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THE CANADIAN PRACTITIONER

FORMERLY THE "CANADIAN JOURNAL OF MEDICAL SCIENCE."

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CASES IN PRACTICE.—LUPUS.

J. E. GRAHAM, M.D.

The following are a few cases of Lupus, which have come under my observation in ten years' practice. They are given partly because they represent different forms of the disease, and partly on account of their illustrating some interesting points in Pathology. The first was one of Lupus Hypertrophicus, extending over the greater part of the gluteal region, and forward over the groins. The history of the case is as follows:—

H. McK., æt. 28, sailor. Admitted to the Toronto General Hospital, October 15th, 1874. Up to the onset of the present disease he was strong and healthy. It commenced with a small pimple over the region of the coccyx. This was lanced, and healed up in two or three days. About three months afterwards another pimple appeared on the same place, which healed up as before. The same appearance and disappearance occurred about every three months for the next four years. During that time he was occupied as a sailor, his general health being good. At the end of the four years, however, the sore commenced to extend, and in a year it became about the size of a ten-cent piece. Caustic was then applied twice a week. The diseased surface was afterwards excised, and the base cauterized with argent. nit. It continued, however, to extend, so that at the end of

the sixth year the patch was $1\frac{1}{2}$ inches long, and half an inch broad. It was excised the third time without any good effect. At the end of the seventh year it was five inches long and two broad.

For the last three years he has not had any treatment. No history of tuberculosis or syphilis.

Present Condition.—The disease now almost encircles the body, extending from the sacral and coccygeal regions around to the pubes. The surface is raised and smooth, being made up of badly organized cicatricial tissue. The nodules peculiar to lupus, exist near the edge of the diseased surface. The patient remained in the Hospital some months. He was treated internally by large doses of potass iodid. and cod liver oil. The external applications used were of a mild astringent, and alterative character. No caustics were used. He left the Hospital very much improved. This was a very typical case of the Hypertrophic character. The nodules, as well as the central cicatricial tissue, were much elevated. It presented almost the appearance of a keloid.

Case II.—Jane McG. suffered from the most inveterate form of Lupus Vulgaris. It attacked first the side of the nose, and spread gradually over the cheeks. It then attacked the lips and chin, and passed upwards to the eyelids and forehead. She was twelve years of age at the commencement of the disease. In four years afterwards she was admitted into the Toronto

General Hospital, December 15th, 1878. At that time the greater part of the face was involved. She has been under observation since 1875—now nine years. The treatment pursued has been varied in character, potass. iodid. hydrarg. perchl., tonics, cauterization with nitrate of silver, etc.

During the last year the Thermo-cautery has been applied once every two weeks, and an ointment composed of iodoform, ol. eucalypti and glycerine used. This plan of treatment produced by far the best result. There is now very little ulcerated surface remaining—the greater part of the face being covered by a cicatrix.

There was a family history of syphilis. The mother, a strong, healthy woman, had several miscarriages, and six of her children died in infancy, from what appeared to be syphilitic disease. The ulceration in Jane's case, however, was not syphilitic in character, being in fact a very typical form of *Lupus Vulgaris*. The mother procured in U. S. a divorce from the husband on the ground that he was syphilitic, and married again. It is singular that the first child, after the second marriage, presented a most obstinate form of eczema.

Case III.—*Lupus Erythematosus*. M. C., æt. 36, married, and the mother of five children—all healthy. She came under my notice about five years ago. The disease began four years before I saw her. It commenced near the nose and spread over both cheeks, disfiguring the face very much. It presented the peculiar butterfly appearance. The redness was always increased during the menstrual period. The ulceration and subsequent cicatrization was of a very superficial character. It strongly resembled that form of disease named by Hebra, *Seborrhœa Congestiva*. She did not remain long enough under treatment to show any satisfactory sign of improvement.

I saw this patient again in the early part of this year. The disease has advanced very much. Nearly the entire scalp is now devoid of hair, and covered by

the cicatricial tissue. Nearly the whole of one ear is also occupied by the disease.

Case IV.—*Lupus Erythematosus*. J. McD., æt. 21, farmer, unmarried. Patient was sent to me for consultation by Dr. McWilliam, of Dundalk, and Dr. Cotton, of Mount Forest. There was no family history of tuberculosis or syphilitic disease. The patient has always been quite healthy, with the exception of the condition of the face. The lupus began some years ago on the right cheek. It resulted from a wound, and gradually spread over the right cheek and across the bridge of the nose to the left cheek. The ulceration is very superficial, as is also the resulting cicatrix. The history of the case is one of constant progress, notwithstanding the use of various remedies. I recommended the use of ethyl nitrate as a mild caustic, with iodoform, ol. eucalypti and glycerine as a constant application.

The patient was seen by me once after the commencement of this treatment. There was some improvement.

Saw Dr. McWilliam in the early part of September, who informed me that the patient had shown very marked improvement.

Case V.—Miss M., æt. 25. Came to me for consultation, March 16th. Patient has always been healthy, with the exception of present disease. About eighteen years ago when she was seven years of age, an abscess formed in the right groin, from which pus was discharged. From the abscess a peculiar inflammatory condition of the skin commenced, which gradually spread until three years ago, when it reached its present dimensions.

About ten years ago a small pimple appeared in the right eyebrow. From this point the disease spread upwards over the forehead, and downwards over the right cheek. From the latter situation it extended gradually across the nose to the other side of the face, and backwards to the right ear. About five years ago the same diseased

condition appeared on the right breast, and gradually spread until the patch became as large as an English penny, when it ceased extending.

Present Condition.—Patient is a bright, intelligent girl, and gives a good account of the disease. The right thigh, from the hip to the knee is, to a great extent, covered by an eruption which, at first appearance, somewhat resembles psoriasis. The skin is thick, of a bluish colour, and covered by small fine scales. Immediately above the knee the eruption exists in patches of nodules, which are covered with scales. A little higher towards the hip the nodules have run together, producing an irregular elevated surface. When the scales are rubbed off an indurated surface remains, which does not show any great tendency to bleed. Immediately below the patella there is a mass of epidermic cells, one-third of an inch thick, very similar to accumulations which occur in psoriasis. The disease has existed about the knee for seven years. In the middle third of the thigh the disease has existed ten years. Here there is not so much induration. The nodules and raised patches are not so congested. Here and there among the patches are small portions of cicatricial tissue, where the disease has once existed, and from which it has disappeared. In the upper third of the thigh, on the outer side, is a large patch of thin cicatricial tissue, where the disease once existed. The integument has a peculiar parchment appearance, remarkably thin and pliable, very much wrinkled in places, which gives it the appearance of senile atrophy of the skin.

On the right gluteal region the same condition exists as above the knee, viz.: elevated nodules and patches covered by scales. The disease has also spread over the left gluteal region and a short distance down the left thigh. As previously stated, there has been no extension for the last three years. Patient's mother states that on three different occasions, during the last

eighteen years, patient has been seized with chills, followed by fever, and then swelling of the right thigh. A discharge of fluid would take place, which was at first thin and watery, but would rapidly become purulent. The discharge at these times was very profuse, and of an offensive colour, so much so that her mother was obliged to use charcoal poultices. These attacks lasted about three weeks, during which time the patient had to be in bed. When they were over, the skin was left in the same condition as before their beginning.

Condition of Face.—The integument of the right cheek back to the ear is involved; also that around the right eye and over the right side of forehead. The nose, and about half of the left cheek, are also affected. The tip and part of right side of nose is covered by a scab, which occasionally comes off, leaving a bleeding surface. This is the only situation throughout the whole disease where there is any tendency to ulceration.

The upper eyelid of right eye is drawn up and the lower one downwards by cicatricial tissue. She is unable to shut the eye. The part of the face involved has a dark, reddish colour, dry and partly covered by scales. On looking closely one can see between the red patches white lines of cicatricial tissue.

On the left cheek, near the diseased border, there exist in the healthy skin three congested points, about the size of pinheads or a little larger. They are not elevated, and very slightly indurated. They are an example of the way in which the disease commences.

On the right breast there is a small diseased patch. Here the nodules are mostly discrete elevated bluish red papules, covered with scales.

Family History.—Patient has three brothers and one sister. They are quite healthy. There is no history of hereditary disease in the family. Patient was a healthy child. When seven years of age had whooping cough and measles. When her

health was lowered the abscess appeared, which was the precursor of the present disease.

There are one or two interesting points in the Pathology of Lupus, which I shall now refer to:—

1. *The relationship which Lupus Vulgaris bears to Lupus Erythematosus.*—According to the English authorities, the latter is but a mild variety of the former, whereas the German Pathologists look upon them as entirely distinct diseases. They consider Lupus Vulgaris as a neoplasm, and Lupus Erythematosus as the result of simple inflammatory action. If Lupus Vulgaris is really a neoplasm, there is no doubt but that this distinction would hold good. If, however, we look upon Lupus Vulgaris as an inflammation, in the same way as the growth of tubercle is an inflammatory process, then I do not see how any dividing line could be drawn between the two conditions. They would in that case be considered as the same diseased process, but differing in severity, and the depth to which the process extends. It is a well-known fact that clinically the two conditions approach one another so nearly that it is impossible to say to which class a particular case belongs.

2. *The relation of Lupus to Syphilis.*—This question is of special importance in Jane McG. In the family history there is abundant evidence of syphilis, yet the disease presented is not a syphilitic, but a pure case of Lupus Vulgaris. This is proved by the course the disease has taken and by the utter uselessness of all anti-syphilitic remedies.

There is no doubt that generally speaking both clinically and pathologically, the dividing line between syphilis and lupus is distinct, but to what extent the former may be the cause of the latter has not yet been determined.

A Municipal Laboratory of Hygiene has been established at Lisbon.

MITRAL REGURGITATION.

BY J. FERGUSON, B.A., M.B., L.R.C.P.,

Assistant Demonstrator of Anatomy, Toronto School of Medicine.

To Prof. A. Flint, I think, is due the credit of showing how a presystolic mitral murmur may occur, while the valves are sufficient to retain water after death; and that this murmur is dependent upon aortic regurgitation. At the same time, he admits that he cannot offer any clear explanation for a systolic murmur, the mitral valves remaining sufficient for the water test. He suggests, however, that this murmur may be due to the fact, that, though the water does not force the valves, the contraction of the heart might cause a sufficient backward flow to produce a murmur, as only a slight amount of regurgitation is needed for this.

Sometime ago, I offered some remarks on heart disease, when it was stated that regurgitation may take place as the result of swelling in and around the valves. I have now to show that regurgitation may take place, while the mitral valves are healthy, in two other ways.

There are hearts with unusually long *columnæ carneæ*. These structures are muscular; and, when the heart is in action, they contract. They thus act on the valves through the chordæ tendineæ. Now, if too much of the distance between the surface of the heart and the valves be made up by the columnæ, then the valves are not only not prevented from being everted towards the auricle, but actually prevented from closing the opening. The reason for this statement lies in the fact that if these fleshy columns are long, the chordæ will be short; and the columns contracting to a greater amount than when of normal elevation, the valves are drawn back, and an opening left for regurgitation to take place through. This heart, however, shows no signs of valvular deficiency under the water test, as this applies to the dead heart, when the columnæ are inactive, a condition in

which the valves are permitted to close the opening thoroughly. Now, in what class of hearts would we expect to find this derangement? I answer, in those that have been for some time in a state of aortic obstruction. In aortic obstruction the left ventricle has to make greater efforts to propel the blood onwards. But while doing this, it increases in muscular power by an increase in muscular substance. As the heart makes stronger efforts to send the blood onwards, there is a correspondingly greater effort at regurgitation, or a forcing of the mitral valves into the auricle. To counteract this the columnæ carneæ enlarge in size; and finally reach such power, that, by their action, the valves are not only not prevented turning in to the auricle, but really prevented from perfectly closing the mitral opening.

In the other form of regurgitation the valves are also quite normal; and would answer well to the water test, and not allow a single drop to flow back towards the auricle. In this class, it is not aortic obstruction, but aortic regurgitation that is the matter. When the ventricle contracts, the blood is driven on; when it dilates, let us see what takes place. The blood flows into the ventricle from both the auricle and the aorta; and in this way the ventricle is full before it is time for the auricle to contract. When the auricle does contract, it has only the effect of still more distending the ventricle, without at the same time emptying itself. At this juncture the ventricle is too full, the auricle is contracted on the remainder of its blood, and there is a column of blood lying in the auriculo-ventricular opening. Now the ventricle contracts, and the auricle begins to dilate; but, from what has been said above, the valves cannot completely close until there is a greater or less amount of regurgitation. As soon as this has taken place, the mitral valves close the opening thoroughly, the semi-lunar valves are forced, and the blood makes its way into the aorta.

In the case of aortic regurgitation, when there is a mitral one as well, and yet no disease of the valves, the murmur is purely mechanical. When there is aortic obstruction, the mitral murmur is not produced in this mechanical way; but by the hypertrophy of the muscular structure of the parts concerned. Prof. Drosche, after paying much attention to heart murmurs, expressed himself thus: "I have seen so many cases of abnormal mitral sounds during life, where no defect could be found after death, that I must confess my belief is strong in a kind of functional regurgitant murmur, rather than that it must always depend upon valvular defect." I have met with one example of very long columnæ carneæ; and if these contracted during life to the same proportionate extent as those of normal length, then the valves must have been drawn back to an amount that would admit of a rather free backward flow of blood. In the uncontracted state of these columns, the valves closed completely, and did not permit the escape of a single drop of water.

ERYSIPELAS TREATED BY BARWELL'S METHOD.

I. H. CAMERON, M.B.

Shortly after Mr. Barwell's report of five cases of erysipelas treated by the application of white paint, the plan was put in practice by the writer, in half a dozen cases, with the following result:—

Case I.—Female of middle age. Erysipelas, affecting right leg, in the neighbourhood of knee. Recovery, twenty-four hours after the application of the paint.

Case II.—Male, between 20 and 30. Erysipelas of leg. Recovery, in three or four days after operation.

Case III.—Female, aged 18. Erysipelas of face and scalp; ran its usual course, unaffected by treatment. Recovery, in ten days, with considerable loss of hair. Relapse in a week or ten days, confined to face. (The relapse was controlled in three

or four days, by application of fluid extract of ergot, and fluid extract of hamamelis).

Case IV.—Female, aged 65. Erysipelas of face and scalp. Pursued its usual course unaffected. Disappeared from head in about ten days. Much constitutional depression. The inflammatory blush then appeared on thigh, buttock, and back; was unaffected by application of the paint; dry sloughs speedily formed and patient died.

Case V.—Female, aged 22. Erysipelas of face and scalp. Ran its usual course, unaffected by the treatment. Recovered in about ten days; patient being left completely bald. On removing the paint, the comedones on the upper lip, around the nose and on the chin, were so apparent that patient looked as though she had a close-cut beard.

Case VI.—Female, aged 60. Two days after application of paint to cheeks and brow, the parts so covered were greatly better; but the disease was spreading peripherally. Applications were continued and extended, and in a couple of days recovery was established.

All of these cases took internally, concurrently with the external applications, twenty minim doses of tr. ferri. mur., and one drachm doses of sulphurous acid every two hours, except two of the milder ones, who took the iron only.

FOREIGN BODY IN THE RECTUM.

H. T. MACHELL, M.D., M.R.C.S.

On the 28th of April, I was asked to go as quickly as possible to see G. L., who was supposed to have sat down on a "sliver." Taking my pocket case, a little carbolic acid, and some adhesive plaster, I hurried off to his house. Enquiring of the patient, who was lying on the bed, dressed, the situation of the sliver, he placed his hand over the umbilical region, and said,—“Here it is.” I felt a hard mass a little above and to the left of the umbilicus. It was slightly movable and very suggestive of malignant disease. Questioning the patient, he told me that the stick ran up the bowel

forty-eight hours before, that there was no pain for at least twenty-four hours, but that he had not got any sleep the second night, and for fear of having to endure the pain and loss of sleep, he mentioned the matter to his wife, who sent at once for assistance. Introducing my finger into the bowel, I found a piece of wood extending up into the rectum, and evidently terminating in the mass in the umbilical region. The lower end was packed well back into the hollow of the sacrum, so much so that it required considerable force to pull it as far forward as the anus. As my dressing forceps were not designed to remove “slivers” of such proportions, I was at a loss how to proceed for a moment or two. By hooking the index finger behind the lower end of the stick, and pulling it well forward, I was able to bring it as far forward as the anus; at the same time with my left hand over the upper end I made pressure downwards and backwards, when suddenly it slipped out. It was only after repeated efforts that it was accomplished. A couple of pairs of forceps or pincers, borrowed from the neighbours, were of no use. The patient looked very sheepish as it came away, and merely smiled when asked why he placed it there. It measured ten and a half inches in length, and the circumference from three to three and a half inches; the upper end was partially rounded off, the larger or lower end cut squarely across. It had been whittled down to the above size, but it was not very smooth. Next day he was as well as usual. Why he put it there the family were unable to tell me, for he was very reticent about it. The man is certainly not a lunatic, nor has he had any rectal or abdominal trouble. He is 75 years of age, and in comparatively good health. He sometimes gets on a spree like a great many pensioners, but had not been drinking for some weeks previously.

Such cases occur occasionally in insane asylums, but I have no recollection of seeing one of a similar nature reported as occurring among private patients.

Selections: Medicine.

VENESECTION.

Dr. Broadbent's paper, on this subject, recently published in the *Lancet*, is likely to set men thinking as to whether we have not acted very foolishly in utterly abandoning a powerful therapeutic measure, based as it is on such good physiological grounds.

There is now beginning to set in a gradual reaction. It has been shown, notably by Sir James Paget, that venesection is attended with very little risk either of immediate or remote injury, while on the other hand it is in suitable cases a remedy of striking power.

General bleeding is not a remedy for inflammation as such, nor for pyrexia, whether the result of a local inflammation, or of one of the specific fevers. By venesection we seek to modify the distribution of the blood and the pressure within the arterial or venous system.

Aneurism.—When an aneurism is giving rise to severe pain, or is threatening life by pressure upon a nerve or some important organ, Dr. Broadbent has repeatedly seen immediate and striking relief afforded. Last year a patient under his care in St. Mary's Hospital, suffering from a large aneurism of the arch of the aorta, was suddenly seized with violent dyspnoea. The face became purple and swollen, and death seemed imminent, *VS. ad. 5 viii.* The patient was soon in a comfortable sleep. Such treatment is, of course, merely palliative.

In Mitral Stenosis bleeding is most frequently demanded. With a narrow mitral orifice there is chronic distension of the right ventricle. Here digitalis is not to be trusted. Dr. Broadbent has not often bled in this affection. He thinks it probable that the hypertrophy of the right ventricle which is established during the gradual increase of pressure in the pulmonary vessels, makes the over-distension less dangerous. In deciding then whether to bleed or not in mitral

stenosis, account must be taken, not only of the degree of distension and embarrassment of the right ventricle, but of the way in which it has been brought about. When it is the result of cold, or excitation or emotional excitement in a patient previously manifesting little evidence of heart disease, then bleeding may be of the greatest service.

But, in most cases bleeding from the arm is unnecessary. Amongst the working classes, rest, warmth, and food constitute a difference in their favour. Here, Dr. Broadbent has often found that six or eight leeches applied over the liver, enlarged and painful through venous obstruction, are of very great use.

Over distention of the right side of the heart. It is claimed to be of still greater benefit in this condition whether from disease of the heart or obstruction to the pulmonary circulation by disease of the lungs, especially pneumonia or bronchitis.

Pneumonia.—The clinical history of pneumonia, uninfluenced by any but hygienic treatment, having been carefully followed and ascertained, it became possible to estimate the effects of bleeding, and it may be stated confidently that in some cases it is most useful, preventing suffering and saving life, whilst in others it is injurious. Bleeding combats, not pneumonia but a particular complication—over distention of the right side of the heart. In some cases rapid consolidation of a certain portion of the lung with congestion of a still larger part, gives rise to a degree of obstruction in the pulmonary circulation which embarrasses the right ventricle; this no doubt being enfeebled by the high temperature of the blood, induces dilatation, and eventually almost paralysis. The patient is usually livid instead of flushed, gasps for breath, and is unable to lie down; the *alae nasi* are working; the cough, if any be present, is a mere short hack, raising no expectoration; there may be a cold sweat upon the face. The heart is beating violently, and a striking contrast is present-

ed between the force of its impulse and the small and weak beat of the pulse, explained by the inadequate amount of blood which finds its way to the left ventricle, in consequence of the obstruction in the lungs and the enfeebled state of the right ventricle. The systole can have little effect upon the pulse, if there is only a scanty amount of blood in the ventricle to be driven into the arteries. The right auricle can generally be made out much beyond the right border of the sternum. Here bleeding is beneficial, as the blood flows the pulse improves, becomes fuller and stronger; the breathing less frequent and shallow; the oppression is relieved; and not uncommonly the patient finding that he can take a deep breath, and cough without pain, expresses himself as feeling quite well. The pneumonia progresses favourably, and recovery is usually the result.

Bronchitis.—In over distention of the heart in this disease Dr. Broadbent has seen venesection afford relief, though he has never practised it himself. The distention in chronic bronchitis and emphysema is always more or less present, and even in capillary bronchitis is usually of such long duration that a single bleeding could not be looked upon as final. Emetics here act well by, at the same time, unloading the air passages, and powerfully compressing the heart, forcing the blood out of the right ventricle, and so far relieving the over distention as to enable it to complete its systole, which is the end to be obtained.

(Condensed from the *Lancet*, Jan. 6, 1883.)

INTERNAL USE OF GLYCERINE.—Glycerine for internal use should be perfectly pure, absolutely neutral, completely colourless, and inodorous, sweetish, without leaving an after taste. In phthisis, M. Jaccoud states that the daily dose should not be as large as the dose of oil, on account of the alcoholic effects which may be induced, and may proceed as far as inebriety. He gives from 40 to 60 grammes a day, reserving

the maximum dose for those cases which present no sign of neuro-cardiac excitability. Agitation, unusual loquacity, and persistent insomnia are the phenomena that reveal an excess of the usual dose. The increase of temperature is another criterion of the size of the dose. In all who habitually use glycerine in the above mentioned doses there is an increase of temperature of from one to two tenths of a degree (C.) But when without further pyretogenic incident there is a persistent elevation of $5/10^{\circ}$ (C) or more, the dose is too large—it must be reduced. M. Jaccoud has never met with this contra-indication in adults with a dose of 40 grammes per diem, but with a dose of 50 grammes it sometimes appears, and with 60 grammes, almost invariably. He gives pure glycerine with a drop of essence of peppermint in a little rum or cognac, which is agreeable to the taste, easily digested, and even after months of uninterrupted usage, does not pall upon the taste, nor occasion disgust. It is to be taken two or three times daily, at meals, or in the intervals. Debout proposed glycerine and chloroform for the vomiting and insomnia of phthisis, (2 grammes of chloroform to 30 grammes of glycerine.) In fat diabetics, with habitual constipation and bronchitis, a few teaspoonfuls of glycerine in tea or coffee have been found useful. In atonic dyspepsia, to diminish flatulence, acidity, and pyrosis, and in retarding the lactic fermentation, and to excite the intestinal secretion by association with pepsine, it has been found serviceable by various writers. Also, in dysentery as an enema (30 grammes glycerine to 150 grammes linseed tea) and in a potion containing glycerine 45 grammes, orange flower water, water, of each sufficient to make 150 grammes. Also, in the dose of 6 to 10 grammes morning and evening to reduce the hæmorrhoidal flux, and in typhoid fever good effects have been observed from the use of six grammes a day.—*Gaz. des Hôp.*

POWDERS FOR CATARRHAL CONDITIONS.—
Dr. Goodwillie of New York recommends powders to be used by insufflation in catarrhal affections, and gives the following recipes for those he has found most useful :

No. 1.

R Benzoini ʒ 1
Morph. muriat grs. 6
Bismuthi subnitrat ʒ ½
Potassii nitrat ʒ ½
Mix.

Valuable for its sedative action. To be used in hyperæmic conditions with pain. In the beginning of an attack of rhinitis, coat the mucous surface with it.

No. 2.

R Aluminis ʒ 1
Acacie ʒ 4
Bismuthi subnitrat ʒ 4
Potassii nitrat ʒ 4
Mix.

Useful where a strong astringent is indicated.

In case of hæmorrhage from the nose, remove all the clot and immediately blow in this powder abundantly until the bleeding ceases.

No. 3.

R Iodoform ʒ 1
Camphoræ ʒ 1
Bismuthi subnitrat ʒ ½
Potassii nitrat ʒ ½

A good antiseptic.

To be used where the discharges are fœtid, or where ulceration is present, or an excessive amount of granulations.

The camphor masks the odour of iodoform.

These powders, when impalpable and with the therapeutic integrity of the drugs preserved, can be more effectually applied to the nasal passages than spray, and their good effect is certainly more prolonged.

For the general practitioner they are vastly more convenient than sprays.—*St. Louis Druggist*.—*Drug. Circ.*

THE INFLUENCE OF SULPHUROUS ACID IN ARRESTING PHTHISIS. — Herr Kircher, a pupil of Liebig, has been, during forty-four years, director of an ultramarine factory, in which a special process of manufacture

is employed which involves the formation of sulphurous acid by the burning of sulphur. He maintains (according to *Gesundheit*) that none of his work-people have ever suffered from consumption, typhus, cholera, or any disorder, which is produced by bacteria. He recommends the following treatment in the case of tuberculous patients. They should be brought into a room in which small quantities of sulphur (one or two drachms) are burnt every hour over a spirit-lamp or on a stove. At first coughing of a more or less aggravated character takes place, and after eight or twelve days the bacteria gradually disappear and cease to irritate the lung-tissue. To complete the cure, the patients should be brought into rooms which contain some aromatic vapors.

—*The Lancet*.—*N. Y. Med. Rec.*

CALX SULPHURATA.—DR. H. G. PIFFARD (*Jour. of Cutaneous and Venereal Diseases*) says that calx sulphurata (commonly mis-named sulphide of calcium) is a mixture of the sulphide and sulphate of calcium, but contains not less than 36 per cent. of the former substance. He adds:—"My own experiences, extending over a series of years, lead me to the inference that the drug is an aplastic or resolvent of great energy; that its tendency, when given in sufficient doses, is to break down and dissolve, rather than build up and restore. This theory of its action is in perfect harmony with the observed effects of its administration; and if it be the correct explanation, it will lead us into a multitude of useful applications of the drug. In other words, it appears to me probable that calx sulphurata will be found capable of fulfilling the part that was assigned to mercury thirty and forty years ago, that of a general resolvent in inflammatory exudations, chronic infiltrations, and possibly also in some forms of neoplasm.—*London Med. Rec.*

TINCTURA FERRI CITRO-CHLORIDI.—This is an unofficinal compound, to prepare which take of—

Citric acid.....	ʒ xvij.
Bicarbonate of sodium	ʒ xiv.
Solution of chloride of iron	ʒ xij.
Water.....	ʒ ij.
Alcohol sufficient to make.....	ʒ vi.

Heat the water to the boiling-point and, having dissolved in it the citric acid, add the bicarbonate of sodium in successive portions, stirring after each addition until effervescence ceases; then add the solution of iron, stirring well, and afterwards, sufficient alcohol to make the mixture measure six fluid ounces; lastly filter the solution to remove any foreign matter that may be present, and keep it in well stopped bottles. * * * The advantages of this preparation are its miscibility, without discoloration or formation of precipitates, with preparations of barks, all tonics, and Fowler's solution; it has an agreeable taste, that of iron being almost obliterated, and it has no injurious effect on the teeth.

Its medical properties are identical with those of tinctura ferri chloridi. The dose is from ten to thirty drops.—*Thesis N. Y. Coll. Phar.*—*Pharm. Record.*

A CONTRAINDICATION FOR PILOCARPINE IN BRIGHT'S DISEASE.—Prof. Sousa Martins, (*Medicina Contemp.*) of Lisbon, holds that this drug should never be administered in Bright's Disease without having previously tested the capacity of the skin to respond to its action. He first determines the functional activity of the sudoriparous glands by giving a vapour both. If they respond the Pilocarpine will do good; if they do not it may occasion harm by producing effusion in the internal serous cavities—the arachnoid for instance—and he has known death to ensue.

H. R. SLACK, jr., in the *Druggists' Circular*, says that the very unpleasant odour of iodoform may be almost perfectly concealed in ointments, by rubbing the iodoform up with twice its weight of balsam of fir, before adding the vaseline or other unctuous ingredient.

TREATMENT OF SYPHILIS.

Dr. J. E. Gunatz, of Vienna, has lately used bichromate of potash as a substitute for mercury in the treatment of syphilis. The best preparation of the salt is a solution in water saturated with carbonic acid, in the proportion of 0.3 to 600. In 71 cases of chancre the sore was not cauterized, and the bichromate solution alone was given internally. In 47 of these cases the patients escaped secondary symptoms. Dr. J. Marion Sims (also writing to the *British Medical Journal*) highly lauds the *Stillingia Sylvatica* or Queen's Delight, which he says was a famous remedy for Syphilis amongst the Creek Nation of Indians when he practised in Alabama forty years ago. He publishes the history and formula of the "Indian Remedy," now and long successfully used on certain Southern plantations by his brother-in-law, Dr. B. Rush Jones, of Montgomery, and numerous other reputable physicians. The formula used goes by the name of McDade's Anti-syphilitic fluid Extract, though Dr. McDade also uses it largely in Scrofula, and suggests that it might be employed with advantage in certain forms of cancer. The formula is:—
 Fluid Extract of *Smilax Sarsaparilla*, fluid extract of *Stillingia Sylvatica* (Queen's Delight), fluid extract of *Lappa Minor* (Burdock), fluid extract of *Phytolacca Decandra*, (Poke Root), āā ʒij, tincture of *Xanthoxylum Carolinianum* (Prickly Ash) ʒj. Take a teaspoonful in water three times a day before meals, and gradually increase to tablespoonful doses. The fluid extracts should be made from roots recently gathered. Dr. Jones says that he has repudiated Mercury and Iodide of Potassium entirely since using McDade's formula.

NOTES ON THREE DRUGS.—Briefly I shall mention three materię medicę, and their uses.

1. *Powder of Capsicum*, two drachms to the ounce of prepared lard, rendered elegant by the addition of one of the essential oils,

is a seldom failing local application in sub-acute and chronic forms of rheumatism. It must be rubbed over the affected part for ten minutes by a gloved hand, and the application of dry heat intensifies the rubefacient action, which continues for a considerable time afterwards, being even somewhat revived by heat or walking. It is to be used freely night and morning, or at bedtime only (in lumbago, for example, the first thorough application often gives marked relief), according to the effect produced on the sensibility of the patient, and on his disease.

2. A year and a half ago I published a note in a contemporary journal in reference to the antiseptic treatment of what are called the zymotic diseases (I trust we shall soon be naming them the protistozooic diseases), mentioning the administration of carbolic acid in scarlatina; but I have since then, with more advantage, used the *Benzoate of Ammonia* as my germatox (a word meaning germ-poisoner better expresses the idea of the various degrees of antiseptic action than a term meaning germ-slayer). In doses of fifteen grains every three or four hours to an adult, and proportionately for children, it is an efficient treatment in scarlatina anginosa, and milder forms, combined or not with liquor ammoniæ acetatis. I have been informed, by a friend, of its uncombined exhibition in an apparently hopeless case of scarlatina maligna, where recovery followed.

3. *Syrup of the Protochloride of Iron*, in drachm doses thrice daily, diluted with water, recommended, I believe, by Professor Fraser, of Edinburgh, I have seen to be of great benefit, particularly in the anæmia of young females. It appears to me to take rank with, if not, all things considered, over the famous Bland's pill.

These items may be as new to the mass of practitioners as a very great many *soi-disant* new things are, and I shall be glad to see the experience of others recorded in regard to them.—*Brit. Med. Jour.*

THE CORONARY ARTERIES AND THE SEMILUNAR VALVES.—In a recent number of the *Johns Hopkins University Circulars* we find an abstract of a report of certain observations on the mean pressure and the characters of the pulse wave in the coronary arteries of the heart, by Dr. H. Newell Martin, and Dr. W. T. Sedgwick. The object of the authors was, by a critical experiment, to endeavour to settle the long-disputed point whether the aortic semilunar valves close the mouths of the coronary arteries during the systole of the left ventricle of the heart. If the valves act in this way, the pulse wave in the coronary arteries of the heart must differ essentially, both in form and in the period of its maximum intensity, from the corresponding wave in the carotid artery. Simultaneous tracings taken in a branch of the left coronary artery and in a carotid artery agree in every respect. Hence the Thebesius-Brücke doctrine as to the closure of the orifices of the coronary arteries during ventricular systole and as to the resulting "Selbststeuerung" of the heart must be abandoned.—*N. Y. Med. Jour.*

CHORDEE.—Dr. Cambillard states in a recent article in the *Bull. de Therap.* that he has had great success with the following mixture: Water 150 parts (by weight), glycerine 10, potassium bromide 6, laudanum 2. This is to be injected four times a day, the last injection on going to bed, and retained about two minutes each time. It almost immediately allays the erection and produces no pain further than a slight burning sensation.

For the relief of the laryngeal and bronchial irritation attending all the stages of an ordinary attack of bronchitis, Prof. A. C. Post highly recommends (*New England Medical Monthly*) the following:—R. Ol. amygdal dulc, ʒss.; mucil. acaciæ, ʒijss.; syrup tolu, ʒi.; chloroform, ʒi.; morphiæ sulph., gr. j. M. Dose, a teaspoonful once in four hours.—*Med. Review.*

AUSCULTATION OF THE TRACHEA AND MOUTH.—Dr. D. Drummond (*Brit. Med. Jour.*, Oct. 11, 1882) finds auscultation of the trachea by means of a stethoscope, with the chest-piece inserted into the mouth of the patient, useful in the diagnosis of tracheal compression, particularly when produced by aortic aneurism, in which case a systolic whiff is heard with each expiration. Auscultatory percussion practised on this plan gives valuable indications in pulmonary disease. Thus in incipient phthisis a peculiar note is obtained, closely resembling "cracked-pot" resonance; in pleurisy a very short, high-pitched note is produced, very different from the lower-pitched, more prolonged, and much louder tone heard if pneumonic consolidation exists.—*New York Med. Jour.*

THE VERBASCUM THAPSUS OR MULLEIN PLANT IN PHTHISIS.—Dr. F. J. B. Quinlan, of Dublin, has lately been redirecting attention to the sedative and nutritive value of decoctions of the Mullein plant in the cough and emaciation of Phthisis. The virtues of this plant are well known to the Irish peasantry and were fully recorded by John Gerarde in his famous *Herbal* published in 1598. In advanced cases Dr. Quinlan recommends that the milk decoction of the leaves be peptonized by the addition of Benger's Pancreatic fluid and a pinch of Sodium bicarbonate.

MICROCOCCHI OF CEREBRO SPINAL FEVER.—Prof. Leyden, in the *Wien. Méd. Woch.*, gives an account of this disease, which he had the opportunity of seeing. He found a small organism in great abundance in the meningeal exudation. The fluid and membranes were stained with fuchsin. The micrococci were generally single; but sometimes two were joined together, and in a few cases long chains of these organisms were formed. They were distinctly oval, and larger than the coccus found in pneumonia by Klebs and Eberth. Prof. Leyden's case was uncomplicated by any other specific fever, which might give rise to the germs.

HYSTERIA IN CHILDREN.—Greffier (*Archives Gen. de Méd.*) gives a long list of cases, in which severe forms of hysteria, with sensory and motor derangement, took place in young girls. In his own and examples recorded by Richer, Guiraud, Paris, and others, there was evident mental disturbance. In five cases, aged 9, 9½, 10, 11, and 12 years, menstruation had not occurred; and yet the hysteria was of a very complicated character. He does not think from his experience that this disease depends upon the appearance of menstruation or the advent of puberty.

THE COLD DOUCHE IN DELIRIUM TREMENS.—At a recent meeting of the Medical Society of London, Dr. Broadbent (*Brit. Med. Jour.*) narrated a case of *D.T.'s* in which all sedatives having failed to produce sleep, a cold douche to head, neck and chest, applied by a sponge, was speedily successful. Its use was equally gratifying in a case of hyperpyrexia, insomnia and restlessness in a puerperal case without local symptoms.

Surgery.

CLUB-FOOT—A FEW SIMPLE REASONS FOR ITS EARLY RELIEF.

BY DE FOREST WILLARD, M.D.,

Lecturer on Orthopedic Surgery of University of Pennsylvania, Surgeon to Presbyterian Hospital.

Dr. Willard discussed the subject of congenital talipes from the standpoint only of the necessity for early treatment, and the great harm which would result from neglect. Moderate degrees of deformity became severe ones while the physician was wasting precious time in waiting for the child "to be old enough for operation." Corrective measures should be adopted from the day of birth, and the foot should never be allowed to remain in the deformed position. Manipulation and hand pressure were capable of curing the majority of moderate cases of club-foot, but as the hand could not be constantly employed, all possible adjuvants should be brought to bear. The

foot should be forced into as nearly the normal position as the child's endurance will permit, a dozen or more times each day by the mother, firm traction being exercised upon all contracted tissues, whether muscular, fascial, or ligamentous. This force combined with massage and electricity, would develop the awakened muscles and elongate the contracted ones, while the opposite results would occur if the weight of the clothing were suffered to lie upon the unsupported foot: especially if the child be allowed to rest upon its feet would most serious deformity of the bones occur.

To assist the manipulations described, it was necessary that the foot be prevented from assuming its abnormal position. Various methods of securing this end were demonstrated, all simple, inexpensive, and easily attainable. Sole-leather, cut roughly to the shape of the foot and leg, fitted while wet, and then dried in position, would answer well, and was capable of easy removal for frictions, shampooing, and stretching. Felt, binder's board, or tin, would answer the same purpose. Plaster of Paris also was of great use, especially when through ignorance or inattention the proper manipulations would be neglected. At first the limb should be fixed in a position as nearly straight as it is believed the parts will sustain the pressure. When dry, the plaster case could be sawed open, and then removed three or four times a day for stretching. New casts could be applied as rapidly as rectification of the foot advances. Silicate of soda, or starch, or any stiffening material, will answer, but are not equal to gypsum, as the foot must be held in proper position during the "setting" of the material, and nothing equals plaster in rapidity, especially if table-salt is added to the water.

To secure elastic traction, which next to the hand-pressure is most efficacious, it will be found best in infants to surround the leg just below the knee with a band two or three inches in width of "printer's blanket,"

"two-ply," as it is known in the rubber trade—simply gum with cloth facing; this cut to the proper length and with eyelets inserted, is laced in position, and a similar band is applied to the sole of the foot. Between the two is stretched a gum band, the size being graduated according to the strength of the child—sizes: $0\frac{1}{4}$, $00\frac{1}{2}$, $000\frac{3}{4}$, $0000\frac{1}{2}$, 5-inch, and 7-inch. Such as are used in holding large bundles of papers will be sufficient. The advantage of this substance consists in the fact that it does not absorb urine or feces, that it can be easily washed, and that at the temperature of the body it is sufficiently adhesive to remain in position without slipping. Should the dressing show an inclination to turn upon the foot or leg, a strip of rubber "soling," "thin" or "medium" grade, can be used in its place, the roughness of which would effectually prevent any such tendency. "Gutta-percha sheet," one-eighth inch in thickness, also answers nicely, if dipped into hot water, and moulded to the parts. Any of these articles can be obtained by writing to either the Goodyear or National Rubber Co.'s stores in any city, and the cost would be trifling.

The great advantage of this form of dressing is found in the fact that it is capable of being frequently removed for stretching and friction, that it is light, and can be worn inside a shoe, by simply cutting a slit for the strip. Sole leather would answer for the encircling bands, but it is more absorbent, and hence not as cleanly for infants.

Another very important element in the use of this form of apparatus consists in the fact that without renewing it, the mother can, whenever holding the child in her lap, constantly exert her curative power by forcing the foot into its proper position. The pressure of the encircling leg band retards circulation less than would be the case in immovable apparatus.

Barwell's dressing, by means of which points for the attachment of a rubber band are secured, is a good principle, but can be

better carried out by the plan just mentioned. Since the regular Barwell cannot be daily removed, and as it is very liable to be soiled in young infants, it is only applicable to older children. At the point of origin of a muscle, a strip of tin containing a loop of wire is fixed in position by adhesive strips and bandages, at the point of insertion another eyelet is made fast in a similar way. The rubber strap extending between these points should be as the circumstances require, an infant needing no more than a gum band used for papers, No. 0000 $\frac{3}{4}$ or 5-inch; others will call for elastic webbing or tubing into the ends of which hooks are inserted.

Neill's treatment could be also used, but is objectionable for more than temporary use, since ready removal for hand traction was a most important element in any dressing.

Elastic tension has the advantage of acting constantly, whether the child be asleep or awake, and in the course of a few months, by the proper combination of manipulation with the means already alluded to, it will be found that such great advance has been made in the treatment that tenotomy, at first perhaps considered inevitable, will now be dispensed with. Even in the severe cases, where section of the tendon is necessary, this preliminary treatment will prove to have been of great benefit, and the operation will be far less likely to be followed by relapse.

Where patients can afford a shoe, the same principle can be carried out by the simple plan adopted by the author, of riveting an arm to the ordinary stirrup used in steel uprights for club-foot shoes, at the end of which arm is an eye through which plays a catgut cord attached to an elastic webbing, running up to be fastened to a button at the top of the upright. The attachment to the foot is made in the shoe opposite the heads of the metatarsals. An inexpensive joint is formed opposite the metatarsal articulation, which permits

motion in every direction as readily as a ball-and-socket joint, by simply paring down the sole for a half inch in front of the stirrup, to the thickness of a sheet of paper. If the child is not walking, and there is consequently no trouble from the admission of dirt, the toe portion of the shoe can be made separately from the heel, being joined to it in the sole only, and there by means of a strip of soft "upper leather." Such a shoe costs but little, and fulfills most simply and perfectly the indications required, *i.e.*, the rectification of the deformity at the calcaneo-cuboid and astragalo-scaphoid articulations, and the stretching of the contracted calf-muscles and plantar fascia. Should the case be too greatly deformed to yield to these measures, tenotomy can be subsequently performed, or other operative measures instituted, but the present discussion is purposely limited to early simple means of correction.—*Medical and Surgical Reporter.*

ANÆSTHETIC MIXTURES FOR SMALL OPERATIONS.—It is often desirable to apply locally some anæsthetic material to deaden the sensibility sufficiently for small operations. There are various expedients proposed for this purpose. We do not now refer to the use of ether spray, but to various liquids which may be applied directly, and the sense of pain so far obtunded as to permit incisions without experiencing any other sensation than the mere touch. The mixture of chloral and camphor is often useful. When equal parts of chloral and camphor are triturated together, a clear, somewhat viscid, transparent solution results. This solution has considerable solvent power, and will take up a comparatively large proportion of morphia. Chloroform may also be added to it without precipitation of any portion of the dissolved constituents. Thus: R. Chloral, Camphor., aa ʒij; Morphia sulph., ʒss; Chloroformi, ʒj.—M. This may be applied with a camel's-hair brush over the area to be incised, allowed to dry, and

reapplied as freely as may be necessary to render the part insensible to pain.

Amongst the anæsthetic mixtures for surgical purposes proposed by Prof. Redier, are solutions of camphor in ether and in chloroform. According to Redier, one drachm of camphor may be dissolved in two drachms of ether, or the same quantity of camphor in two drachms of chloroform. A useful anæsthetic mixture is prepared by the addition of crystallized acetic acid to chloroform, in the proportion of one part of the acid to twenty parts of chloroform. These anæsthetic solutions are applied by the brush freely over the part the seat of pain, or to be incised. In some instances it may be better to moisten a cloth or some cotton and allow it to remain for some time in contact with the part.

Pure carbolic acid has an anæsthetic effect when applied to the skin. This fact, originally stated by Dr. Bill, of the army, in a paper which appeared in the *American Journal of the Medical Sciences* some years ago, has been utilized to some extent since, to lessen the pain of incisions in the skin in small operative procedures.—*Medical News.*

SUB-PERIOSTEAL AMPUTATION AT THE HIP JOINT.—At a meeting of the Clinical Society of London, in February, Mr. Shuter showed a case in which he had successfully performed this operation in the following manner, (something similar to the plan suggested by Prof. Ollier, of Lyons, in 1859, and also to the method published more lately by Mr. Furneaux Jordan):—A circular amputation through the junction of the middle and upper thirds was done, followed by a longitudinal incision on the outer side of the femur, down to the bone, the periosteum stripped off and left in the flaps, and the whole of the bone enucleated. A little more than two months after the operation the patient, (aged 18) had a movable stump, and within six months of the operation was wearing an artificial limb, on which he could get about very satisfactorily. This case was the first of the kind attended with the formation of bone in the

stump and capacity to wear an artificial limb. Mr. Bryant said the stump was certainly the best he had ever seen after amputation at the hip-joint; he thought, however, there was no reproduction of bone, the good result being due to firm attachment of the muscles to the periosteum. Mr. Croft said the case shewed the possibility of complete subperiosteal excision of the hip which had been denied by some. He asked how Mr. Shuter had succeeded in cleaning the periosteum from the great trochanter. Mr. Pick said this was the only instance in which he had known a patient after this operation able to wear an artificial limb. He evidently moved it by swinging the pelvis. Mr. Davey referring to the use of his lever in controlling hæmorrhage in hip-joint amputations said he had records of its use forty times (20 on each side) and in the case of amputations the recoveries had been sixty-five per cent.

In reply Mr. Shuter said that since his own operation he had assisted at one like it; the case died after three months and the newly-formed bone was found in the stump. In his case he had not bared the great trochanter of periosteum.

SUBMUCOUS INJECTIONS OF CHLOROFORM IN TOOTHACHE.—M. Guillott, in *Le Prog. Méd.* has for six years met with good results in acute odontalgia, from the injection into the gingival sub-mucous tissue of chloroform, after the method proposed by Dop, of Toulouse. He fills a Pravaz syringe half-full of chloroform, inserts the needle deeply into the tissue until it scrapes the bone over the root of the aching tooth. He also makes use of a chloroform mouth wash (5 or 6 drops to a glass of water) to ease the soreness after extraction. The patient keeping the water in his mouth, in the manner of a bath. As a gingival colutary the aromatic aqueous solution of chloroform (8 grammes to 1000 of distilled water, one dessert-spoonful to a glass of water) is a good solution of the kind.

CURE OF ABSCESSSES ABOUT THE NECK WITHOUT CICATRIX OR DEFORMITY.—F. J. B. Quinlan, M.D., M.R. I.A., of Dublin, recommends (*London Lancet*) the following procedure:—A thin curved needle about three inches in length is threaded with fine silver wire, mounted on a handle, and passed deeply into the swelling from above downwards so as to admit of drainage. The wire is thus got through the abscess and the ends are tied together outside the skin. Spirit lotion is applied on lint and changed three times a day. The purulent discharge gradually drains away and is succeeded by a watery one. When the edges of the little wounds begin to pucker in, the wire is removed and a compress applied over the site of the abscess and between the openings. These then close up leaving two little red cicatrices which subsequently become white.

Micrococci are now positively declared to be the cause of erysipelas by Dr. Fehleisen, Bergmann's Assistant (*Medical Record*). He has isolated them, cultivated them on gelatine through fourteen generations. He then inoculated rabbits, and also men, with the pure organisms, and produced in most cases a typical erysipelas. The inoculations were made in seven patients who were suffering from lupus, cancer, and sarcoma. One case of lupus was almost completely cured, in another case the cancerous tumors disappeared, in another of fibro-sarcoma the tumor diminished in size. In the other four cases no especial effect on the tumor was noticed.—*Medical Review*.

COMA OF CARCINOMA.—Dr. Jaksch, in *Wien. Med. Woch.*, gives the account of a case of coma ending in death, caused by carcinoma occurring under the care of Dr. Nothnagel. The day previous to death the urine was examined and yielded no indican, sugar, or albumen, but a small amount of acetons. The acetonuria had lasted for some time. The post-mortem revealed cancer of stomach, lungs, and pleuræ.

PYLORUS RESECTION.—Dr. Kleef (*Deutsche Med. Woch.*) describes a case of contraction of the pylorus following an ulcer, in which he performed a resection, and joined the duodenum to the stomach again. Silk was used for the sutures; antiseptic precautions were taken with the wound, which healed rapidly, and the patient made a good recovery.

Midwifery.

ANTISEPTIC midwifery is receiving a fair trial at the British Lying-in Hospital. A little information as to the methods in use, derived from personal visits to the hospital, may interest your readers. Antiseptics are now employed in every case. Previous to fresh patients being received into a ward it is washed out with a solution of carbolic acid, disinfected by burning sulphur in it, and then left with the windows open for several days. A long-spouted kettle containing an aqueous solution of carbolic acid (one in twenty) stands on a table in the centre of every ward. This is heated by a small jet of gas and, being always kept going, the atmosphere of the wards is kept constantly impregnated with carbolized spray. Carbolized oil is used by the midwives and nurses to anoint the fingers before making digital examinations. The patients are delivered under a cloud of carbolic spray (one in twenty solution), which is kept playing on the vulva during labour. A steam spray is usually employed, but a hand-ball spray with three jets is always kept in readiness besides, for use when the steam spray is not ready, so that the spray is never omitted in any case. Dr. Fancourt Barnes thinks that this prevents the entrance of any germs into the uterus at the moment when the vagina is dilated by the passage of the child. He gives a quinine, opium, and ergot mixture for the first few days after delivery to keep the uterus contracted and thus prevent any germs from entering. The vagina is syringed out daily

for the first ten days after delivery with a (one in sixty) solution of carbolic acid. All washings of the genitals are performed with carbolic solution (one in eighty). These antiseptic measures have been used at the British Lying-in Hospital for about two years, and since they have been in vogue no deaths from puerperal fever have occurred, and during the past two years (1881 and 1882) only two deaths from any cause whatever among three hundred and thirty-two women delivered. Febrile temperatures after delivery, which were formerly common, are now quite the exception. It should be noted that in addition to these antiseptic procedures, so called, *the strictest cleanliness is observed*. The tables and chairs, etc., in the wards are painted *all over*, and when washed are thoroughly washed *all over*, so that no hiding-place for dirt is left anywhere. Ample provision for ventilation is made by means of open fire-places, cross windows, inlet openings on Tobin's plan with wire screens (which can be washed out periodically) under the windows, and outlets in the ceiling, which communicate with an exhaust shaft. Each ward only contains four beds, and is large and lofty. There is a separate labour ward. The mattresses are disinfected from time to time by being baked in a hot oven. During the month of August in every year the hospital is closed and thoroughly cleaned throughout, and the walls limewashed afresh.—*N. Y. Med. Record*.

PLASTER OF PARIS PESSARY.—Dr. B. F. Dawson stated that he wished to record that he had made use of plaster of Paris, molded within the vagina, with the most decided success, in two cases of displacement of the uterus. The first case was that of a woman suffering from anteversion and a very aggravated prolapse of the left ovary. She was placed in the knee-chest posture, and pledgets of absorbent cotton, each with a string attached, soaked in a mixture of plaster of Paris and water of

about the consistence of gum and partially squeezed out, were placed in the posterior fornix of the vagina and around the vaginal portion of the cervix, and held in position. The vagina was then cleaned out, in a few moments the cast had hardened, and the patient went away with instructions to withdraw the instrument should it cause pain. When she came back at the end of three days she said she had experienced great relief. On removing the plaster pessary, the mucous membrane with which it had come in contact, instead of being irritated, as one might have expected, was found to have been benefitted by its presence; it was firmer and less irritable than before, and the prolapsed ovary had evidently been sustained. The second case was one of retroflexion, in which the pessary acted not only as a harmless agent, but seemed to give all the uterine support desired. The instruments were removed, placed in fire to burn out the cotton, and dipped into wax or paraffin for the purpose of making them impervious to the secretions and to render them more durable. This method of supporting the uterus commended itself for the facility with which it could be applied, for cheapness and for accuracy of adaptation. *N. Y. Med. Jour.*

GARSTANG ON URETHRAL CARUNCLE.—In the *Brit. Med. Jour.*, Nov., p. 932, is a paper on urethral caruncle, read by Mr. T. H. Garstang at the annual meeting of the British Medical Association at Worcester, in which, having called attention to the importance of this subject from the agony the patients are in who are afflicted with it, he stated that, besides the usual form, there also exists in some cases an allied disease, consisting of an extremely vascular and painful condition of the general lining membrane of the urethra, which may appear as a patch or as a ring, or may involve the whole canal, without the existence of any visible tangible tumour or excrescence, yet exactly resembling ordinary caruncle in its

symptoms, and in its entire resistance to all forms of treatment except the total destruction of the diseased part. A series of cases are described with their treatment, the latter consisting chiefly in the local application of nitrate of silver.

In the discussion that followed, Dr. Edis expressed the opinion that some of the cases described (those which Mr. Garstang took to be the unusual form of caruncle) were instances not of urethral caruncle, but of irritable or vascular conditions of the urethra, nitrate of silver being sufficiently powerful to allay this, but not being strong enough to destroy a true caruncle; and that a saturated solution of carbolic acid would have been found more serviceable, and its application less painful. Dr. Cullingworth also stated that Mr. Garstang's cases might possibly be irritated conditions of the urethra, the symptoms being aggravated by hysteria, and that in such cases he had found simple dilatation of the urethra to be most efficacious.—*Lond. Med. Record.*

HÆMORRHAGE IN PLACENTA PRÆVIA.—Dr. H. Klotz, of the University of Innsbruck, in *Wien. Med. Woch.*, describes a method that he employed in two cases of very severe placenta prævia. Acting on a suggestion of Dr. Breisky, for the arrest of hæmorrhage in an atonic uterus, he inserted two fingers of his right hand into the space behind the cervix uteri and pressed them firmly up between this and the vagina. By means of these fingers he hooked the lower part of the uterus strongly forward towards the pubes. He then made firm pressure on the fundus of the uterus by means of the left hand. Digital and manual compression on an ante-flexed uterus arrested the bleeding. He had to keep up the pressure in one case for three quarters of an hour. Both children survived.

THE late Edward Mackay, amongst other charitable bequests, left to the Montreal General Hospital the sum of five thousand dollars.

THE Canadian Practitioner,

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

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

TORONTO, JUNE, 1883.

CLINICAL INSTRUCTION IN THE TORONTO GENERAL HOSPITAL.

For a number of years this most important department of medical education did not receive that amount of attention which it deserved. Of late, however, very great improvements have been made so that the teaching in clinical medicine and surgery, which was at one time defective, has now become one of the most distinguishing features of medical education in this city. The amount of progress made in this particular ought not to occasion surprise when one thinks of the immense strides made by Toronto in educational matters during the last decade, a progress which makes this city the educational centre *par excellence*, of the Dominion.

During the present Summer Session clinical instruction is given in the hospital daily, as follows:—From 1.30 to 3 p.m., the out-door patients are admitted in the theatre by one of the active staff. Remarks are made on the more interesting cases. The material presented in this clinic is often superior to that found in the wards. From 3 to 4 p.m. clinical lectures are given in medicine, surgery, and gynæcology. From 4 to 5 p.m., many of the hospital visits are made, when the students can see the patients who are unable to come down to the theatre. Those who are engaged as clinical clerks are then fully occupied until 6 o'clock writing the histories of cases, and preparing material for the clinical lectures; many of

them in fact spend a good part of the forenoon in the building. With such a programme it is quite evident that, proportionately to the number of students, as great clinical advantages are offered as in any medical college or hospital on this Continent.

Notwithstanding, however, these advantages many students leave the college with but a poor knowledge of the practical work of their profession. The fault lies partly with the students themselves and partly with the examining boards. If students would take into consideration that they are working that they may become successful practitioners, and not merely for examination, they would pay more attention to hospital work. If, on the other hand, the Medical Council would insist on examinations at the bedside and on certificates of time spent as clinical clerks, we would have on the part of students as great a desire to learn as the lecturers now have to teach them.

THE WOMAN'S MEDICAL COLLEGE.

At the present time we have no intention of discussing the desirability of women undertaking the study of medicine. Many of the *gentler sex* have chosen this profession as their work of life both in this and other countries, and quite a number have succeeded in attaining distinguished positions therein. As many Canadian ladies are now making the same choice, it becomes advisable to organize a thoroughly efficient medical school for women *only*, as attempts at the co-education of the sexes in this department have proved a failure. As Toronto possesses more varied and more extended clinical advantages than any other city in Canada, and as it is at the same time the most central, the most accessible, and the most prosperous city of the Dominion, it seems in every respect the most suitable place for the organization of such a school. Dr. Barrett, whose name is so well known in connection with this

question, has matured his plans, organized his Faculty, and completed arrangements for the opening of the first session of his medical college on the first of October next. The following are the members of the Faculty, as published in the announcement which has been issued: Dr. M. Barrett, President, and Lecturer on Institutes of Medicine; Dr. George Wright, Practice of Medicine; Dr. I. H. Cameron, Surgery; Dr. A. H. Wright, Obstetrics; Dr. A. McPhedran, Materia Medica; Dr. J. T. Duncan, Anatomy; Dr. R. A. Reeve, Diseases of Eye and Ear; Dr. R. B. Nevitt, Sanitary Science; Dr. F. Krauss, Medical Jurisprudence; Dr. Augusta Stowe-Gullen, Demonstrator in Anatomy; A. R. Pyne, Esq., Chemistry.

The scheme is exceedingly popular with the public, and Dr. Barrett is receiving the most cheering promises of sympathy and support from all classes.

MEETING OF THE ONTARIO MEDICAL COUNCIL.

This august body, which is supposed to control the medical destinies of the Province, will meet June 12th. It is not expected that the session will be a very exciting one. Rumour says there may be some change made in time required for undergoing Matriculation Examination. According to present law, an interval of four years must elapse between matriculation and final examinations. As a consequence, some young men find it more convenient to acquire an M.D., then go to the old country, where sometimes before they have convalesced from sea-sickness, they go to an Edinburgh manufactory which gives more letters for the money than any other place in Christendom, obtain the said letters, bring them back, and register as qualified practitioners of Ontario. The whole thing can be done in a few weeks, and is easier than waiting in some cases for the four years interval. "Then you

know we have an Old Country degree, and a *deuced* big one too."

The Territorial members may possibly have some remarks to make upon two additions from the Western University, one Senate and one Faculty representative, as they think there are too many Schoolmen already. It is certainly putting it mildly to say that the paucity of the latter has never yet been noticed.

As the Council has already done so much in the way of making examinations more thorough, we hope it may go a little farther, and have clinical examinations in Final subjects. We may say at the same time that the present Examining Board gives the highest satisfaction, and the Profession is not anxious to see any changes. We also hope that a rule will be made compelling all who come up to the final examination, to show certificates of having acted as clinical clerks or surgical dressers in some general hospital, for a period of not less than three months, such certificates to be signed by a hospital surgeon or hospital superintendent.

SUMMER SESSIONS IN TORONTO.

We are glad to be able to state that the Summer Sessions in the two Medical Schools in Toronto are very successful. The course of systematic clinical instruction, now given in the General Hospital, is a most excellent one, and has probably never before been equalled in Canada. There are 62 students registered in the Hospital for the summer, and all are apparently delighted with the advantages placed at their disposal. We are glad to see Toronto coming to the fore, as far as clinical teaching is concerned, and we hope the members of the Faculties will feel encouraged by the success which has, this year, attended their labours, and go on in future years with the good work they are now accomplishing. We may say, that the Summer Session in the Toronto Schools is an established fact for all time to come.

ONTARIO MEDICAL ASSOCIATION MUSEUM.

A circular has been issued by the committee, having charge of this matter, to all members of the Profession in Ontario, whose names are on the Roll of Membership of the O. M. Association, containing the following questions:—1. Do you approve of a Museum? 2. Will you contribute specimens? 3. Will you subscribe to a Guarantee Fund? and 4. If so, how much? The answers are to be returned to Dr. R. A. Reeve, 22 Shuter Street, Toronto, the Secretary of the Committee.

It is not intended or desired to confine the benefits of this Museum by the limits of the Association; and, therefore, we are requested to put the above questions to those of the Profession who are not members of the Association. In view of our remarks in former issues on the value and importance of a general Museum of this sort, it would be idle iteration to again urge upon the Profession, (who already recognise the utility and necessity of a Museum) its claims to their hearty and material support.

ONTARIO MEDICAL ASSOCIATION MEETING.

This meeting will be held June 6th and 7th, in Toronto, and is likely to be a very successful one.

LIST OF PAPERS.

1. Case of Traumatic Tetanus, exhibiting the effects of Neurotomy, by Dr. Burt, Paris;
2. New method of Removing Solid Ovarian Tumours, when extensively adherent, Dr. Groves, Fergus;
3. The Bacilli of Phthisis, Dr. Graham, Toronto;
4. Hip Joint Disease, Dr. Ferguson, Toronto;
5. Cancer of the Larynx, Dr. Ryerson, Toronto;
6. Some of the Uses of Jaborandi, Dr. MacKay, Woodstock;
7. Talipes by Wedge Plaster Method, Dr. Burrowes, Lindsay;
8. Some Cases of Poisoning, Dr. Mitchell, Enniskillen;
9. The Relations of the Medical Profession to Public Health, Dr. Oldright, Toronto;
10. Aphasia, Dr.

Workman, Toronto; 11. Primary Lateral Sclerosis, Dr. Campbell, Seaforth; 12. A Case of Fatty Diarrhœa, Dr. Woolverton, Hamilton; 13. The Conduct of Medical Men towards the Public, and Among Themselves, Dr. Dupuis, Kingston; 14. Acetonæmia, Dr. Strange, Toronto; 14. Anomalous Case of Nerve Disease, Dr. C. K. Clarke, Kingston; 16. Vaccination, Dr. Playter, Toronto; 17. The Brain and its Functions, Dr. Curry, Rockwood; 18. Fractures of the Forearm, Dr. McNaughton, Erin; 19. Prurigo, Dr. McPhedran, Toronto; 20. Puerperal Convulsions, Dr. Parsons, Meaford; 21. Cerebro-Spinal Meningitis, Dr. Howland, Huntsville; 22. Case of Superfætation, Dr. Davidson, Toronto; 23. Restriction and Prevention of Contagious Diseases of School Life, Dr. White, Toronto.

In addition to the reading of original papers, Dr. Covernton will read a translation "Pasteur on the New Microbes."

There will be an exhibition of a new Electric Battery, various Surgical Instruments, Pathological Specimens, etc.

THE MARRIAGE OF DRs. STOWE AND GULLEN.

A very unusual event occurred in Toronto, May 23rd, when one physician was married to another,—Dr. Augusta Stowe to Dr. John B. Gullen. The ceremony was performed in the Metropolitan Methodist Church, in the presence of a large number of guests and friends of the bride and groom. Dr. Augusta Stowe Gullen is, we believe, the first lady who has obtained the degree of M.D. in Canada. She went through the whole four years' Medical Course in Toronto, being, during the greater part of the time the only female student in attendance at her Medical School. We regret to say that a minority of the males did not treat her with that courtesy to which a lady is entitled, and *always obtains from gentlemen*; in fact she was frequently subjected to annoyances of

a most aggravating and contemptible character. Notwithstanding the very trying circumstances under which she was frequently placed, she invariably conducted herself in such a way as to command the respect and admiration of those with whom she came in contact, including her teachers, various examiners, and we are happy to add, the majority of her fellow students.

The history of this lady's career furnishes one of the strongest arguments in favour of the establishment of a Woman's Medical College. We are glad to notice that our first Canadian lady M.D. has shown sufficient abilities to induce the Faculty of the New School to give her a place on the staff. To the happy couple we extend hearty congratulations, and best wishes for long life, happiness, and success. Their union is considered by some to be the first step towards the consolidation of the two Medical Schools in Toronto, one being a graduate of this year from the Toronto School, the other from Trinity.

SENATE OF TORONTO UNIVERSITY.

At the last meeting of this body, May 25th, at which, as usual, there was a very small representation of the Medical Members, a letter was read from Dr. Eccles, recommending that only final men (Third or Fourth Year) should be examined in *Materia Medica*. Mr. Loudon gave notice of a statute establishing the degree of Ph. D. Dr. Oldright gave notice of resolution recommending some more genial form of Memorial of the late Chief-Justice Moss than a Scholarship. Mr. Houston gave notice of resolution to allow Intermediate Examination in lieu of Matriculation in Medicine. We understand this to apply only to pass men. Mr. Houston's motion, relative to special fees paid to Professors in University College, was referred to a committee. We believe this motion refers to the fact, that certain fees of occasional students, instead of going into the coffers of the College, are appropriated by Professors.

RESULTS OF EXAMINATIONS,
TORONTO UNIVERSITY.

PASSMEN.

First year.—Bigelow, A. W.; Campbell, C. G.; Carlyle, J. C.; Caven, W. P.; Gregg, W. J.; Hamilton, H. J.; Johnston, D. R.; Little, H. E. R.; Macoun, J.; Marty, J.; Mackenzie, D.; Noecker, C. T.; Parker, S. G.; Peaker, J. W.; Peters, G. A.; Woodward, A. F.

Second year.—Bascom, H.; Bourke, E.; Broadfoot, A.; Cane, F. W.; Carr, L.; Carveth, G. H.; Cherry, G. A.; Courtney, J. D.; Hoople, H. M.; Howell, J. H.; Knisley, A. B.; Krick, C. A.; Murchon, D. J.; Pool, D.; Saunders, M. R.; Staebler, D. M.; Sutherland, J. G.; Webster, H. E.

Third year.—Bray, J.; Clerke, J. W.; Draper, J. S.; Hearn, R.; Johnston, J.; Mackenzie, A. F.; Patterson, J. W.; Spence, J.; Stewart, R. L.; Stewart, S.; Thompson, A. S.

Primary Examination.—Bingham, G. A.

M. B. Examination.—Clerke, H. S.; Dolsen, F. J.; Hansler, J. E.; Meldrum, G. A.; Robinson, W. G.; Carlton, W. H.; Cuthbertson, W.; Freeman, W. F.; Lepper, W. J.; Meikle, T. D.

M. D. Examination.—Clapp, R. C.

SCHOLARSHIPS.

First year.—(1) Johnston, D. R.; (2) Peters, G. M.

Second year.—(1) Carr, L.; (2) Hoople, H. M.

Third year.—(1) Clerke, J. W.; (2) Spence, J.

M. B. Examination.—Gold Medal, Robinson, W. J. Silver—Dolsen, F. J. Starr gold medal—Robinson, W. J.

In the first year Macoun requires to take chemistry again; and Mackenzie and Woodward to take anatomy again.

In the second year Poole to take anatomy again.

HONOUR LIST.

First year.—Anatomy—Class I., Caven, Johnston, Peters, Noecker. Class II., Marty.

Physiology—Class I., Campbell, Bigelow, Peters, Johnston, Greig, Caven, Noecker. Class II., Marty, Macoun.

Natural Physiology and Chemistry—Class I., Johnston, Marty, and Peters. Class II., Caven, Hamilton.

Biology and Comparative Anatomy—Class I., Peters, Greig. Class II., Bigelow, Caven, Johnston.

Second year.—Anatomy—Class I., Carr, Hoople, Bascom, Howell, Sutherland, Staebler. Class II., Bourke, Saunders.

Physiology—Class I., Hoople, Saunders, Bascom, Howell, Carr. Class II., Sutherland, Cherry, Krick, Bourke, Staebler.

Materia Medica and Therapeutics—Class I., Saunders, Staebler, Carr, Bascom. Class II., Howell, Hoople, Cherry, Minchin, Sutherland, Bourke.

Chemistry, organic and physiological.—Class I., Howell, Carveth, Carr, Sutherland, Hoople, Minchin, Cherry, Saunders, Courtney, Bascom, Krick, Staebler. Class II., Webster, Bourke.

Histology.—Class I., Hoople, Saunders, Staebler, Bascom, Minchin, Cherry, Howell. Class II., Carveth, Sutherland, Bourke, Carr, Krick.

Third year.—Medicine—Class I., Bray, Spence, and Stewart, S. Class II., Clerke, Patterson, Johnston.

Clinical Medicine—Class I., Spence, Stewart, Bray. Class II., Clerke, Draper, Johnston.

Surgery.—Class I., Johnston, Clerke. Class II., Spence, Bray.

Clinical Surgery.—Class I., Spence, Stewart, S., Johnston, Bray, Clerke, Draper. Class II., Mackenzie, Patterson, Stewart, R. L., Thompson.

Surgical Anatomy—Class I., Spence, Draper, Clerke, Johnston. Class II., Stewart, S., Thompson, Bray, Stewart, R. L.

Obstetrics—Class I., Clerke, Thompson, Johnston, Bray, McKenzie, Stewart, S., Spence. Class II., Stewart, R. L.

Pathology and Pathological Histology—

Class I., Clerke, Bray, Spence. Class II., Stewart, S.

Fourth year.—Medicine—Class I., Robinson, Dolsen. Class II., Clerke, Meldrum, Hansler.

Clinical Medicine—Class I., Robinson, Clerke. Class II., Meldrum, Dolsen.

Surgery—Class I., Robinson, Clerke, Dolsen. Class II., Meldrum.

Clinical Surgery—Class I., Robinson, Clerke. Class II., Meldrum, Dolsen.

Forensic Medicine—Class I., Meldrum, Robinson, Clerke, Hansler, Dolsen.

Hygiene—Class I., Dolsen, Robinson, Clerke, Meldrum.

Medical Psychology—Class I., Robinson, Dolsen, Clerke, Meldrum.

Practical Chemistry, Forensic, and Hygienic—Class I., Robinson, Meldrum.

Of the whole number of successful candidates, thirty-seven were from the Toronto School and nineteen from Trinity. Among those who obtained scholarships and medals, Messrs. Robinson, Dolsen, Clerke, Spence, Carr, Johnston, and Peters, were Toronto School men; and Mr. Hoople was a Trinity School man. There were no candidates from any schools outside of Toronto.

MR. J. NETTEN RADCLIFFE has been obliged, through ill health, to resign his post as Assistant Medical Officer of the Local Government Board. To those who can recall the vast amount of sanitary and literary labour he has accomplished from the publication of his work on the *Hygiene of the Turkish Army* and the *Plague at Sinope*, down to his exhaustive reports and "Memoranda on the Recent History and Development of Cholera, Plague, and other Asiatic Epidemics," and the question of quarantine in the Red Sea, and his services in connection with the Epidemiological Society—a realization of the loss sustained will not be difficult. Dr. Thorne has been appointed his successor.

The Royal College of Physicians of London has lately instituted a special examination in Hygiene and State Medicine.

THE Directory for Nurses, of Baltimore, during the first eleven months of its existence, registered 29 nurses. The receipts and expenses showed a small balance in favour of the receipts.

THE AMERICAN MEDICAL ASSOCIATION.—The next annual meeting of this Association will be held in Cleveland, from the 5th to the 8th of June inclusive.

At a recent annual meeting of Convocation of the University of London, Sir James Paget was elected Vice-Chancellor in succession to the late Sir George Jessel.

Meetings of Medical Societies.

PROVINCIAL BOARD OF HEALTH.

FIRST REGULAR MEETING OF 1883, MAY 9th.

The Board was called to order by the Chairman at 2 p. m. The following members being present: W. Oldright, M. A., M. D., Chairman; C. W. Covernton, M. D., J. J. Cassidy, M. D., H. P. Yeomans, B. A., M. D.; and Prof. Galbraith, M. A.

The minutes of the previous meeting having been read by the Secretary, were on slight amendment confirmed.

Various communications were then read, amongst the more important being one from Dr. Playter *re* the desirability of the Board using the *Sanitary Journal* as a convenient method of disseminating sanitary information, and another from the same gentleman urging upon the Board the necessity for a short pamphlet upon the dangers incident to *immoral, and marital* sexual excesses; one from Dr. J. E. White, Toronto, with the information that Scarlatina of a malignant type prevailed in part of of Whitechurch, York Co., and various other letters.

Notices of the communications which have already appeared in the daily press, and from Sheriff Clarke, M. D., Prince Arthur's Landing, and Dr. Thos. Sewell, M. A., physician to C.P.R., concerning the

outbreak of smallpox in that district and the means taken to extinguish it, were given by the Secretary, as also of those received from Dr. Kincaid, Health Officer of Peterboro', and others concerning the outbreak and suppression of smallpox in that town during the month of March.

One lengthy communication from Dr. Carney, of Windsor, was read, stating reasons why in justice to himself and profession, he did not feel that he ought to continue to be a correspondent of the Board in the matter of Disease Reports.

Dr. Covernton then read the report of the Committee on Epidemics, which was received and ordered to be printed in the next annual report.

Dr. Cassidy's report of Special Committee appointed to interview the Minister of Education, concerning the introduction of Hygiene, as a subject to be taught, into High and Public Schools, was considered in committee of the whole, amended and ordered to be printed in the next annual report.

Dr. W. Canniff, Health Officer of Toronto, being present and having been invited to take part in the deliberations of the Board, made some remarks upon the desirability of having Medical Health Officers everywhere appointed, and further stated that he considered that the public ought to feel indebted for the work already accomplished by the Board. The first session then adjourned.

SECOND SESSION.

The Chairman called the Board, May 10th, to order at 10.30 a. m., the following members being present: Drs. Oldright, Covernton, Cassidy, Yeomans, and Prof. J. Galbraith.

The minutes of the previous meeting having been read, the Chairman proceeded to read his annual address for the year 1883. It was ordered to be incorporated in the annual report for 1883.

Dr. Yeomans thereafter made some

remarks upon the advisability of drafting rules to be recommended to municipal councils, for the purpose of aiding them in framing by-laws for the guidance of local Boards of Health.

Dr. Canniff being present made some remarks concerning the necessity for isolating contagious diseases and for the removal of smallpox cases to the hospital.

The meeting then adjourned till 3.30 p. m.

THIRD SESSION.

The following members present: Drs. Covernton, Cassidy, Yeomans, and Prof. Galbraith, Dr. Oldright, (later.)

Dr. Yeomans having been appointed Chairman *pro tem*, the minutes of the previous session were read. The consideration of a circular formulated by the Secretary was taken up.

It was after discussion moved by Dr. Cassidy, seconded by Dr. Yeomans and carried, that a circular be issued to clerks of municipalities, health officers, and correspondents of the Board, containing a series of questions, asking for certain sanitary information. After consideration in committee of the whole, the committee arose and reported progress.

Prof. Galbraith then read the partial report of the Committee on Sewage, Drainage, and Water Supply. The reading of the remainder of the report and its consideration were deferred till another session. The Board then adjourned.

FOURTH SESSION.

The following members present: Drs. Oldright, Covernton, Cassidy, Yeomans, Rae, and Prof. Galbraith. The minutes of the previous session having been read, Dr. Oldright read the remainder of the report of the Committee on Sewage, Drainage, and Water Supply.

Dr. Oldright moved, and Dr. Cassidy seconded, that the report as read be received and that the Board go into committee of the whole for its consideration. After dis-

discussion the committee arose and reported. It was then moved by Dr. Rae, seconded by Dr. Cassidy and carried, that the report be adopted as amended, and that it be printed in pamphlet form for distribution. The motion was carried.

The question of drafting by-laws having again been taken up, it was moved by Dr. Covernton, seconded by Prof. Galbraith and carried, that Dr. H. P. Yeomans be appointed a committee to frame by-laws to be recommended to the various municipalities for their guidance in the formation of local Boards of Health.

FIFTH SESSION.

Present : Drs. Oldright, Covernton, Cassidy, Rae, and Prof. Galbraith.

The minutes having been read, the Board proceeded to consider in committee of the whole amendments to the by-laws. After discussion the committee arose and reported the by-laws as amended. On motion of Dr. Rae, seconded by Dr. Cassidy, the various amendments were adopted.

It was then moved by Dr. Cassidy and carried, that the Board go into committee of the whole, on the appointment of members of standing committees for the following year with this result:—

Dr. C. W. Covernton, on Epidemics; Dr. W. Oldright, Prof. J. Galbraith, Sewage, Drainage, and Water Supply; Dr. C. W. Covernton, Foods and Drinks; Dr. J. J. Cassidy, Warming and Ventilation of Buildings; Dr. F. Rae, Poisons, Explosives, etc.; Dr. H. P. Yeomans, School Hygiene; Dr. H. P. Yeomans, Legislation; Dr. F. Rae, Finance; Dr. Oldright, and Prof. Galbraith, Publication.

It was moved by Dr. Covernton, seconded by Dr. Cassidy and carried, that the Secretary be requested to forward to various professors of Hygiene and other distinguished Sanitary scientists copies of the *Globe* and *Mail*, containing reports of the work accomplished at the various sessions of the first regular meeting of the Board.

The question of the next sanitary convention having been introduced, it was moved by Dr. Oldright, seconded by Dr. Rae, and carried, that a committee consisting of the mover, seconder, and Secretary, be appointed to visit Cobourg, and, if possible make arrangements for a sanitary convention, to be held there in the second week in October.

The Secretary then drew the attention of the Board to certain suggestions made by various correspondents of the Board, concerning the best methods for obtaining accurate disease reports. This matter, as also the circular for the collection of sanitary statistics, was referred to the Committee on Publication.

The Secretary having referred to a request made by Col. Otter, through Mr. Thomas McMinn, that the plates used in preparing the "Drowning Pamphlet," be loaned to the Queen's Own, it was moved by Dr. Cassidy, seconded by Prof. Galbraith, and carried, that the request be granted.

The Board, on motion of adjournment, concluded the fifth session of the first regular meeting of the year.

P. H. BRYCE, M.A., M.D., *Secretary*.

THE TORONTO MEDICAL SOCIETY.

Stated meeting, April 19, 1893.

The President, Dr. George Wright, in the chair.

Dr. McPhedran showed a case of small papular syphiloderm. The patient was a woman aged 40. No history of syphilis ascertainable. She has a child six years old, healthy, no miscarriages. Her husband said to be healthy. There were some ulcerated patches on right tonsil. The eruption was universal, of a bright reddish colour, resembling papular eczema, but there was no irritation. Glands were generally enlarged.

Dr. Ryerson showed a man aged 79 with a large ulcer on left anterior pillar of the fauces, involving the tonsil, and extending

as far forward as the ramus of the jaw. Edges well defined, everted and indurated, and the base covered with a grayish slough. Pain is considerable, and often darts to the ear. Glands large and indurated. The ulcer was thought to be carcinomatous.

Dr. Ryerson wished to know the views of the Society on the advisability of operating for the removal of the diseased tissues in such cases.

Dr. McFarlane thought operation sufficient to destroy life in many cases by shock and hemorrhage, and therefore would not resort to it.

Dr. Cameron thought the operation advisable, if done early; as did also Dr. Graham.

Stated meeting, May 3, 1883.

The Vice-President, Dr. A. H. Wright, in the chair.

Dr. G. B. Smith showed a case of tinea circinata of the body, in a boy aged 16. The parts attacked were the buttocks, inner and back parts of the thighs, groin, penis, etc. A number of the patches were oval, and raised. There was a good deal of irritation. Other members of the family were similarly affected. Ointment of chrysophanic acid (5 ss. ad. 3 i.) had been applied.

Dr. Graham pointed out that the appearances differed a good deal from ringworm, but the contagiousness indicated that such was the nature of the disease. He thought x. or xv. grs. to the 3 sufficiently strong for the chrysophanic acid ointment; stronger would be feared to be dangerous.

Dr. Cameron showed a young man with an ununited fracture of the tenth rib, of four weeks standing.

Dr. Davidson showed a case of leucoderma in a girl aged six.

Dr. Workman showed for Dr. Burns a fibroid polypus of the uterus.

Dr. Ryerson showed a salivary calculus, 5/8 x 3/8 inches, removed from the sublingual duct of a lady.

Dr. Machell showed a round piece of

wood, twelve inches long and one inch in thickness, removed from the rectum of an old man. The upper end of the stick formed a protuberance at the umbilicus, while the other rested in the hollow of the sacrum. It was removed by hooking the finger over the end on the sacrum, aided by expulsive efforts made by the patient.

This being the Annual Meeting, the following officers were elected for the current year:—

President, Dr. Graham.

First Vice-President, Dr. Nevitt.

Second Vice-President, Dr. Machell.

Recording Secretary, Dr. Duncan.

Corresponding Secretary, Dr. Lesslie.

Treasurer, Dr. Spencer.

Members of Council, Drs. Cassidy, Davidson, and Ferguson.

Book Notices.

Eleventh Annual Report of the New York Infant Asylum, 1883.

The Biographer Illustrated, May, 1883.
New York: 23 Park Row.

Weekly Bulletins of the Provincial Board of Health. By P. H. Bryce, M.A., M.D., Secretary.

One Hundredth Annual Catalogue of the Medical School (Boston) of Harvard University, 1882-83.

Report of Proceedings of the Illinois State Board of Health, Quarterly Meeting, Chicago, April 12-14, 1883.

Proceedings of the Sanitary Council of the Mississippi Valley at its 5th Annual Meeting, Jackson, Miss., April, 1883.

The Pathology and Morbid Anatomy of Tubercle. By N. Senn, M.D., Milwaukee, (reprint from *Trans. State Med. Soc.*)

Heart Puncture and Heart Suture as Therapeutic Procedures. By Jno. R. Roberts, M.D., Philadelphia: (reprint from *Medical News.*)

The Clinical History and Exact Localization of Perinephric Abscesses. By Jno. B.

Roberts, M.D., Philadelphia: (Reprint from the *American Journal of the Medical Sciences*.)

Communicable Diseases in Michigan during year ending Sept. 30th, 1882, and Work of Boards of Health restricting the same: (Reprint from *Annual Report Mich., State Board of Health*.)

The Doctorate Address delivered at 40th Annual Commencement of Rush Medical College. By Moses Gunn, M.D., LL.D.: (Reprint from *Chicago Medical Journal and Examiner*) 1883.

The Symptoms and Diagnosis of Malaria in Children. By L. Emmett Holt, A. M., M. D., New York, (reprint from the *American Journal of Obstetrics and Diseases of Women and Children*.)

Weekly Bulletins of Health in Michigan, Meteorological Reports, and Mortuary Statistics of the city of Lansing for the Month of April. By Henry B. Baker, M. D., Sec. State Board of Health, Mich.

Diseases of the Eye. By Edward Nettleship, F.R.C.S. Second edition. Philadelphia: Henry C. Lea's Son & Co., 1883. Toronto: N. Ure & Co.

The first edition of this work deservedly met with great favour, and the evident thoroughness with which it has been revised by its painstaking author renders it second to none as a manual for advanced students, and book of reference for the busy general practitioner.

Manual of Gynecology. By D. B. Hart, M.D., F.R.C.P.E., Lecturer on Midwifery, Diseases of Women, School of Medicine, Edinburgh, etc., and A. H. Barbour, M.A., B.Sc., M.B., Assistant to the Professor of Midwifery, University of Edinburgh, etc. Volume II. New York: William Wood & Co.; Toronto: Willing & Williamson.

In our last issue it was our pleasure to comment favourably on the first volume of this excellent work. We have little to add, with reference to the second volume. Taking it altogether, as a manual, we think it can scarcely be excelled.

Handbook of Medical Electricity, with a description of a new Medical Battery. By A. M. Rosebrugh, M.D., Toronto.

The Battery which this little brochure is intended to introduce to professional notice is a very simple but ingenious modification of one already well known to the profession — the McIntosh combined galvano-faradic. The introductory account of the therapeutic uses of electricity compiled from various sources is very good; but we trust that no one who buys the battery will do it the injustice to employ it solely on the strength of the information he will glean from these pages.

A Manual of Auscultation and Percussion, Embracing the Physical Diagnosis of Diseases of the Lungs and Heart and of Thoracic Aneurism. By Austin Flint, M.D., Third Edition, Revised. Philadelphia: H. C. Lea's Son & Co. Toronto: N. Ure & Co., Price, \$1.75.

The Third Edition of this well-known manual has just appeared. Its scope is the same as formerly; but some new matter has been introduced in the shape of directions for reproducing pulmonary signs in lungs removed from the body, and by artificial illustrations, and the embodiment of certain practical points suggested by Prof. Janeway. The work is too well known to require comment; the author is beyond the pale of ordinary criticism.

The Diseases of the Prostate, their Pathology and Treatment. By Sir Henry Thompson. Fifth Edition. Philadelphia: P. Blakiston, Son & Co. Toronto: N. Ure, & Co., 1883. Price, in paper 75 cents; in cloth, \$1.25.

The first edition of this work appeared in 1857, and constituted "an epoch making" contribution to our knowledge of the subject. Successive editions have been marked by the natural development of the author's views and a record of the increase of information acquired on all hands. This last exemplifies the general growth of knowledge in a high degree and contains

an entirely new chapter, describing the author's latest operation for the relief of advanced Prostatic Disease by incision of the Prostatic urethra through the Perineum. The plan of a cheap edition has been followed, as with the last edition of his "Clinical Lectures."

Tenth Annual Report of the Secretary of the Michigan State Board of Health for the fiscal year ending 30th Sept., 1882. Henry B. Baker, M.D., Lansing, Mich., Secretary.

The State of Michigan is greatly to be congratulated upon its Board of Health, the Board upon its accomplished and indefatigable Secretary, and the Secretary upon his most complete and instructive Report now before us. It contains, of course reports of the proceedings of the Board, of Sanitary Conventions and Meetings, large and small, in which the Board participated, various papers, communications, and reports of investigations presented thereto, a record of the communicable diseases prevalent in the State during the year and the meteorology of the State, together with the weekly reports of sickness for the year 1881—on the whole a very creditable showing of how the functions of a Board of Health should be, and were fulfilled.

Illustrated Medicine and Surgery. Edited by Drs. Geo. Henry Fox and Frederic R. Sturgis. New York: E. B. Treat, 757 Broadway, Publisher.

The April issue of this valuable Quarterly has come to hand. The subjects treated of are Enchondroma (two ill.), by W. W. Dawson; Intellectual Monomania (one ill.), by W. A. Hammond; Trichophytosis Barba (one ill.), by H. G. Piffard; Rupture of the Choroid (four ill.), by T. R. Pooley; Syphilitic Stenosis of the Larynx, Tracheotomy (two ill.), by C. H. Knight; Multiple Sarcoma of Skin (two ill.), by Franklin Townsend; Deformity of Lower Eyelid (three ill.), by T. T. Sabine. This enumeration shows the variety of the contents. The illustra-

tions exhibit the same skill and care so highly lauded in former issues; and the authors' names are a sufficient guarantee of the excellence of the letterpress. The editors and the publisher deserve hearty felicitation, not only upon the enterprise they have exhibited but also and equally upon the success of their undertaking.

The Transactions of the American Medical Association (instituted 1847). Vol. xxxiii, 1882.

This is probably the last volume of these Transactions. Since, if, as is proposed and seems probable, a weekly medical journal be established under the auspices of the Association and modelled on the plan of the *British Medical Journal*, the matter now consigned and buried in such a volume will henceforth see the light through the columns of the *Journal*. We sincerely trust that the adoption of such a plan will stimulate contributors to place at the disposal of the editor material more worthy of a great association. If it do not, the embryo journal will soon have to hide its diminutive, if not diminished, head in shame in contemplation of its great British prototype. This volume, like its predecessors, although it contains much valuable information, scattered here and there, rises above mediocrity in no particular. Wherefore we welcome change for the sake of the possibilities it brings.

Anatomical Technology as Applied to the Domestic Cat: An Introduction to Human, Veterinary, and Comparative Anatomy. With Illustrations. By Burt G. Wilder, B.S., M.D., Prof. of Physiology, Comparative Anatomy, and Zoology, in Cornell University, etc., and Simon H. Gage, B.S., Assistant Prof. of Physiology, Cornell University. New York and Chicago: A. S. Barnes & Co., 1882.

This work, the authors state, has grown out of their needs as instructors, and most of it has been employed in the laboratory of Cornell with success and satisfaction.

It presupposes utter ignorance of anatomy and anatomical methods; it is based upon the domestic cat; its descriptive terms apply to all vertebrates, are technical and brief; its experimental and manipulative directions are clear and explicit. The introduction is taken up with explanatory and advisory notes, which will bear careful perusal. Terminology is rightly considered a matter of importance, and new terms are offered, which, if not pleasing to the eye, have the very positive advantage of brevity and perspicuity. The reasons adduced for the selection of the domestic cat as a basis for the work are rational and philanthropical, though the authors neglect to strengthen their position by adverting to this view of the subject. We hope the book will have a large and enthusiastic army of readers and students. There is plenty of material at hand.

The plates, wood cuts, and diagrams are good and clear as a rule, but their lettering is at times difficult to follow, and almost illegible, both by reason of the peculiar form of letter, and the irregular abbreviations employed.

Fortieth Annual Report of the State Lunatic Asylum, at Utica, for the year 1882.

It is not often that we are co-embarrassed by the length and the valuable contents of asylum reports. Some are regretfully short, whilst others cover more pages than the erudition or the sound discretion of the writers might have rendered advisable. On the present occasion, Dr. Gray who, it will be remembered, was shot through the cheeks and the back of the nose by a stray Guiteau sympathizer, only six months prior to the writing of this report, has given very satisfactory proof that no part of his thinking machinery lay in the path of the bullet. It is indeed probable that his mental courage has, by the fortuitous spur of the would-be assassin's pistol, been invigorated rather than debilitated, for on the various subjects treated of by him he speaks out with a

firmness of decision and an absence of reservation, which we regret to say are not very abundant in the annual bulletins of American asylum superintendents. We sincerely hope that he feels well assured of the firmness of his standing ground, for, in many of the United States, public officers must measure their words with great discretion, consequently their printed deliverances must be very cautiously spiced with just so much truth and plain facts as may be of pleasant digestion to the parties in power, whether in the State capitols or in their own vicinity. Everybody knows that when a dog has to be beaten the difficulty is not in finding the rod, but the fault; and, as far as we can learn or judge from the run of events in American lunatic asylums there is no country in christendom in which the virtues of fault-seeking, slander-nourishing, and general undermining, are so sedulously cultivated as in the Great Republic which glories in honouring the memory of the boy who preferred a whipping to the telling of a lie.

Dr. Gray's part of the report covers, (including that of the pathologist, and the usual array of tables which nobody reads, and from which very few are competent to educe useful practical conclusions,) some foreshore pages. We could almost wish that Dr. G. had less embarrassed his reviewers with rich material. To make selections from so ample a supply without the injustice of important omissions, is altogether impracticable, and our available space does not permit of extensive quotations.

On the subject of immature discharges, made either at the instance of importunate senseless friends, or under the command of conceited ignorant judges, (a custom too common in the United States) Dr. G. writes as follows:—

“The history and character of these cases show the importance of the provision of law requiring a guarantee of safe custody and maintenance. What will become of them remains for the future to tell. We

have learned the sad history of many cases thus removed in previous years, under similar circumstances, the friends being moved to action in every case either by prejudice, ignorance, or sympathy, these sentiments over-riding their judgment, as some have themselves confessed. In many instances the friends have said they were encouraged by the stories of discharged insane, sensational literature, and unjust attacks on asylums. In one case thus removed the patient, a woman, reached home with her husband in the evening, met her children and seemed to be happy. In the night her husband missed her from the bed, and going to the kitchen in search of her, he found her lying there dead, she having cut her throat with a butcher knife. Another, a man, thus removed, drowned himself in a cistern within two days after. Another case, a woman, drowned herself in a cistern within a few days after her return home. Another case, after returning home set fire to a barn, burned up a large amount of material and live stock, and when the fire was fully under way, threw himself into the burning ruins. Another who was discharged on a bond approved by a Judge, committed suicide directly after his return, by hanging himself."

Now we venture to say that there was not one of the preceding cases detailed by Dr. Gray, of which any asylum superintendent would not most gladly be rid, could he conscientiously or humanely make the discharge, for of all classes of the insane the suicidal are the most perplexing to all in charge of them; but it is a sad fact that insanity in families is not confined solely to the one member, whose asylum confinement becomes unavoidable. The difference is often but in degree, and in fact there are many asylum patients who evince more sense than their visiting relations. Hardly has it ever happened that a man has placed his wife in an asylum, or a woman her husband, without being severely censured by some *friendly* neighbours, neighbours

who, perhaps have never stirred a finger, nor ever would do so in emergency, to help the accused. Such is the friendship of that pseudo-christian charity whose signal virtue is the confession of other people's sins.

Dr. Gray mentions the case of one James B. Silkman, who was a patient from the 21st May to the 18th of August, 1882, and was taken out on a writ of *habeas corpus* granted by a judge of a court 150 miles distant, and on his order duly discharged. Dr. G. states that "Dr. S. A. Russel," one of his assistants, "who had had constant observation of Mr. S. during his stay in the asylum, gave sworn testimony to the court to Mr. S.'s insanity during his residence in the asylum, and at the time of his discharge by the court."

Pshaw! Dr. Russell—what did he know about insanity, or about James Silkman, in comparison with the learned Judge of Poughkeepsie? What could Russell know or learn in three months' daily observance of Silkman that should override the intuition of a judge? Dogberry said that "reading and writing cometh by nature," why not then the knowledge of insanity, even despite of nature?

If we have been rightly informed this said J. Silkman has again turned up, but subsequent to the date of Dr. G.'s report, and through his benevolent intervention and the politeness of the Poughkeepsie mandarin, two or three other Utica patients have been ordered out. The evidence given by the relatives of these patients, as well as that by the asylum physician, showed as clearly as human and reliable testimony could do, that they were still insane, and one of them a very dangerous lunatic; but the Poughkeepsie Dogberry said he knew better. Verily, the wisdom of Law is very deep, ten thousand fathoms below reach of our sounding lines! Oh, that Judge P. were here "to write himself down an —!" But be it remembered that he is — not a goose.

Personal.

DR. UZZIEL OGDEN left for Europe May 26th.

DR. BROWNE, of Montreal, left for Europe May 7th.

DR. CUTBERTSON is acting as assistant in the Toronto Asylum for Insane.

DR. MAT. WALLACE has commenced practice on Queen Street east, Toronto.

DR. ROBERTS BARRILOW has been elected Dean of Jefferson Medical College.

DR. G. G. ROWE has been appointed Health Officer of the village of Parkdale.

DR. W. W. KEEN has been elected Professor of Surgery, in the Women's Medical College of Philadelphia.

DR. SHEPHERD has been elected a member of the active staff, Montreal General Hospital, and Dr. R. L. MacDonnell on the out-door staff.

PROF. GEORGE MURRAY HUMPHRY has resigned the Chair of Anatomy in the University of Cambridge.

At the Kingston Medical School Dr. Saunders has been appointed to lecture on Clinical Surgery; Dr. McCammon, Clinical Medicine; Dr. Henderson, Histology.

DRS. H. WILBERFORCE AIKINS, of the Toronto School, F. Gault Finley, of McGill College, and William Nattress, and W. Hector MacDonald, of the Trinity School, have passed the Primary Examination of the Royal College of Surgeons of England.

WESTERN University, Medical Department, Dr. John Wishart has been appointed Lecturer in Clinical Surgery; Dr. McGuigan, Registrar; Dr. Arnott, Representative in the Ontario Medical Council. The Senate of the University has appointed Dr. Fenwick its Representative in the Ontario Medical Council.

REV. A. J. CAMPBELL, M.D., of Collingwood, was fined \$25 by two J. P.'s, for contravening the Medical Act. The Magistrates were medical men. The case was appealed upon the grounds that the magistrates were biased, and that they acted beyond their jurisdiction.

OBITUARY.

DR. JOHN A. STEVENSON.

We have to announce with deep regret the death, on the 28th of April, of Dr. J. A. Stevenson, at the residence of his father-in-law, Mr. Vice-Chancellor Proudfoot, Toronto. He was a son of Judge Stevenson, of Simcoe, and graduated at McGill in 1873. He practised in London, being in partnership with Dr. Fraser. When the medical department of the Western University was organized he was appointed Secretary and Lecturer on Therapeutics. He was thirty-two years of age at time of death. He possessed good abilities, industry, and perseverance; was very popular with the profession, and universally liked by those with whom he came in contact. His wife, two children, and a large circle of loving friends are left with only the fondest recollections to comfort them in their sad bereavement.

Miscellaneous.

JOHN OF GADDESSEN.

"One of the first of our English writers is John of Gaddesden, whose 'Rosa Anglia' was greatly esteemed, and he is favourably mentioned by Chaucer. John was a man to whom nothing came amiss; he had an anodyne necklace for fits, and an infallible cataplasm for gout; he was a dexterous bone-setter and a good dentist. He was very assiduous in inventing lotions for ladies' complexions, and was complaisant enough to cut their corns; and as for those troublesome animalcules, which in those days used to infect the heads of gentlemen, he had a most effectual method of destroying them; and in his celebrated book he favors us with a whimsical cure for small-pox.—'Immediately after the eruption, cause the patient to be wrapped in red scarlet cloth, or in any other red cloth, and command everything about the bed to be made red. This is an excellent cure. It was in this manner I treated the son of the noble King of England, when he had the small-pox; and I cured him without leaving any marks.'"

John of Gaddesden flourished about the beginning of the 14th century.

Amongst medical writers of that period it was the custom to drop the surname and attach the name of the doctor's birth-place. Thus we have Ricardus Anglicus, Alphredus Anglicus, John of Gaddesden, and John of Arden. Some of them latinized their English names, *e. g.* Andrew Borde became Andreas Perforatus.—*Mems. Maxims and Memoirs, by William Wadd, Esq., F.L.S., Surgeon Extraordinary to the King.—London, 1827.*

SUNDAY SICKNESS.—This alarming and prevalent malady was well known at the beginning of the century. It was described fully sixty years ago and unlike most of the acute diseases its type has remained unchanged. In the *Boston Medical Intelligencer* of 1824 the disease is described at considerable length under the name *Dici Dominici morbus*.

It is of an intermittent type and usually attacks the patient by violent paroxysms which return every seventh day. It may savour of superstition to mention it, yet it is an observed fact that these paroxysms return only on the Lord's day. On account of this periodicity, some have thought it to be a singular kind of ague, especially as it is attended with a certain degree of coldness, though the symptoms of shivering which are usual in that complaint are not present.

The paroxysms commence at different periods, but generally in the morning of the Lord's day. A coldness has first been noticed about the region of the heart and a dullness in the head. This is followed by yawning and a sort of lethargy.

This disease appears to stupefy those who are subject to it, so that however they may appear to suffer they are seldom if ever heard to complain. The author has known persons under other diseases mourn on account of their confinement from public worship, but the victims of this extraordinary disorder were never heard to do so.

Recovery is rapid. The next day the patient is as active as if he had never been subject to any kind of indisposition. He appears well until the approach of the next Sabbath; though most of the faculty agree that there is a low feverish heat to be perceived during the days of interval, which is called *febris mundi*, or the worldly fever. Those who are subject to this malady at times feel an access of chills, together with a most curious sensation of listlessness about the hours of secret retirement and family devotion.

There is reason to fear that it is contagious. Children have been known to receive the infection from their parents.

There is difficulty in finding a cause for these symptoms. On close investigation they have been found to have arisen from excessive indulgence, and feeding without reserve on the sour fruits of the flesh and the windy diet of the world. Persons who sit for many hours together in close rooms, with vain and carnal companions, are peculiarly liable to the malady. It has been observed that a great delight in cards and other games, a frequent attendance upon feasts, drinking clubs, and the circus, are among its certain forerunners.

As to treatment the writer was in doubt. He thought of prescribing draughts and boluses, but when he found his patients well and active in their business on the following day, he desisted from his treatment lest they should think he was forcing medicine upon them.

A SOUND IN THE ŒSOPHAGUS FOR THREE HUNDRED AND FIVE DAYS.—Krishaber reports a case of malignant disease of the œsophagus with stricture. In order to keep the passage open, an œsophageal tube was introduced and allowed to remain. The outer end was carried through the nose and attached to the forehead. After a time tolerance was obtained and the instrument was kept in until death occurred.—*Deutschl. Med. Woch.*