

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.

- | | | | |
|-------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> | Coloured covers /
Couverture de couleur | <input type="checkbox"/> | Coloured pages / Pages de couleur |
| <input type="checkbox"/> | Covers damaged /
Couverture endommagée | <input type="checkbox"/> | Pages damaged / Pages endommagées |
| <input type="checkbox"/> | Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée | <input type="checkbox"/> | Pages restored and/or laminated /
Pages restaurées et/ou pelliculées |
| <input type="checkbox"/> | Cover title missing /
Le titre de couverture manque | <input checked="" type="checkbox"/> | Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées |
| <input type="checkbox"/> | Coloured maps /
Cartes géographiques en couleur | <input type="checkbox"/> | Pages detached / Pages détachées |
| <input type="checkbox"/> | Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire) | <input checked="" type="checkbox"/> | Showthrough / Transparence |
| <input type="checkbox"/> | Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur | <input checked="" type="checkbox"/> | Quality of print varies /
Qualité inégale de l'impression |
| <input checked="" type="checkbox"/> | Bound with other material /
Relié avec d'autres documents | <input type="checkbox"/> | Includes supplementary materials /
Comprend du matériel supplémentaire |
| <input type="checkbox"/> | Only edition available /
Seule édition disponible | <input type="checkbox"/> | 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. |
| <input checked="" type="checkbox"/> | 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. | | |
| <input checked="" type="checkbox"/> | Additional comments /
Commentaires supplémentaires: | | Continuous pagination. |

THE Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF MEDICAL SCIENCE, CRITICISM, AND NEWS.

U. OGDEN, M.D.,

R. ZIMMERMAN, M.D., L.R.C.P., Lond., } Consulting Editors.

A. H. WRIGHT, B.A., M.B., M.R.C.S., Eng., } Editors.

I. H. CAMERON, M.B., }

SUBSCRIPTION, \$3 PER ANNUM.

All literary communications and Exchanges should be addressed to Dr. CAMERON, 273 Sherbourne St.; or, Dr. WRIGHT, 312 Jarvis St.

All business communications and remittances should be addressed to HART & COMPANY, Publishers, 31 and 33 King Street, Toronto.

TORONTO, JULY, 1882.

Original Communications.

NOTES ON THERAPEUTICS.

BY R. L. MACDONELL, B.A., M.D., M.R.C.S., ENG.

(Assistant Demonstrator of Anatomy, McGill University, Montreal, Physician to Montreal Dispensary.)

THE ERUPTIONS CAUSED BY QUININE.

Some months ago Van Harlingen published, in the *Archives of Dermatology*, an elaborate account of all the medicinal eruptions. Five distinct effects in the skin are produced by quinine and the cinchona compounds. 1. Erythematous, or scarlatiniform eruption. 2. Papular. 3. Urticaria. 4. Purpuric. 5. Irritation of the skin of the genitals. Of these the erythema seems to be the one most frequently met with, and from several late articles upon this subject, it may be inferred that this phenomenon depends more upon idiosyncrasy of the patient than upon the large dose of the drug. The following case resembles an ordinary attack of scarlatina. Prof. Kobner, Berlin (*Klinisch Wochenschrift*)* prescribed quinine for a man who was suffering from bronchitis. In two hours he had a violent rigor, a feeling of suffocation, severe headache, nausea, and vomiting. Two hours later another short rigor, followed by a burning sensation, at first in the head and then all over the body. These phenomena occurred about 8 p.m. The next morning there was fever, an itching eruption over the whole body, difficulty of swallowing, and dryness of the throat. The eruption was of a deep red tint, disappearing momentarily on pressure. Face swollen, conjunctiva injected,

nasal mucous membrane dry. There were large papules upon the thighs surrounded by healthy skin. Pulse 108, temperature of skin elevated, respiration calm, tongue slightly tremulous, moist, posterior walls of the pharynx very red and injected, rest of the mouth normal. This certainly looked like scarlatina, but previously to this time the patient had had two similar attacks as the result of taking quinine. The eruption was considered by the physicians attending as scarlatina, and was each time followed by desquamation.

Dr. Gilliam, in the same journal, relates how he prescribed quinine, in three or four grain doses, for a boy about 15 years old. In a few hours the patient was found with intense congestion of the conjunctiva, œdema of the face and limbs, and a bright erythematous eruption of the whole surface of the body, and complaining of terrible burning and itching. Subsequently the administration of quinine on two occasions produced the same symptoms.

CORYZA.

Dr. N. Ffalliott, writing to the *British Medical Journal* states, that coryza, or nasal catarrh, may be cured in a few hours if taken at the onset, or at most twelve hours afterwards, by the inhalation of a spray of sulphate of quinine. The solution used may be made by dissolving four grains of quinine in an ounce of water, with just sufficient dilute sulphuric acid to dissolve it, and scenting with any agreeable perfume. A hand-ball spray-producer is used, and the quinine should be tasted in the back of the mouth. Apart from the possibility of quinine being antiseptic and destroying the germs which may give rise to this condition, supposing the

*The Monthly Review of Medicine and Pharmacy, March, 1882.

catarrh to be the result of sudden change of temperature, the action of quinine in contracting the superficial capillaries tends to lessen secretion and afford relief.

The *Monthly Review of Medicine and Pharmacy* recommends for a common cold five grains of quinine, to be taken as soon as you begin to sneeze and suffer from a feeling of tightness in the nasal passages. Repeat the dose every six hours, till three doses are taken, and you will soon be well of your cold.

The remedies for colds are numerous, as was pointed out many years ago by Mark Twain. There is nothing like personal experience in these matters. The writer of these lines recommends to his brethren the use of a little, $\frac{1}{4}$ grain, pill of sulphate of morphia to abort a cold. To keep down coryza, when one has business to attend to, there is scarcely anything more comforting than the snuff of Dr. Ferrier, (R. Morphiae hydrochloratis, gr. ii.; pulv. acaciae, ʒij.; bismuthi nitratis, ʒvi.; M. The snuff) blown well up the nose by an insufflator.

NITRITE OF AMYL IN INFANTILE CONVULSIONS.

The power of this agent in allaying muscular spasm is being well established. A writer in the *Lancet*, (April 22nd), 1882, Dr. Bridger reports success with it in the treatment of convulsions in children. Case 1. Convulsions resulting from an abscess in tympanum. One third of a minim of nitrite of amyl in mucilage was directed to be applied to the child's nostrils every three hours—the amyl floating on the mucilage. In the first twenty-four hours of this treatment there was but one convulsion, and during the three remaining days of the child's life he had no difficulty in keeping those symptoms under control, though he found it necessary to increase by one-third the dose every twenty-four hours. Case 2. Patient aged six. Tubercular meningitis for a fortnight, and for two or three days almost constant convulsion. Nitrite of amyl as in case 1. Marked improvement; the twitchings almost entirely ceased, and the child had some hours of sleep. Cases 3 and 4 were aged respectively five and nine months, and the convulsions were due to dentition. The older took occasionally one-fourth of a drop dissolved in spirit and given

on sugar, according to Dr. Ringer's plan. The treatment succeeded.

THE RELIEF OF CATARRHAL CONDITIONS OF THE NASAL PASSAGES BY INSUFFLATION.

The *Archives of Medicine*, April, 1882, contains a good practical paper from Dr. Goodwillie. His insufflator is the best yet produced, inasmuch as the portion to be inserted into the nostril is large enough to close up that opening and prevent the escape of the powder. The instrument he uses is like a hydrogen bottle, and a country doctor with ten cents worth of glass and a little ingenuity will be able to make a fair substitute. A four or six ounce wide-mouthed bottle, a perforated cork, and two pieces of bent glass tube are required. The glass tubes, bent at right angles, are fixed in the cork. The powder is put into the bottle and air blown into the opposite tube. Dr. Goodwillie's apparatus has valves in the cork to prevent return of the powder, and the air is supplied, as in Richardson's apparatus for local anaesthesia by two rubber globes.

The powder used must be very finely triturated, and when blown in the air should float like smoke. The favourite formulæ are given. No. 1. R Benzoini, ʒj; morphiae muriatis, gr. vi; bismuthi subnitratis, potassii nitratis aa ʒss. This is very much like the snuff elsewhere mentioned and is said to be useful in hyperæmic conditions with pain. In the beginning of an attack of rhinitis coat the mucous surface with it. No. 2. R Aluminis, ʒi; acaciae, bismuthi subnitratis, potassii nitratis aa ʒiv. Useful where a strong astringent is required. In case of hæmorrhage from the nose, remove all the clot and immediately blow in this powder abundantly until the bleeding ceases. R Iodoformi, camphoræ, aa ʒj; bismuthi subnitratis, potassii nitratis, aa ʒi ss. Useful as an antiseptic where there are foetid discharges, or where ulceration is present, or an excessive amount of granulations. For the general practitioner these applications are vastly more convenient than sprays.

THE TREATMENT OF BUBO.

With reference to Dr. Petersen's plan of treating bubo, referred to in your last, I do not see any very great advantage in this

method. Pressure is the active therapeutic agent in this as well as in other antiseptic procedures. The best plan of treating a bubo, in the writer's humble opinion, is to put on a pad of lint, soaked in iced lead lotion, and over this to apply a firm spica bandage. Should pus form, the larger the opening the quicker the cure. I think that in this way I have seen better results than those of Petersen.

CHRYSOPHANIC ACID INTERNALLY.

Chrysophanic acid is the best and most generally serviceable remedy in psoriasis. Prof. Charteris, by a simple experiment, proved that its action is general as well as local. In cases where the skin was diseased on both legs, one leg was treated with chrysophanic ointment, the eruption disappeared nearly as rapidly from one side as the other. Then again in other cases, constitutional symptoms were produced by local applications, and nausea, vomiting, looseness of the bowels were noticed.

Dr. Napier, Physician for Skin Diseases in the Dispensary, in connection with Anderson's College, Glasgow, (*Lancet*, May 20th, 1882), has been using the acid internally for the treatment of psoriasis. His cases are as follows: Case 1. Lad aged 16. After having had the disease five months. Nov. 2nd: Three grains of chrysophanic acid and 40 grains of sugar of milk, to be made into twenty four powders; one powder to be taken after each meal. Nov. 9th: Patches much paler, less scaly, less itchy. Four grains of the acid in 24 powders to be taken as before. No vomiting or any sign of gastric disturbance. Nov. 23rd: Patches paler, less itchy. Six grains in 24 powders. Nov. 30th: Eight grains in 24 powders. Dec. 7th: Ten grains in 24 powders. Dec. 21st: Improvement very marked, twelve grains in 24 powders. On the 25th January he was taking 48 grains in 24 powders. Feb. 2nd: perfectly well.

Dr. Napier cites two other cases, but this one contains the instruction necessary for one who wishes to try this promising treatment. By using this drug in this manner, all the drawbacks to its use, externally, are obviated, and in cases where a large surface has to be attacked there will be a great saving effected in the amount of acid consumed in the course of

the treatment. Dr. Napier suggests $\frac{1}{2}$ grain as a good medium dose to start with, and finds sugar of milk the best excipient. The dose should be increased up to the limits of toleration. One of Prof. Charteris' cases, a girl 13 years of age, takes nine grains a day.

SOME POINTS OF GENERAL INTEREST IN OPHTHALMOLOGY.

(Paper read at Meeting of Toronto Medical Society, May 18th, 1882.)

BY R. A. REEVE, B.A., M.D.,
Lecturer on Diseases of the Eye and Ear, in Toronto
School of Medicine; Oculist and Aurist to
Toronto General Hospital.

(Continued from page 191.)

KERATITIS—(CORNEITIS).

In the commonly-occurring phlyctenular keratitis, a sort of corneal herpes with resulting punctate excoriations or superficial ulceration, met with principally in young subjects of strumous habit, with the characteristic picture of intense photophobia, profuse lachrymation, and spasm of the orbicularis, the knowledge of the constitutional predisposing cause and the probable persistence of the trouble until the former is corrected by general treatment and hygiene, and possibly the eruption of teeth is over, has fostered a tendency to let the eyes pretty much alone. Much, however, can be accomplished by local applications, while the systemic medication, by means of cod-liver oil, syr. ferri. iod., maltine and hypophosphites, syr. ferri. phosph. co., syr. calcis lactophosph., arsenic, &c., is carried on, and a proper regimen enforced. The use of atropine in strong solutions, (grs. 2—4 atropiæ sulph. ad. ℥j. aq. dest.), instilled two or three times a day causes marked relief of pain, photophobia, spasm, &c., and is unattended by toxic effects, the dread of which seems to lead many to discard it altogether or to prescribe solutions so weak as to be of little value. The addition of boracic acid grs. x.—x x ad. ℥j. sol. atropiæ is of great service when, as often happens, catarrhal conjunctivitis accompanies the keratitis. Astringents and argent. nit., so commonly resorted to on the supposition that the former is the principal affection, are contra-

indicated because they generally aggravate the much more serious corneal inflammation.* When the acute symptoms have subsided, the standard remedies are the yellow or red oxide of mercury in the form of ointment, (gr. i-ij. ad. ʒj. vaseline), or plasma (gr. i-ij. ad. ʒj. of glycerinum amyli.); and also leigated calomel, dusted upon the cornea. The red oxide must, of course, be very thoroughly triturated before incorporation and the calomel well washed.

Another form of keratitis, the vascular, with superficial opacity and vascularity, generally of the upper segment, often proves puzzlingly obstinate or recurrent because the efficient cause, namely chronic conjunctivitis, is not detected and relieved. It is important in nearly all cases of corneal inflammation to learn the state of the palpebral conjunctiva. It is to be feared cases are often regarded as keratitis, *per se*, the lids, though as rough as a raspberry, never being everted.

On the other hand, vigorous treatment of the lids should be deferred until pain, photophobia and lachrymation have been relieved by atropine, &c. Iritis, which is a not infrequent result and complication of corneal inflammation, may be readily excited if the present irritability of the eye be increased by the injudicious or premature use of cupri sulph. crystal. argenti nit., or strong astringent collyria. The weak plasma hydrarg. ox. rub. vel. flav. is a useful adjunct, for home application, to the treatment required for the conjunctivitis proper.

It is a pity to have to note that one form of keratitis, the parenchymatous, diffuse, or interstitial, is on the increase in this country, largely by importation, however; occurring generally in the subjects of hereditary syphilis of five to twenty-five years of age who have the characteristic notched or corrugated teeth, and a somewhat significant history if not physiognomy; both corneæ becoming gradually more or less opaque with finely meshed and

deep-seated vascularity, but without ulceration; reaching the acme in from two to eight weeks and receding in as many months, but sometimes leaving a permanent nebula and defective sight. Here again, in addition to proper constitutional treatment and oft-repeated hot fomentations, systematic atropine instillations are required, so as to prevent or combat iritis, which is a frequent complication.

In *ulcers* of the cornea, which are more or less peripheral and unattended by iritis, eserin (eserin sulph., grs. ij—iv, acid boracic, grs. x—xx, aq. dest ʒj.) is often better than atropine, an additional indication being a tendency to bulging or staphyloma of the cornea, and glaucoma. It is especially valuable, conjoined with support by compress and bandage, in large ulcers which weaken the cornea and threaten the loss of the eye, such as sometimes occur in ophthalmia neonatorum and gonorrhœal ophthalmia. In ulcers with iritis or great irritation, especially if they do not threaten perforation and are centrally placed, atropine is preferable, and atropinized oil or vaseline is sometimes better than the aqueous solution. In ulcers with hypopyon an iridectomy may be necessary to arrest the disease; securing also what will likely be required, a new pupil. It also arrests the development of staphyloma and glaucoma where eserin has failed. In certain cases of progressive or "creeping" ulcer an incision through the cornea across the seat of ulceration proves effective, but should not be tried indiscriminately. Corneal ulceration generally indicates, as elsewhere observed, the use of tonics &c., and a supporting regimen.

CONJUNCTIVITIS.

Trachoma or granular conjunctivitis may be singled out as the bane of ophthalmic practice, because of its chronicity, the persistent character of the small lymphomata which stud the conjunctiva; the secondary keratitis or ulceration with resulting opacity and impairment or loss of sight, and the permanent changes in the lid, causing entropion, or a bevelling off of the inner lip of the lid with mal-position of the eyelashes (trichiasis), which in turn causes irritation of the eye, if not inflammation of the cornea; to which also epiphora from interfer-

* Even in phlyctenular and pustular conjunctivitis in which, as a rule, pain, photophobia, &c., are absent, astringents have to be used with caution, boracic acid wash, with a little atropia or morphia, being preferable in the acute stage, and ungt. or plasm. hydrarg. ox. rub. or flav., or calomel, later.

ence with the puncta, &c., adds its quota of discomfort. In chronic conjunctivitis, which is much more common than is suspected, the affected membrane presents generally hypertrophied papillæ as well as enlarged follicles, together with some sub-conjunctival infiltration. The main indication in the treatment is moderate, systematic stimulation by topical applications to the everted lids persistently carried out so long as any follicles, or conjunctival hypertrophy remain, *i.e.*, until the palpebral surfaces become pale and smooth. Two months rarely suffice to effect this, and a year or more may be required, disheartening relapses being too easily provoked by slightly exciting causes.

Electricity is of some value as a stimulant, and I have found galvano-puncture a comparatively painless and efficient means of discussing the obstinate grain-like follicles; but the standard remedies with which we are all familiar, are:—Cupri sulph., crystal. argent. nit., in solution, gr. x, ad xx, ad $\bar{3}j$ aq, or in points diluted, to 33 or 50 per cent. strength with potassæ nit.; the yellow or red oxide of mercury ointment 8–24 gr. ad $\bar{3}j$, and glycerole of tannin (gr. 20–60 ad $\bar{3}j$ glycerine,) with astringent compresses, lotions &c.; and, of course, appropriate general treatment. The latter is especially indicated where the cornea is involved, and should be tonic in the broadest sense.

Purulent conjunctivitis is of recognized gravity owing to the danger of corneal ulceration, and an effort is now being made to diminish the virulence and lessen the occurrence of the most common variety, that of new-born infants, by antiseptic or anti-specific treatment of the vagina before parturition. It would be a wise routine practice for the accoucheur to daily inspect the infant's eyes during his after attendance, and if there has been any antecedent vaginal discharge, to have the eyes washed immediately after birth with solution acid boracic, and several times a day for a few days.

Some authorities go so far as to say that loss of the eye from ulceration of the cornea in ophthalmia neonatorum is an evidence of malpractice, but the tenable position is that nearly

all cases should recover without corneal damage.

In ophthalmia neonatorum the following line of treatment is almost uniformly successful: the faithful application of cold or ice-water dressings and frequent irrigation of the conjunctival sac with a saturated solution of boracic acid, *i.e.*, grs. xx, ad $\bar{3}j$ aq. (to which zinci sulph. may be added in the proportion of gr. ss. to i. ad $\bar{3}j$); and the instillation every four or six hours of a few drops of a half per cent. solution of argenti nit. The following collyria are valuable, and are relied upon by some: zinci chlorid and morphia hydrochlor. $\bar{a}\bar{a}$, gr. ij, ad $\bar{3}j$ aq. destill, alum grs. v–x, ad $\bar{3}j$ aq., and carbolic acid in one or even two per cent. solutions. In severe cases, likely due to specific contagion, it may be necessary to apply daily to the everted lids sol. argenti nit. grs. x, ad $\bar{3}j$ aq., or the diluted silver points, followed by weak salt water. And if the cornea become involved, atropine or eserin may be required as already indicated.

That most virulent form of purulent conjunctivitis, the gonorrhœal, would undoubtedly be of less frequent occurrence were plain and impressive statements as to the danger and results of inoculating the conjunctiva made to all subjects of specific urethritis when beginning treatment.

The importance of another precaution should also be emphasized, namely, the sealing up of the sound eye so as to prevent inoculation from its fellow, a mishap not unlikely to occur. This can be effected by a curtain of gutta percha tissue fastened by rubber plaster and flexible collodion to brow and nose, or Buller's shield of rubber cloth with watch-glass set in the middle. The old-time general depletion and salivation have been discarded, and quinine in good doses, and nutritious diet are often found useful. Rest in bed, ice-water dressings, very frequent irrigations of the conjunctival sac with sol. acid. boracic, or of boracic acid and zinc, and the application once a day, or morning and evening, of a ten grain solution of argenti nit., or once a day of the diluted silver points, with occasional light scarifications, and atropine or eserin as may be indicated, constitute the most reliable treatment during the

active stage. Dividing the outer canthus effects both local depletion and relief of dangerous pressure upon the cornea, and is often a valuable expedient. In sthenic subjects, depletion from the temple by leeching or cupping, practised early in the congestive stage, tends to relieve pain and mitigate the severity of the attack.

One word as to hygiene in conjunctival diseases, which, as a rule, are contagious. Greater precautions should be taken than are now in vogue to prevent their spread. All ways of transferring contagion, by towels, basins, handkerchiefs, pillow-cases, etc., should be provided against; and isolation or quarantining in public institutions, and the careful ventilation, etc. of dormitories should be insisted on.

Diphtheritic conjunctivitis is mentioned, merely to draw attention to the interesting fact of its extreme rarity in this country, where, unfortunately, diphtheria proper is not uncommon. And again, the infrequent membranous or croupous variety, in which there is a superficial and adherent plastic exudation, is, I opine, less often of distinctive origin than the result of too early use of caustics or strong astringents in cases of purulent or catarrhal conjunctivitis.

IRITIS.

The prompt recognition and proper treatment of iritis are, happily, becoming more common, but I fear its gravity is not yet duly estimated, and too little heed is paid to a disease which not seldom entails the life-long disability of impaired sight, abnormal sensitiveness to exciting causes, with tendency to relapses, and also to other morbid processes, as glaucoma, cataract, choroiditis, sympathetic ophthalmia, etc. The old-time diagrams of the eyeball, showing the lens at some distance behind the plane of the iris, are quite misleading. Were they true to nature the dreaded adhesions could hardly occur. The fact is, the central part of the iris is practically in contact with the lens capsule, and hence the facility with which the two become glued together by lymph, and also the area of the pupil invaded thereby. It is advisable to be always on the alert for iritis, as it is of common occurrence,

either idiopathically, or traumatically, or secondarily to inflammation and ulceration of the cornea; is due to syphilis in from 60 to 70 per cent., sometimes to rheumatism, occasionally to gonorrhœa, and is also of sympathetic origin.

Fortunately, its diagnosis is comparatively easy: a rosy circum-corneal zone of injected vessels, finely meshed and lying beneath the larger, duller, and movable conjunctival set; a dull or discolored iris, contracted, sluggish, or immobile pupil; more or less photophobia, lachrymation, and dimness of sight, with reflex neurosis, the pain being most severe, or possibly only present, at night. Nocturnal pain or exacerbations in and radiating from the eye should at once arouse a suspicion of iritis. Sometimes the greatest distress is felt on the top of the head, and, indeed, towards the occiput, the seat of distribution of the pericranial and cutaneous filaments of the supraorbital nerve. Occasionally, this so-called neuralgia is so severe that it is mistakenly thought to be the cause instead of the effect of the eye trouble, and it is often present in specific cases, though the contrary opinion seems to be held by some. Again, iritis is sometimes confounded with conjunctivitis, with a premature resort to astringents, *et al.* which, of course, aggravate the mischief. The differential diagnosis is generally easily made:—The congestion of iritis is circum-corneal and ocular, attended by lachrymation, not blennorrhœa; that of conjunctivitis is mainly palpebral and in the cul-de-sac, and is soon followed by the hyper-secretion of mucus, mucopus, etc., while the pupil is generally active and the iris bright, and the vision unaffected, or not dimmed, save by passing shreds of mucus, etc.

I would urge the propriety, where any uncertainty exists, of using atropine, and not astringents; a slowly dilating or irregular pupil will give the desired clue. It will bear iteration that the main point in treatment is to secure and maintain throughout the fullest dilatation of the pupil. This often requires from 3 to 15 or 20 instillations in the 24 hours, of a 4 gr., or 1 per cent. solution of atropiæ sulph. The sooner resorted to the less required. In few instances does a remedy so fully meet the

indications as does atropine in iritis. It secures rest (to iris, ciliary body, and lens), and, largely, relief from pain, and also reduces the area of the inflamed tissue and the calibre of its vessels, and, therefore, the amount of exudation and damage, to the minimum; and removes the iris as far as may be from the lens. A fully dilated pupil is one whose area is nearly equal to that of the cornea.

In addition to the vigorous use of atropine, the principal points to be observed are, disuse of both eyes and their protection from light; frequent hot fomentations, and cupping or leeching at the temple, repeated in twenty-four or thirty-six hours, and possibly, a few times at intervals of three or four days; painting the forehead with oleate of mercury, having gr. j, -ij of morphia and gr. ss -j of atropia, (the alkaloids), ad ʒj; pil. opii. or hypodermics of morphia, p.r.n. to relieve pain; and, of course, appropriate constitutional treatment. Where there is much exudation or imperfect dilatation of the pupil, or a tendency to chronicity, a mild mercurial course is valuable even in non-specific cases. In specific cases the free use of oleate of mercury is a good adjunct to other medication and a cleanly substitute for ungt. hydrarg; the latter being preferable where a speedy, decided effect is desired, and the deeper structures are involved. And in cases of chronic or recurrent iritis, where the pupil is invaded, and its margin adherent, in whole, or great part to the lens capsule, an iridectomy is generally indicated. A timely resort to it sometimes prevents deep-seated and irreparable mischief.

(To be concluded.)

A CASE OF ACUTE PHTHISIS.

BY J. FERGUSON, B.A., M.B., L.R.C.P., &c.,
Assistant Demonstrator of Anatomy, Toronto School
of Medicine.

M. B. L., aged 29, began to complain of sore throat about the middle of December, 1881. In the early part of January, 1882, she began coughing a good deal, and her voice became very husky and low. At this stage of her trouble one of her children took ill with scarlet fever, and required considerable attention. This was too much for the mother, whose

health now began to go down very rapidly. Night sweats came on and were very profuse, and the temperature was 102 F. The pulse was less than 101 per minute. Debility increased rapidly. Pulmonary signs were well marked. Dr. H. H. Wright, who saw the patient, declared it to be a case of phthisis. About the last days in February she took to her bed and became extremely weak, so much so that she could not raise her head without assistance, and was afflicted greatly with dyspnoea. Early in March the temperature rose to 103 F. and the pulse generally about 130, while vomiting, and diarrhoea became excessive. As the patient could not lie on her left side so as to relieve the right a large bed-sore formed over her right shoulder, and one threatened to appear on the right hip. By the middle of March the cough was very severe and the throat became intensely sore, so that as much as two hours were required to swallow a cupful of warm milk. The voice was low and completely gone, and the patient could only speak in feeble whispers. About this time her feet and legs began to pain her, and soon the pain became so great that the bed clothes could not be borne.

The above is a brief statement of the case. I shall give the treatment which was adopted: A small pasteboard cone to fit over the mouth was made, holding a little cotton wool. On to the cotton wool was put daily a few drops of the following: Acid carbol. ʒii., tr. iodi. etherealis, ʒii. creasoti ʒi., vini. rect. ʒi. The cone carrying this was kept on the mouth almost constantly. For the dyspnoea I tried nitro glycerine, but without any benefit, and then gave ammon. carb. gr. v.; tr. card. co. m. xv.; spts. chloroformi. m. xv; aquæ ʒss., as often as required. After a short time this mixture was given regularly every four hours. The pain in the feet and legs was treated by applying belladonna and aconite ointments in equal parts freely, and bandaging them evenly. In about three weeks, the pain almost disappeared. The vomiting yielded to nothing but injections of morphia and fly blisters over the stomach. For diarrhoea gr. ss. of cupri. sulph. was tried, but found too much for the weakened stomach to bear; so that it was ordered in gr. one-eighth, with morphia gr. one-twentieth in the

form of pills, taken about every hour. Fl. ext. coto-bark, belladonna, and zinc sulphate were tried for the sweating; but with doubtful efficacy. Ergotine, however, gave much better results, and caused no constitutional disturbance of any kind. The throat was sprayed with the following: acid hydrocyan, ℥i.; acid lactici ℥ii.; morphia sulph. gr. iv.; glycerine ℥i.; aquæ ad. ℥iv. Under this the sores in the throat speedily healed, the voice began to return, and a glassful of milk could be taken at one drink. The ulcerated condition of the throat has not returned. Believing in the beneficial action of arsenic in tubercular diseases, the patient was ordered liq. sodæ arseniatis m. i. every half-hour or hour in milk. Owing to the great irritability of the stomach a larger dose could not be borne. Best whiskey was pushed as far as it could, keeping inside the limits of any constitutional disturbance. In this way from six to ten ounces per day were consumed. Up to the beginning of April no preparation of cod liver oil could be taken; but since that date hydroleine has been used.

Such is briefly the treatment adopted in a well-marked case of phthisis with the usual conditions of coughing, sweating, diarrhoea, &c. The patient now sleeps well, has no diarrhoea. Appetite good and takes solids; pain in feet and legs gone; gaining weight rapidly; night sweating a rare occurrence and slight; vomiting entirely ceased; no soreness in the throat; and voice strong. The pulse is 80; temperature normal; and respirations 21. She intends going away soon to spend the summer in the country. The diet was mainly milk.

When the hopeless condition of the patient is considered, and her present condition of improvement I am inclined to think that the acute form of tubercular phthisis is not necessarily fatal; and that much can be done by persistent efforts in treating, on sound scientific grounds, the various symptoms as they arise in each case. It has been shown, especially in Germany, that arsenic is really a remedial agent in this disease; while the local treatment by inhalations and sprays has been too much neglected. There is, perhaps, much truth in the theory that, acute tubercular disease is really one of the continued

fevers with a definite lesion in the form of tubercles, as typhoid with its intestinal ulcers. Should such really prove to be the case, then we may hope for a fairly successful treatment, and the great object is to keep up the patient till the disease has run its course. There are three great laws that we may look upon now as fully settled: 1. That tubercular formation may cease either with or without treatment, and no further progress be made by the disease. 2. That tubercles once formed may undergo absorption, just as other inflammatory products do, on many occasions; and 3. That if the formation of tubercles cease, and those already deposited capable of absorption, then recovery is possible. It is, therefore, of the utmost moment to make this arrest in the disease, and to favour the removal of existing deposits. The time may not be far distant when the question shall be finally settled as to whether tubercle be an arrested cell division, and cell genesis, or a deposit around the small blood vessels of gelatinous inspissated plasma. The great probability is that both these factors will be found to exist. Much has been done during the past ten years in the treatment of inflammatory and febrile diseases, and great light has been thrown upon their true nature by the lamp of science which has burned so brightly in the hands of not a few.

CHRONIC ECZEMA.

Mr. K——, has suffered for over a year from eczema of the penis, pubis, scrotum, perinæum, and inside of the thighs. His case was truly deplorable, for he had only done one day's work in a whole year. Lately his nervous system had been giving way, and there was a constant tremor on him when the slightest movement was made. A peculiar feature of the case was that the scrotum kept constantly moving in a strange spiral fashion, and the patient said it felt as if it were full of maggots creeping in the skin.

The treatment is briefly this: He takes daily about a ʒi of viola tricolor made into an infusion by steeping it in warm water. His bowels were constipated and were regulated by mist. sennæ co. For a short time at first he was ordered sapo viridis and citrine ointment. The local treatment was then changed to

conium baths. These were made by putting a handful of the leaves into warm water, and after soaking for a short time, this was placed in a strong shallow basin and the patient directed to sit in it for at least twenty minutes, keeping the infusion around all the diseased parts by means of a sponge or soft flannel.

He has been under treatment just one month, and has made wonderful progress. Prof. Charteris, of Glasgow, as far as I can ascertain, was the first to recommend the conium baths.

HOSPITAL NOTES.

BY MR. FRANK KRAUSS.

INTRA-PERICARDIAL THORACIC ANEURISM.

T. E—, æt. 60, employed as a stableman, applied at the Toronto Dispensary last December for treatment for a long-standing asthma. During his examination attention was attracted to the abnormally powerful pulsations of both carotids, causing a well marked rhythmic beat in the supra-clavicular region on each side. Palpation revealed an unmistakable aneurismal thrill. The case was diagnosed generally, by Dr. J. F. W. Ross, as one of thoracic aneurism, and the patient was placed upon Potass. Iodid, and Digitalis. On the 30th of January he was admitted to the General Hospital, under Dr. Graham's care. During his stay in the institution, the patient was twice brought down to the theatre for purposes of clinical instruction by different gentlemen. On one occasion the diagnosis was aneurism of the innominate, and on the other aneurism of the ascending portion of the arch of the aorta. On Dr. Graham's departure for England the case came under Dr. Cameron's care. At this time the patient was comparatively well, though feeble. He was able to sit up, and complained of no inconvenience beyond slightly laboured respiration, frequent constipation, and almost constant anorexia. The supra-clavicular carotid pulsations and those of the 3rd portion of the subclavian were strongly marked; and the stethoscope revealed pericardial friction and a rough murmur synchronous with both sounds of the heart, and especially noticeable along the course of the subclavian artery. There was a very noticeable angular projection of the sternum at the junction

of the manubrium and gladiolus, and a little to the left of this and opposite the base of the heart a weak spot in the thoracic parietes was apparent, becoming visibly dilated on forced expiration, as in coughing, over a space about the size of a fifty cent piece. The patient was ordered Potass. Iodid, with the Extractum Sarzæ Fluidum, and perfect quiet was enjoined.

April 24th.—The debility and anorexia have increased within the last few days, and there is some œdema of the lower extremities. Has taken no solid food for three days. Ordered the citrate of iron and quinine.

April 25th.—Appetite slightly improved; complains of insomnia.

April 30th.—Much dyspœa and pain in the thoracic region. œdema of the lower extremities increasing. Remains in bed in a sitting posture. Still unable to sleep.

May 1st.—Has taken no nourishment since April 26th. Extremities growing cold. Spends the greater part of the time, night and day, in a chair, a return to bed being immediately followed by severe dyspœa.

The symptoms increased in intensity until death, which occurred on the 3rd of May.

The autopsy was made forty hours after death. Considerable difficulty was experienced in removing the sternum owing to extensive ossification of the costal cartilages. There was slight pericardial effusion and numerous general attrition patches. The heart was enormously hypertrophied, its weight being forty-eight ounces, and the muscular walls of the left ventricle measuring in their thickest part, exclusive of the columnæ carneæ, $1\frac{1}{2}$ inch. The aorta and all the large vessels were dilated and atheromatous. The ascending portion of the arch was found to be the seat of the aneurism, which was tubular, extending as high up as the limit of the pericardium, with a large sacculus protruding outwards and backwards behind the vena cava superior. The internal circumference of the aorta in the narrowest part of the ascending portion of the arch—at the junction of the concave borders of the semilunar valves, was $6\frac{1}{2}$ inches, and in the most distended portion of the sac, $\frac{3}{4}$ in. above this, $9\frac{1}{2}$ inches. The aortic valves were roughened and imperfect, with calcareous deposits in the aortic sinuses and above

in the walls of the aorta. Similar deposits existed in most of the large arteries examined. A clot filling three-quarters of the lumen of the artery extended along the aorta from the origin of the left subclavian artery to a point 4 inches below. A large calcareous plate one inch square was found in the anterior wall of the same vessel immediately opposite the renal arteries. The lungs were oedematous and emphysematous with double pleural effusion and numerous adhesions. At the junction of the left lung and diaphragm, a bony plate, 1 inch by $1\frac{1}{4}$ inch, and $\frac{3}{8}$ inch thick, was found embedded in the lung substance. The abdominal cavity contained a considerable quantity of ascitic fluid, and several long standing adhesions bound the liver to the anterior parietes. Liver small and congested; weight 55 oz. The kidneys were slightly enlarged but otherwise healthy; combined weight 14 oz.

ASCITES—UMBILICAL HERNIA—PARTIAL
CONSTRICTION—URÆMIA—DEATH.

S. F—, æt. 51, a domestic servant, was admitted to the Toronto General Hospital, on March 20th, suffering from ascites with symptoms of chronic hepatitis. Besides the usual characteristics there was nothing worthy of note in the case, except a long-standing umbilical hernia, which, as the belly became distended, dilated, presenting a roundish bladder-like protuberance about the size of walnut. The patient, on her own admission, had been a hard drinker for years past, and of late, her indulgence in intoxicants had very much increased. She had always been of a full habit, but with the exception of dyspeptic and vesical troubles her health had been good. On her admission to the hospital she was ordered tr. ferri mur. ζ iv. sp. ætheris nitrosi ζ i acid nitro-mur. dil. ζ iv. glycerini, ζ i, aquæ ad ζ viii, ζ ss. to be taken every four hours.

April 4th.—Paracentesis was performed to-day, and about a gallon and a half of fluid, deeply stained with bile, removed.

April 5th.—Suffered some pain during the night; bowels were moved several times; pulse 106.

April 6th.—Expresses herself as feeling as well as she ever did, were it not for pains in

the back. Urine is passed freely. Does not get much sleep. A linseed meal poultice was ordered for the back, and the following draught to be taken at bed-time:—Tr. camph. co. ζ iii, sp. frumenti, ζ ii, aquæ ad ζ iv.

April 7th.—Bowels constipated; ordered Potass: bitart, ζ iv, sulphuris, ζ ii, four powders, one to be taken night and morning.

April 12th.—The constipation continuing, the powders were repeated.

April 14th.—Still progressing favourably. Large quantities of urine are passed; the average for the 24 hours being estimated by the patient at 3 quarts.

April 16th.—The abdomen begins to show signs of redistension. Over two quarts of urine (by measurement) were passed during the last 24 hours.

April 19th.—Powders were repeated; and the patient complaining of rheumatic pains the following lotion was ordered to be applied:—Chloroformi, ζ iii, lin: belladonn, ζ iii, tr. aconiti, ζ i, lin. opii, ζ iii, lin. sap. co., ad ζ ii.

April 23th.—Constipation continues; powders repeated with the substitution of Pulv. jalapæ co. for the sulphur.

May 1st.—Patient complains of great pain and incessant vomiting, the ejecta liquid, greenish black in colour, and very offensive; pulse 73.

The abdomen gives a dull note on percussion, except immediately over the umbilicus, which is again tumefied and tense; at this spot resonance is elicited, but there is no sign of constriction of the umbilical ring, the gut being apparently adherent on left side but allowing the finger to penetrate between it and wall on right side. Ordered an enema of turpentine and soapsuds, and the following:—Morph. sulph, gr. $i\frac{1}{2}$, atropiæ sulph, gr. 4-25, bismuth. trisnitr, Div , acid. hydrocyan (Scheele) m viii, mucilag. acaciæ ζ iv; ζ ss to be taken every two or three hours.

May 2nd.—The vomiting continues; complains of intense drowsiness; morphia mixture suspended.

May 3rd.—When seen at three o'clock this afternoon the patient was comatose, having been in that condition since 8 o'clock this morning, when the vomiting ceased. Pulse 128; temperature 102.25. Pupils dilated, breathing

stertorous, face and nose bathed in offensive Perspiration. At 6 p. m. the pulse was 140. Passes water in the bed, quantity not ascertainable.

May 4th.—Died at 5 o'clock this morning.

The *post-mortem* examination revealed nothing of interest in the thoracic cavity. The abdomen was filled with ascitic fluid stained with bile, but nothing like so deeply tinged as that obtained on tapping. The umbilical hernia was pinched and deeply congested but not lustreless nor lymphy, a knuckle of bowel $2\frac{1}{2}$ inches in length being contained in the sac, the neck of which was constricted, being just large enough to admit the point of the forefinger. The parietal peritoneum opposite injected. The uterus was the seat of extensive fibroid growth projecting into the abdominal cavity. One of these of large size was found at the fundus, projecting so far upwards that a tape line stretched from the attachment of one Fallopian tube over the fundus to that of the other tube gave a measurement of 10 inches. A second myomatous mass $5\frac{1}{2}$ inches in circumference projected forwards and outwards immediately to the right of the mesial line and opposite the attachment of the Fallopian tube; a third outwards, a little lower down on the opposite side; and a fourth backwards and outwards on the back of the neck to the right side. The extreme length of the uterus in the longitudinal direction was $7\frac{1}{2}$ inches; its circumference opposite the Fallopian tubes $13\frac{1}{2}$ inches. The left ovary was normal. The right had almost disappeared, and there presented at its upper and outer part (in the parovarium?) a cyst the size of a small orange, apparently unilocular and nearly full of a semi-transparent fluid. Its greatest circumference was $7\frac{1}{2}$ inches, and in a transverse direction 6 inches. At its base was a smaller cyst about the size of a large bean, tenser than the former, and apparently multilocular or containing solid as well as fluid matter. The liver was small, hard and contracted, yellowish white in colour, granular, and extremely fatty. Other organs macroscopically healthy.

M. Béchamp says that he has discovered living organisms in the gastric juice similar to the microzymes of the pancreas and liver. M. Gautier denies that these are living organisms, and states that they are merely protoplasmic granulations.—*L'Union Méd.*

A CASE OF ANEURISM OF THE THORACIC AORTA. RUPTURE INTO THE LUNG AND PLEURAL CAVITY.

BY J. E. GRAHAM, M.D., L.R.C.P., LONDON.

Assistant Lecturer in Medicine, Lecturer on Pathology, Toronto School of Medicine, &c.

G. A——, aged 48 years; residence, Toronto. Admitted January 25th, 1882. Patient has served seven years in the English Army.

FAMILY HISTORY.—Father died of old age. Mother living. He has three brothers and two sisters living. No history of lung trouble in the family. According to his own statement he was a strong healthy man up to the commencement of the present illness.

The present illness would seem to have originated in a bad cold which he contracted while working on a railroad. At that time he had no pain and very little cough. Three weeks ago he had a severe pain in the left side which lasted about a week. He has noticed that during the past month his voice has been gradually becoming weaker. He now speaks quite hoarsely. He complains at present of pain in the left side, on moving or coughing, with slight difficulty of breathing. The loss of voice has increased very much during the last two or three days. Appetite poor; bowels somewhat constipated. Urine normal in quantity and quality. Pulse 76, respiration 24, temperature 98. On physical examination of the chest the following conditions were found: Absence of vocal fremitus over the lower half of left side. Increased vocal fremitus over the right side. Dulness amounting to flatness over the lower two-thirds of the posterior aspect of chest. Increased resonance on the right side. Total absence of breathing and voice sounds over the lower two-thirds of chest. They were more distinct in the upper part, both in front and behind. No adventitious sound or aneurismal bruit was heard, although a careful examination was made. The diagnosis made at the time was chronic pleurisy, although some signs, such as the loss of voice, could not in this way be accounted for, and the patient appeared weaker and more ill than one would expect from such a lesion; especially as it did not appear from the examination that a very large amount of fluid existed in the side.

The treatment adopted was potass iodid. and

tr. of digitalis, also pulv. jalapæ co., ʒss. each morning. The examination was made on Thursday. On Friday and Saturday the patient did not appear to be doing well. On Sunday he was not seen. On Monday I found him much worse. On Saturday night he coughed up a considerable quantity of blood; since that time he has become rapidly weaker. Wishing to be more certain in the diagnosis, as well as to try and relieve the rapid breathing, I drew off a quantity of fluid from the side. It was made up entirely of bloody serum, and resembled very much the serum which surrounds a coagulum.

My attention was then directed to the possibility of an aneurism of the thoracic aorta, but could yet see no sign of one. Patient died on Monday about midnight. Post mortem made 14 hours after death.

The left pleural cavity was filled with coagulated blood and bloody serum. The lung, although much smaller than normal, was not so small or carnified as is often the case in chronic pleurisy.

On examining the aorta, a dilatation was discovered at the junction of the descending portion of the arch, and the thoracic aorta proper.

The aneurism was large and irregular, and extended some distance down the aorta. Two ruptures were found, one into the lung substance, and one into the pleural cavity.

A large clot existed in the upper part of the lung, which connected with the rupture of the aneurismal sac.

The heart was small, otherwise normal. The right lung was also healthy.

The history of this case shows the difficulty of making a diagnosis of an aneurism extended into the back part of the thorax. It is possible that if a more careful examination had been made of the upper and anterior part of the left side, a bruit might have been discovered. I am confident that none could be heard over the posterior surface.

I am reminded by this, of a somewhat similar case which occurred in Guy's Hospital. The aneurism had destroyed the bodies of the vertebræ, and by pressure on the spinal cord, produced paraplegia. The presence of the an-

eurism was not made out until the post mortem revealed it.

It is probable that in the case given a previous pleurisy had existed, owing to the presence of the aneurism, and that a serious rupture took place on the Saturday evening into the lung substance, when the blood was coughed up. This rupture into the pleural cavity probably occurred during Sunday or Monday. The flow of blood into the cavity would not be so rapid on account of its having previously been partially filled with serum. How long the aneurism had been in existence, it is difficult to say, but most probably during the last few weeks this dilatation had been rapid, as shown by the loss of voice, and there being no hypertrophy of the heart.

Selections: Medicine.

THE SLOW PULSE AND DISTURBANCES IN THE RHYTHM OF THE PULSE.

BY T. A. M'BRIDE, M.D., NEW YORK.

A pulse of 60 or less is usually pathological. Occasionally we meet with cases in which the pulse-beat in health is habitually below 60, but such examples are infrequent.

The following schema, taken from Dr. T. Lauder Brunton's book on the "Experimental Investigations of the Action of Medicines, Part I. Circulation," London, 1875, exhibits the causes of slow action of the heart as determined by experiment on animals, and if you will keep this before you, you will find that it will assist you in the explanation of many cases in which a slow pulse is observed:

A.—Irritation of vagus roots: 1. Directly by the action of an excitant, drug, or pain. 2. Indirectly by increased blood-pressure. 3. Indirectly by increased CO₂ in blood. 4. Reflexly by irritation of some other nerve.

B.—Irritation of vagus ends in the heart.

C.—Increased excitability of vagus ends in the heart.

D.—Weakness of the heart: 1. Paralysis of cardiac ganglia. 2. Paralysis of muscular fibres of the heart. 3. Degeneration of muscular fibres of the heart.

A slow pulse is a prominent or important

symptom in the following pathological conditions :

1. *Fevers*.—In typhus, although the pulse, as a rule, ranges from 100 to 120, a slow pulse is not infrequently observed. Murchison reports cases in which the pulse was 28 to 40. In such cases there is usually very great prostration, and the heart may be seriously affected by pathological changes which are common in this disease. In convalescence a slow pulse is very often present. It is well to bear in mind that in adynamic conditions the pulse-beat does not always correspond to every ventricular contraction. Often a pulse-beat at the wrist occurs only after two or three contractions of the ventricle have taken place.

In relapsing fever, although the frequency of the pulse is very great in the pyretic periods, yet in the intervals, it is much diminished in rate.

“In the first half of the apyretic stage, however, the pulse usually continues a little above the normal standard, but for some days before the relapse, when the temperature has regained its normal height, the pulse is in many cases irregularly slow—often not exceeding 40 to 50; but assuming the erect position will sometimes raise it from 50 to upward of 100. The slow pulse is not due to slowness in the contraction of the heart, but to a prolongation of the pause.”

2. *Diseases of Heart and Lungs*.—In attacks of syncope the pulse may fall to 20, and even lower, and continue at this rate for some minutes. In the early stages of endo and peri-carditis a pulse of diminished frequency is sometimes observed. In most congenital affections of the heart, and particularly in the *morbis ceruleus* a slow pulse is present. In fatty degeneration of the heart and in stenosis of the aortic orifice, the diminution in the rate of pulse becomes a sign of some importance in diagnosis and prognosis. In aortic stenosis the pulse is seldom lower than 50, and is small and incompressible. In fatty degeneration or Quain's disease it may fall as low as 30, or even 20, and a pulse of 10, with continuance of life has been observed. The pulse is small, gaseous, easily compressible. A slow pulse, with epiletiform seizures, has also

been observed in cases in which fibrinous masses were found affixed to the walls of the ventricular cavity after death. Permanent slow pulse has likewise been observed to follow attacks of diphtheria, and the explanation offered for this has been the frequent occurrence of fibrinous masses in the heart, which become attached to the walls of the heart. Charcot, however, has suggested that in such cases some lesion of the medulla or cervical cord may be present.

In pleurisy, with abundant effusion, after the crisis of croupous pneumonia, in the early stages of gangrene of the lung, a slow pulse is often encountered. In all diseases of the air-passages, or of the lungs, in which carbolic acid poisoning occurs, the pulse at first is slow, by reason of irritation of the vagus roots by this poison, but later the pulse becomes very much increased in frequency, from paralysis of the vagus roots by the increase of the poison in the blood. In pulmonary tuberculosis a rather frequent pulse is the rule, but sometimes the pulse diminishes in frequency, and Traube states that this is a sign of bad import.

3. *Affections of the Nervous System*.—In the first stages of cerebral hæmorrhage and cerebral compression a slow pulse is of frequent occurrence, and may also be present throughout the attack, but, usually, and especially when death is imminent, the rapid pulse succeeds.

In what is usually termed the second stage of almost all of the varieties of meningitis, the pulse is apt to be slow. Niemeyer and Traube assert that if in the course of any disease with head-symptoms, the pulse should fall from a high rate, as 110 or 120 to 50, 60, or 70, suspicion should at once be directed strongly to the occurrence of a meningitis. The diminished frequency is most marked in basal and especially in basilar meningitis, in which latter affection it may be 40, or less. In fractures of the cervical vertebræ, a slow pulse is common. Mr. Hutchinson reports a case of fracture of the fifth and sixth cervical vertebræ, in which a regular pulse of 48 was observed. According to Gurlt, the pulse may fall as low as 36, and even to 20. Fractures of the first dorsal vertebra seem to be accompanied for a time also by this slowness of the pulse. The

rule is for this slow action of the heart to be transitory, and to be replaced by a very great increase in the frequency, and this occurrence has usually a bad significance. The slow pulse may, however, continue for some time. In a case of Rosenthal the pulse oscillated between 48 and 56 for four weeks, and the patient a child, aged fifteen, recovered. In certain cases of irritation of the cervical spinal cord by neoplasm, tumors, pachymeningitis, etc., a slow pulse has often been noted. Charcot has observed three cases. In one the pulse was from 20 to 30. In such cases syncopal apoplectiform and epileptiform attacks frequently occur, and in the attacks the pulse may fall to 15 or 20. He also refers to a case in which there was a decided narrowing of the vertebral canal near the occipital foramen, in which a slow pulse was observed. In melancholia a slow and feeble pulse is common. Spring records a case with a pulse of 15. In migraine and hemicrania the pulse rate is low during attacks, as a rule. Lieving quotes Wollendorf as follows: "From the beginning and during the continuation of hemicrania the rate of cardiac pulsations is considerably lowered, the normal pulse rate of from 72 to 76 to the minute, sinking to from 56 to 48 beats." Lieving also records cases of gastralgia, hysterical asthma, epilepsy with gastric aura, in which, during the attacks, the pulse would fall to 50 and lower; also cases of hiccough, in which the pulse-rate was so reduced as to be synchronous with the hiccough.

4. In the period of invasion of erysipelas, diphtheria, and some of the exanthemata; in scleroma neonatorum; in convalescence from gastro-intestinal catarrh; in scurvy, gout; in certain cases of malarial affection; in jaundice; in the attacks of lead colic; in ergotism; and lastly, in some cases of uræmic poisoning in the course of Bright's disease, a pulse of 50 and less is not infrequently observed.

Rhythm.—The disturbances of the rhythm of the pulse are those of intermission and irregularity.

An *intermittent pulse* is one in which a pause occurs between the pulsations, which is equal to the time occupied by one or more pulsations.

The intermittent pulse may be present in perfectly healthy persons, and may have always existed. Dr. B. W. Richardson has also shown that it may be produced in a man otherwise healthy, by grief, terror, anxiety, fatigue, pain, passion, adverse fortunes, etc. When it is the only peculiarity of the pulse it is not a sign of any great importance, although it is observed often in cerebral hæmorrhage and in cerebral compression from fractures of the skull, in tumours of the brain, in gout and syphilis. It is present often in dilatation and degeneration of the heart, but is then associated usually with an irregular pulse, especially if the patient moves about. The ventricle requires the stimulus of a greater quantity of blood before it will contract, and one, two, or three contractions of the auricle may occur before there is a pulse-beat. In this way, since varying quantities of blood are thrown into the arteries, irregularity of the pulse results.

Irregularity of the pulse is a much more important symptom by itself than the pulse with intermissions. The following are some of the diseases or conditions in which an irregular pulse is a sign of importance:

1. *Neurosal Irregularity.*—The irregularity of the pulse which is often very great, may be provoked by peripheral irritation, as dyspepsia, meteorism, worms, etc. It often occurs in hysteria and hypochondriasis, and in anæmia. With the irregularity there is often intermission of the pulse. In this form of irregularity, the neurosal, exertion, effort, or movements of the body of any kind, have but little effect upon the disturbed rhythm of the pulse. The irregularity and intermissions are not increased, and sometimes are even diminished. Irregularity and intermissions of the pulse, however, when dependent upon valvular disease and degeneration of the structure of the heart, are much augmented by the slightest movement. The exaggerated changes in the rhythm are accompanied by dyspnoea, palpitations, and often synope.

2. *Irregularity of Pulse in Heart Disease.*—In most diseases of the heart the occurrence of degeneration of the muscular substance is marked by the appearance of an irregular and

intermittent pulse. There is a variety of valvular disease of the heart, however, in which the irregular pulse is quite constantly present, and without any degenerative change having occurred in the walls of the heart—mitral insufficiency. The irregular pulse is frequently present in cases of mitral insufficiency for years, and the pulse is called the "mitral pulse." Sometimes the irregularity of the pulse cannot be appreciated until the arm of the patient is elevated, and in this position the irregularity is readily noted.

3. *Syphilis*.—Fournier has called attention to the fact that irregularity is of frequent occurrence in the secondary period of syphilis. It may be in these cases irregular to-day and regular to-morrow. It may be irregular in the morning and regular in the evening. It may be associated with the other phenomena of secondary syphilis, or it may occur without any other symptoms of the disease being present at that time.

4. Dr. B. W. Richardson refers to two forms of irregularity of the pulse, which it is of importance to recognize: "Acute Irregularity in Time" and "Prolonged Irregularity in Time."

"Acute Irregularity in Time:" Each stroke is given in the correct order of succession, the one stroke to the other, but in series of five, ten, or other number of beats, differing in rate from other series. In cases of very feeble heart we often meet this condition; we meet it in anæmia, we meet it after loss of blood, and other states of depression.

"Prolonged Irregularity of Time:" This is a condition in which the pulse shall, during one minute, register, say 70, and if counted through a succeeding minute 90 to 100 beats. This form of irregularity in relation of time is met with most distinctively in cases of acute cerebral diseases, especially in the hydrocephalus of children. In hydrocephalus, according to my experience, it is a fatal sign. I have never known an instance of recovery when, with other acute disease, this prolonged irregularity has been markedly present.—*Walsh's Retrospect.*

ACUTE RHEUMATISM COMPLICATED BY ACUTE ENDO-PERICARDITIS.

BY WM. PEPPER, M.D.

Professor of Clinical Medicine, University of Pennsylvania.

We have been receiving a number of Russian refugees lately. They have been unable to speak any dialect with which we are familiar, and we have, therefore, been obliged to diagnose every case by physical exploration.

This very nice-looking lady came in yesterday, evidently suffering from acute inflammatory rheumatism, as you can see at once, by glancing at the left wrist joint. This is like studying the diseases of children and animals. You will often come across cases where, either from the condition of the patient or his inability to speak your language, you will have to depend on the physiognomy, direct exploration of organs, and the use of instruments of precision, in order to make the diagnosis. The wrist joint is not much swollen, but the way in which she holds it is perfectly characteristic. Her temperature is 101.6°. There is a decided mitral systolic murmur, quite loud and rather coarse, supposing it to be recent. There is no aortic trouble. In addition to the mitral systolic, I hear a faint mitral pre-systolic murmur, showing that there is a little roughening as well as insufficiency of the mitral valve. With this there is quite a distinct, churning, friction sound at the point of the heart. We have, therefore, an endo-pericarditis. Pressure over the heart is painful. The hands and the joints of the lower extremities are also affected with rheumatic inflammation.

What is the treatment? We have moderate fever, acute rheumatic poly-arthritis, and acute endo-pericarditis. The tongue is dry and brownish in the centre. In cases of this kind, where the heart is already affected, I do not like to depend upon salicylic acid or the salicylates. My observation has been adverse to their use in complications of a rheumatic character. In simple acute rheumatism (rheumatic fever with poly-arthritis), I like to try the salicylates, and I give them a fair trial for a few days. If they do not then do good, it is not worth while to continue their use.

In this case the fever is moderate, and does

Dr. Graham of Toronto is now in Vienna.

not constitute a serious complication. As long as the fever is under 103°, it is of no consequence. The worst complication is the cardiac trouble, which, unless relieved, is going to leave this woman crippled for life. We must resort to such remedies as will, as quickly as possible, affect the heart. I, therefore, placed this woman upon calomel, opium, and digitalis, giving her quinine, in moderate doses, by the rectum. She has received eight grains three times a day, dissolved, by the aid of a few drops of dilute sulphuric acid, in three ounces of liquid. When necessary, it was guarded by a few drops of the deodorized tincture of opium. She was given the following pill:—

R. Hydrarg. chloridi mitis,
Pulv. opii,
Pulv. digitalis, āā gr. $\frac{1}{4}$. M.
Ft. pil. No. 1.

Srg.—One every four hours.

This will, in the course of four or five days, slightly touch the gums, which is the condition I wish to produce. Over the cardiac region I shall place a blister, four inches square, followed in a few hours by a poultice, and afterwards dressed with diluted resin cerate (resin cerate, 1 part, cosmoline 2 parts). The affected joints will be painted with iodine, morning and evening, and wrapped in raw cotton or wool. She will receive a light diet of gruels, broths, and milk diluted with an equal part of water. Of these she can have as much as she will take. She may also have a little weak lemonade. It will be interesting to watch the course of this endocarditis. Her general appearance is more favourable than we might have expected. The moderate fever and absence of nervous complications justify us in hoping that we shall overcome the cardiac trouble.—*Medical and Surgical Reporter*.

Prof. I. Moleschott, of Rome (*Wien. Med. Woch.*) in a lengthy article gives a careful analysis of the treatment of diabetes mellitus with iodoform. He is of opinion that it is of decided advantage, and exerts a greater control over the amount of sugar than the amount of fluid passed. His formula is: iodoform, 1·0 gr.; ext. lactuc. sat., 1·0 gr.; cumarin, 0·1 gr.; gummi acac q.s.; ft. pil. 20. One twice a day, increasing to two four times a day.

THE PROPER DOSE OF CONIUM.—*Sequin* (*Archiv. of Medicine*, April, 1882), commenting upon the dose of this agent (he employs the fluid extract, Squibb), says that to get any effect from it we must use much larger doses than are usually recommended. He has used it in chorea, spasm of paralysed limbs, general irritability, and insomnia. To obtain muscular relaxation as in chorea, after a few tentative doses of 20 and 40 minims, he gives 60, 80, or 100 minims, which cause ptosis (sometimes diplopia) and paresis of arms and legs. He does not repeat until the effects have passed off—12 to 24 hours. He has almost perfectly cured a chronic adult chorea of 14 years' duration by teaspoonful doses daily for a month or more. Many cases of insomnia with wakefulness in the first part of the night, more especially those with fidgets or physical restlessness are very much benefitted by conium—m. xx with gr. xx bromide of potassium, to be repeated if necessary. The indications of conium can only be fulfilled by obtaining its physiological effects between which and the toxic effects there is a wide distance.—*Maryland Medical Journal*.

DIAGNOSIS OF DEATH.—In an article on hasty burials, the *Med. Press and Circular*, after referring to a recent case in Brussels where a cataleptic child barely escaped being burned, states that an ophthalmoscopic examination is an excellent means of diagnosis. During the last agony it is easy to identify the gradual anæmia of the arteries and the pallor of the optic papilla. When life is extinct the veins become separated at points as if cut by a knife, due to the liberation of the gases of the blood. The phenomenon is called pneumatosis.—*Louisville Medical News*.

THE HYPODERMIC USE OF AMYL NITRITE.—J. J. Frederic Barnes, M.R.C.P., F.R.C.S. writing to the *British Medical Journal*, says he has employed the Nitrite of Amyl hypodermically, upwards of thirty times during the last eighteen months. He uses a ten per cent. solution in rectified spirit, injecting ten minims (one minim of the Nitrite) each time. He reports instant relief in lumbago, paraffin poisoning, and duodenal colic.

Dr. Karl Körbl (*Wien. Med. Woch.*) records 23 cases of lymphoma treated by subcutaneous injections. He tried Fowler's solution, carbolic acid, iodoform, etc. for this purpose. Latterly he has used tinct. iodi, and injects into the most prominent part of the swelling a sufficient amount to cause distinct tension. This is followed by much swelling and pain, but by the third day these are nearly gone and massage is then practised. The injecting is to be repeated as may be required.

THE ARREST OF FERMENTATION.—M. Paul Bert, following in the steps of M. Bechamp, has, by a series of experiments, discovered that oxidised water arrests fermentation resulting from the presence of living organisms, (vibrios, bacteria, yeast cells, &c.), but is inert in the presence of amorphous ferments (diastase, saliva, pancreatic juice, &c.)

Dr. I. Rabitsch, of Cairo, in the *Wien. Med. Woch.* speaks very highly of a ten per cent. solution of salicylic acid in forty per cent. alcohol for the treatment of psoriasis, eczema, and especially the different varieties of tinea. He records a number of cases, and claims that it is an excellent parasiticide.

Surgery.

FRACTURE OF THE ASTRAGALUS.—At a recent meeting of the Medico-Chirurgical Society, of Montreal, Dr. Shepherd, Demonstrator of Anatomy, McGill College, read a paper on a hitherto undescribed fracture of this bone, and exhibited three specimens, all of which were obtained from dissecting-room subjects. The portion fractured was the process external to the groove for the tendon of the flexor longus hallucis muscle, to which the posterior fasciculus of the external lateral ligament of the ankle-joint was attached. Dr. Shepherd thought that it was produced by extreme flexion of the ankle with a twist of the foot outwards, and was probably one of the lesions which occurred in severe sprain. He suggested that it might account for some of the cases of severe sprain which recovered with impaired movement of the joint. The union

was fibrous. He was not able to produce the fracture experimentally. At a subsequent meeting, Dr. Shepherd showed a fourth specimen in which there was bony union. Unfortunately, there was no history of any of the cases.—*Medical News.*

REMOVAL OF PLASTER-OF-PARIS BANDAGES.—Dr. F. H. Murdock, of Bradford, Pa., says: A very convenient way to remove a plaster-of-Paris bandage is as follows: Take a strong solution of nitric acid, and by means of a camel-hair pencil paint a strip across the bandage at the most desirable point for division. The acid will so soften the plaster that it may be readily divided by means of an ordinary jack-knife.—*Nashville Journal of Medicine and Surgery.*

Midwifery.

M. Budin considers that the present theories which make the abdominal walls play the principal role in the engagement of the foetal parts during the latter weeks of gestation, should not be accepted without question. He has been in the habit of teaching that the muscular fibres which attach the uterus to the pelvic walls also pay an important part in determining this engagement.—*L'Union Méd.*

THE CORPUS LUTEUM.—At a meeting of the Obstetrical Society, of London, Dr. W. A. Popoff, of Pensa, read a paper on this subject. In it he described the case of a prostitute, aged 21, dying of prussic acid poisoning, in which he found a fully ripe corpus luteum, although the woman was neither pregnant nor menstruating. The President (Dr. Matthews Duncan) said it was important to have the view confirmed that a corpus luteum, having all the characteristics of that met with in pregnancy occurred in women who were neither pregnant nor menstruating. He had seen such a corpus luteum in an aged woman who was believed to be salacious, and he had dissected cases of pregnancy with complete absence of corpus luteum.

Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—In the report of a "Case of (so-called) Tropical Abscess of Liver," published in your last issue, it is stated that a subsequent examination of the patient was made in the "presence of Dr. Canniff," &c. Your readers would naturally infer that I was present as a friend of the family, or from curiosity. I am not in the habit of trying to advertise myself by inviting professional or non-professional friends to see extraordinary cases I may have under my care, nor of being "present" at examinations or operations, unless in a professional capacity. In this case I was asked by the family of Mr. B. to meet Dr. Aikins in consultation, who had called in Dr. H. H. Wright. I was in consultation for four days, and was equally responsible with those gentlemen in making a diagnosis, and in determining the course of treatment to be pursued.

Respectfully yours, WM. CANNIFF.

Toronto, 13th June, 1882.

[We are sorry that Dr. Canniff has suggested such an interpretation, as Dr. Cameron wrote out the report, and the possibility of this misconstruction would never have otherwise occurred to him.—ED.]

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—During the last year I have read a great deal in your valuable JOURNAL about Dr. Bray's "*inexpensive*" method of examining a certain Dr. (?) John Hall, Homeopath, of Toronto. What does it all mean? I have never seen anything in the act which provides for "*inexpensive*," or any other method of examination before the Medical Council than the one specified therein. If I am correct, (and I think I am) the expense for "*final examination including registration*" is \$30.00, I, therefore, cannot see where the "*inexpensive*" comes in, when the said Dr. (?) Hall's father paid \$20.00 each, to at least five members of the Council, after the said examination was over, which was really only a nominal one, and not a test of professional qualification, which I suppose an examination to be intended for. Was this

\$20.00 (each) transaction, an understood thing before the "*examination*"? I have my information from one of the \$20.00 recipients himself, a Homeopath, consequently it is very likely true, and if the council requires his name for the purpose of investigating the matter I will give it. Did each and every member of the council, who voted for Dr. Bray's "*inexpensive*" motion and against Dr. Wright's "*protective*" one, receive the same amount? If so, I would consider it a very expensive method. Again, how did Dr. Bratton, late of London, Ontario, become registered a few years ago? It is well known in London that he did not comply with the requirements of the law. Is there much of this kind of work going on in the council? If so, it is very unjust to the profession generally, and not very creditable to the Medical Council of Ontario, while, at the same time we condemn the acts of the no'orious Buchanan of United States' fame and his very learned "*graduates*" (?). Is anything ever to be done with these Buchanan "*gentlemen*"? They are each and every one of them guilty of violating the law by securing "*registration*" by misrepresentation, (in act or word) or in very plain terms, *fraud*, for they know how they obtained these high (?) degrees and just how much they are worth (professionally and financially), professionally, nothing, financially, a great deal. Can it be possible, Mr. Editor, that money can purchase medical registration in our Ontario? Have the members of the Council "*sold their birthright for a mess of pottage*?" I sincerely hope not. Being only a country practitioner, and living a long way from the great medical centre, I (of course) am ignorant of many council and other matters professional, but having been a very long time "*in harness*," and taking a great interest in every thing that concerns my profession, and more especially its honor and integrity, I desire to learn and know all I can regarding its affairs. I, therefore, write you for information. Hoping you will give me all the information which I have asked for, and that you will excuse the length of this letter.

I am yours truly,

C. W. FLOCK, M.D.

LEAMINGTON, June 9th, 1882.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

DEAR MR. EDITOR,—In giving you a few notes of my tour I shall commence with Glasgow. There are two large hospitals in that city, the Royal Infirmary and the Western Infirmary. I was shown through the former by Dr. White, one of the resident physicians; I was very much interested in Dr. McEwen's cases of osteotomy. There were about thirty of them in the wards; some waiting to be operated on; some lying in bed on whom the operation had been performed; and others again walking about the wards, exhibiting the success of the treatment. In most of the cases, the operation was made for deformities of the lower extremities, the results of rickets.

I was told by the house surgeon that five or even more operations had been made on the one patient. They are performed under carbolic spray, and the wounds are dressed antiseptically. The resident surgeon also told me that during his term of service there had been no unfavourable results, and in many the temperature did not rise above a hundred degrees. This is the more remarkable, when one considers what miserable constitutions the patients frequently have. The success of the treatment, as exhibited in some of the cases was very marked indeed, and it must be a great source of gratification to Dr. McEwen to have instituted a method whereby so many are cured of what were previously considered to be hopeless deformities. It would seem at first rather venturesome to produce two or three compound fractures in a patient at one time, for that is what osteotomy really amounts to, but experience has shown the procedure to be a very safe one. It is often said that surrounding circumstances frequently develop men of great achievements. This might be said of Dr. McEwen as I have never seen so many deformed ricketty children in my life as I saw on the streets of Glasgow during my short visit. If any one could give a method whereby these deformities could be prevented, he would prove even a greater benefactor to the human race than Dr. McEwen.

The Royal Infirmary will accommodate six hundred patients, and although the building is old the wards are kept very clean and in good order.

The Western Infirmary, a beautiful structure, was erected about eight years ago. In going through this, as well as the Infirmary at Edinburgh, one is struck with the great liberality of a people who would willingly spend so much for their suffering fellow-beings. It is an example which it would be well for us more and more to imitate. I regret that I was not shown through this Institution by any of the medical staff, as it was not the hour for visiting. In both hospitals the members of the staff attend at 9 a.m. and remain until 10 or 10.30. They are very punctual, which is a matter of great advantage both to the inmates and students. Glasgow presents great facilities for clinical study, both on account of the size of the city and the number of the poorer classes; but the system of instruction does not appear to be one which attracts many students from a distance.

Edinburgh as a place for medical study is very far ahead of my expectation. There are here five medical schools, the two largest being the one connected with the University, and the College at Minto House. I am told that there are over fifteen hundred medical students here. The Royal Infirmary, a noble building, is in my opinion superior to any similar institution which I have visited, not excluding the New York Hospital or St. Thomas's, London. The clinical teaching appears to be of three kinds: (1) regular clinical lectures given in the amphitheatre; (2) ordinary bedside instruction, which is given in a very thorough and systematic manner; (3) by what is called history reading. One of the clinical clerks reads the history of a case, after which the teacher corrects parts which need corrections, and gives a short clinic on the particular disease present. The number of clinical clerks which a lecturer may have appears to be unlimited. I had the pleasure of hearing Dr. Grainger Stewart give a clinical lecture on ascites. The patient was brought in from the ward on a stretcher made in the form of a long basket, which was rolled along on small wheels. The shape of the basket prevented the clothes from falling off and the patient in this way getting cold.

Another point in hospital management which I noticed, both here and in Glasgow, was that

the food (for dinner) was brought up to the wards from the kitchen in large copper pans with double bottoms, the space between the bottoms being filled with hot water and the food in this way kept warm.

I do not know whether any improvement of this kind has lately been made in the Toronto Hospital or not. Formerly the patients complained very much of the food being brought up cold.

The subject of pathology, including pathological histology, now receives a large amount of attention in Edinburgh. Two hours a day are given by Dr. Hamilton on the latter subject. The sections already made by the microtome are passed around to the class. Each member takes one and mounts it while the teacher is explaining the structure by black-board illustrations. In this way two sections are mounted by each student, during the time.

In the post-mortem room I saw an examination made on one of those peculiar cases of idiopathic anæmia in which there was degeneration of the supra renal capsule without bronzing of the skin. I was told by Dr. Hamilton that he had frequently made post-mortem examinations on cases of so-called idiopathic anæmia, but that so far he had arrived at no definite conclusion as to their pathology. Dr. Greenfield, the new lecturer on pathology, I regret I did not hear.

I was very much surprised on seeing the notices for clinical lectures, as well as those for courses of private instruction posted on the wall on one of the public streets. One can see similar notices in the windows of many of the principal drug stores. The latter method is very similar to the manner in which star actors and leading concert singers announce their appearance. It is a quiet and excellent way of advertising specialties as the public can at once find out who treats diseases of the eye, ear, throat, skin, &c., with the greatest skill. I am afraid, however, it would not be allowed by our American code of ethics, in fact if I remember one of our own brethren was somewhat censured by yourself, for in this way announcing his removal from one house to another. We will look more leniently, perhaps, on these mistakes when we consider that

the Physician-in-Ordinary to the Queen in Scotland, is announced by posters to lecture in the Royal Infirmary, at such and such an hour each day, on clinical medicine. The same mode of advertising is adopted by a medical school in Glasgow. In my humble opinion all such methods should be condemned.

The new Medical School connected with the University, now in course of erection, is a magnificent structure. The dissecting-room is over a hundred feet long and three hundred students can work in it at one time.

As to new points of treatment I have not observed much. In the Glasgow Infirmary two or three cases of locomotor ataxia were shown, in which nerve stretching had been done. One of the patients was considerably improved. In the same hospital was a case of psoriasis, in which the internal administration of chrysophanic acid had been adopted, and no local treatment used.

There was decided improvement shown. The medicine was given at first in half-grain doses, in pill form four times a day. The dose had been increased gradually to two grains. At different times the stomach rebelled, but afterwards became tolerant of the remedy. In Edinburgh, as in very many medical schools, the subject taught as clinical medicine is in reality medical diagnosis, little attention being paid to special treatment. This is, perhaps, the correct way, as a student can only be taught the general principles of treatment. In actual practice one has to so large an extent to be guided by circumstances.

One point worth noticing is the very friendly way in which the different schools arrange the hours for clinics, so that they do not clash. It confirmed me in the idea that we should persevere and further elaborate the system which was adopted in the Toronto Hospital last winter.

J. E. GRAHAM.

Leipsig, June 1st, 1882.

The *Medical Herald*, of Louisville, in noting the endeavour to obtain a charter for a company to establish a cremating furnace in Louisville, gives, most succinctly, the arguments in favour of cremation, and disposes of the objections in a masterly manner. We agree with the *Herald* that "intelligent and public-spirited citizens should aid the enterprise."

THE CANADIAN
Journal of Medical Science,

A Monthly Journal of Medical Science, Criticism,
and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JULY, 1882.

THE MEETING OF THE ONTARIO
MEDICAL COUNCIL.

The recent meeting of the Council was upon the whole, the most satisfactory ever held by that body. There was none of the angry discussions, or petty personal conflicts, which often characterized the meetings of the past. In fact, after the business was concluded, there was a serious consultation between some of the old veterans who sighed for the glories of the past, and other ambitious braves, at which the opinion was freely expressed that the proceedings had been too tame entirely. Notwithstanding the disappointment of these few worthy individuals, we must express our great pleasure at the vast improvement shown by the Council in its mode of conducting the ordinary business of this session. Every question which came up was most carefully considered before any decision was reached, and, in consequence, there was none of that hasty and extraordinary legislation, which, in some former years, resulted in numerous astounding and indefensible acts.

Among the many questions considered, one of the most important was that of Examinations and Examiners. It was proposed to institute a change requiring yearly examinations instead of the primary and final, as demanded at present; but as this plan had been tried before, and changed only two years ago, it was decided to make no alterations. Without discussing the merits of the question, we think the decision a wise one, as frequent changes are, to say the least, useless, and at the same time exceedingly perplexing and harassing to the students. The Examining Board will give

general satisfaction. We are glad no sweeping or radical changes were made. Six of the old board were re-appointed, and three new appointments were made. We regret exceedingly, however, that Dr. Eccles, who was one of the most thorough, careful, and efficient examiners the Council has ever had, should have been retained no longer than the miserable term of two years. The appointments of the former examiners from the Toronto Schools, and Dr. Canniff in Surgery, are highly satisfactory. Dr. Oliver, of Kingston, is not well known here, but the fact that he possesses the confidence of his colleagues, should be a sufficient guarantee of his efficiency. Dr. Tye, of Chatham, becomes an examiner for the third consecutive year in the same subject, Physiology. This is one of the cases where the Council has broken through that wretched two-year rule, and we hope he will be retained for seven more years. As to Dr. Dickson, appointed a second year in *Materia Medica*, eight more years would be satisfactory. Dr. Burdett is well spoken of by those who know him. In discussing the merits of different men proposed as examiners (sometimes, by the way, a very delicate matter) there was evident on the part of the majority a desire to choose men *eminently qualified* for the various positions. Less of the old style of arguments were advanced such as: "There hasn't been a man from my division for some time; its about time you give us a chance, there's Dr. —, he's a first-rate fellow, besides he worked hard for me in my election." When asked, "Well! what subject do you propose him for," the answer was frequently, "Oh, anything you like! I don't think he's particular." There may be a few universal geni, who are qualified to examine in any or every subject; they are seldom found, however, in any country but this.

We are glad to notice that a Committee has been appointed to sell the old building at present occupied by the Council, buy a new piece of land, and erect a building better suited for its purposes than the present dilapidated looking edifice. As this property is supposed to be worth from eighteen to twenty thousand dollars, there is no reason why a commodious and suitable building should not be erected in a locality sufficiently convenient for all practical purposes.

In arranging the plans we hope the Committee will keep in view the desirability and probability of establishing a museum and library in the near future, and have rooms which may be used for these purposes.

Those reading an account of the meeting will notice Dr. Playter's plan for collecting vital statistics. As it is founded upon the principle of paying for the work done, even though that payment be very small, we consider it the most practicable yet proposed, and hope the Dominion Government will favourably consider the proposal.

One of the last acts of the Council was the appointment of a Committee to seek certain changes in the Act from the Legislature. One of the most important required is conferring the power on the Council of taking away the license from any party who is found guilty of unprofessional acts. As a case in point, we have the authority of the President, in words publicly expressed, that some despicable mortals, who unfortunately are legally qualified practitioners, are actually for money considerations giving their names to "Drs. K. & K." of Detroit, the most notorious and unscrupulous quacks at present known in this country, to be used as a shield against the just penalties of the law. We cannot help sharing, to a certain extent in the anxiety of those who have heretofore objected to asking any amendments to the act from the Legislature through the fear that something might be done which would be objectionable to the profession. We trust that the present Committee will be "wise as serpents and harmless as doves," and if they are unable to accomplish much good, we hope at least that they may do no harm. All will be glad to know a new Register is to be issued shortly.

NOVEL METHOD OF SUICIDE.—On May 26th, Sarah Newman, in the Cork Hospital for Women and Children, committed suicide by stuffing her stocking down her throat, so firmly that when discovered it was extricated only with great difficulty. It was done so quietly during the night, that the occupants of the next beds were totally unaware of anything amiss until the morning.

THE JUNE MEETINGS.

Three representative medical associations met in June. The American Medical Association in St. Paul, the Ontario Medical Association in Toronto, and the Association of Asylum Superintendents in Cincinnati. Other associations, such as the Massachusetts State, the New Jersey State, and the American Surgical Society, also held their annual meetings, but to these it is not our present purpose to refer. Of each of the three first named we have heard it said, "professionally it was a failure." The American Medical Association, however, accomplished one good deed in stamping, with the seal of professional reprobation and execration, the sprouting libertinism of the New York Code. By a unanimous vote the Association declined to receive the delegates from the recalcitrant State Society. We trust, and doubt not, that a similar reception awaits those who were accredited to the Canada Medical Association. Yet another proper step in its own interest was taken by the American Association, viz., the decision to publish a weekly journal instead of the annual volume of transactions. The former we are confident cannot but redound to its credit and advantage, the latter we are no less sure has added nothing to its prestige or reputation. At the Ontario Association's meeting there was no dearth of papers, but they were not at all up to the average of what might justly be expected. Discussion, too, was juggled in the haste to hear them all, and thus the salient points were not duly emphasised, and the excrescences of error or exaggeration went unworn of argument, unpolished by criticism. The Asylum Superintendents at Cincinnati not unwisely concentrated their energies on recreation, and enjoyed themselves immensely. Only six papers were read in a four days' session; and of those the best was probably that of Dr. R. M. Bucke, of our London Asylum, on the development of the intellect. Even of this a Chicago reporter said it was too metaphysical to be intelligible. Thus it will be seen that the summer solstice has not proved propitious to the parturition of professional wisdom. The advent of Minerva is not vet. since of these three chief associations

it may be said, "*Parturiunt montes, nascitur ridiculus mus.*"

Let the members of the CANADA MEDICAL ASSOCIATION see to it that, in September, they fall not into like condemnation. The Montreal men have always been the mainstay—the backbone—of this Association. They have always sent a fair contingent to its meetings; and these have ever acquitted themselves individually creditably and well. The gauntlet of past achievement lies upon the ground, and the profession in Toronto has another opportunity to enter the lists and pick it up. In the contest of honourable emulation and worthy rivalry, which follows issue thus fairly joined we need not despair, but with an equal mind strive manfully for the victory. *Palmam qui meruit ferat*, say we all.

OUR CONTEMPORARY.

The homœopathic organ of Toronto thinks, or affects to think, that the letter of "Junius," which appeared in our May issue, was our own production, under a "transparent *nom de plume.*" We take pleasure in assuring our friend that neither the letter in question, nor any other letter which has appeared in this Journal, was written by the Editor or Editors. We have the courage of our convictions in representing the Profession of this country, and will never stoop to any such cowardly subterfuge in expressing our views. Our columns are always open to any respectable correspondents, who must, of course, be held responsible for the opinions they express.

As to "Junius," we may say that, in his letter, he either did not know, or omitted to mention, the principal motive which inspired the articles in the *Lancet* with reference to the claims of the Board of Health, *i.e.*, the strong personal enmity shown by the editor of the *Lancet* towards Dr. Oldright since the year 1877, which arose out of a contest for the Senate of Toronto University, (in which the latter committed the unpardonable crime of defeating the former by a large majority). This is, of course, a purely private matter, and no business of ours, and we are only sorry in the interest of journalism and the professional

public, that so petty a matter should cause an editor, in discussing so important a measure as the appointment of a Board of Health, to make a purely personal attack on any member of that Board. Without doubt, any journalist descending to such a course must at once lose all the influence his writings would otherwise exert.

The latest reference to this Journal as the "organ of the Toronto School of Medicine" is somewhat touching. It brings us back to the times past when the *Canada Lancet* with its "largest circulation," in capital letters, frequently repeated, was, before its capture by the homœopaths, the respectable and respected organ of the Trinity Medical School. We learn with grief that a serious difficulty has arisen which slightly complicates matters. It is said that some of the homœopaths object to being placed in a false position by being asked to consult with regulars, who do not believe in their peculiar tenets, and with whom, therefore, they can have no common ground. If, on these considerations they repudiate the *Lancet*, its prospects become gloomy in the extreme, and grave fears are entertained that it may tumble into the "deep sea," and be nobody's organ, except the proprietor's.

We dislike to contemplate so sad a picture, and trust that a much brighter future is in store for that Journal. We hope the Editor will calmly, deliberately, and dispassionately, reconsider the whole question, sincerely repent his evil ways, and like the prodigal of old, return to the bosom of his numerous former friends in the Profession, who will doubtless receive him with open arms and much rejoicing. Although, in his recently acquired loss of vision, he accuses us of "bad taste," still, we will forget it all and gladly join our efforts with those who are anxious to accomplish a result so happy, but apparently, at present, so unlikely. This amblyopia will, perhaps, also account for his overlooking the letter of "*Notandi sunt tibi mores,*" which we innocently supposed would have interested him even more than that of "Junius."

Dr. H. C. Burritt, of Peterboro', is coming to Toronto, where he intends to locate permanently and engage in practice.

Dr. Halliday, of Grafton, has gone to Peterboro'.

BOARDS OF HEALTH.

In an excellent paper, entitled "Suggestions for the Reorganization of the Sanitary Service," read before the Society of Medical Officers of Health, of Great Britain, by Dr. E. F. Willoughby, the proper constitution of a Board of Health, is thus laid down:—A Vice-President (subordinate only to the President of the Local Government Board, or Minister of Health), always a physician chosen for his special knowledge and administrative ability, and six other members, three medical men, two engineers, and one chemist. The suggestion is undoubtedly a good one; and it is with pleasure we have heard of the possible addition to our Provincial Board, of Prof. John Galbraith. The further addition of a competent and able chemist, would approximate our Ontario Board to Dr. Willoughby's ideal. In this connection we would like to direct the attention of our contemporary, the *Canada Lancet*, to the fact that association in such matters with non-professional persons is quite *comme il faut*, as the deliberations of such Boards in no sense constitute a medical consultation. Our contemporary is guilty, therefore, of an egregious *non sequitur* when he endeavors either to derive countenance for consultation with homœopaths from the presence of a homœopathic practitioner on our Provincial Board of Health, or to discredit that Board, with the profession of the Province, by reiterated allusions to the fact. If a disciple of Hahnemann, or any other unprofessional man, can bring any light to bear upon the problems of sanitation which await solution, let him speak, and the true disciples of Hippocrates will be the last to scorn his information, or refuse him audience. They will not readily desert, however, the substance for the shadow.

We are much obliged to Dr. Talbot Jones, of St. Paul, for copies of the *Daily Pioneer Press* of that city, containing reports of the last meeting of the American Medical Association; and only regret that pressure on our space prevents us making as much use of them as we would desire.

Von Langenbeck has resigned in Berlin.

DEATHS UNDER ANÆSTHETICS.

Two deaths from anæsthetics occurred in Guy's Hospital in one week during the month of April. The first was caused by chloroform, which was administered to a woman *æt.* 38, while a fracture of the leg was being reduced. The heart had been examined, and no sign of disease discovered. *Post mortem* examinations showed lungs healthy, heart surrounded by adipose tissue, which intruded into muscular substance in places, liver very fatty, kidneys slightly fatty, brain wasted, and membranes thickened (as often found in chronic alcoholism.)

The second death was caused by ether, which was administered to a young man about to be operated on for empyema. When under its influence he was rolled on sound side, when breathing became difficult, pus began to well out of mouth, and he rapidly died apparently from accumulation of pus in air passages. At *post mortem* examination, in addition to pus in pleura, numerous fistulous communications were found between the bronchi and the pleural cavity. The *British Medical Journal* says the case appears to furnish a warning in relation to the use of ether during operations for empyema. Ether exerts its lethal action first on respiration, and causes greatly increased accumulation of mucus in the throat. Both of these conditions must operate unfavourably on a patient already deprived of all use of one lung; and, when such a patient is turned on the healthy side, not only is the action of the lung on that side still further embarrassed, but there is a great probability that pus will find its way by fistulous openings into the trachea, as occurred in this case; and there, partly by mechanical action, and partly by producing spasm of the glottis, determine a fatal asphyxia.

PERSONALS.

Dr. Boyce takes Dr. Halliday's place in Grafton.

Dr. McConnell is leaving Thornhill, Dr. Nelles taking his place.

Drs. W. T. Aikins and Covernton, of Toronto, have gone to England for a trip.

Professor H. I. Bigelow has resigned the Professorship of Surgery in Harvard University, after having been connected with the school for thirty-three years.

DOCTORS IN THE DOMINION ELECTIONS.

At the recent elections there were ten doctors elected in Ontario, four in Quebec, and three in Nova Scotia, viz. :—

Ont.—Dr. Bergin, Cornwall; Dr. Hickey, Dundas; Dr. Wilson, E. Elgin; Dr. Sproule, E. Grey; Dr. Landerkin, S. Grey; Dr. Ferguson, Leeds and Grenville; Dr. Platt, Prince Edward Co.; Dr. Ferguson, Welland; Dr. Orton, C. Wellington; Dr. Springer, S. Wentworth. *Que.*—Dr. Lesage, Dorchester; Dr. Fortin, Gaspé; Dr. Blanchet, Levis; Dr. De St. Georges, Portneuf. *N. S.*—Sir C. Tupper, Cumberland; Dr. Cameron, Inverness; Dr. Forbes, Queen's.

Among the unsuccessful candidates were: Dr. Sloan, E. Huron; Dr. Lamson, E. Kent; Dr. Sullivan, Kingston; Dr. McCallum, Monck; Dr. Sinclair, N. Norfolk; Dr. St. Jean, Ottawa; Dr. Fisst, Rimouski; Dr. Bethune, Victoria, N.S.; Dr. McLeod, Cape Breton. Manitoba and British Columbia to be heard from.

THE GALVANO CAUTERY IN SURGERY.—We learn from some remarks recently made at a meeting of the Medical and Chirurgical Society of London, by Dr. Felix Semon that the credit of the introduction of the Galvano Cautery in Surgery, usually ascribed to Middel-dorpf, of Breslau, is in reality due to Mr. John Marshall, of University College, the President of the Society. Mr. Berkeley Hill, we believe, deserves the credit for this vindication of his countryman's and colleague's merit.

Prof. Hueter, of Greifswald, succumbed to renal disease on the 14th of May, aged 44. His latest work, *Grundriss der Chirurgie*, is only just completed. He was editor of the *Deutsche Zeitschrift für Chirurgie*, and the author of several articles in Billroth's great *Handbuch der Chirurgie*.

Obituaries.

GEORGE CAMPBELL, M.D., LL.D.

On the 30th of May last, there died in Edinburgh one whose name, for the last half century, has been associated with the progress of the medical profession of this country.

George Campbell, of Roseneath, Dumbartonshire, a Master of Arts of the University of Edinburgh, and a Doctor of Medicine of that of Glasgow, came to Montreal in the year 1835, having been urged to take this step by the advice of his old friend and tutor the late Dr. Mathieson, of St. Andrew's Church, Montreal.

In 1835, Montreal was a very small town. Dr. Campbell took up his residence in St. Gabriel street, close to the river bank, and with singular good fortune at once took a leading position in the profession, as well as in general society. In this same year commenced his connection with McGill College, in which he was appointed Lecturer on Surgery and Midwifery. In a few years these two chairs were separated, Dr. Campbell retaining the former. Thus for a period of forty-seven years Dr. Campbell was a Professor of Surgery in this Institution. In 1860 he became Dean of the Medical Faculty, a position he held with honour to himself and to his University up to the very hour of his death.

His term of active service as surgeon of the Montreal General Hospital extended over a period of thirty years, and he died as senior member of the consulting staff, and one of the Committee of Management.

In private practice Dr. Campbell enjoyed the confidence of the leading families of Montreal; and to a great extent those of Canada generally. Few men have ever had such a strong hold on the affections of their patients.

Latterly he has been known as the chief consultant in Montreal, having for many years declined general practice. One felt certain that in applying to the Dean, "the old Dean," as he was often affectionately called, a good honest, common-sense opinion would be obtained. Many a young practitioner has returned to his case, encouraged by the good advice, and the kindly word of the man, whom all acknowledged to be the head of the Canadian profession.

The writer recalls with fond recollection the Dean's course of surgical lectures, the bright wintry mornings, the bluff old gentleman (for that last is the befitting word), always neat, always well-dressed, bright, and cheery, the sound discourse, a trifle old-fashioned in style, but in subject-matter up to the times, and the droll anecdote, at which we all laughed.

As an operating surgeon Dr. Campbell was pre-eminently successful, and though by nature cautious and prudent, he was not one to hesitate at a dangerous operation when a life was to be saved.

In 1860, he ligatured the gluteal artery for traumatic aneurism, an operation * up to that date never performed successfully. The patient then, a lad of 14, is now a well-known citizen. In the journals of 1845-55 are to be found records of some of his capital operations, notably ligature of the innominate, and of the external iliac arteries.

In commerce the abilities of Dr. Campbell were well recognized. He was Vice-president of the Bank of Montreal, and director of several of the leading joint stock companies in the country.

Death occurred from pneumonia, contracted in London, England, and aggravated by the fatigue of a journey to Edinburgh. He leaves a widow and a large family. His only son, Dr. Lorne Campbell, was one of the graduating class of the Medical Faculty of McGill College, in 1882.

Mr. Spence, Professor of Surgery in the University of Edinburgh, died on the 7th of June, from blood-poisoning, supervening on amputation of three toes for gouty inflammation, at the age of 70. The death, on 1st June, of Dr. T. B. Peacock, Physician to St. Thomas's Hospital, is also reported. We hope to publish a brief notice of these distinguished gentlemen in our next.

* "In one case at least, the gluteal artery has been ligatured with success (for traumatic aneurism), just where it leaves the pelvis, without the tumour being opened. This was in the practice of Prof. Campbell, of Montreal." A Manual of the Operations of Surgery, by Joseph Bell, Edin. 1866.

Dr. Arthur H. Hughes, a well-known Canadian, died in Bombay, April 27th. He was born in Toronto, in 1847, was a student of the Toronto School of Medicine, and graduated in Toronto University in 1868. He then went to England, and receiving his commission in the Indian Medical Department in October, 1869, went to India in the following year. In 1874 he took up his residence in Bombay, and was posted to the Jamsetjee Jeejeebhoy Hospital in that city. He was subsequently made Prof. of Midwifery in the Grant Medical College, in the same place, and held the professorship to the time of his death. He soon acquired an extensive practice in Bombay, and for several years was honorary surgeon-major to the Bombay Volunteers. His funeral was very largely attended, the carrying party being composed of men of the 4th (Royal Lancaster) Regiment, while the escort was formed from the 10th Native Infantry. The cause of death was pyæmia, which arose from a slight puncture on the hand while making an incision for the relief of a patient, about a fortnight before his own demise. The deceased was a nephew of the late Dr. Lawlor, and has many relatives residing in Toronto, including his mother, Mrs. Monaghan, who lives on Bond street.

Sir John Rose Cormack, so well known to British residents in Paris as Chief Physician to the Hertford British Hospital in that city, and as Surgeon in Charge of Sir Richard Wallace's English Ambulance during the siege and Commune, died on the 13th of May. He graduated in Edinburgh in 1837; was some time surgeon to the Royal Infirmary there, and founded the *Edinburgh Medical Journal*, at that time familiarly styled "Cormack's Journal." He also published a volume of "Clinical Studies." His last words, addressed to Professor Ball, his physician and fellow-countryman, were characteristic of the man, proving him gladiator in word as well as deed "*Mortui te salutant.*"

The late Dr. James McMurray, who died June 10th, was one of Toronto's oldest practitioners. He was born in the County of Tyrone, Ireland, in the year 1800, and came to

this city in 1834, where he lived up to the time of his death. About two years ago he retired from active practice. The diseased gentleman was never married. He was a graduate of the Royal College of Surgeons, England, and was very successful in the practice of his profession. Dr. McIlmurray was personally very popular and much liked by all who knew him.

Book Notices.

The Transactions of the American Medical Association (instituted 1847), vol. XXXII. Philadelphia, 1881.

We regret to say that this volume, like so many of its predecessors, is quite unworthy of the great association from which it emanates. Some of the papers it contains, however, are well worthy of perusal; and these have, for the most part been republished during the year, and have been referred to in our columns.

The Vest Pocket Anatomist (founded upon Gray.) By C. HENRI LEONARD, A.M., M.D. Eleventh Revised Edition. Detroit: The Illustrated Medical Journal Company. 1882.

This little compend is just what it pretends to be; and the fact of having reached an eleventh edition is an evidence that many think they can put such a book to use. On principle we are opposed to all such publications, on account of the temptation there exists to put them to misuse.

A Manual of Obstetrics. By A. F. A. KING, M.D., Professor of Obstetrics and Diseases of Women and Children, Columbian University, Washington, etc.

This is a small book of 300 pages, intended chiefly for the use of students. There is no attempt at originality, but all the essential points are taken from the standard works, especially those of Lusk, Playfair, and Leishman. For an epitome, it is written in an unusually clear and pleasant style, and the chapters on pregnancy and labour include everything that the student is accustomed or required to learn for his examinations. It is, however, like all the modern abbreviations, open to the objection that some portions, as for instance the description of the cutting operations on the mother, are so brief as to be of no practical use, except for cramming purposes.

Meetings of Medical Societies.

MEDICAL COUNCIL OF ONTARIO.

The Annual Meeting of the Medical Council commenced on Tuesday afternoon, June 13th, there being present Drs. Allison, Bray, Buchan, Burns, Burritt, Cranston, Day, Douglas, Edwards, Geikie, Henderson, Husband, Lavell, Logan, McDonald, McCammon, McGargow, Rosebrugh, Spragge, Vernon, Williams, H. H. Wright, and J. W. Wright.

In the absence of Dr. Bergin, President, the Registrar, Dr. Pyne, presided. Dr. Bray was elected President for the ensuing year.

The following officers were also elected:—Vice-President, Dr. Geikie; R. A. Pyne, M.D., Registrar; W. T. Aikins, M.D., Treasurer; Mr. Dalton McCarthy, Solicitor. Dr. Rosebrugh took his seat in the place of Dr. Brouse, deceased.

Dr. Bray, on his being elected to the Presidency of the Council, thanked the members for the honour conferred. He expressed his sense of obligation to Dr. Logan, who was also nominated for the position of President, for retiring in his favour, and in conclusion thanked them all for the honour conferred in being elected to preside over the deliberations of such an intelligent and influential body.

STANDING COMMITTEES.

The Council then proceeded to the election of Standing Committees, and, on motion of Dr. Lavell, the following committee was appointed to strike the Standing Committees for the year:—Drs. Day (Chairman), Geikie, Logan, Spragge, Edwards, and Cranston. After a brief consultation they reported as follows:

Committee on Registration—Drs. Bergin, Rosebrugh, J. W. Wright, Vernon, Buchan, Grant.

Rules and Regulations—Drs. Rosebrugh, Husband, J. W. Wright, Spragge, and Grant.

Finance—Drs. Edwards, Allison, McGargow, Day, Henderson, and Douglas.

Printing—Drs. McCammon, Vernon, Burritt, Morden, and Day.

Education—Drs. Lavell, Geikie, McCammon, H. H. Wright, McDonald, Burritt,

Logan, Morden, Williams, Burns, Cranston, and Spragge.

Dr. H. H. Wright gave a notice of motion to the effect that it is desirable hereafter that there shall be examinations annually for first, second, and third year students respectively.

A large number of petitions were received, and referred to the various committees, many of them being from students who had failed to pass the examination in particular subjects. One was from the Mayor and other residents of Amherstburg, asking that a license or permit be granted to Dr. Daniel Pearson, who had been practising for thirty-three years, and who had previously practised in the United States for ten years.

The Registrar read the report of the Board of Examiners.

The President gave a verbal report of the proceedings taken by the detective, whom he had appointed, against unlicensed practitioners. One of these was Dr. Kergan, of "K. & K.," who had been fined \$25 at Petroleum. K. & K. had now resorted to the device of taking into their employment regularly licensed Ontario practitioners, and he regretted that they had been able to secure the services of a considerable number. Of all quacks a licensed quack was the worst, and he hoped that legislation would be introduced to deal with the matter.

WEDNESDAY.

The Council met at ten, the President, Dr. Bray, in the chair.

After the minutes had been adopted,

Dr. Lavell gave notice of a motion that the assessment to be levied on each practitioner for the ensuing year be \$1; also of a motion that the registrar be instructed to send out circulars giving notice of this assessment.

Dr. Macdonald gave notice of a motion that it is necessary to issue a new medical register, and the registrar be instructed to do so.

Dr. Day gave notice of a motion to define the manner of holding elections, to define what should be considered residence at the time of election, and for other purposes.

WILLIAM SMITH'S CLAIM.

A letter was read from the solicitor of Mr. William Smith, who formerly acted as detec-

tive in prosecuting violators of the Medical Act, reminding the Council of his claim, and offering to refer it to arbitration.

The Registrar said that the agreement was that Mr. Smith should receive \$1,200 a year on his producing certificates from magistrate that he had procured convictions to the amount. Certificates had been presented to the amount of \$675, and \$600 had been paid to Mr. Smith. Subsequently he had procured convictions to the amount of \$100. The registrar however, had discovered that in one case he had acted improperly, which he was advised invalidated the whole claim.

On motion of Dr. H. H. Wright a committee was appointed to investigate the matter.

Dr. Geikie presented the report of the committee appointed to draft a resolution with reference to the death of the late Senator Brouse and moved its adoption. The following is the resolution:—

"That this Council learned with the sincerest regret the death of their late colleague the Hon. Senator Brouse, and hereby place on record their very high regard in which he has always been held by his associates in this Council. In the death of this gentleman the Council has lost an able associate and the profession of medicine one of its most distinguished members. We hereby tender to his bereaved family our heartiest sympathy in their bereavement."

Dr. Lavell in seconding the resolution spoke feelingly of the loss which the Council and the profession had sustained.

The President mentioned the work which Dr. Brouse had done in the cause of sanitary science, and Dr. H. H. Wright gave a brief account of his career.

The resolution was carried by a standing vote.

Dr. Wright moved that examinations be held annually for first year, second year, and third year students, respectively, and that the matter be referred to the Education Committee.

Dr. Allison objected to the multiplying of examinations.

Dr. Geikie thought that the present examinations were sufficient to keep the students to their work.

The matter was referred to the Education Committee.

The Council then adjourned until two o'clock.

AFTERNOON SESSION.

The Council met at 2 p.m., and after routine business,

Dr. Burns gave notice of a motion for the establishment of a course of clinical lectures at the Toronto General Hospital.

Dr. Day gave notice of motion that the treasurer's statement be printed, and sent to every registered practitioner in Ontario.

Dr. Wright presented the report of the committee appointed to enquire into the claim of William Smith, recommending that it be referred to the solicitor of the Council for further advice. The report was adopted.

THE NEW REGISTER.

Dr. Macdonald brought up the motion of which he had given notice in the morning, for the preparation of a new register. The present one, he remarked, was now seven years old.

After some discussion as to what the register should contain, the motion was carried, and Drs. H. H. Wright, Burns, and Geikie were appointed a committee to assist the registrar in the work.

On motion of Dr. Lavell, the by-law to provide for the levying of an annual assessment was read a second time.

Dr. W. T. Aikins, the Treasurer, read his annual report, showing that the balance in the bank at the last meeting was \$2,011.14, the fees received in the registrar's office \$2,464.52, and the fees from candidates \$2,540, making a total of \$7,015.66. The expenditure left a balance of \$1,568.31. Several suggestions made by the Treasurer in his last report had been acted upon. The Executive Committee, which formerly entailed an annual expense of about \$500, had not met during the year, and the services of the detective, employed at a salary of \$1,200 per year, had been dispensed with, notwithstanding which the amount received from fines was in excess of that received last year.

An increase in the assessment to provide for

the increasing indebtedness of the college was recommended. The report was referred to the Committee on Finance.

THURSDAY.

The Council met at 10.30 a.m. and after routine went into Committee of the Whole on a report of the committee appointed to wait upon the Local Legislature for the purpose of procuring an Act to amend the Ontario Medical Act. The report stated that in consequence of an absurd resolution now standing on the minutes of the proceedings of this Council, and which they believe to have been there by mistake, they had been unable to proceed. They recommended that power be granted them to act in the matter as contemplated at the last meeting of the Council. The occasion of the report was this. At the last annual meeting of the Council it was decided to apply to the Local Legislature to have the Ontario Medical Act amended so as to

RE-ADJUST THE REPRESENTATION

of the profession, and of the colleges at the Council. At the same meeting an amendment, directing the committee to get the opinion of the Superior Court judges upon the Act, was discussed, and according to the minutes carried. The reason this resolution was referred to as absurd was that it annulled the previous motion.

Dr. Day, who presented the report of the committee, said he was certain that the resolution referred to did not carry. Referring to the other portion of the report, he did not share in the feeling that the Ontario Parliament would not grant the legislation asked for.

Dr. Macdonald strongly opposed the report.

Dr. Burns thought the Council should look at their duty to their constituents, and in this view there were unmistakable signs of dissatisfaction among the profession on the question of representation. He contended that if the Medical Council existed for the public protection, it should fearlessly approach any Legislature, no matter what might be its political stripe, for necessary amendments to the Act.

Dr. Bray supported the report, contending that the present was the time for the profession to make itself felt.

Dr. Williams thought that the Council should be unanimous upon the nature of the changes they wanted.

Dr. Lavell pointed out that the present scheme of representation was the result of a compromise between the colleges and the different branches of the profession. He referred to the difficulty which would arise in classifying the colleges so as to show which should be entitled to representation. He suggested that any committee which might be appointed should report to the Council before taking any action.

Dr. Burritt thought the Council should not be frightened out of going before the Legislature.

Dr. Geikie thought the committee should go over the Act, clause by clause, and see what amendments were required.

Dr. H. H. Wright moved that the committee rise without reporting. The motion was lost, and the report was afterwards adopted, with the exception of the word "absurd," which was struck out.

The report of the Registration Committee, dealing with a number of applications for registration, was received and adopted.

In reference to the claim of William Smith, a letter was received from the solicitors advising the Council to ask for particulars. It was decided to act upon the advice.

The Council then adjourned, and some of the members, on the invitation of Dr. Aikins, visited the hospital in order to witness an operation.

AFTERNOON SESSION.

This session was occupied in the discussion of a proposition to sell the building on Bay and Richmond streets, occupied by the Council, a resolution to that effect having been moved by Dr. Allison, and seconded by Dr. Burns. It was generally agreed that the building was not a suitable one for the college, and that it could be sold at a considerably higher price than the Council paid for it. The idea of occupying a building jointly with the Ontario Board of Health did not meet with much favour. A committee, consisting of the city members and Drs. Allison and Macdonald,

was appointed with power to sell if they thought advisable, and also to enquire about a site for a new building.

FRIDAY.

The Council met at 10 a. m. and after routine, went into Committee of the Whole to consider the report of the Finance Committee, which was adopted. The report showed that the arrears of fees due the Council were \$4,954, which are supposed to be collectable. The value of the building is from \$18,000 to \$20,000, and there is a mortgage of \$6,000 upon it. The expenses of the present session amount to \$1,985.

Dr. Macdonald brought before the Council the following plan, proposed by Dr. Playter, for collecting disease statistics.

One hundred and forty-four observers and reporters of prevailing diseases in the localities of the respective observers, medical practitioners, of several years standing, to be appointed by the Federal Government, and distributed as follows: To British Columbia 2; Manitoba and N. W. Territories 2; Prince Edward Island 4; New Brunswick 11; Nova Scotia 14; Quebec 46; Ontario 65; Total 144; giving one observer to about every 30,000 of the population in each Province.

Each observer to be supplied with a sufficient number of blank forms and addressed envelopes.

A blank to be filled in by each observer every week, Saturday evening if possible, from observers day-book and memory of observations of diseases during the last week, to the best of his knowledge, and at once mailed—time occupied with each report not more than from 15 to 30 minutes.

Each observer to be paid by the Federal Government \$25, for the 52 reports, or for the year, occupying, for the whole number, from 13 to 26 hours of time—Total cost \$3,600.

Number of observers, and their remuneration, to be increased if possible, as the advantages of registration become apparent and more generally known.

At a central office or bureau at Ottawa the collected reports to be studied and compiled.

and the results to be published weekly, as soon, as possible after receipt of reports, in some practical form, as a bulletin, and distributed in large numbers throughout the Dominion, to health officers, the local papers, &c. &c.

In Ontario, to be one observer in each of the 37 county towns, which for the most part are central, and well situated for such a purpose. Toronto with its many suburbs might have two observers. The other 27 to be located in the larger counties, and on railways, with ready mailing facilities. Thus no part of the well settled portion of the province need be more than from 12 to 15 miles (air line) from an observer.

Observers to be distributed in a similar way in the other provinces.

Dr. Macdonald moved, and Dr. Burritt seconded, a motion approving of the plan, which was carried.

The Council then adjourned until two p.m.

AFTERNOON SESSION.

After adjournment, Dr. Lavell presented the report of the Education Committee, upon which the Council went into Committee of the Whole, Dr. Douglas in the chair. Most of the petitions considered by the committee were refused, the principal exception being in the case of Dr. W. F. Peters, who failed by a very few marks in surgical anatomy last year, and had a large margin on other subjects, and who is now living at Michipicoten Island, and was accidentally prevented from attending the examination held this year.

The Committee recommended that no action be taken on the motion of Dr. H. H. Wright regarding annual examinations for students, and that the consideration of Dr. Burns' motion, as to clinical lectures at the hospital be deferred until next session.

Several changes were made in the regulations governing the examination of students, the most important of which were a clause allowing candidates who had paid for a professional examination and failed to pass it to go up for one subsequent examination without further fee; and an instruction to examiners to confine their questions to the text-books in common use, and in referring to diseases, &c.,

to use the names most commonly in use. The clause requiring an aggregate of 320 was expunged. The following

BOARD OF EXAMINERS.

was appointed:—Descriptive anatomy, Dr. Fulton, Toronto; theory and practice of medicine and general pathology, Dr. A. S. Oliver, Kingston; midwifery, operative and other than operative, with puerperal and infantile diseases, Dr. Burdett, Belleville; physiology and histology, Dr. G. A. Tye, Chatham; surgery, operative and other than operative, medical and surgical anatomy, Dr. Canniff; chemistry, theoretical and practical, toxicology, and botany, Dr. W. W. Dickson, Pembroke; medical jurisprudence and sanitary science, Dr. W. Nichol, Brantford; homœopathy, Dr. H. Field, Woodstock.

Dr. Douglas' motion regarding a uniform tariff was not passed.

A vote of thanks was passed to Dr. Bray, the President, who briefly replied, to Dr. Aikins, Dr. O'Reilly, and the Toronto Medical Society.

After the minutes had been read the Council adjourned *sine die*.

ONTARIO MEDICAL ASSOCIATION.

The Second Annual Meeting of this Association was held, Wednesday and Thursday, June 7th and 8th, in the Hall of the College of Physicians and Surgeons, Toronto, the President, Dr. Covernton, in the chair. Among those present were Dr. Avery, of Michigan, and Drs. Fenwick, Osler, and Shepherd, of Montreal, as visitors. About 115 in all attended the meeting.

A MUTUAL BENEFIT ASSOCIATION.

A letter from Dr. Powell, of Ottawa, was read in favour of the formation of a Mutual Benefit Association in connection with the medical profession, and making suggestions as to how such an association could be started and conducted.

It was resolved to refer the letter to the Committee on Papers, so that they might report upon it.

THE PRESIDENT'S ADDRESS.

The President then delivered his annual address. After dwelling upon the responsibility resting upon physicians in the exercise of their profession, and cautioning them against being too rash in putting into practice the sparkling novelties in theories that were brought forward, he gave a sketch of the work already done by the Provincial Board of Health, and concluded an eloquent and instructive oration with references to the evidences of scientific progress.

The following papers were read in general session, Wednesday and Thursday: On "Treatment of Diphtheria," by Dr. Worthington, of Clinton; "Antiseptic Treatment of Phthisis," by Dr. Philip, of Brantford; "Locomotor Ataxia," with exhibition of a case, by Dr. Stewart, Brucefield; "Concussion of the Brain," by Dr. Curry, of Rockwood; "Trachelorrhaphy," by Dr. Temple, Toronto; "Hæmorrhage after Tonsillotomy," by Dr. Powell, Edgar; "Dislocations of the Elbow Joint," by Dr. Dupuis, Kingston; "Local Boards of Health," by Dr. Youmans, Mount Forest; "Alcohol in Disease," by Dr. Smith, Sparta; "Therapeutics of Insanity," by Dr. Clark, Toronto Asylum; "Points in the Measurement of the Lower Extremities," by Dr. Oldright, Toronto; "Adenoma of the Vault of the Pharynx," by Dr. Ryerson, Toronto; "Treatment of Diphtheria by Biborate of Soda and Sulphur," by Dr. Ghent, of Priceville; "Liquor Calcis in Diphtheria," by Dr. Mackelcan, Hamilton; "Eye Hygiene in Schools," by Dr. Palmer, Toronto; "Duties of Coroners," by Dr. Riddell, Toronto; "Certain Diseases of Eye and their Treatment," by Dr. Rosebrugh, Toronto. The number was too large for the time, and as a consequence in the beginning there was manifested too much haste in getting through the reading of papers without discussion of them. We hope in future issues, to give some of the papers with accompanying discussions.

ELECTION OF OFFICERS.

The Committee on Nominations reported, recommending the following elections for the year. The report was adopted.

President.—Dr. Macdonald, Hamilton.

1st Vice-President.—Dr. Stewart, Brucefield.

2nd Vice-President.—Dr. Daniel Clarke, Toronto.

3rd Vice-President.—Dr. Dupuis, Kingston.

4th Vice-President.—Dr. Harrison, Selkirk.

General Secretary.—Dr. White, Toronto.

Treasurer.—Dr. J. E. Graham, Toronto.

Corresponding Secretaries.—Dr. William Graham, Brussels; Dr. Burt, Paris; Dr. Coburn, Oshawa; Dr. McIntosh, Vankleek Hill.

Committee on Credentials.—Dr. Beeman, Centreville; Drs. Burns and Pyne, Toronto.

Committee on Public Health.—Drs. Playter, Allison, Oldright, and Youmans.

Committee on Legislation.—Drs. Spohn, Sloan, G. Wright, Covernton, Mallow, and Macfarlane.

Committee on Publication.—Drs. Cameron, Burns, and Fulton, with the Secretary and Treasurer.

Committee on By-laws.—Drs. A. H. Wright, Moore, Tanner, Cotton, and Bowlby.

Committee on Medical Ethics.—Drs. O'Reilly, McKelcan, Carney, C. K. Clarke, and Sinclair.

The following resolutions were passed:—This Association approves of the decision of the Provincial Board of Health of Ontario to co-operate, to the full extent of its powers, with the National State and Local Boards of Health in the United States and in the Dominion of Canada, in the attempt to prevent the introduction and spread of smallpox, by the inspection and vaccination of immigrants, and the disinfection of their baggage and clothing, and by notification to all boards of health interested of the entry or proposed entry within their jurisdiction of immigrants suspected of carrying with them the germs of any disease dangerous to the public health. That in this attempt to lessen the spread of smallpox and other communicable diseases on this continent, it is desirable, that all health officers, and boards of health, under whatever governmental control, shall earnestly and faithfully co-operate, and to secure this co-operation at the earliest possible date, we bespeak and invite the individual efforts of every member of this Association.

It was decided to hold the next annual meeting in Toronto.

Dr. Canniff moved, "That in the opinion of this Association the formation of a medical library and museum would prove beneficial to the profession of this province. and that the following committee be appointed to consider the feasibility of such a scheme, to report to the next meeting:—Drs. Cameron, Holmes, Fulton, Reeve, Davidson, Powell, and the mover." Carried.

Dr. D. Clarke moved, "That the Secretary, Dr. White, receive a gratuity of \$100 for his valuable services during the past year." Carried.

The president elect, Dr. Macdonald, was then installed and made an appropriate speech, thanking the Association for the honour conferred upon him, and prophesying a brilliant future for the organization.

After passing some formal resolutions the meeting adjourned.

Since the meeting the President has made the following nominations to the temporary committees for this year:—

Surgery, Pathology, and Anatomy.—Drs. Canniff, Oldright, Strange, Toronto; Powell, Edgar; Groves, Fergus; Philip, Brantford; Worthington, Clinton; Eckroyd, Mount Forest; Hunt, Clarksburg; Leslie, Hamilton; and Taylor, Goderich.

Medicine, Materia Medica, and Physiology.—Drs. Hamilton and Clemesha, Port Hope; Mullen and Wallace, Hamilton; Fulton, Cameron, and H. H. Wright, Toronto; Gillies, Teeswater; Clark, Oshawa; McKay, Woodstock; Winskill, Brantford; McDonell, Brechin; Metcalf, Kingston; and Morton, Wellesley.

Obstetrics, Gynecology, and Jurisprudence.—Drs. Rosebrugh, Hamilton; Bray, Chatham; Burritt, Peterboro'; Yeomans, Mount Forest; Battersby, Port Dover; Bowlby, Berlin; Hall, Meaford; Dunlap, Lowborough; Hillary, Aurora; Gardiner, London; Hoimes, Chatham; Trimble, Queenstown; Black, Uxbridge; Thorburn, Macdonald, Ross, sr., Pyne, sr., and Temple, Toronto.

Ophthalmology and Otolaryngology.—Drs. Reeve and Palmer, Toronto; Bonnar, Albion; Baugh, Hamilton; Ryerson and Rosebrugh, Toronto.

Necrology.—Drs. Woolverton, Hamilton;

Ghent, Priceville; Knight, Tamworth; Gunn, Durham; Kitchen, St. George; Riddel, Toronto; McLavish, Staffa; James, Burgessville; and Day, of Trenton.

Audit.—Drs. G. Wright, Robinson, and Lett, Toronto; Tucker, Orono; Curry, Rockwood; Mackelcan, Hamilton; Secord, Bright; and Bruce Smith, of Sparta.

Papers and Business.—Drs. Workman, Sweetnam, Machell, W. B. Geikie, McPhedran, Zimmerman, and King, of Toronto; Inksetter, Dundas; Mullin, Hamilton; Allan, Harriston; Monroe, Dominionville; Stalker, Harwich; and Magill, of Oshawa.

Committee on Arrangements.—Dr. Bascom, Uxbridge; Robinson, Markham; Buchan, J. Ross, jr., McFarlane, Pyne, jr., Duncan, Smith, Nevitt, Bryce, Wagner, and McCullough, of Toronto.

Miscellaneous.

THE VIS MEDICATRIX NATURE.—Dr. Oliver Wendell Holmes, in an address to the Medical Class of Harvard College, on "Medical Highways and Byways" (*Boston Med. and Surg. Journal*, June 1, 1882), wittily said: "Whatever other theories we may hold, we must recognize a *vis medicatrix* in some shape or other. '*Te le pensay et Dieu le guarit*' (I dressed his wound and God healed it), was the saying of Ambroise Paré, which you may read to-day on the walls of the lecture-room of the Ecole de Médecine in Paris. The operator amputates a limb and leaves a bleeding wreck after him. What surgeon who looks on the rounded and cushioned stump a few weeks later can help owning

'There's a Divinity that *shapes our ends*,
Rough hew them how we will.'

THE MEDICAL STUDENT'S PRIMER.—What place is this? This is the Pathological Society. How does one know it is the Pathological Society? You know it by its specimens and smells. What does that gentleman say? He says he has made a post-mortem. All the gentlemen make post-mortems. They would rather make a post-mortem than go to a party. What is that on the plate? That is a tumor.

It is a very large tumor. It weighs one hundred and twelve pounds. The patient weighed eighty-eight pounds. Was the tumor removed from the patient? No, the patient was removed from the tumor. Did they save the patient? No, but they saved the tumor. What is this in the bottle? It is a tapeworm. It is a long tapeworm; it is three quarters of a mile long. Is that much for a tapeworm? It is indeed much for a tapeworm, but not much for the Pathological Society.—*N. Y. Medical Record.*

In a curious old work, published in 1824, entitled "Nugæ Chirurgicæ," by Wm. Wadd, Esq., F. L. S., we find the following account of Cordus, a physician of eminence, who died in 1535:—"Cordus who was accustomed to receive his fees only at the termination of his patient's disease, describes in a facetious epigram, the practitioner at three different times, in three different characters.

Tres medicus facies habet; unam, quando rogatur,
Angelicam; mox est, cum juvat, ipse Deus.
Post ubi curato, poscit sua præmia, morbo,
Horribilis apparet, terribilisque Sathan.

"Three faces wears the doctor; when first sought,
An angel's, and a god's—the cure half wrought:
But, when that cure complete, he seeks his fee,
The devil looks then less terrible than he."

CRICKET.—In an interesting lecture, given by Mr. Frederick Gale on the 13th inst., at the Marlborough Rooms, a remarkable instance was given of the longevity of cricketers. This was the so-called B Eleven, chosen by Lord Frederick Beauclerc to play against All England. Of these eleven men the youngest died at the age of sixty-nine, while the others succumbed between that age and ninety-five. The lecturer might well say that insurance offices would grow rich if no lives but those of cricketers were taken. Mr. Gale is well known as an enthusiastic cricketer; and there was a wholesome, honest ring in his lively and interesting discourse, which his audience (a large and influential one) evidently appreciated. Professor Ruskin occupied the chair. The importance of cricket upon the health and stamina of the

nation cannot be over-estimated; and we trust that enthusiasts like Mr. Gale may never be wanting to stir up the rising generation to honourable deeds in the "field," where, according to the Iron Duke, the Battle of Waterloo was won.—*Lancet.*

SINGULAR SUICIDE.—A man, after a dispute with his wife, took a poignard, 10 centimetres in length, and placing it vertically upon the top of his head, proceeded to drive it with a hammer into his head as far as the guard. He did not die, but preserved his intelligence, senses, and power of motion. Becoming anxious he called in a physician, who tried in vain to remove the poignard. Dr. Dubrisay, was called in to assist. The efforts of both were still unsuccessful. They fatigued the patient by dragging on the handle of the poignard, solidly fixed in the cranial walls, but it did not budge. They conducted him then to a neighbouring workshop where they might obtain sufficiently energetic means of traction. Placed between two doors, having in their interval a strong pair of iron forceps, moved by mechanical force, the patient was seated on the ground and held steady, the handle of the poignard was seized, drawn without shock and pulled out, lifting up the patient a little who fell back upon the ground. He got up at once and began to walk and talk, led M. Dubrisay to his carriage and thanked him. The blade of the instrument was a little bent at the point. It was seen that it had struck against some hard body which was the occipital fossa. Fearing the super-vention of meningitis, the patient was taken to the Hospital St. Louis, in the service of Mr. Péan, but he went out in eight days without the appearance of any inflammatory or paralytic accident.—*Siccle Medical—Le Prog. Med.*

Births, Marriages, and Deaths.

MARRIAGES.

On the 20th inst., at the residence of the bride's father, by the Rev. S. M. Jackson, assisted by the Rev. Mr. Powis, Dr. W. K. D. Sutherland, of Winnipeg, to Nellie, second daughter of Dr. Richardson, Clover Hill, Toronto.