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CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Cases of Acute Rheumatism, complicated with congestion of the Lungs. By R. W. JACKSON, F.R.C.S.I., &c., Surgeon to the 100th Royal Canadian Regiment.

During the past winter cases of Rheumatism have been both numerous and very severe, with tendency to various complications, in my limited practice in the head quarter wing of the 100th Regiment, and also in the experience of the profession in Ottawa, as I have ascertained by reference to several of the faculty here. I submit the accompanying cases, complicated in one instance with pulmonary congestion which proved the cause of death; and in the other with cardiac symptoms and also pulmonary congestion, happily proving but temporary derangements of function.

Case 1.—Private J. Vanburen, aged 26 years, service eight years.

Disease, Rheumatismus Acutus—Admitted to hospital, December 31st, 1866.

January 1st.—A strong well built man, has been but three times in Hospital since enlistment; had fever at Malta, came to hospital on Saturday last complaining of a cold and pain in chest; was detained for the day, and as he reported himself well at the evening visit was allowed to return to barracks; was carried to hospital yesterday, symptoms on admission were fever, loss of power, and pain extending from shoulders to wrists, and from knees to ankles; pulse one hundred and twenty, compressible, tongue furred, bowels open. Had a grain of opium and warm bath on admission; with these symptoms this morning he also complains of profuse sweats at night when the pain in limbs is much aggravated; no cardiac symptoms—was ordered opium one grain, three times daily, an alkaline mixture and warm fomentations to arms and legs; at the evening visit he felt relieved by the fomentations.

2nd. Slept none, wrists, ankles and knees swollen and intensly painful, is not able to move; tongue coated with yellowish fur, pulse one hundred and twenty eight; hearts action unaccompanied by any bruit; joints to be fomented with a warm solution of Bicarb soda; continued opium and alkaline mixture. Felt somewhat easier in the evening.

3rd. Slept little or none, has more power over limbs, pulse one hundred and twelve, sweating profusely, the sweat having the characteristic odor. As he complains of the exposure consequent on renewing the fomentations, the limbs to be swathed in flannel; continued opium and alkalies.

4th. Slept little, regaining more power over limbs, heart's action natural, sweats continue, slight diarrhœa, urine clear; continued opium.

5th. Rested badly, joints less swollen, pulse one hundred and eight, regaining power of limbs, diarrhœa troublesome during the night, heart's action natural; continued opium.

6th. Doing well; soon after the evening visit he jumped suddenly out of bed in a wild and excited state; he had previously been asleep.

7th. Rested little last night; dozes more by day than by night; diarrhœa continues, sudaminæ over neck and chest, raved the greater part of yesterday and last night, pulse one hundred and eight, no cardiac bruit; at the evening visit it was found that he had raved all day, pulse one hundred and fourteen, purging continues, four stools since morning, which he passed in bed; skin acting freely, took nearly all his food, opium 1 gr. morning and night.

8th. No change since yesterday, but the diarrhœa is less troublesome.

5 P. M. Has been sleepless and excited all day, attempted to leave the bed several times, diarrhœa has ceased since the morning, took nutriment during the day, pulse about one hundred and sixty, heart's action tumultuous and excited, face pale and anxious, respiration hurried. Twelve leaches to be applied over heart, to be followed by fomentation and a linseed poultice; two grains of opium at 10 P.M. 10 P.M., leeches acted well, he is raving and looks wild, pulse one hundred and twenty, heart's action less tumultuous, skin hot and perspiring.

9th. Continued uneasy and restless all night, passed stools under him; about 5 A.M. he became insensible, had convulsive jerking of limbs, breathing became more embarrassed and he died at 7.50 A.M.

The *post mortem* examination, 28 hours after death, was made in presence of Dr. Wills, R. B., and Drs. Hill, Grant and Wolff of Ottawa, and after a very careful examination of the brain, thorax and abdomen, the only lesion which could be found to account for death was the state of the lungs; the posterior two thirds of each lung was intensely congested, the lung tissue itself presented no appearance of inflammation having

taken place, nor was there any exudation of lymph or other product of disease in the pulmonary structure.

Case No. 2.—Private J. Joyce, ætat 38 years; service 6 years; disease, rheumatismus acutus. Admitted February 2nd, 1867.

A strong well built man; present is his thirteenth admission to hospital. There are marks of cupping over region of heart, he states he was cupped for inflammation of the lungs in 1860. Has been lately employed in the kitchen attached to the officers mess, and he thinks present attack was contracted there; was brought to hospital yesterday morning in a sleigh, as he was unable to walk, the left ankle joint is red and swollen, slight fever. Warm fomentations were applied to the ankle joint; slept some the earlier part of the night, awoke in a sweat, complains of pain beneath and around sternum; pulse 120, tongue white, slight cough, no cardiac bruit, is thirsty, ankle joint still swollen and painful; feels pain in left shoulder and right knee, bowels confined. To have a rhubarb draught and acetum cantharidis applied to joints affected. *Vespere.* Pain in chest relieved, right ankle joint swelling and very painful, bowels moved twice by the draught; the acetum lyttæ did not produce any vesication; to have hot fomentation to right ankle joint and opium gr iss at bed time; no cardiac bruit.

Feby. 3rd.—Slept pretty well, face flushed, pain in back of head caused he thinks by his having slept on his back, tongue white, pulse 102, left ankle and right knee chiefly affected; second sound of heart not sharp or distinct, urine high coloured and acid. The tincture Boleti-Laricis was given in drachm doses every three hours. *Vespere.* Profuse sweat, pulse 108. Second sound of heart more distinct than at the morning visit.

Feby. 4th.—Slept little, but feels easier, skin hot and perspiring freely, pulse 100; cannot use arms without difficulty in consequence of muscular pain, same joints as heretofore still affected; continued tincture boletus. *Vespere.* No improvement, pulse 120, no cardiac bruit, bowels not opened since he had the rhubarb draught on admission, is sweating profusely, urine high coloured and acid, tongue cleaner.

Feby. 5th.—Slept about three hours last night, finds most relief when propped up in a sitting posture; the acid sweats continue but not so profuse, tongue white, pulse 106, face has a yellowish tinge, urine high coloured, bowels constipated, all the joints more or less affected, there is also considerable muscular soreness; to have a purgative draught of sulphate and carb magnesia with 20 minim of Vin Colchici every four hours. *Vespere.* No change, purgative draught has not acted yet.

Feby. 6th.—Slept about one hour towards morning, was purged twice, face sullen and anxious, tongue white, pulse 110, sour sweats continue

sudamina over chest, urine high coloured, no cardiac bruit, pain in joints easier, complains of feeling of tightness across chest, right ankle joint still much swollen; blister to be applied to outer and inner side of right ankle; the colchicum draught to be continued until a few more fluid stools result; turpentine fomentation to chest. *Vespere.* Appears better, sweating continues, bowels moved freely, omit purgative, and opii gr iss at bed time.

Feby. 7.—Dozed a great part of the night, appears better, pulse 100, tongue cleaning; deposit of urates, expression of face less anxious. In the evening complained of pain in the chest and cough. To have expectorant mixture and opii gr iss at bed time.

Feby. 8.—Slept well till 2.30 a. m., feels better, cough less troublesome, respirations 56, pulse 98; respiratory murmur harsh over front of chest; on percussing over back of lungs the greater portion was found dull with marked vocal resonance and tubular breathing. About two ounces of bronchial mucus has been expectorated mixed with blood in streaks, several cupping glasses (dry) were immediately applied to front of chest, followed by a hot poultice. Drs. Grant, Wolff, and Henry, happened to visit the hospital at the same morning and kindly examined the case, and after consultation with them, a large blister was applied over back of lungs, the following mixture was administered ℞ tart. antimon grs ij, infusi Senegæ ℥ viii tinct. hyoscyamiæ, tinct, scillæ ää ℥ ii every three hours. 3.45 p.m., has dozed occasionally during the day, and is now bathed in a profuse sour smelling sweat. Respiration 32. Pulse 104. Thirst distressing. 9.30 p. m. Blister has raised; less pains in chest, passed a fluid stool. Pulse 100. He is to lie on right side, position has hitherto been on the back. To have a large linseed poultice to surround chest completely; continue antimonial mixture while awake, and opii qr j at 10 p.m.

Feb. 9. Was easy during the night, although he did not sleep more than a few minutes at a time. His general appearance is better; pulse 92; respiration 36. Complains of the irritation of the blister. Had slight strangury last night; urine is like dark-coloured beer; not much cough; spat bronchial mucus to about two ounces; dullness over back of lungs less, with also decreased vocal resonance. Continue the antimonial mixture with opium gr. j. at noon, and repeat at night. There is no cardiac bruit.

3 p. m. Had an attack of pain in chest, beneath and around sternum chiefly. Pulse 92. To be dry cupped over seat of pain, and then turpentine stupes applied.

9 p. m. Pain in chest relieved; feels most pain in right knee. Pulse 96; breathing easier.

Feb. 10. Passed an easy night, though he did not sleep. Tongue clean and breathing free; left wrist swollen and painful. There are several patches of ecchymosis on chest, the result of the dry cupping. Pulse 96. First sound of the heart almost inaudible. The dullness and vocal resonance over back of lungs is decreasing rapidly as the bowels are relaxed, and systolic sound of heart is defective. The further employment of a depressant is contra-indicated, so the antimonial mixture to be omitted, and the following mixture substituted ℞ chloratis potassæ ʒ ij tinct. cinchonæ ʒ iij, infusi cinchonæ ℥ viii ℥ j every three hours.

At 2 p. m. there was a return of the pain in chest. Relieved by fomentation.

7. p. m. No pain in chest. Pulse 88; respiration 32. Takes sufficient nutriment. A distinct bruit over aortic valves with first sound, and becoming less distinct on approaching the apex; no pain on pressing over cardiac region. A blister was applied over heart.

Feb. 11. Passed a bad night; dozed a little. His general appearance is, however, improved; skin cool; pulse 88; respiration 32; urine clear and slightly acid. The creaking bruit is very distinct with heart's first sound. There is considerable difficulty in percussing and examining back of lungs, in consequence of the soreness due to the blister; however, the lungs are gradually recovering their previous condition.

12th. Improving; bruit not so distinct; bed sores appearing over sacrum.

13th. Was delirious during the night. The cardiac bruit is not audible until he is raised to a sitting posture. Bed sores increasing, both superficially and in depth. From this date he gradually improved, but had a tedious convalescence, and was discharged to light duty on the 25th of March.

Ottawa, C.W., June, 1867.

Poisoning by Sulphuric Acid. By JOSEPH M. DRAKE, M.D., House Surgeon Montreal General Hospital. *Post Mortem* appearance reported by JOHN BELL, A. M., M.D., Apothecary to the Hospital.

G. W., Bill-Poster, was brought to the Montreal General Hospital, on May 2nd, 1867, about 7 A.M., by two men who stated that he had taken poison. On further inquiry the men informed the House Surgeon that W. (who had been for some time labouring under great depression of spirits), had gone into the back yard of his dwelling, where he was seen,

by his wife at about half-past five, in a state of great suffering. At that time he was able to speak, and told his wife that he had swallowed a large quantity of Oil of Vitriol, which drug it appears he kept in stock for the preparation of blacking. W's wife found the bottle of oil of vitriol, on the counter in the shop. It had been recently used, and the counter and floor were burned by what had been accidentally spilled, so that no exact opinion could be arrived at as to the quantity swallowed. According to his own statement he "took about a glass," *i. e.*, two ounces.

Nothing was done for the poor fellow till he arrived at the hospital except that an emetic had been given.

On admission he appeared in a state of collapse—the extremities were cold and nails livid—the skin cold and perspiring—pulse at the wrist thready and almost imperceptible. He could not articulate distinctly, but was quite sensible to what was going on about him. He appeared, restless, turning himself about, and continually by signs and sounds demanded water to quench his dreadful thirst.

Water being offered, with a quantity of carbonate of magnesia, it was evident he had the greatest difficulty in swallowing, though he took it eagerly; and no sooner were a few mouthfuls swallowed than they were immediately rejected by vomiting. A quantity of oil was then given him, but with the same result.

The mucous membrane of the lips was thickened and white. No blackening of any part of the integument was observed. The teeth were of a chalky dead whiteness and had completely lost their polish. The mucous membrane of the tongue and mouth was corrugated, thickened and milky white. His clothes were discolored by the acid which had fallen upon them in several places.

He died about an hour after admission still crying for water, but not appearing to suffer much except from the tormenting thirst.

The *post mortem* examination was made twenty-two hours after death. The body presented a natural appearance. *Rigor Mortis* well marked. The face looked calm and placid. The edges of the lips were dry and of a brown colour. The mucous membrane of the mouth was white, and appeared as if it had been recently rubbed over with nitrate of silver. The tongue was thickened, white and sodden.

On opening the abdomen a large quantity of dark brown fluid covered the omentum. This fluid was intensely acid in its reaction. After sponging it out, the omentum was found to be of a dark olive colour, marked with black streaks corresponding to the course of the veins, the blood in which was coagulated.

When the thorax was opened a large quantity of fat was seen in the

neighbourhood of the pericardium. The lungs were almost collapsed. There were adhesions on the left side between the pulmonary and costal pleuræ. With these exceptions the lungs were healthy.

The omentum was very friable. The small intestines were very much contracted in their calibre, their coats were much thickened and hardened, so that when pinched with the fingers the impression remained. The back part of the colon where it overlies the stomach was thickened and hard.

Nearly the whole of the stomach was as black as ink. The greater part of the large curvature and posterior wall of the stomach was eaten away, so that when this viscus was lifted out, the bottom part of it hung in black shreds. Its anterior surface was in great part occupied by a large mass—of about three-fourths of an inch in thickness—of moist black plastic matter, like carbonized coagulated blood. This would appear to be the excessively congested wall of the stomach carbonized by the sulphuric acid—whose action on the inferior and posterior surfaces completely disintegrated them. The mucous membrane of the bowels was much shrunken (making the vavulæ conniventes very prominent), and so much decomposed by the action of the acid, that the slightest friction separated it from the tissue beneath and reduced it to a coarse granular powder. On opening the intestine the mucous membrane was of a dark green colour, and contained a small quantity of fluid, also of a greenish colour. On exposure to the air, however, the mucous membrane changed to a reddish tint.

The jejunum was perforated in several places, and when handled fell to pieces almost as easily as wet paper.

The mucous membrane of the œsophagus was whitened and somewhat streaked with brown, but the other tissues of this canal were not much thickened or injured by the acid.

The liver externally was of a greyish colour. Its appearance and consistence gave the impression of its having been boiled. The under surface of the large lobe and the whole of the left were hardened. On cutting into the liver the knife passed first through a light ashy grey layer, then through a blackish brown stratum which shaded into the more normal but congested hepatic tissue in the middle of the organ.

The diaphragm over the stomach was blackened, and the discolorations extended up into the the pericardium which was of a livid hue in its lower part. The blood in the veins of the posterior surface of the heart was firmly coagulated, while that in the veins of the anterior surface was fluid—the coagulation in the former evidently taking place from their proximity to the acid in the stomach. The right side of the heart contained a quantity of dark coagulated blood; the left side was empty.

After removal of the *calvarium* the vessels of the *dura mater* were observed to be somewhat congested and prominent, as were also those of the *pons varolii*. The white substance of the cerebrum was much tougher than normal. The brain substance was of an acid reaction, as shewn by litmus paper.

REVIEWS AND NOTICES OF BOOKS.

The Renewal of Life. Lectures chiefly Clinical, by THOMAS KING CHAMBERS, M.D., Honorary Physician to the Prince of Wales, &c., &c. Second American from the fourth London edition. Philadelphia: Lindsay & Blakiston, 1867. Montreal: Dawson Bros.

In December 1865, we reviewed at some length the first American edition, and expressed how very thoroughly we estimated the value of the work. The present edition does not contain any additional matter, as immediately after the issue of the previous one Dr. Chambers was struck down with a serious illness, which compelled him for a considerable time to discontinue work, and leave England. On his return, he found a new edition demanded, and not having collected more material was compelled to be content with a thorough revision. This revision, however, has given even more force than previously to his book, which is certainly for professional and scientific writing—the most readable we ever met. There is also a depth of originality pervading the work—which is one of its chief values. We can very cordially commend the book as a most instructive one.

Lectures on Public Health. Delivered at the Royal College of Surgeons, Dublin, by E. D. MAPOTHER, M.D., Professor of Hygiene. Second edition. Dublin: Fannin & Co.

We are under obligations to the talented author for a copy of the above work, which is considerably enlarged from its original size. Many of the lectures have received additions, while ten entirely new ones have been added, bringing everything up to the latest date, concerning matters of Hygiene. Chapter xviii is devoted to Cholera, especially reviewing the epidemic of 1866, which is done most thoroughly. Dr. Mapother proves beyond the possibility of cavil, that Cholera was imported into Dublin on the 26th of July, 1866, by a girl who on that day arrived from Liverpool, and from a locality of that city where the disease was rife. She was ill on the passage across, and died some twelve hours

after arrival. From this focus he traces step by step, the gradual increase of the disease in Dublin; but he also shows that it was not until six other authenticated cases were imported from Liverpool, and became distributed through the city, that the disease became epidemic. When this occurred of course it was impossible to trace the contagiousness of each individual case. While Dr. Mapother advocates the contagiousness of the disease, he says, "I do not think that contagiousness alone will account for its developement and spread," and he uses the word contagion here, as having a meaning similar to the familiar term "catching." He also asserts, and of this there can be no doubt, that Cholera is not so infectious as fever, scarletina or measles, that is in its power of being carried considerable distances through the air. On the treatment of Cholera, as might be anticipated, Dr. Mapother is brief. Medical treatment proper he does not mention, giving what little space he does devote to the subject to the sanitary measures he considers advisable during the prevalence of an epidemic. He insists strongly upon isolation, stating that when patients have been speedily removed to hospitals, a second case very seldom occurs on the premises—while, when they are allowed to remain, a number of cases follow each other. He would remove the patient, no matter in what stage he may be. The mortality in Dublin in 1866 was 47.22 per cent. We consider these lectures of Dr. Mapother exceedingly valuable, and only wish it were possible for a copy to be put in the hands of all those in authority.

PERISCOPIC DEPARTMENT.

Surgery.

CLINICAL LECTURES ON STONE.

By John Adams.

Senior Surgeon to the London Hospital.

There is often difficulty in deciding whether a patient had better be cut for stone, or whether it is not preferable to break up the stone in the bladder, as in the operation of lithotrity. No doubt the latter operation is preferable when circumstances are favourable, but the same may be said of any operation. The subject is, however, now so well understood that it is unnecessary to say much about it, although, even now, some surgeons are in favour of the old operation of cutting in all cases, and decline to adopt the opinion expressed by Sir Benjamin Brodie, that lithotrity is the operation for stone and lithotomy the exception.

I show you some debris of stone which a patient voided after repeated crushings, and by which he was eventually completely cured. The patient was a gentleman, 72 years' old, and suffered under the ordinary symptoms of stone. The case was one of unusual facility for operation. The bladder, although irritable, was able, under a slight administration of chloroform, to hold a few ounces of water; the urethra was large, and the stone was soft and friable, so that a large quantity of phosphatic matter was readily withdrawn by the scoop lithotrite repeatedly introduced at each sitting. He was scarcely confined to his house during the various operations, and was able to go about his usual business, which required a great deal of walking. The fragments are of great size, and he had very little difficulty in getting rid of them *per vias naturales*.

It is, however, in cases where the stone is large and hard, that lithotrity is inadmissible, and lithotomy must be resorted to. But it is not my intention to go into the whole history of cases of stone, and to consider a subject on which so many surgeons delight to dwell. I want to direct your attention to cases which are of very frequent occurrence, cases unfortunately within the experience of most surgeons, in which it is better not to operate at all, rather than incur the risk of destroying the patient at once by the performance of the operation of lithotomy. Certainly there are many cases in which the suffering of the patient is so great that death is less to be dreaded than a continuance of life, and the surgeon is inclined, or is even solicited, to operate, by way of attempting something which may, perchance, relieve his patient. Such operations are almost invariably futile and terminate unsuccessfully, and should, in my opinion, be avoided. But I admit the difficulty in coming to such a conclusion, and I am always too glad to adopt any suggestion at variance with this opinion, provided the patient's sufferings justify me in this respect; but I have long since ceased to advise on operation where the prospects of success are *nil*.

In the museum of the College of Surgeons there is a stone which weighed over forty ounces. The operation of lithotomy was commenced by Mr. Clive senior, but the attempts at its removal were futile, and the patient, Sir Walter Ogilvie, died almost on the operating table. No attempt ought to have been made to remove this stone, which, in consequence of its size, could not have passed through the pelvis. However, as the argument is *ex post facto* it is scarcely worth all the consideration to which it would otherwise have been entitled. At any rate the removal of such enormous calculi should never be attempted.

Two cases of stone in the bladder occurred to myself some years ago where, from the size of the stone in each, and from the obvious disease

of the entire urinary apparatus, no attempt at removal was deemed advisable, aud the patients gradually sank with no extraordinary amount of suffering.

Mr. Coulson, in his valuable book on "Lithotrity and Lithotomy," has collected from various sources, cases of very large stone successfully removed by operation; but it may be generally stated that stones exceeding twelve ounces in weight can very rarely be successfully extracted after cutting.

A friend of my own, advanced in years, was cut by the late Mr. Key, assisted by Sir Benjamin Brodie, but the stone was so large that it could not be extracted, and the patient died immediately after his removal to bed. Such cases must have occurred to most surgeons of experience, and it has frequently happened that the patient has run the gauntlet of all the bystanders in the operating theatre, and yet no force could remove the stone owing to its great size, notwithstanding large incisions were made on both sides of the prostate gland.

But to what do my observations tend? Simply to this, that in very many cases of stone no operation by cutting should be attempted; and that, if lithotrity fails to effect a cure, such cases should be let alone, and life, which may often be prolonged, should be made easy by suitable medicinal and diatetic measures. My remarks are especially applicable to persons of advanced age; for in these, as the stone increases in size, it ceases to roll against the neck of the bladder, and thus the greatest cause of irritation is gone; besides, the prostate is often large in such cases, and this also keeps the stone from coming in contact with the sensitive *cervix vesicæ*.

A gentleman, whose case is familiar to me, has been the subject of stone in the bladder for many years; his age is between 70 and 80, and his life seems likely to be prolonged even much further; he remains in the recumbent posture either in bed or on the sofa, and all irritation is either prevented by this position, or is subdued by opium.

Three years ago a gentleman, eighty years of age, consulted me about a constant passing of bloody urine, accompanied by an irritable state of the bladder. I sounded him and found a stone. I advised that an attempt should be made to crush it by lithotrity. He declined to have any operation performed. I ordered him some henbane and liq. potassæ, and on calling on him in the country the summer before last, I found that he had gone out from home, and was told that he was in a comparatively comfortable state, and had little or no suffering. I have recently heard from his surgeon that he suffers little or nothing from the stone, except an occasional attack of hæmorrhage.

A patient nearly 80 years of age was brought to me last year with symptoms of stone. I sounded him and found a large stone. I introduced the lithotrite, but could not grasp the stone owing to its size. He declined any further attempts at operation. He is now in comparative health, but he is obliged generally every night to draw his water off, and by this means he keeps himself in comparative comfort.

A gentleman was brought to me from the country by his surgeon with stone in the bladder. His age was 72, and he was a comparatively healthy man, and suffered little, and when quiet at home in the recumbent or sitting posture, felt no inconvenience. I could not seize the stone with the lithotrite in consequence of its size. I advised that no operation should be performed, but that he should keep himself quiet, I ordered him henbane and potash. I have reason to believe that he is now in comparative ease, having undergone no operation whatever.

I should be exceedingly sorry to attempt to dogmatise on such slender experience as I have had in cases of this description, but I am anxious that surgeons should, in such cases as I have referred to, pause e'er they advise an operation, which, under such unfavourable circumstances, would be almost necessarily fatal, and to try whether life may not be rather prolonged by palliative treatment. Of course, my observations may be met by counter-statements of other men of larger experience who have operated on persons of advanced age, and have successfully removed very large calculi from the bladder: it is rather the indiscriminate use of the operation that I take the liberty to object to, being satisfied that death must almost of necessity be the result of operative interference. But I admit that it is almost impossible to lay down any rules to regulate our practice in many unfortunate cases. Much must be left to the prudence and discrimination of the surgeon.

It is not only that the size of the stone in old persons forms a fatal objection to lithotomy, but there are many other serious complications which should deter us from the performance of an operation which is attended with material danger, however dexterously performed. Thus, the discharge of pus with the urine, accompanied by emaciation and hectic albuminuria to any extent, the mixture of blood and pus, and intense pain in the bladder, indicative of ulceration of this viscus, may be mentioned as almost invariably prohibitory of lithotomy.

No doubt, in many cases, as the stone increases in size the symptoms diminish, a fact which admits of easy explanation: and if the ordinary symptoms are mitigated, it follows almost as a necessary corollary that those effects—more remote, but, perhaps, of more importance—are also diminished. Thus, inflammation of the bladder subsides, the ureters

resume their original healthy condition, and the kidneys, if not already damaged, continue to discharge their wonted and important functions. I admit that such a consummation is scarcely to be expected; but the occasional persistence of comparative health under such a serious complication, as a large stone in the bladder, justifies a hope that life may be prolonged without any very great suffering.

A case was related to me last week which proves two things bearing on the subject now under our consideration. A gentleman, 70 years old, had had stone in the bladder many years, the size of which was such, that no operation was deemed advisable in his case. The symptoms gradually diminished, and he suffered little or nothing. One day he fell back suddenly, and he felt something give way in his bladder; inflammation of this viscus commenced; urgent symptoms occurred, and he soon sank under their effects. There can be no doubt that in this case the stone, which had been originally fixed, was dislodged by the concussion, and thus became a source of fatal inflammation to the bladder and kidneys.

The treatment to be followed in such cases may be very briefly described, and consists of—1st, rest, as much as possible in the recumbent posision; 2ndly, the hip-bath; 3rdly, the administration of alkalies and henbane; 4thly, opiates in moderation; 5thly, the employment of the catheter occasionally, and if the pain in the discharge of the urine is excessive and followed by painful spasm of the bladder, an elastic catheter may be retained in the bladder to allow the urine to dribble away; attention to the bowels, and simple, but not abstemious, diet should also be enjoined.

Irrespective of the surgical aspects of cases of stone in advanced age, and under serious pathological conditions, a case may assume very great importance in other respects. I may illustrate my position by reference to a case well known to many surgeons of this metropolis. A gentleman between 70 and 80 years of age, had stone in the bladder. His sufferings were not acute, and no operation was advised, or, if advised, was not assented to. His life was heavily insured, and, by the articles of insurance, he was entitled to a large quinquennial bonus if he lived beyond a certain day. He outlived the specified time, and his family thereby received a very large addition to the original policy at his death. What would have been the case had he submitted to the operation of lithotomy? Certainly, he might have recovered, but the chances would have been, in my opinion, much against him.

Hospitals for Calculous Diseases.—I cannot help thinking that those philanthropic men who appear to be so earnest in advocating the neces-

sity for special hospitals, would do some real good to society if they would erect an institution for the admission and treatment of such cases as are beyond the powers of the ordinary surgeon—I allude to such cases of stone in the bladder as do not admit of relief by the operation of cutting or lithotrity—we might thus have the means of judging how long life might be prolonged, and pain mitigated, by careful treatment. We should then possibly be spared the immense mortality in stone operations —a mortality obviously materially enhanced by the too frequent performance of lithotomy when cases are positively hopeless.

Whilst these remarks have been passing through the press, I have seen the observations on stone, by Mr. Cadge, of the Norfolk and Norwich Hospital. The cases have most forcibly struck me as esssentially corroborative of my opinion, and deserve the most careful reading, as proving, rather more than I have attempted to prove, that even lithority cannot always be advocated in advanced age, when there is reason to believe that the bladder and kidneys are much diseased.—*Medical Press and Circular.*

OBSERVATIONS ON THE TREATMENT OF TRAUMATIC TETANUS. REPORT OF CASES RELIEVED BY OPIUM, BROMIDE OF POTASSIUM AND THE CALABAR BEAN.

By W. T. Briggs, M. D., University of Nashville.

All investigations with the knife have hitherto failed to shed any light upon the pathology of Tetanus. No change is appreciable sufficiently often to stamp it as the proximate cause of the disease. Occasionally changes are present; the *rigor mortis* is at times excessively marked; again, there is no rigidity at all; sometimes the brain is congested or inflamed, with serious effusions in the arachnoid and the ventricles; the next case may reveal a brain perfectly healthy in appearance; the medulla oblongata is sometimes congested or inflamed, then again normal. The spinal cord is alike subject to appearances as inconstant and varied as those mentioned. The blood in some instances manifests no disposition to coagulate, in others it presents a firm clot—the nerves around the seat of injury in some cases are inflamed or lacerated or bruised, in others, they have undergone no change. The lungs, larynx and alimentary canal oftentimes present evidences of disease, but these morbid appearances are all due to accidental causes. In many cases not a single appreciable morbid appearance is manifest throughout the whole body; yet there must be some organic change in the spinal axis to give rise to such violent and fatal symptoms. The probability is that the nerve cells and fibres

of the spinal axis undergo some change from their normal condition unappreciable to us at the present time.

Whatever may be the changes in the nerve tissues, Pathologists are now pretty well agreed that Tetanus is dependent on an excessive irritability —an exalted polarity of the spinal axis. The symptoms arising from a poisonous dose of strychnine, which is a powerful spinal stimulant, are so analagous to the symptoms of an ordinary case of Tetanus that they are with difficulty distinguished, and the mode of death is similar in each, viz: by spasmodic closure of the glottis, spasm of the heart, or by general exhaustion—which facts go far to sustain the view that both are dependent on analogous pathological conditions.

If such is the true pathology of the disease, (and we have not the slightest doubt of it) the indications for its treatment are plain and rational.

1st. To remove any visible source of irritation.

2d. To subdue the excessive irritability of the cord.

3d. To sustain the general system in the terrible ordeal through which it has to pass.

To carry out the first indication, special attention should be paid to the wound. If any foreign substance have been retained, it should at once be removed; if any accumulation of pus, it should be evacuated; and if there is reason to believe that any considerable nervous branch is partly divided or bruised, its connexion should be severed from the branches above, if it can be conveniently effected. Every wound should be covered with an emollient poultice saturated with lead water and laudanum. Feculent accumulations should be removed as soon as possible; draughts of air should be avoided as they at once excite the clonic spasm; absolute rest, and quietude should be enjoined.

The remedies which will best suit the second indication, viz: to subdue the excessive irritability of the spinal cord, are the nervous sedatives, of which there is a large class. We should, if possible, select such as will fulfil that object without adding to the general exhaustion or deterioration of the system. In our opinion, the medicines best calculated by their physiological action to effect their purpose are opium, bromide of potassium, the ordeal bean of Calabar, the local application of ice to the spine, and woorari.

[Here follow some remarks on the employment of opium.]

The Bromide of Potassium was used experimentally in the hospitals of Paris in 1850, and in 1858 Dr. Sieveking, of London, read a paper on its use in the treatment of Epilepsy; since, it has been frequently used in nervous diseases, particularly in spasmodic affections of the excito-

motory system. From its calming, anti-spasmodic action we should judge it to be highly available in those affections. In full doses it produces peculiar effects on the nervous system, a tendency to sleep; dizziness; dryness of the fauces; dulness of the faculties and of the whole body; tottering of the gait; frequent disposition to lie down; relaxation of muscles; anæsthesia of the whole surface, and more or less torpidity of the genital organs. It acts as a direct and powerful sedative on the cerebro-spinal centres without affecting the medulla oblongata. It is attended with no injurious effects.

It would seem that this is THE REMEDY of all others to carry out the second indication; it is a powerful cerebro-spinal sedative, does not interfere with the great respiratory centre, is perfectly innocent in its action, and will doubtless prove to be a highly valuable addition to our therapeutics in this disease. It should be administered in thirty or forty grain doses every four hours, as long as it may be necessary to sustain its impression.

The Calabar Bean was first brought to the notice of the profession by Dr. Daniell, of Edinburgh, in 1846.

The bean is the part known to possess medical properties. The kernel is the most active part of the bean. The physiological action of the bean is exerted especially on the spinal marrow, it produces paralysis, loss of reflex action, contraction of pupil, giddiness and a feeling of torpidity, great weakness and faintness, and inability to much exertion.

The dose of tincture to begin with is five drops; of the alcoholic extract one-eighth of a grain, and of the kernel itself two to three grains to be repeated every three or four hours.

Ice applied locally to the Spine,—The sedative effect of ice or cold, applied to the surface of the body is well known. The temperature, the circulation and the special sensibility, are all lessened; the surface becomes pale, the tissues shrink, and its peculiar function is impaired or entirely suppressed. If the cold be continued, the power of receiving and transmitting impressions to the nervous centres, is lost, a sedative effect is produced on the blood vessels, nerves and cells. There is less blood and less nerve action in the part, and its influence is transmitted to internal organs. From the proximity of the spinal cord to the surface, it may readily be affected by the sedative action of cold, which, producing its physiological effects, would promptly remove all excessive irritablity of the organ. We are satisfied that cold locally applied may, at least, act as an excellent adjuvant in the treatment of Tetanus.

In order to gain all the benefit to be obtained from cold in Tetanus, it should be applied by means of the "ice bags" along the whole course of

the spinal column and be continued for a considerable time, taking care not to freeze the skin.

The foregoing observations have been made in consequence of having treated two cases very recently upon the principles involved. There have been in the city in the last month or six weeks no less than six cases of Traumatic Tetanus, four of which have been fatal. The plan of treatment has not yet transpired in the fatal cases. Both of the cases treated by myself terminated in health. They are as follows:

On the 26th of May last, I was called to see John P., a stout, healthy boy, aged fourteen. A few days previously he had wounded his right foot in walking over some loose shingles, with a nail, which entered the sole on the outer side about the middle of the metatarsal bone of the little toe. He had continued to attend his work until two days before, when he complained of having a sore throat, with difficulty of swallowing, and some stiffness of the jaws.

At my first visit the tetanic symptoms were strongly marked, the mouth was rigidly closed, its angles drawn out; alæ of the nose expanded; muscles of the neck and back drawn; complete opisthotonos; the abdominal muscles and those of the extremities rigid as a board; the clonic spasm occurring every few minutes; pulse 100; skin bedewed with perspiration. The wound on the foot has a crust formed over its surface, was swollen and somewhat tender to the touch. Upon removing the crust a small quantity of sanious pus escaped. An emollient poultice saturated with lead water and laudanum was applied over the wound and a powder of calomel and jalap administered, to be followed by castor oil, with a drop of croton oil in four hours if necessary; after the free operation of medicine, a warm bath to be given.

5 P. M.—Medicine has operated two or three times freely, had remained in bath tub twenty minutes, all symptoms aggravated, jaws closed and firmly locked, deglutition very difficult; has to make several attempts before he succeeds in swallowing any fluid, spasms very severe and frequent, the slighest irritation of the surface exciting them, pulse 118. Ordered one-half a grain of morphia with a half drachm of Bromide of Potassium every two hours until the system was relaxed and the distressing symptoms somewhat relieved.

27th—9 A. M.—Patient had rested after third dose of the medicine; had slept two or three hours at one time. The clonic spasm had been greatly subdued, not occurring oftener than once in an hour or two; the sensibility of the skin greatly reduced so that frictions or draughts of air no longer excited spams; pulse 90; full and soft; respiration normal; the rigidity has not abated to any great extent: some relaxation of the

jaws but the opisthotonos was still complete; the præcordial pain had disappeared. Ordered a continuance of the bromide and morphia in same doses.

28th—Morning—Nurse reports that patient had rested pretty well until about 10 o'clock P. M. He was then seized with clonic spasms and great rigidity of muscular system; respiration difficult; deglutition almost impossible and he was thought to be dying. Chlorofrom was administered, as I had directed in such an event freely by inhalation, and after about two hours the excessive spasmodic action was overcome to a great extent, but the inhalation had to be used several times through the night in order to prevent a return.

In the morning he was quite calm but showed the effect of the night's storm. In the effort to prevent the closure of his jaws with a piece of wood he forced three of his incisor teeth from their sockets; his system showed evidence of exhaustion; the rigidity of the muscular system marked; jaws firmly closed; respiration normal and deglutition better. Ordered the bromide to be increased to 40 grains and the morphia to be continued; brandy and essence of beef to be given as required.

From this time the patient had no severe spasms. He slept three-fourths of each day; had no pain; breathing was easy; pulse 100; no difficulty of deglutition. The muscular rigidity however continued, especially in the dorsal muscles, and became worse whenever he was roused. He remained in this condition for ten days, taking his bromide regularly, with the morphia, brandy and nourishment. By the 15th day he was almost clear of the tetanic symptoms, his mouth was no longer locked and all rigidity had ceased except the stiffness in the back and right leg; he could, however, easily flex them at will. Morphia was discontinued on the 15th day and the bromide continued in half drachm doses three times a day.

At the present time, John has been perfectly well for two weeks, has improved in flesh, sleeps well and has fair appetite.

This boy was visited during his illness by very many Physicians who, without an exception, thought that he would die. It certainly was a bad case of the disease, and the relief most marked was obtained from the medicines as soon as their physological action was effected.

The amount of the bromide and morphia administered may seem excessive, but the result justified the means. During his illness of two weeks, he took more than a pound of bromide of potassium, and nearly three drachms of morphia, yet there was no injurious effect from either.

Case 2d.—Michael D., an Irish laborer, aged 52, had been ill three days when visited, June 8th. He had all the symptoms of a tetanic

attack; He was unable to lie in the bed at all, but sat up in a chair and resisted the spasms by holding to a rope fastened to the wall. Upon questioning him, he does not recollect having received any wound upon the body, but upon examination, a wound of the second toe of the left foot was discovered, made two weeks previous by a stone rolling on it; in addition he had an old ulcer on the sternum, just above the ensiform cartilage, which was very much inflamed and painful. He had been actively purged by medicine taken before my visit.

Ordered an aqueous solution of opium to the ulcer on the chest, an emollient poultice to the wounded toe, and 40 grs. of bromide of potassium every three hours. Upon visiting him the next day, found him lying in bed, which he had not been able to do for several days. There was a relaxation of the rigid muscles, except those of back and abdomen; clonic spasm very feeble; præcordial pain gone; had slept three or four hours at a time. He positively refused to continue the bromide, alleging that he had sworn never to take any form of opium, as he had seen one of his countrymen killed by it in a similar disease.

Ordered the nurse to administer the bromide if possible as before. Was called early on the 10th to Mr. D. He had resisted every effort made to give him the remedies, and had grown much worse; the spasms have become excessively severe, recurring every 10 or 15 minutes; muscular rigidity very great; mouth firmly closed, deglutition difficult; skin bathed in profuse perspiration; pulse 110, small and feeble. Gave chloroform by inhalation for immediate relief, which was soon obtained The moment he was able to swallow he took 40 grains of bromide of potassium and was ordered to have it repeated every 2 hours, with brandy toddy ad libitum, and buttermilk, for which he expressed a desire. On my next daily visit, nurse reported that he had to resort to the chloroform at short intervals for four or five hours after my previous visit, when the spasms had gradually ceased in their severity and frequency, and the patient had slept for a considerable time. There was less trismus; deglutition improved, but the tonic contractions continued in most parts of the body. As his bowels have not been moved for several days, enemata were ordered; the bromide was continued with brandy and beef tea.

Subsequent to this date it is useless to note daily changes as there was not much, if any, for five or six days. He had slept a good part of the time; the spasms were very slight and infrequent, he could protrude his tongue from his mouth; but the muscular stiffness still remained in most parts of his body. At the end of that time there was a gradual subsidence of all muscular contraction, by insensible degrees: First, the stiffness of the jaws left; then the cervical muscles relaxed; then of extremities, and

lastly those of back and abdomen. He is now, 28th of June, up and about his room, has some stiffness in back and limbs, with much pain when he attempts to flex them. His appetite is good and he is daily gaining flesh. He has continued the bromide to the present time in 40 grain doses.

In this case no other remedy except the bromide was used. We think it affords us proof of the power of the medicine in controlling this disease, and is another evidence of the safety of the remedy in the largest doses.—*Nashville Journal of Medicine and Surgery.*

A LARGE ANEURISM OF THE RIGHT SUBCLAVIAN ARTERY, TREATED BY ACUPRESSURE ON THE FIRST STAGE OF THE AXILLARY ARTERY.

Under the care of Mr. PORTER, Senior Surgeon to the Hospital.

PATRICK G., aged 43 years, a laborer, was admitted into the Meath Hospital suffering from an aneurism of his right subclavian artery. The disease invaded the three stages of the vessel, and presented a tumour about the size of a large duck-egg above the clavicle, filling up the entire space between his collar-bone and the trapezius muscle. It pulsated strongly, had an elastic feel, and showed signs of thinning at one point. A loud *bruit de soufflet* was audible in it, extending also to the arch of his aorta. The external jugular vein was much distended above the swelling. He did not suffer from loss of voice or difficulty of breathing. A second aneurism was discovered in his right femoral artery close to, and passing above, Poupart's ligament, towards the external iliac. He had no pain, but complained of numbness in his arm and hand. He appeared to be in excellent health, not in the least degree wasted, and his spirits were good.

He stated that the aneurism had made its appearance fourteen months previously, and had increased gradually in dimensions, until he entered another hospital in March last, where pressure on the tumour was had recourse to. This, he considered, caused the swelling to increase rapidly. As the subclavian aneurism was evidently thinning, and threatening soon to become diffused, or burst externally, Mr. Porter considered his a fair case to give him the chance (although unpromising) of a cure by occluding the artery on the distal side of the tumour. The disease prevented him securing the innominata, or the subclavian, in any of its stages. He therefore decided upon attempting to obliterate the aneurism by placing an acupressure needle under the axilliary artery in its first stage for fifty hours. The general tendency to aneurism in his system induced Mr.

Porter to prefer giving this mode of closing the vessel a trial, instead of throwing a ligature round it, which might, in the first instance, suddenly cut through the artery if diseased, or, when coming away, be followed by fatal hæmorrhage.

June 26th, 1867.—Mr. Porter laid bare the axillary artery in its first stage, after an external incision, four inches in length, extending in a curved direction inwards, from the junction of the deltoid with the greater pectoral muscle, and at a level of half an inch below the clavicle. He then isolated the artery with an aneurism needle, and passed a silver probe slightly bent beneath it, and bridged over the vessel with a loop of wire, after the manner of Sir James Simpson's *third* mode of acupressure. The tumour immediately became reduced one-third in size, and all pulsation in his brachial, and radial arteries ceased. The patient was then removed to bed, and a small bag of ice applied to the tumour.

28th.—The tumour is reduced very much in size; the pulsation weaker, and the bruit in the aneurism two-thirds shorter. The aortic bruit has almost disappeared.

Half-past three o'clock, P.M.—Mr. Porter removed the probe and wire, not a drop of blood followed.

29th.—The tumour is still smaller, and more firm.

Up to the time of receiving this report, the patient has gone on most favourably.—*Dublin Medical Press.*

THE USE OF CALABAR BEAN IN TETANUS.

The following successful treatment of two cases of traumatic tetanus with the Calabar bean are given by Dr. Eben. Watson, of Glasgow, and are interesting as affording some definite information as to the effects of the internal administration of Calabar bean. The following is abstracted from Dr. Watson's paper:

"At half-past two P. M., of the 15th of November, one square of Squire's gelatine paper, containing the extract of Calabar bean, was put on the patient's tongue through the space left by a missing tooth. Shortly after getting it she felt easire, was more cheerful, and kicked up her heels as she lay in bed on her abdomen to show the power she had over them. At three P. M. she got two other squares, at seven P. M, three squares, and at ten P. M. two more. No severe spasms occurred during this evening; she had only a few short starts, but she was always very rigid in both body and limbs, and the opisthotonos and trismus were quite marked. She was more cheerful, however, and spoke more distinctly. Pupils rather contracted. She was to have two squares of Calabar paper every hour during the night.

"16*th*.—This morning I found her quite rigid, and with frequent and severe spasms. In fact, I thought either that the papers were not sufficiently strong, or that they were loosing their influence on the patient. I now, therefore, ordered the following preparation: Extract of Calabar bean, twelve grains; white wine, one ounce. This made a muddy sort of wine of the Calabar bean, every five drops of which contained about one eighth of a grain of the extract. Such a dose was to be given every half hour, the effects being carefully watched by my assistant. It will be noticed that the doses were given very close together, for we had already learned that their effects were very short lived. The doses were regularly given till seven P. M., by which time she had taken eighty drops, or two grains of the extract. Only momentary twitches had occurred, and these principally when spoken to. At half-past seven P. M. she was in a semi-comatose condition, lying on her back, with no arching, mouth open, pupils pretty well contracted, breathing quiet and regular, pulse rather hurried and full.

"On the 18th she continued better, and the dose was increased to ten drops every hour. Notwithstanding this increase she had three fits on the 19th, when a stronger dose was determined on. For this purpose I ordered the following pills. Extract of Calabar bean, twelve grains; ginger powder of sufficient quantity to make twenty-four pills, one to be taken every hour. By mistake the apothecary made these pills of twice the strength ordered, viz, containing each one grain instead of half a grain of the extract. This was not, however, discovered till the evening, so that the patient took one grain of the extract every hour for eight hours without any particular effect being produced. But half an hour after the ninth had been swallowed, the patient fell into the following states: Her eyes were widely opened, staring and glassy; the pupils were contracted to pin points; the pulse was rapid and intermitting; there was a mucous rattle in the throat, and the breathing was jerky and fitful. Patient did not answer questions, and gave no sign of sensibility. She had no spasms, neither could they be induced. In fact, all the muscles were completely relaxed, except those of the back, which were still rigid. She either could not or would not move any of her limbs, or make voluntary efforts to swallow. Some brandy and water and seven drops of the tincture of belladonna were poured down her throat, she not resisting, and this was repeated in five minutes. No effect was produced on the pupils, but the expression became less violent, could be easily induced; and next morning, at half past eight, I found no traces remaining of the very remarkable state in which she had been on the previous evening.

"It was thought prudent to discontinue giving the bean, until December 6th, when it was recommenced in the form of tincture, made after the recipe of Dr. Frazer,* who considers five minims to be equal to three grains of the kernel; a dose of five minims of the above tincture was given every two hours, and on the following day, without any aperient medicine having been given her, patient had five large watery evacuations from the bowels. This was the more remarkable, because she had previously required a strong dose of castor oil, often fortified with croton oil, to move the bowels, and except from the effect of such medicine, they had always remained confined I have little doubt, therefore, that this was another of the physiological actions of the bean, viz., catharsis: After this date the recovery was very rapid, and by December 22d she was quite well.

"The second case was that of a boy aged 13. The treatment with the tincture was commenced December 7th, five minims every two hours for two days, with considerable benefit. On the 9th, four minims every hour; but on the 12th there was a return to the first dose of five minims every two hours. On the 14th the dose was again increased to six minims every two hours; but on the 24th there was a great improvement, when he took the dose only three times a day; a few days afterwards he was quite well.—*London Lancet.*

OPERATION FOR IRREDUCIBLE DISLOCATION OF THE SHOULDER

Surgical Clinic of Dr. Gross, Philadelphia.

John Dickinson, æt. 60, laborer. He has had axillary dislocation of the right shoulder since the third of October. There is a marked depression under the acromion process, and the head of the humerus can be felt in the axilla. He can touch the opposite shoulder, but can not carry the hand quite to his head. There have been two attempts at reduction, one by manual efforts and the other by the application of pulleys.

It is now proposed to make a vertical incision two and a half to three inches in extent, through the deltoid muscle down to the bone and capsular ligament, to ascertain where the difficulty in the way of reduction lies. The head of the bone will then be lifted up with an obstetrical instrument and restored to the glenoid cavity. There is no precedent for this operation.

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* Tincture.—Take 1 oz Calabar bean (deprived of husks), macerate with 1 oz. spirit of wine for forty-eight hours; then percolate with spirit of wine, so that the resulting tincture may measure 2 oz.; commencing dose 5 minims. There is also a tincture very generally used, made in the proportion of 2½ oz. of the bean to 20 oz. of spirit of wine.

The patient was placed under the influence of chloroform. The incision was made in the manner described, the capsular ligament divided just sufficiently to enable the fingers to be introduced, and the moment the tension was removed, the head of the bone was restored to its place without any difficulty.

The edges of the wound about four inches in length, were admirably approximated by four long pins, embracing at least three-fourths of an inch of muscle and integument, so that a very strong hold was obtained, In the intervals, collodion strips were applied. The object is, to get, if possible, union by the first intention. The parts will be kept perfectly at rest.

After the operation, the arm could be placed in contact with the side, and the cavity under the acromion process had disappeared.—*Philadelphia Medical and Surgical Journal.*

CLINICAL REMARKS UPON SURGICAL CASES IN THE BUFFALO GENERAL HOSPITAL—EXSECTION OF HIP-JOINT—EXSECTION OF FIBULA.

By J. F. Miner, M. D.

Gentlemen.—The first patient which I introduce to you, is the little girl, Mary Frederick, which some of you will remember. About one year since you were present when excision of the head of the femur was made. She was then emaciated to the last extreme, and had been wholly confined to her bed for many months. Her appearance was that of so extreme prostration and debility that the operation was attempted with much misgiving. A longitudinal incision was made about three inches in length, passing directly over the point of the great trochanter; the periosteum was carefully separated from the bone to below the diseased portion, and the head, neck, and trochanters removed. The hemorrhage was exceedingly small, and no ligatures applied. The cavity of the acetabulum was found healthy, but the head of the femur destroyed by the ulcerative processes, which had been actively progressing for two years. The specimen I have preserved with great care, and present it to you; it is a representative one, exceedingly valuable and instructive.

The object this morning is simply to exhibit the diseased bone, and the results which were obtained by the operation, and not to explain its manner or to give other arguments for its justification. Left to themselves, such cases nearly always prove fatal by the slow process of exhaustion and hectic irritation; to obtain, then, any such result as the

one you now observe, is a real triumph of operative surgery. The little girl is restored to health and comfort, to all appearance completely relieved of the disease which seemed certain, if left to itself, to destroy life. The leg is shortened, by removal of the head and trochanters, about two and a half inches, but with the accommodation of the pelvis, common in such cases, this constitutes hardly a perceptible deformity; as you observe she walks nicely without cane or crutch, and with but slight limping.—*Buffalo Medical and Surgical Journal.*

ON THE REPORT OF THE VENEREAL COMMISSION.

By HOLMES COOTE, Esq., F.R.C.S., Surgeon to St. Bartholomew's Hospital.

Too much publicity cannot be given to the following statement (in which I fully concur) made in the Report of the Venereal Commission: "Hard sores do not necessarily contaminate the constitution; while, on the other hand, constitutional symptoms occasionally follow the presence of a sore, which might have been regarded as a simple local sore by a practised observer." (P. ix.) It follows, then, that, for all practical purposes, the greater part of that which has been written about simple and syphilitic ulcers, about the pathological differences between indurated or infecting and soft or non-infecting ulcers, etc., is nearly useless, and in many points likely to mislead. As stated in the above Report, "too much caution cannot be exercised in giving an opinion as to the future safety of the patient." In short, an ulcer following impure connexion must always be regarded with suspicion by the surgeon; and I could not with certainty and at once name the time when the individual might regard himself as sound, however slight the primary symptom, even though it have been but a so-called excoriation.

The Report proceeds to say (page ix) that "the constitutional manifestations of syphilis follow the primature sore at an uncertain interval of time, ranging from four to ten weeks, the average being about six weeks." But I presume it will not be denied that such manifestations often appear much earlier. I have at the present time under treatment a man who dates the primary sore, the bubo, and the cutaneous eruption, as simultaneous; I think that the average is less than six weeks, and is very often influenced by the habits of the patient and by his general health.

The sense of chilliness, followed by heat of skin, accelerated pulse, and general lassitude, which commonly precede the constitional manifestations of syphilis, are often overlooked among hospital patients. Such persons are not always sensitive to symptoms. But, in private practice,

it is noticed often enough. I have seen some of the best marked cases at the time when the poison was being carried along the line of the absorbents, and through the absorbent glands into the system. Mr. H. Lee inclines to the opinion that "neither experiment nor observation affords any proof that the virus is conveyed unchanged through these glands. All the evidence which we have on this subject," he says, "tends to an opposite conclusion." Hunter himself says: "We never find the lymphatic vessels or glands that are second in order affected. When the disease has been contracted by a sore or cut upon the finger, I have seen the bubo come on a little above the bend of the arm, upon the inside of the biceps muscle; and, in such, where the bubo has come in that part, none have formed in the armpit, which is the most common place for the glands to the affected by absorption.' '(Holmes's *Surgery*, vol. I, p. 392.)

I must be pardoned expressing my dissent from the above in the strongest terms; and will mention, in illustration, the following case. A surgeon contracted an ulcer on the forefinger of the left hands. No one could for a time pronounce upon its nature. However, the syphilitic nature at last became apparent. It was quite superficial, circular in form, and without a trace of induration. It secreted a small amount of pus. In the course of three to four weeks, the sore being still open and spreading, chillness and lassitude were felt by the patient. He lost his appetite, looked careworn, and the *glands above the elbow on the inner side of the biceps* were so tender that he could scarcely bear the pressure of the coat-sleeve. *Two days after this, the axillary absorbent glands became swollen*, the general symptoms of chillness being much more severe; and almost immediately afterwards, but without any symptoms referrible to the skin itself, *he became covered from head to foot with the mark of syphilitic leprx.* So tender were the axillary glands, that he wore the arm in a sling for a period of some weeks.

I cannot say that particular sores are followed by any one special form of cutaneous eruption; the scaly eruption appears to be that most common in a person of otherwise healthy constitution.

The Report admits, without, I think, sufficient proof, a long list of symptoms, indicating, in the severest cases, a persistence and a virulence which might well appal the most stoical of governments. Indeed, those well intentioned persons who oppose the introduction of sanitary measures on this subject, on the ground that those who commit the sin of fornication merit a sharp punishment, would find their most sanguine wishes gratified by the perusal of pages x and xi of this Report. We there learn that its characteristic effects are exhibited in the deeper seated tissues for an indefinite time. Fibro-plastic material is deposited in the various tissues

of the bodies; the liver is more frequently the seat of disease; the brain and its membranes are liable to be affected, giving rise to mania, epilepsy, paralysis, and *many other serious and fatal diseases*. The lungs are frequently affected; and, finally, "an universal fatty or lardaceous decay of the organs pervades the entire body."

A committee of inquiry is clearly needed to determine the real extent which the effects of constitutional syphilis may attain. Were all that we read true, some well marked deterioration of the race, considering the general prevalence of syphilis, especially in this country, might be fairly expected. The Committee seem to me to have accepted much that should have been referred to further investigation; and this becomes a serious matter when issuing before the profession in the form of an official answer to a Government inquiry.

The same may be said of some of the remarks on hereditary syphilis. Doubtless, it is true, as mentioned in the Report, that "the poison may be latent after the first twelve months, and again exhibit its virulence in growing youth." But I have seen cases of "interstitial keratitis" pronounced syphilitic without one particle of evidence, and so also of other symptoms. Some years ago, the comparatively short stature of the French infantry was referred to hereditary syphilis! also the ingrowing of the finger-nails! Indeed, were the human mind allowed unlicensed freedom in its speculation on these points, it would lead us a pretty dance over the wide field of pathology.

ON THE USE OF A SPIDER'S WEB AS A STYPTIC.

On one or two former occasions I have written something on the use of the spider's web as a styptic in cases of excessive hœmorrhage after extracting a tooth. I now wish to add the result of my experience in another case. I do it with the hope and belief that it may be an essential service to some of my professional brethren, and perhaps to some of their patients. It may be thus serviceable on two accounts. First, it can always be obtained, and everywhere, sometimes when other more popular remedies cannot so readily be obtained; and second because in my hands it has proved efficient where everything else has failed.

About a year ago, a man about eighteen years of age, came to my office to have a lower molar tooth extracted. I examined the tooth, took my forceps and extracted. The operation required rather less force, than usual. The tooth came out entire, and clean,

and with no laceration of surrounding parts, except the necessary severing of the periosteum. But from the first blood flowed more freely than usual. I directed my patient to rinse his mouth with cold water, which he did considerably longer than the usual time of the flow of blood in such cases, but with no diminution of its flow. I then applied tannin on pledgets of moistened cotton, filling the socket with them. After repeating this application two or three times, the bleeding ceased, and he left. In about three hours after he returned, bleeding as profusely as ever. I then filled the socket from whence the tooth came with cotton saturated with perchloride of iron. This I repeated several times, with a delay of a few minutes between the applications, without any apparent effect. I next applied the persulphate of iron, full strength in the same manner, and with no better result. Finally, I procured some spider's web, with which I filled the socket, as I had before done with the cotton, when—I need not say that I was gratified to see—the bleeding stopped almost immediately, and there was no recurrence of it—*Dental Cosmos.*

Medicine.

TREATMENT OF BILIARY CALCULUS.

Dr. Lutton, in an article in the *Nouveau Dictionnaire de Medecine et de Chirurgie Pratiques*, observes that the radical treatment of biliary calculus should be undertaken only in the intervals between the attacks of hepatic colic, otherwise the symptoms which require special management will only become aggravated. He first describes the treatment of biliary calculi, and then that of the symptoms which they produce.

1. As a remedy for the calculi, solvents have been employed. *a.* Alkaline solvents are much to be preferred to all others; they have produced certain and permanent cures. Sometimes, under their influence, the calculi are broken up or really dissolved, and disappear without leaving any traces; but most usually they are expelled in abundant bilious evacuations. This crisis, preceded often by violent hepatic colic produced by the treatment itself, is not always without danger. The alkaline treatment comprises various medicines, such as the fixed alkalies, salts of soda, carbonate of ammonia, vegetable salts of alkalies, etc.; but the most usual are the waters of Vichy, Vals, Carlsbad, Ems, etc. These waters are used in drinks and as baths; and they must be employed

perseveringly, at different periods, during several years in succession. *b.* Durande's remedy consists in the administration of half a drachm to a drachm every day of a mixture containing fifteen *grammes* of sulphuric ether and ten *grammes* of oil of turpentine. Its use has been attended with success; but, far from this success being due to its solvent action, it is found that, where it has succeeded, the calculi have been expelled without being dissolved; so that this remedy appears only to excite evacuation, and belongs rather to the class of expulsives than of solvents. Chloroform has been much vaunted by some, but its efficacy is very doubtful, and it only calms the pain. *c.* As a mechanical expulsive agent, purgatives especially should be ordered; frictions, douches, shampooing and electricity have also been employed to favour the expulsion of calculi. Purgatives are preferable to all these, especially sulphate of soda and castor oil. In diet, the patient should use fresh and laxative herbs (such as the cichonaceæ and boraginaceæ), grapes, and fruits, and whey. All fat should be excluded from the food, and the diet should be plain and properly proportioned, consisting of roast or boiled meat, vegetables, farina, lemonade, etc. Exercise is salutary, but its object here is less to complete the combustion of fat than to favor the escape of the bile into the intestine, and to prevent it from accumulating in the gall-bladder.

2. In the treatment of the symptoms of biliary colic, we should specially seek to assuage the pain. Opium may be given without fear, even in doses of fifteen or twenty *centigrammes* (two and one third or three grains); but subcutaneous injection of hydrochlorate of morphia is preferable. Belladonna, praised by Bretonneau and Lalotte, is not so good as opium, and should only be used when this fails. The same remark is applicable to cherry laurel water and to tincture of castoreum. Chloroform administered by inhalation until anæsthesia is produced is a valuable remedy when paroxysms are most violent; it not only calms pain, but may lead to the cessation of the spasmodic contraction of the biliary passages, and thus favor the expulsion of the calculus.—*Gazette Med. de Paris, April* 14, 1867.

ON A CASE OF BROMINE POISONING.

By Samuel P. Duffield, Ph. D.

On the 10th March I ordered C. W., an employee in the laboratory, to prepare some bromide of ammonium. The process given was that of Wittstein, which consists in first forming a solution of bromide of iron, under water in a large glass balloon by the reaction of bromine upon

iron turnings, and then decomposing the bromide of iron by liquor ammonia, filtering and evaporating to crystallization. Notwithstanding having cautioned him about inhaling the vapor, he carelessly poured rapidly into the large glass, three pounds of bromine, which evolved vapor to quite a dangerous extent, and which he inhaled.

I was first aware of the fact by one of the workmen running to me and saying "Carl is dying." On coming to the patient I found him perfectly asphyxiated, not able to give me any intelligence as to what was the cause, but on entering the furnace room, I perceived the fumes of bromine, and, of course, realized what the true state of affairs was.

The corrosive action of the bromine was such that the glottis had closed with a spasm, and did not seem to be willing to yield. I tried ammonia vapor, but as he could not breathe, it was of no avail. I drew out the tongue, and the air would fairly whistle through the glottis, and then the spasm would shut it down tight again. For a few seconds I was unable to devise a plan, but finally based my plan upon the chemical fact that bromine, like chlorine, acts by its absorption of water from the tissues, and I thought if I could again moisten the bronchi that I might possibly save him. Having brought him near to a flexible steam pipe we use for boiling, I made them hold the mouth open, and threw the steam from some distance, so as not to burn him, into his mouth and over his face. It had the effect. The spasm relaxed, and he was subsequently treated with ammonia vapor, and sent home to keep company with the tea-kettle. He assured me that until twelve o'clock that night he did not dare leave the tea-kettle for two minutes. The subsequent inflammatory action was easily controlled. What I wish to particularly call the attention of the profession to, is the great value of steam vapor in cases poisoned by corrosive *vapors*. Ammonia can be also used by saturating a handkerchief with a weak solution, and allowing the steam to blow through it. On referring, after the danger of the case was over, to works on the subject, I find neither Beck nor Taylor speak of bromine. While they recognize the compounds of this halogen with others, they do not speak of its peculiar poisonous effect or its mode of treatment. Of course, when a corrosive poison has been swallowed the treatment is entirely different.—*Detroit Review of Med. and Pharmacy.*

SUPRA-ORBITAL NEURALGIA.

By A. D. Williams, M. D., Cincinnati.

Neuralgia of the nerve emerging from the supra-orbital foramen is not uncommon; particularly in regions where chills and fevers prevail. The pain is sometimes mild, but more frequently its severity is really excru-

ciating. No one can form even a slight idea of its intensity, who has not seen others suffer from it, or who has not felt in his own person its penetrating darts and aching heaviness. Where suffering is so acute and frequent, its proper treatment becomes a matter of grave importance. But first a correct diagnosis is to be made. This is generally quite easy in supra-orbital neuralgia. The pains begin at the point where the nerve comes out and radiate in different directions over the forehead and temple, according to the distribution of the nervous filiments to these parts.

Sometimes they extend over the whole head, very much similating general headache; particularly is this the case when both supra-orbital nerves are involved at the same time. The fact that the pains run the course of the trunk, and ramifications of these nerves unmistakably indicate that neuralgia of said nerves is the immediate cause of the suffering. Another diagnostic symptom is the tenderness felt upon pressure over the track and branches of the nerve. It is true, however, that the scalp will feel sore or tender after severe cephalic pains of any kind, but after supra-orbital neuralgia this tenderness is confined mainly to the body and branches of the nerves, and after general headache it is extended more or less over the whole surface of the scalp. Pains very similar to neuralgia may come from inflammatory disease of the eye, but it is hardly probable that any one would mistake the pains of an iritis or keratitis for neuralgia of the frontal nerve. They may resemble each other very much, but we always have the inflamed or non-inflamed eye to help us out in the diagnosis. As to the cause but little need be said. It is generally *malarious* or *periodical* and hence occurs mostly in malarious districts.

The treatment divides itself into two heads, *palliative* and *radical.* The paroxyms of pain are sometimes so intense that something must be done for immediate relief to the sufferer. For this purpose the best remedy I have ever had any experience with is *volatile liniment* or *spirits of ammonia*, the preference always being given to the former as it is the milder.

A soft linen cloth is folded four or five times, so as to be about the size of the palm of the hand, and should be a little longer one way than the other. A few drops of the liniment are dropped upon the compress and spread over its surface. (Four or five drops are enough to use at once). It is then pressed with the hand firmly upon the forehead, just above the eye-brows, and held there from one to two minutes; or until the skin turns red beneath it, which will be very soon after its application. Just here be it observed that considerable care is necessary, else a large blister will be raised over the brow by the surprisingly rapid action of volatile liniment and *particularly* if spirits of ammonia are used.

So far as pain is concerned, the effect of this application is nearly instantaneous. The patient will almost invariably express himself as greatly relieved, even before the cloth is removed, and *particularly* if he has been suffering severely. And as a rule it will not return at least for several hours and sometimes not at all. So then the palliative treatment not only relieves suffering, but gives us an intermission of pain and a very favorable opportunity to institute the necessary treatment for the *radical* cure. This consists of from three to five pretty large doses of quinine (about 5 grs. each) given for instance morning and evening. Better give the first dose immediately after this local treatment, and then repeat every twelve hours afterward, until the necessary quantity is taken. Three doses will usually suffice. This treatment, it will be observed, is in harmony with the supposed cause of the disease—*malaria*.

While I was in the army of West Virginia I had an opportunity to see and treat a great deal of this kind of neuralgia. I always treated it as above indicated and have every reason to be satisfied with the results. I remember no case that stubbornly resisted this mode of treatment. The idea of the *palliative* part I got from Dr. G. S. Shaw, of West Virginia, who was my regimental surgeon at that time.

Lately I have treated in the same way a delicate, sickly woman from southern Indiana, and with good success. After she returned home, she wrote to know the name of the liniment used, that she might get a supply, and have it on hand for an emergency. She has hitherto frequently suffered severely from such neuralgic attacks, and naturally enough expects them again.

I do not mean to say that this treatment will cure all cases of supra-orbital pains, but believe it is the very best treatment for *simple* neuralgia of the forehead.—*Cincinnatti Journal of Medicine.*

DIPHTHERIA AND CROUP; DIFFERENTIAL DIAGNOSIS.

(From Dr. GAILLARD'S Prize Essay on Diptheria.)

Diphtheria.	*Croup.*
Disease of the blood; a toxæmia; a constitutional disease, with local manifestations.	Not a disease of the blood; a local disease, with constitutional manifestations.
Blood primarily affected; sometimes there are no local manifestations.	Blood, if at all, affected secondarily; local manifestations invariable.
First exhibits itself in the fauces, locally.	Locally, first exhibits itself in the trachea.

Commences always above the rima glottidis.	Commences always below the rima glottidis.
Does not extend below the rima glottidis, unless complicated with croup.	Never extends above the rima glottidis.
Asthenic disease; constitutional symptoms primary; local symptoms secondary.	Sthenic disease; local symptoms primary, and constitutional symptoms secondary.
Depression often manifested without dyspnœa.	Depression not often manifested before dyspnœa.
Contagious.	Not contagious.
Not peculiar to any age.	Peculiar to infancy and childhood.
Respiration not affected, unless the disease extends downwards; dyspnœa not a prominent symptom.	Impaired and difficult respiration always a prominent symptom; often the chief symptom.
No cough, unless croup supervenes.	Cough almost invariably present.
The membranous exudation of fibrin always commences above the rima glottidis.	The membranous exudation of albumen always commences below the rima glottidis.
Exudation only extends below as a complication.	Exudation never extends above.
Occasionally there is a cutaneous eruption.	There is never a cutaneous eruption.
Epidemic chiefly, and seldom sporadic.	Sporadic and never epidemic.
Swelling of the lymphatic glands behind the jaw frequently occurs.	Swelling of the lymhatic glands behind the jaw never occurs.
Duration, one to three weeks, with sequelæ.	Duration never beyond the 11th day (Cragie); no sequelæ.
Exudation fibrinous.	Exudation albuminous.
Dyspnœa rare, and when present, uniform.	Dyspnœa common and invariably spasmodic.
Dyspnœa not produced or increased by deglutition.	Dyspnœa frequently caused and increased by deglutition.
Invades at all hours.	Invades chiefly at night.
Not caused by cold or dampness.	Generally caused by cold and dampness.
Prognosis grave; mortality severe.	Prognosis generally good; mortality slight.

Antiphlogistic treatment injurious.	Antiphlogistic treatment curative.
Tracheotomy contra-indicated and generally forbidden; no constitutional resiliency.	Tracheotomy indicated and advised; constitutional resiliency very decided.
Sequelæ — paralysis, strabismus, amaurosis, &c.	No sequelæ.
Fœtor of the breath constant and great.	Fœtor of the breath generally absent.
"Dissolution of the blood;" loss of its coagulating power.	"Dissolution of the blood" never seen; increase of its coagulating power.
Constitutional symptoms precede the local.	Local symptoms precede the constitutional.
Membranous exudation always present (as a rule) and always seen; present as the rule.	Membranous exudation seldom present and never seen: present as the exception.
Exudation thick, buff colored; coriaceous.	Exudation thin; not buff colored; not coriaceous.
Membrane renewed as the rule.	Membrane renewed as the exception.
Death, when disease is uncomplicated, from asthenia.	Death from apnœa.
Sound of the cough moist and sonorous.	Sound of the cough sonorous and metallic.
Convalescence slow, unreliable, and complicated with the sequelæ of the disease; interrupted.	Convalescence easy and uniform; no sequelæ; uninterrupted.

NOTES ON TÆNIA MEDIOCANELLATA (OF KUCHENMEISTER), OR T. INERMIS, BEING ITS FIRST RECORDED OCCURRENCE IN IRELAND.

By Dr. W. Frazer, M. R. I. A., Honorary Member Medical Chirurgical Society of Montreal, etc.

(Read before the Natural History Society of Ireland.)

Tape-worm cannot be considered a common affection in Dublin, nor does it seem very prevalent in any part of Ireland. From patients seen in private practice, I have seldom obtained more than three to six specimens each year on an average, though sometimes two or three of these cases will present themselves in rapid succession. The subject of entozoa having recently attracted more of my attention than usual, I became

convinced, from investigating the history and symptoms complained of by those individuals I had seen, that there were in Ireland at least two distinct varieties of tape-worm, which I had before always confounded together, and failed to determine their specific characters with that strict carefulness the question demanded, and there were grounds for concluding these would prove to be the common T. solium, and its more formidable relation, T. mediocanellata, a correct description of which we owe to Kuchenmeister. My surmises respecting the latter worm received ample confirmation a few days since, by a gentleman bringing me the specimen now recorded, which, so far as I can ascertain, is the first recognized example of T. mediocanellata of indigenous origin.

The host of this parasite, a gentleman in the prime of life, of robust frame, in perfect health and good condition, consulted me for an eruption of isolated patches of psoriasis scattered over his limbs and body. He also stated that for at least fourteen years past, and possibly for a longer period, he was infested with tape-worm. Its presence caused him great annoyance, as the mature isolated joints of the animal passed from him at irregular intervals, with or without alvine dejections, several of them in succession escaping whilst he was walking about his occupations, or when warm in bed. He had endeavored to get rid of his unwelcome guest by using the ordinary round of vermifuges, and related his experience with Kesso and Kamela. He preferred the Kamela, its dose being smaller and therefore easier taken, and it had the advantage of being tasteless; he also thought it more effectual, for he succeeded by its means in removing (besides a few small detached fragments) one continuous mass of adhering joints, fifteen feet in length, which he measured after its expulsion, whilst still alive and in motion.

He was anxious to have his pest thoroughly expelled, and volunteered, with this design, to carry out any reasonable directions. I recommended him to take early in the morning a full dose of castor-oil, and use for that day soft food and soup, &c., to expose the animal more completely to the action of the special vermifuge selected. This consisted of ethereal extract of male fern, which he took, fasting next morning, made into emulsion with yolk of egg, and flavoured with essence of peppermint. It operated briskly, and expelled quite dead, a good specimen of T. mediocanellata, which measured seven feet in length in one unbroken piece, in addition to some small segments and detached joints belonging to the upper portion of the animal. The head was not obtained, it seldom comes away with the joints after medical treatment, at least far less often than is supposed. As these creatures contract in size considerably after death, its length when living must have reached eight or perhaps nine feet.

The constitutional symptoms caused by this worm were obscure and insufficient to diagnose its existence, which was best recognized through the constant expulsion of its joints. Close enquiry elicited from the patient that his appetite was irregular, and at times craving, that he felt uneasiness and unpleasant sensations in his left hypochondriac region, and, though more seldom, some pains were experienced in the region of the heart, and extending down the left arm.

The proglottides at the upper portion of the animal are considerably broader than long, the transverse exceeding the longitudinal measurement by at least five or six times. Seventeen of these adhering segments occupy a space of one inch. They are easily detached from each other, possessing slight cohesion when compared with the more developed and larger joints. About eight inches lower down fourteen segments were contained within the inch. After this they rapidly became elongated, and assumed the ordinary appearance of common tape-worm, but the ultimate large segments each reached the bulk of 6-10ths of an inch. This striking resemblance of the upper joints of T. mediocanellata to the broad, shallow joints of the rare Bothriocephalus or Russian tape-worm, is a distinctive character of the animal. They are easily separated by observing the different position of the sexual aperture, which is lateral in the Tœniæ, and median in Bothriocephalus.

To sum up the principal distinctions which separate the two tape-worms found in these countries, the following brief particulars will suffice:—

1st. T. mediocanellata is a larger animal, it acquires greater length, is thicker, and its segments broader than the T. solium. According to Kuchenmeister, when mature, its average length is at least double that of the latter.

2nd. The proglottides are reproduced with great rapidity, and are remarkable for the freedom with which they escape from the patient: "proglottides permangæ et pervivaces, sæpissime sponte et sine fæcibus humanis ex ano demissæ."

3rd. Its head which, as already mentioned, is seldom obtained by medical treatment, is "unarmed." It presents no ring of hooklets, is destitute of rostellum, and studded by four conspicuous dark coloured suctorial disks or acetabula.

4th. The sexual apertures, which are disposed in T. solium with considerable regularity on alternate sides of the successive joints, are distributed in mediocanellata with exceptional irregularity of arrangement, though always opening on the lateral aspect; they are conspicuous apertures that lead to a complicated, much branched, and peculiarly arranged

sexual system. The trivial name of the entozoon is derived from a median thick walled canal or tube, which Kuchenmeister considers continuous, extending from joint to joint.

Experiments carried on by Leuckart, and repeated by Meisner and others, have traced the development of this cestoid animal with much success. When calves are fed with mature joints they soon suffer from severe febrile symptoms, and other evidences of acute disease; after a short time their muscles are found permeated by innumerable minute hydatid cysts, each containing within its cavity heads of cysticerci, resembling in every particular those of the mature worm. Leuckart failed in inoculating the sheep or the pig, and other observers have confirmed his statements.

Professor Aitkin at Netley, obtained several specimens of this tapeworm from soldiers, principally from men who had returned from serving at the Cape of Good Hope, and Professor Cobbold remarks in his work on Entozoa that he was surprised on looking over the collection of tape-worms at Middlesex hospital to find at least half their number referable to this species. I believe it will be found equally common in Ireland, with the ordinary tænia solium, though the present instance is the first I am acquainted with in which its characters were recognised, and its claims advocated to be considered a member of our indigenous fauna.—*Dublin Medical Press.*

PSEUDO-HELMINTHOLOGY: OBSERVATIONS ON CERTAIN SUBSTANCES LIABLE TO BE MISTAKEN FOR INTESTINAL WORMS.

By Dr. Wm. Frazer, M.R.I.A. Honorary Member of the Medico-Chirurgical Society of Montreal, etc.

Cells of Orange Pulp mistaken for Entozoa and for Hydatids.—Three examples of this curious mistake have occurred to me. The first was referred for investigation some years ago from the north of Ireland by a physician who wished to ascertain whether the strange substances his patient had passed from his bowels were hydatids, as their appearance had given rise to much uneasiness. When informed of their nature his reply was, "I beg to thank you for your kindness in examining the supposed hydatids, the patient has been using oranges, and you are perfectly correct."

The second was submitted to me by Dr. Austen. A delicate child had got an active vermifuge under the idea of worms being the cause of her ill health, and undigested cells of orange pulp were discovered in the alvine discharges, these were alleged to be genuine intestinal worms, but

doubts having risen about these supposed ascarides, he wished to have them examined. Dr. Austen's own impressions were opposed to their being worms, and his note in reply to my letter was, "You are perfectly correct as to the supposed worms, the child had eaten an orange or two for several days consecutively, the matter is really rather ludicrous."

In the third instance, a young gentleman of delicate appearance was brought me by Dr Kirwan; he displayed some substances floating in a phial of water, which he had picked out of the evacuations, and believed he saw them *distinctly moving;* they were cell walls of orange pulp, the contents being quite digested. When told what they were, he admitted that he had eaten the fruit. He was suffering from impaired digestion, and complained of irregular action of the bowels.

Undigested Celery mistaken for Ascarides.—Some years since a gentleman brought me several long undigested fragments of celery stalk, chiefly consisting of the stringy vascular tissue, which he fancied were worms, he had seen some ascarides lumbricoides passed by a child, and was convinced he was infested by them. The microscope showed their vegetable nature and rendered their recognition easy. It is not unusual for persons who have feeble digestion to excrete unaltered vegetable substances consisting of indurated vascular tissues or of sclerogen, and even the cellular portion of vegetables may pass off undigested, and it must be admitted in excuse for this patient's error, that the fragments of celery he mistook for entoza were not unlike semi-digested ascarides.

Plastic lymphy intestinal exudation mistaken for Tape-worm.—In this distressing case a physician of great promise was attacked with plastic lymphy exudation of the intestines; he had suffered from griping abdominal pains and a train of nervous symptoms, when some fragments of lymphy matter being expelled, he was supposed to have tape-worm and advised to use drastic purgatives and anthelmintics; these had the immediate effect of aggravating his symptoms, severely injuring him and increasing the number and size of the expelled masses. The specimens that I examined were of pure white colour, seldom exceeding half an inch in length and of irregular shape, consisting of granular substance which passed into fibrillation on the surface that appeared to have been attached to the intestine. The lymphy fragments continued to form at intervals for several weeks until he left Ireland for a protracted sea voyage, and soon after his departure he ceased to pass these plastic masses.

Larvæ of Diptera supposed to be Worms.—In two instances, of which I have preserved no notes, dead larvæ of some fly were brought to me under the idea of their being intestinal worms. They were stated to have

passed from the bowels, which was possible, though their presence might admit of other explanations.

Elastic-ligamentous Tissue supposed to be Tape-worm.—Some years ago a woman in the wards of the Hardwicke Hospital, under the charge of Sir D. J. Corrigan, fancied she was attacked with tape-worms, the alleged worms were submitted to me for microscopic examination. They proved to be a quantity of fragments of ligamentum nuchæ which she had eaten weeks previously, they lodged in the cœcum, causing distinct fulness in that region, and required repeated purging for their expulsion. This case was recorded by Sir. D. J. Corrigan in one of the early numbers of the *Dublin Hospital Gazette*, and affords a good illustration of the value of microscopic examination in determining the nature of doubtful substances.—*Dublin Medical Press.*

INCONTINENCE OF URINE SUCCESSFULLY TREATED BY EXTRACT OF BELLADONNA.

A healthy looking country girl, fourteen years old, was brought by her mother to the Metropolitan Free Hospital on the 11th of January last. She had suffered from nocturnal incontinence of urine for the last two years. Not a night passed without her wetting the bed, and to such an extent that she had been compelled to lie upon straw covered with a sheet in order to change her bedding daily. She had been taken out of bed at night, scolded and ridiculed without any effect in making her abandon the habit. Dr. Drysdale ordered her to take a quarter of a grain of extract of belladonna as a pill, to be taken at bedtime every night. On the 15th of January her mother came to say that she had not wetted her bed since taking the medicine. Up to the 18th of January there was no return of incontinence of urine. Dr. Drysdale remarked that he had in many cases seen similar results from the use of belladonna in this disease, and supposed the drug acted by paralyzing the detrusor urinæ muscle.—*London Lancet.*

TREATMENT OF PERTUSSIS.

From the reports of the treatment of this disease in four large London hospitals, published in the London Lancet of April 23, 1867, we derive the following conclusions, the more valuable as the experiences of all the surgeons of these hospitals coincide in the most important particulars.

The majority of the cases treated were first seen when the disease had already existed for from one to three weeks, and was generally complicated, more or less, with bronchial catarrh. Nearly all the remedies vaunted as specifics were tried faithfully without establishing their efficacy, having been found not to exert any great power upon the disease, either by cutting it short or rendering the attack milder. Antimonials, mercurials and other antiphlogistics were found to exert a decidedly *unfavorable* influence, while, on the other hand, especially in debilitated children, quinine and ether were found to be productive of marked benefit. The bromides of potassium and ammonium were found to be useful in those cases in which the paroxysms were frequent, and also in those in which the symptoms indicated nervous complications, such as convulsions, muscular contractions, night tremors, etc., etc. Small doses of hydrocyanic acid were generally found possessed of a calmative effect, and seemed to be more efficacious than any other internal remedy. Counter irritation (the linimentum chloroformi being chiefly used, applied by rubbing upon the back and chest night and morning) proved of as much if not of more value than any other method of treatment. Small doses of morphia were used by Dr. Gervis, of the London Hospital, frequently in cases of convulsion, and always with marked benefit, allaying both the pulmonary and cerebral disturbance. Complications of pneumonia and pleuritis were treated entirely by nourishing diet and stimulants. Chloroform by inhalation was found often to relieve the paroxysm of coughing.

Materia Medica and Chemistry.

PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF COD LIVER OIL.

Taken from E. Fougera's Circular, and the Medical and Surgical Reporter, Philadelphia.

"The minute division of the Iodine in Cod Liver Oil, the particular state in which it exists, must singularly facilitate its absorption by the tissues, and can in this way contribute more than the absolute proportion of this substance to the marked effects which this oil exerts on the animal economy.

"Also Iodine in the oil is not eliminated from the system, AS THE OTHER SOLUBLE PREPARATIONS OF IODINE: in this elementary combination its action is slower, more regular, and more persistent, as it is successively set at liberty in

the economy, in proportion as Cod Liver Oil is gradually decomposed in the blood.

" BOUCHARDAT,
Professor of Hygien, at the Academy of Medicine, Paris.
" [Manuel de Matière Medicale, pag. 749—1856.

The action of Cod Liver Oil on the system is a double one; it is nourishing by its fatty elements, and curative by its medicinal bodies—Iodine, Bromine and Phosphorus, which it naturally contains; and to these three substances must be attributed its superiority over other fats or oils, either animal or vegetable, in the cure of diseases. These facts, discovered and proven by physiologists in their experiments on animals, and confirmed by the experience of physicians in their daily practice, have been corroborated during the last eight years, in a most illustrative manner, by the administration, to a large number of patients, of a Cod Liver Oil five times richer in Iodine, Bromine and Phosphorus than any of the Cod Liver Oils known before.

Cod Liver Oil, as well as other fatty substances, when taken in too large quantities, is apt to disturb the stomach, and derange the functions of the intestinal canal. Only a small quantity can be digested and assimilated, the rest passing off unchanged, producing more or less frequent and abundant alvine evacuations, in which are contained the superfluous oils or fats. Observations prove that the gastric juice has no action whatever on fats or oils, the pancreatic juice being the only body which, by its emulsive properties, causes the absorption of these substances into the economy; and, therefore, all the oil not emulsioned by the pancreatic juice is evacuated by the intestines just as it was taken. The knowledge of this important fact is due to the recent observations of Claude Bernard, a well known authority in physiology. The oil, once emulsioned by the action of the pancreatic juice, is brought into the general current of the circulation as follows: It is first taken up by the chyliferous vessels on the surface of the small intestines, and passing through the mesenteric glands and the thoracic duct, it is discharged into the left subclavian vein, where it mixes with the venous blood returning to the right cavities of the heart. This blood, and the fresh nutritious elements, furnished by the two subclavian veins, are pressed into the lungs to be there oxidized and altered; while passing through the pulmonary circulation, the oily molecules are modified, and almost all of them destroyed. The blood, then, ready anew for nutrition, passes into the left ventricle, to be thence distributed through the arterial system, carrying along with it some oily globules left undecomposed during their speedy passage through the lungs, said oily globules being afterward successively altered in the circulating blood.

The medicinal oil, evidently brought undecomposed into the lungs and partly into the general current of the circulation, is there modified, losing not only its emulsive form, but also its oleagineous characteristics, so as to constitute a part of the arterial blood. Iodine, Bromine and Phosphorus are then set free, during the process of nutrition of the tissues each part of our system appropriating to itself the substance it needs.

The tissues, in contact with the nutritious blood, having a tendency to appropriate to themselves the elements most proper to maintain their healthy condition, or to alter it when unhealthy, is it not judicious to conclude that the lungs first and then the rest of the system, when affected with Bronchitis, Phthisis, Scrofula, under any variety, or Rickets, etc., etc., are highly benefited by the healing and restorative action of the oil and its medicinal constituents, minutely, naturally and persistently brought in contact with the diseased parts?

That oils and fats are successively carried through the economy and transformed, as above described, is amply demonstrated by the experiments of the most eminent modern Physiologists, such as Claude Bernard, Tiedemann and Gmelin, Leuret and Lassaigne, Landras, Bouchardat, Blondlot, Delafond, Gruby, L. Corvisart, J. C. Dalton, Jr., A. Flint, R. Dunglison, etc.

We must not forget this important point, that oils or fats go into the blood undecomposed and unchanged, being merely infinitisimally divided by the pancreatic juice; but if an oil contain substances, in a close chemical combination, so that they cannot be easily separated, these substances will, of course, be carried into the blood with the oil itself. This is just the case with Fougera's Cod Liver Oil, which contains a large proportion of IODINE, BROMINE AND PHOSPHORUS. Iodine and Bromine have so strong an affinity for oil, that they cannot be separated from it by chemical reagents, not even by strong sulphuric acid. They must, therefore, be carried with the blood and liberated when the oil is transformed, in the process of nutrition, into its elements, and becomes the chief agent by which the heat of the body is maintained. Knowing, then, that to the nutritive property of the oil is superadded the alterative, fluidifying and stimulating power of a comparatively large quantity of Iodine, Bromine and Phosphorus, who can doubt the efficacy, as a medicine, of this new Cod Liver Oil?

Phosphorus, a part of our brain and bones, is a powerful diffusible stimulant, exciting the nervous organs, heightening the muscular power and mental activity, and relieving the despondency of mind occasioned by many serious diseases.

Iodine and Bromine are superior alteratives for improving and purifying the depraved nature of the blood. They are the best remedies we possess for checking and controlling the swelling and induration of the glandular system, the ulcerative process in scrofulous complaints, the diseases of the lungs, etc. Obviously the main point in such serious affections is to check and control at once the ulcerative process, and to do so it is of the greatest importance to use PROMPT AND ACTIVE MEDICATION.

Superiority of Fougera's Cod Liver Oil over Simple Cod Liver Oil. —Until of late, natural and pure Cod Liver Oil has been the best remedy, and the one most generally used, with more or less success, in diseases of the lungs, when of a tuberculous character. The period of the malady, when the oil was first employed, and also the purity and strength of the remedy, accounting for the success or failure.

Pure Cod Liver Oil is more likely to cure Consumption, Scrofula, Rickets, Swelling of the Glands, &c., in the first stage of the disease; in the second and third stages it mitigates the severity of the symptoms and prolongs the life of the patient, but seldom saves it.

The reason for this difference of action is simply, that the pure oil contains iodine, bromine and phosphorus only in minute quantities, which although sufficient to cure a disease in the beginning, is not powerful enough when it assumes a graver type.

If we suppose for an instant the discovery of a new, natural cod liver oil, containing more iodine, bromine and phosphorus than the oil in present use, there is not the least doubt but that every physician would prescribe it in preference, fully confident of its enhanced qualities. The natural consequence of this proposition explains satisfactorily why the medical profession should give, *and do rightly give*, the preference to Fougera's Compound Iodinized Cod Liver Oil, which contains a larger proportion of Iodine, Bromine and Phosphorus than the oil in present use; these active elements, as before remarked, are in such a peculiar combination that their action is slow, regular and persistent, being successively set at liberty in the economy, in proportion as the oil is decomposed in the process of animal life.

Some physicians are so well convinced that the curative properties of the oil reside in these three substances, that to obtain a full effect, they prescribe very large doses of the oil, sometimes giving two, three, and even four tablespoonsful, three or four times a day, the larger quantity amounting to no less than half a pint daily. That their object is not attained is fully proven by physiologists, who have demonstrated that only the quantity of oil, emulsionized by the pancreatic juice is digested

and carried into the blood, the rest being lost and passed off nearly as taken.

Being deeply impressed with the above physiological and chemical facts, Mr. Fougera instituted experiments, and, after many trials, has succeeded (1858) in preparing a *Compound Iodurized Cod Liver Oil*; which is simply the best Newfoundland Cod Liver Oil, combined with four times as much of iodine, bromine and phosphorus as it naturally contains.

Pure Cod Liver Oil varies considerably in composition, as may be seen by comparing the different analysis published in works of chemistry and materia medica. A quart contains one to four grains of iodine, one-eight to three quarters of a grain of bromine, one-quarter to one-half of a grain of phosphorus. In 1860 Mr. Fougera published in the *Repertorie de Pharmacie*, edited by Professor Bouchardat, at Paris, the formula of his oil, which contains, per quart, in addition to the above quantities;

Iodine, 16 grains,

Bromine, 2 grains,

Phosphorus, 2 grains.

The combination is made so that the odor, taste and color of the natural oil are preserved.

Fougera's preparation being consequently five times more active than the richest commercial Cod Liver Oil, will tend to restore health by its curative action thus enhanced, in a much shorter time than the simple kind, and attains the desired effect where the other will fail.

The dose of this oil is *only* a tablespoonful for adults, and a dessert or teaspoonful for children, according to age, three times daily; it may be administered at any hour, but it is preferable to select the times of meals, since we know that the pancreatic secretion manifests itself only during the stomachal digestion, to act immediately on the alimentary principles as soon as they pass from the stomach into the intestines. Though the quantity of iodine is very small in each dose, it acts nevertheless with greater efficacy than a larger quantity of any of the iodides, for the reason stated by Professor Bouchardat and others, that iodine in Cod Liver Oil is not eliminated from the system as the other soluble preparations of iodine, but is successively deposited in the economy as the oil is gradually decomposed in the blood.

When iron is required with the oil, Fougera's Dragees or Syrup of Pyrophosphate of Iron will be found the most agreeable and active adjuvant. It is best for children and delicate persons to take the Syrup of Iron immediately after the oil.

Canada Medical Journal.

MONTREAL, AUGUST, 1867.

CANADIAN MEDICAL SOCIETY.

In the last number of the journal, we published what appears at first sight to be the resolutions of a society bearing the above designation, —but we must correct the error. However desirable it may be to form a society with the objects and intentions of similarly constituted bodies in other countries, we have to inform our readers, that in Canada such a society is yet in the womb of time. Whether it will be stifled at its birth, and come to nothing, passing into the shades of futurity, we are unable to prophesy. But we should imagine that if "The Canadian Medical Society," ushers in its being with a roll of such resolutions as those proposed by the Quebec Medical Society, it will never be formed. It is in every way desirable that a uniform system of granting licenses to practice Medicine, Surgery, and Midwifery throughout the Dominion, should be inaugurated, but we do not see the necessity of degrading the already high standard of our University degrees.

Medical education in Canada has been fostered and exalted by our Universities. When we look back at the times that are past, and reflect on the method of examination which was the rule before the establishing of our University and School system, we cannot but accord to those bodies their meed of praise. The time was when men could go up for examination before the old Medical Board without having ever attended a single lecture on any medical subject. In 1847, in Lower Canada, the profession sought and obtained from the Legislature an Act of Incorporation; by the provisions of that Act, all persons who were desirous of obtaining a license to practise Medicine, Surgery, and Midwifery in Eastern Canada were obliged to produce to the Medical Board, (under the title of the College of Physicians and Surgeons), satisfactory evidence of their having attended a full curriculum of studies extending over four years. The holders of diplomas of Universities and Colleges in Her Majesty's dominions, at which a full curriculum of study was pursued were admitted to practice without further examination. *Tempora mutantur et nos muta-*

mur in illis is with us fully illustrated, at the meeting of the College of Physicians and Surgeons held in this city in May last, no student presented himself for final examination, and why? Because the Legislature having increased the number of our Universities, many of the young men who would have presented themselves for examination before the board of the College, preferred seeking higher qualifications, and obtained University degrees. So that the College of Physicians and Surgeons found themselves resolved into a body without occupation, except that of enregistering the names of applicants for license, who presented University diplomas, and also of examining persons in classics and other branches in preliminary education, who were about to commence the study of medicine. This is a simple statement of facts. With a view of affording occupation in the examination way to those Governors of the College of Physicians and Surgeons who are unconnected with any University, it is sought to degrade the Universities, Colleges and Schools of Medicine, both at home and abroad, by declaring that their degrees and diplomas, shall, in future, have merely an honorary value, and that all persons, holders of degrees in Medicine, or diplomas in Surgery or Midwifery, desirous of practising their art in the Dominion of Canada, shall appear for examination before a Central Board of Examiners in each Province. As we before said the times have changed, the system as at present has become cumbersome and unwieldy. It appears to us that what we do require is a Council of Medical education and Registration, similar to that which exists in Great Britain. The registration of diplomas and degrees can be effected with little trouble and less expense than at present, at the same time the Registrar can issue a certificate of enregistration equivalent to a license which gives to the holder the right of entering a court of law and prosecuting a delinquent patient who refuses to satisfy a just claim for professional services rendered.

It does appear that this is all we need for the Dominion of Canada, and this system we would like to see generally adopted. As regards the Universities and Schools, let there be amongst them honourable rivalry such as you expect to meet with among men who devote themselves exclusively to the cultivation and advancement of their noble calling, and we will venture to prophesy, that those schools at which the operations of nature and practical utility of art are faithfully and earnestly taught, will acquire the confidence and support of the public.

Coming back to the "Canadian Medical Society," we will go into the movement heart and soul, but at the same time, trust that the subjects brought before the meeting will be of far higher consideration than the best method of throwing open our doors to those desirous of following

honourably their calling in life. Our journal has passed through three years of a struggle for literary existence, and when we look at the list of contributors during the past year, we cannot but feel surprised that so few members of the profession have taken the trouble to note the results of their observations. At least in saying this, we must qualify our meaning, for we do believe there are many sincere and patient workers, but it is to be regretted that they hide their light under a bushel. We would be rejoiced to see the Canadian Medical Society rival the British Medical Society in their workers, so that the Society of the Dominion of Canada, might, as we trust it will, take that honourable stand in the literary world, which its number and authority should fully warrant. We look forward with sincere interest to the coming meeting, and trust, there will be at that meeting an inauguration of a state of things which will gain for us as a profession, that respect from outsiders which is at the present day lamentably wanting.

LIFE ASSURANCE COMPANIES.

During the past year, several American Life Assurance Companies have established Agencies in Canada, with a view of seeking business amongst us Canadians by holding out superior advantages over English offices. With the internal management of these institutions and the substantial value of their offered security, we have nothing whatever to say; it is a question to be settled by those who attracted by the rates of premium are willing to assume a policy, but what affects us as a profession more especially is the amount offered by these offices as a fee for the professional examination of applicants for policies. It has been the rule, and still is in all respectable English offices, to give the Medical Examiner a fee of one guinea for the report on an application of a policy amounting to $2000 and upwards, and a half guinea for examination of candidates for policies under that sum; indeed, some first class offices that we could name, give to their Medical Examiner the fee of one guinea for each and every examination made, no matter what the amount of the policy. Some of the offices of American origin seek to lessen the fees offered, and in one instance in which we were ourselves the Medical Referee, the Secretary wrote to the Agent in this city, and informed him that hereafter the sum of $3 only would be allowed for medical examination of applicants for policies; and, although we had represented the Company for some ten months, doing a fair share of business, we were constrained to refuse to work at the reduced rate of fees. This subject has engaged the profession at home, and the offices were forced to come to terms, and when it is considered the responsibility assumed by the Medical Examiner

of an Assurance company, it is but right that he should be well paid for his trouble. We think that the sooner the profession come to some understanding on this subject the better. For our own part, it has been our rule through life, and often to our detriment, to maintain faithfully the interests of the profession in the question of professional remuneration, and it is not after the experience of a quarter of a century, that we intend to alter our course. We feel convinced, that all professional men of standing in Montreal will endorse our action in this matter, and we will feel deeply disappointed if any professional brother whose report is worth receiving, should be found willing and ready to condemn our procedure by accepting the conditions offered.

Poisoning by Strychnine.—Dr. John Bartlett, formerly of Chicago, strongly recommends common salt as a curative of strychnine poisoning. He reports as many as twenty experiments on dogs, in which violent symptoms, following large doses of strychnia, ceased after emesis, induced by drenching the animals with water, holding in solution several handfuls of salt.—*Chicago Medical Journal.*

We beg to draw the attention of our readers to the following prizes offered by the Connecticut Medical Society for 1868.

The Committee of the Connecticut Medical Society, offer the following Prizes, to be awarded in May, 1868, viz: They renew the offer of the Jewitt Prize of Two Hundred Dollars, for the best essay on the question, "By what hygienic means may the health of armies be best preserved?" also the Russell Prize of Two Hundred Dollars, for the best essay on the subject "The Therapeutic Uses and Abuses of Quinine and its Salts."

The offer of both these prizes is extended to all physicians and surgeons of the United States, and of the British Provinces of North America.

Competitors will send their essays, free of expense, to one of the Committee, on or before the first of March, 1868, each having on it a motto or device, which shall also be written or placed on a sealed envelope, inclosing the writer's name and address.

Committee.:—Benjamin H. Catlin, M.D., of West Meriden; Leonard J. Sandford, M.D., of New Haven; Henry Bronson, M.D., of New Haven; Melancthon Storrs, M.D. of Hartford; Charles L. Ives, M.D., of New Haven.