spöndly believes that undue irritation of the lower uterine segment is common. In 15 of his cases there was early escape of the liquor amnii; in 3 contraction of the pelvis; in 1 administration of ergot during first stage by a midwife. Another common cause Dr. S. believes to be exposure to cold. In support he points

out the fact that such cases occur in clusters in cold and damp weather. This cause operated in 8 of his cases. In a few mental depression seemed to be the cause. In 8 cases no apparent cause was detected.

As regards the results of the chloral treatment, it is necessary to premise that in most of the cases which, as is usual in Germany, were in the practice of midwives, a variety of treatment had previously been practised. Such were sitz baths, full baths, warm vaginal douches, sinapisms, morphia, Dover's powders, ipecacuanha, &c. In 14 cases the uterine action was changed very quickly; in 17 cases, in two or three hours; in 7 after a longer time; in 4 cases it was ultimately necessary to use chloroform. In his earlier experience Dr. S. used chloral hydrate alone, but subsequently added a small dose of acetate of morphia. From this combination he obtained better and speedier results. (*Zeitschrift für Geburtshilfe und Gynakologie*, Band VII., Heft i., 1881.)

The Treatment of Mammary Abscess.—Dr. Hiram Corson, of Conshohocken, Pennsylvania, in a paper published in the January (1881) number of the *American Journal of Obstetrics*, strongly advocates the use of ice in the treatment of this (as every experienced accoucher knows) at times most troublesome affection. Dr. Corson's experience of the remedy extends over 27 years of general practice. He does not confine the application of the remedy to the so-called congestive cases, but after suppuration, and even after evacuation of the pus, still uses it, believing that it alleviates pain and heat, and lessens the extent of the disease more effectually than any other remedy. The method of application is by ice-cold water cloths, or what is much better, a bladder or rubber bag filled with ice and enough water to float it. This remedy well deserves a trial. There is no good reason why it should not be as valuable in this as in other inflammations, glandular and visceral, in which the experience of continental (chiefly German) physicians has long ago demonstrated its efficacy.

On a New Method of Performing Ovariectomy.—This is the title of a paper by Dr. Noeggerath in the *New York Medical*

Journal for February of the present year. Dr. N. is a firm believer in Listerism, which he practises in its minutest details. When the operation is to be done in a dwelling or private room in a hospital, (when the latter is not provided with isolating cottages, as in the case of the New York Woman's Hospital,) he begins by removing carpets, bureaus, furniture, pictures, etc. The floor, walls, and ceiling are washed first with water, and then with a 1 to 40 solution of carbolic acid, on the day before the operation, after which vessels of chlorine-water are placed in the room and in front of the doors. The wash closet, if any be present, is then hermetically sealed up; all water to be used afterwards is carried in from without. The mattresses have meanwhile been aired, and the bed-clothes, the suit or suits which are worn during and after the operation, and the towels, have been washed in carbolic acid solution. On the evening before the operation all the last named articles, with two wooden tables, a chair and an iron bedstead or a stretcher, are placed in the room, which is then thoroughly fumigated with sulphur. The outer dress of the nurse is also disinfected. After the operation the room is heated by a grate fire, and a kettle with carbolic solution is suspended so near the fire as to produce enough evaporation to make the odour perceptible.

Having made these preparations, and the ordinary rules of antiseptis being carried out during the operation, the author discusses the danger to be combatted. Excluding unusual incidents, as exhaustion from fatty heart, or sclerosis of arteries, tetanus, strangulation of intestines, there are three sources of danger: hæmorrhage, shock and septicæmia. Regarding the avoidance of hæmorrhage, Noeggerath has nothing new to offer. Shock is assumed by him to be equivalent to loss of temperature. The assumption is based on facts learned by experiments on lower animals and observations on cases of ovariectomy. The causes of lowering of temperature in the operation as ordinarily performed are, exposure of the peritoneum, contact of fingers, instruments, sponges, &c., with the contents of the abdomen; narcotism with its paralyzing effect on the heart, and its lowering effect on temperature, and vomiting. To lessen the tendency

to vomiting N. uses chloroform rather than ether, which he formerly employed. One drachm of potassium bromide is given to the patient on each of the two days before, and half a drachm on the morning of the operation. After the operation one or more doses of thirty grains of chloral are given per rectum. To prevent lowering of temperature, the patient, during the operation, is laid on a rubber bed filled with water at 100° to 102° Fah. This method has another advantage in that it produces a condition of anæmia of the abdominal organs by the effect of heat on the reflex centres in the spinal cord. This effect, it will be remembered, is that produced by Chapman's hot water spinal bag. The old method of heating and moistening the air of the operating room is abandoned.

The third and most important danger, the formation of septic material in the abdominal cavity Noeggerath believes to be much lessened by his method of operating. The following is his description:—"I commence by incising the skin, the subcutaneous layer of fat, and the fascia superficialis to the extent of about three inches. Instead of going on incising the tissues down to and through the peritoneum, I plunge the trocar at once into the cyst and empty it out; if I find that the liquid is bland, I proceed with the operation; if it should contain pus, decomposed blood, or dark, grumous fluid, I inject through the tube attached to the trocar about half as much of a 2½ per cent solution of carbolic acid as the fluid measured when removed. This is allowed to remain in the cyst for a while and is then withdrawn. It is done in order to remove the possibility of infecting matter passing from the cyst into the abdominal cavity during the further progress of the operation. After the cyst is fully emptied, I depress the handle of the trocar toward the skin below the umbilicus, thus carrying all that section of the tumour which lies below the opening of the trocar against the anterior abdominal wall. Now, the uplifted portion of the latter is incised upon the trocar as a guide down to the cyst-wall, which is lifted up and out of the peritoneal cavity by the instrument inside it, after which the pedicle is tied and the cyst removed."

The advantages of this proceeding over the ordinary method are claimed to be: 1. Simplification of the operation, since the search for, and the separate opening of the peritoneum are done away with. 2. The chances of air, instruments, and hands, contaminated with septic material, entering the abdomen are considerably diminished—partly because the time during which the peritoneal cavity is exposed to their contact is shortened by just so much as it takes to empty out the sac; partly because the cyst collapses before the cavity is opened, and suction originating from the unequal contraction of the sac and the abdominal walls is done away with. 3. Noxious contents of the tumour are much less apt to get into the abdominal cavity than by ordinary procedures, and they can be rendered harmless by previous disinfection. 4. The opening in the peritoneum is generally smaller than by the old method. It is always adapted to the requirements of the case. After a small section of the cyst, say half an inch, is laid bare, and it is drawn upon by the trocar, the length of the succeeding incision is determined by the thickness of the cyst-wall; the further enlargement of the wound is done while the sac is being lifted out, gradually, and stopped the moment it is entirely outside. 5. The shock of opening the abdominal cavity is shortened by just so much time as it takes to empty out the cyst.

As to extent of applicability the author at present knows of only two contra-indications. 1. A preponderance of solid over liquid portion of the tumor, or where the whole mass consists of very small cysts or semi-solid contents, too thick to pass through the canula. 2. A small sac either originally so or reduced by previous tapping—on account of the danger of encountering a loop of intestine in front of the cyst.

In ordinary cases the patients are left for the first week after operation on the water bed. Hyperpyrexia is controlled by filling the bed with cold water, which Noeggerath finds to be as efficient as the Kibbee cot so highly praised by Thomas, and less fatiguing to the nurse or disturbing to the patient. He believes that drainage of the pelvic cavity as now practised by surgeons, whatever be the material or its shape, is a source of

great danger. "I have been present at quite a number of post-mortem examinations, where death followed after the use of the drain, and there were evidently two causes of this ill-success. In one set of cases the pelvic cavity was thoroughly drained, while the supra-umbilical portion of the abdomen was full of decomposed fluid. In another number of instances the parts in the immediate neighbourhood of the drains were thoroughly clean, while to the right and left were deposits of offensive pus formed in pouches, and separated from access to the drain by adhesions formed after the operation. I have, therefore, employed a new method of after treatment for cases where drainage is indicated. It consists in the use of the permanent full warm bath, the water being allowed to come and remain in the peritoneal cavity." The apparatus used by Noeggerath consists of a large tank of boiler-iron, joined and riveted like a steam boiler, having beneath it a chamber of about two inches in depth, for the reception of steam, in order to maintain the temperature of the water at an equal rate without such frequent changing as would be otherwise necessary. All along and outside its upper border are projecting iron pegs for the purpose of attaching a hammock, on which the patient lies in the water. The bath is connected with hot and cold water pipes, and with steam pipes. The bath, thus arranged, is so perfect in its arrangements as to require little attention. The result of this treatment in the cases in which it was practised was that, although in some peritonitis occurred, the temperature was but slightly affected. Further evidence in its favour is furnished by the fact that warm water continuously applied, has been used from time to time in the treatment of wounds, especially lacerated wounds. Within the last year Verneuil has called attention to its value in treating certain wounds which were threatened with destructive suppuration. An explanation is suggested by the fact established by the experiments of Wernich (*Berlin Klin Wochenschrift*, Nos. 4 and 5, 1880), that water in abundance is one of the most potent agents for destroying bacteria. The number of cases treated thus by the author does not justify him in shaping any final

indications for its use. He believes to have, however, established one contra-indication, and within its scope are comprised patients with weakened constitutions. The drain on the system from loss of serum and fibrine is severe. He proposes to employ the permanent full bath as a substitute for ordinary drainage in ovariectomy, Freund's operation, after the removal of fibroid tumours, and after Cæsarean section

The Relation of the Ovaries to the Brain and Nervous System is the title of a most valuable and timely paper in the *American Journal of Obstetrics* for January of this year. A thorough knowledge of this subject is obviously of great consequence. It is especially so at the present time, when the Battey operation is being performed for a variety of conditions and symptoms. The paper is too long to be conveniently abridged. We can only quote a few of the points. To our mind an important one is this:—"That many neuroses formerly and even now believed to be caused by uterine disease are really due to ovarian disease. Hence the importance of thoroughly investigating the condition of the latter organs in every gynecological case." Another most important statement, which we believe to be equally true with the first, is that:—"Pelvic pain and reflex nervous symptoms caused by the contracting products of pelvic peritonitis and cellulitis are often mistaken for ovarian disease." The history of Battey's operation shows that in many of the cases submitted to it there were old adhesions surrounding the ovaries. A case related by Dr. Battey, at the last meeting of the American Medical Association, illustrates this point. The old adhesions were so great as to render removal of the ovaries impossible, but the patient was much relieved of her sufferings by the attempt. The benefit came, no doubt, from breaking up the old adhesions, and thereby relieving, for a time, the tension and pressure upon the pelvic nerves, and it is doubtful if a better result would have been obtained if the operator had succeeded in removing the ovaries. The diagnosis between actual ovarian disease and the pain caused by the products of an old inflammation is often quite easy, according to Dr. Skene:—"The past history of the patient, preternatural immobility of

the pelvic organs, detected by manual examination, the irregularity of the paroxysms of pain, are generally sufficient to show the nature of the affection." The question of marriage in cases of ovario-neuroses is obviously of very great consequence. The fact that it is generally beneficial in irritable and congested conditions of the ovaries, and disastrous in inflammatory affections and prolapses, furnishes us with the best practical rules to guide us as to the advice which will often be asked of us in such cases. The sedation which follows functional action—normal cohabitation—in congested, irritable states of the ovaries, is as marked in its restorative action upon the nervous system as inaction is detrimental. Not much that is new in the way of treatment is suggested in Dr. Skene's paper. For functional inactivity and defective development, electricity is highly commended. Any definite lesion is to be treated, prolapse may be remedied by appropriately constructed pessaries or tampons. Postural (knee-chest position) several times a day, as long as the patient can bear it, is valuable. Pain and tenderness due to congestion or inflammation may be relieved by iodine and iodoform, per vaginam and belladonna suppositories. Counter-irritation to the iliac regions by iodine, blisters, croton oil in ether, and the actual cautery, have all been used with benefit. Internally the bromides in full doses are of great value. Bromide of sodium often agrees best with the irritable stomachs of women suffering from ovarian neuroses. In every case all possible means to restore and maintain strength are important; thus tonics should be combined with bromides. It is of the utmost importance to regulate the bowels. Constipation greatly aggravates the sufferings, especially if the left ovary be involved. The narcotics, opium, chloral and alcohol, often give great relief, but are dangerous from the ease with which the habit of taking these drugs is acquired by this class of patients.

LONDON LETTER—NOTES ON DERMATOLOGY.

By T. W. MILLS, M.D.

I did not find myself under any necessity of visiting the special hospitals for the diseases of the skin, inasmuch as the

London hospital being located in a densely populated and poor neighborhood furnishes a skin *clinique* of vast proportions. It is held once a week under that most careful and accomplished physician, Dr. Stephen Mackenzie; and the fact that from 200 to 300 patients present themselves on each occasion does not deter this physician from entering carefully into the conditions and appearances in each case. It need not be remarked that such an extensive experience as this *clinique* affords him gives the ability to make rapid as well as correct diagnosis. A Canadian physician attending the practice of this hospital (and I know of none that offers the same advantages) said to me after spending one morning among these cases: "There have I seen more cases of skin disease this morning than in all my life before; there is not so much dirt in all Canada." However, even dirt has its instructive aspects—though that factor is only one among the many that render skin diseases a complex and difficult study as to etiology and treatment. Of all the forms of cutaneous affections seen, the greatest proportion by far is comprised under Scabies and Eczema. So protean are the manifestations and varieties—we might almost say of these—especially Eczema, that it is not surprising at all that the old writers made distinct diseases of its numerous forms; but happily for the learner, as well as for science, the complexity of the classification and nomenclature of dermatology is being rapidly simplified. It is neither scientific nor in any way expedient to have half a dozen kinds of Scabies recognized and named. It would be as philosophical to call the different stages of Variola different varieties of the disease; on the other hand it is instructive and interesting to trace the re-codification in a disease—cutaneous or other—arising from a distinct cause, but modified by a variety of circumstances, which in cutaneous affections, at least, can frequently be clearly recognized.

In this age of book-making, of flooding the market with works neither needed nor original nor in any way meritorious, it is a great pleasure to refer to a most excellent little volume on skin diseases, by Dr. R. Liveing, physician to the department for Cutaneous affections at the Middlesex Hospital. He has greatly

simplified this perplexing subject, though it seems to me there is room for still further change in this direction, if I may venture to express an opinion. Fewer cases of psoriasis presented than I expected, and I do not know that I have observed anything essentially new in the treatment. Dr. Mackenzie believes most thoroughly in local treatment, and this is always insisted upon no matter what the affection, though the general health and internal remedies of tried potency are not overlooked. The *Liquor Carbonis Detergens*—an alcoholic solution of tar—is a favorite remedy in psoriasis and allied affections. Chrysophanic acid is used of the strength of 5 grs. to the ounce generally, and I have heard it on no occasion indicted by the patients, indeed no complaints whatever of it.

Treatment of Eczema.—The treatment is based upon the belief in local remedies and on the principle of having some form of application *constantly* applied. As a rule the patient is given a lotion to apply at night and an ointment for use during the day. Of course, scabs are to be removed in every case before the remedy is used; but it will be noticed that by the use of a lotion this end is largely attained without other precautions. Patients are also directed to wash the affected parts less frequently than usual and to apply the remedies *abundantly*. As the remedies for Eczema used here are all probably well known to your readers it will not be necessary to mention them. Should we make Porrhigo and Impetigo separate forms of disease or merely varieties of Eczema? The tendency at present is against considering them as other than Eczema of the scalp, &c. The treatment for them is practically as for Eczema elsewhere with slight modifications arising from the locality affected. The dilute citrine ointment proves an excellent application in these cases; also glycerole of carbolic acid.

Scabies.—In cases of doubtful diagnosis—and such cases do fall to the lot of the most experienced men, if of the careful, conscientious class—the only satisfactory method is that followed by Dr. Mackenzie, who searches for the *acarus*, picks it from its burrow with a needle, and places it under the microscope. *Treatment*:—In severe cases or those that do not speedily

yield to the application of an ointment, a sulphur bath is given the patient at the hospital. The ointment invariably used is not the sulphur ointment of the B. P., but the "*Compound Sulphur Ointment*," the formula for which varies at the different hospitals. As this is an important remedy I append the formula used at the London hospital.

R	Sublimed Sulphur	- - - -	4 drms.
	White Hellebore	- - - -	1 do
	Nitrate of Potash	- - - -	$\frac{1}{2}$ grain.
	Soft Soap	- - - -	4 drms.
	Prepared Lard	- - - -	2 oz.

This, moreover, is the local application for acne. But with it is given internally Citrate of Potash in drachm doses; and this failing Sulphide of Calcium Pills gr. 1-10 to $\frac{1}{2}$; but though such treatment is frequently successful, it often fails wholly or in part, to remove acne.

A disease of which a great many examples are to be seen in its various forms is *Lichen*. This affection is not always easy to recognize, but as *itching* is almost always present a correct diagnosis may with care generally be arrived at. *Lichen planus* so closely simulates Psoriasis that it may now and then be very difficult to be certain; such a case I saw and most obstinate it was to all kinds of treatment. The Liq. Carbon. Detergens and Lot. acid carbolie 1-20 are useful and relieve the irritation. Among forms of Skin diseases that were seen but seldom—even in this vast throng of the superficially afflicted—may be mentioned Ichthyosis, a sort of sclerosis with eczema. Dr. Mackenzie and others believe that Hebra was in error in stating that it is *always* congenital. The case I watched for some weeks improved very greatly under the use of Glycerole of Starch applied very freely. Glycerole of Lead is always found useful.

Subcutaneous Nodules in Chorea and Rheumatism.—Dr. Thomas Barlow was the first, I believe, to call attention to certain peculiar growths—subcutaneous—with no kind of discoloration—and altogether so unobtrusive that they might be easily

overlooked. As yet little is known of them and further study and observation are called for.

Favus is in England a rare disease—extremely rare. I am not sure that I have seen a single case myself.

Lichen Urticatus, or, as more descriptive, *Urticaria Pigmentosa*, is a most interesting phenomenon. I saw several cases, all in children under 6 years of age. There was decided pigmentation of the flattened papules, nodules or wheals; for they were really chronic wheals, as was proved by subjecting them to irritation (rubbing), when they became red and assumed all the appearances of acute urticaria. But the disease is decidedly chronic, and obstinate to treatment.

I omitted to give Dr. Mackenzie credit for an observation not noted by writers in connection with *Psoriasis*, viz.: that it occurs in brunettes, those of the dourthous temperament, most frequently.

Pityriasis Rubra.—Dr. M. had in his wards for some months a most marked case of this disease, occurring in a man of about 40 years of age. He has lost not only the hair of the scalp, but the eye-brows, &c. The scales were large and numerous, so much so that at each visit they might be heaped up in the bed; the skin was red and extremely irritable, and the entire body was affected. The disease, though most intractable under treatment, finally greatly improved with the prolonged use of arsenic and the local application of glycerole of lead.

Vaccination.—It is a matter of great practical importance to be aware of a fact that has been abundantly illustrated in this *clinique*, viz.: that, after vaccination, however healthy the graft, an old skin eruption may return, and that an obstinate prurigo may follow varicella and other exanthems.

The use of Arsenic in skin diseases.—Those of great experience tell us that it is of the most value in dry and relapsing forms.

Molluscum Contagiosum.—Several cases in children were seen. In the contagious form, apart from the situation (around the eyelids and other parts of the face), the central depression, a sort of umbilication in a smooth nodule, makes the diagnosis

positive. *Treatment*.—Puncture and expression of the sebaceous-like contents is the principal part, to be followed by the application of the dilute citrine ointment, or some such remedy.

Alopæcia Areata.—Not a few cases were observed; but in one instance, without any assignable cause, a girl of about 12 years of age had lost the hair of the entire scalp, also the eyebrows, &c. The treatment consisted in painting the whole scalp, weekly, with Liq. Epispasticus of reliable strength—a painful, but as yet the only effective method known. The subject, Mr. Editor, is one of great scientific and practical interest, but I must not further trespass on your space; the more so as I fear these imperfect notes of mine can avail little towards imparting any increased knowledge of cutaneous diseases, if, indeed, any writing can; for, above all others, skin cases must be seen, and seen in great numbers to be really known.

P.S.—It gave my Canadian ears great pleasure to hear Dr. Coupland, in his lecture on Anæmia before the Royal College of Physicians, refer in the same breath to the investigations in the pathology of the subject by Pepper, Cohnheim, and “Dr. Wm. Osler of Montreal, a member of this College.”

CASES IN PRACTICE.

BY R. L. MACDONNELL, B.A., M.D.

CASE I.—*Paralysis of the Facial Nerve caused by the sting of a bee*.—On the 27th May, 1880, I received a letter from a patient, whose age was about forty and whose general health was excellent, informing me that he had been stung by a bee the week previously, immediately over the left eyebrow. He says, “I can only wink with my right eye. The eyelid of the left eye remains motionless. My mouth is crooked, and I have no power over the left side of it.” In a week he came up to town, and I found that his condition corresponded with his description of it, in fact that there was paralysis of the left facial nerve. After the application of faradization along the course of the facial he recovered very rapidly.

CASE II.—*Sweaty Feet*.—A clerk, æt. 20, a strong, healthy lad, brought up in the country, came to me in April, 1880, complaining that his feet sweated so much that he was obliged to change his stockings two or three times a day. The perspiration was not in the slightest degree offensive. Though his occupation was a sedentary one, he was always in the habit of taking plenty of exercise. Before coming to me he had used liniment of belladonna, but without the slightest benefit. Small doses of atropia were given internally, its usefulness in the sweating of phthisis being taken into consideration. At the end of a week the report was decidedly unfavorable. There were symptoms of belladonna poisoning, but no improvement in the feet. The remedies subsequently used were the following:—Belladonna liniment with vinegar washings; Hebra's diachylon ointment smeared on the patient's stockings; this was followed by a dusting powder of salicylic acid, starch and talc; then oxide of zinc was used, when, just as I was about to advise the bathing of his feet in hydrochloric acid and water, he suddenly came to the conclusion that the game was not worth the candle.

Can nothing be done for this condition? I would gladly receive a hint from any reader of the CANADA MEDICAL & SURGICAL JOURNAL. In a *Lancet* of the date of the great Exhibition in London there is a list of remedies, but all seem ineffective.

CASE III.—*In-growing toe-nail—Avulsion a failure—An old plan of treatment successful*.—A lad, æt. 18, who had suffered from ingrowing toe-nail all his life, and whose father and brother both suffered from the same cause, came under treatment in August, 1878. Various palliative measures were for a time successful, such as the excision of a V shaped piece of the nail, rasping down the middle, stuffing with lint and bits of dried sponge. In the following January I removed the whole nail, as it had become very painful, and a large granulating surface raised upon one side of it.

In the following August the new nail was just as ill-formed as the old one, and cut into the flesh on one side, producing the usual granulating ulcer.

I tried what I then thought a new and original plan. Having taken out of the nail as large a V shaped piece as I could without wounding the quick, I bored holes in the free edges of the V and passed silver wires through them. With pincers the wires were tightened, drawing the outer edges of the nail away from the ulcerated surface. Underneath the latter were placed little wedges of sponge tent. The patient tightened the wires every two or three days and replaced the sponge tent. The greatest relief was afforded, and the nail has given him no more trouble.

A few weeks ago I discovered that this plan of treatment was described and spoken favourably of in *Malgaigne's Operative Surgery*, and named the proceeding of M. Faye.

CASE IV.—*Choreic movements of one foot—Mitral murmur—Successful treatment by Digitalis.*—A. B., æt. 18, a beer-bottler, a tall, thin lad, with a dull, stupid expression, came to me on the 23rd August, 1879, complaining of an involuntary spasmodic movement of the right foot which occurs about three or four times a day, lasting four or five minutes. The foot is moved from side to side quite slowly. This state of affairs has existed for about five weeks. His father and mother, as well as his five or six brothers and sisters, are in excellent health and show no tendency to any neurosis. Has never had rheumatism or scarlet fever. About three years ago he suffered from what seems to have been slight epileptiform seizures for which he was successfully treated by the late Dr. John Bell. There is a loud systolic bellows murmur at the apex with irregularity of the heart's action. Has never suffered from any symptoms of heart disease. Ordered five minims of tincture of digitalis to be taken three times a day.

Aug. 31st.—Movements have ceased. Heart's action more regular. Slight vertigo.

Sept. 7th.—No return of movement. Suspend the digitalis for a week.

Sept. 14th.—The movement returned two days ago. Continue digitalis.

The patient gave up his medicine on the 5th October, and up

to the present day there has been no re-appearance of the symptom whatever.

CASE V.—*Unusually severe simple Anæmia.*—On the 3rd March, 1880, a young girl, æt. 20, was brought to the Montreal Dispensary in a cab and carried into the consulting room. Her face was pallid and swollen and her legs were very œdematous. Said that a week ago she had caught cold and had at once to take to her bed. Was suffering no pain. Judging merely from this history and from her appearance that the case was one of acute tubal nephritis, I sent her home, and on the following day investigated the case more fully. Her father had died of smallpox; her mother, and her six brothers and sisters, were in good health. Has never had scarlet fever or rheumatism. Always been a stout, apparently healthy girl, but has always suffered from leucorrhœa, and irregular, scanty menstruation. Nine days before the legs began to swell, though she had been puffy about the face for some time previously. Had no vomiting, lumbar pain, nor any symptom connected with the urinary organs. Heart sounds normal. Lungs healthy. Slight tympanites. After treatment with pills of the carbonnate of iron she was able to walk to the dispensary and back, a distance of more than two miles.

Of course it is not unusual for anæmia, when neglected, to go this length, but this case is put on record merely to show how closely it can resemble acute Bright's disease. A teacher could scarcely have found a better illustration for his class of the appearance of a patient with this latter disease.

CASE VI.—*Ulcer over the inferior maxilla caused by a carious tooth.*—On the 28th January, 1881, Patrick Murray, æt. 10, came to the Montreal Dispensary. He was a delicate strumous lad, with a decidedly bad family history, his mother being now in the Montreal General Hospital with very advanced phthisis. Three months ago he received a slight blow with a stick on the right side of the lower jaw, causing a break in the skin just below the angle of the mouth. This wound never healed, but an ulcer remained with deep base and hard elevated edges. The surrounding tissues were much indurated and felt as if glued to the bone. The ulcer was as large as a five cent piece, and

discharged slightly. Could not find any sinus leading from it to the bone. Did not complain of tooth-ache at all, but on examination the first molar of the right lower jaw was seen to be carious. Dr. Alloway kindly extracted the tooth, and at its roots found a considerable amount of pus. In about ten days the ulcer completely healed.

NOTE.—I have many opportunities of seeing the woman whose acne yielded to the chrysophanic acid treatment (CANADA MEDICAL & SURGICAL JOURNAL, Vol. viii., p. 351). There has not been the slightest return of the disease.

Correspondence.

To the Editor of the CANADA MEDICAL & SURGICAL JOURNAL.

DEAR SIR,—The matter of consultation between regular practitioners and homœopaths has recently been brought prominently before the public in connection with the attendance upon Lord Beaconsfield during his fatal illness. The moment, therefore, is opportune for asking a few pertinent questions with reference to the established usages of the profession on the point in this country, and especially in this city. Is it in accordance with the rules of etiquette which should govern members of a regular medical society to meet a homœopath in consultation? A unanimous negative would probably be given to this query. If so, how is it that I hear rumors of such consultations being held by some leading members of our Medico-Chirurgical Society? Are these rumors true? Again, amongst those who admit this general principle, is it right that exceptions should be made of cases requiring surgical operations or operative assistance in confinements? A recent case of the last-mentioned kind has come to my knowledge, where one of the homœopaths of this city, finding difficulty in a case of midwifery, sent for a well-known practitioner, member for many years of the Medical Society, who consented to meet him and completed the accouchement! Is *this* right? The only argument I have ever heard advanced to cover this proceeding has been the plea of humanity. The patient must not be allowed to suffer, it is said, owing to the

differing ideas of medical men. True, but this need not be. To my thinking, under these circumstances, the proper thing to be done is for the consultee to decline any connection with the case except the former attendant retire and he be put in charge. No consultation, or appearance of consultation, should be carried on. The views of the regular practitioner and the homœopath are so utterly opposed to each other that communication between them can never serve the interests of the patient. It will not do to say, in these surgical and obstetrical cases, an *operator* simply is sent for, and having operated, retires. For surely, when a second physician is called in, he is expected to give the case his consideration, investigate all the circumstances present, and give an opinion as to the advisability or otherwise of operative measures. Does not this almost necessarily imply *consultation*. His opinion might be influenced by the treatment already pursued or intended to be followed, &c. Does not this necessitate communication with his colleague? Suppose, for example, a case of puerperal convulsions with a homœopath in charge; a physician might be asked to come and deliver the woman. He comes, and finds the condition such that, in his opinion, it would be wiser to delay further procedures, *provided proper means were taken to arrest the eclampsia*. What is he to do? Shall he operate against his better judgment or shall he gravely consult as to the proper dilution of a known potency to promote the desired end? This is an example of the dilemmas which must certainly arise when attempts are made to go outside of the strict interpretation of the laws of etiquette governing consultations.

I must apologize for having occupied so much of your space, but I believe the subject is one of some *real* importance.

I remain, Sir, yours truly, M. D.

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.

SIR,—I have a grievance to lay before you and I think you will sympathize with me. I complain of the prices charged for medicines to my patients by some of the druggists in this town. It is a well acknowledged fact that in some cases the druggist's bill exceeds, or nearly exceeds, the charges made for medical

attendance. A few instances in my own experience, I will mention. The following prescription cost seventy-five cents:

R Zinci Sulphatis, . . . gr. viii.
 Aquæ dest., . . . ʒ viii.

Sig. The Lotion.

A patient for whom lead and opium pills had been prescribed complained that though the symptoms had been relieved by them, yet she thought sixty cents a large sum to pay for six pills. A few days ago I bought four dozen of these pills for twenty-five cents.

When the public hear of these things they think, that of course the profession receive a percentage of the profits. As I receive no such inducements, and as many of my brethren are in the same independent position, I think that we should combine to protect the pockets of our patients. The following remedies suggest themselves to me:—(1.) The dispensing of many of our remedies ourselves. This might be done to a considerable extent without allowing it to encroach too much upon our time. (2.) We might, at least, modify the abuse by an open discussion of the question at the Medico-Chirurgical Society. (3.) We might so represent the matter to the new Co-operative Association as to induce them to establish a dispensary where a purely prescription business would be done. This last plan, I am told, answers very well in London, there being at the Civil Service stores a small dispensary department where patients merely pay for the goods they get and not for the meretricious adornments of the modern druggist's shop.

This is, altogether, a matter to be well ventilated, and I have a hope that some good may result from the letter of

Your obedient servant, PRACTITIONER.

—Dr. William Pepper has been elected Provost of the University of Pennsylvania. It was believed that his energy and ability would actively bring the University's needs to the attention of the public. In short, the University wants more money and Dr. Pepper is supposed to be the best man to raise it.

Reviews and Notices of Books.

Syphilis and Marriage. Lectures delivered at the St. Louis Hospital, Paris.—By ALFRED FOURNIER, Professor à la Faculté de Médecine de Paris, Médecin de l'Hôpital St. Louis, &c. Translated by P. ALBERT MORROW, M.D., Physician to the Skin and Venereal Department, New York Dispensary, Member of the N. Y. Dermatological Society, &c. New York: D. Appleton & Co. Montreal: Dawson Brothers.

The profession has reason to feel indebted, in the first place, to the author, and, secondly, to the translator of this work. There is no treatise in the English language devoted to this very important subject. All that has been written upon it is to be found in the incidental allusions to it in the various standard works upon venereal disease. And yet there is scarcely a subject in the entire domain of medicine of greater practical importance to the profession and the public. It involves not only questions of great moment of a pathological nature, but also has to do with the involvement of family and society interests which it is the physician's duty to protect. It is divided into two parts: I., Syphilis before Marriage; and II., Syphilis after Marriage. All the various questions relating to the permission to marry, the responsibility thus assumed by the physician, the modes by which contagion may then follow, hereditary syphilis, the dangers to society, are discussed in a most complete and masterly way. The author has long been known as an able and devoted syphilographer, and this work will certainly add to his reputation in that special department. So common is the disease, so insidious are its manifestations, so far-reaching are its baneful effects upon innocent persons, so surreptitiously is it apt to lurk in an apparently healthy person, such unhappiness does its occurrence in marriage cause, and thus often such great misery or the opposite depends upon the verdict of the medical attendant, that every physician should carefully investigate the diverse bearings of the subject. We all meet with it every day, and we all know how embarrassing at times these questions are, and how cautious we

have to be in our relations with families unfortunately thus afflicted. The work of Dr. Fournier will serve as an excellent guide in all these dilemmas. He enters fully into all the difficulties surrounding this matter, and gives the result of his long experience as detailed in a great number of illustrative cases.

Aids to Diagnosis.—Part I. Semeiology. By J. MILNER FOTHERGILL, M.R.C.P., Lond. &c. Part II. Physical. By J. C. THOROWGOOD, M. D., M.R.C.P., &c. New York: G. P. Putnam's Sons.

The student of the present day is remarkably favored from the fact that the best writers are found to devote themselves to producing compact little works calculated to assist him in every direction in the carrying on of his practical work in the hospital wards. Of such are the two pamphlets above noticed. They form the first two numbers of the "Student's Aid Series." Dr. Fothergill writes upon the value of various signs—objective signs—which can be observed at the bedside. As the author very well observes, "the student is often lost in surprise, not uncommonly blended with suspicion or scepticism, as to what it is which directs an experienced practitioner, as to the questions which he puts to his patients; which causes him to use his instruments of precision little, sometimes induces him to dispense with them altogether. It is Semeiology." The various systems of the body are then taken up in order and the signs showing disease carefully pointed out.

Dr. Thorowgood contributes an epitome of the physical examination of the pharynx, larynx, chest and abdomen.

These small pamphlets are very cheap and, having been prepared by such well-known authors, should be obtained by every hospital and advanced student.

The Hygiene and Treatment of Catarrh.—By THOS. F. RUMBOLD, M.D., with forty illustrations. St. Louis: Geo. Rumbold & Co.

It is not long since we had occasion to notice favorably the appearance of the smaller work of the same author upon the

hygiene of catarrh. The present treatise, however, is much more elaborate and complete, and in its latter half contains a very full exposition of the methods of medical and surgical treatment of these obstinate and, unfortunately, common complaints. In this department, after the chapter upon instruments, the management of patients, nasal and pharyngo-nasal catarrh, &c., the catarrhal affections of the middle ear are considered at some length with discussion upon the function of the eustachian tube, and the manner in which air is supplied to the tympanum through it. The functions of the soft palate and uvula and a good chapter upon operative measures concludes this part, to which are also appended a series of illustrative cases. In many places it will be found that the author holds views that are peculiar. Thus he admits that he has "gone out of the beaten track with respect to the method of making local applications," and thinks he "may have been regardless of long-established practises." At any rate, what he recommends is, no doubt, the result of long and extensive experience, and can, therefore, probably be followed with advantage. He has almost entirely discontinued the use of the Eustachian catheter, the reason given being that "it has been superseded by methods that are not at all irritating." "It would not surprise me," he says, "if Politzer's and Gruber's methods would place the Eustachian catheter in the drawers where we preserve our discarded instruments." The book is, on the whole, one which it would be well for all general practitioners to buy and to read.

Aphorisms in Fracture.—By RICHARD O. COWLING, A.M., M.D., Professor Principles and Practice of Surgery, University of Louisville. Louisville, Ky. : John P. Morton & Co.

This is a small pamphlet containing 151 aphorisms or dogmatic statements concerning fractures and their treatment which are founded upon the author's own extensive experience. His motto is claimed to be "simplicity with efficiency" and "persuasion, not force" in dealing with rebellious muscles. Put in this form, it is necessary to state some things in a positive manner which, at least, will admit of argument. But even so, short epigram-

matic sentences of this kind are easily remembered and give what is the generally-accepted teaching on every point. We can cordially recommend it as a useful companion for all house-surgeons, hospital dressers and students.

The Heart and its function. New York: D. Appleton & Co.

One of the Series of Health Primers. It is well written and deals in a pleasant, only half-technical manner with its important topic. The structure of the human heart is exemplified by illustrations drawn from that of the lower animals, and chapters are given upon the "function of the heart and how it is performed," upon "the relations of heart to the general system," and "how to maintain the integrity of the heart's function."

Books and Pamphlets Received.

On the Antagonism between Medicines and between Remedies and Diseases.—By Roberts Bartholow, M.A., M.D., LL.D. New York: D. Appleton & Co.

A Practical Treatise on the Diseases of Women.—By T. Gaillard Thomas, M.D. Fifth edition. Philadelphia: Henry C. Lea's Son & Co.

The Principles and Practice of Surgery, being a treatise on Surgical diseases and injuries.—By D. Hayes Agnew, M.D., LL.D. Vol. II. Philadelphia: J. B. Lippincott & Co.

Lectures on Diseases of the Nervous System, especially in Women.—By S. Weir Mitchell, M.D. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

A Manual for the Practice of Surgery.—By Thomas Bryant, F.R.C.S. Third American from the the third revised and enlarged English edition. Edited by John B. Roberts, A. M., M.D. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

The Development of the Osseous Callus in Fractures of the Bones in Man and Animals.—By Henry O. Marey, A.M., M.D., Cambridge, Mass.

Hemiopia: Mechanism of its Causation on the Theory of Total Decussation of the Optic Nerve Fibres in the Optic Tract of the Chiasma.—By Wm. Dickenson, M.D., St. Louis.

A Statistical Report of two hundred cases of Inebriety—Treated at the Inebriates' Home—Fort Hamilton, L. I.—By Lewis D. Mason, M.D.

Photographic Illustrations of Cutaneous Syphilis. Nos. 7, 8, 9.—By George Henry Fox, A. M., M.D. New York: E. B. Treat.

Cyclopaedia of the Practice of Medicine. Vol. IX.—Diseases of the Liver and Portal Vein. New York: Wm. Wood & Co. Montreal: J. M. O'Loughlin, St. James street.

How We Fed the Baby.—By C. E. Page, M.D. New York: Fowler and Wells, 753 Broadway.

A Treatise on Bright's Disease and Diabetes.—By James Tyson, A.M. M.D., with illustrations, including a section on Retinitis in Bright's Disease—By W. F. Morris, A. M., M.D. Philadelphia: Lindsay & Blakiston. Montreal: Dawson Bros.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

The Antiseptic Treatment of Enteric Fever.—In the *London Medical Record* for August 1880 appeared a *résumé* of the papers published by Dr. C. G. Rothe in the *Deutsche Medicinische Wochenschrift*, Nos. 11 and 12, on the treatment which he had successfully employed in enteric fever. This consisted essentially in the administration of carbolic acid and tincture of iodine in frequently repeated doses until apyrexia was produced; and thereafter, at longer intervals, for one or two weeks. The advantages claimed were, rapid and permanent subsidence of the high temperature, and of the vascular excitement (the pulse usually falling before the temperature, and often remaining subnormal in frequency for weeks, but not becoming irregular or intermittent); early subsidence of the gastric symptoms (by the beginning of the second week at latest); after which the patient gained a moderate appetite, and always experienced “a feeling of being quite comfortable”; and uninterrupted convalescence followed. Finally, Dr. Rothe expressed his wish that all who deemed his treatment worth a trial would publish their results, in order that his own observations may be confirmed or corrected.

In a short series of cases of enteric fever which came under my observation a few months since, Dr. Rothe's treatment, slightly modified, was put in practice, with results which were not less gratifying to the patients, I believe, than to myself. I should state at once that all the subjects were young people, their ages ranging from sixteen to twenty-seven years; that none of the cases—with one exception, in which the morning temperature during the first three days on which it was observed, fluctuated between 103.7° and 105.2° F.—were of more than medium severity at the outset; and that the surrounding hygienic conditions were, in all cases, good. Humanly speaking, all the patients would probably have recovered under any form of rational treatment, combined with good and careful nursing. But I was struck by the early and rapid fall of

temperature, the retardation and steadying of the pulse, the quickness with which the motions lessened in number and improved in quality, the cleanly tongue, the absence of sordes, the early removal of the abdominal pain and tenderness, the refreshing sleep, the comparatively slight emaciation, and the remarkable unanimity with which all the patients agreed in expressing themselves as feeling quite comfortable after the first few doses of the remedy. No increase of temperature was observed to attend the eruptions of the five successive crops of spots which appeared in the most severe case. No complications were noted.

So small a record of mild cases would be scarcely worth quoting *in extenso*; but, so far as I have been able to test this remedy, it has certainly proved reliable; and I shall be glad to know whether any others find, or have found, it valuable under circumstances more trying than those to which I have had an opportunity of applying it. The theory on which Dr. Rothe founds the name of his "antiseptic (antizymotic) treatment" is that to which the recent discoveries of Professor Klebs (*Archiv fur Experim. Pathologie*, vol. xii, parts 2 and 3) give increased importance; and it would be most interesting to find how far the theoretical link between the control of the pyrexia and other symptoms of enteric fever, and the simultaneous administration of an antiseptic medicine would be strengthened, or the reverse, by the systematic examination of the blood and tissues of such patients, after the method of Klebs. The formula recommended by Dr. Rothe is one to two parts of carbolic acid and one of tincture of iodine in one hundred and twenty of water; one tablespoonful is to be given hourly until a decided effect is produced on pulse and temperature; thence every two hours until apyrexia follows; and it should be continued for two or three weeks. Under these circumstances, it is not surprising that, "after two or three weeks' uninterrupted administration, toxic symptoms always occurred." In my cases, a draught containing one or two minims of carbolic acid, one to three minims of tincture of iodine, given every two, three or four hours, or even less often, without any untoward symptoms, and with satisfactory

results. Dr. Rothe recommended oil of peppermint as effectually disguising the flavour of the principal ingredients; but, following out a hint derived from the publication of Lebon's formula, I found essence of lemon even more effectual to this end, and more generally agreeable; and in some cases small doses of nux vomica and of nitro-hydrochloric acid were added to the mixture towards the termination of the disease.

I have mentioned the comparatively slight emaciation; the rapidity with which both flesh and strength were regained was in proportion, and the appetite, although it returned very early in the disease, never attained that craving character which is sometimes an almost painful experience in the convalescence from enteric fever.

I may add that this combination has yielded me good results in cases of choleraic and autumnal diarrhoea, with or without high temperature. Dr. Rothe says that, for the last ten years, he has not ventured to give up its use in phthisis, diarrhoea, etc.—*C. E. Shelly in British Medical Journal.*

Purulent Carditis following Typhoid
FEVER.—Le Clerc (*La France Médicale*) recently observed a case in which this rare complication of typhoid fever was discovered. A boy, nine years old, came under his charge, Feb. 20, 1880, who had been ill for eight days, having had cephalalgia, cervical rachialgia, vertigo and epistaxis. In the evening of the same day the patient was found leaning on his elbows, his tongue red at the tip, dry, and drawn from the median line, and a little trembling. The patient had had much diarrhoea, and went through the usual course of typhoid with no very marked cardiac symptoms, dying eight days after admission. At the autopsy, the pericardium contained about five ounces of a purulent liquid.

Louis has seen but seven cases of this complication. Niemeyer, Bouillaud, and Grisotte, do not speak of this affection. Stokes has observed but two cases of this complication. Murchison has noticed the phenomenon but seldom. Jenner found it but once. It is obvious, therefore, that the complication but seldom occurs.—*Chicago Medical Review.*

Chronic Gastritis.—A Clinical Lecture by J. M. DACOSTA, M.D., Professor of Practice of Medicine in Jefferson Medical College :

“The patient is a man some fifty years of age, and by occupation a car driver ; he says that he has never been more than a moderate drinker. Two years ago he began to be dyspeptic and lost his appetite ; he found himself also obliged to urinate frequently at night. There was no dropsy apparent upon admission, but he vomited frequently, and was, in fact, one of those most unfortunate of beings, a wretched dyspeptic. His tongue was thickly coated and his urine alkaline and phosphatic, but free from albumen and sugar. The abdomen was distended and the epigastrium tender. He was in other words flatulent and constipated, with symptoms of marked organic dyspepsia. Perhaps the numerous and painstaking examinations which were made in the wards can be usefully repeated in some extent in your presence this morning, Let me examine the patient as if this was the first time I had seen him. His tongue is somewhat less coated than it was, but is still far from clean. The resident tells me that he still vomits once in a while, that is, once in every two or three days. These spells of vomiting occur generally at night or near the end of the day. At such times the contents of the stomach come up in large quantities ; sometimes the vomit appears to represent the whole of several meals. This vomit has thick froth on the surface, which swells and looks like the froth of beer or yeast and leaves a heavy deposit on the bottom of the vessel. He has cramps in his stomach occasionally, but not often. These cramps are generally at night and come from over distension of the stomach. They were very much more marked just after he was admitted than they are now. There has on no occasion been any vomiting of blood. To what does all this point ? It points unquestionably to some organic disease of the stomach. To what organic disease does it point ?—cancer ! The patient is at the cancerous age, and the vomiting at night looks very much as if there were some mechanical obstruction, such as cancer, to the free passage of food to the pylorus. I examine the region of the stomach, and particularly

its pyloric extremity, for a tumor, but can find none. I percuss the region of the stomach, but can detect no dulness. On the contrary, I find the stomach tympanitic as far down as two inches below the navel. There is plainly a very unusual increase in the size of the stomach. There is no tenderness upon pressure, no spots of soreness, no pain in the back. These points have a direct bearing upon the existence of ulcer or cancer. These are negative symptoms. Under my supervision the resident physician has made a most careful microscopical examination of the vomited matters, and, just as we had expected, he found a great many bodies like this figure, which I outline on the blackboard, floating about in the vomit—the so-called sarcinæ—a peculiar vegetable fungoid growth, described by Goodyear, and almost always associated with this yeasty vomit—this obstinate dyspepsia, and this dilated condition of the stomach. We have then here one of those rare cases of dilated stomach with narrow pylorus, unattended by either ulcer or cancer. What are my reasons for thus positively excluding these two conditions? First, as regards my reasons for determining upon the existence of a dilatation, they are: (1) because percussion shows an unusually extended area of tympany; (2) because a yeasty vomit containing sarcinæ is very apt to be present in dilatation of the stomach whether from cancer or any other cause; (3) on account of the way in which the vomit occurs, the accumulated results of several meals being cast up at a time. My reasons for excluding cancer: (1) the absence of pain upon pressure; (2) the absence of any tumor, and (3) the absence of blood in the vomit. My reasons for excluding ulcer: (1) the absence of pain after meals; (2) the absence of hemorrhage, and (3) the absence of points of local tenderness. What has our treatment been? Since I have had charge of the case, I have treated the patient with bismuth, giving him gr. xv. between meals, and gr. x. of pepsin at meal-time. At the same time we have regulated the patient's diet, and attended to his bowels. We also have given him gtt x. of the tincture of nuxvomica before meals, with evident benefit. His tongue is cleaner and he has gained flesh. To modify the process of fer-

mentation in his stomach, he has been taking gtt. i. of the concentrated carbohc acid, diluted with water and glycerine, once a day. His diet is chiefly fluid, consisting mainly of milk, oysters, broth and beef tea. Shall we continue this treatment, now that we thoroughly understand the case, or shall we modify it? The same dose of bismuth shall be continued, so, too, with regard to the small doses of nux vomica before meals, and of pepsin with meals. But we do not seem to be fulfilling the indication of checking fermentation, or doing anything to reduce the dilatation of the stomach. This brings us to the question of how to check the multiplication in the stomach of those agents which are associated with fermentation. The best means at our command for accomplishing this end are sulphurous acid, the sulphites and carbohc acid. In this case I shall order gr. $\frac{1}{2}$ of carbohc acid, four times a day, in glycerine and water, and if this does not put a stop to the presence of sarcinæ, we shall have to resort to sulphurous acid or the sulphites. Upon several occasions, in cases such as the present, I have made use of the German plan of washing out the stomach, and in so getting rid of the foul secretions. In this manner I have in several cases effected an actual cure. The treatment by washing out the stomach is very annoying, but also in some cases very successful. I will perform it in your presence to-day. Washing out the stomach in chronic cases of dyspepsia, and particularly in those cases in which that organ is dilated, is a plan of treatment that, while it is not altogether new, may still be said to be so since it has only become a regularly systematized form of treatment since Kussmaul introduced it. The object aimed at by this method of treatment is to get rid of the large amount of fermented matter remaining in the stomach—matter which cannot otherwise be got out of the organ, and which remaining in it impairs digestion, ferments and makes the patient's life wholly miserable, while it at the same time weakens the system and increases the dilatation of the stomach. Simple luke-warm water was first employed for this purpose, but subsequently weak alkaline solutions of carbonate of sodium were tried. This latter medium is that recommended by Kussmaul. In no in

stance should the operation of washing out be performed more than once a day, and when the case is not a bad one once in two days is sufficient. The best time for the operation is in the morning. The plan of the operation varies. Some clinicians use the siphon arrangement, while others prefer the ordinary stomach pump. There is not much difference between the two, except that the siphon is more convenient and is not apt to suck the mucous membrane of the stomach into the holes of the tube, as happened in one published case in which the stomach pump had been employed. The patient will now be put upon his side, and the assistant will perform the operation of washing out the stomach in your presence, in just the same manner in which it has been done in the wards. All that is necessary when the siphon is used is a tin vessel, an elastic tube, an ordinary stomach pump. When the tube has been inserted well into the stomach, the vessel containing the alkaline solution is held above the patient's head. You see that the liquid flows in rapidly—is now all gone—but the liquid does not flow back out of the tube as easily as it usually does. Probably there is some hard morsel of food clogging up the tube. This accident, or rather its probable occurrence, is the only reason why the stomach pump is preferred by some. Its advocates hold and with reason, that it is not possible for the tube of the stomach pump to become clogged with food morsels. I think that in future I shall use the stomach pump myself for this purpose, instead of the siphon arrangement. The operation is at best such a disagreeable one that it should never be undertaken rashly. The conclusions which I have reached with regard to this operation of washing out the stomach are (1) that it is an operation to be restricted to a particular group of cases, those in which we have some obstruction at the pylorus, with dilatation of the organ, so that the contents of the stomach are not readily passed out of it; (2) that if accompanying the dilatation there be structural disease of the stomach, such as cancers, washing out the stomach rarely does good, except it be to get rid of accumulations which cannot otherwise be removed. Have I ever known of any good results following its use, where the cases were suit-

able ones for its employment? Admirable results. In such instances I regard it as being the best method of treatment at our command. Even in one case of ulcer of the stomach, in which cicatrization has now occurred, and where there was constant vomiting and great emaciation, the patient made a slow, but sure recovery under this plan of treatment, in conjunction with a carefully regulated diet. Are there any other means to assist us in the treatment of this condition? you will no doubt, as with perfect propriety, inquire. *Nux vomica* is a very important adjuvant. At the same time the diet must be regulated. Small quantities of solid and not too much liquid food must be given. If the fermenting contents of the stomach cannot be got rid of, and if you do not wish to make use of the washing-out process, a brisk cathartic will often be found to be of great assistance. In this way you are enabled to cause the mass lying in the stomach to pass out. Indeed, in all cases of dilatation of the stomach, an occasional brisk purgative will be found to be a much better method of treatment than the old routine plan of administering emetics. The act of vomiting is always more or less exhausting, and in cases of great dilatation of the stomach it is often a matter of great difficulty to excite vomiting by any amount of emetics, since the muscles of the stomach, being so distended, are slow to react to irritants."

[The patient was brought before the class a few weeks later, and presented the following conditions: The vomiting had stopped entirely; the natural powers of the stomach had been so far restored that the patient was able to digest a moderate meal without any great inconvenience; his tongue was much cleaner, and his stomach, upon percussion, showed a well-defined decrease in the amount of dilatation. As the vomiting began to stop, the *sarcinæ* in the vomited matter gradually disappeared. Dr. Da Costa attributed this decrease in the number of *sarcinæ* partly to the washing-out of the stomach and partly to the remedies employed to stop fermentation. These remedies consisted at first in one grain of concentrated carbolic acid, well diluted, and later in f. ʒ i. of sulphurous acid, in water, thrice daily. It was thought that there was no longer any necessity for washing out the

stomach (the man had received so much benefit from this washing that he grumbled considerably when the order was given to discontinue it), but that the patient should take 10 drops of the tincture of nux vomica thrice daily, and should be allowed a little more varied diet, a small amount of sulphurous acid being given occasionally after meals. The bismuth had been long discontinued.]—*The Medical Gazette*.

Clinical Teaching.—The fallacy of the clinical teaching as conducted at the popular schools which attract the masses is very ably set forth in a recent address by Professor Jarvis S. Wight of Long Island College Hospital, Brooklyn, N.Y. :

“ See five hundred expectant students on cushioned seats in yonder amphitheatre. They have read their books with diligence; they have listened attentively to didactic lectures; they have memorized the names of facts: the ponderous doors that lead to the arena swing open. A patient is brought in before the attentive students of clinical medicine. The learned professor follows and describes the case with the eloquence, it may be, of Webster, the polish of Chesterfield, and the precision of Faraday. The scene is most impressive. Let me try to report it: The patient is a male, 40 years of age; born in the United States; is married, and has four children; is a bricklayer; on the 10th of the present month he caught cold; he has a cough; he expectorates a red spūta; he has rapid respiration; he has dullness on percussion over the lower part of the right lung; he has some elevation of temperature, and he has a *crepitant râle* heard on auscultation on the right side of the chest. Gentlemen, what is the diagnosis? A hundred candidates for degrees respond in unison—*pneumonia*. And the response will find its echo in the Green Room—its reply in the autograph of the examiner. Now what is the import of this? Did not this clinical professor at previous times describe to the medical class the symptoms of pneumonia? Did he not tell these young men the names of these symptoms? And did not these young men commit these names to memory? Did any one of these students ever see, hear, or touch the symptoms of a pneumonia? No, never. Ah! then,

it amounts to this: *The symptoms of pneumonia are so and so; and then if the symptoms of a given case are so and so, then there is a case of pneumonia.* Behold the logic of popular clinical medicine!

“The doors open again: another patient is brought in, and the learned professor opens his mouth and says: This patient was born in Scotland; she is unmarried; she is a dressmaker; she has had articular rheumatism; she has palpitation of the heart; she has some shortness of breath; she has a slight cough; it tires her to go up and down stairs; an endocardial murmur is heard with and after the systolic sound of the heart, and this sound is most distinct over the apex of the heart, and is not propagated into the carotids, and the aortic second sound of the heart is not so distinct as in health. Once more, gentlemen: What is the diagnosis? Again a hundred voices respond—*Mitral insufficiency.* Gentlemen, you have learned your lesson well. I shall be gratified to have you show such acquirement of knowledge when we meet in the Green Room. But were not these hundred candidates for degrees familiar with the *names* of the symptoms of mitral insufficiency? Yes, indeed, they were; for they had memorized them, and they could enumerate them without hesitation. Again we have a specimen of the logic of popular clinical medicine. In a case of mitral insufficiency the symptoms are so and so; then, if in a given case, the symptoms *are* so and so, why, of course, it is a case of mitral insufficiency. Who could not answer a question when the answer is contained in the question? This is after the manner of a leading question, which neither the court nor justice permits the attorney to ask the witness. But who can investigate and find out for himself, if the symptoms of a given case are so and so? Who is competent to find the facts of a case? It is just as important for a student to know how to find facts as it is for him to know how to draw inferences.”

The scene thus graphically portrayed is very true to life. Any attempt at clinical teaching which does not educate the senses,—the eye, the ear, the nose, the *tactus eruditus*,—is a fallacy and a blunder. Such education can only be conducted through

actual contact with the patient, and when the medical hive becomes too large to permit each occupant to have daily intercourse with the sick, it is time for it to swarm. To impart proper clinical instruction to a class of over a hundred is impossible, and even with a hundred students the necessary division into sections and the proper handling of these sections requires an executive ability on the part of the instructor seldom possessed.—*Mich. Med. News.*

The Treatment of Diphtheria.—This is a subject of almost exhaustless interest, and therefore any well-observed facts in connection with it deserve notice. Some recent numbers of the *Berliner Klinische Wochenschrift* contain papers which treat of it; and as the remedies proposed are simple and readily obtainable, and more especially as they appear to have been very efficacious, we shall briefly analyze the papers for the benefit of our readers.

Dr. G. Guttman, of Cannstatt, proposes the use of pilocarpin. He reports in No. 40 of the *Berliner Klinische Wochenschrift* that he has used it during the past fifteen months, and, as the result of his present experience, is inclined to regard it almost as a specific. He feels unable to decide whether the local or the general manifestations of diphtheria are the primary. He inclines, however, to the belief that the local symptoms precede and give rise to the subsequent general condition, for, as a rule, and with few exceptions, the general disease is in proportion to the severity of the local lesion, pharyngeal or otherwise, and, moreover, recovery sets in as soon as the local signs of the disease begin to abate. And professional attention has long and largely been devoted to the means by which false membranes and other local conditions may be got rid of; hence the use of paintings, caustics, gargles and inhalations. Unfortunately their application is not always easy, and often increases the local irritation. The knowledge of the physiological action of pilocarpin has led Dr. Guttman to try it in diphtheria. As is well known, it increases bronchial secretion, and it was thought that in this manner the diphtheritic membrane would be loosened and got rid of. The result seems to have been extremely satisfactory.

In April, 1879, Dr. Guttman was called to attend a family of nine persons ill with diphtheria, of whom three were in a serious condition. Pilocarpin was ordered in medium doses, so that about one grain was taken during the day (gramme 0.05). Within a few hours a copious salivation was going on, and "the diphtheritic membranes swam away in the flowing saliva." Quinine was ordered internally, as well as a gargle of lime-water and pepsine. All these nine cases recovered within two to four days. During the following fifteen months he treated sixty-six cases of diphtheria on the same plan. Of these fifteen were very severe cases (under other methods of treatment he considers that at least two-thirds of the patients would have died), eighteen were slight, and the remaining thirty-three of medium severity. *They all recovered*; the most severe cases only lasting eleven days, while the majority were cured within two or three days. The earlier cases of this series had other treatment at the same time—quinine, etc.—but the later cases were treated solely with the pilocarpin. In speaking of the cases as diphtheria, Dr. Guttman took especial care to exclude other forms of disease; in most of the cases there was a clear history of infection, and as diphtheria was constantly occurring, he would be quite familiar with it; thus we may take it for granted that there is no error as far as diagnosis is concerned. Many professional colleagues in his own neighbourhood tried the remedy and found it efficient. The drug was administered internally; within a short time it produced an active flow of saliva, by means of which the false membrane was loosened, the inflammatory infiltration also lessened, and the intense redness gave place to a more normal colour. His formula for children is as follows: \mathcal{R} Pilocarpini muriatici, 0.02–0.04; pepsini, 0.6–0.8; acid. hydrochlorici, gtt. ij; aquæ destill., 80.0. A teaspoonful every hour. For adults the dose is about double. If the physiological action of the drug does not manifest itself within a short time, increase the dose.—*Med. Times & Gazette*, Jan. 22, 1881.

Injection of Morphine and Atropia
BEFORE CHLOROFORM INHALATION.—Dr. Roberts Bartholow, in the Cartwright Lectures, (*New York Med. Jour.*), says *Chloro-*

form certainly should not be administered, under the ordinary circumstances at least, without the preliminary injection of morphia and atropia. A sudden death from paralysis of the heart in a case of ether narcosis which happened in London last month, ought to warn us in regard to the fancied security against cardiac paralysis from ether inhalation, which Schiff especially has inculcated. We ought to recognize the fact that the condition of anæsthetic sleep is a condition of danger which is merely relative in respect to the agent used, and employ antagonists to the fatal tendency—paralysis of the heart or lungs. The antagonist on which, it appears, much dependence can fairly be placed, is the subcutaneous injection of morphia and atropia. The danger which attends the administration of chloral may be to a large extent averted by the simultaneous prescription of atropia, as some recent cases of accident unequivocally show. I several years ago demonstrated in a paper read before the Neurological Society of New York, that while morphia and bromide of potassium intensified the effects of chloral in every way, atropia antagonized the effects on the heart, and would thus apparently save life after lethal doses. I then also called attention to the danger of the combination of chloral and potassium bromide as a poison to the heart, which the subsequent experiments of Husemann and abundant clinical experience have since confirmed.

Treatment of the Anæsthetic Narcosis.

—Several novel or partly novel plans of treating the narcosis have been mentioned. Professor Schirmer mentioned a simple one in the *Centralblatt für Augenheilkunde* last year. This method consists in *irritating the nasal mucous membrane*. It has long been known, at least to physiologists, that the fifth nerve retains its sensibility longer than any other part in narcosis, and that reflexes may be induced through this nerve when other irritations fail. Professor Schirmer uses simply a rolled piece of paper, which he turns in the nose. In dangerous cases he dips the paper into ammonia. Dr. F. W. P. Jago (*British Medical Journal*, December 11th, 1880), thinks that it would be proper to try *acupuncture of the heart*, by introducing a needle between

the ribs near the apex of the heart, and pricking it slightly. He thinks it would not be dangerous. Another plan he refers to is by *percussion of the heart*. He gives this instance:—"Some time ago a dentist, who had given bi-chloride of methylene, sent for me. I found a young and very healthy-looking woman lying back, insensible in the dentist's chair. The pulse and respiration had ceased for so alarming an interval that her case looked very bad indeed. Holding her wrist, to feel her pulse, it occurred to me to give her one *sharp, very sudden* blow with my knuckles over the region of the apex of her heart. This appeared to produce the desired result: the patient gasped, drew a good inspiration, and a pulsation was at once felt at the wrist. But this is only one case; and, as one swallow is no proof of summer, it may not be a true instance of cause and effect after all; yet I feel sure that that sharp, rapid blow over the apex of the heart saved the patient's life." Following this suggestion, another correspondent proposes stimulation by "Corrigan's button," a button-shaped piece of metal heated in hot water and applied momentarily to the cardiac and epigastric region.

Ovariectomy under Nitrous Oxide Gas.—

On Monday, January 10th, I was consulted by Dr. Heywood Smith with reference to a case of ovarian tumor upon which he was about to operate on the Thursday. He was very desirous of operating on the 13th, because the cyst had been tapped, there having been some doubt as to the character of the tumor. The question was, how was the patient to be anesthetized? chloroform, ether, hydrate of chloral, methylene bi-chloride, and opium in various forms having been tried, but on account of the consequent nausea and prostration their repetition was desired neither by the operator nor patient. She was quite willing to undergo the operation without anesthesia. I undertook, with the help of morphia suppository (which had not been tried), potassium bromide, or full dose of alcohol, to produce and maintain anesthesia for twenty minutes with nitrous oxide gas and air, having repeatedly used this in minor operations. The patient had a breakfast of beef tea only at eight o'clock, and from three to four ounces of brandy during the

hours intervening between breakfast and two o'clock. The patient was adjusted in the usual way, and I administered pure nitrous oxide gas for the space of a minute. At the end of that time a certain proportion of air was mixed with the gas, and with this admixture anesthesia was prolonged to the end of the operation (twenty-one minutes). She was conscious only of the three needles of the first and second stitches. She felt severe pain on regaining consciousness. No unpleasant symptom of any kind occurred, nor has the patient had any up to the present date (January 29th). Seventy-five gallons of gas in all were used. I hope in the course of a little time to demonstrate that there is no occasion for the closed chamber and atmospheric pressure, as advanced and perfected by M. Paul Bert within the last twelve months.—*Thos. Bird, M.A., Oxon, in Medical Times and Gazette.*

Resorcin.—The increasing use of antiseptics in surgery within the last few years has brought to the notice of physicians many compounds, new and old, possessing the property of destroying the different plants concerned in the putrefactive changes, and consequently stopping or preventing those processes; and as none of those in use are perfect and free from disadvantages, others will still be offered. Carbolic acid, the oldest, of course stands first, and is in universal demand. Its disadvantages are its odor, which is offensive to many, its occasionally irritating character, and its serious poisonous effects when absorbed. Thymol is occasionally used, and is very good. Menthol and many others are equally reliable, but no better than thymol. Dr. Justus Ander, of Wurtzburg has just written a pamphlet upon Resorcin, as applied to medical uses, the recent numbers of *New Remedies* contain a long abstract of it. It is a colourless, crystalline substance, of a sweetish and harsh taste, soluble in something more than its own weight of water, and also soluble in ether and alcohol. It was first obtained in 1864, by fusing galbanum resin with potash, the result being about six per cent. It has since been made from other resins and in other ways. He found that a one per cent. solution prevented the decomposition of urine for months, and

also destroyed the organic causes of putrefaction; It preserved pancreas and blood perfectly, retaining even their natural odors. Wounds treated by it healed by first intention, and those poisoned by septic material yielded to it as completely as to carbolic acid. Applied dry to the skin it is not absorbed, and is not irritating; hypodermically a two per cent. solution may produce painful cramps and twitchings, but never abscess. On the moist lips it will raise a white blister. Used with the atomizer it is entirely unirritating to either eyes or lungs, and nearly free from odor. Applied to granulations the crystals are a painless and mild caustic. He also recommends its internal use in diphtheria and other diseases, and as injections in leucorrhœa, etc. The dose is one gram to two in water, syrups, glycerine, etc.—*Boston Medical and Surgical Journal*.

Pain and Anodynes.—Dr. Roberts Bartholow of Philadelphia says:—"Several elements enter into the composition of pain—the peripheral irritation, the transmission of the impression to the centre, and its realization by consciousness. Hence, pain may be relieved either by interrupting its transmission to the centres of conscious impressions, or by suspending the functions of these centres. For example, aconite and gelseminum relieve pain in the former manner, and the anæsthetics in the latter. The anæsthetics, when applied locally, however, have an effect similar to that of aconite, and are, therefore, antagonistic to both peripheral and centric neuralgia. When a few minims of chloroform are injected into the neighborhood of a nerve-trunk, the peripheral expansion of the nerve is put into an anæsthetic and analgesic condition; and since he introduced this method of treating sciatica, cervico-brachial and intercostal neuralgia, coccydynia, and other neuralgias of nerves in accessible situations, his experience has been extremely satisfactory. The needle must be inserted deeply, since merely to inject chloroform under the skin, like morphia, is perfectly useless in such neuralgias, unless the nerve trunk is in the immediate vicinity. No danger attends this expedient, and inflammatory induration and abscesses very rarely result from it. The most powerful means

for relief of pain which is now in our possession—the subcutaneous injection of morphia and atropia together—is an illustration of the advantages derived from the study of physiological antagonism. By this combination the anodyne qualities of the two agents are enhanced, rather than diminished, while the disadvantages of each are in a great measure obviated. The combined use of morphia and atropia is also the best preventive of the tendency of anæsthetics, like chloroform and ether, to produce fatal paralysis of the heart or lungs; while the prescription of atropia simultaneously with chloral to a great extent averts the dangers that sometimes attend the use of that agent.—*Nashville Jour. of Med. & Surg.*

Practical Clinical Instruction.—For years one of the standing attractions of the several medical college advertisements has been their clinical instruction. Long lists of hospitals, dispensaries and out-door clinics have been given to impress upon the students' minds the idea that all possible clinical instruction is placed at their disposal. How far short of this the actual reality is found is well known to earnest students who have sought these colleges. A writer in the *Boston Med. Journal* gives a description of the practical clinical advantages enjoyed by the students of the several New York medical colleges in gynaecology. At the College of Physicians and Surgeons, "No instruction in the education of the touch is given, it being found impracticable in so large a school, numbering something over five hundred and fifty students, to furnish facilities for individual examination of cases. The student here is most fortunate in listening to the unequalled lectures of Dr. Thomas—able, interesting, and instructive,—but his clinical advantages are necessarily limited, and his opportunities for practical clinical work almost nothing." At the Bellevue Hospital Medical College, he says, "With the exception of the times when one or another student is asked to examine a case, he has few opportunities to educate the touch." At the Medical Department University of New York, he says, "The advantages to the student at this school for practical work, the education of the touch, the attempts at diagnosis, etc., are very small."—*Detroit Med. Journal.*

Abortive Treatment of Inflammatory

STAGE OF GONORRHOEA.—Dr. Kuchenmeister, of Dresden, has found aqua calcis, when properly diluted, extremely serviceable in the first stage of acute gonorrhoea. He used it in the proportion of one to four of water, and employs injections, beginning about the fourth day after an impure coitus, and repeated every hour or hour and a half during the entire day. Usually the acute inflammatory symptoms subside after about twenty-four hours, but the copious, painless discharge from the urethra is not lessened, and the treatment, although aborting the first stage, must be replaced during the second stage by the ordinary astringent therapy. Dr. Kuchenmeister prefers, for the latter purpose, a solution of pure alum (10) in water (150), to be injected two or three times daily. He also advises great care in the handling of lime-water, to prevent its spoiling by the formation of carbonate of lime, through the access of air. The bottle containing it should, therefore, be tightly stoppered, and only enough fluid removed to suffice for one injection. Moreover, none of the fluid removed should be returned to the bottle.—*Deut. Med. Woch.*, June 5, 1880; *The New York Medical Record*, August 28th, 1880.

The Trained Nurse.—The “trained nurse”—that is, the woman trained to nursing as a specialty—is an anomaly (*London Lancet*). Every scrap of information she possesses beyond the mere routine service of sick-tending is not merely useless, but mischievous. It is almost sure to be brought to bear on the patient, to the injury of the case, and the disadvantage of the medical attendant. A trained nurse is a half-educated woman, who has acquired just enough knowledge to make her dangerous. The sick person is regaled with reminiscences of other “cases” attended by the trained nurse, with this or that physician or surgeon. She is the chief and prominent figure in the pictures painted for the edification of the patient and the friends. The “doctor” occupies a subordinate place, and is changeful. Sometimes it is one and sometimes another practitioner, and the nurse does not scruple to state her preference,

which is generally for the medical attendant who most defers to her judgment, and leaves the patient practically in her hands. She has no scruple in forming an "opinion" of the case, and little, if any, hesitation in expressing it. In reply to the very natural question, "What do you think, nurse?" she delivers her dictum as a skilled authority, and both patient and friends are much impressed by what she has to say on the subject. Not a few of these intruders into the sick-chamber employ their own methods and even administer their own remedies. The sick are wholly at their mercy. They are trusted and obeyed because they are "trained nurses." The medical profession is keeping up and extending this evil by recognizing the trained nurse. The policy adopted is opposed alike to the best interests of the sick and of the profession. If practitioners either lack the knowledge or the inclination to give personal and explicit directions for the "nursing" of their case, they must at least understand that by entrusting the duty to trained nurses, they are jeopardizing the lives or the health of the patients who confide in them, and sacrificing their proper professional influence.

Local Anaesthesia of the Larynx.—To avoid the disagreeable effects of the local anaesthetics hitherto employed in the larynx, Rossbach attempted to secure anaesthesia of the throat and larynx by the internal administration of large doses of bromide of potassium, and with right good results. But the loss of energy and the helplessness of the patient thus produced essentially interfere with the success of operative procedures. The author then endeavored to induce anaesthesia by interruption of the nerve force in sensitive nerves of the larynx. The trunk of the sensitive branch of the superior laryngeal nerve, at the spot where it penetrates the thyro-hyoid membrane below the button-shaped end of the great cornu of the hyoid bone, lies so superficially that it may be here completely anaesthetised by hypodermic injections of morphia 0.005 on each side. Still simpler and equally effective is the application of cold at these places. The cold is best brought to bear upon the spots by means of Richardson's atomizers which are so

altered by Rossbach that the streams play through two fine tubes directly upon the nerve trunks. Complete anæsthesia occurs after one or two minutes application of the atomizer.—*Wiener Medical Press*, 1880.

Pulsating Encephaloid mistaken for Aneurism—LIGATURE OF RIGHT COMMON CAROTID ARTERY.

—Surgeon M. D. Moriarty reports (*Indian Med. Gazette*, Feb. 1, 1881,) the case of a man, aged 45, who applied to him on 5th Feb., 1880, with the following history: About sixteen years before, he noticed a pulsating tumour of the size of a small walnut seated immediately below his right ear, which caused him no great inconvenience. About two months ago the tumour became painful and began to increase in size, and the right side of his face became paralyzed.

On examination, a tumour the size of a small orange was found to occupy the right carotid region; it extended upwards in front of the ear to about the level of the temporo-maxillary articulation, and behind the ear to a similar level; its lower border was about half-an-inch above the level of the upper border of the thyroid cartilage. The lower part of the ear was bulged upwards, the external auditory meatus being almost closed. The tumour was more or less globular, with a slight irregularity in the shape of a little prominence at its lower posterior part. On the upper and back part of the tumour were two small blue veins; the skin over the tumour was somewhat congested, especially posteriorly, but was freely movable. The tumour was more or less movable from side to side; its base, however, appeared to be fixed; it pulsated, the pulsation being systolic and distensile, and on auscultation a well-marked bruit was heard. To the feel the tumour was rather tense, but apparently fluid, the posterior part being perhaps a shade less tense than the rest of it; pressure on it somewhat diminished its size. The right common carotid beat more vigorously than its fellow of the opposite side. Occlusion of it diminished the size of the tumour and completely arrested its pulsation. (No note was made as to whether the consistency of the tumour was also altered, but it must have been

to some extent). When the artery was let go, the blood entered the tumour with a soft distensile pulsation, and the tumour returned to its original state. Above the tumour the right temporal artery beat more feebly and a little later than the left. Pressure on the tumour, especially in front of the antitragus, caused pain. There was complete right facial hemiplegia; the uvula was straight; the right side of the throat, including the tonsil, bulged considerably inwards; the tonsil was hypertrophied and pulsated, the sensation of fluid from within the throat was not, however, very marked; there was no marked interference with respiration or deglutition; the heart and large vessels appeared to be healthy; the patient never had syphilis, and had only once or twice in his life tasted spirits; the lymphatics in the neck were apparently healthy.

The diagnosis was aneurism, probably of the internal carotid.

On the 18th February Mr. Moriarty ligatured the right common carotid just above where it is crossed by the omo-hyoid muscle; and all pulsation in the tumour ceased. On the 28th of February, slight pulsation was observed in the tumour which had never hardened as a consolidating aneurism should. The patient kept in pretty fair health up to October, then the symptoms of malignant disease became unmistakable—rapid growth, implication of the skin, fungation, severe pain, occasional hæmorrhages, glandular implication, feator, emaciation. He died on 30th November.

On examination of the body next day, the disease was found to be encephaloid of the parotid gland. Peripherally, to a depth of about half-an-inch, the tumour looked like congested cerebellum; centrally it was like boiled udder (Erichsen); the external carotid was lengthened—it ran at first superficial to the tumour, but afterwards sank into it. The tumour extended very deeply, the pinna was quite separated from the external auditory meatus, and the bone all round the latter was eaten away and covered with a horribly foetid slough. The tumour extended almost to the jugular fossa, it encircled the internal carotid for a small part of its jugular course; lower down it touched the transverse process of the atlas.—*Medical News and Abstract.*

The Treatment of Pneumonic Fever

(ACUTE LOBAR PNEUMONIA) BY THE EMPLOYMENT OF THE WET SHEET.—Dr. Austin Flint, in a recent clinic (*Gaillard's Medical Journal*, March, 1881), presented three cases of pneumonic fever, treated antipyretically by means of the wet sheet, no other active measures of treatment having been employed. The favourable course of the disease under this treatment, in these cases, was highly gratifying. Dr. Flint said, "Inasmuch as these cases are but a small proportion of those which have been treated in my wards during the session, you may ask why the treatment has been thus limited. The treatment is, as yet, novel in this country. In relating the first two cases at a meeting of a medical society of which I am a member, doubt was expressed by other members as regards a favourable influence produced by the treatment, together with distrust of its propriety and safety. I was not without apprehensions, in the first place, in respect of the treatment itself, and, in the second place, as taking the place of other therapeutical measures, notwithstanding the strong testimony of some German writers in behalf of the efficacy of cold baths in this disease. These considerations led to a careful selection of cases. The cases selected were those in which the disease was in an early stage, the patients apparently robust, the pyrexia considerable or high, and no complications existing. I am by no means sure that the treatment might not have been employed in other cases with advantage, but it was thought best to select cases in which there was the least likelihood of harm were the effect not satisfactory."

The plan of treatment was as follows: The directions were to employ the wet sheet whenever the axillary temperature exceeded 103°F. The patient was wrapped in a sheet saturated with water at a temperature of 80°F., the bed being protected by an India-rubber covering. Sprinkling with water of about the same temperature was repeated every 15 or 20 minutes. If the patient complained of chilliness, he was covered with a light woollen blanket, which was removed when the chilly sensation had disappeared. In none of the cases was the blanket used much of the time while the patient was wrapped in the wet sheet.

The patient remained in the sheet until the temperature in the mouth fell to 102° or lower, care being taken to watch the pulse and other symptoms. When the temperature was reduced, the wet sheet was removed, and resumed if the temperature again exceeded 103°F .

The first case entered the hospital on the third day after the attack. On the second day after his entrance the wet sheet was employed thrice. He remained in the sheet the first time, two hours and forty-five minutes; the second time, an hour and a half; and the third time, an hour and ten minutes. On the second day the wet sheet was employed once, and continued for one hour. On the third day, the wet sheet was not employed, the temperature not rising above 103° . On the fourth day, the wet sheet was employed once, and continued for an hour. There was complete defervescence on the fifth day, and no return of the fever afterward. Dating from the attack to the cessation of fever, the duration of the disease was seven days. The patient had no treatment prior to his admission into the hospital. The treatment in the hospital, in addition to the employment of the wet sheet, consisted of carbonate of ammonia in moderate doses, whiskey given very moderately, and a little morphia. The patient was up and dressed five days after the date of the defervescence. There were no sequels, and the patient was discharged well.

The second case entered hospital seven days after the date of the attack. She had no medical treatment prior to her entrance. The wet sheet was employed on the second day after her admission, and continued for six hours. Complete defervescence took place on the third day. Recovery followed without any drawbacks. Both lobes of the left lung were involved in this case. The invasion of the second lobe, probably, was about the time of her admission into hospital.

The third case entered hospital three days after he was obliged to give up work. On the day of his entrance the wet sheet was employed, and continued for ten hours. The wet sheet was employed on the second day after his admission, and continued for five hours. Defervescence took place on this day. The duration of the fever was five days, dating from the time he was

obliged to give up work, and seven days from the occurrence of chills and pain in the chest.

Dr. Flint said the histories of these cases as bearing upon the treatment employed, were of considerable interest. They certainly show that in cases like those which were selected, the treatment is not hurtful. More than this, they render probable the inference that the disease was controlled and brought speedily to a favourable termination by the treatment, they also go to show that the disease is essentially a fever, and that treatment is to be directed to it as such, and not as a purely local pulmonary affection. It remains to be determined by further observations how often and to what extent this method of treatment has a curative efficacy. It is also an important object of clinical study to ascertain the circumstances which render the treatment applicable to cases of pneumonic fever, and, on the other hand, the circumstances which may contra-indicate its employment in this disease.

To this series Dr. Flint adds a supplementary case of decided interest in which the pneumonia began with a well pronounced chill, fever, headache, pain under the left nipple, cough, and a feeling of general prostration. Being without a home, the patient spent the time from Feb. 18th to the morning of the 21st in a lumber yard without food, and with no shelter but a pile of boards. During this time there was a snow-storm of considerable severity, and the temperature fell as low as 10° Fahr. On admission there was a dusky redness of the face, and the expression was anxious; pulse 122, respiration 52, temperature 102.25°. He complained of dyspnoea, pain in left side and cough. The expectoration was semi-transparent, adhesive, and had a reddish tint. Increased vocal fremitus, dulness, bronchial breathing, and bronchophony over the left lung.

Treatment.—Whiskey, ʒss, Ammonia carb., gr. v, every two hours, and a milk diet. Temperature in the afternoon, 104.25° F.

22d. Temperature, A.M., 99°; P.M., 99.25°. Pulse 115 and feeble. Ordered tr. digitalis, gtt. x, every three hours.

23d. Patient improved. All the signs of solidification are yet present, and the crepitant râle is heard behind. Pulse 70 and full. Digitalis discontinued. Respiration 32. Flush had disappeared from the face.

24th. Temperature, A.M., 98.25°; P.M., 98.25°. The physical signs now show beginning resolution. Dulness is less marked, bronchial respiration has given place to broncho vesicular, bronchophony to increased vocal resonance, and the subcrepitant râle is frequently heard.

25th. Much better. Temperature, A.M., 97.50°. Has a good appetite, takes beef-tea and milk.

28th. Patient is up and dressed.

Two inquiries suggest themselves in connection with the history of this case. One is, did the disease end from an intrinsic tendency to recover in spite of the circumstances under which the patient was placed for the first two days of his illness? It is, of course, absurd to suppose that the disease was arrested by the whiskey and ammonia which were given after his admission into the hospital. The second inquiry is, did the exposure in the open air for three days shorten the duration of the disease by means of an antipyretic effect? These inquiries are submitted by Dr. Flint without discussion for the reflection of the reader.

Non-Malignant Ulceration of the Rectum and Anus.—Dr. Charles B. Kelsey, Surgeon to the Infirmary for diseases of the Rectum, New York, contributes to the *American Journal of the Medical Sciences* for April, 1881, a very interesting paper upon the different forms of non-malignant ulcerative disease of the ano-rectal region, classifying the ulcers according to their etiology into simple, tubercular, scrofulous, dysenteric, venereal, those due to stricture, and those due to gangrene following the severe fevers. The importance of a thorough examination with a duck-bill speculum under ether is so obvious that it is a matter of surprise that this manipulation, furnishing the only means of exact diagnosis, is so commonly neglected by physicians. In the majority of cases, the existence of an ulcer being ascertained, provided that syphilis

be excluded, the ulcers in the rectum proper will belong to the first or simple variety of the disease, and will yield to local applications of bismuth, iodoform, or solution of nitrate of silver. The soft chancre is one of the most frequent of all the superficial ulcerations at the anus; and has the same characteristics as when occurring in other parts of the body. Dr. Kelsey believes in the occasional causation of stricture of the rectum by chancroid, but that many of the so-called syphilitic strictures are not due to this cause. True chancre of the rectum, tubercular deposit, lupus, and rodent ulcer, are so rare as scarcely to enter into consideration in the diagnosis. The extreme gravity of the symptoms, and the certainty with which when untreated, or sometimes with the best of treatment, it will end either fatally, or in a condition requiring the gravest surgical procedures for its relief, render Dr. Kelsey's remarks upon treatment of great interest. He lays particular stress upon the absolute necessity of perfect rest and fluid diet, without which, he says, no treatment will be of much avail. To them, however, he adds other remedies in the way of general medication and local applications.

A Ready Method for Hot Fomentations.

—A patient lately informed me of a method, adopted in her family for many years, to prepare flannels for hot fomentations; and, as the plan is novel to me, after thirty years' practice, and evidently very valuable, I think it may be unknown also to many others. The flannels are merely placed in the steamer of an ordinary steam kettle; they quickly become thoroughly permeated by the steam, when the kettle is placed on the fire, and can be readily changed without any fear of scalded fingers during the attempt to wring them sufficiently dry, as in the ordinary method. My friend has, I understand, presented several steam kettles, specially made for the purpose, to one of the London hospitals.—RICHARD NEALE, M.D., in *British Medical Journal*.

CANADA

Medical and Surgical Journal.

MONTREAL, MAY, 1881.

A MEDICO-LEGAL CASE.

We have received a report of the case of *Levi vs. Reed* of which we give a resume as it presents some points of interest. It is the first instance we are aware of where the high courts of the country have been invoked to pronounce upon the punishment due to the misrepresentation by one medical man of the professional acts and motives of another.

Plaintiff is a graduate of McGill University of 1876. Defendant is a practitioner of over twenty-seven years standing in the County of Megantic. It is alleged that soon after the former had begun practice in the same place he was met by the enmity and slanderous misrepresentations of Dr. Reed. The most aggravated instance of this, which was adduced at the trial, was the following:—

Dr. Levi was called upon to treat a case of obstinate vomiting occurring in a woman then about six months pregnant. He faithfully and persistently tried for a length of time a number of those remedies and methods of treatment which are most highly recommended. But, (as is too often the case) without success; and the patient's health became very seriously impaired. Under these circumstances, he asked for a consultation with the senior practitioner of the place, who happened to be Dr. Reed. At the consultation, after explaining the treatment already followed, and his fears for the patient's safety, except something could be done for her relief, Dr. Levi proposed to discuss the advisability of resorting to the induction of premature labor. Dr. Reed advised against this measure,

and it was accordingly not performed. After a time the woman's symptoms materially improved and she went to the full time without further accident. It would appear that, on the strength of this occurrence, the defendant said to several persons that Dr. Levi had suggested to him an operation which would have resulted in the death of both mother and child, and did not hesitate to use towards him the words abortionist and murderer. To Roman Catholics he gave the information that the Church condemns the operation and that any one guilty of the same is damned.

Upon other matters in connection with Dr. Levi's practice his language was not more moderate than that quoted above.

It appears that the plaintiff Levi treated with contempt the slanders of Reed for over six months, hoping that by showing indifference Reed would ultimately cease: these libels, however, not abating at the expiration of this time, the two met in the County Registry Office, when Dr. Levi remonstrated with his opponent and told him that if he did not cease he would appeal to the Courts. Dr. Reed, knowing the difficulties Levi would meet by going to law, ridiculed the threat and repeated the slanders publicly in Levi's presence, adding that he would prove "that Dr. Levi had asked him to assist in committing a murder."

Thereupon Dr. Levi began an action of damages against Dr. Reed for \$10,000 damages, in the month of October, 1877. After the case had dragged over two years, during which time there were eight enquêtes, and fifty-four witnesses were examined, the Superior Court gave judgment for the plaintiff in the following words:—" Il (le défendeur) semble n'avoir négligé aucune occasion de faire au demandeur, la plus mauvaise réputation comme médecin, dans le but de lui nuire dans l'exercice de sa profession. La persistance à cet effet a été remarquable et elle s'est manifestée de la manière la plus injurieuse jusque dans le témoignage qu'il a été appelé à rendre en cette cause. La défendeur n' a pas prouvé de provocation de la part du demandeur, et j'ai cherché en vain la justification des propos qu'il a tenus."

The defendant Reed was condemned to pay the costs of the

action and the sum of (\$1000) one thousand dollars damages to plaintiff. Dr. Reed next took the case to the Court of Review, but when the case was there called neither he nor his lawyers were there to argue the case, and the Court dismissed the review. Then he took the case to the Court of Appeal at Quebec, where it was argued, and judgment given on the 5th June, 1880. Judges Monk and Ramsay, a minority of the Court agreed with judgment of the first Court, and Judges Dorion, Tessier and Cross, a majority of the Court, whilst agreeing with the pretensions of Levi in the following words: "Considering that it is proved that on several occasions at and about the dates mentioned in the declaration in this cause, the said appellant (Dr. Reed) did publicly without justification make use of certain of the slanderous expressions imputed to him in and by the said declaration, and considering that the said appellant (Reed) has failed to prove that these expressions were only used on occasions which give them the character of privileged communications," yet gave a judgment declaring the award of first court excessive, which they reduced to five hundred dollars and costs of first Court, and ordered Levi to pay the costs of the Court of Appeal, which amounted to seven hundred and eighty-four dollars, leaving Levi with a judgment in his favor and three hundred dollars out of pocket. Another reason given by the three learned Judges was that Levi had produced certain medical men of eminent standing, at great cost, to prove that the slanders of Reed so reported by him and sworn to by him when examined as a witness in the case, were scientifically erroneous and that Levi had acted in the cases on which he was attacked with prudence and ability, was illegal evidence.

The legal advisers of Dr. Levi considering the judgment and reasons of the majority of the Court of Appeal as erroneous, advised him to appeal to the Supreme Court at Ottawa. There Dr. Levi was met with a motion on the part of Dr. Reed to dismiss the appeal on a technicality. After arguing the motion, four of the Judges of the Supreme Court dismissed the motion and ordered the case to be argued on its merits. On 11th February, 1881, the Supreme Court unanimously reversed

the judgment of Court of Appeal, and restored to Levi the judgment of first Court with all costs. The Supreme Court also deciding that the medical evidence attacked by the majority of the Court of Appeal, was legal evidence, and evidence which, under the circumstances, Levi was bound to produce.

Fortunately for the credit of the profession, it is but very rarely that the strong arm of the law has to be invoked to protect one practitioner from ruinous attacks upon his professional and even his private character by another. It is, indeed, lamentable to think how utterly lost to all self-respect—how utterly wanting in the generous instincts of professional courtesy—how completely unmindful of the Hippocratic oath of every medical graduate—must that man be who, appealed to by a junior *confrère*, receives his confidential communications, goes through the farce of a so-called consultation, and then immediately proceeds so to distort and misrepresent what passed between them as to carry the most horrid ideas to the minds of the whole community. Such a use to be made of secrets learned from a confiding colleague at a professional consultation is a thing calculated to excite the anger and contempt of every right-thinking medical man—and we congratulate Dr. Levi upon having thoroughly vindicated his professional name and his private character. And more than this, he deserves the thanks of the profession of this country for the stand he has taken and the perseverance he has exhibited in carrying his case even up to the Supreme Court. For the result of this trial shows that the laws of the land will punish the slanderous inuendoes of a jealous rival, if he cannot be prevented from indulging therein by a proper respect for medical ethics.

The tardiness and the expense of legal operations have, as usual, been fully exemplified here. It took the plaintiff three years and three months, during which time he had expended fifteen hundred dollars before the final judgment was obtained!

PRESCRIPTION CHARGES.

A correspondent once more brings this subject. That there is a want of regularity or fixedness in these charges, which

frequently leads to remark from patients is quite well known to all practising physicians. It is a matter in which improvement could certainly be made, and perhaps it is to the Pharmaceutical Association that we should look for action calculated to assist in remedying and removing the grievance. The suggestion of a discussion at the Medico-Chirurgical Society is a good one and might be carried out. Our correspondent is of opinion that the Co-operative Association about to start in this city might include a dispensing department in the sphere of their operations. We believe, however, that this has not been found to work well in England. Moreover, there is a clause in the Pharmacy Act which might possibly be so construed as to actually prevent any such plan from being carried into effect, viz: that all partners in a dispensing firm must be licensed Pharmacists. However, we should be glad to hear the views of any of our readers on this subject.

CLINICS AT TORONTO UNIVERSITY.—We understand that this year, for the first time, practical bedside examinations have been held by the University of Toronto in the wards of the Toronto General Hospital. These clinical tests, which have been quite a feature at McGill College for several years past, should undoubtedly form part of the ordeal to be undergone by every aspirant for the degree which leads to the permission to practice the art of medicine. We, therefore, congratulate our sister University of Ontario upon this very decided step in advance.

HOSPITAL ELECTIONS.—The following remarks are to be found in the *British Medical Journal* concerning the recent election of Mr. Walsham to the post of Assistant-Surgeon to St. Bartholomew's Hospital. The views herein expressed are also held by many who take an interest in the affairs of our own institutions:—"All the candidates were men in favour of whom much might be urged. The election has been very keenly contested, and has entailed on all the candidates considerable and protracted labour in canvassing, not to speak of the cost,

inconvenience, and humiliation involved. This mode of election to a professional office is a relic of ancient abuses which has been abolished at the hospitals of the West End, less trammelled by the vulgar influence of City tradition. It may be hoped that in time the governors of this ancient hospital may so far rise superior to the petty love of patronage and the aldermanic pride of power, which perpetuates a mode of election which is degrading to all concerned, and is the least fitted for selecting candidates for a hospital appointment."

—The *Popular Science Monthly* for May, published by D. Appleton & Co., has the following contents: Story of a Salmon, by Prof. Jordan; Gymnastics, by Dr. Oswald; Mineral Springs of Saratoga, (illustrated), by C. F. Fish; Action of Radiant Heat on Gaseous Matter, by Prof. Tyndall; Another World Down Here, by W. Mattieu Williams; Origin and structure of Volcanic Cones, (illustrated), by H. J. Johnston-Lavis; Eyes and School-Books, by Prof. Hermann Cohn; Deep-Sea Investigation, (illustrated), by J. G. Buchanan; The Will-o'-the-Wisp and its Folk-lore, by T. F. Thistleton Dyer; Cynicism Opposed to Progress by W. A. Eddy; Some Prehistoric Vessels, (illustrated); The Horace Mann School for the Deaf, by M. G. Morrison; Color Blindness, S. R. Kochler; The Eucalyptus in the Roman Campagna, by H. N. Draper; Influence of the Post and Telegraph on International Relations, by C. M. Dunbar; Sketch of Edward D. Cope, (with portrait); With Notes, Miscellany and Literary Notices.

Medical Items.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.—The matriculation examination for candidates intending to enter the medical profession began in the old government building, Notre Dame street, on the 5th inst. and terminated on the afternoon of the 6th inst.; of 57 candidates 39 were rejected. The following are the names of the successful candidates, viz: Wyatt G. Johnson, Michael Brophy, Esdras Labonte,

H. Bayard Smith, L. C. Bussiere, Gaston Smith, W. H. Leonard, F. Simard, Phileas Morin, Jos. C. A. Blanchet, F. Jeannotte, Jos. O. Lambert, Alphonse Lamothe, Charles Prevost, Napoleon Tessier.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

—The semi-annual meeting of the Provincial Medical Board took place in Montreal on the 11th inst., Dr. R. P. Howard, President, in the chair. A letter was read from the Registrar of Bishops College stating that owing to continued ill-health Dr. David has resigned his position as one of its representatives on the Medical Board, and that Dr. Kennedy has been elected to replace him. A resolution regretting the cause which compelled Dr. David to resign was moved by Hon. Dr. Church and seconded by Dr. Marsden. Dr. Kennedy was introduced by Dr. Gibson. On the report of the assessors being read, Dr. Marsden drew attention to the fact that the new by-law limiting the attendance of assessors to three days was in contravention of the law and gave notice of a motion to amend the by-law, so that a larger allowance can be had and the provisions of the law thus carried out. A protest was read from Victoria School of Medicine against granting licenses to graduates of Laval Medical School, Montreal. A lively discussion ensued, when it was carried that pending the decision of the courts the Provincial Medical Board should, as formerly, give its license to graduates of the four schools mentioned in the Medical Act. Licenses were granted to about 40 candidates: from McGill, Bishop's, Victoria and Laval. The governors were entertained at lunch at the Richelieu Hotel by the governors resident in Montreal.

MIDWIFERY IN THE PARIS HOSPITALS.—The general hospitals of Paris receive midwifery cases and deliver the patients very often in the common wards, where they are subjected to all the dangers of septic infection. In consequence of this, and, it is said, of the incompetency of the internes, the mortality is very great. The Municipal Council is now taking some steps toward securing reform. For some reason, the hospitals of Paris are getting a very bad reputation in every way. It is reported that

their cleanliness is not great, that the nursing is poor, that the patients are poorly fed, inhumanly treated, and barbarously experimented upon.

PRACTICAL INSTRUCTIONS IN OBSTETRICS.—While the theory of midwifery is presented to medical students in our colleges with great care and sufficient fullness, it is certainly lamentable that the great majority of graduates go out from school without any actual experience of real cases. Occasionally the professor of obstetrics is so connected with such hospital facilities as to enable him to afford one or more cases to each candidate of his class; but these facilities are exceptional, and doubtless the great majority of graduates put out their shingles without ever having witnessed a case of actual labor.—*Obstetric Gazette*.

—The *Chicago Medical Journal and Examiner* criticises the appearance of the “divine Sarah.” Though it may be the aim of fashionable ladies of the present day to appear somewhat ethereal yet the attenuation attained by the Bernhardt must be considered beyond what is desirable, for the above paper says, “she was so thin that when she took a pill she looked as if she was pregnant!”

A CONSULTATION.

A single Doctor like a sculler plies,
The patient lingers and, by inches dies.
But two physicians, like a pair of oars,
Waft him with swiftness to the Stygian shores.

—*London Medical Gazette*.

—Toll the bell then for another “good intention” gone, for another lofty purpose shrivelled in an unthrifty soil. Write as its epitaph that Bellevue tried to be better than its neighbors, but it lacked the stamina and returned from a moral to a commercial basis, leaving behind its high resolves. Learn from its action that money seemed better than educational elevation, and students than medical reform.—*N. Y. Med. Record*.

“WHO SHALL DECIDE WHEN DOCTORS,” ETC.—The medical profession is Jenner-ally represented as disinclined to be hand and glove with Dr. Kidd. This is a *Quain-t* way of putting it.—*Punch*.

POST HOC ERGO PROPTER HOC.—Dr. Paris in his *Pharmacologia* tells a story of a Florentine quack, who gave a countryman six pills, which were to enable him to find his lost ass; the pills beginning to operate, obliged him to retire into a wood, where he found his ass. The clown soon spread a report of the wonderful success of the quack, who in consequence, reaped an ample reward from the proprietors of strayed cattle.

A RHYME WITHOUT A REASON.—(*By an eminent allopathist*) :

I do not like you, Dr. Kidd;
 Yet why I don't and never did,
 Can't say, but I will bet a "quid"
 I do not like you Dr. Kidd.

—*Punch*.

—Printers errors are notoriously often awkward. The following occurs in an article praising Bromo-chloralum: Mrs. R. æt. 59, confined to her bed for several weeks, a bed sore developed upon the lower part of the *scrotum*!

MEDICAL PEERAGES.—The *Lyon Medical* relates that, under Louis Philippe, Dr. Doultre was offered a peerage on condition of resigning active medical practice. He declined it coupled with that condition; and never received the proffered title. The reason for imposing the condition was coarsely stated by a member of the Upper Chamber as: "Je ne veux pas pour collègue, avoir le Comte de S—, un homme à qui je puis tous les jours montrer mon c . . . pour vingt francs."

FLUID EXTRACT OF ERGOT.—In presenting to the medical profession our Fluid Extract of Ergot, we fully realize the responsibility assumed in making the representations we do in regard to our preparation. The menstruum used is that best adapted for extracting all the active matter, and retaining its full power. Each minim represents one grain of the freshly powdered drug. It is entirely free from acid, and can be used subcutaneously without irritation in most cases, having in this respect a great advantage over the watery solutions, which decompose very rapidly. Our menstruum is simply Water, Alcohol and Glycerine—no heat whatever is used in its manufacture. Since adopting this formula, a number of valuable papers from foreign authorities have endorsed our views. We confidently claim for it a value and efficacy superior to any other preparation of this drug.

JOHN WYETH & BRO., PHILADELPHIA.