

Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best 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.

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

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

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

Additional comments /
Commentaires supplémentaires:

Continuous pagination.

THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. XI. TORONTO, MAR. 1ST, 1879. No. 7.

Original Communications.

CASE OF OBSCURE UTERINE DISEASE.

BY C. W. GOVERNION, M. D., M. R. C. S., ENG.,
TORONTO.

(Read before the Toronto Medical Society.)

As a rule we are more frequently prompted to record our successful cases than our failures; it may, however, be considered as open to doubt whether a report of the latter would not, in a large majority of cases, be more fruitful in pointing out difficulties of diagnosis, than the satisfactory recital of the former. It is at the bed side that we can best study disease; there we see it in its true colors, stripped of the misleading shades by which it is so frequently disguised in text-books, and it is there we too often have occasion to recognize the difficulty in distinguishing it. It is only by strictly limiting our conclusions to such as may be fairly deducible from facts, that we can escape the error of substituting vague hypothesis. The mere acquisition of facts, however, as gathered by careful observation, will not suffice for an *ex cathedra* pronouncing of the true nature of the disease. For that, nothing but a post mortem examination can be held conclusive. This opportunity for verifying little beyond speculation as to cause, in the case which I submit to you, and invite discussion upon, was unfortunately denied me. I have therefore nothing but my observations at the bed side to relate, and these, perhaps, without an exact knowledge of the seat and nature of the disease, amount to little. We all recognize the importance of studying well the external characteristics of disease, and use our utmost endeavours to be guarded against illusions and errors in difficult cases. When, therefore, doubt exists as to the exact nature of the degeneration in question, it is very much to be regretted that a morbid sentiment precludes the only method for setting at rest con-

jecture. In submitting this case I have then nothing more to lay before you than, previous history of patient, hereditary tendency, habits, the permanent and general state of functions during health, and the condition I found her in at first visit. I am better able than usual in the recital of cases to speak to previous history, having had the pleasure of an intimate acquaintance from a period shortly after my patient's marriage, some eighteen years ago. The lady menstruated at fourteen; menstruation from the first was attended with very great pain; at sixteen she married, the dysmenorrhoea continuing persistently, and on no occasion was there interruption to its monthly regularity until within the last three years, when the excessive pain and scantiness of menstrual fluid was succeeded by irregularity of intervals, and discharges so profuse and exhaustive as to confine her to the bed or sofa for a week. Both her father-in-law and brother-in-law were physicians of great repute, and residing near to her; but viewing this change from great regularity and suffering, to uncertainty of periods, and profuseness of flow, as the approach of the menopause, she only within a year, if I am correctly instructed, mentioned her condition to her brother-in-law. Within the last few years she had become stout, but with no disproportionate abdominal development that I am aware of, nor do I think that she fancied such to be the case. She had a vague, undefined dread of uterine disease, but I am not aware whether it had its origin only from the belief that her mother's death had resulted from disease of that organ, or whether the idea proceeded from any occasional wandering pains in that region. Her face had become fuller than ordinary, and the complexion somewhat cachectic; the large loss of blood at intervals of six weeks or two months would, however, account for this. Patient was of a nervous temperament, with acute sensibilities; habits active; until within a few years riding much on horseback, latterly had become timid and discontinued that form of exercise, but walked a good deal; functions of the body normal; appetite good; the principal trouble constipation. This is about all of the general history that I am acquainted with. I have recently learned, that last autumn on returning from the sea side there was œdema of the lower extremities. A week before the illness that most unfortunately proved her last, she came on a visit to intimate

friends in this City—some seven or eight weeks having elapsed since her last severe flowing—in excellent spirits, and beyond the coloration and fullness of the face, apparently in good health. The day before the seizure she walked without complaint of fatigue, by her reckoning, four miles. On the following morning about five o'clock she was awakened by the striking of the alarm clock that had been set for that early hour in consequence of the gentleman in whose house she was visiting leaving by an early train; at first awakening, frightened by the noise, but quickly realized the occasion, and after listening attentively, as she fancied she heard no one stirring, got out of bed to call one of the servants. A few moments after returning to bed she experienced the sensation of a gush of fluid, saturating not only the night-dress but under-sheet. On lighting the gas, she discovered the nature of the discharge to be sanguinolent serum, shortly afterwards followed by extrusion of clots. This serous discharge, with more or less of coagula continuing, about 9 a. m., a medical man resident in the immediate neighbourhood was sent for. From the history given him and examination of coagula, he pronounced it a case of hydatids, enjoined strict rest, ordered an opiate, and advised that on her return home an examination should be made by one of her two relatives in the profession, with a view of determining the condition of the lining membrane of the uterus. The discharge of serum and coagula continued all that day and night, as also the following. On Wednesday afternoon the husband arrived in the city, and being informed of the opinion given of hydatids as the cause, he brought me at 6 p. m. some coagula recently extruded, for examination. I could make out nothing but clots, pure and simple, but I promised to procure a microscopic search for hooklets, as also a report from Dr. Zimmerman. At the same time I mentioned to him that the general, although not universal, consensus of medical belief in the present day was entirely opposed to the existence of hydatids without either a true or a false conception, and from what I knew of his wife's history, I did not think either probable. That true hydatids or cysts resulting from the acephalocyst were very rare, and that the ordinary hydatids met with were supposed to be due to the degeneration of the chorion of a true or false conception. That the only probable causes I could

at that time call to mind of the large watery discharges he described as attendant on the hæmorrhage would be either from sarcoma, vegetating epithelioma or glandular polypus, proceeding from either the fundus, sides or cervix of uterus, and concurred in the opinion given by the medical gentleman first sent for—that as soon as possible a careful exploration of the interior of the organ would be necessary. At the husband's request, I went with him to visit the patient, having previously an interview with the first medical attendant. I found her pulse very rapid and unequal, countenance blanched and swollen, no pitting on pressure. A porcelain slop vessel two feet in height was filled with napkins that had been saturated with the discharge during the day; on opening them out they contained numerous coagula, varying in size from an almond to a walnut. On making a vaginal examination I found the ostium extremely sensitive, patient shrinking from the touch, vagina filled with coagula, the os high up, barely admitted the point of the finger, the lips soft and and slightly swollen, no appreciable thickening or hardening of cervix. After clearing out coagula, I carefully packed the vagina with cotton wool, removed the pillow from her head, ordered an opiate and a mixture of quinine and iron to be commenced early in the morning. As in making the vaginal examination I found the rectum to be filled with hard scybalous masses, I directed the bowels to be opened by a soap and water enema before my visit the next morning. Following morning, removed tampon, which was slightly offensive, and had a hot douche applied to the vagina and os, by means of a fountain syringe; reapplied tampon, and directed four grains of Quinine and twenty of Tr. Fer. Chl. every three or four hours. Visited her again in the evening; pulse better, diminution of discharge. On removal of tampon, did not consider it necessary to re-apply. On Friday morning was informed she had slept well, and had taken a good breakfast. Pulse down to 98, more regular, fewer coagula, and serous discharge slightly lessened, although a necessity for frequent change of napkins yet existed. Patient was cheerful, and requested that a pillow under the head should be allowed. As the improvement was marked I told the lady she was visiting, I should not return in the evening unless sent for, but left strict injunctions that I should be instantly informed of any aggra-

vation of symptoms. Whilst I was there the hot uterine douche was repeated for four or five minutes, bringing away a small quantity of clots that from their appearance had some time previously been expelled. Discontinued Quinine and Iron, and substituted Fluid Ext. of Ergot and Iron, alternately with Turpentine every two hours. On visiting her early on Saturday morning, found a less favourable state of symptoms. Learnt that she had taken her nourishment well during the day, had gone to sleep early in the evening, and slept quietly until a little past midnight, when she awoke faint, shortly after complained of being sick and vomited partly digested food. A messenger was about being sent for me, but as the patient expressed a great sense of relief, and shortly after fell into a tranquil sleep, I was not summoned. Pulse 120, small and irritable, bed clothes beginning to have an offensive odor. Had the hot douche applied, and after removing a large quantity of clots, made a careful vaginal examination. The os would not as before admit more than the point of finger, uterus mobile and not apparently very much enlarged, no great fullness or tenderness in the hypogastric region, quantity of serous discharge increased. Soaked a large quantity of cotton wool in a solution of Ergot and Iron, and with it firmly packed vagina. As the stomach had become irritable and I feared a return of vomiting, ordered frequent nutrient enemata with brandy, and gave brandy and ice by mouth, a handkerchief well soaked with Spts. Ammon. Aromat. to the nostrils. Returned at 2 p. m., removed tampon and replaced it with one soaked as before; the removed tampon was more offensive than for the short time of its impaction it should have been, pulse reduced in frequency, patient cheerful and said she felt better. At 7 p. m., met in consultation the lady's father-in-law, shortly after his arrival with the husband who had been telegraphed for in the morning, patient had a somewhat prolonged fainting fit. Detailed to the doctor the treatment pursued, and my fears of some degeneration of uterine lining; mentioned that I had in the morning ordered a solution of Persulphate of Iron one in six, that with his sanction I would inject into the uterine cavity, the use of which, however, I had delayed until his arrival, as without counsel and in ignorance of the exact condition of the tissues, I was unwilling on my sole responsibility to risk.

The view of possible danger was concurred in by this long experienced practitioner, and the treatment of Ergot, Iron and Turpentine continued, changing only at his desire cold spirit lotions to the abdomen for the hot douche. The foot of bed was elevated a couple of feet, pillow again removed, and as an opiate at night thirty drops of Battley's Liq. Opii Sedativ. Patient passed a fair night. In the morning, pulse continuing at 120 and condition of stomach threatening, brandy only was given by mouth, administering the Ergot in increased quantities, with ten grains of quinine and nourishment by rectum. The previous evening I had suggested large doses of Acetate of Lead, but my colleague preferred a continuation of the Ergot, and in view of the threatened vomiting for the last twelve hours, I did not feel inclined to urge its use. Bottles of hot water enveloped in flannel were applied to feet and between the legs, and aromatic ammonia to the nostrils. The patient was calm and collected, neither hallucination of senses, nor delusion of mind, complaining only of noises in the ears and an occasional sense of faintness. In the morning, as the Ergot and Quinine occasioned only slight evidences of uterine contraction, I injected by hypodermic syringe forty drops of Fluid Extract of Ergot; this produced slight contractile pains; as, however, the serous discharge with clots with but little diminution persisted, I repeated the injection in three hours. The discharges had now become highly offensive, notwithstanding the frequent removal of tampon and uterine douche. Pulse 130, small and irregular. Remained with patient until 2 a. m., at which time the evidences of contractile pain were sufficiently marked to afford some hope of finding the condition of symptoms better in the morning. Unfortunately this hope was not destined to be realized, as on the next visit there were unmistakable evidences that a fatal termination was pending. Continued the administration of brandy in large quantities, as also nutrient enemata, but all in vain. The patient succumbed at $\frac{1}{2}$ past 1 p. m. Immediate cause of death I apprehend to have been blood poisoning, due to the introduction into the circulation of morbid or putrid matter, possibly complicated with embolism. Temperature of lower extremities continued normal within an hour of death; failed in the upper extremities earlier. It may be urged that in this case a more careful exploration of the

size and mobility of the fundus of the uterus should have been made by bimanual examination, and that either by Barnes's dilators or the slower process of laminaria or sponge-tent, the cervix should have been sufficiently dilated to permit internal exploration, to which I would reply that in my judgment the patient was too weak from the first time I visited her, to have made either of these procedures safe or justifiable. Further, I would remark that abdominal palpation gave no evidence of any greatly increased size of the uterus, certainly not of that increased volume that the presence of hydatid masses would necessitate. The patient and husband, moreover, remarked to me that frequently within the last two years, at what was conceived to be irregular menstrual periods, she had lost fully as much blood, but without the large watery discharge. I had therefore the first two days no reason to anticipate that the means employed would prove ineffectual in arresting the flux. The question arises, what was the cause of this persistent discharge of blood and serum? I at once exclude hydatid cysts, whether true hydatids due to the presence of acephalocysts, or uterine hydatids, as causal, for two reasons; the first that the volume of the uterus was quite insufficient for entertaining such an idea, and the cause of their existence assigned by the majority of modern writers on the subject absent, namely either a true or a false conception; the second that Dr. Zimmerman's microscopic report of the coagula I submitted to him was to the effect that no evidence was afforded of hydatid or hydatiform structures, merely blood, epithelium, leucocytes, and a few involuntary muscular fibres. Before, however, passing on to a consideration of other probable causes, this opportunity for enquiring into the invariable correctness of modern opinion that uterine hydatids can only proceed from the villi of the chorion undergoing a dropsical swelling, may by the Society be considered a fitting one. I will first briefly cite a few passages from the authors most impressed with the idea that hydatids can only be the result of a true or false conception, and then the opinions of writers dissenting from this view. Montgomery says on this subject—"Some maintain that they are not necessarily the result of conception, while others as strongly, and it appears to me, with much greater reason and truth, consider them the product of disease attacking the

ovum." Beck, in his Jurisprudence, says—"I will repeat again what I have before endeavoured to prove by a reference to the best authorities, that there is no case on record where hydatids of the uterus have been found independent of conception." Baudeloque and Vogel express similar opinions. Desormeaux says—"The development of these masses of hydatids is more frequently, if not always, the result of conception." Velpeau's words are—"The mole and hydatids of the uterus being but the products of conception degenerated, give rise to the same phenomena as true pregnancy." Morgagni's view is the following—"This, therefore," speaking of the true mole, "cannot exist in virgins, nor as far as I know, that, in like manner, which might with more propriety be called a *mola vesicularis* or congeries of vessels, disposed after the manner of a cluster of grapes." Rokitansky considers both moles and hydatids as degenerations of the ovum. Madame Boivin, in her work, entitled "*Nouvelles Recherches sur l'origine de la mole vesiculeuse, or Grossesse Hydatique*," announces, as the result of her observations, that hydatids in the uterus, in all cases, are the result of conception, originating in the filamentous processes springing from the external surface of the transparent membranes of the ovum. Fernel, axiomatically, says—"Nusquam visa est mulier molam sine mare concepissé." Burns thinks that hydatids and moles are never formed in the virgin state. Fodere considers true moles and hydatids are the result of intercourse between the sexes, and that those substances which are discharged from the virgin uterus are merely condensed coagula of blood which, of course, may form in the chaste as well as the unchaste. Meigs regards hydatids as depending upon a hydropic state of the villi of the chorion, which by a process of endosmose is able to convert them into cysts, and both moles and hydatids as originally true conceptions, but changed afterwards by some accidental diseased action. Thomas attributes hydatids to dropsical swelling of the villi of chorion. Playfair considers that sometimes hydatids result from the death of the ovum, and at others from obscure maternal causes, some blood dyscrasia, such as syphilis. He does not consider that they ever occur independently of conception. Graily Hewitt relates a case in which true hydatids originally formed in the liver had extended to the

peritoneum, and were about to burst through the vagina at the time of death. This occurred in an unmarried woman. Other cases of true hydatids forming in the uterus are recorded. The above cited opinions of writers, principally within the present century, affirming that hydatids cannot exist in the virgin state, may suffice. I now turn, as far as possible in order of succession, to authors whose views are in direct opposition. Ruysch asserts that uterine moles and hydatids have been found in females who never had any intercourse with the other sex. The Parliament of Paris, in 1781, decided that there were instances of girls, and even of nuns, who had produced uterine moles without any previous sexual connexion. Gardien, in his work, "Traité Complet," says—"Hydatids may be met with in girls as well as in women: however, although they are independent of sexual intercourse, they are much more frequently met with in women who have borne children, and especially when they have arrived at the turn of life." Denman says—"These have been supposed to proceed from coagula of blood, or portions of the placenta remaining in the uterus, and this opinion is generally true; but there is sometimes reason for thinking that they are an original production of the uterus, independent of such accidental circumstances, and sometimes the precursors of organic disease in that part." Sir Charles M. Clarke thus expresses himself—"It is probable that the existence of pregnancy is not necessary for the production of the disease. It has been believed to exist independently of this state; and perhaps a morbid condition of organized coagulating lymph may have the power of originating this disease, under certain circumstances, but what these circumstances are, is not known. Dr. Smith, in his "Principles of Forensic Medicine," says—"They may be found in females who have never had intercourse." Cruveilhier, in his article on hydatids, ("Anatom. and Path. Gen.") considers that they might be owing to the introduction of unassimilated living molecules or germs into the blood from the alimentary canal, and circulated along with the blood to every organ of the body, until they became arrested in some part and there grew and multiplied. M. Dupuy arrived at the same conclusion with Cruveilhier. Dr. Blundell does not view conception as a necessary condition. Dr. Evory Kennedy says that hydatids may occur in virgins. Mr.

Douglas Fox, surgeon to the Derbyshire Infirmary, relates the particulars of a case where a large mass of vesicular hydatids was expelled from the uterus of a maiden lady where the hymen was unruptured, and of whose chastity there could be no suspicion. Dr. Ashwell, in his work on the Diseases of Females, says—"Now, while it may be granted that in the greater number of examples these productions originate indirectly from pregnancy, I am convinced such an origin is not universal." The cases already mentioned prove this, at least, so far as I can judge; they establish the fact, that vesicles so like the hydatids of the chorion as not to be distinguished from them by the eye, do very rarely grow from the diseased lining membrane of unmarried women and virgins. Dr. Ramsbotham inclines to the belief that hydatids may be formed in the virgin uterus, and thinks the membranous substance secreted in dysmenorrhœa very likely to lay the foundation for the disease. Dr. Andrews, in the *Glasgow Medical Journal*, relates four cases of hydatids. Two of them were in married women; the other two in girls of the ages of sixteen and seventeen years. In one menstruation had never occurred, and the hymen was entire. The advocates of pregnancy as the sole origin of vesicular hydatids will, of course, think these were examples of the true or acephalocyst form of the disease. Dr. Ashwell considers that the true hydatid or acephalocyst may form in the parenchyma, or walls of the uterus, in the same way that it grows in the liver or muscular tissue of other parts of the body. Mr. Witten, of Brighton, in the *Lancet* for Feb'y 1st, 1840, detailed a very interesting case of hydatid formation. On post mortem examination, a highly varicose state of uterine veins was seen at posterior surface of fundus beneath the peritoneum, constituting a rounded tumor. In the diseased part there was an opening containing a coagulum. This opening was proved to be the immediate cause of death by effusion of blood into the abdomen. A mass of hydatids protruded into the cavity of the womb, portions of the mass being firmly adherent to it. In the vicinity of this mass the lining membrane had degenerated in character, and was covered by patches of lymph. On removal of the adherent hydatids, it was found that the lining membrane was partly wanting, and that masses of hydatids were imbedded in the structure of the organ. These, certainly were very different

from vesicles generated in the chorion as the result of a blighted conception. In the Guy's Hospital reports, volume 7, page 300, I find a case of hydatid cysts voided during the act of micturition, reported by Mr. Berkett. The patient expressed great pain in lumbar region for several days, expelling a few at every time of urinating. On the occasion of his first consulting Mr. Berkett, he had passed sufficient to fill a half pint mug. After a long search, Mr. B. by the microscope, discovered a single tentacle of the echinococcus, and something which had the appearance of the entozoon itself. Urine obtained by the catheter contained the debris of the hydatid cysts and blood discs. After a most careful examination of the man's abdomen and lumbar region, Mr. B. was quite unable to detect any tumour or enlargement, or the slightest indication of anything abnormal. In my practice, extending over forty-two years, I have had four cases of uterine hydatids—three in married women; one in a young girl of seventeen, reputed to be a virgin; the correctness of the assumption may have by some been considered as open to doubt, but it was at any rate believed in by the medical man who consulted me in the case. In all of these cases but one, there was frightful hæmorrhage attendant on the expulsion. The exception occurred in a married lady, who had retained me to attend her in her confinement, which she expected to occur in two months from the time I was engaged. Shortly after, entertaining a fear that all was not right, I was requested to visit her; found that for some time she had been troubled with hydrorrhœa. On placing my hand on the abdomen I failed to discover the hard uterine tumour; and on vaginal examination, could find nothing but fluctuation. Very shortly after, her cherished hopes of maternity, as in Harvey's widow, were dissipated. "*Donec tandem omnis spes cessaverit in aqua.*" In this case a very large quantity of fluid was voided with but few cysts, the hæmorrhage trifling. The lady had a family subsequently, and is now a happy grand-mother. But to return to the question whether hydatids can be generated in the uterus in the virgin, or the widow. If the supporters of the contagium vivum theory are correct, the introduction of these germs or bacteria into the system must be through the blood; if so they must be circulated to every tissue and organ in the body. Why should they not, therefore, be found in the mucous membrane of the uterus or bladder, a nidus equally favorable for their development and growth as in the parenchyma of the liver or kidneys. Why should the villi of the chorion be the sole source of uterine hydatids? In my investigations on this subject, I find in the works of various authors who believe the blighted ovum alone to be the source, nothing beyond mere negation; no attempt to demonstrate why, in the nature of things, in one tissue alone these organized growths have their habitat. The range for discussion may be wide, but you will, I believe, gentlemen, on this as on a previous occasion, consider it of sufficient interest for lively debate. Having, for reasons assigned, excluded hydatids as a probable or possible cause of the symptoms in the case on which this paper is founded, I pass on to the various other degenerations that might fairly be viewed as factors. The most likely I consider as causations would be either tubal dropsy, or, as it has been of late termed, hydrosalpinx, fungoid growth from mucous membrane of uterus, vegetating epithelioma of sides of fundus, or glandular polypus. These I will now advert to in the order named. The assumption of hydrops tubarum would undoubtedly account for the very great watery discharge; other evidences, however, I consider to have been wanting. Robt. Peaslee, Scanzoni and Kiasch describe the tube as occasionally attaining the size of a child's head. Peaslee reports a case, confirmed by autopsy, where a dropsical tube which had been twice punctured as an ovarian tumor, was found to contain eighteen pounds of fluid. Even in cases where the tumor is very much smaller, and diffused in sausage-like form, its presence can hardly escape the notice either of the patient or other friends. In the instance under discussion no local enlargement was suspected; the lady had become stout, but no idea of either uterine or ovarian enlargement was entertained. Had tubal dropsy been the cause, I should have recognized in the frequent vaginal examinations, a soft, fluctuating tumour in the Douglas cul de sac, which most assuredly was not present. There can therefore, I assure you, be no question of the propriety of ruling out of possible causes, tubal dropsy. The second, fungoid growth from mucous membrane of uterus, from one point of view, namely persistent hæmorrhage, might be considered as a probable

factor; but neither in my own practice, nor in the writings of Ramsbotham, Churchill, Montgomery, Ashwell, Meigs, Playfair, Thomas and others, can I find records of an amount of watery discharges constantly draining as was the most noticeable feature in this case. Dr. Ashwell, in the article on Menorrhagia, says—"Protracted and dangerous hæmorrhages, whether arising from uterine congestion, from sub-mucous tumour, polypus, or from disease of the mucous lining, is by no means easy to make out. Klob, in describing vascular growths occurring on mucous membrane of uterus, thus writes—"These puffed elevations are red and shiny, velvety and smooth; on scraping them with a knife, a milky fluid exudes from them, which under the microscope, exhibits nothing but the glandular epithelium of the uterus, sometimes transparent vesicles and colloid bodies of varying size." In a post mortem examination of a woman 36 years of age, who had died from metrorrhagia, he was unable to find anything except such a vegetation of mucous membrane about one inch thick, and one and a-half inches in diameter. Dr. Thomas says—"It is astonishing how profuse and constant a flow will sometimes result from very small and insignificant vegetations. Some years ago, I had an opportunity of examining, post mortem, a patient of Dr. Louis Elsberg, of New York City, of whom this history was given. The patient had suffered for years from menorrhagia, and occasionally from metrorrhagia. On many occasions Dr. Elsberg had resorted to the tampon, and on several occasions had plugged the cervix with considerable force to prevent death from excessive flow. Upon inspection, I found nothing to account for the condition but three fungous projections, which were situated just above the os internum. Unfortunately they were destroyed before they were examined by the microscope. It might be suggested that some other cause might have existed, but none such was discovered on careful investigation. The uterus, ovaries and pelvic tissues appeared to be in a perfectly normal condition." If we assume that the case I now submit to the Society was probably identical with Dr. Elsberg's case, there still remains the difficulty of accounting for the large watery discharge, unless we assume it to have been a separation of the serum of the blood from the crassamentum, a theory scarcely consistent with our knowledge of the retardation of this

process while it is in contact with living surfaces. The experiments of Simon, Thackrah, Henson, Valentin, and other physiologists, all go to prove that blood will retain its fluidity for a very long time in the body; this view can hardly, therefore, be accepted as a reasonable one. The third possible cause will be vegetating epithelioma of sides or fundus of uterus. Ashwell and other writers describe the most frequent seat of this form of uterine disease to be the cervix, but it is admitted by Thomas, Klob, Virchow, and other German pathologists, that these tumours may grow from the mucous membrane of body and fundus of uterus. Virchow believes that some tumors resembling in every outward respect vegetating epithelioma are really non-malignant papillomata. The difference between these and the real epithelioma is to be found only by microscopic examination of the submucous tissue; in the one case it is healthy, in the other diseased. "Whilst," says Klob, "in the benign form simply an arborescent epithelium is covered by a more or less thick layer of basement epithelium, in the canceroid tumor, so-called canceroid alveoli are developed in the substance proper of the tumor, and also in the parent tissue, which is affected by hyperplasia of the connective tissue." Dr. Thomas, in describing this affection, says—"The disease may pass through its period of inception, and make considerable progress towards a fatal issue, without developing any symptoms which attract the attention of the patient—as only slight leucorrhœa and hæmorrhage may exist, which may have been passed over as trivial circumstances, not deserving treatment or investigation. Menorrhagia and metrorrhagia may exist even before ulceration has occurred, resulting from the congestion of the mucous membrane. Pain and tenderness are not nearly so constant and severe as would be supposed, and they may both be entirely absent. Ichorous, watery, and grumous discharges generally mark the advance of the disease, the second exhausting the patient by the draughts made on the serum of the blood. The third creates fœtor, and sometimes results in septicæmia, for the material giving color and odor to the flow is a putrilage formed by the detritus from decaying uterus." This description from Thomas's work on Diseases of Women, the most nearly approximates to the symptoms in the case under consideration. The discharge being at first inodorous would naturally

be mistaken for leucorrhœa, and the hæmorrhages my patient at irregular intervals had been subjected to, viewed, as she informed me, as the approach of the menopause. Dr. Ashwell says of this disease—"The progress is exceedingly variable. In some constitutions its exhausting effects are long being realized, the losses being repaired very quickly; the appetite does not fail, the strength holds out extraordinarily, and it is long before emaciation occurs. It differs widely from corroding ulcer and cancer in the absence of pain and attendant evils, and the discharge has scarcely any fœtor. Thus, while death in one disease (cancer), is often preceded by suffering which creates a desire for its occurrence; in cauliflower excrescence (vegetating epithelioma), its approach is gentle, and life is gradually and almost painlessly extinguished."

In view of the general symptoms of this case, both at last seizure and during the previously irregularly occurring hæmorrhages, mistaken, I am inclined to think, for menorrhagia, the prodroma would seem to tally with the supposition of a vegetating epithelioma. To this, however, two objections may possibly be urged. The first, that there was no sufficiently distinctive history of cancerous diathesis; the patient having only a vague idea that her mother's death had been caused by such a disease. With the view of either confirming or negating this opinion, I addressed a letter shortly after the decease of my patient to the physician who had attended, or was said to have attended her mother in her last illness, requesting as a favor that he would inform me whether there was any ground for the belief of hereditary cause in the nature of his patient's ailment, but not having been honored by a reply, I am unable to lay before you evidence of hereditary tendency. The second objection that might be urged would be the absence of evidence in Dr. Zimmerman's microscopical report, of cancer cells. The natural outcome to this objection would be the question: are cancer cells so distinctive and unmistakable as to render their recognition all important for a correct diagnosis? I do not possess the intimate knowledge of metamorphosis and degeneration of tissues, to offer an opinion on this subject, and must limit, therefore, replies to such as I can gather from authorities within my reach. Muller, in his work on the nature and structural characteristics of cancer, remarks, "Carcinoma is no heterologous structure, and the min-

utest elements of its tissue do not differ in any important respect from the constituents of benignant tumors, and of the primitive tissue of the embryo. The elements of carcinoma are nuclei, cells, caudate corpuscles developed from cells, and fibres formed from caudate corpuscles. No other elements occur in benignant tumors. The gelatine yielding enchondroma and albuminous sarcoma, consist of cells. Sarcoma with caudate corpuscles contains the same elements as the corresponding form of medullary fungus. The gelatine yielding cellulo-fibrous tumor, the gelatine yielding tendino-fibrous, and the albumino-fibrous, are all like carcinoma, composed of fibres. The pigment cells of melanosis are repetitions of healthy pigment cells. The peculiar appearance of the white corpuscles in carcinoma reticulatum, and their reticulated arrangement, occurring as they do in but one form of carcinoma, do not warrant us in founding thereon any theory of the heterology of cancer." You may naturally remark, gentlemen, that these views bring us back to where we were before the microscope and chemistry were applied to the analysis of carcinoma, they certainly tend to impress the importance of a careful study of the general characters of the disease, and not to depend too much on the discovery of so called cancer cells. Possibly M. Muller, subscribes to the truth of the aphorism, "I was dogmatic at twenty, an observer at thirty, an empiric at forty, and now at fifty I no longer have any system." With regard to caudate corpuscles as a pathognomonic character of cancer, Schwann's opinions are decidedly adverse. He states that they are as frequently found in innocent as in malignant growths, that the external skin of the fœtus is entirely formed of caudate corpuscles, that they are also to be found in cellular tissue; that they are by no means peculiar to medullary fungus, often not existing in its substance, as frequently met with in non-carcinomatous, as in medullary growths. He considers them simply like germinal cells, an embryonic formation. A more recent writer, Rindfleisch of the University of Bonn, remarks on epithelial carcinomatous growths, "Were we to take into account every variation in consistency, colour and texture, we should find it difficult to get any two specimens of epithelial cancer, taken from parts of the cutaneous and mucous systems, which could be viewed as growths of an absolutely identical char-

acter, so great is the influence of the parent soil, especially in the case of epithelial cancer." Paget remarks, "The history of the development of cancers makes up some of the dark pages of pathology, and in many respects the origin of such tumors is confessedly mysterious. Their first beginnings are generally hidden, being deeply buried in the tissues, so that when a swelling manifests the possible existence of a tumor it is regarded with doubt in the first instance, and then by astonishment as well as by dismay at the rapidity of its growth." In such doubt, astonishment and dismay, we must recognize and acknowledge our ignorance.

The remaining degeneration to be reviewed as a possible cause of the group of symptoms offered in the case submitted to you is glandular polypus. I have, in the course of my practice, had many cases of polypus where the loss of blood was for a long time attributed to excessive menstruation about the time of change of life, the entire absence of pain preventing the patient from experiencing alarm, and consequently not advising her medical attendant of her condition; but in none of these cases, as far as my memory serves me, was there excessive watery discharge in addition to hemorrhage, presumably from their having been of a fibrous character, instead of the soft and cellular variety, admirably illustrated in the last edition of Thomas, page 532. The source of the hydrorrhœa is there sufficiently obvious, partly from the grape-like masses and partly from the mechanical obstruction to the escape of the menstrual blood, but no such blocking up of the cervix existed in my patient's case, and if a polypus existed it clearly had its seat either at fundus or sides of uterus. Dr. Gooch remarks that when hemorrhages from the uterus arise from a polypus, medicines are useless, and that the only effectual way to cure the hemorrhage is to remove the polypus. To this Dr. Thomas pertinently replies that lives have been sacrificed to just such an assertion, both in this and other diseases. I quote from his work, page 534: "When the young practitioner reads the brilliant record of an os dilated, an instrument carried to the fundus, a tumor removed, and a case of metrorrhagia cured, he feels almost culpable if he have a case under treatment and do not follow a similar course, and as he sees his patient's pale face every day demanding a cure, he is often resolved to run every risk to effect one. But he

who is familiar with this kind of practice knows that it in reality involves many dangers, and that successful cases have a proneness for creeping into literature which does not characterize fatal issues. I would be distinctly understood as not undervaluing the practice of dilating the cervix and removing intracorporeal polypi by instruments carried to the fundus. I merely desire to insist upon the fact that such a course is necessarily dangerous; that it should be undertaken only after a careful consideration, and that its proper performance requires skill and experience.'

With these words of wisdom from one of the most eminent gynæcologists of America, I most emphatically concur. There is too frequently an unjustifiable amount of rashness in uterine surgery, and this note of warning from a man of Dr. Thomas's vast experience should be held as no timid counsel, but the result of judgment matured by long practice. Success in professional life will have no tinge of doubt or pain in the retrospect, if every case is carefully studied and compared with the experience of the most eminent in the profession. Popularity may be acquired by a variety of means, but public favor is not likely to be retained unless the respect of the profession is secured, and this will scarcely be the case if recklessness more than caution is the characteristic of the practitioner, and the allurements of hypothesis indulged in, to the sacrifice of that ingenuous temper of mind which would prompt equally a detail of failures as a chronicle of successes. I must apologize, Mr. President and gentlemen, for the time I have occupied in enlarging upon a case in practice, that perhaps with reason might be considered as warranting nothing beyond succinct detail. There were, however, many features in it incidentally suggestive of variety of opinion, the expression of which by the members of our society cannot fail to be both profitable and interesting.

NOTE.—Since the reading of this paper, my friend, Dr. I. H. Cameron, has forwarded me the following extract from the proceedings of the St. Louis Obstetrical and Gynæcological Society.

Dr. Boisitiniere presented a specimen of the so-called hydatiform mole, and said that a medico-legal question may arise in connection with these cases, which always suppose pregnancy. Playfair remarks that true entozoa may form in the substance of the uterus, which, being expelled per

vaginam, might be taken for the results of cystic disease; and if it happened to the unmarried, or to a widow, might give rise to groundless suspicions as to the patient's chastity. Hewitt has related one case, in which true hydatids, originally produced in the liver, had extended to the peritoneum, and were about to burst through the vagina at the time of death. This occurred in an unmarried woman. One or two other examples of true hydatids forming in the uterus are also recorded. A very interesting case is also related by Hewitt, in which undoubted acéphalocysts were expelled from the uterus of a patient who ultimately recovered. A careful examination of the cyst and its contents would show their true nature, as the echinococci heads, with their characteristic hooklets, would be discoverable by the microscope. McClintock has pointed out that it is probable that unfounded suspicions might arise from the fact of a patient expelling a mass of hydatids long after impregnation. He remarks that a so-called hydatiform mole may be retained in utero for many months or years, or a portion only may be expelled and the residue may throw out a fresh crop of vesicles, to be discharged on a future occasion."—*St. Louis Courier of Medicine*.

ON FUNCTIONAL AFFECTIONS OF THE SPINAL CORD.*

BY H. M. MACKAY, M.D., M. R. C. S., ENG., L. R. C. P.,
EDIN., WOODSTOCK, ONT.

A rule that ought never to be overlooked in the diagnosis of disease, is to examine every system of the human body in detail, in order that the mind may be able, by a process of exclusion, to concentrate the attention more directly on any part or parts that may be found to be in an abnormal condition. In this mental review, there is no system that requires more careful attention and consideration than the cerebro-spinal, for its functions so influence and more or less control every other organ and system in the body that, however perfect in themselves, they may be made to simulate a diseased state by the irregular action of the nerves. The heart, that is organically perfect may, by nervous influence, be suddenly made irregular in its action; lungs that are sound and healthy

*Read before the County of Oxford Medical Association, Jan. 9th, 1879.

may by the same influence, as in asthma, be so embarrassed that the individual has to pant for breath; the circulation may be vigorous and the blood physiologically perfect in all its proportions, when some sudden excitement to the vaso-motor nerves, causes the whole frame to quiver, and the cheeks that were fresh and ruddy, to become ashy pale; the peristaltic action of the intestines have always been normal until some sudden intelligence has shocked the great sympathetic, and either constipation or diarrhoea succeeds. Examples might be multiplied to show that every function of the body is more or less under the influence of the nervous system, and that disturbance of its integrity, whether structural or functional, is almost invariably followed by abnormal symptoms which very frequently manifest themselves in remote organs. It is the intention of this paper to apply more particularly to a class of functional diseases of the spinal cord, which often simulate organic lesions of the same structure—two classes of diseases it is very important should not be mistaken the one for the other; as of the various active remedies that are most frequently employed against the one, some might prove extremely injurious against the other. An error in this respect might prove discredit to the physician and disastrous to the patient.

During the last few years, I have met in my own practice and in that of my partner, Dr. Turquand, many cases that we regarded as corresponding to the class of affections which Dr. Hammond, of New York, in his "Treatise on Nervous Diseases," calls "spinal anemia," and the results of treatment seemed to justify our diagnosis. Having these cases before me, I thought it a very easy task to prepare a paper on spinal affections. I had not proceeded far, however, in preparing material for that purpose, before I found difficulties looming up wherever I turned for information. C. B. Brown-Sequard, in his preface to twelve lectures delivered before the Royal College of Surgeons of England, says: "These lectures contain the results of the work of almost all my life, from the time I began to study medicine, twenty years ago, to the present, 1860;" and referring to diseases of the spinal cord, Erb of Heidelberg writing last year for "Ziemssen's Cyclopædia," says: "The diseases of the spinal cord have thus come to furnish a most attractive and interesting field for scientific

research, and its cultivation is a most satisfactory and successful one." "W. cord, we find, as we apparently ologists have only the assisting in functions of the cord also succeed of the cord to an intelligence the have some functions with regularity. beautifully ill-timed and react upon intricate mechanism that, in existence. but is more sensations of sorption, secondly depending on action. The might be influenced numerous. influence enters diseases, that as chemistry and should v course seldom patients, who I think, sir, Since Sir C celebrated lit Anatomy of the been written do more in them. From consulting, I many of the

research, and one most fruitful of important practical results; we can say that the progress made in its cultivation has been of late years extremely satisfactory. And yet it must be stated with emphasis, that we only stand at the beginning of a successful development of the subject, and that an extremely large amount of work remains to be done." When we examine a portion of the spinal cord, we detect in it nothing suggestive of its functions, as we do in some other organs of the body—apparently a homogeneous, inert mass; but physiologists have discovered and proved that it is not only the medium for transmission, but also centres assisting in originating the important and delicate functions of sensation and motion. They have also succeeded in assigning to each particular part of the cord its special function, and it is necessary to an intelligent apprehension of the diseases affecting the spinal cord, that the physician should have a somewhat clear idea of the complicated functions which it performs with such inimitable regularity. I know of nothing in nature more beautifully illustrative of design than the co-ordination of muscular action, when opposing forces act and react upon each other in the performance of intricate movements, and with such unerring precision that, in health, we are unconscious of their existence. There is not a movement of the body but is more or less due to nervous control. The sensations of pain, temperature, functions of absorption, secretion, excretion, and assimilation are all depending on the integrity of nervous force and action. The diseases connected with the cord, as might be inferred from that circumstance, are very numerous. So almost universally does nervous influence enter as a factor into the cause of most diseases, that medical diagnosis might be reduced, as chemistry is threatened to be, into one element; and should we happen to be in doubt (*which of course seldom happens*) we might conclude like some patients, when asked what is the matter? reply, "I think, sir, it is the nerves."

Since Sir Charles Bell, in 1811, published his celebrated little pamphlet, "An idea of the New Anatomy of the Brain," many excellent works have been written on the subject. It is impossible to do more in a short paper, than refer to a few of them. From those I have had the pleasure of consulting, I have gathered this fact, that very many of the symptoms of diseases—whether re-

ferable to the cord or other organs of the body, and often simulating organic lesions—are, in reality, the result of functional disease of the cord, and caused by reflex action, deficiency of quantity or depravation of quality of the blood for its nourishment and repair; and usually characterized by tenderness in one or more points of the spine. It is not difficult to understand that undue exhaustion of the cord without an equivalent of repair, would be followed by the impaired performance of the functions of sensation and motion, and manifested by pain or spasm—pain being the usual signal of alarm by which mischief in other parts of the body is made known. We find the analogy of the effect of deficiency of blood in the cord, in the cerebral symptoms which follow ligation of the cerebral arteries. Authors are agreed that many of the protean manifestations of hysteria are due to spinal irritation, but there does not seem to be much unanimity amongst them in reference to a name for this peculiar condition of the cord, as will be shown by the following quotations. Dr. Turk, of Vienna, in an article in the *British & Foreign Medical Review*, speaks of "spinal irritation" as a purely functional derangement of the nervous system; calls it "neuræmia," and gives the cause as reflex action from diseased viscera, some depravation influencing the ganglia of the posterior roots, or some morbid condition of blood circulating through the central axis. Sir James Paget, in an article in *Brailhwaite*, discourses at some length on what he designates "nervous mimicry" of diseases of the spine; a class of cases often very puzzling to the physician. R. B. Todd, in the *London Lancet*, writes on "local hysteria," which he regards as "reflected nervous phenomena," and speaks of the very common symptom of pain immediately under the left breast, which in his opinion may almost invariably be attributed to a debilitating cause, as leucorrhœa, &c. Dr. Kennedy, in the *London Journal of Medicine*, has an article on functional affections of the spine liable to be mistaken for organic diseases. Gamgee, of Manchester, in writing on a disease which he calls "nervous debility," says: "Under the general and somewhat indefinite term, nervous debility, I may include cases in which either as a result of long continued bodily and mental exertion, or of undue excitement of certain cranial or spinal centres, or of a disturbed nutritive balance of the organism

generally; the individual becomes the seat of symptoms which indicate that the nerve centres are in an enfeebled condition, and especially, that upon very slight exertion they manifest the symptoms of fatigue. Such persons usually complain of deep-seated pain in the dorsal and lumbar regions of the spine, neuralgic pains of the limbs, especially of the legs, and sometimes twitching of the legs." Whenever in the spinal cord we have an interference with the balance of power, between exhaustion on the one hand and repair on the other, we may expect abnormal manifestations, as of pain and spasms. Brown-Sequard, in his work on "Reflex Paralysis," maintains that most frequently the spinal irritation, giving rise to reflex paralysis, starts as an outside excitation from some sensitive nerve, and quotes as illustrations, "paralysis of one arm, one hand, a few muscles of the face, the eye, the neck, the bladder, the rectum," &c., and observed as a consequence of an excitation of a sensitive nerve of animal or organic life, and resulting from such causes as teething, worms, some kinds of irritation of the womb, &c. Erb, in his work on diseases of the spinal cord (the ablest and most exhaustive treatise that I know of), devotes a chapter each to "spinal nervous weakness," "spinal irritation," and "spinal anæmia." Owing to the length that my paper has already reached, I will only allude to them cursorily. "Spinal nervous weakness," is characterized by subjective complaints, as pain in the back, quick exhaustion, shooting and tearing pains in the regions of certain nerves, cold hands and feet, &c. The name "spinal irritation" he applies to cases occurring chiefly in the female sex, and characterized by great irritability of the sensory functions with motor weakness and debility, pain in the back, and great sensitiveness of many spinous processes to pressure, and which are diagnosed by the great inconstancy of the symptoms, and a great variety in the localization and the apparent nature of the case, but which possess certain essential symptoms in common. "Spinal anæmia," as the name implies, is a diminution of the amount of blood in the cord from whatever cause. Hammond, of New York, disposes of the class of diseases referred to in a chapter on "spinal anæmia," and bases his observations upon a careful study of one hundred and twenty-seven cases occurring in his own practice. He regards them as being divided into two cognate

affections, and differing in symptoms according as the morbid action affects the posterior columns of the cord, or affects the antero-lateral columns; the former corresponding to what is usually called spinal irritation, but which he maintains should be designated "anæmia of the posterior columns of the cord."

From the authors referred to, and an almost endless list of names quoted by each of them in turn, together with my own limited experience, I am convinced that the symptoms of many of the obscure cases that we meet in practice are traceable to some irritation in the spinal cord, causing functional disturbance, and that it is of the greatest importance that they should be diagnosed from those structural lesions of the cord, of which myelitis may be taken as the type. An error in this respect would almost certainly lead to serious consequences. In mistaking and treating congestion of the cord for spinal anæmia, delay and exaggerated symptoms, but not necessarily permanent injury would result; reversing the order, and treating anæmia for congestion of the cord, there would be a great risk incurred of producing irremediable mischief, as this treatment would tend to increase rather than diminish the quantity of blood in the cord. Continued turgescence is almost certain to produce interstitial changes, and a consequent loss of function. The diseases most likely to be confounded with spinal irritation are angular curvature, congestion, meningitis and myelitis—diseases the treatment of which is very different. Generally speaking, patients affected with spinal anæmia are better in the morning than in the evening, the recumbent position favoring an increased supply of blood to the cord. Those therapeutic agents, as bromide of potassium, ergot of rye, belladonna, &c., that lessen the quantity of blood in the cord invariably intensify the morbid symptoms of spinal anæmia; while they are effectually lessened in severity by remedies which produce hyperæmia of the cord. Patients who are subjects of spinal irritation are, as a rule, below par, in delicate health, and usually very sensitive, and the pain in the back is generally very superficial, is in fact a reflex excitation, conveyed through a cutaneous twig given off from each compound spinal nerve, and terminating immediately over the spinal processes.

In reference to the treatment of these functional

affections
markable
that I hav
sustaining
irritation.
to the cas
condition
in operatio
that is tax
mental ene
acquired o
tion is the
eased visce
that the spi
outside exc
must be pu
the spinal
the cessatio
results from
of deficienc
passive com
lost their re
of a dyspep
irritation.
the blood in
sels, for whi
counter irri
liniments an
my paper by
in some me
deavored to
ing already
wishing to t
following, co
Case.—W
about midnig
months adv
from paroxy
—intermittin
also complain
and forearm
to cry out.
suffering a g
head. The
this night ha
the case to b
but being a p
ation. The
gested that th
difficulty in th

affections of the cord, there appears to exist a remarkable degree of unanimity amongst the authors that I have quoted, which is, in general terms, sustaining measures, stimulants, tonics, counter-irritation, and electricity. Due regard must be had to the casual indications, the habits and general condition of the patient, whether or not there is in operation any influence, subjective or objective, that is taxing too heavily either his physical or mental energy; whether the nervous susceptibility is acquired or constitutional. When the spinal irritation is the result of reflex excitation from some diseased viscera, as arteries, kidneys, &c., it is noticed that the spinal mischief appears subsequently to the outside excitation. The treatment in these cases must be pursued in the same order, and usually the spinal irritation subsides very speedily, after the cessation of the cause. When the irritation results from undue exhaustion, very often instead of deficiency of blood in the cord, there exists a passive congestion, the vessels of the cord having lost their resiliency, and, like food in the stomach of a dyspeptic, the blood is there as a source of irritation. In that case, we must endeavor to set the blood in motion, and restore tone to the vessels, for which purpose nothing answers better than counter irritation, as by hot water, or stimulating liniments and electricity. I had intended to close my paper by reporting a few cases which illustrate, in some measure, the subject that I have now endeavored to bring before this Association, but having already taken up a good deal of time, and not wishing to trespass unduly, I will finish with the following, copied from my case book.

Case.—Was sent for one night in March last about midnight, to see Mrs. B., a primipara, seven months advanced in gestation, who was suffering from paroxysms of pain simulating those of labor—intermitting and recurring at short intervals. She also complained of pain and numbness in the arms and forearms, so severe that at times she was forced to cry out. The patient was anæmic and had been suffering a good deal from neuralgic pains of the head. The symptoms of which she complained this night had appeared suddenly. I suspected the case to be one of threatened premature labor, but being a primipara, I avoided a digital examination. The condition of the arms, however, suggested that the symptoms might be due to some difficulty in the cord. On enquiring as to whether

or not there was tenderness in the spine, she replied in the negative; but, upon examination, I found great tenderness in the upper dorsal region, which when pressed upon, excited the spasms and pain. I directed a mustard poultice to be applied to the upper part of the spine, and gave the patient a quarter of a grain of muriate of morphia, the result was almost immediate relief. Next morning I found the patient very much better, and she continued so to her confinement, which occurred at the full term of gestation, when she was delivered of a fine healthy daughter.

TREATMENT OF PLEURITIC EFFUSIONS,*

BY A. MCKAY, M.D., L.R.C.S., AND L.R.C.P., 1101 N.,
INGERSOLL, ONT.

The treatment of pleuritic effusions by means of operative procedure, has engaged the attention of the profession to a considerable extent of late, and it is now generally conceded, that when the fluid in the pleural cavity assumes a purulent character, that when the chances of rapid absorption is done away with, and the collection of fluid, by its local as well as constitutional effects, causes impairment of the vital functions, it is then the duty of the physician to resort to operative measures for relief. I will not take up your time in discussing the advisability of interference in cases of recent effusion, where the evidence is altogether in favor of its being serous in character, for such cases will always have to be decided by the circumstances of the case, and the urgency of the symptoms. For on the one hand we see cases where absorption takes place rapidly, and again we see almost instant relief from the withdrawal of fluid by mechanical means. It is in reference to the treatment of empyema that I wish principally to engage your attention.

Dr. Aitken, in his "Science and Practice of Medicine," published prior to 1869, remarks that if the fluid, after the first tapping, becomes purulent, an almost certain fatality attends such a change. Dr. Flint, in his "Principles and Practice of Medicine," states that if the pleural cavity be filled with pus, it will not be absorbed, but if

*Read before the County of Oxford Medical Association, Jan. 9th, 1879.

life be sufficiently prolonged, and thoracentesis be not resorted to, it will, sooner or later, make its way either into the air passages or through the thoracic walls. We also find by referring to European journals, that it is not uncommon to have unfavorable results in those cases. In fact one English publication asks whether we may not be compelled to go back to old ideas again (in view of the number of deaths), and consider thoracentesis a very dangerous operation, and only to be performed as a last resource. We find different methods advocated by the profession. In Guy's Hospital Reports for 1877, Dr. Goodhart strongly recommends a free opening at the ninth intercostal space, and the insertion of a drainage tube, in the majority of cases. Also repeated tappings by means of an aspirator, and the attempt to exclude air from the cavity. Others recommend two openings, one high up and the other at the lower margin of the cavity.

The drainage tube, and local antiseptic treatment seem to be gaining ground, and I think we are indebted to a Canadian, Dr. Richardson, of Toronto, for its first introduction into practice in Canada. His case treated in 1869 is, at all events, the first recorded here, and I am glad to say that it proved successful. According to a number of writers on the subject, the great danger to be apprehended, is the admission of air into the cavity; but if you will consider for a moment the form of the chest, with a non-yielding external wall, and also the probability of adhesions, surrounding the contracted lung, more especially in cases of long standing, it would not only be unscientific, but positively injurious, to attempt the withdrawal of fluid, and at the same time prevent the entrance of air into the cavity. It is well known that after air is admitted, that it changes the nature of the pus, and it sometimes very rapidly becomes offensive. This change would be a serious objection, providing it would increase the liability to absorption, but we have every proof to the contrary. The exclusion of air is also recommended on the supposition that it will interfere with the expansion of the lung; but we know that atmospheric pressure is the same, whether internal or external to the walls of the chest, and it could not possibly offer any resistance to the expanding lung, unless the opening could be hermetically sealed, which, under the circumstances, would be a very difficult undertaking.

Again, if we attempt the exclusion of air for the purpose of facilitating the lung expansion, its place must either be supplied by fluid, or the expanding lung itself; but the attempt to rapidly expand the lung by means of a vacuum, might endanger the patient's life by forcible laceration of the adhesions or pleura. In cases of this kind the aspirator should never be used, under any circumstances, for the following reasons:—1st, It will not remove all the fluid in cases of long standing; 2nd, it will not prevent re-secretion of fluid; 3rd, its employment is attended with danger in recent cases, from the point of the needle coming in contact with the expanding lung; 4th, where the fluid is purulent the operation must be repeated, causing more inconvenience to the patient, besides the danger of piercing the lung, and in that way complicating the disease; 5th, the main object to be attained by its use, viz., the exclusion of air from the cavity, is not now considered necessary, for it is admitted on all hands, that the admixture of air with serous fluid, will not lead to its becoming purulent.

Case.—Mrs. H., aged 24; good family history; never had any illness until five months ago, when she suffered from pains in the right side, following confinement, with cough and shortness of breath on exertion. On February 9th, 1877, found patient suffering from constant hacking cough, frothy expectoration, with pain in the right side. Has had chills and night sweats; pulse, 120; temperature in axilla, 102°.5 F. Pain increased by coughing, and patient can only rest on right side. On examination I found the whole of the right side of the chest dull on percussion, and below the third rib the dullness was absolute. Above the third rib, there was tubular breathing with increased vocal resonance. The left side, in front, was resonant, breath sounds tubular and respiration exaggerated. At the back, on the right side, there was absolute dullness, with the exception of a small space above the spine of the scapula, where the breathing was tubular. Below this point, there was no transmission of voice or breath sounds. On the left side, behind, there was increased respiratory sounds, with resonance on percussion. The right side measured three-quarters of an inch more than the left, and there was flattening of the intercostal spaces.

On the 13th, after getting the patient well under the influence of brandy, I inserted a large sized

trocar and canula between the sixth and seventh ribs, midway between the centre of the sternum and spine, and withdrew about 160 ozs. of pus. A drainage tube was passed in through the canula, and the cavity washed out with tepid water. Thirteen inches of tubing was left in.

14th, Had a good night's rest, cough almost gone, temperature 100°. Removed 16 oz. of pus, and washed the cavity with a solution of carbolic acid, 1 in 40. Attached a rubber bulb to the tubing, which assisted greatly in withdrawing the fluid. I may state that, owing to the entrance of air, the pus, on the second day, became very offensive; but the rigors had ceased entirely after the first washing.

The case progressed favorably, and the discharge became less offensive and smaller in quantity until, at the end of sixteen weeks, it scarcely exceeded a drachm, and thinking it might possibly be kept up by the irritation of the tube I removed it, and allowed the opening to heal. The lung, at this time, had almost resumed its natural position, and was quite resonant to within a few inches of its base.

I heard nothing more of the case until the 16th of July following, or six weeks after removing the tube, when I found the old symptoms returning, and the cavity again partly filled with fluid. This time I inserted the drainage tube between the seventh and eighth ribs, and removed 50 oz. of very offensive pus. I followed the same line of treatment as before, but was very careful to leave in the drainage tube until the secretion had entirely disappeared. The patient is now quite healthy, with good use of both lungs.

Dr. Burt, of Paris, made a few remarks on diagnosis, showing the difficulty there is in some cases, in distinguishing it from solidified lung. When he was in doubt, he used a fine trocar and canula. He thought instead of danger resulting from wounding the pleura or lung with the trocar, good was done by promoting absorption.

Dr. Bucke thought there should not be much trouble in diagnosis.

Dr. Millman mentioned a case where empyema had been mistaken for phthisis, in a child seven years of age. The pus found its way into the bronchi, and escaped. Air entered the pleural cavity through the opening. The child eventually recovered.

To the question whether the disease recurred on

the same side, Dr. Hill gave particulars of a case in support of this view.

The President, Dr. Turquand, mentioned two cases where he and his partner, Dr. H. M. McKay, had drawn off the pus, used carbolic injections, but no drainage tube. Both cases recovered.

Correspondence.

UNPROFESSIONAL CONDUCT.

To the Editor of the CANADA LANCET.

SIR,—I was pleased to notice in the last number of your valuable journal that the Medical Association of the County of Oxford had adopted the code of ethics of the Canada Medical Association. I am desirous of knowing the contents of the above code, and I am of the opinion that a copy of the same might with propriety be furnished each school of medicine for the purpose of informing students on a subject now too much neglected. There is a regularly qualified medical practitioner in this village who attends cases of midwifery, five miles distant from his office, for a fee of two dollars and fifty cents—this, I presume, including the fee for the usual visit after confinement. Now, sir, such a state of affairs is, to say the least, discouraging to the prospects of those contemplating an entrance into the profession. I think such unprofessional conduct should receive the contempt it so richly deserves.

Yours, etc.,

A STUDENT.

Odessa, Feb. 15, 1879.

Selected Articles.

TREATMENT OF PROLAPSUS RECTI.

Dr. Basevi, in the *Wiener Medizinische Presse*, Sept. 15, 1878, (*Le Progrès Medical*), describes a plan of treatment of *prolapsus recti* in infants which has given excellent results.

When the intestine has protruded for the first time he cauterizes the mucous membrane lightly with nitrate of silver and returns the gut and employs an enema of alum and tannin in ice-water. If it is a chronic case, the prolapsed intestine is returned, and while the child is held in a position to prevent its again coming down, a bandage an inch in width is passed around the body from above downwards as far as the anus, drawn tight enough to closely approximate the buttocks, which prevents the recurrence of the accident. To prevent this horizontal roller from slipping, a double spica is

applied around each thigh and crossing on the back. At night a sheet of gutta-percha, softened and moulded to fit comfortably, is placed under the lower portion of the dressing to prevent it from being soiled by the discharges. The bandage is allowed to remain ten or fifteen days, since it holds the gut in position and does not interfere with defecation. If diarrhoea occurs an injection of alum or tannin is given twice daily, and in case of constipation appropriate enemata. Mr. Bryant, of Guys, operated in nearly the same manner upon a girl, *æt.* 4. June 25, under chloroform the mucous membrane was cauterized with *argent. nitras.*, the bowel returned and a tampon applied. Intense pain and rectal incontinence followed. The prolapse did not recur. In another case of a woman aged 20, he was not so successful. Patient herself was healthy, although several members of her family had died of phthisis. Twelve years ago, while at stool, prolapse occurred, which was reduced *several days* after by a surgeon. Two months ago the accident again occurred. June 19, 1877, under chloroform, thorough cauterization with thermo-cautery and reduction. Suffered from want of sleep from intense pain. June 27, slight prolapse which returned spontaneously. During July patient's condition was not good and prolapse occurred at each stool. July 24, operation repeated and morphine suppository inserted. Night following and next day, severe pain in rectum and abdomen. July 26, during attacks of vomiting prolapse occurred twice accompanied by slight hemorrhage. Tampon again applied. July 27, catheterization. On August 28th, third cauterization. October 9, fourth cauterization followed by intense pain for several days and profuse discharge. Nov. 8, fissure of the anus. Nov. 27, the patient was able to walk about the wards with little inconvenience. There was a slight prolapse which followed each act of defecation, but disappeared soon after. Patient quite comfortable.

CHRONIC CYSTITIS IN FEMALES.

The following is an extract from a clinic by Dr. Goodell, reported in the *Boston Medical Journal* :—

The most troublesome and obstinate of all affections of the female bladder is chronic cystitis, which usually arises from the lesions produced by labor. It comes, however, from other causes as well. The worst case I ever saw came from a simple over-distension of the bladder. Some twenty years ago the lady travelled a whole day in a stage-coach, and from motives of delicacy did not empty her bladder. When at her journey's end she could not pass her water, and had to call in a physician to draw it off. On that day sufferings began which have not up to this day ended. Our second patient is a terrible

sufferer from this disease. She had been in my hands, off and on, for many months, and I know her history by heart. It is as follows : Her first labor took place some three years ago. It proved a tedious one, and was ended by the forceps. The prolonged pressure of the child's head upon the neck of the bladder so bruised it as to cause a very distressing cystitis, which baffled all treatment. In time she grew somewhat better, but a second pregnancy lighted up all the old symptoms, and she came to me when three months gone. In vain I tried all the stock remedies by the mouth, vagina, and rectum. Finally, as she could not come into the hospital for a local treatment, I forcibly dilated her urethra ; and so much good was gained by this treatment that she was enabled to follow her duties with comparative comfort, and I lost sight of her for many months. But after her second labor she became much worse than before. She tells me that she now is called upon to pass her water from thirty to forty times during the day, and from five to ten times at night. Thoroughly worn out by these endless tormina, she has come to-day to have the operation of forcible stretching repeated. This treatment of cystitis by rapid dilatation of the urethra is somewhat empirical, although not entirely irrational. It presupposes the presence of a fissure in the neck of the bladder, which may or may not exist ; and in so far as that is concerned its employment is empirical, because we rarely can tell beforehand whether such a lesion is present. But, on the other hand, it over-distends and temporarily paralyzes the urethral and vesical sphincters, thus permitting the escape of the urine with as little pain and spasm as possible. In the majority of cases the dilatation is followed by great relief ; often by a lasting cure. In the latter case we would attribute our success to the previous existence of a fissure, healed, as are analogous anal fissures, by the surgical manœuvre of overstretching. Since the fact is generally admitted that fissure of the sphincter ani often succeeds labor, it is by no means improbable to suppose that in like manner fissures may be formed in the urethral mucous membrane. But you must take this on trust, for I have never yet been able to feel what I could swear to as a fissure in the neck of the bladder. First, of course, etherize your patient as ours has been, for the pain it causes is otherwise unbearable. Next, pass in a uterine dilator, and gently stretch open the urethra, as I am doing. It distends readily, so as to allow me to coax in very slowly my little finger, which has been well greased with carbolated oil. I can feel the sharp edge of the vesical sphincter give way before it, and now it is wholly in. Withdrawing this, I slowly work in my index finger, which will sufficiently distend the urethra, and which goes in still more easily. Now I am able to feel the inner surface of the bladder, which is not thickened and rough, as one would suppose from the severity of

the
tak
sto
sou
mo
the
by
plac
alw.
cott
cept
Wh
preg
ingl
from
more
seem
deep
a sti
the
opera
objec
of pe
cases
of it
bladd
good ;
off he
Skene
in bey
its bu
mucos
them
cathet
try a
though
tions
streng
grains
in the
withd
dermic
of salic
are a t
one of
two-dr
this da
urine f
ounce
morphi
the ord
drawing
ment g
the mu
it, and
tip of tl
but pre
Someth
then wa
by mak

the symptoms, but smooth and velvety. I always take this opportunity to explore the bladder for stone or other foreign bodies; for the finger is a sound with brains in it, and therefore worth much more than the ordinary metallic sound. Usually the upper margin of the meatus is slightly lacerated by this operation, and sometimes free bleeding takes place. This, however, I have, with one exception, always been able to stay by a piece of absorbent cotton moistened with Monsel's solution. The exception occurred in the person of this very woman. When I previously dilated her urethra she was pregnant. The vessels of the vulva were accordingly enlarged and engorged, so that the bleeding from the slight rent of the meatus was altogether more than I had bargained for. As no astringent seemed to be of any service, I passed in a needle deep down to the bone, and closed up the wound by a stitch. Those of you on the front seats can see the notch in the meatus still left by the former operation. Candor compels me to mention one objection to this operation, and that is the possibility of permanent incontinence following it. In my own cases this has never happened, but I saw one example of it in which the thumb had been forced into the bladder. But supposing this dilatation does no good; what then? Put the woman to bed; drain off her urine by such a self-retaining catheter as the Skene-Goodman. It is so short that it barely goes in beyond the neck of the bladder, and the holes in its bulb are so small that the thickened and softened mucous membrane is not likely to be sucked into them and be torn off, as it will in the ordinary catheter with larger openings. If this should fail, try a milk diet and rest. Inject into the bladder, though never more than an ounce at a time, solutions of nitrate of silver, slowly increasing the strength by two grains every other day, till thirty grains to the ounce are reached. Keep the solution in the bladder not longer than five seconds, then withdraw it; and if the pain be great, use a hypodermic of morphia. Weak solutions of carbolic acid and of salicylic acids are highly spoken of; so especially are a two-grain solution of quinia and a five-grain one of chlorate of potash. Braxton Hicks sends a two-drop solution of hydrochloric acid. He injects this daily, an ounce at a time, repeating it till the urine flows off clear. He then follows it with one ounce of water in which from one to two grains of morphia are dissolved. One hint about the use of the ordinary flexible catheter in these cases: when drawing off the urine do not let the tip of the instrument go much beyond the neck of the bladder, else the mucous membrane will flap down violently upon it, and be bruised. When fluids are injected, the tip of the catheter need not enter the bladder at all, but preferably should stop just short of the neck. Sometimes every kind of treatment will fail, and then we may be obliged to put the bladder at rest by making an artificial vesico-vaginal fistula. There

is one more disturbance of the bladder peculiar to females, and that is incontinence of urine, that may be found to follow even such slight successions as are imparted by laughing, coughing, or by running. This generally happens in women who have borne many children, but I have seen it as well in unmarried women of weak fiber. Apart from ferruginous preparations, the best remedy that I know for this infirmity is a combination of tincture of belladonna, fluid extract of ergot, and the tincture of nux vomica. If this fails, I should recommend the application of carbolic acid, or of even nitric acid, to the urethra, with proper hygienic treatment.

STRICTURE OF THE URETHRA; RETENTION RELIEVED BY RECTAL PUNCTURE; SUBSEQUENT EXTERNAL URETHROTOMY; PROFUSE HÆMORRHAGE; PYLEMIA; DEATH.

(UNDER THE CARE OF MR. HEATH, UNIVERSITY COLLEGE HOSPITAL.)

W. D.—, aged fifty-four, a chair-maker, was admitted at 8.30 a.m. on June 21st, 1878, with retention of urine, the bladder being distended to the umbilicus. He was catheterised by the house-surgeon for ten minutes without success; then put into a hot bath for an hour, in which he passed sufficient urine to relieve his most urgent symptoms. After this another attempt was made to pass a catheter, but without success. In the afternoon Mr. Heath attempted to pass a catheter, while the patient was under ether, Nos. 4, 3, 2, and 1, English silver, and Nos. 3 and 2 French, being used in vain. The catheter passed into a false passage to the right of the urethra. There was free hæmorrhage from the urethra, the blood coming out in jets. Mr. Heath punctured the bladder through the rectum, and drew off a pint and a half of dark urine. The tube was tied in, and the patient put to bed.

He passed a quiet night, though he obtained no sleep. Next morning he was in no pain; the tongue pale and moist; the pupils moderately contracted; the bowels acted twice in the night, with each stool was some coagulated blood; the abdomen was natural, there was no dulness above the pubes, and no supra-pubic pain; the urine ran freely through the tube, and was mixed with blood.

On the 24th at his visit Mr. Heath attempted to pass a catheter, but failed, the false passage being entered, and profuse bleeding following again.

On the 26th, in the morning, the tube slipped out of the bladder. There was a small superficial sore over the sacrum. At 2 p.m. the patient was placed under ether, and Mr. Heath performed

Wheelhouse's operation of external urethrotomy. The patient being placed in the lithotomy position, Wheelhouse's staff was passed down to the stricture. A knife was then entered in the mid-line of the perineum, and the bulbous portion of the urethra in front of the stricture was opened, and the edges held apart by artery forceps. There was moderate bleeding, which was soon arrested by sponging with iced water. The director was then passed through the stricture into the bladder; along the groove of this a gorget was passed; from the perineal wound a large silver catheter was passed along the gorget into the bladder, and half a pint of offensive urine was drawn off. A No. 10 silver catheter was then passed from the meatus, and after a little difficulty was introduced into the bladder, and tied in. In the evening patient shivered, after which he turned hot and perspired. Temperature 102.2° .

He passed a quiet night, and next morning there was neither abdominal distension nor supra-pubic pain. The urine had run away freely by the catheter through an india-rubber tube connected with a pan under the bed. Temperature: 10 a.m., 102.6° ; 7 p.m., 99° .

On the 28th the patient looked very ill; the features were pinched, and the mucous membranes cyanotic. At 10.30 a.m. he shivered, and at 11.30 a.m. temperature was 104° ; pulse 125. 7 p.m.: temperature 99.4° . 10 p.m.: temperature 102.4° . Patient was sick through the night. There was no distension of the abdomen, no pain on pressure over either iliac fossa or around perineal wound. The breath-sounds over the chest were harsh, and accompanied by bronchitic râles.

On the 29th, at 9 a.m., profuse bleeding occurred, apparently from the puncture in the bladder per rectum. Lint plugs and perchloride of iron were applied without success. The amount of blood lost was estimated by the house-surgeon at three pints. At 10.30 a.m. Mr. Heath saw the patient and made a compress plug of lint, which stopped the bleeding. At 11 a.m. he breathed rapidly and looked very blanched. Pulse rapid and very weak. He never rallied after this, but gradually sank and died at 7.30 p.m.

Necropsy, thirty-five hours after death.—Rigor mortis well marked; body well nourished; wound in perineum dirty and offensive. On opening the thorax, a trace of serum was found in each pleural cavity, also in pericardium. Heart-substance flabby; lining membrane deeply stained with blood-colouring matter; large firm post-mortem clot filling the right heart. Valves healthy. Inner surface of aorta deeply stained with red colouring matter, and flecked with atheromatous patches. The lungs were slightly emphysematous anteriorly; posterior parts of the upper lobes congested. The posterior part of inferior lobe and base on both sides deeply congested, and mottled with livid

spots, with every gradation of inflammation to well-defined abscesses, ranging from the size of a cherry to a pin's head. There was a large number of abscesses, all situate in the posterior surface of the lower lobes on both sides. The liver was rather larger than normal; weight sixty-four ounces; showed nothing special except change of colour from sulphuretted hydrogen. The spleen of normal size, firm, mottled on left border by three patches of congestion, corresponding to patches of firmer consistency; no infarcts; no trace of abscess. The kidneys were normal in size. On section in both a zone of distinct active congestion was seen around the bases of the pyramids, and an occasional fleck here and there in the cortex. The pelvis was full of pale, turbid urine. The ureters perfectly healthy. The bladder was extremely hypertrophied, but comparatively healthy inside. On its outer surface, in recto-vesical pouch, there was some lymph, but no other trace of inflammation. The urethra was pervious; but a quantity of pus infiltrated the spongy portion, half way down into the glans. The wound, very sloughy and foul, led up into a ragged cavity about and behind the prostate. How far this was the result of instrumentation was uncertain, the tissues being sloughy in the extreme. The rectum was deeply stained and abraded by the plugs dipped in perchloride. No point could be discovered as the source of the hæmorrhage. The blood might have come from a pedunculated body like a bleeding pile, which had a clot on its apex. This body was about eight inches from the anus. The rest of the rectum was congested as high as the sigmoid flexure. The trocar wound into bladder was sloughy, and about large enough to admit the tip of little finger. The prostatic veins contained no broken-down clots.—*The Lancet.*

REMOVAL OF AN INTERSTITIAL FIBROID TUMOUR OF THE UTERUS; RECOVERY.

(UNDER THE CARE OF DR. LLOYD ROBERTS, MANCHESTER HOSPITAL.)

The patient was a woman aged thirty-four, the mother of one child (now five years of age). She had always enjoyed fair average health until a year and a half before, at which time she commenced to suffer from menorrhagia; six months later she married a second time (having been a widow for three years), and a month afterwards was seized with severe uterine hæmorrhage a few days after menstruation; the hæmorrhage recurred at intervals, but for the three months prior to the operation it had been almost continuous. The tumour had not been perceived longer than ten months, and had at the time of operation attained the size of a

large fetal head; a portion of it as large as an orange protruded into the vagina through a widely dilated os. The uterus was anteverted, and its cavity elongated to the extent of six or seven inches.

The operation was performed on September 2nd, 1878, under the influence of ether, and proved to be an undertaking of great difficulty. The tumour was without pedicle, and grew from the fundus as well as from the entire anterior wall of the uterus. It was seized with two vulsellum forceps, and strong traction was made in conjunction with firm supra-pubic pressure. Dr. Roberts then divided as much of its capsule as was within reach, and finding that prolonged traction was not practicable with the vulsellum forceps, he cut off with uterine scissors as much of the tumour as was in the vagina. When three large pieces of the tumour had been in this manner removed, the cephalotribe was substituted for the forceps, and, by its firm grasp on the tumour, enabled traction to be considerably increased. A fourth piece, much larger than any of the others, was now cut away. The advisability of leaving what remained behind to nature was then discussed, but another trial with the cephalotribe was agreed to, and after continued traction had been persevered in for some time, complete inversion of the uterus was induced. What remained of the tumour was attached to the fundus, and proved to be a little larger than an orange in size; this was separated from its attachments to the walls of the uterus by the hand, and thus the operation of enucleation was satisfactorily accomplished.

The fundus and body of uterus were reduced by manual pressure with very little trouble, owing, no doubt, to the dilated and flabby condition of the organ.

Scarcely any hæmorrhage took place, but the patient suffered from profound shock for two hours; the hypodermic injection of ether, together with brandy and turpentine enemata, were found useful in aiding reaction.

Convalescence was rapid and complete, the highest temperature, 101.4° , being on the evening of the fifth day. The patient left the hospital on the nineteenth day, and a fortnight later her uterus measured only a quarter of an inch above normal, and no return of the hæmorrhage had taken place.

The tumour weighed 3 lb. 5 oz., and was composed of fibrous tissue without the presence of any kind of degeneration.—*The Lancet*.

TREATMENT OF ANKYLOSIS OF THE KNEE.—Dr. Gamgee reports a case of ankylosis of the knee in a delicate youth, aged fifteen, whose left knee had been immovable for months. The leg was at a right angle with the thigh and the head of the tibia slightly displaced backward. The joint could not be moved in any direction. Two days

afterwards, while the patient was under ether, he attempted forcible extension, with the only effect at first of making very tight all the tendinous structures about the joint. With a tenotome, he successively divided all the hamstrings, including the ilio-femoral ligament, and with the help of assistants, at once straightened the limb. To judge from the force employed and from the successive loud cracks, the adhesions must have been in great part bony. The joint was wrapped in cotton-wool and a plaster of Paris case applied. He did not interfere until the tenth day, when he found the wounds all healed and the straightened knee cool and painless. He first saw this plan of operation carried out by Prof. Palasciano, in Naples in 1852, and he has repeatedly adopted it with success. As a general proposition, it may safely be laid down that forcible extension of ankylosed joints, immediately after subcutaneous division of contracted muscles and tendons, is a method of treatment deserving of wider application than it has yet received.—*Hos. Gaz.*

SALICYLIC ACID IN SCARLET FEVER AND DIPHThERIA.—A correspondent in the *Brit. Med. Journal* says: it may be interesting to some of our readers to know that in salicylic acid we have one of the most reliable remedies in the treatment of scarlet fever and diphtheria. For the last three years I have used, with unvarying success, the salicylic acid suspended in mucilage in both mild and severe forms of scarlet fever, and have seen the throat-symptoms and fever rapidly abate, and the patients make rapid recoveries. On being called to a case, I have given doses varying from five to ten grains every two hours, until the throat-symptoms and fever abated, and find that little patients, for whom we can do so little, when obliged to use the mop or brush to the throat, experience no inconvenience in taking this medicine, which, being simply in a state of suspension, has a chance of, at least a portion of it, remaining on the throat, and so acting as a topical remedy, whilst the remainder acts as an invaluable antipyretic.

The success in cases of scarlet fever has led me to try the same remedy for diphtheria; and I am happy to say, that, in the most virulent cases of diphtheria, I have seen the pellicle broken up and the diphtheritic patch removed in a marvelous manner. Indeed, since the use of salicylic acid in diphtheria, I have not seen one fatal case, although several were of a dangerous type. It is but fair to say that, in diphtheria, my mode of action is giving the salicylic every four hours, and tinctura ferri perchlorid (P. D.) alternately with it. Some may probably say, "How do you prove that it is salicylic acid which removes the patch, when you use iron also?" My answer is, that at first, I trusted solely to salicylic acid, and found, in mild cases, that it answered every purpose; but, that in more severe

cases, accompanied with much debility, there seemed to be a tendency to return of the disease on discontinuing the remedy. I was thus led to use the iron, alternately with the acid, as a blood-restorer. To prove that iron was not the sole active agent in the cure, I can but point to the many failures of iron as a local application in the past treatment of diphtheria; whereas, with the salicylic treatment, I have not known one single case of the pellicle spreading under its use.

I append the form I use:

R. Acidi salicylici . . . ʒ i vel. ʒ ij.
 Syrupi simplicis . . . ʒ iv.
 Mucilaginis tragac . . . ʒ i.
 Tinctura aurantii . . . ʒ iv.
 Aquæ. q. s. ad . . . ʒ v.
 Fiat Mistura
 Capiat ʒ iv, 2 dis horis.

ACHING KIDNEY. - J. Matthews Duncan, M. D., LL. D. (*Medical Times and Gazette*), says, this disease is sometimes, both in men and women, very easily recognized. There are aching in cases of what is called floating kidney. The patient can put her hand on the lump, and say, "Here is the pain," and there is no difficulty in recognizing the disease. But there are some cases in which the disease is very difficult to identify. In pregnancy, for instance, right or left hypochondriac pain is very frequent. In many cases I have been able to be quite sure, from the history before and after pregnancy, that the disease was not to be classified in the vague way that is implied in giving it the name of hypochondriac pain, but that it was really a case of aching kidney. In pregnancy you have the very opposite conditions to those in floating kidney. If pregnancy is advanced, you can not get at the kidney to feel it and identify its position. Here I may remark that, while the disease often occurs in pregnancy, yet some women who are liable to it do not suffer while in that condition.

The disease in women is not a rare one, and its characters are the following: One or other kidney is the seat of pain. It is not a neuralgic pain; it is a heavy wearing pain deep in the side. It is in the region of the kidney; and in many cases, as I shall presently tell you, you can easily identify it as being in the kidney itself. It is not generally, that kidney-pain which is a familiar symptom of calculus. In such cases the pain is the pain of the pelvis of the kidney. You have in the region of the small ribs a boring or a nail-like pain. Patients with aching kidney generally point to the hypochondriac region, not to the back, as they often do in cases of calculus in the kidney. This pain is frequently accompanied by pain in the corresponding lower limb, referred most frequently to the course of the sciatic nerve, sometimes to the course of the anterior crural. The pain is often accom-

panied (and you will find this of importance throughout all the subjects of this lecture) by irritability—I do not say disease—of the bladder; and it is frequently accompanied by pain in the region of the ureter corresponding to the kidney affected. This pain is not rarely present only during the monthly periods. When it is present only during the monthly periods it may be classed with that disease, which is very ill defined called dysmenorrhea. It should never be placed there unless you wish to use the word dysmenorrhea in a very wide sense. If we use the word as including aching kidneys, we might as well use it as including headache—a use which would be in accordance with what is extensively done by writers. This disease, however, often eludes the examination of the physician, because it occurs in many cases only during the monthly periods. In all cases it is then aggravated. I do not think I have ever seen a case in which the patient did not volunteer the statement that the pain was worse at the monthly time.

It is not usual to find both kidneys aching; and I guess—I can use no stronger word—that the left kidney is much more frequently the seat of disease than the right one. You are not left in your diagnosis in all cases merely to identification of the seat of the pain, although that may be sufficient. Frequently in the region of the pain you can find distinct fullness; that is a very important condition that I have not time to explain to you. It can scarcely be made out in a fat woman; but in many cases this condition of fullness over the affected kidney is easily recognized. In addition, swelling of the kidney or of the suet, or of both, is not rarely to be made out. The physical examination of the kidney is too much neglected. It is not in floating kidney only that you can feel the organ. In many women who are not nervous, yielding themselves freely to examination, and who are not fat, you can feel the kidney with distinctness; and in cases of this-kind you can frequently make out as I have said, that there is a swelling of the kidney or of the suet, or of both. There is also generally tenderness, sometimes great tenderness.

The treatment is to be conducted on the general principles applicable to the therapeutics of neuralgia or slight hyperæmia; and these two conditions are not so very remote from one another as may at first sight appear. A neuralgia sounds as if it were something quite different from a hyperæmic condition; but that has to be proved. The remedies I have found of most service in simple cases of this kind are tonic regimen and tonic medicines, especially iron in the form of the tincture of the perchloride combined with mild diuretics in small quantity, and especially the common sweet spirits of nitre.

QUININE.—Milk disguises the bitter taste of all the cinchona alkaloids; 1 grain to the ounce of milk, being almost tasteless of the quinia sulph.

WARM FOMENTATIONS TO THE HEAD IN CASES OF UTERINE HÆMORRHAGE.—Dr. Koehler (*Allg. Med. Central-Zeitung*, No. 1, 1879). (*Brit. Med. Journal*), states that he has for the last seven years, in cases of uterine hæmorrhage, applied warm fomentations to the head to prevent anæmia of the brain, and also to the heart. Hot sand-bags are also very efficient, and the patients often will bear sand which is so hot that it can scarcely be touched with the hand. As soon as the fomentation or bag has been applied, consciousness is restored; the pulse grows stronger; the patient herself states that she feels better, that the ringing in the ears has ceased and that she likes the appliance. As soon as it becomes cooler, she wishes it to be renewed. Dr. Koehler has, he says, saved patients even in most dangerous cases of hæmorrhage by this proceeding, by which the physician never loses time, as the fomentations may be watched and renewed by any one. This method has been found equally efficient in anæmia caused by epistaxis, hæmorrhages produced by wounds, etc.

THE SYMPTOM OF TENDON REFLEX IN LOCOMOTOR ATAXIA.—Westphal and Erb have described two forms of reflex tendinous phenomena as occurring in the early stage of locomotor ataxia. Thus if in a healthy person the ligamentum patellæ of the loosely hanging leg, or the tendon of the quadriceps femoris, be struck a smart blow with the side of the hand a more or less violent kick will follow, while if the tendon of Achilles be struck in the same manner the heel will be raised. In locomotor ataxia it is claimed that these phenomena are absent. Dr. A. M. Hamilton (*Boston Med. Jour.*, Dec. 27, '78,) reports eight cases of this disease. In these cases one-half present this symptom, but in the other half the tendon reflex is not only present, but in some cases markedly increased. Thus it would appear that this symptom is of less value than has been claimed. But when it is present coupled with the so-called lightning pains, plantar anæsthesia and dimness of vision, it has great force, even in view of Dr. Hamilton's observations.—*Detroit Lancet*.

CHLOROFORM NARCOSIS (*Louisv. Med. News*, Nov. 30, '78).—Wachsmuth, of Berlin, asserts that much of the danger from the administration of chloroform may be averted by adding to it twenty per cent. of oil of turpentine, which, he says, stimulates the lungs and thus protects them against the great enemy of chloroform narcosis—pulmonary paralysis.—*Ibid*.

PROPYLAMINE IN CHOREA.—(*Le Mouvement Medical. Med. Record*, Nov. 30, 1878.)—Dr. Parkhauser recommends propylamine as a prompt and effective remedy for chorea. He claims that it effects a cure in three or four days; relapses are

cured in one or two days. He gives it in doses of from 15 to 19 grains per diem. This quantity is dissolved in four ounces of water and one ounce of syrup, and a spoonful is given every hour. In his hands, three or four grammes, administered in as many days, have invariably produced a complete cure.—*Ibid*.

POISONING BY CHLORATE OF POTASH.—A case of poisoning by chlorate of potash is reported in the *Archiv der Pharmacie*. It occurred in the family of a Dr. Kauffmann, who had taken it home and had given small quantities of it daily to his three children as a prophylactic against the diphtheria at that time prevalent in the vicinity. During his absence from home, his children began to play "doctor," and each swallowed about 14 or 15 grams (nearly 35ss). The younger, a girl 2½ years, began to vomit and died in about 7 hours, of gastritis. The salt was in a crystalline state, and as it is only soluble in 16 parts of water, it here acted as a violent irritant.

The somnolence of this child was the most striking symptom, in addition to the continued vomiting. From the very beginning, until death, it was in so lethargic a state as to manifest no pain. Physicians and druggists are so much inclined to consider this salt as comparatively harmless, that such cases as the foregoing deserve careful attention.

Another case of a somewhat similar nature is mentioned in the same journal. A young man complaining of hoarseness had been advised to take chlorate of potash. He bought some of the salt and after taking a few doses was compelled to desist on account of the vomiting and pain induced. On two subsequent occasions he had recourse to the same agent for the same malady, but it produced a similar effect, which did not pass away until he again discontinued the medicine.

CHEWSTICK.—This is a natural tooth-brush furnished to the Jamaicans by the stem of the *Gouania Somingensis*. A portion being broken off and chewed, its fibres are thrown out in a brush-like form, which the inhabitants use for a tooth-brush. The substance of the plant furnishes a pleasant, bitter, saponaceous froth when rubbed around the teeth.

A DOCTOR must be a mechanic, a nurse, a cook, a chemist, a pharmacist, an anatomist, a physiologist; he must have the wisdom of Solomon, the patience of Job, the independence of Diogenes, the philanthropy of Howard.—*Dr. Gibbons, in Pacific Med. and Surg. Journal*.

GOUGH's opinion of alcohol as a medicine is that "it is very like sitting down on a hornet's nest—stimulating but not nourishing."

PHOSPHIDE OF ZINC.—Gros, in *La France Medicale*, extols this article, and advises its use in nervous affections, and especially in hysteria; giving at the same time a long list of neuroses in which it has been successfully used by physicians in America and England. He says that, though hysteria is an affection strange in its termination, so many cures have been reported that we should prefer this remedy to others because of its promptness of action, its facility of administration, and its innocuousness. It is stated that, contrary to expectation, it is innocuous, because if a toxic dose is given vomiting invariably occurs, which prevents the poisonous action of the drug. The best form for administration is the granule.—*Medical Brief*.

SEA-SICKNESS.—Nitrite of amyl is highly recommended by Dr. Patton, of Mississippi. He has repeatedly used it upon himself for the past five or six years, and always with success. He has also given it frequently to suffering passengers, and with success in all the cases if administered early in the attack; those that had been sick some time were not much benefited by it.

CROUP.—As a substitute for tracheotomy, Dr. Palvandeau (*La Tribune Med.*) recommends a hypodermic injection of equal parts of sol. ferri chlo. and water into the trachea. It is said that shreds of the membrane come rapidly away. [We would think Monsel's solution better.]

GASTRIC ULCER.—Dr. Beil, in *Edinburgh Medical Journal*, recommends eucalyptus in stomachic troubles simulating ulcer, or in ulcer itself.

Reports of Societies.

OTTAWA MEDICO-CHIRURGICAL SOCIETY.

The annual meeting of the above society was held in Ottawa on the 23rd of January, 1879. There were present Drs. Sweetland, Wilson, Whiteford, M. K. Church, Ross, Rogers, Carmichael, Scott, Horsey, Henderson, Powell, H. P. Wright, W. Malloch, McRae, Sauv , and S. Wright.

After routine business, the following officers were elected for the ensuing year:—*President*, Dr. McDougall; *1st Vic-president*, Dr. Carmichael; *2nd Vic-president*, Dr. Henderson; *Sec.-Treas.*, Dr. McRae; *Executive Committee*—Drs. Sweetland, Wilson Powell, Whiteford, and M. K. Church.

The retiring President, Dr. H. P. Wright, then delivered the following address:

GENTLEMEN,—Before handing over the keys of office to my worthy successor, whom you have just

elected, I would like to say a few words, and to give an account of my stewardship during the past twelve months. Towards the end of the year '77, the "Ottawa Medico-Chirurgical Society" was in a dying condition—dying, too, for the mere want of attention. This was at last recognized, a healthy reaction set in, and it was determined to make the society a success. A committee was appointed to secure more comfortable rooms, which it did most successfully. It was then determined to hold two meetings in the month instead of one as before, and we adopted the plan of announcing each night, the subject for discussion on the following night, in order to encourage among ourselves the desirable habit of reporting cases, and of thinking over and reading different authorities on the questions under consideration. All this was the result of the reaction, and we commenced the year 1878 with much higher prospects of success, and we have succeeded fairly well, considering the time, though much remains to be done. Our meetings are certainly growing larger, yet not as large as they ought to be. With nearly forty medical practitioners in the city, we should average about twenty every night, and we have only averaged nine during the year; yet, as I have said before, the attendance is increasing steadily, and all we have to do is to persevere in making the meetings attractive and interesting, and we are bound to succeed. In another year I hope we will have as an active member, every man in the city who cares for his profession, for we are better off without those who do not. It is the only means we have in Ottawa of keeping each other; of interchanging ideas on subjects of common interest; of explaining difficulties so often more imaginary than real; and of rubbing off asperities which, in the course of nature, must form, and in the absence of attrition will certainly become insurmountable obstacles. Then, too, we must not forget that "union is strength," a strength we fully require, for we have to deal with the public, and the public knows nothing of medicine as a science. It is only in this way we can support the laws that are made to protect us, and it is only in this way we need ever expect to gain that influence in society which we ought to possess.

And now, gentlemen, before proceeding to a more detailed account of the society's doings during the past year, I may here mention that we, as medical men, do not make ourselves sufficiently well known to the profession throughout the country. While deprecating in the strongest terms the pernicious habit of using the secular, I do not think we make sufficient use of the medical press. Papers are edited in Toronto and Montreal, and an occasional communication from our Secretary reporting transactions, would be, I am certain, cheerfully acknowledged by them. An occasional paper might, and all reports of interesting cases, should be published. I do not mean to

say that this need frequently be done; I only suggest that it should be done occasionally, so that our confrères may know that the profession in Ottawa is not sleeping.

Beyond the pale of our own association, I have nothing of much importance to report. Our city has been particularly free from epidemic and endemic diseases. In the early part of the summer scarlatina was prevalent, though not, generally speaking, of a malignant type. During the summer we had the usual number of infantile cases, many, of course, fatal; the familiar "summer complaint" is, I think, the greatest pestilence we have to contend against, and one that might well occupy the renewed consideration of this association. In the fall of the year there were remarkably few cases of typhoid fever, a condition of things to be attributed, no doubt, to our improved water supply and drainage, which, together with our elevated position, ought to make the disease almost unknown in our midst. This winter, we find that, owing to the depressed times, the diseases incident to exposure to cold and want are more prevalent than usual, yet all things considered they are surprisingly few, and when we hear of places in our vicinity being visited by such diseases as small-pox and diphtheria, we, as a city, have every reason to be thankful. During the year we have held seventeen meetings, an irregularity having occurred during the summer months. We commenced by discussing "Diseases of the knee joint," and then took up in succession the following subjects: Typhoid Fever, Scarlet Fever, Puerperal Fever, Syphilis, Stricture of the Urethra, Retention of Urine, Intestinal Diseases of Children, Croup, Fractures, Obstruction of the Bowels, Placenta Prævia, Apoplexy, Osteo-sarcoma, Ovarian Disease, and, finally, Pyrexia. Several well-prepared and interesting papers were read on these different subjects, and all were discussed freely and in the most practical manner. Friendly criticism was universally courted, and each one present seemed actuated by a desire to impart any practical knowledge he possessed on the subject in question. Perfect harmony and good-will characterized the meetings from the beginning.

With your permission I will step a little off the line, and refer particularly to the paper read by Dr. Hill on "Retention of Urine." It was a prize essay, written by that gentleman forty years ago, and I am inclined to think it would be looked upon as a prize essay now. Certainly some improvements in the treatment of stricture, as a cause of retention, have taken place since that time; beyond these, very few changes have marked the progress of science in relation to that subject. I would also like to refer particularly to a meeting held on the 24th of October, on which occasion Dr. Grant demonstrated the circulation of the blood in a frog's lung, and also the auriculo-

ventricular action of the heart in the same animal. These demonstrations were most successful, and were fully appreciated by the members present, who returned to Dr. Grant a special vote of thanks. The subjects have all been of the most practical nature, and though they have been, as a rule, rather too comprehensive, yet we must remember they are by no means exhausted, and we have the privilege of returning to them as often as necessary to do them and ourselves ample justice in that way. We have at our disposal an almost inexhaustible fund to draw from.

In conclusion, gentlemen, let me offer you my most sincere thanks for the generous way in which you have overlooked my many shortcomings while acting as your presiding officer during the past year. They are so many that I shall not attempt to enumerate them, but, trusting to the same generosity you have so far extended to me, I will believe that they are already forgotten. I must also tell you that any success we have had this year I do not attribute to myself. It is owing to the energy and earnestness of every regular attendant. Each member ought to feel that the success of the association depends upon his own individual exertions, and to remember that however much information he may give, he is safe to receive in return a fair equivalent.

As to my successor, I have to congratulate the association on their excellent choice, and towards him I can extend no better wish than that he may enjoy his year in the chair as much as I have enjoyed mine.

Dr. McDougall having taken the chair, a cordial vote of thanks was tendered to Dr. Wright for the able manner in which he had discharged the duties of his office during the past year.

An interesting discussion then took place on "Vesical Calculus"—reports of several cases being presented, after which the society adjourned.

GEO. McRAE, M.D.,
Secretary.

MICHIGAN STATE BOARD OF HEALTH.

The regular quarterly meeting of the State Board of Health was held in Lansing on January 14.

ADULTERATION OF SUGARS.

Dr. Kedzie made a verbal report on table sweets, showing the methods of adulteration now practised. One of these is by the use of glucose, which is an inferior article of sugar formed by the action of sulphuric acid on starch. In sugars thus adulterated, there is usually found sulphuric acid and copperas. Another method lately practised has been for the lessening of duties, and consists in coloring sugar so as to make it appear of lower grade. The danger comes from the poisonous

chemicals used in bleaching. Dr. Kedzie also mentioned the fact that where bees are fed on glucose, this substance will be deposited in the cells without change. In connection with the adulteration of sugar, the doctor also said that one bushel of corn would make about 40 pounds of grape-sugar or glucose. Where the sugar is of a blue tinge, it is an evidence that blueing has been added to the sugar to relieve the yellow appearance due to the adulteration. The experiments and reports heretofore made by Dr. Kedzie had been made the basis of a memorial to Congress asking legislation upon the subject.

VENTILATION OF BUILDINGS.

Rev. Dr. Jacokes read a paper on the heating and ventilation of buildings already constructed. He showed diagrams illustrating the methods of improving the ventilation in buildings already constructed. One method was the leading of fresh air from outdoors to a jacket enclosing a space around a stove, and withdrawing the foul air from the floor level by means of pipes which lead from near the floor to the chimney above. He gave an illustration of a church which had been insufficiently warmed by three stoves, but which was afterwards thoroughly warmed and ventilated by one of these stoves, properly jacketed, and the cold and foul air withdrawn from the floor level. The ventilation of two churches by a similar method cost but \$10, and ventilating apparatus for dwellings costs from \$1.25 to \$10.

ILLUMINATING OILS.

Dr. Kedzie brought before the Board a sample of "mineral seal" oil, a new brand, which stands a flash test of 260 degrees, by the Michigan method, and will also stand the Michigan chill test. He exhibited a lamp filled with this oil, which gave a brilliant light equal to 26 railroad candles. This oil is manufactured for the Standard Oil Company, Cleveland. It sells for 40 cents a gallon. It is made by freezing the paraffine out of heavy paraffine oil. He recommended the use of this oil on railroad cars, under very stringent provisions. He showed the safety of the oil by heating it to 254 degrees and plunging lighted pine sticks into it, when they were immediately extinguished.

REGULATION OF MEDICAL PRACTICE.

LeRoy Parker read a report on the subject of the Illinois law regulating medical practice, and on the proposal to regulate the practice in Michigan. The Illinois law compels an examination by a state board, and the effect is to drive quack doctors out of the state, and some have come to Michigan. He recommended the enactment of a law by the Michigan legislature, requiring practitioners to undergo examination.

Dr. Hitchcock presented the form of a memorial to the legislature on the subject, expressing the

opinion that great injury is being done to the health of many persons in this state, and that many deaths occur because of treatment by ignorant and unscrupulous pretenders, bearing the name of doctor, with perhaps the title of "M.D." He recommended an examination of practitioners in anatomy, physiology, pathology, chemistry and botany.

DIPHTHERIA STATISTICS.

The secretary presented reports from Dr. E. N. Palmer, of Brooklyn, Jackson county, relative to the outbreak of diphtheria in that section. During a period of five months, there were 67 cases and 11 deaths. He gave several instances where diphtheria had been communicated by persons convalescent from that disease; also, by persons who did not have the disease at all, but were in attendance on patients.

The document on the prevention and restriction of diphtheria, issued by the board, has been in great demand, not only in Michigan, but throughout other states and territories.

Dr. Baker presented the subject of the temporary maintenance of diseased and crippled children at the State Hospital in Ann Arbor, as a means of preventing sickness and pauperism in after life.

WESTERN AND ST. CLAIR MEDICAL ASSOCIATION.

The Western and St. Clair Medical Association held its thirteenth annual meeting in London on the 20th ult. The following members were present: Drs. Tye, Bray, Holmes, Lumley, Newell, Graham, Smith, Vanvelsor, Buck, Beemer, Edwards, Brett, Caw, Fraser, Stevenson, Richardson, McLean, McAlpine, Fraser, Stevenson, DeLom, Flock, Brown, Wilkinson, Jones, Cream, Payne, C. S. Moore, C. T. Moore, and Street. The following officers were elected:—Dr. Lambert, President; Vice-presidents, Dr. Caw for Middlesex, Dr. Brett for Lambton, Dr. Richardson for Kent, Dr. King for Essex; Dr. Fraser, re-elected Treasurer; Dr. Beemer, re-elected Secretary.

Dr. Tye, the retiring President, delivered an able and interesting address which will appear in our next issue.

Dr. Holmes read an interesting paper on the treatment of the nerves by electrolysis, and Dr. McLean, of Sarnia, read an essay on the reciprocal relation between the medical profession and the general public. The members of the Association were subsequently entertained by Dr. Fraser at his residence. The next meeting will be held in Windsor in June next.

PARLIAMENTARY HONORS—Dr. Robertson, of Milton, has received the unanimous choice of the Reform Association of Halton, for the Ontario Parliament.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science
Issued Promptly on the First of each Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements Inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 16 Rue de la Grange Bateliere, Paris.

TORONTO, MARCH 1, 1879.

THE ONTARIO MEDICAL COUNCIL AND THE MEDICAL SCHOOLS.

It is above all things desirable that the Medical Council and the medical schools should co-work with the utmost harmony. So far, this has happily been the case, and it is very desirable that it should continue undisturbed. So long as the Council discharges its duties faithfully, and the several schools continue to perform their work well, no jarring of any kind need be feared.

In the annual announcement of the Council for eight or nine successive years, a clause appears to the effect that "each six-months course shall consist of one hundred lectures." This regulation has been scrupulously carried out year after year by several of our medical schools; Trinity College, Toronto; McGill College, Montreal; and also, we believe, in the Kingston Medical School. Up to the present time the tickets, certified by the several professors of all the schools, were received by the Council, as they are in England and elsewhere, as affording ample evidence of the pupil's attendance. In the Council annual announcement for 1869 and '70, in a note, attendance upon at least *four-fifths* of the actual teaching days of the session was required, but this was never acted upon, and was soon left out altogether, tickets being accepted, certified in the usual form. Last year, the number of lectures attended was required by the announcement to be certified upon each ticket, and the tickets thus certified were accepted as they always had been.

This year a *new* regulation appears in the announcement, which requires "that *two* certificates shall be endorsed on the ticket; one specifying

the number of lectures delivered in the course, and the other *testifying* that the pupil has attended at least 75 per cent. of the same." This regulation, of course, requires regular daily roll-calling, in school style, to make it anything but a farce, making school-teachers of the professors and school-boys of the students, wasting at least one-fifth of each lecture hour, and thus diminishing at once the teaching time by from 20 to 25 per cent. The mere publication of this injudicious, and to our mind, useless regulation, has led to a good deal of irritation among professors and students alike, in more than one medical school. Is it wise on the part of the Council thus gratuitously to create unpleasant feeling in the breasts of those whose cordial support is surely very well worth having, or to alienate, by a useless and vexatious rule like this, many of the oldest and best medical teachers, who are known to be bitterly opposed to it? Such a regulation effects nothing. Good lecturers, and good, punctual and interesting teachers, will always have good classes. Students are readily attracted by good, regular teaching, but they are not children, and cannot and will not be driven into attendance by mere roll-calling. Were it otherwise, they would hereafter make but very spiritless members of a noble profession. But the ill-will engendered by this rule, although quite enough to condemn it at once in the mind of every sensible man, is not by any means its worst feature.

While as we have already stated, in some of our schools, as Trinity, McGill, &c., one hundred lectures are given upon each of the branches, in at least one school, viz, the Toronto School of Medicine *eighty* lectures only, constitute on many branches the *full* course. Seventy-five per cent of 100 or 75 lectures would therefore be required from one set of students, while seventy-five per cent of 80, or 60 lectures only, would suffice for another set. This is so manifestly unfair that we see no other way out of the difficulty, than either the setting aside of both rules, or the carrying out of both according to the strict letter of the regulation.

The Medical Council has the entire examinations of every student in its own hands, and we are very glad that this is the case, and that body can well afford to leave the matter of teaching and class attendance in the hands of the medical teachers. All the Council or its Board of Examiners need require is, that the student has so far attended his

several courses of lectures, and so studied the subjects as to enable him to pass any examination, however searching. Any thing beyond this may, with perfect safety, be entrusted to our medical teachers, who are a body of men of whom any country may well be proud.

We are fully persuaded that neither the profession, nor indeed the Council itself, when the facts of the case are clearly understood, would for a moment sanction any thing so far from right, as the carrying out of so obnoxious a regulation. While we have not hesitated in the past to criticize any action of the Council, open in our view to criticism, we have always done so, as in the present instance, in a spirit of friendship, towards a body which has already done the profession much good, and which, if the policy of making friends rather than foes be adopted, may do much more good in the time to come.

MEDICAL LEGISLATION.

The Executive Committee of the Ontario Medical Council is again a suppliant at the feet of the Government of Ontario for medical legislation, asking power to extort from all British graduates the extraordinary sum of *four hundred* dollars for registration in Ontario. It appears that registered graduates of Great Britain have the privilege of practicing in any of the Colonies of Her Majesty's Dominions upon payment of the registration fees in force in such Colonies. This the Ontario Medical Council has all along strenuously objected to, but recently it was compelled to register Dr. Baldwin, of this city, a Canadian however, who possessed British qualifications. The upshot of this, is the present sought-for legislation.

We have always taken the ground that *Canadian graduates*, who subsequently spent a year or two in the Hospitals of London and the continent, and obtained additional qualifications, should be admitted to registration in Ontario upon payment of the ordinary registration fees. We did so chiefly on the principle that the Council was established for the purpose of protecting the public against the introduction of incompetent medical practitioners, and of ridding the community of quacks; and, as these gentlemen had spent extra time and money, and had shown every evidence of

thorough qualification, they should be admitted to registration in Ontario without further expense or examination. We believe if this had been gracefully conceded by the Council, the present case would never have come up for consideration. But, after all, what is there to fear? No British graduates as such, have come to possess the land and drive out our own superiorly qualified? medical men, nor are they likely to. We can manufacture doctors enough for Canada, and should rather exert ourselves in finding a market for the home product. And if no danger is to be apprehended—and the Council cannot show that any exists except in its own imagination—why all this anxiety? Even if a few good English graduates did come amongst us, it would do no harm. Nothing is to be gained in a scientific profession from exclusiveness.

We cannot but express our surprise that so astute a politician as the Premier of Ontario is reputed to be, should introduce such a Bill, and we cannot think that he seriously intends to pass the measure. Even if passed by the Local Legislature, it is more than likely to be vetoed, because it discriminates apparently so unjustly against British practitioners. Legislation to be of much value must proceed from the British Parliament, and we do not think the passage of so unwise and irritating a measure as this would help much in that direction. For our own part, we would very much prefer to have reciprocity in medical matters, between Great Britain and the Colonies. The Medical Council of Great Britain is in favor of something of this kind, and will, we have no doubt, introduce legislation for this purpose, if not checked by the gratuitous snubbing they receive from time to time from our Council.

TORONTO ASYLUM REPORT.

The report of the medical Superintendent of the Toronto Asylum for Insane, for the year ending 30th September, 1878, has been received. Dr. Clark has again earned the thanks of the community at large, and of the medical profession in particular, for his latest official contribution to the special science of which he is so earnest and promising a student. His report for the year above noted is one of the ablest and most instructive we

have ever almost is so great to them, which the duty in the would, in as distant might be

We can to all our haustive stimulations forms of threatenin Dr. Clark rational te all who ha ance, to pe suspicion, prompted conclusion: sional exper his views authorities, has now fe has been v wish we co number of class, who, but very m selves the quantities c chances to t

TE

It becom death of President of angina p Argyleshire, quently, in early educ and afterwa University cut to Cana of the batta rebellion se

have ever had the privilege of perusing, and we almost regret that the extent of its valuable contents is so great, as to preclude the possibility of giving to them, in our limited space, that exposition to which they are so justly entitled. To approach this duty in the ordinary way of presenting excerpts, would, in the present instance, be an undertaking as distasteful to the generous critic, as the result might be unfair to the meritorious author.

We cannot, however, refrain from commending to all our professional readers, the able and exhaustive disquisition on the value of alcoholic stimulation in the treatment of certain dangerous forms of disease, and of course among the number, threatening and perplexing cases of insanity. Dr. Clark's individual adherence to strict and rational temperance principles, is too well known to all who have the pleasure of his intimate acquaintance, to permit the insinuation, or the most remote suspicion, of any mere partisan leaning having prompted him to the adoption of the therapeutic conclusions to which a long and sagacious professional experience has led him; and he has sustained his views by such a host of the most eminent authorities, as to prove that the subject on which he has now felt constrained to take a determined stand, has been very carefully scrutinized by him. We wish we could say half as much of a considerable number of his opponents, and especially of that class, who, in authoritative positions, which they are but very meagrely qualified to fill, arrogate to themselves the oracular function of displaying huge quantities of ignorance on almost every subject that chances to fall under their purblind arbitrament.

THE LATE DR. CAMPBELL.

It becomes our painful duty to announce the death of Dr. Duncan Campbell, of Toronto, President of the Medical Council of Ontario, of angina pectoris. Dr. Campbell was born in Argyleshire, Scotland, in 1811, and was, consequently, in the sixty-eighth year of his age. His early education was obtained in Caen, France, and afterwards in Edinburgh, graduating in the University of Edinburgh in 1833. After coming out to Canada in 1834, he served as surgeon in one of the battalions in 1837, and at the close of the rebellion settled in Hamilton, but soon after

removed to Niagara, where he remained until 1858, at which time he removed to this city.

His medical titles were the following: L.R.C.S., Edin.; M.D., University of Edinburgh; and M.D., Western Homœopathic College of Ohio. He was President of the Homœopathic Medical Board of Ontario from 1859 until its demise in 1869, and a member of the Ontario Medical Council from the latter date up to the time of his death, having occupied the position of Vice-President, and, at the time of his death, President of the Council.

He was a man of good education, great intellectual power, and his services in the Medical Council in the cause of higher education, were exceedingly valuable. He joined heartily in the amalgamation of the different licensing boards into the one sole licensing body in Ontario, the wisdom of which has already borne such good results to the public, and the medical profession in Canada. Although somewhat imperious and arbitrary in his manner at times, he was nevertheless, possessed of an agreeable and genial nature, and though liable sometimes to give offence, he was always ready to forgive and forget. He leaves a widow and eleven children, six daughters, two of whom are unmarried, and five sons, to mourn his loss.

DISSEMINATION OF DIPHTHERIA BY MILK.—Mr. Power, one of the medical inspectors of the Local Government Board, London, England, has reported a number of cases of diphtheria which have been caused by the distribution of infected milk. This discovery is of equal importance with that of the dissemination of typhoid fever by milk, or rather milk containing polluted water. It was noticed that a great proportion of the patients in the infected district consumed milk from the same dealer, and upon careful investigation it was also found that wherever this milk had gone, elsewhere than within the area of the outbreak, diphtheria had occurred. In what manner the milk became infected has not yet been determined.

NITRO-GLYCERINE IN ANGINA PECTORIS.—In the *London Lancet* of January 18th is an article by Dr. Murcell of Westminster hospital, on the administration of nitro-glycerine in minute doses as a remedy for angina pectoris.

OMISSION.—The following last two paragraphs of Dr. Turquand's address were inadvertently omitted in our last issue:—

"Permit me to wish all present 'the compliments of the season.' I hope sincerely that all our efforts for the relief and comfort of our suffering fellow-creatures may be abundantly blessed, and that the present year may be one of increasing prosperity and happiness to ourselves, our families and all that belong to us.

In conclusion, gentlemen, be assured that whoever you may select to fill the chair from which I now retire, shall receive at my hands a cordial support, and that I shall continue to do all in my power to advance the interests of this Association.

A NEW SURGICAL NEEDLE.—This needle is so constructed that the silver wire, instead of being passed into the eye as in the ordinary needle, is screwed into the posterior part of the shaft, so that the wire appears as if a continuation of the needle. The wire can be removed at pleasure, or a new one introduced. There is no drag in stitching wounds, as is often the case when the needle is being pulled through the margin of the wound, owing to twists and quirks in the wire. The contrivance is a really good one, and we have no doubt it will sooner or later supersede the old form in the application of wire sutures. For sale by Mr. Bailey, 205 Yonge St., Toronto.

NEW JOURNALS.—The first number of the *Archives of Medicine*, a Bi-Monthly Journal edited by Dr. Seguin of New York has come to hand. It contains some excellent articles from Prof. Thomas, Dr. Heitzmann, Dr. Delafield, and others, and promises to be a useful and valuable addition to our periodical literature. It is published by G. P. Putnam's Sons. Price \$3 per annum.

The *St. Louis Courier of Medicine* is another new venture of more than ordinary promise. It is published monthly by the Medical Journal Association of Missouri. Subscription \$3. per annum.

The first number of the *L'Abcille Medicale* (The Medical Bee), a new French journal, published in Montreal, has just come to hand. We admire the candour with which it is announced as "the organ of the School of Medicine and Surgery," and not,

as is usual in such cases, "to fill a want long felt." It has occasioned us some surprise that more than half of this, which may be considered in every sense a specimen number, should have been devoted to the subject of *monstrosities*. While wishing the new Journal success, we cannot but express our regret that any medical school in this country, should feel itself compelled to support a medical journal.

PRESENTATION.—On the 25th ult., Dr. R. A. Pyne, who is about retiring from the service of the Provincial Lunatic Asylum, Toronto, was made the recipient of a flattering address, accompanied with a valuable present, consisting of a surgical case and several medical books, by the medical officers and attendants of the institution. Dr. Lett, who occupied the chair, expressed the sincere regret of all, at the departure of Dr. Pyne from the institution. Dr. Clark also expressed himself in a similar way, as he had proved himself a most efficient officer.

PHARMACEUTICAL.—Physicians are reminded that B. A. Mitchell & Son, 114 Dundas Street, West London, Ontario, have a complete assortment of Surgical Instruments and Appliances. This well known house has acquired for itself a well founded reputation for pharmaceutical preparations, and is one of the most complete establishments of its kind in the west. Dr. Mitchell, the manager, devotes all his time to supplying the wants of the profession, and respectfully solicits their patronage.

BABY-CARRIAGES.—Baby-carriages have been condemned by the Berlin physicians, in cases where the little ones sit facing their nurses and are pushed backward. The natural desire of the eye is to draw nearer to what it sees, and the practice of reversing this normal order of things and causing surrounding objects to recede is liable to affect injuriously the development of both sight and brain.

SUSPENDED PUBLICATION.—The publication of *The Doctor*, a Monthly Review of British and Foreign Medicine, has been suspended for a time, until the outstanding accounts have been cleared off.

The
Tarantir
the wou
has ask
medico-
moral st
to their l
the Benc
the medi

APPOI
appointe
Tracadie
appointe
Montreal
Asylum,
the branc
and Dr. J
to fill th
Beemer.

The fol
of the la
Licenses
M.D., Alg
L Harvey
M.D., La
Ontario, S
R.; and J

CORONE
Creek, to
of Ontario.
to be an
Leeds and
Queensvill
County of
Rodney, t
County of
to be an
Lambton.
be an Ass
tario.

MEDICAL
—Dr. Osle
tive Anato
and Anato
and Therap
Medical Jour
try; Dr. C.

The deat
announced

THE MENTAL CONDITION OF PASSANANTE:—Tarantini the counsel for the defence of Passanante the would-be assassin of King Hubert of Italy, has asked for a commission of distinguished medico-psychologists, to enquire into the "physico-moral state" of the criminal. The greatest respect, to their honor be it said, is always paid by both the Bench and the Bar of Italy to the opinion of the medico-psychologist.

APPOINTMENTS.—Dr. A. C. Smith has been appointed a member of the Board of health of Tracadie Lazaretto, N.B. Dr. Blackader has been appointed one of the attending physicians to the Montreal Dispensary. Dr. Beemer of the London Asylum, has been appointed resident physician to the branch asylum for refractory patients, London, and Dr. Brown of Beachville has been appointed to fill the position formerly occupied by Dr. Beemer.

The following medical gentlemen among others of the laity have been appointed Inspectors of Licenses for the following districts:—J. Kelley, M.D., Algoma; R. Parker, M.D., Hastings, N.R.; L. Harvey, M.D., Lambton, E.R.; A. McLean, M.D., Lambton, W.R.; W. McGill, M.D., Ontario, S.R.; J. F. Dowling, M.D., Renfrew, S. R.; and J. Ferguson, M.D., Russell.

CORONERS.—Byron Field, M.D., of Duffin's Creek, to be an Associate Coroner for the County of Ontario. W. F. Jackson, M.D., of Brockville to be an Associate Coroner for the Counties of Leeds and Grenville. B. F. Pearson, M.D., of Queensville, to be an Associate Coroner for the County of York. J. S. Munger, M.D., of Rodney, to be an Associate Coroner for the County of Elgin. H. Ross, M. D., of Brigden, to be an Associate Coroner for the County of Lambton. D. W. Ferrier, M. D., of Brougham, to be an Associate Coroner for the County of Ontario.

MEDICAL EXAMINERS, TORONTO UNIVERSITY.—Dr. Osler, Montreal, Physiology and Comparative Anatomy; Dr. Malloch, Hamilton, Surgery and Anatomy; Dr. Joseph Workman, Medicine and Therapeutics; Dr. D. Clarke, Midwifery and Medical Jurisprudence; Dr. W. H. Ellis, Chemistry; Dr. C. S. Minot, Boston, Botany.

The death of Dr. Herman Beigel of Vienna is announced in our British exchanges.

PARTNERSHIP.—Dr. M. McCrimmon, graduate of McGill College has entered into partnership with Dr. Buck of Palermo, in the practice of medicine.

The University of Dublin has lately conferred the degree of LL.D. *honoris causa* upon Lord Dufferin, Earle Rosse and Prof. Roscoe, the distinguished chemist.

Dr. J. B. Biddle, Prof. of Materia Medica in Jefferson Medical College, Philadelphia, died on the 19th ult., after a short illness.

Books and Pamphlets.

LECTURES ON BRIGHT'S DISEASE OF THE KIDNEY. Translated by H. B. Millard, M. D. New York: Wm Wood & Co. Toronto: Willing & Williamson.

This able work by Dr. Charcot, is divided into seven lectures, treating of the following subjects;—1. Normal Anatomy; 2. The same subject continued, with physiological considerations; 3. Tubular Infarctus of Kidney, Urinary Casts, Summary of Bright's views; 4. Contracted Kidney (Interstitial nephritis); 5. Subject continued; 6. Large, White Kidney (Parenchymatous nephritis); 7. Scarlatinous nephritis, (Amyloid kidney). In the third lecture Dr. Charcot pays great attention to the subject of urinary casts; he considers that information being derived from them of the anatomical condition of the tubes whose internal moulds they represent as practically open to doubt. That only the casts formed in Henle's loops or in the junctional canals and collecting tubes, can, according to all appearances, pass into the urine, on account of the small calibre of the descending branch of the loop. That this fact detracts greatly from the value of clinical investigation of casts, since the very ones whose existence it would be of the most importance to discover, seldom find their way into the urine. That they are not, therefore, faithful messengers, announcing to the clinical observer the anatomical condition of the kidney—mirrors reflecting the various renal lesions. Hyaline casts may be found in the urine in normal condition; they may be met with when there is no albuminuria, and the lesions of Bright's disease may exist without any casts being found in the

urine. The casts are formed in the kidney, but retained in the pelvis. A case of this nature is recorded by Mr. Ackerman (Centralblatt, 1872, p. 606). Dr. C. considers Bright's disease a class comprising several distinct species, not only from an anatomico-pathological point of view, but as regards etiology and symptomatology. The three varieties are parenchymatous nephritis, interstitial nephritis, and the amyloid kidney. The opponents of these views in England have been Drs. Todd, Wilkes, Quain, G. Johnson and others. Dr. C. considers that the more or less imperfect elimination of the products of renal secretion in individuals, the subjects of interstitial nephritis, has the effect of engendering in them an alteration in the crasis of the blood which renders them liable to certain inflammatory diseases, *e. g.*, bronchitis, pericarditis, pneumonia, endocarditis. The other complications which may supervene in interstitial nephritis are alterations in the vessels, arterial atheroma, epistaxis, hæmatemesis, uterine hæmorrhage and intracerebral hæmorrhage. Dr. C. is of the opinion that consecutive atrophy in the case of parenchymatous nephritis, or large white kidney, is effected by the following mechanism: the epithelium, after having become fatty, undergoes at certain points a real liquefaction, in consequence of which the fatty granulations become free; some pass into the urine, others are re-absorbed, and it is under such circumstances, according to the observations of Beer, that the lymphatic spaces are filled with fatty granulations. Scarlatinous nephritis is confounded by many authors with that of parenchymatous nephritis. The opinion that scarlatinous nephritis is the point of departure of permanent lesions attributable to the large white kidney, he considers to be founded on no decisive observations, further, that it does not appear that scarlatinous nephritis has ever culminated in the production of contracted kidney. The principal clinical phenomena that aid in the recognition of amyloid degeneration of the kidney are habitual albuminuria, persistence of œdema, patient phthisical, or suffers from syphilitic cachexia, considerable swelling of liver and spleen, unmanageable diarrhoea of a watery and painless character. Want of space will prevent any further analysis of this most interesting work. Whatever may be thought of Professor Charcot's views of the various forms of renal alteration, none can refuse to him the

merit of a profound thinker, and a most sagacious observer—the philosophic character of his views being at once a record of the knowledge of the day and of the genius of their author. We would advise our readers to send an order to Messrs. Wiling & Williamson for a copy of a work that, we are well assured, will afford them much instruction and ground for thought.

A MANUAL OF BANDAGING. By C. H. Leonard, A. M., M. D., of Detroit, Mich. With over 100 illustrations. Price, \$1.50.

This will be found a very useful manual for those who desire to make themselves thoroughly proficient in the art of bandaging.

CONSUMPTION AND ITS TREATMENT WITH HYPOPHOSPHITES, by J. A. McArthur, M.D. (Harv.) Lynn, Mass., Boston: Mudge & Sons.

USE OF THE SOLID RUBBER BANDAGE IN ECZEMA AND ULCERS OF THE LEG, by L. D. Bulkley, A.M., M.D. New York: G. P. Putnam's Sons.

Births, Marriages & Deaths.

On the 22nd of January, T. M. Howe, M.D., of Fordwich, to Mary, eldest daughter of the late A. C. McDowell of Manitoba.

On the 4th ult., J. S. McCallum, M.D., of Smith's Falls, Ont., to Janet, second daughter of H. Clarke, Esq., Montague.

On the 18th ult., at the residence of the bride's uncle Dr. Clement of Napanee, M. I. Beeman, M.B., to Miss Lillian Henault.

On the 8th of February, at Cobourg, of pneumonia, Wm. Wade, M.D., L.R.C.P., and L.R.C.S., aged 38 years.

On the 11th ult., Jas. A. Chambers, M.D., of Greenbush, Ont. aged 73 years.

In Toronto, on the 5th ult., Duncan Campbell, M.D., in the 67 year of his age.

In Montreal, on the 18th of January, H. C. Fuller, M.D. C.M., aged 38 years.

At Knocklong, Ireland, on the 29th of Nov. '78, T. E. Hayes, M.D., C.M., in the 40th year of his age.

At Dunham, Que., H. N. Curtis, M.D., in the 50th year of his age.

At Dartmouth, N.S., on the 2nd ult. J. J. McKenzie, M.D., after a short illness.

On the 28th June, 1878, Dr. Gaucher, of Milton, Que., aged 38 years.