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The Canada Medical Record.

MONTREAL, AUGUST, 1879.

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Original Communications.

MONTREAL GENERAL HOSPITAL.

Resection of Rib, by DR. WILKINS. From notes of case taken by Mr. GEORGE W. NELSON, Bishop's College.

Maria Malone, aged 19, had been in hospital several months previous to coming under Dr. Wilkins' care, during which time paracentesis thoracis was performed three times for hydro-pneumothorax. Free openings had been made between the seventh and eighth ribs into which drainage tubes had been inserted, one anteriorly and the other posteriorly. These openings had contracted so much that it was with great difficulty a small sized elastic catheter could be introduced for the purpose of washing out the cavity, which was still secreting a large quantity of pus. A probe could be passed about ten or eleven inches through either of these orifices, upwards and backwards, in the direction of the trachea. To facilitate the introduction of injecting fluid, and thus permit her removal from hospital, it was decided to enlarge one of the openings, or rather to make a fresh one by the removal of a portion of one of the ribs, and to insert a silver canula into the opening thus made.

Operation.—An incision was made about three inches in length, cutting down upon the seventh rib, the anterior margin of the incision being about two inches from the edge of the sternum. The line of the incision was

midway between the upper and lower borders of the rib; a corresponding incision about two inches long was made through the periosteum, which was separated from the bone for about an inch; the separation being effected by means of gouge. None of the periosteum was removed. The rib was then sawn by means of Hey's saw, and a piece about one inch in length removed, the anterior section being about four inches from mid-sternum, the other about one inch posteriorly. An opening was then made into the pleural cavity and a large size drainage tube inserted.

Twelve days afterwards (28th July) the rubber tube was removed, and a silver tube, $\frac{3}{8}$ inch (one centimetre) bore and $3\frac{1}{2}$ inches (nine centimetres) in length, was introduced, and tied *in situ*; this tube had a flange attached to the exposed end by means of two pivots, so as to be freely moveable. A medium-sized catheter could easily be introduced through this tube well into the pleural cavity, leaving some space between catheter and wall of silver tube; an enema syringe being attached to the catheter, fluid could readily be injected and escape along side of the catheter through the silver canula. Four or five days after the insertion of this tube considerable difficulty was experienced in introducing the catheter, the tube was too short, the inner or pleural opening of the wound contracting over the edge of the canula. On the eighth of August a new tube, one inch longer than the previous one, was introduced, and has ever since done well. When last heard from, eight months after operation (last March), patient, who is out of town, was

still wearing same tube, and has never had any difficulty in introducing catheter through it and washing out cavity.

Although the tube is now $4\frac{1}{2}$ inches in length, and former tube ($3\frac{1}{2}$ inches long) was too short to go completely through chest-wall, these lengths do not represent the thickness of the wall, as the direction of the tube is obliquely backward, the inner orifice being quite an inch external to the outer opening.

Correspondence.

THE MEDICAL REGISTER.

To the Editor of the Medical Record.

SIR,—Having within the last year brought an action for medical services, for a large amount, it was necessary for me to prove not only that I was registered, and had paid the annual subscription, but that “the production of a printed or other copy of the register, certified under the hand of the Registrar of the College of Physicians and Surgeons of the Province of Quebec, for the time being” was equally necessary. I applied to the Registrar for “such printed or other copy of the register,” and in reply received a certificate to the effect that I was a registered member, and had paid my annual subscription.

To my surprise the lawyers, on both sides, declared this certificate, gorgeous in its armorial bearings, and signed “Dr. L. LaRue, Registrar,” was not worth, in this case, the paper upon which it was written. What was wanted was a “printed or other copy of the register,” or, if a certificate was offered in proof, such certificate should be “upon such printed, or other copy of the register.”

Failing this I must produce the Registrar himself and his register. In consequence of this difficulty my case was put off.

Why is it that after the lapse of more than two years such printed or other copy of the register has not been prepared to meet such cases as mine? I respectfully submit that if I pay the College of Physicians and Surgeons an annual subscription, I am entitled to something in return. If the College obliges me to conform to certain conditions before I can recover at law, it should, with as little delay as possible, and without putting me to extra cost, put me in a position to prove that I had conformed to those conditions. As it is, in addition to the glorious uncertainty of the law, I have the consolation of knowing that the delay may lose me my golden opportunity. Perhaps, however, if I lose my case through this negligence, I may be able to ask the College to entertain a question of damages.

Within a few days I have received what purports to be the “The Medical Register.” Apart from the

flimsy “get up” and the absurd errors of that register, it is not too much to say that it is utterly worthless as evidence of registration in point of Law, inasmuch as it has nothing on the face of it to show that it is published by authority of the College. It has neither the certificate, nor the name of the Registrar. It is true that it ends with a remarkably candid N.B., admitting the incompleteness of the registration, and suggesting that those whose names, age, residence, qualifications and additions are so frightfully mangled, and those who are so mercifully left out altogether, “will please enquire to Dr. LaRue, Registrar, St. Georges Street, St. John Suburbs, Quebec.”

It may not be out of place to notice a few of the ridiculous errors of this same register:

- Dr. Johnston, of Sherbrooke, is not mentioned.
- Alexandre, Walter, is a *Frov.* Lic. !!!
- Bolduc, Jos. Etienne, is Bolduc!
- DeBonald, W. S., is DeBouald!
- Brown, Arthur A., is a B.A.!
- Ethier, C. M., is a D.C.M. !!!
- French, William J., St. Hyocinthe, is M.D. College, 1834.
- Gibson, John B., *Durham* for Dunham.
- Hopkins, A., is Hopkin, A.
- Loverin, Nelson, is M.D.L., McGill.
- Molson, Wm. A., is L.M.R.Q.C.P.I.
- Meigs, John, is converted into Meighs.
- Mignault, Jos. Ans., is M.D. Univ. *Harwood*, B.N.S.A.!
- Parke, Charles Smith, is L.R.C.P.C.S.
- Reddy, John, is L.R.C.L.J.
- Rowand, Alex., is M.D.L.R.C.S.S.E.
- Wanless, John, is L.F.P.S.S., Glasgow.
- White, William Henry, is Licentiate Society Apothecary, County London !!!
- *Riddell, Alexander, Milloy, Prov. Lic., May 8, 1860.
- *Riddell, Alexander D., Milloy, Prov. Lic., May 8, 1850.
- Robitaille, Olivie., is M.D. Univ. *Howard*, Boston.
- Tabb, S. E., is metamorphosed into Table!
- Smith, William P., is Lic. Faculty *Ply. Cob.*, Glasgow, 1830!
- Worthington, Edward D., is A.M.M.D.F.R.C.S. Edin., all one jumble of medical qualification, and to add to the poor man's sorrows, he is put down aged 64!!!
- I think, Sir, the wicked man who compiled that register ought to be indicted for manslaughter. He has no respect for age, name, residence, or qualification. Even our highly revered President himself has not escaped his blunder-buss, he has converted the honored name of Rottot into *Rot-hot!!!*
- Seriously, I would recommend that a respectable register, printed on good paper, and alphabetically arranged, should be at once compiled, but before

* These two Riddells are the same. How one got a License in 1850, and the other in 1860, is another Riddle. Milby, and not Milloy, is the place of residence.

being published *proofs* should be sent to a committee in each district for correction, and, this one should be sent to the nearest Paper Mill.

I am, yours,

E. D. WORTHINGTON, M.D.

SHERBROOKE, Aug. 30th, 1879.

Progress of Medical Science.

INFLAMMATION OF THE BLADDER.

The best remedies to administer internally when vesical irritation and inflammation exist are gelseminum, belladonna, sulphate of magnesia, and pinus canadensis. If the pain be great, choose gelseminum; if the irritation will not admit the presence of a teaspoonful of urine in the bladder, give small doses of sulphate of magnesia; if too much urine be secreted (diabetes), administer pinus canadensis; if the kidneys secrete irregularly, belladonna is indicated. It is not to be supposed that no other agents are "specific" in cystitis, for every experienced practitioner knows of others. However, enough have been mentioned to begin with.

Such agents as are known to be diuretic in their action should not be administered in cystitis; better give those agents that tend to restrain urinary secretion. Spices are especially to be avoided. A man or woman having cystitis is made worse by taking stimulants and aromatics. Gin is occasionally prescribed in urinary troubles, but oftener with bad results than with good.

But the most valuable part of the treatment of cystitis is the use of laudanum and starch in the rectum. Let from twenty to sixty drops of tincture of opium be mixed with two ounces of starch mucilage, and thrown into the rectum with a syringe. This enema may be repeated two or three times a day. Those unacquainted with the quieting effects of this agency, in irritation of the bladder and cystitis, will be happily surprised when they carry the plan into operation. No internal medication through the stomach can equal in curative effects these sedatives and emollient enemas. In addition a bag of hot sand may be placed between the thighs, near the perineum, and a hot dinner-plate may be frequently placed upon the hypogastrium. By medicating the pelvic viscera and surroundings the stomach may be kept for food and drink. Sedative medicines injure the appetite and digestion. Run as few remedies through the stomach as possible, unless they be peptics.—*Southern Medical Record: N. O. Med. Jour.*

HOW TO POSTPONE THE USE OF SPECTACLES.

Dr. W. Cheatham writes to the Louisville, *Medical News*:—

'Till lately I have advised the use of spectacles the instant their want is felt; but now we have in sulphate of eserine a remedy (and a safe one, I

believe), by which the wearing of glasses can be put off for several years. In presbyopia we have loss of distinct near vision, caused partly by the loss of power in what is known as the ciliary muscle. Eserine is a stimulant to this muscle, producing contraction, and in that way assists in accommodation.

From my results so far I believe that spectacles may be dispensed with for several years after their want is first felt. I usually order eserine sulphat, gr. j; aquæ dest., ℥j; one drop to be put into each eye at bedtime. On account of the artificial myopia produced I order it to be put in at bedtime. It may be dropped in at any time, as the myosis soon passes away.

Besides its employment in glaucoma and other inflammations of the eye, and in presbyopia, I have found it of great use in asthenopic (weak) eyes, depending upon over-sightedness and weakness of accommodation, the latter the result of either overwork, general debility, diphtheria, etc.

Spectacles in presbyopia (the loss of near vision from age) always give ease; but there is a certain discomfort from the use of glasses, besides many other objections brought forward by patients, all of which, as a usual thing, can be referred to pride. This pride we should humor as much as possible. If by means of the eserine we can give them as great comfort and preserve their eyes as well as by means of spectacles, I think it proper that we should do so.

THYMOL AS A REMEDY IN SKIN DISEASES.

Dr. H. Radcliffe Crocker (*Brit. Med. Jour.*, Feb. 16, '78), has been using thymol to advantage in psoriasis, eczema, lichen planus, pityriasis versicolor, etc. He employs the following formulæ:

1. An ointment, consisting of one ounce of vaseline, and from five to thirty grains of thymol.

2. A lotion, consisting of thymol, five grains; rectified spirit and glycerine, each one ounce; water sufficient for eight ounces.

In the three former diseases, he found the ointment beneficial in sub-acute cases, in fact, in such cases as are commonly treated with tar. In pityriasis versicolor, he used the lotion.

As thymol is quite irritating in strong solution, it cannot be employed in cases that are all acute. Being colorless, and of not unpleasant odor, it presents manifest advantages over tar.—*H. G. P. in Hospital Gazette and Archives of Clinical Surgery.*

CANNABIS INDICA IN EPILEPSY.

This remedy, in doses of gr. one-sixth of the solid extract three times a day, has been very successfully used by Dr. Wharton Sinkler, of Philadelphia. One very severe case (fully detailed in *Phil. Med. Times*) was promptly cured by this agent.

THERAPEUTICS OF DIARRHŒA IN CHILDREN.

By A. A. SMITH, M.D., New York. Lecturer on Materia Medica, Therapeutics, and Clinical Medicine, in Bellevue Hospital Medical College.

GENTLEMEN: I desire to call your attention to-day to diarrhœal troubles, especially those apt to affect children, not alone infants, but those under seven or eight years of age. It would be impossible to go over much of the subject in an hour; I shall therefore make my lecture suggestive, and touch only some of the most important points. Whatever the cause, all children, whether infants or those older, ought to be kept quiet when suffering from diarrhœa. They should be kept in a partially darkened, quiet room, free from noise, and all talk in the room should be avoided, especially when the child is asleep. The nervous system in childhood is so impressible it is easily disturbed, and any disturbance of this character aggravates the diarrhœa. Infants under one year ought to be kept lying down as much as possible. They should not be jolted up and down as is the custom of most nurses and some mothers, in order to amuse them. If the child is under one year, let it be placed on a pillow, if the diarrhœa is severe, as it can be kept quiet more easily in this way than when lying on the lap. Even in changing the napkin care should be taken to move the child as little as possible. Don't be afraid to keep the room well ventilated in which the child lies. Mothers usually are over-careful for fear the child may take cold, and on this account are apt to keep the room too closely shut up. When the child is awake it can be carried carefully into open air, always in the shade. Salt-air is beneficial to almost all forms of diarrhœa in children, and this is specially so in regard to city children. We in the city, therefore, urge a ride on the salt water, or taking the child to the sea-shore if possible. In all cases, in children under a year, if the diarrhœa is severe, keep warm applications over the abdomen; make a spice bag. Take a half ounce each of cloves, allspice, cinnamon, and anise seeds pounded, but not powdered, in a mortar, put these between two layers of coarse flannel, about six inches square, and quilt them in. Soak this for a few minutes in hot spirits (brandy, or whiskey, or alcohol), and water equal parts, and apply it to the abdomen warm, renewing it when it gets cool. In this way we not only get the effects of a poultice, but we also get the sedative and antiseptic effects of the spices. Great heat, with influences that depress the nervous system, bad hygienic surroundings, improper diet, too early weaning, bottle food, and dentition, are among the causes that predispose to diarrhœa. In all cases remove the cause if possible.

METHOD OF REDUCING TEMPERATURE.

There is one symptom common to almost all cases of diarrhœa if severe, and in my opinion it is the most important, and that is the increase of tempera-

ture. The best means of reducing the temperature is by the external applications of cold. Since we have the Kibbe's cot, which you have seen here, the immersion of the child in a bath is practically done away with. The Kibbe's cot can be improvised easily; it is a pleasant and convenient way of giving the wet pack; is just as effectual as the bath, and has very few of its objections. Fold a small sheet so that it will cover the child from the axilla to the ankles, place the child on the bed, leaving the arms and feet uncovered. The axilla can be dried easily, and the temperature be taken while the child is in the pack, or the thermometer may be introduced into the rectum, the most accurate way of taking the temperature. Water of the desired temperature may be poured on from a pitcher. In cases of slight elevation of temperature, say to 102° F., or under, sponging off the body with water about the temperature of 80° F. will usually answer the purpose, and it may be done often enough to reduce the temperature nearly to normal. But in all cases of an elevation of temperature above 102° resort to the Kibbe's cot or its substitute. Always remain and make the first application yourself. The parents will be timid about it. The child will cry, and it will be necessary for you to show them by the good effects produced, the wonderful power by this means of reducing temperature, of calming the restlessness and irritability of the child, and of inducing sleep.

Afterward you can teach them the use of the thermometer and the methods of application of the water. The temperature of the water may be at first 90° F., then gradually, as the child becomes accustomed to it, it may be made cooler until it is brought down to 80° F. in a few minutes. It may be necessary where the temperature is very high, or where it rapidly rises after it has been reduced, to apply the water even colder than 80°. Reduce the temperature to 99° F. It usually goes down still farther after the child is taken out. Remove the sheet, put the child in a thin blanket, cover it up and let it sleep. It may be left in the pack twenty or thirty minutes, longer or shorter according as you find the temperature down to 99° F. In very severe cases, where the temperature rises to 105° F., or higher, it may be necessary to apply the cold every hour or two. In such cases you need not remove the child from the Kibbe's cot, but let it remain there for even days if necessary. The cot may be made comfortable by folding a woollen blanket and putting it under the child. I cannot speak too emphatically of the importance of the reduction of temperature in the treatment of the diarrhœas of children, and of this means of accomplishing it. It is, however, only an aid to other means of treatment.

NURSING AS A CAUSE OF DIARRHŒA.

One of the most frequent causes of diarrhœa in young infants is too frequent nursing. The child when a few days old, can be taught to nurse about every two hours during the day, and every three hours at night. My first question, when I am

called to see an infant under six months suffering from diarrhoea, is, "How often does the child nurse?" and frequently find it has no regularity of nursing, sometimes nursing as often as every half-hour. By establishing regularity of nursing, the diarrhoea is often cured. A child under four months, as the rule, will have two, sometimes three evacuations in twenty-four hours. This number is within the range of health. You will see many cases of diarrhoea with very little constitutional disturbance, but frequency of movements and the appearance of the movements not particularly unhealthy. Bismuth. subnitrat., three grains every two or three hours, will cure such cases.

PRETERNATURAL ACIDITY.

Some infants have a tendency to preternatural acidity in the digestive organs. The diarrhoea that occurs in such cases is accompanied with considerable pain, the passage of small, cheesy-looking masses with the stools, the odor sour, and sometimes even offensive, the reaction decidedly acid. Such children may be given, with good effect, a teaspoonful of lime-water three times a day. Give it in two teaspoonfuls of milk. Chalk may be given. The mist. cretæ of the Pharmacopœia is a good preparation to give. It contains, besides the chalk, gum arabic, glycerine, and cinnamon, all of them good in this form of diarrhoea. Sometimes it is well to give a laxative, as some of these cheesy masses may have collected in the intestines and may be acting as an irritant. The indication is to remove them. I have found the following prescription a better one to give than the traditional castor-oil:

R. Pulv. rhei rad..... gr. xv.
Sodæ bicarb..... gr. xxv.
Aq. menth. pip..... ℥ ij.

M. Sig. ʒ j. as laxative to a child from one to four months old.

In this prescription we get the laxative effects of rhubarb with its so-called secondary astringent effects, the alkali, and the sedative, and antiseptic effects of the peppermint.

In any case of diarrhoea, where there is reason to believe there is any irritant in the intestines, the treatment may be commenced by giving a laxative to remove it.

DENTITION AS A CAUSE OF DIARRHŒA.

Between the sixth and twenty-eighth month dentition plays a very important part in the production of diarrhoea. It might be called a nervous diarrhoea, for it is probably due to reflex nervous disturbances. If dentition is not directly responsible for many of these diarrhoeas, it is indirectly so by putting the system in a condition to be more susceptible to all these influences which do produce diarrhoea. In all cases where the gums are swollen, lance them. In any case where it is about time for the tooth to come through lance the gums over the tooth thoroughly and draw some blood. I believe the disturbance is often due to pressure of the tooth deeply in, and before it

shows much swelling on the surface. Lancing the gums never does harm. It is better to err on the side of lancing them when there may be no necessity, than to fail to lance when there might be necessity. I have often seen a child having from ten to twelve movements a day relieved entirely by lancing the gums, and with no other treatment. It is in these cases that the bromides prove so effectual. Give the following combination of a bromide with mucilage to a child between six months and a year; older children a larger dose:

R. Sodii bromid..... ʒ ss.
Mucilag. acaciæ,
Aque puræ, aa q. s. ad.... ℥ ij.
M. Sig. ʒ j. q. ʒ h.

The bromide diminishes the reflex disturbance, and the mucilage is soothing to the irritated intestinal mucous membrane.

ERRORS IN DIET AS A CAUSE OF DIARRHŒA.

Another cause of diarrhoeal troubles is the giving of all sorts of diet too early. There is a desire to make the child strong and grow more rapidly. Meat, vegetables, and farinaceous articles in abundance are given to children even eight or ten months old. A child under eight months ought to have no other diet than milk, and even up to two years, milk should be its main diet. Human milk is the best during the first year, or until weaning; but often from necessity the child is brought up on the bottle. During the first eight months cow's milk diluted one-fourth with barley-water makes the best diet. The ground or crushed barley should be boiled with water of sufficient quantity, so that when cold it is about as thick as thin cream. The milk should be given about blood-warm and a little sweetened. What place should condensed milk be given in the feeding of children? I should give it a place on the shelf at the grocers. I have tried the condensed milk with children thoroughly, and have seen it tried in the practice of others, and must protest against its use. Children fed on condensed milk, although they may thrive well apparently, yet when they fall ill show very little resisting power, and particularly when they fall ill of diarrhoea, they weaken very rapidly and the diarrhoea is apt to be obstinate. There are exceptional cases in which it may be used, and some cases in which it is desirable to use it for a short time. When bottle-fed children suffer from diarrhoea it is well to boil the milk and make the barley-water thinner and give more of it, say one-third barley-water to two-thirds boiled milk. I have found thoroughly cooked wheat flour an admirable food for children with diarrhoea. Have it prepared in this way: Put about two pounds of flour in a muslin bag, tie a string around the top of it, and suspend it in a kettle of water and boil it for five hours; then let it get cold. Take off the bag, cut off the outside dough and grate it. Thicken boiled milk with this to about the consistency of a thin gruel, or about thick enough for it to pass through the rubber nipple of a nursing-bottle. All

food for children should be thoroughly cooked. Still more is this to be observed when they are ill of diarrhoea. As a rule, feed children suffering with acute diarrhoea just as little food as will satisfy their hunger, and often a little cold water will relieve their thirst and lessen their desire for food. Avoid alcoholic stimulants, unless there is exhaustion. Champagne iced may be given in small quantities if there is obstinate vomiting.

FLATULENT DIARRHOEA.

There is a flatulent diarrhoea which occurs in young children and gives much trouble. The movements are frequent but very small, and the flatulence is sufficient to keep the child awake nights.

I have found the following prescription an excellent one in such cases :

℞. Magnes. calcin. ʒ ss.
Spts. amm. aromat. M xl.
Tinct. assafoet. ʒ i.
Anisette. ʒ vi.
Aq. cinnamonomi q. s. ad. ʒ iv.

M. Sig. ʒi. every half-hour until relieved, to a child from three weeks to four months old. Two or three doses will usually relieve.

DIARRHOEA DEPENDENT ON NON-DIGESTION OF SUGAR.

There is a diarrhoea which occurs in the summer, characterized by frequency of discharges; the movements are green, accompanied with pain, and in many cases the stomach is so irritable that vomiting is a troublesome symptom. Probably the diarrhoea is due to non-digestion of sugar. In connection with such cases I would like to call your attention to kumyss or fermented milk. In this preparation the milk has already taken the first step in digestion. There is or ought to be no sugar in it; the casein is in a fixed condition, and consequently cannot undergo the changes of coagulation and putrefaction, and there is a small quantity of alcohol, but it is in such a combination that it is easily assimilated. The kumyss is charged with carbonic acid gas, but children do not take it readily with gas in. It may be gotten rid of by taking the kumyss out of the bottle and pouring it from one pitcher to another a few times. A small quantity may be kept out for immediate use, and the remainder put back into the bottle, the bottle corked and put in a cold place. Sometimes children who are unable to retain anything else can take a teaspoonful of kumyss at a time and digest it, and frequently without any medicinal treatment will recover under its use. Twelve hours is as long as it can be kept safely after once uncorking it. The child need take no other food while it is taking the kumyss. It is itself food and drink. It is sour, and mothers are tempted to sweeten it to make it palatable. Of course it should never be sweetened, and should never be given within two hours after any other form of milk, and should be given cold. After the first repugnance to it children take it quite readily; even children as young as six or eight months can be made to take it by taking

advantage of their thirst and giving it at first in small quantities. Kumyss may be used in many forms of diarrhoea because of its easy digestion. That made by Dr. E. F. Brush, of this city, is the only preparation of it I have found reliable.

DYSENTERIC DIARRHOEA.

There is another form of diarrhoea quite common in summer, characterized by what are known as dysenteric discharges, that is, quite frequent evacuations and straining, as in dysentery, and the evacuations are about the consistence of pudding, or thin jelly, and are usually of a pinkish color. This pinkish color is due to the admixture of blood and mucus with the substance that passes the bowels. I have found small doses of castor oil and opium, given in mucilage, an excellent combination in such cases, as in the following prescription :

℞. Ol ricini. ʒ i.
Sacch. lactis. ʒ ss.
Tinct. opii camph. ... ℥ xxxij. to ʒ iss.
Mucilage. acaciæ,
Aquæ puræ, aa q. s. ad. ʒ i.

M. Sig. ʒi. q. 2 or 3 hours.

Add the paregoric according to the age of the child. For a child under a year, four to eight drops. For child of one to two years, ten drops. Don't forget the general suggestions in regard to diet in all cases of diarrhoea. It is well sometimes in these cases to give starch-water enemata. If the enemata are given the paregoric may be left out of the castor oil mixture, and laudanum may be put in the enema. One or two drops of laudanum with one to three tablespoonfuls of starch-water, may be given according to the age of the child. The starch-water should be made about as thick as thin cream, and given tepid. It may be repeated every three to six hours, according to the severity of the attack.

INFLAMMATORY DISORDERS.

There is a large class of summer diarrhoeas included under the term of inflammatory disorders. They are accompanied with great pain; frequency of movements; there may or may not be a small quantity of blood passed with movements, more or less increase of temperature, with disturbances of the nervous system, and there may or may not be gastric irritability. The indications are to reduce the temperature, manage the diet according to the directions I have given you, surround the child by best possible hygiene, put the warm applications over the abdomen, and give internally a combination of opium and camphor. Tully's powder, which consists of morphine, camphor, and prepared chalk, makes a good combination. The dose for an adult is the same as Dover's powder. Ten grains contain one-sixth of a grain of morphine and a little over three grains of camphor. A child three to six months old may be given an eighth of a grain every two to six hours, according to the severity of the attack and the control the powder has over it. A child six to eighteen months may be given one-sixth to one-fourth of a

grain in the same way. After the acute symptoms have been controlled there remains in many cases a tendency to looseness of the bowels, with very little constitutional disturbance. Stop the Tully's and give the following:

R. Ac. sulph. dil ℥. xxiv.
Salicin..... gr. xxiv.
Glycerinæ..... ℥. iij.

M. Sig. ʒ i., t. i. d.

Do not give it within a half-hour of the taking of milk. The sulphuric acid has a tonic and astringent effect, and the salicin, besides its tonic effect, acts also as an anti-fermentative.

CHOLERA INFANTUM.

And now, as to the treatment of a disorder of children, which is the dread of all the physicians, especially young ones, and justly so, for it is a formidable disease. I look upon cholera infantum as a disorder of the nervous system, and the disturbances of the alimentary canal as only the local manifestations of a constitutional disorder. It occurs from great heat, but it has always seemed to me that in addition to great heat there was some other element. I have noticed that cases are much more frequent when, besides great heat, there were certain atmospheric influences which depress the nervous system greatly. "Dog days," as they are called, are very fruitful in the production of cholera infantum. Among the poor, great heat, poorly ventilated rooms, poor hygiene in all its forms and with all its attendants, improper food, particularly bottle food, favor the development of the disease. I recognize two varieties of cholera infantum, and divide them, according to their manifestations, into congestive and exhaustive. In the congestive form there is redness of the surface of the body, especially about the face and head; redness of the conjunctivæ, great elevation of temperature, the pulse rapid and full, the nervous symptoms marked, twitching of the muscles, and frequently convulsions; the vomiting and purging violent, the matters vomited and passed being very thin and of enormous quantity. All of these symptoms come on very rapidly, differing in this respect from other forms of diarrhœa. The two special indications are to reduce the temperature and control the nervous manifestations. Apply cold according to the directions I have given you. Give hypodermic injections of quinine and morphine. Give to a child of six months one grain of quinine and about $\frac{1}{200}$ of a grain of morphine every four or six hours, according to the indication. For each additional six months of age an additional half grain of quinine and an additional $\frac{1}{200}$ of a grain of morphine. To simplify the matter I will give the prescriptions of the solutions of quinine and morphine:

R. Morph. sulph..... gr. ss.
Aquæ destillat..... ℥. i.

M. Sig. M v. by hypodermic injection for a child six months old.

R. Quinia sulph..... ʒ i.
Ac. sulph. dil..... q. s.
Acid carbol. cryst..... gr. v.
Aquæ destillat..... ℥. i.

M. Sig. M viij. by hypodermic injection for a child six months old.

Usually the stomach is so irritable that medicines and food are both vomited. After the temperature is reduced, and the nervous system is rested, small quantities of food can be given. Small pieces of ice may be given to allay thirst.

In the other variety, the exhaustive form of the disease, there is paleness of the surface of the body; little or no elevation of temperature; indeed, the temperature in some cases is below normal; the pulse is rapid and feeble; the nervous symptoms, although present, are not as marked as in the other variety. The vomiting and purging are violent, the child sometimes getting rid of more fluid in a few hours than it has taken in days. The emaciation is very rapid and great. The indications for treatment are to check this enormous loss of fluid and sustain the patient. Our main reliance must be on opium and alkalies and stimulants, with the general directions I have given you in the beginning of the lecture. Opium in small doses, in addition to the other effects claimed for it, is a cardiac stimulant, thus meeting one of the chief indications in this disease.

The following combination is good:

R. Tinc. opii. camph..... ʒ iij.
Mist. cretæ..... ℥. iij.

M. Sig. ʒ i. q. 2 or 3 h. to a child of six months.

Sometimes nothing is retained by the stomach. In such cases, it is necessary for you to give the opium hypodermically. Give the $\frac{1}{200}$ grain morphine as directed in the other variety of the disease, but do not give the quinine.

Alcoholic stimulants should be given. Brandy is the best. Give five drops of brandy in a teaspoonful of water, every hour, to a child of six months; if there is great exhaustion. This quantity may be increased or diminished according to the indications. In some cases of cholera infantum a child becomes suddenly much more exhausted, pulse becomes more rapid, extremities are cold, perspiration comes out freely, and the child seems to be going into collapse. An enema of hot water will sometimes revive such a child wonderfully. Let a good quantity of hot water be used, say half a pint, and hold a towel to the anus afterward, in order to have the water retained as long as possible. Along with this give internally spirits of camphor, from six to ten drops. It may be put in with the brandy, and the two given together for a few hours. In any case of diarrhœa, where these symptoms of great exhaustion occur with the coldness of the extremities, the hot water enemata may be given.

BEEF-TEA.

The very common habit of giving beef-tea in the

diarrhoea of children prompts me to say a word in regard to its use. Of course it is given with a view to sustain the strength of the child, but I have found that almost invariably it acts as an irritant and aggravates the disease. Sometimes it seems to pass the bowels in the same form in which it was taken. In any case of acute diarrhoea I would advise you not to give beef-tea.

OPIUM.

I believe that opium is given too indiscriminately in the diarrhoeas of children. It has its uses, and is an orthodox remedy in such disorders, but it is given very frequently when other remedies would do quite as well and much better, and would produce none of the ill effects of opium.

Good nursing; removal of causes; keeping the patient quiet; regulation of the diet; improving the hygiene; reducing the temperature; removing the causes of disturbance of the nervous system, will, in the great majority of the cases of diarrhoea in children, do away with the necessity for medicines.—*New York Medical Record.*

INCONTINENCE OF URINE.

Mr. J. Scott Battams (Royal Free Hospital) calls attention, in the *British Medical Journal*, to a plan recommended by Dr. McIntyre, of treating incontinence of urine in children by diminishing their consumption of animal food, flesh meat in any form being allowed but three days in the week. This treatment was quickly and entirely successful. Mr. Battam's experience of this plan of cure is limited to three cases; all were obstinate and of long standing. Belladonna, iron, strychnine, etc., were tried in vain. He continued the iron, and interdicted all flesh meat, including beef-tea, broth, etc. He also advised that very little fluid should be given in the latter third of the day, and that they should pass urine before going to bed. At the end of a week two of the children had quite recovered, the third also had only transgressed twice. Two of these patients came under observation three months afterward, and they still continued well: and, as the third was not brought to the hospital, he probably had not relapsed. In another case, belladonna and nux vomica were rapidly curative. He was a youth aged 16, who had suffered from nocturnal incontinence for three years, since leaving school; he was well grown and nourished, but rather torpid mentally. He had always had good health. The genital organs were exceptionally small, the prepuce not too long. Mr. Battams prescribed ten minims of tincture of belladonna, and five minims of tincture of nux vomica three times a day. A fortnight later he had had no incontinence for a week, and a month later he was still well.

The next Tri-Annual Meeting of the College of Physicians and Surgeons, of the Province of Quebec, takes place at Three Rivers, in July, 1880.

CROTON OIL IN NÆVUS.

By DR. H. F. SIGLER, Pickney, Mich.

I have had occasion to treat a case of nævus recently, and, as the treatment was unique as well as successful, I report it for the benefit of whom it may concern. The tumor was situated in centre of the left cheek, and in size was about as large as a dime. I procured a cork the size of the tumor, into which I inserted several fine needles, letting the points project one-eighth of an inch. I then immersed the points of the needles in pure croton oil, and plunged them into the tumor. A little swelling followed, and several vesicles formed soon after. The second day a crust formed over the whole tumor. This was repeated three times, at intervals of five days, and no other treatment was required.—*Mich. Med. News.*

PULMONARY CONSUMPTION.

DR. LABURTHE, M.D.

No greater an authority than Dr. Laburthe reports in the *La Progrès Medical* the cure of a case of well marked consumption by the use of tincture of silphium. The diagnosis made tuberculosis complete, dullness, pectoriloquy, subcrepitant râles, in fact all the physical signs were prominent. Six drops of the tincture, per day, gradually increased to twenty, was given, also cod liver oil, and iodine applied externally, opiates to control the cough and atropine to control the night sweats.

Four months medication restored stethoscopic signs and respiratory murmur, and an increase in weight of 20 pounds, and finally a permanent cure. Dr. Laburthe ascribes the result to the use of the silphium.

SCLEROTINIC ACID IN HÆMOPTYSIS.

This acid, obtained first by Dragendorff from ergot, has lately been adopted by von Ziemssen and other German physicians as preferable to ergotin for hypodermic injection in hæmoptysis and other internal hemorrhage. A five per cent. solution is used, and it is said not to be so liable to be followed by abscesses as ergotin.—*Med. and Surg. Rep.*

CONVULSION OF YOUNG CHILDREN.

Dr. Engel (*Phil. Med. Times*) recommends that when the usual remedies—hot bath, chloral, bromide etc.—have failed, resort be had to hypodermic injection of morphia and inhalation of nitrate of amyl. He reports several successes and no failures.—*Physician and Pharmacist.*

THE TREATMENT OF DYSPEPSIA.

On this subject Dr. A. Leared says, in the *British Medical Journal*:

In the treatment of all forms of dyspepsia attention to diet claims a prominent place. Articles known to be slow of digestion must be avoided, and a lessened amount of food must be taken only at proper times. But, as a rule, absolute strictness in diet is more necessary in dyspepsia from defective secretion than in that from impaired motion; for, as already said, in the latter affection digestion is sluggish rather than imperfect. One dietetic rule is, however, of the greatest importance in the present case. The principal meal should be taken early in the day, before the nervous system has been exhausted either by mental or by bodily exertion. In some instances the power of digestion seems to diminish in proportion as the day advances. A distinguished literary lady consulted me, who had, by incessant brain work, fallen into a state of great suffering from gastric oppression and flatulence after meals. At my suggestion she dined early instead of late in the day. This change was beneficial, but was not effectual in affording relief. I then advised that she should eat meat at breakfast only, and that no writing should be done before the meal. This plan succeeded perfectly.

From its well-known power in causing muscular contraction, strychnia suggests itself as the remedy for impaired gastric peristalsis. It affords the most powerful means we possess of restoring the gastric functions. I may, perhaps, take some credit for having helped to make known its value. So long ago as 1860, I wrote: "Speaking from extensive experience, I know no single medicine of more value... It acts by increasing the tone of the muscular coats of the stomach and intestines. When these coats are relaxed, gases are generated, mainly owing to retardation of the aliment in the cavities. No remedy has in my hands proved so permanently effective as strychnia against this inconvenience." (*Imperfect Digestion* 1st ed., p. 136.) In 1864 the late Dr. Brinton, following Chomel, condemned the use of strychnia in stomach diseases as unnecessary and dangerous. (*Diseases of the Stomach*, p. 334.) But, notwithstanding the condemnation of these authorities, strychnia has held its place in these affections, because, although too often given without discrimination, it proves beneficial in many instances. The secret of its successful administration lies in the recognition of the cases. It is suited for cases characterized by the symptoms of impaired motion; namely uneasiness, but not actual pain, after food, and flatulence. It is not suited for cases of impaired secretion, characterized by pain after food and little or no flatulency.

Some precautions are, of course, necessary, and more so because the patients are seldom under daily observation. A dose of one-twentieth of a grain should rarely be exceeded. It should never be given in pills, on account of the difficulty of exact subdivision in that form. The susceptibility of the alkali-

loid to precipitation by alkalies and some other substances must be kept in view. If so precipitated, the whole of the drug would, of course, be contained in the last dose in the bottle. For the rest, the pharmacist must be responsible. But, after having prescribed strychnia some thousand times, I never knew any harm to arise from its use.

It might be supposed that electricity would prove useful for lesions of peristalsis; but, after many trials of faradization and a few of the direct current, I am compelled to say that I do not regard it as a useful agent in this affection.

It is sometimes desirable to check flatulence by some agent which hinders fermentation. Formerly I prescribed carbolic acid for this purpose; but its unpleasant taste is a great drawback. Of late, I have used thymol with, I think, better results; and the taste is far less objectionable.

Many cases are met with in which the stomach is unable to expel flatus in consequence of temporary paralysis from over distention. Various drugs given to promote contraction of the organ—carminatives, as they are called—sometimes fail in their purpose. It is in such cases that charcoal proves useful. Charcoal possesses a remarkable power of absorbing gases; but this power, as I have elsewhere shown, is very much lessened by long keeping and by wetting. This led me to the plan of giving, in hermetically sealed gelatin capsules, charcoal prepared from vegetable ivory, which kind was proved by experiment to possess the best absorbing power. If, in cases of obstinate gastric distention, three or four such charcoal capsules be swallowed, a few cubic inches of carbonic acid gas will be speedily absorbed. Tension being now removed, the muscular coat of the stomach generally resumes its power, and flatus is freely expelled. In a few obstinate cases, however, chiefly when the stomach affection is secondary to diseases of the liver or kidneys, the muscular paralysis is so complete that, as happens in case of the over-distended *rumen* in cud-chewing animals, mechanical interference is the most effective mode of treatment. For this purpose, I have had made a small India-rubber tube (tube shown) two feet in length, having one extremity closed, and perforated like a drainage tube to the distance of four inches from the end. Such a tube can be safely and easily introduced into the stomach, and will prove effectual in relieving the distended organ.

THE NEGLECT AND THE VALUE OF BLISTERING.

Dr. H. S. Anderson, in his Harveian Discourse, published in the *Edinburg Medical Journal*, says:

A remedy which I fear is somewhat unduly neglected now-a-days is counter-irritation by means of blistering; and I think I have observed in some young practitioners an approach to something like terror when blistering is spoken of as a remedy that may frequently be used. Certainly, as regards children's diseases, there is more of this fear than there should be. It has frequently, for example,

been my experience to see children, in consultation with a younger practitioner, when blistering in acute head affection had never been dreamed of. In mostly all acute inflammatory affection of the brain, tubercular or not, in children, I am strongly of opinion that, after shaving the head, the application of blistering fluid has a most rapid and satisfactory effect. Inflammatory attacks also, of the peritoneum and chest, in children, are often controlled by blistering although the size of the vesicatory and the length of time applied must be carefully considered. And in the rheumatic affections of the joints, in adults, repeated blistering has often the happiest results. For many chronic conditions also, counter-irritation has always held a high place in my list of remedies. In chronic tubercular affections of both chest and abdomen, I think occasional and repeated blistering is frequently beneficial, and also in chronic and obscure head and other affections of the nervous system. For example, a blister over the roots of the nerves, in herpes zoster, often relieves the neuralgic pain so generally present, and often so difficult to get rid of. In diphtheritic paralysis, also, blistering the nape of the neck, and even down the spine, often expedites cure in a wonderful way. In the uterine or ovarian pain so often complained of in the left side, there is no better remedy sometimes than a succession of fly-blisters, and the tenderness of spinal irritation is very frequently relieved, if not got rid of, by the same means. In chronic effusions the use of the blisters is still fully acknowledged, and does not, therefore, call for special mention.

TREATMENT OF VALVULAR LESIONS.

By AUSTIN FLINT, M.D.

I will now ask your attention to the treatment of valvular lesions, with and without enlargement of the heart. We frequently find in practice evidence of valvular lesions either without, or with only very slight, cardiac enlargement. What are the indications for treatment in cases in which valvular lesions are present, but have not led to enlargement of the heart, or at most only very slightly, and that in the way of hypertrophy? *There are no special indications*, and that is an important statement. It is not infrequently the case, when valvular lesions of the heart are discovered, that the practitioner feels it to be a very serious matter, and that it must be met correspondingly with injunctions regarding habits of life, and perhaps with regard to the use of remedies. There are certainly no indications for the use of remedies with the view of removing the lesions. These must be accepted as they are; and yet I have known patients to be placed under treatment in consequence of the vague and irrational idea that remedies might have something to do with diminishing the valvular lesion. But are we to ignore the lesions altogether? Not altogether; we are to take into consideration the possibility and the probability that they will increase. Although there are no

symptoms, at present, indicating the existence of the trouble, and the lesion would not have been known, save by physical signs, the probabilities of increase of the lesion must be taken into consideration, and an endeavor made to forestall such increase; to render it as slow as possible. How shall this be done? We make the endeavor by giving certain directions which relate to the general regimen of the patient. In some instances, but this must needs be done with great discretion, it may be well to state to the patient that he has valvular lesion of the heart, as it may make him more considerate with reference to proper care for himself.

It is proper to advise this class of patients not to overtax the heart more than cannot be avoided, either by improper muscular exercise or great mental excitement. We should not go too far in our injunctions, as is too frequently done. It is not uncommon for physicians to over-estimate the danger as regards the progress of the lesion, and to place restrictions upon the patient which are unnecessary, and which, perhaps, expose him to very great inconvenience. I will give you the rule which I have adopted in giving these patients general directions.

With regard to exercise and excitement, it is not only proper, but advisable to say that such amount of physical exertion should be made as can be done with entire comfort. The patient will receive no harm from muscular exercise, if it simply be limited by the sense of comfort. Muscular exercise which does not excite the action of the heart so as to occasion discomfort is to be indulged in, for it can be done with benefit. The same rule holds good with regard to mental excitement. All mental excitement, if possible, should be avoided which increases the action of the heart to such an extent as to give rise to a sense of discomfort.

As a general statement, the amount of enlargement of the heart, and the kind of enlargement, are to be considered as criteria of the importance of valvular lesions. But before enlargement has taken place, it is an interesting point of investigation to form some idea regarding the amount of valvular lesions. The murmurs give us no definite indication, for the intensity of the murmur has no relation to the amount of lesion. We may have an intense murmur with a very small lesion, and, on the other hand, we may have a feeble murmur with a very extensive lesion. Is there any means by which we can obtain information concerning the degree of the valvular lesion, before the heart has become much enlarged?

We may obtain information by directing attention to the second sound of the heart as heard in the second intercostal space upon the left and right side of the sternum. Upon the right side of the sternum, in the second intercostal space, is the point where the aortic second sound is heard. The second sound heard in the second intercostal space on the left side of the sternum is produced mainly by the pulmonic valves.

The information regarding the degree of valvular

lesion present is obtained by comparing the aortic second sound with the pulmonic second. First let us suppose we have evidence of valvular lesion at the aortic orifice, as shown by the presence of a direct or regurgitant murmur, or both. We wish to form an opinion as to whether much damage, if any, has been done to the aortic valves. We then compare the aortic second sound with the pulmonic second sound, and, if it is found to stand in its normal relation with the pulmonic second sound, we may be sure that the amount of damage done to the aortic valves is not very great. In health the aortic second sound is somewhat louder, higher in pitch, and has more of the valvular quality, the short, clicking character, than does the pulmonic second sound. In proportion as the function of the valves is impaired by lesions will the intensity of the sound be diminished, and if the aortic valves have undergone great damage, the aortic second sound may be entirely wanting. We have then a ready way of determining to what extent damage has been done at the aortic valves.

Suppose we have mitral lesion, either obstructive or regurgitant, or both. We may form a judgment regarding the amount of regurgitation or obstruction by comparing the aortic second sound with the pulmonic second sound. In proportion as we have contraction of the mitral orifice, the left ventricle contracts upon an insufficient quantity of blood to fully dilate the aorta and its branches, the recoil of the arteries is less, the valves are expanded with less force, and there is a proportionate weakening of the aortic second sound as compared with the pulmonic. The effect, then, of mitral obstructive lesion is to weaken the aortic second sound. If the mitral obstructive lesion has led to enlargement of the heart, we have seen that the right ventricle is the part especially hypertrophied, and the hypertrophy of the right ventricle is represented by the intensity of the pulmonic second sound. There is, then, with mitral direct lesion, involving contraction at the mitral orifice, an abnormal relation between the aortic second sound and the pulmonic second sound, consisting in a weakening of the aortic and an intensifying of the pulmonic when hypertrophy of the right ventricle has taken place.

The same is true of mitral regurgitation. A less quantity of blood is sent to the aorta, the recoil of the artery is diminished, the valves are expanded, with less force than normal, and, as a consequence, the aortic second sound is weakened; and when the right ventricle becomes hypertrophied, the pulmonic second sound becomes intensified.

This is of practical utility in forming a judgment with regard to the extent of the valvular lesions.

We have seen that the first effect produced by valvular lesions of the heart is to produce hypertrophy, and such hypertrophy is conservative; it has a real value and advantage. If it were practical to diminish the hypertrophied condition, the patient would be placed in a very much worse condition by so doing.

As a general statement, patients with valvular lesion of the heart do not suffer much inconvenience as long as the hypertrophy, which follows, predominates. A patient with hypertrophy of the heart predominating may take considerable muscular exercise with advantage, but he should carry it only to such an extent as he can do without suffering the least discomfort.

When, however, the dilatation predominates over the hypertrophy, the symptoms to which I called your attention in a previous lecture are developed—such as dyspnoea, first upon exertion, next when at rest, and generally dropsy.

We will now assume that there is evidence of dilatation of the right ventricle; that the patient cannot take but little exercise without suffering from dyspnoea in an extreme degree, perhaps is unable to assume the recumbent posture, and there is cyanosis with more or less dropsy. What are the indications for treatment? The heart may be beating regularly or irregularly, different cases differing in this respect, without apparent reason for such difference. It is proper, if possible, to remove the dropsy. We usually endeavor to do this by the judicious use of hydragogue and diuretic remedies. In this way we may be able, perhaps, to relieve the patient of his dropsy.

We may also relieve the dyspnoea by the judicious use of certain measures. Opiates may sometimes be resorted to, but very carefully. Some prescribe ethereal preparations, and these often afford marked relief.

We can hardly expect to relieve the patient of dyspnoea, especially upon exertion, as we may expect to succeed in removing the dropsy. However, these symptoms claim palliative measures of treatment.

Now, as regards the heart itself. We may often, under these circumstances, derive great benefit from the use of digitalis, especially when the heart is irregular in its action. A feeble, irregular action of the heart is the condition which is most likely to be benefited by the judicious use of digitalis. It is not necessary to carry it to very large doses; ten or fifteen drops of the tincture may be repeated at rather short intervals, the object being to keep up the *continuous* effect of the drug. The effect frequently in this class of cases is to produce regularity of the heart's action, diminish the frequency of the heart-beat, and increase its power, thus accomplishing the objects desired. Now, while this is being done, the great object of treatment, other than the relief of special symptoms, is to improve the condition of the blood by improving the general condition of the patient. In other words, our object is to put the system in such a condition as will best tolerate an affection which must continue and increase. These patients, not unfrequently, are anæmic, and this condition of the blood always increases their distress and suffering; in short, all the symptoms incident to cardiac disease. If we can restore the blood to its proper condition, perhaps the patient may tolerate the cardiac affection without much inconvenience.

If anæmia is present, we endeavor to restore the blood to its proper condition, not only by the use of chalybeates, but by the use of such measures as will improve digestion, etc. The capital principle in the treatment of cardiac diseases is to endeavor to improve the general condition of the system, with the view of securing as much tolerance of the affection as possible.

TREATMENT OF AORTIC LESIONS.

I pass now to the treatment of aortic lesions, which presents some points of difference as contrasted with the treatment of other cardiac lesions.

We do not have dyspnœa, we do not have dropsy, unless enlargement by dilatation has extended to the right side of the heart. Hypertrophy and dilatation of the left side of the heart, dependent upon aortic lesions, do not lead to dyspnœa or general dropsy. They involve distress which is described as palpitation or a sense of discomfort referable to the precordia. The suffering may be very great, but it is not, properly speaking, dyspnœa.

Now it has been stated that in cases of aortic lesions, especially involving free regurgitation, there is danger of sudden death, and that fact is to be considered in the treatment of this class of cases. Other things being equal, the danger of sudden death is in proportion to the regurgitation at the aortic orifice and weakening of the left ventricle by dilatation.

What can be done to relieve the distress of the patient and prevent a fatal termination?

We may have here, as with mitral lesions, a feeble, irregular action of the heart. Shall we employ digitalis, as in the treatment of the same condition in connection with mitral lesions? There is a difference of opinion with regard to the correct answer to this question. Some consider that this remedy may involve danger, and in this manner: if it has the effect of diminishing the frequency of the heart's action, overfilling of the left ventricle is more likely to occur; hence the patient is exposed to more danger from paralysis of the heart, and thereby sudden death. On the other hand, it is argued that, by giving greater power to the heart's action, notwithstanding the diminished frequency, the patient is less liable to have over-accumulation of blood in the left ventricle. As far as my experience goes, the truth lies between the two extremes. I would use digitalis with a certain amount of reserve in the treatment of aortic lesions, but it seems to me evident that in certain cases benefit follows the judicious use of the remedy. We can give it without running the risk of producing much slowness of the heart's action, and thus secure the tonic effect of the remedy without incurring the danger which deters some from employing it at all. As regards other measures to be employed; the same general principle is applicable as in the treatment of other lesions. The general condition of the patient is to be improved as much as possible, especially with reference to anæmia. It has been justly said that "a lame heart needs good blood." Active muscular exercise, or great mental

excitement, are to be especially avoided in aortic lesions in which there is evidence of free regurgitation of the left ventricle. Under those circumstances we should not hesitate to caution the patient, and perhaps it may not be imprudent in certain cases to intimidate the patient, by telling him there is danger of sudden death unless certain prudential measures are observed.—*New York Medical Record.*

ON CATHETERISM IN CASES OF STRICTURE ON PHYSIOLOGICAL PRINCIPLES.

By JOHN GAY, F.R.C.S., Senior Surgeon to the Great Northern Hospital, etc.

Cases of stricture, I need hardly say, often come under the care of the surgeon, especially in hospital practice, in which, owing to the patient's neglect, a stricture barely permeable becomes almost suddenly impervious, and the surgeon is called upon to procure a passage of some kind for the urine in the teeth of every obstacle, normal and abnormal, that can waylay his efforts and render them difficult. It is to the earlier period in this (the culminating) stage of such a case that the following remarks are designed to apply:

A man, aged twenty-eight, recently presented himself at the Great Northern Hospital, during my visit. He had suffered from stricture for years; had had urethral discharge in abundance, and chronic balanitis as well. Literally his urine had dripped away, and, before reaching the hospital, this resource had failed him. Catheterism was attempted by skilled hands, but in vain; and as early relief was necessary, an operation was advised, but refused. On examination, he was found to have a hard, firm, and painful stricture about three inches from the orifice, for which I proceeded to use a catheter on the following principles:

1. As it is, the urethra is absolutely impervious to the passage of the catheter from a combination of causes—viz., the stricture growth engorged with mucus and blood, and rendered painful by futile catheterism; and certainly spasm. It is not, however, absolutely impassable.
2. The tightest part of the stricture is that in front.
3. The unconditional use of a catheter would, in such a state of the parts, certainly intensify the difficulty by calling into play a new source of resistance, in the form of normal muscular antagonism, to its passage—a force that is ever on the alert to oppose the enforced passage of a foreign body through the urethra into the bladder.
4. This automatic force can be brought under complete control by an act of volition, and not only so, but be made to impart to the stric-

tured canal the greatest amount of patency and passivity of which it is capable.

5. The means to this end consist in making the patient bring the sphincters or detrusors of the bladder and urethra into a state of absolute rest by voluntarily, but gradually, calling into powerful action their antagonists, the expulsors or accelerators, and using the catheter whilst the force thus elicited is kept in a state of strain.

6. This mode of palsyng the detrusors has another advantage which anæsthesia does not possess, since it assists the surgeon by employing the urine as a dilator, and thus reduces the resistance of the stricture slit.

In the case before us the method thus indicated was carried out as follows: The patient was made to stand, supported by assistance, upright against a firm support, with outstretched legs—a position I always insist upon in catheterisation if feasible.—and being prepared with a well-warmed and oiled silver catheter (No. 4, at a venture, in this case), he was called upon to make an effort to pass his water and to gradually increase it to the extent of his power, always under the impressed conviction that he will succeed. After straining thus for a few seconds, and being required to keep up the act until he had permission to relax it, the point of the instrument was gently insinuated into the urethra, and carried on to the stricture. By careful exploration I was soon satisfied that its point and the slight force I was using were in a line with the axis of the canal, and that the entrance of the stricture had been reached. This I *felt*, for I had contrived to slide the instrument along the floor of the passage to the furthest point I could reach in any part of the canal, and by the sense of a slight grip of its point which was given me on making a simple move of the instrument onwards, I was sure that the passage had been gained. The patient still keeping up the strain, with a very little more force the catheter passed through with the usual, not always assuring, jerk. It could not, however, be made to enter the bladder, for its course was interrupted by another stricture at the membranous part of the urethra. This I did not attempt to pass, being satisfied that if the instrument could be retained during the night, the remainder of the passage would be easily passed in the course of the morrow, for the catheter would now indirectly act as an expulsor, and therefore keep in check any renewal of action on the part of any counteracting power. The urine passed abundantly during the succeeding night not *through* the catheter—for it contained some clotted blood, and if it had not, I should have prevented it by the use of a close-fitting stilette,—but around it; and on my visit the next day, the instrument was passed through with the help of the tip of my forefinger. A

severe rigor followed the first effort, which was subdued by a glass of hot brandy-and-water and one scruple of quinine in the course of the next twenty-four hours.

The subsequent treatment has been daily catheterisation, using a larger catheter each day, and allowing it to remain a few hours on each occasion. On the seventh day a No. 8 was easily passed. I need not refer to the watchful care which is always needed in the after-management of such cases.

I have ventured to ask permission to publish this case, trusting that the principle advocated—viz., that of falling back upon physiological resources as a help in the treatment of severe cases of stricture—might meet with whatever attention it may be thought to deserve.

I may state that I insisted on this method of treating stricture in a paper published in June, 1861; and that, although it called forth but little attention at the time, and I believe less since, I have not failed to employ it in every case requiring it, with invariably the like results. I have also demonstrated it in the course of hospital and private practice, so that it is not entirely without its witnesses.

[Since the foregoing was penned, my friend, Dr. Neale, the able editor of the *Medical Digest*, has called my attention to the fact, hitherto new to me, that Mr. Le Gros Clark enunciated the same views in a lecture delivered by him in June, 1860.]—*London Lancet*.

INJECTIONS OF LINSEED OIL FOR THE CURE OF CHRONIC CYSTITIS.

A man, aged twenty-nine years, entered the hospital December 23, suffering from cystitis of six months' standing. Micturition occurred every hour both day and night. The urine contained a large amount of mucus and pus. The ordinary remedies were used without benefit, and finally Dr. Howe proposed to distend the bladder and keep it so as long as possible. The agent he used was linseed oil; eight ounces were used at each daily injection. After the treatment had been continued for a week, the cystitis improved. The pus and mucus disappeared. Micturition occurred only six times in twenty-four hours, and was unattended with pain.

Another patient, aged forty-nine years, was admitted with cystitis of three months' standing. Urine contained both pus and mucus. Micturition was painful, and occurred eighteen times a day. The injections of linseed oil were used as in the previous case. After eight days the pain abated, and he was able to hold his urine for two hours; but at that time he left the hospital and has not reported since.—*N. Y. Med. Journal*.

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THE NEW MEDICAL BILL.

In this issue we publish in full the New Medical Bill, which has just passed the Quebec Legislature. It may to many of the profession seem somewhat singular that, within two years and a half of the passing of the Act under which we are at the present moment acting, a new Bill should be required. The truth, however, is that the Act assented to in December, 1876, was drawn up somewhat hastily by a representative committee, suddenly organized among representative men at that time in Quebec. Among some of the interests then present at the Capital there had been wide difference of opinion and considerable acrimonious discussion, and when it was decided to prepare a Bill which was to be a compromise, the time given in which the work had to be performed was exceedingly limited. Although every one on that committee certainly did the best he could, the Bill was not long in operation before it was discovered that it contained many weak points, and these points of very considerable importance. As a member of that committee we felt that if the College of Physicians and Surgeons of the Province of Quebec was to receive from the profession the support which such a body was entitled to expect, the College on its part should be willing and in a position to give its members that protection from unlicensed practitioners and charlatans which it was their right to demand. With this object in view certain clauses were introduced, but no sooner were they attempted to be carried into effect than it was found that, so loosely had they been drawn, it was

impossible to enforce them. Again, on the question of a legal tariff, a boon long asked for, the Bill was believed to be satisfactory, but on this point it also failed, and this fact has caused to some, perhaps to many, financial loss. Then the Universities, who gave up rights vested in them by their Royal charter, found the *quid pro quo* which was given them a snare and a delusion. They believed that it gave them the right of selecting their own delegates, while the College claims the right, which never was intended, of electing the delegates named, along with the other governors, at the Triennial Meeting. Under the Act the pretension was perhaps a valid one, but the Universities thought and insisted that the right of representation was almost worthless, if not absurd, if it did not carry with it the right of election, quite independent of any revisatory power on the part of the College. There were other flaws in the Bill, we only name the above as samples. The result was that the College, over a year ago, appointed a committee to revise it. This committee met frequently, and had long discussions, and when the amendments were completed, they were all submitted to eminent counsel, who came to the conclusion that it was better to draft a new Bill entirely, and this was done. The present Bill was drafted by Mr. Mousseau, Q. C., with his attention specially directed to the fact that one most important object the Collège had in view was to be able to protect its own members from the *parasites* who infest every portion of the country. To these clauses great care, we are assured, has been given, and with the present Act the College should be in a position to give that which ever since its organization the profession has been loudly demanding—protection. It is believed also that the tariff has been settled satisfactorily, and that when all the preliminaries have been gone through with, no further trouble will be had in proving its authenticity in a court of justice. In the matter of preliminary education, although the Universities gave up the right of examining their own students, the clause of the old Act was not what it should have been, and at least one school (Victoria College) has taken advantage of it this year, and again exercised this right. It is believed that by the new Act the original intention can now be enforced. We hope that our readers

will read the Act carefully. We especially draw the attention of those who may not yet have registered to the fact that they are liable, under this Bill, for their annual subscription of \$2, to the College, from the time that, under the old Act, the period up to which they were allowed to register, expired by limitation. In other words, under the old Act they were allowed up to 28th December, 1877, to register without incurring a penalty; after that date a penalty was imposed. Under this Act the penalty is remitted, but the member is obliged to pay the annual subscription to the College as if he had registered.

ASSEMBLY BILL No. 46.

An Act to further amend and consolidate the Acts relating to the Profession of Medicine and Surgery in the Province of Quebec.

WHEREAS it is necessary to further amend and consolidate the laws now in force in the Province of Quebec, for regulating the qualifications and examination of candidates for the study of medicine, surgery and midwifery; for the registration of medical practitioners, and for the infliction of penalties upon persons infringing the provisions of this Act, respecting the practice of medicine, surgery and midwifery; Therefore Her Majesty, by and with the advice and consent of the Legislature of Quebec, enacts as follows:

1. From and after the passing of this act, the act or ordinance of the legislative council of the late province of Quebec, passed in the twenty-eighth year of the reign of his late Majesty King George the third, and intituled, *An act or ordinance to prevent persons practising physic and surgery within the Province of Quebec, or midwifery within the towns of Quebec and Montreal, without license*, and all other acts or parts of acts, in any manner relating to the practice of medicine, surgery or midwifery in the Province of Quebec, or in any manner relating to the mode of obtaining licenses to practise medicine, surgery or midwifery therein, as well as the act 40 Vict., chap. 26, intituled: "An act to amend and consolidate the acts relating to the profession of medicine and surgery in the Province of Quebec," assented to on the 28th of December 1876, shall be and are hereby repealed, except in so far as relates to any offence committed against the same or any of them, before the passing of this act, or any penalty or forfeiture incurred by reason of such offence.

2. All persons resident in the Province of Quebec, authorized to practise medicine, surgery or midwifery therein, and who at the time of the passing of the present act shall have been

registered under the act 40 Vict., chap. 26, and all persons resident in the Province of Quebec and licensed to practise medicine, surgery and midwifery therein who at the time of the passing of this act shall not have been registered under 40 Vict., chap. 26, but who shall hereafter become registered under the present act—and all persons who may hereafter obtain a license to practice medicine, surgery and midwifery in this province, and become registered under the present act, shall be and are hereby constituted a body politic and corporate by the name of: *The College of Physicians and Surgeons of the Province of Quebec*, and shall by that name have perpetual succession and a common seal, with power to change, alter, break or make new the same; and they and their successors, by the name aforesaid, may sue and be sued, implead and be impleaded, answer and be answered unto in all courts and places whatsoever, and, by the name aforesaid, shall be able and capable in law to have, hold, receive, enjoy, possess and retain for the ends and purposes of this act, and for the benefit of the said college, all such sums of money as have been or shall at any time hereafter be paid, given or bequeathed to and for the use of the said college; and by the name aforesaid, shall and may at any time hereafter, without any letters of mortmain, purchase, take, receive, have, hold, possess and enjoy any lands, tenements or hereditaments, or any estate or interest derived or arising out of any lands, or tenements or hereditaments, for the purposes of the said College, and for no other purposes whatever; and may sell, grant, lease, demise, alienate or dispose of the same, and do or execute all and singular the matters and things that to them shall or may appertain to do; provided always that the real estate so held by the said corporation shall at no time exceed in value the sum of twenty thousand dollars.

3. From and after the passing of this act, the persons who compose the College of Physicians and Surgeons shall be called: "Members of the College of Physicians and Surgeons of the Province of Quebec."

4. The affairs of the said College shall be conducted by a board of governors, forty in number, chosen, as hereinafter set forth, for three years; viz.: thirty shall be elected from amongst the members of the College, and ten nominated by the Universities, Colleges and incorporated Medical Schools, hereinafter named: said thirty members to be chosen as follows: thirteen from amongst the members of the College resident in the district of Quebec; eleven from amongst its members resident in the district of Montreal; three from amongst its members resident in the district of Three Rivers; three from amongst its members resident in the district of St. Francis; and the said ten nominated governors shall be appointed as

follows:—the University of Laval at Quebec shall name two, and the same shall be chosen from amongst the members of the said College residing in the City of Quebec; the University of Laval at Montreal shall name two, the University of McGill, two, the University of Bishop's College, two, and the incorporated School of Medicine and Surgery of Montreal affiliated with the University of Victoria College, or with any other British University, two, which said nominated governors shall be chosen from amongst the members of the said College of Physicians and Surgeons residing in the city of Montreal; provided that in any time the city of Montreal shall not have more than ten governors and the city of Quebec eight. The governors to be appointed by the institutions mentioned in this section, shall not require to have their appointment confirmed or approved by the said College, but on presenting their certificate of nomination, shall be eligible to take their seats and enter upon their functions.

In case any of the Universities, Colleges or incorporated medical schools now existing in the Province of Quebec, should cease to have its students taught the science of medicine, the power of appointing delegates, as hereinbefore provided, shall cease *ipso facto*, and can only be revived when such institutions or any of them, shall *bonâ fide* resume their teaching.

At each election of the board of governors, every member of the said corporation shall have the right of voting by proxy;

2. The aforesaid district of Quebec shall comprise the present judicial districts of Quebec, Gaspé, Saguenay, Chicoutimi, Rimouski Montmagny, Beauce and Kamouraska;—the district of Montreal shall comprise the present judicial districts of Montreal, Terrebonne, Joliette, Richelieu, Bedford, St. Hyacinthe, Iberville, Beauharnois and Ottawa;—the district of Three-Rivers shall comprise the present judicial districts of Three-Rivers and Arthabaska:—and the district of St. Francis shall consist of the present judicial district of St. Francis,

3. The members of the Board of Governors shall be elected for a period of three years, but any member may resign his appointment at any time, by letter addressed to the secretary of the said board, and upon the death or resignation of any member of the said board, it shall be the duty of the secretary forthwith to notify the University or body wherein such vacancy may occur, of such death, resignation or removal, and such University or body, shall have the power to nominate another duly qualified person to fill such vacancy; or if the vacancy be caused by the death, resignation or removal from the electoral city or district of any member elected from the electoral cities or districts, the Board of Governors shall fill up such vacancy from amongst the eligible members of the col-

lege in the city or district where such vacancy shall have occurred, by an election by ballot, at the next ensuing meeting subsequent to the occurrence of such vacancy; and in the event of any vacancy occurring in the said board of governors in consequence of any of the said institutions ceasing to teach, the place of said governors shall be filled in the same manner from amongst the members of the said college, residing in the city wherein such institution was located, during the suspension of such institution to teach as hereinbefore set forth; and it shall be lawful for the Board of Governors to exercise, during any such vacancy, the powers of the board hereinafter mentioned.

5. The said board of governors shall be, and are hereby constituted "The Provincial Medical Board," in which capacity they shall meet to perform the several duties devolving upon them under this act, as the Board of Governors of the College, not less than twice in each year, at such time and place as by them shall be deemed most fit, and on which occasions seven shall be a quorum for the transaction of business.

6. From and after the passing of this act, no person shall practise medicine, surgery or midwifery in the Province of Quebec, unless he shall have obtained a licence from the Provincial Medical Board, which is hereby authorized to issue such licence.

7. Every person who has obtained, or may hereafter obtain, a medical degree or diploma in any University or College, mentioned in section 4 of this act, shall be entitled to such licence without examination as to his medical knowledge and skill, provided that such diploma shall have only been given after four years of study of the medical profession, from the date of his admission to study, and according to the requirements of the existing law; provided also that the "Provincial Medical Board" shall have the power to grant the same privilege to holders of diplomas of Medicine and Surgery from other British, Colonial or French Universities or Colleges.

8. From and after the passing of this act, no person shall be admitted as a student of medicine, surgery or midwifery, unless he shall have obtained a certificate of qualification from the Provincial Medical Board;

And no one shall be entitled to the licence of the college, on presentation of a diploma, unless he shall have been previously admitted to the study of medicine, in accordance with the provisions of this act, or unless he shall have passed an equivalent preliminary examination before a college, school or board, authorized by law to require and cause such preliminary examinations to be passed in her Britannic Majesty's possessions, elsewhere than in the Province of Quebec, and acceptable to the board created by this act.

9. At the first regular meeting of said board, after the passing of this act, there shall be appointed by the Provincial Medical Board, for three years, subject to the continued approval of the board, four persons actually engaged in the work of general education in the Province of Quebec, to examine all persons about to begin the study of medicine, surgery and midwifery, on the subjects of general education hereinafter mentioned, as belonging to the preliminary qualification of medical students, viz.—one examiner of French and one of English nationality for the city of Montreal, and one of French and one of English nationality for the city of Quebec. The subjects of the preliminary qualification to be English or French, Latin, Geography, History, Arithmetic, Algebra, Geometry, Belles-lettres and any one of the following subjects:—Greek, Natural or Moral Philosophy; and the candidate to present a certificate of good moral character; provided that all medical students who, before the passing of this act, shall have passed their preliminary examination before the examiner or examiners of any University, incorporated school of medicine or Provincial Medical Board, shall not be required to pass before the examiners mentioned in this section.

10. Every person wishing to obtain a licence to practise medicine, surgery and midwifery in this province, and to be registered under this act, and who shall not have obtained a degree or diploma in medicine, surgery and midwifery from any of the institutions mentioned in section 4 of this act, shall, before being entitled to such licence, and to registration in this province, pass an examination as to his knowledge and skill, for the efficient practice of medicine, surgery and midwifery before this board; and, upon passing the examination required, and proving to the satisfaction of the examiners that he has complied, in an institution for the teaching of Medicine in Her Majesty's Dominions, with the rules and regulations made by the Provincial Board, and, on payment of such fees as the Board may by general by-law establish, such person shall be entitled to a licence to practise medicine, surgery and midwifery in the province of Quebec.

11. All persons coming from any recognized college outside of Her Majesty's possessions, and who are desirous of obtaining a licence from the College, must previously pass the preliminary examination before the examiners appointed by the Provincial Medical Board, or establish, to the satisfaction of the Board, that they have already passed an equivalent examination; they must moreover, follow, in one of the Schools of Medicine in this Province, a complete course, [for six months] of lectures, and such other course or courses as shall be necessary to complete the curriculum required by the board; they shall also pass a professional examination

before the Provincial Medical Board. Such persons may pass their professional examination immediately after their preliminary examination.

12. The said Board of Governors of the College of Physicians and Surgeons shall have power:

1. To regulate the study of medicine, surgery and midwifery, by making rules with regard to the preliminary qualification, duration of study, curriculum to be followed, and the age of the candidate applying for a licence to practise; provided always that such rules shall not be contrary to the provisions of this act;

2. To examine all credentials, all certificates of admission to study or of attendance at lectures and all other documents purporting to entitle the bearer to a licence to practise, and all diplomas, or other degrees, qualifications sought to be registered in this Province, and to oblige the bearer thereof to attest on oath (to be administered by the chairman for the time being) that he is the person whose name is mentioned therein, and that he became possessed thereof legally;

3. To cause every member of the profession now practising, or who may hereafter practise in the Province of Quebec, to enregister his name, age, place of residence, and nativity, the date of his licence and place where he obtained it, in the books of the College;

4. To fix the period of probation which persons must undergo before being eligible for election as governors of the College, which period shall not be less than four years, and to make all such rules and regulations for the government and proper working of the said corporation, and the election of a president and officers thereof, as to the board of governors may seem meet and expedient, which said rules and regulations shall, before they shall come into effect, be sanctioned by the Lieutenant Governor of this Province, after the same shall have been submitted to him for approval and by him allowed.

13. The Provincial Medical Board shall, from time to time, as occasion may require, make rules and regulations:

1. For the guidance of the examiners, and to prescribe the subject and mode of examinations, the time and place of holding the same, and generally shall make all such rules and regulations in respect of such examinations, not contrary to the provisions of this act, as they may deem expedient and necessary;

2. To regulate the study of medicine, surgery and midwifery with regard to the preliminary qualifications, duration of study and curriculum of studies to be followed by the students; provided always that such rules shall not be contrary to the provisions of this act, and that any change in the curriculum of studies

fixed by the board shall not come into effect until one year after such change is made;

3. To appoint assessors either out of its own body, or from among the registered members of the College, to visit and attend the medical examinations of the various Universities, colleges and incorporated schools of the province, and to report to the Provincial Board upon the character of such examinations; but such assessors shall not be chosen out of any of the teachers in any one of the said Universities, or incorporated schools, and should such report be, at any time, unfavorable to any University, college or incorporated school, the Provincial Board shall in such case, and under such circumstances, have the power to refuse the license and the registration of the degree or diploma of the institution so reported upon, until such examination shall have been amended;

For such purpose the Provincial Board shall appoint or elect assessors, two or more of whom shall attend the examinations at each University, college or incorporated medical school, in accordance with a by-law to be hereafter passed by the Board;

It shall be the duty of the above institutions to notify the Provincial Board of the time or times at which their examinations shall be held, at least one month previous to such examinations;

4. To make tariffs of rates to be charged in towns and country, for medical, obstetrical or surgical advice, or for attendance—or for the performance of any operation, or for any medicines which shall have been prescribed or supplied;

5. Such a tariff, to be valid, must be approved by His Honor the Lieutenant-Governor of the Province of Quebec in Council, and can only come into force six months after the publication of such tariff, as well as of the order in council approving the same, at least once in the Official Gazette of the Province of Quebec;

Such tariff shall not, in case of suit, obviate the necessity of proof of giving the advice, care, prescriptions, medicines and other things therein mentioned, according to the laws then in force.

14. The Provincial Medical Board shall have the power to fix, by by-law, the salary or fees to be paid to the officers, to the examiners and to the assessors appointed by the said board; as well also, the fees to be paid by all candidates entering on the study of medicine, as also by all candidates for licence to practise medicine, surgery and midwifery, as well as the fee to be paid for registration; and the said board may dispose of all fees received in whatever manner they may think most conducive to the interests of the college.

15. The qualifications to be required from a candidate for obtaining a licence, authorizing him to practise medicine, surgery and mid-

wifery, shall consist in his holding a certificate of study from a licensed physician, for the period intervening between the course of lectures which he has followed; that he is not less than twenty-one years of age; that he has followed his studies during a period of not less than four years, commencing from the date of his admission to the study of medicine by this board, and that, during the said four years, he shall have attended, at some University, college or incorporated school of medicine, within Her Majesty's dominions, not less than two six months' courses of general or descriptive anatomy—of practical anatomy—of surgery—of practice of medicine—of midwifery—of chemistry—of *materia medica* and general therapeutics—of the institutes of medicine—of physiology and general pathology—of clinical medicine and of clinical surgery;—one six months' course or two three months' course of medical jurisprudence,—and one three months' course of botany,—one three months' course of hygiene, and a course, of not less than twenty-five demonstrations, upon microscopic anatomy, physiology and pathology; also, that he shall have attended the general practice of a hospital in which are contained not less than fifty beds, under the charge of not less than two physicians or surgeons, for a period of not less than one year and a half, or three periods of not less than six months each; and that he shall also have attended six cases of labour, and compounded medicine for six months. And to remove all doubts with regard to the number of lectures which the incorporated schools of medicine of the province of Quebec are bound to give, it is enacted and declared, that each six months' course shall consist of one hundred and twenty lectures, except in the case of clinical medicine, clinical surgery and medical jurisprudence. Of the four years' study required by this act, three six months' sessions at least shall be passed in attendance upon lectures at a University, college or incorporated school of medicine recognized by this board; the first whereof shall be so passed the session immediately succeeding the preliminary examinations.

16. All persons obtaining the licence to practise from the College of Physicians and Surgeons of the Province of Quebec shall be styled members of the said college, but shall not be eligible as governors within a period of four years from the date of their admission as members; and the said election of governors shall be made under such rules and regulations therefor, and in such manner as the said Board of Governors shall ordain. The members of the College shall pay the sum of two dollars a year for the use of the College.

17. The Provincial Medical Board shall have the power to make rules and regulations respecting the admission of females to the study and practice of midwifery in this province, and

shall determine the degree, the nature and extent of knowledge and qualifications required from women who wish to practise midwifery, provided always that all females who at the time of passing of this act shall have been legally qualified to practise as midwives in this province, shall retain that right, but shall be required to conform to such rules and regulations as may hereafter be made by the college of physicians and surgeons of Quebec, respecting them.

Nothing in this section, or in the by-laws which may be made, shall prevent, as it occurs often, women in the country from practising midwifery or assisting midwifery without being admitted to the study or the practice of midwifery.

18. The Provincial Medical Board shall cause to be kept by the registrar a book or register, to be called the Register, in which shall be entered, from time to time, the names of all persons who shall have been duly licensed and registered under act 40 Vict., cap. 26, or under this act, and who shall have complied with the enactments hereinafter contained, and with the rules or regulations made or to be made by the Provincial Medical Board, respecting the qualifications to be required from practitioners of medicine, surgery, and midwifery, in the Province of Quebec; and those persons only whose names have been or shall hereafter be inscribed in the register above mentioned shall be deemed to be qualified and licensed to practise medicine, surgery and midwifery in the Province of Quebec; and such register shall at all times be open and subject to inspection by any duly registered practitioner in the province, or by any other person.

19. It shall be the duty of the registrar to keep the register correct, in accordance with the provisions of this act, and the orders and regulations of the Provincial Medical Board, and he shall, from time to time, make the necessary alterations in the addresses or qualifications of the persons registered under this act; and the said registrar shall perform such other duties as shall be imposed upon him by the Provincial Medical Board.

20. The Registrar of the College, under the direction of the Board of Governors, shall cause to be printed and published and distributed to the members of the college, from time to time, a copy of the register of the said names, which he shall place in alphabetical order, inserting the names and surnames, respective residences, medical titles, diplomas and qualifications conferred by the College or other medical body, with the date of the same, of the persons appearing on the then existing register at the date of such publication, and such register shall be called the "Quebec Medical Register"; and a printed copy of such register, certified under the hand of such Registrar as such, shall

be *prima facie* evidence before all courts, and all justices of the peace and others, that the persons therein named and entered have been registered in accordance with the provisions of this act; and the absence of the name of any person from such copy shall be *prima facie* proof that such person has not been registered in accordance with the requirements of the said act; provided always that in such case, where a person's name does not appear on such printed copy, a copy or an extract from the Register, certified by the Registrar of the College, of the entry of such person's name on the Register, shall be proof that such person is registered in accordance with the provisions of the present act, and a certificate under the hand of the Registrar, that any member whose name appears on the Register has paid his annual contributions to the college, shall be received in all courts of justice as *prima facie* evidence that such payments have been made.

21. If the registrar be convicted of a felony, he shall be disqualified from again holding any office in the College.

22. Every member of the medical profession who, at the time of the passing of this act, may be possessed of a licence from the College of Physicians and Surgeons of Lower Canada, to practise medicine, surgery and midwifery in the Province of Quebec, and who shall not have been registered under the act 40 Vict., chap. 26, shall, on the payment to the registrar of the fee of one dollar, and all annual dues and contributions by him due and payable to the heretofore college of physicians and surgeons of this province, enacted under the act 40 Vict., chapter 26, be entitled to be registered, on producing to the registrar the document conferring or evidencing the qualification, or each of the qualifications, in respect whereof he seeks to be so registered, or upon transmitting by post to such registrar information of his name and address, and evidence of the qualifications in respect whereof he seeks to be registered, and of the time or times at which the same was or were respectively obtained; provided always that he so register within one year after the passing of this act.

23. Any person required or entitled to be registered under this act, but who shall neglect or omit to be so registered, shall not be entitled to practise medicine, surgery or midwifery, or to any of the rights or privileges conferred by this act, so long as such neglect or omission continues, and he shall be liable to all the penalties imposed by this act, or by any other act which may now be in force, against unqualified or unregistered practitioners; and he shall, moreover, pay to the College of Physicians and Surgeons of the Province of Quebec a fine of five dollars every year until he is registered, which fine or penalty may be recovered before the Circuit Court for the

county or district in which such person so in default shall reside, for, by and in the name and to the use of the said Corporation constituted by the present act, under the name of "The College of Physicians and Surgeons of the Province of Quebec."

24. Any person who has attended medical lectures, during three sessions of any medical school, in the British Dominions, and who has been actually engaged in the practice of the profession of medicine for a period of over thirty years in this province, may, on proof of these facts, to the satisfaction of the provincial medical board, and produces moreover, a certificate signed by two resident medical practitioners, in the neighbourhood where he has practised, that he has succeeded in his profession, and is entitled to the consideration of the board, be entitled to a licence to practise medicine, surgery and midwifery in this province and to registration without examination.

25. No person, unless otherwise duly authorized, shall be entitled to recover any charge, in any court of law, for any medical or surgical advice, or for attendance, or for the performance of any operation, or for any medicine which he shall have prescribed or supplied, or be entitled to any of the rights or privileges conferred by this act, unless he shall prove that he is registered under this act, and has paid his annual contribution to the College.

26. No certificate required by this or any act now in force, from any physician or surgeon or medical practitioner, shall be valid, unless the person signing the same be registered under this act.

27. Any registered member of the medical profession, who shall have been convicted of any felony, in any court, shall thereby forfeit his right to registration, and, by the direction of the Provincial Medical Board, his name shall be erased from the Register; or, in case a person known to have been convicted of felony shall present himself for registration, the registrar shall refuse such registration.

28. Any person not entitled to be registered in this Province, who shall be convicted, upon the oath of one or more witnesses, of having practised medicine, surgery or midwifery in the province of Quebec in contravention with the provisions of this act, after the passing of this act, for hire, gain, or hope of reward, shall incur a penalty of not less than twenty-five dollars, nor exceeding one hundred dollars;

2. A like penalty shall be incurred by every person assuming, after the passing of this act, the title of doctor, physician or surgeon, or any other name implying that he or she is legally authorized to practise medicine, surgery or midwifery in this Province, if unable to establish the fact by legal proof, as required by the present act, and the laws of the country.

3. Any person who, after the passing of this act, in an advertisement published in a newspaper, or in written or printed circulars, or on business cards, or on signs, assumes a title, name or designation of such a nature as to lead the public to suppose or believe that he or she is duly registered or qualified as a practitioner of medicine, surgery or midwifery, or any of such branches of the medical profession, or any person who offers or gives his or her services as physician, surgeon or accoucheur, for hire, gain or hope of reward, if he or she be not duly authorized or registered in this Province, shall, in each such case, incur a like penalty of not less than twenty-five, nor more than one hundred dollars;

4. In every prosecution under this act, the proof of registration shall be incumbent upon the party prosecuted;

5. The recovery of the penalties enacted by the present section 27, shall be sued for in the same form as ordinary simple civil actions, before any circuit or superior court of the district in which the delinquent may reside, or of the district in which the infringement of this act was committed, in the name of the "College of Physicians and Surgeons of the Province of Quebec;" and the court so seized of the suit shall, if the proof appear satisfactory, condemn the delinquent or defendant to pay, in addition to the penalty, the costs of suit, and in cases in which the penalty and costs shall not have been paid, it shall order that the delinquent or defendant be imprisoned for a period not exceeding thirty days, in the common gaol of the District in which the action has been instituted; provided always that he may, at any time, claim his discharge, before the expiration of the said thirty days, on paying the penalty and costs to which he shall have been condemned.

6. The penalties imposed by this act shall be recoverable with costs, and the same may be sued for and recovered by the said "College of Physicians and Surgeons of the Province of Quebec," by its corporate name, and, being recovered, shall belong to the said corporation for the use thereof.

And neither in any such suit or in any other civil action to or in which the said corporation may be a party or interested, shall any member of the corporation be deemed incompetent as a witness by reason of his being such member.

29. In all cases where proof of registration under this act is required, the production of a printed or other copy or extract from the register, certified under the hand of the registrar of the College of Physicians and Surgeons of the Province of Quebec, for the time being, shall be sufficient evidence that all persons therein named are registered practitioners, in lieu of the production of the original register; and any certificate upon such printed or other copy of the register, or extract from such register, pur-

porting to be signed by any person in his capacity of registrar of the College, under this act, shall be *prima facie* evidence that such person is such registrar, without any proof of his signature, or of his being in fact such registrar.

30. The present board of governors elected under the provisions of the acts hereinbefore repealed shall be continued, and shall act until after the next triennial election, but subject in all other respects to the provisions of this act; and all by-laws, rules and regulations heretofore made by the said College of Physicians and Surgeons of the Province of Quebec shall remain in force until repealed or modified under the provisions of this act.

31. The officers appointed under the provisions of the acts repealed shall retain their respective offices, and perform their respective duties under the provisions of this act, and all books and registers, heretofore kept by them in conformity with the acts hereby repealed, shall be continued in use for their respective purposes under this act.

32. The College of Physicians and Surgeons of the Province of Quebec is hereby vested with all the rights, powers, privileges, property and assets, heretofore belonging to the College of Physicians and Surgeons of Lower Canada and of the College of Physicians and Surgeons erected under the act 40 Vict., chap. 26.

33. No person licensed to practise as aforesaid and to registry under the said act 40 Vict., chap. 26, shall, by reason of anything contained in this act, be relieved or discharged from the fulfilment of all and every his requirements and obligations, fees, dues, fines and penalties, due and incurred under the said act, to and in favor of the heretofore college under the said late act, and specially in and by the 15th, 20th and 21st sections of the said act, all which shall be recoverable and enforceable against delinquents therefor, by the said college established by this act, and until the same shall have been complied with and settled with the said present college, such delinquents shall not be entitled to any of the rights and privileges conferred upon registered licentiates under this act.

34. It shall be lawful for the president of the college, if he shall deem it expedient so to do, at any time, by an authority under his hand and seal, to authorize, name, constitute and appoint any person or persons other than any of the officers of the said college, whoever he may select, to institute any proceeding against any person who may be supposed to have infringed any of the provisions of this act, and to collect any and all sums of money payable to the said college by any person under this act.

35. Nothing in this act contained shall be construed to affect the rights of any persons under the provisions of the act 28 Vict., cap. 59, and amendments thereto, 29 Vict., cap. 95.

A COMPLAINT FROM OUR FRIENDS ACROSS THE BORDER.

We have been favored with a copy of the Newport (Vermont) *Express* and *Standard* of the 24th of June last, containing an article headed "*A Strange Law*," in which complaint is made that the Act regulating the Practice of Medicine in the Province of Quebec is of so arbitrary a character that Medical men in United States territory bordering on Canada cannot cross over and attend patients. At a first glance, perhaps the complaint may seem a just one, yet a little reflection will, we believe, show that, all things considered, it is not only just but an absolute necessity. It must, of course, be evident to every one that we cannot have what might be termed localized legislation—we cannot have a law to govern the profession over the greater portion of the Province, and another somewhat more loosely drawn for the special benefit, not only of our Canadian practitioners in the border towns but of their American Medical neighbors. This being admitted, it has to be remembered that in this Province no one can enter upon the study of the Medical profession without having first passed a severe examination upon general education, and that four full years from the time of passing this examination have to be devoted to the study of Medicine. This is how Medical men are prepared in the Province of Quebec. While we very willingly admit that from the Medical Schools of the United States there have been sent forth hundreds of men whose names are not alone celebrated in their own land, but who are known and appreciated the world over, yet the fact still remains that in general the preparation is far shorter than it is with us. Some schools admit to study without any preliminary examination, while in those where it is demanded, with one or two exceptions, it is of a very elementary character. Then again, as to the duration of study; while we demand four full years, the American Schools graduate upon very much shorter terms: some few in three Sessions, some in two Sessions, and we have known it done in ten months. When therefore it is considered that the qualifications necessary to enter upon the study of Medicine are so much more severe, and the period of study so much longer with us, it must be evident that we cannot admit to prac-

tice in this country any who have followed courses which fall so much short of that which we demand from our own graduates. The United States is, we believe, the only country which allows free trade in medicine, although it protects, and that in some instances with a vengeance, the general trade of the country. Every other civilized nation, on the contrary, has thought that the lives of the inhabitants was their first care, and have therefore demanded a qualification for examination which as nearly as possible must be alike in all who practise the healing art. This degree of qualification of course varies in different countries. That grievances may in consequence arise is quite likely; they follow in many instances simply as the result of the sharply cut national boundary lines, and while they doubtless cause irritation, so long as we live under different forms of government and are guided by different laws, they must be endured.

Our editorial friend of the *Express and Standard* threatens retaliation unless the law is changed, and in this way doubtless some Canadian medical men would suffer. But whether they would suffer long depends entirely upon the character of the retaliation. If the Vermont authorities retaliated by demanding an examination, both preliminary and professional, from all Canadian graduates who desire to practise in that state, they would be doing what is quite within their province, and Canadians would accept the situation and qualify under it. If, however, all the American Medical Schools would adopt the main features of the English and Canadian Medical Acts, we would feel strongly in favor of admitting to examination, without residence, at our Universities and Schools and Licensing Boards any American graduate who might desire it. If this was done, they could then readily qualify to practise in Canada. Reciprocity in medical matters is certainly desirable, but it can never be obtained till the qualifications for examination are increased by our American friends.

THE LATE EDITOR OF THE CANADA MEDICAL AND SURGICAL JOURNAL.

We confess to a feeling of sadness at missing from the cover of the *Canada Medical and Surgical Journal* the name of its late editor, our friend, and, for many years, fellow-editor on the

old *Canada Medical Journal*, Dr. Fenwick. After fifteen years of constant editorial labor he has thrown off the harness, and retired from the work. Identified as he has been so long with Medical journalism in this Province, we also regret that he has seen fit to retire without a single line of valedictory, either to those who for such a length of time have sustained and supported him in his work, or to his fellow-laborers, who always have felt proud to number him one of the editorial fraternity. Speaking for ourselves, we have no hesitation in saying that we regard the retirement of Dr. Fenwick from the Medical press as a loss to the profession of the Dominion. No man was better posted on the medical history of the country, and no one better than he knew the various steps which, since 1847, have been taken to incorporate the profession, and which have done so much to elevate its standing. The value of such knowledge to a medical editor is great. In many questions which have arisen during the period of his journalistic work, his pen has done good service, and although at times, as we all will, he may have erred, we believe that, as a general rule, his views were sound, and that, looking over the past, he has little, if any, cause for regret at the stand he may have taken. In retiring into private medical life Dr. Fenwick carries with him our warmest wishes for his welfare, as well as the hope that, with the additional time which will now be at his disposal, he may be able to identify himself more than ever with that branch of the profession to which he has for many years past more closely devoted himself; in this way he can still further, with others, assist in building up a surgical reputation for our good city of Montreal. In this wish we are confident all his friends join most heartily—and their name is legion.

THE CANADA MEDICAL AND SURGICAL JOURNAL.

The August number of this journal comes to us under new editorial management, Dr. Fenwick, its editor since its foundation in 1872, retiring, and his place being supplied by Dr. Geo. Ross and Dr. W. A. Molson. We welcome these two gentlemen upon their initiation into the editorial fraternity, and trust that their pen will never rust, or their fingers weary, in battling for the rights and the advancement of the profession.

REGISTER OF THE COLLEGE OF PHYSICIANS AND
SURGEONS OF THE PROVINCE OF QUEBEC.

We have received a copy of this register, giving the names of all those who have registered since the passing of the Medical Act of December, 1876. It will prove a useful document to many. We, however, regret to notice that it contains a great many errors, some of them so exceedingly absurd that it is not creditable they should have escaped notice.

ANIMAL VACCINATION.

The *Dublin Medical Press* of July 16th, says: A bill has been brought in by Dr. Cameron, Earl Percy, Dr. Lyon Playfair, and Dr. Lush, with the object of procuring the vaccine lymph direct from calves. Under its provisions it will be compulsory on any public vaccinator, whenever the parents of a child shall demand to have it vaccinated with animal lymph, to have it so inoculated, and, in case the demand be not complied with, no prosecution shall lie against the parents for refusing to have the operation performed otherwise. The cost of the lymph shall be defrayed by Parliament. The proposed Act, it should be stated, extends its provisions to the whole of the United Kingdom. It will be in recollection that the guardians of a Galway Union, acting on the advice of their medical officer, resolved, some months ago, to try animal vaccination, and to purchase a calf for that purpose; but the Local Government Board put a veto on that resolution, and declared that the use of vaccine lymph was contrary to the existing law.

OLD-FASHIONED THESES.

The *British Medical Journal* gives a selection of titles of theses defended in the Paris school during the fifteenth and sixteenth centuries. Among them are the following: Does Venus beget and expel disease? Has the plague been sent down from heaven? Has the moon any influence on the humors of the body? Are short women more fruitful than tall women? Is it healthy for old people to put themselves into a passion? Are heroes given to melancholy?

A PEN WORTH RECOMMENDING.

We have been favored with samples of the celebrated Spencerian Double Elastic Steel Pens, and after trying them feel justified in highly commending them to our readers. They are made of the best steel, and by the most expert workmen in England, and have a national reputation for certain desirable qualities which no other pens seem to have attained in so great perfection, among which are uniform evenness of point, durability, flexibility, and quill action. It is thus quite natural that the Spencerian should be preferred and used by professional penmen, in business colleges, counting-rooms, government offices, public schools, and largely throughout the country. Indeed, so popular have they become, that of the "Number One" alone, as many as eight millions are sold annually in the United States.

The Spencerian Pens may be had, as a rule, from any dealer; but, when not thus obtainable, the agents, Messrs. Alexander Buntin & Co., 345 St. Paul Street, Montreal, will send for trial, samples of each of the twenty numbers on receipt of twenty cents.

PERSONAL.

Dr. Ackland, F.R.S., of Oxford, England, is at present in Boston. He visited this country in 1860, as Physician to His Royal Highness the Prince of Wales. Dr. Ackland intends visiting Her Royal Highness the Princess Louise about the time of her Toronto reception, and it is expected that he will be present at the Meeting of the Canada Medical Association at London, Ont., on the 10th of September.

Dr. Irvine (M.D., McGill College, 1866), who has for some time resided in Africa, was in Montreal early in August on a brief visit. It is stated that shortly before his departure from Africa, he was taken into the interior to visit one of the native kings who was ill, and that his attendants only travelled by night, so that the route they took should not be known by him. No white man had ever previously been in that portion of the country to which he was taken. On his arrival the king was dead. He remained to the inaugural festivities of the new king, and was the object of great curiosity. Previous to his leaving the River Congo, his new patient deposited with the merchants on the Gold Coast a handsome ransom for his safe return.

Dr. Venner (M.D., Bishop's College, 1874) is in practice at Campbellton, New Brunswick.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL—
JULY 25TH.

Present: Dr. H. Howard (President), Drs. Ferrigo, Hingston, Shepherd, R. P. Howard, Osler, Trenholme, Bell, Roddick, Armstrong, Loverin, Kerry, Kennedy, Wilkins, Finnie, Gardner, Smith, F. W. Campbell and Burland.

Drs. Hawes and Ross, of Detroit, were introduced to the members as visitors by Dr. Bell.

Dr. Osler exhibited a specimen of perforating ulcer of the stomach immediately at the pyloric ring. Rupture had taken place during exertion with a full stomach. The case occurred in the practice of Dr. Finnie, and as it presented many features of clinical interest, Dr. Finnie was requested to make it the subject of a separate communication for the next meeting. Dr. Osler then proceeded to demonstrate by means of specimens and illustrative diagrams the chief points in the medical anatomy of the brain. Dr. Dalton's apparatus for slicing the entire brain was shown. By means of it the whole organ can be divided into 8 or 10 vertical or transverse sections, and the relations of the parts or of a focus of disease very accurately shown.

The interest of the evening centered in preparations of the entire brain made after a process of Giacomini's, of Turin, by means of which the organ retains its form and colour, is firm, can be handled, and looks like a beautiful wax model. The method is briefly as follows: Brain is put into solution of zinc chloride (about 50 p. c.); on second day remove membrane, turn in the fluid two or three times a day. At first it floats in the solution, but gradually sinks. Let it remain until it no longer sinks (ten or twelve days), then transfer to alcohol of commerce for ten days, after which it is immersed in glycerine of commerce with one per cent. of carbolic acid added. At first it floats, but gradually sinks as the glycerine is absorbed, and can be removed when it gets just level with the liquid. Set aside for several days till the surface is dry, and then cover with gum-elastic varnish.

The specimens exhibited had the convolutions labelled and Ferrier's centres marked out,

and the general relations of these parts were discussed. Dr. Osler then explained a diagram illustrative of Flechsig's views on the columns of the cord, and spoke of the connections of various columns with the brain. Our present knowledge had been arrived at by two independent ways,—first, by morbid anatomy, which had long ago shown the course of certain columns of descending generations which follow cerebral lesions; second, by embryological investigations which have thrown great light in the development of the spinal tracts and their connection with the brain.

In moving a vote of thanks, Dr. R. P. Howard spoke of the value pathological investigations had been and were likely to be in the localization of the functions of the brain.

OLIVER C. EDWARDS, M.D.,
Secretary.

VENEREAL WARTS.

A writer in the *British Medical Journal* has successfully removed these growths by powdering over the surface twice daily with equal parts of burnt alum and tannin. As these growths occur chiefly in situations where mucous or skin surfaces are in contact and moist, this plan suggests itself. In the first case in which he applied it the warts were easily rubbed off in the course of three or four days, and other cases have given equally good results.

HOW TO GIVE PODOPHYLLIN.

This drug is especially valuable in small and continued doses, as an alterative. But it should not be given in pill form, as it acts, in that shape, irregularly and sometimes disastrously. Dr. Horace Dobell, of London, recommends the following as a most satisfactory form for its exhibition:

R. Podophylli..... gr.ij
Essentiæ zingiberi..... mij
Spir. vini. rectific.....ad. ʒij M.

Sig. A teaspoonful in a wineglassful of water every night, or every second, third or fourth night, as required.

He has used this prescription for years "with the happiest results."

BIRTH.

At Gentilly, on the 29th July, the wife of J. E. A. Lanouette, Esq., M.D., of a son.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

OLEO-MARGARINE, OR BULL-BUTTER.—Some of our readers may recollect the outcry that was raised some years ago against the artificial butter made from beef's fat. Our newspapers took the lead in decrying the article and driving it out of the market. It fared no better in the Eastern States, and a law was enacted in New York prohibiting its sale. At that time we ventured to defend it as a cleanly and wholesome article of food, but the defence only provoked the ridicule and reproach of some of our contemporaries, particularly of an English medical periodical. It now appears that this product, this *bull-butter*, as it was sneeringly styled, has become a staple of the European dietary. According to a New York paper, it is exported from America in large quantities to England, France and Germany, where no prejudice exists against it, and where it has been manufactured publicly, and as publicly sold, for many years. In England it is called "butterine," and for all pastry and cooking uses it is there deemed better than the genuine product of the dairy. So extensive has the exportation of oleo-margarine and butter made from it become already, that during several months past the average has been fully one million pounds per month, and the quantity is limited to that amount only because those who are engaged in its manufacture cannot find the material in suitable condition for the production of more. In order to extract the little yellow globules called oleo-margarine from the fat of slaughtered animals, it is necessary that fat shall be put under the required process immediately after being taken from the animal. This makes it a requisite that the manufactory be within ready reach of the slaughter-house, and in order to have the production of it profitable, it is indispensable that the works be placed near to only very large slaughter-houses. In meeting these requirements the producers of oleo-margarine are, of course, limited to the quantity of desirable fat which they can procure from their sources of supply, and thus far all that they can secure does not enable them to prepare for the foreign markets more than the quantity named.—(*Pacific Medical and surg. Journal*).

MINT CULTURE IN NEW YORK.—Mr. H. G. Hotchkiss commenced the cultivation of mint in 1841, in the neighborhood of Lyons, Wayne County, New York. He produced at first 1000 to 2000 lbs. annually, and, thanks to his intelligent method of cultivation and the minute care which he employed in the distillation of the plants, the oil of his stamp was soon celebrated as the finest, the purest, and the best in the United States. Mr. H. G. Hotchkiss afterward

extended this industry considerably. He has made large new plantations, and a great part of the land which he purchased can be submerged at will during the winter, in order to preserve the plants from the severe cold. Hundreds of laborers spend their care upon the fragrant herbs which cover this large property. One acre of land produces yearly 20 lbs. of mint, and Mr. H. G. Hotchkiss sends yearly more than 50,000 lbs. of this valuable liquid to his different agents, who distribute it through the whole world.

COMPOSITION OF CERTAIN POPULAR NOSTRUMS—*Walker's California Vegetable Vinegar Bitters*—Each bottle contains from nineteen to twenty fluid ounces, consisting of a decoction of aloes and a little gum guaiac, anise seed and sassafras bark, in water slightly acidulated with acetic acid, possibly the result of secondary fermentation, or added in the form of sour cider. Each bottle contains also about one ounce of Glauber's salt, one-quarter of an ounce of gum arabic, and from one-half to one ounce of alcohol. (Eberbach, Hoffmann, Nichols.)

Brandreth's Pills.—Each box contains twenty-four or twenty-five pills, weighing about two and one-half grains. The twenty-four pills consist of ten grains of podophyllum root, ten grains of extract of the same, thirty grains of the extract of poke berries, ten grains of powdered cloves, from two to five grains of gamboge, traces of Spanish saffron, and a few drops of oil of peppermint. (Hager.)

Radway's Ready Relief.—This is a light brown liquid, consisting of eight parts of soap liniment, one part of the tincture of capsicum, and one part of aqua ammonia. (Hager, Heckolt, Hoffmann.)

Radway's Renovating Resolvent.—Each bottle contains about six fluid ounces of a vinous tincture of cardamom and ginger sweetened with sugar. (Hager.)

Pierce's Golden Medical Discovery.—Each bottle contains one drachm of the extract of lettuce, one ounce of honey, one-half drachm of the tincture of opium, three ounces of dilute alcohol, and three ounces of water. (Hager.)

Pierce's Favorite Prescription.—A greenish-brown turbid liquid, consisting of a solution of one-half ounce of sugar, one drachm of gum arabic, in eight ounces of a decoction made from two drachms of savine, two drachms of white agaric, one and one-quarter drachms of cinnamon, and two drachms of cinchona bark; to this mixture are added one-half drachm of tincture of opium, one-half drachm of tincture of digitalis, and a solution of eight drops of oil of anise in one and one-half ounces of alcohol. (Hager.)

Van Buskirk's Fragrant Scedont.—A red liquid consisting of a solution of one-half drachm of white castile soap in one ounce of alcohol,

three-quarters of an ounce of water, and one-quarter of an ounce of glycerine, colored with cochineal, and flavored with oils of wintergreen, cloves and peppermint. The powder which accompanies each bottle consists of a mixture of precipitated chalk, powdered orris root and carbonate of magnesia. (Wittstein, Hoffmann.)

The above are taken from Hoffmann's "Popular Health Almanac," a publication which is meant to serve as an antidote to the numerous almanacs distributed broadcast through the country as a means of advertising various patent nostrums.

SQUILLS.—

THE *urinea scilla* is a Liliaceous plant, The bulb of which, when sliced and dried, they bring from the Levant;

A stimulant-expectorant, in grains from one to three,

It is, with ammoniacum, the best in the B. P.; And mixed with ipecac, it will with speed relieve the chest,

While as a diuretic digitalis suits it best.

In grains from six unto fifteen, so Scoresby-Jackson saith,

It may be an emetic, and two dozen caused a death;

For it's an acrid-soporific poison much to fear, It purges, brings on strangury, and griping most severe.

There's soap and ammoniacum and ginger in the pill,

And treacle, and there's one in five of finely powdered squill.

Acetum Scillæ as to strength is one in eight, or so,

With fifteen minim dose begin, and up to forty go;

With it are made the oxymel, so often bad in shops,

And syrup—both from half a drachm as high as sixty drops.

Fifteen drops to half a drachm of tincture is the dose,

And having said it's one in eight, my rhyme is at a close.

A. L., in the *Student's Journal*.

CAUTION IN REGARD TO CALOMEL.—M. Jolly, in *La France Médicale*, records some experiments which indicate the danger of exposing calomel to the light, or of administering or keeping it in combination with unrefined, or partially refined, sugar, which may contain hydrated lime, or acids, or of mixing it with acids or alkalies, or the carbonate of the latter, or with calcined magnesia, as under all these conditions there is a tendency to the formation of corrosive sublimate. Thus, calomel should not be used in the form of particles, or given with jams which contain acids. The carbonates of lime and magnesia have no effect on calomel.

CHLORAL FOR TOOTHACHE.—Dr. Page, in the *British Medical Journal*, recommends chloral hydrate as a local application in cases of toothache. A few grains of the solid hydrate introduced into the cavity of the tooth upon the point of a quill speedily dissolves there; and in the course of a few minutes, during which a not unpleasant warm sensation is experienced, the pain is either deadened, or more often effectually allayed. A second or third application may be resorted to, if necessary.—*Druggist's Circular and Chemical Gazette*.

Various anodynes will answer the same purpose. Among others, iodoform in one grain dose is a very efficient remedy for dental and facial neuralgia—*Medical Cosmos*.

TOOTHACHE DROPS.—The *Dental Cosmos* for November, 1878, publishes the following formulas:

1. R. *Chloroform*, Sydenham's laudanum, ʒii; tinct benzoin, ʒi. 2. R. *Creasote*, chloroform, aa ʒii; Sydenham's laudanum, ʒvi; tinct benzoin, ʒi. 3. R. *Oil of peppermint*, *rhagalene*, chloroform, aa ʒiii; camphor, ʒii. 4. R. *Chloral*, camphor, aa ʒi; morphia, gr. ii; oil of peppermint, ʒii.

A DURABLE CEMENT.—This cement, which will not only withstand the action of concentrated and dilute acids, but is also refractory against alkaline leys, ether, alcohols, bisulphide of carbon, benzole, and other dissolving substance, consists simply of a mixture of commercial glycerine and finely pulverized litharge. In mixing glycerine and litharge, a paste is obtained which will harden, in from ten to thirty minutes, depending on the larger or smaller amount of litharge taken. With this cement, all metals, and, in fact, all solid bodies, may be fastened to each other, not only in open air, but also under water and other fluids, as it hardens just as quickly and as well there as in the air. It can withstand a temperature of 225°, and may therefore be employed in any case where at present oil cement is used. In connecting chemical or technical apparatus that is exposed to chlorine or hydrochloric acid gas, sulphurous acid, vapors of sulphur, nitric acid, and other strongly corrosive fumes, this cement has been found to be excellent. The same may be said about the fumes of alcohol, ether, bisulphide of carbon and carbohydrides in general, which, even boiling, are totally inactive upon it.—*The Clinic*.

TINCTURE CINCHONA IN DRUNKENNESS.—On the 18th inst. I was called to see a man laboring under an overdose of alcohol, and who was an important witness in a case before the court. I ordered the above medicine to be given in half ounce doses every half hour until relieved. In one hour's time he gave his testimony to the court, having taken but two doses.—Steelville, Mo., April 20th, 1878. S. C. Gibson, M. D.

CONSUMPTION OF GLYCERIN IN EUROPE.—According to W. Kraut, Europe produced during the year 1873 the following quantities of glycerin (calculated as 20° Baumé):

France	about.....	60,000	cwt.
Austria,	"	20,000	"
Russia,	"	20,000	"
Germany,	"	15,000	"
Belgium and Holland,	"	15,000	"
England,	"	10,000	"
Italy,	"	5,000	"
Spain,	"	5,000	"
Sweden and Norway,	"	2,000	"

Total,152,000 cwt.

Of this quantity about 60,000 cwt. are refined, furnishing 50,000 cwt. of redistilled glycerin, which is consumed as follows:

Soaps and perfumery.....	10,000	cwt.
Textile fabrics, dyeing, tanning, etc.	10,000	"
Dynamite manufacture.....	6,000	"
Pharmaceutical purposes.....	6,000	"
Gas-mètres.....	1,500	"
Printing rollers.....	1,500	"
Export.....	10,000	"

Total..... 45,000 "

Used for articles of food and drink 5,000 "

Total..... 50,000 "

LYCOPodium ADULTERATION.—M. Stanislas Martin has examined a sample of lycopodium which possessed a suspiciously low inflammability. He found that it contained a large proportion of dextrin reduced to an impalpable powder. This falsification can be easily detected by the microscope, or by treating the suspected sample with water.

POISONING BY THE EXTERNAL APPLICATION OF CARBOLIC ACID.—Prof. Küster, at the last meeting of the Association of German Surgeons, entered the lists against the use of carbolic acid in antiseptic surgery. This assault has been supported by Langenbuch (*Berliner klin. Wochen.* No. 28, 1878) and others. Children and delicate women are the sufferers from carbolic acid intoxication. The symptoms are, in the case of adults, nausea, vomiting and headache; but in children the effects are more severe—the temperature falling below normal; the pulse being extremely weak and the body covered with a cold sweat—The phenomena of collapse.

It has been ascertained recently by Baumann that, if animals, to whom carbolic acid had been previously administered, are treated by sodic sulphate, a harmless compound of phenol and sulphuric acid is formed. These results of experiments on animals have been confirmed by observations on man. Thus it has been found that the symptoms of carbolic acid poisoning are relieved by the administration of sodic sulphate. If this salt is given when the urine

becomes dark-colored, it at once arrests the toxic phenomena, so that if desired the carbolic dressings can be renewed.

FATAL APPLICATION OF ETHER.—As a caution to medical men, I must give an incident of the past few days, although it is of the most painful nature imaginable. A young lady of eighteen, remarkably beautiful, belonging to a family of rich merchants of Lyons, had to undergo a surgical operation. The surgeon said that it was necessary to give her ether. The sack was prepared, and the young lady had been inhaling it for a moment, when a light was brought near the patient. In an instant the ether was ignited, and the sack exploded. The doctor was himself seriously burned, but the young lady was in a lamentable condition. Her nose was taken off completely, and one side of the upper jaw was laid bare. It is needless to say that she is horribly disfigured for life. No one could describe the despair of the family, and perhaps it would have been better had the poor girl died from the effects of this dreadful wound. It is rumored that the doctor has committed suicide.—*Paris Correspondence of the N. Y. Times.*

A LARGE DOSE OF CROTON OIL—Sharp. (*The Ohio Med. Record*, May, 1877.) A lady, through mistake, swallowed about a teaspoonful of croton-oil. Discovering the accident, she alarmed the family, who immediately summoned medical assistance. Free administration of sweet milk and cream, and olive oil, in connection with white of eggs and an emetic dose of mustard was given, and supplemented by large doses of sulphate of zinc at short intervals. Patient was also allowed to drink freely of mucilage of gum acacia. She recovered rapidly, with no ill effects from the oil.

TREATMENT OF OPIUM POISONING.—A case is reported, taken from an Italian journal, of a woman who swallowed a large quantity of muriate of morphia, and whose life was despaired of, after the failure of all ordinary means of relief. She seemed about to die when a drachm or more of spirit of ammonia was injected into her stomach. 'Immediately the woman regained her senses, and in a short time recovered completely.' We believe the secret of this and many other similar recoveries from the effects of opium consists in the fact that, in a large number of instances, persons deeply narcotized by the drug will recover spontaneously, even after sinking almost into death; just as men recover from alcohol poisoning, or from 'a dead drunk,' when left to themselves.—*Pacific Med. and Surgical Journal.*

WHY MILK SOURS DURING THUNDERSTORMS.—Dr. Iles, of Baltimore (in the *Chemical News*), considers the change in milk due to the ozone formed, which produces lactic and perhaps also acetic acids in the milk, these precipitating the cream.

BITES AND STINGS OF INSECTS.—In a recent issue of the *British Medical Journal*, Dr. W. H. Taylor calls attention to the fact that the irritation caused by the bites and stings of many insects may be almost immediately allayed by the application of the oil of lavender. Remembrance of this may prove useful to most practitioners.

COPPER IN OLIVE OIL.—Olive oil (says Hager's *Pharmaceutische Central Halle*) is often artificially coloured, and sometimes with copper salts. To detect this latter, Cailletet suggests that $\frac{1}{16}$ th grm. pyrogallic acid dissolved in 5 c. c. ether be shaken with 10 c.c. of the oil. If copper be present, a brown colour will result.—*Chemist and Druggist*.

BORAX AND STARCH.—"Polaris" says in the *English Mechanic* that the addition of a very little borax to starch mucilage will make it as fluid as water.

GURJON OIL IN GONORRHOEA.—Vidal now employs gurjon oil as a substitute for copaiba in gonorrhoea. It produces no eruption, acts more promptly and does not taint the breath, as does copaiba. He administers about one drachm in the twenty-four hours.

GALLIUM.—M. Lecoq de Boisbaudran has informed the Académie des Sciences that he has prepared several salts of gallium, and that he has determined the atomic weight of this metal to be 69.9.

BOTANICAL STUDENTS.—A relative of the late owner of the Villa Muret and its magnificent gardens at Antibes, near Cannes, has presented to the French nation this valuable property. It is to be maintained as a sort of laboratory for working botanists, at the expense of the government. There is an excellent herbarium, microscopes, a library, and everything the student requires; free lodging, too, will be given for six weeks to any botanist who wishes to avail himself of the resources offered. The offer is open to botanists of all nations. A recommendation from some known man of science is only required.—*Chemist and Druggist*.

LIQUID CHMPHOR.—M. Wreden announces that he has converted ordinary camphor into a liquid isomer by the action of dilute hydrochloric acid at 190°. The new compound boils at 187° to 193°. Its sp. gr. equals 0.913, and it does not crystallize at a temperature of—17° (*Chemist and Druggist*).

DETECTION OF ALCOHOL IN ESSENTIAL OILS.—The *Apotheker Zeitung* publishes a simple method for accomplishing this purpose. A carefully graduated tube is half filled with pure anhydrous glycerine. It is then filled up with the oil to be tested, and well shaken. After standing, any increase in the volume of the glycerine corresponds to the proportion of alcohol contained in the oil. The test is based on the fact that anhydrous glycerine dissolves alcohol, but not essential oils.

GLEANINGS FROM THE FOREIGN JOURNALS.—Tasteless tannate of quinia is prepared by P. J. Haaxman by dissolving 1 part quinia sulphate in acidulated

distilled water, and precipitating the alkaloid with soda solution, dissolving it in 10 parts alcohol, sp. gr. .882, and diluting this solution with warm water so as to remain clear while in the water-bath. This liquid is added gradually, and with continued stirring, to a solution of 3 parts tannin in 60 parts distilled water, the mixture thrown upon a filter, and the precipitate washed with warm water until the filtrate is colorless and free from astringent taste, whereby the bitter acid tannate is decomposed and the tasteless neutral tannate left upon the filter.—*Jour. Pharm. Chim.*, 4th ser., xxv. p. 420. *Am. Jour. Pharm.*

The best local anæsthetic for dental operations is said to be the extract of eucalyptus. Apply one drop on cotton to the sensitive dentine just before excavating.—*Boston Med. and Surg. Jour.*

PLANTAGO MAJOR is said to be a sure cure for toothache. Smartweed is highly recommended for dysentery, watery and mucous diarrhoea, etc. Mr. Hayes, of Dublin, speaks highly of iodoform in granular lids, phlyctenular and pustular ophthalmia, corneal ulceration, obstinate keratitis, ciliary blepharitis, etc., used in form of fine powder dusted on eye; in some cases using a salve, 1 pt. iodoform, 4 pts. vaseline. The French assert that tobacco often causes diseases of the ear and deafness. A case is reported in Paris, of a carious tooth, causing coma and high temperature, and finally death. (*Eclectic Med. Journal*).

CHRYSOPHANIC ACID, a remedy which is now coming into use in skin diseases—particularly ring-worm—should be employed with caution, and patients should be warned accordingly. If ever so small a portion of the acid, or ointment, comes in contact with the eye, intense irritation, accompanied by dilatation of the pupil, is produced. The inflammation subsides after a few days, but while it lasts is very painful.

EXCIPIENT FOR QUININE PILLS.—Mr. J. E. Brett (*Am. Jour. Pharm.*), thinks that quinine pills may be best made by mixing a small quantity of pulv. acaciæ with the quinine, and then adding glycerine, drop by drop, triturating well until a smooth mass is obtained. Pills made from this mass are said to be unalterable.

TO RESTORE RANCID OIL OF LEMON, wash it with an equal volume of boiling distilled water, shake it occasionally until it is cool, and pour off the oil, or separate it with a siphon. If necessary, repeat the operation. Oil as strong as turpentine has thus been made sweet again by this process. (*Druggists Circular*).

A DOCTOR received by mistake as his fee, a couple of mint lozenges rolled up in paper. The gentleman, meeting the doctor next day, and having detected his mistake in the meantime, asked him jocularly how he liked his fee. "Oh, it was very sweet," was the reply. The real fee was remitted on the next day with the following accompaniment:

"The fee was sweet"—I thank you for the hint. These are as sweet; they've both been through the Mint.