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**THE NATURE AND DIAGNOSIS OF
NEURASTHENIA (NERVOUS EX-
HAUSTION).**

BY GEORGE M. BEARD, M.D., NEW YORK.

Nervous exhaustion (neurasthenia) is in this country more common than any other form of nervous disease. But in spite of its frequency and importance, neurasthenia, though long recognized, in a vague way, under such terms as "general debility," "nervous prostration," "spinal weakness," "spinal irritation," "cerebral and spinal anæmia and hyperæmia," "irritable ovary," "irritable uterus," and sexual exhaustion," yet until quite recently no attempt has been made to formally introduce it into science, by describing in detail all its symptoms and showing their relation to each other and to the morbid nervous condition of which they are all the results and expressions. The purpose of the present essay is to study in detail the differential diagnosis of neurasthenia and of the functional nervous diseases allied to it and to which it leads.

The importance of making a differential diagnosis between maladies of the type here referred to and organic or structural diseases of the brain and spinal cord is incalculable; mistakes of the most solemn character are constantly being made. I have been frequently consulted by physicians, with reference to themselves, for symptoms which were supposed to indicate ataxia or some form of organic disease of the spine or brain, when in reality they only had symptoms of neurasthenia. Some of these medical men were greatly alarmed, es-

pecially after reading upon the subject in German authorities.

Distinguished from organic or structural nervous diseases, the points in the differential diagnosis of neurasthenia from organic disease of the brain and spinal cord, which it simulates, and with which it is so often confounded, are as follows:—

1. The symptoms of organic disease are usually fixed and stable, while very many of those of neurasthenia and allied states are fleeting, transient, metastatic, and recurrent. Very many of the signs of neurasthenia and allied states appear in organic affections, and in both conditions they are precisely the same, so that of themselves alone they would be no guide in the differential diagnosis; spinal tenderness, impaired nutrition of the skin and hair, shooting and stabbing and boring neuralgias, cardiac palpitation, insomnia or drowsiness, failure of memory, sexual exhaustion and emissions, mental depression, pain and heaviness in the head and back, disturbance of the nerves of special sense, hyperæsthesia and anæsthesia local or general, coldness of the extremities, twitchings of muscles—all of these and other results of the functional nervous disorders we are considering manifest themselves in spinal congestion, in ataxy, in muscular atrophy; but in functional troubles they come and go, and change about and alternate, appear and disappear and reappear without any clear cause, and sometimes utterly vanish even without treatment; in the nervously exhausted these symptoms fly about from one part or organ to another, as from the head to the stomach or back, from the upper to the lower part of the spine, from the front to the back of the head. After an organic malady

once gets established, it reveals itself by a group of symptoms that, however much they may vary in intensity are mostly fixed and constant.

2. There are certain, though not well known or always recognized symptoms of neurasthenia and allied states, which do not often if at all appear in structural disorders. Among these are general or local itching without apparent cutaneous disease; tenderness of the teeth and gums; special idiosyncrasies with regard to food and medicine which did not exist prior to the illness; morbid desire for stimulants and narcotics; morbid fear in its different phases, agoraphobia (fear of places), astraphobia (fear of lightning), anthrophobia (fear of men); sick headache; lack of desire for fluids.

3. In organic disease, reflex activity is generally diminished; in functional disease reflex activity is generally increased. There are some exceptions to this rule, as spasmodic spinal paralysis. There are "par excellence," three great centres of reflex action—the brain, the stomach and digestive organs, and the genital or reproductive system. When any one of these is irritated by over-use or direct abuse, the injury is likely to radiate or reverberate in any or all directions. In the neurasthenic one can never tell from the locality of the pain or other symptom where the disease really is.

4. Neurasthenia and allied troubles are most likely to occur in those in whom the nervous diathesis predominates. Among the chief signs of the nervous diathesis are fine, soft skin, fine hair, delicately cut features, and tapering extremities.

DISTINGUISHED FROM HYPOCHONDRIASIS.

Hypochondriasis may occur in those who are in all other respects except apprehension of disease perfectly well. Some mental diversion, such as change of scene, may cure at once; while in the neurasthenic patient, such diversion may assist the cure, but cannot accomplish it suddenly, or usually without assistance.

DISTINGUISHED FROM CEREBRAL AND SPINAL ANÆMIAS AND HYPERCÆMIAS.

In neurasthenia the anæmia and hyperæmia of the brain and spinal cord are results, *i. e.*, tem-

porary or intermittent symptoms, and not the disease.

DISTINGUISHED FROM ANÆMIA.

NEURASTHENIA.

Chiefly found in the nervous diathesis.

Impoverishment of nervous system; no necessary anæmia. Patient may be plethoric.

Found chiefly between the ages of fifteen and sixty.

Not at all necessarily dependent on any important recognizable organic disease.

Pulse may be full or normal, usually regular, but sometimes very rapid or very slow.

No cardiac murmur.

Easily fatigued by exertion; mental exertion in cerebraesthesia more exhausting than physical. Memory often temporarily weakened, and consecutive thought, and sustained mental activity frequently impossible, even when prolonged muscular labour causes little or no fatigue.

Insomnia a very frequent complication.

Habitual mental depression.

No necessary or constant disturbance of the circulation.

Though common to both sexes, not relatively so frequent in females.

Is benefited by remedies that directly affect the nervous system, such as electricity, phosphorus, strychnine, zinc, and oil while iron alone is of little service.

Usually recovers but gradually, and under the influence of rest, nutritious food; and various sedatives and tonics.

ANÆMIA.

Appears also in the tuberculous or rheumatic or other diathesis.

Impoverishment of the blood, increase of water, and diminution of red corpuscles.

Found in all periods of life from extreme infancy to old age.

More frequently, though not necessarily, associated with some organic disease, as tuberculosis, carcinoma, morbus Brightii, etc.

Pulse small, weak, and compressible.

Murmurs at the base of the heart and over the large arteries, "Venous hum" in the neck.

Easily fatigued by exertion. Physical labour always more exhausting than mental.

Insomnia not so frequent a complication: frequently an abnormal tendency to sleep by day as well as night.

Mental depression not so frequent.

Disturbance of the circulation, with habitually cold extremities.

Far more frequent in females.

Is benefited by remedies such as iron which directly affect the blood.

May be rapidly removed by the removal of the organic disease.

DISTINGUISHED FROM HYSTERIA.

NEURASTHENIA.

No convulsions or paroxysms.

HYSTERIA.

Hysterical convulsions or paroxysms.

No globus hystericus, no anæsthesia of the epiglottis, ovarian tenderness less common, and attacks of anæsthesia far less frequent and less permanent.

Symptoms more moderate, quiet, subdued, passive.

May occur in well-balanced, intellectual organizations.

Very common in males, though more common in females.

Is always associated with physical debility.

Never recovers suddenly, but always gradually, and under the combined influence of hygiene and objective treatment.

Neurasthenia must also be distinguished from nervous syphilis, and a common cold, the symptoms of which it often simulates.

DIFFERENTIAL DIAGNOSIS OF CEREBRASTHENIA AND MYELASTHENIA.

The symptoms which suggest cerebrasthenia (exhaustion of the brain) are obviously those that are directly or indirectly connected with the head, and they may be either physical or psychical. Tenderness of the scalp, a feeling of fulness in the ears and head, all disorders of the special senses, tenderness of gums, deficient thirst, morbid desire for stimulants and narcotics, gaping, yawning, rushes of blood to head, congestion of conjunctiva, the different forms of morbid fear, mental depression and impairment of memory and intellectual control, all indicate that the brain is chiefly affected. Certain symptoms, however, as external tenderness of the scalp, general or local itching, clamminess of the extremities, muscæ volitantes, pain and heaviness in the back of the head, may arise from exhaustion of the upper part of the spine.

The symptoms that suggest myelasthenia (exhaustion of the cord) are local spasms of muscles, local chills and flashes of heat, shooting pains in the limbs, startings on falling to sleep, morbid sensations at the bottoms of the feet, as of burning or tenderness, sexual debility, pain in the back, creeping and crawling sensations up and down the spine, incontinence of urine or paresis

Globus hystericus, anæsthesia of the epiglottis, ovarian tenderness, and attacks of general or local anæsthesia.

Symptoms acute, intense, violent, positive.

Usually associated with great emotional activity, and unbalanced mental organization.

Very rare in males.

In the mental or physical form occurs in those who are in perfect physical health.

May recover suddenly, and under purely emotional treatment.

of the bladder, feeling of pressure in the chest with or without ticklishness in that region, heaviness and stiffness of muscleless simulating rheumatism, sensitiveness to cold and changes in the weather, hyperæsthesia of mucous membrane, dryness of skin or morbid perspiration, dryness of the joints, and dilated pupils. Some other symptoms, as nervous dyspepsia, numbness and hyperæsthesia, and insomnia appear to be common to both. In cerebrasthenia, physical exercise is generally well borne, while in myelasthenia, it is fatiguing and disagreeable. From this fact I derive the practical rule for treatment that in cerebrasthenia a certain amount of exercise is allowable, while in myelasthenia, relative or absolute rest is demanded. Cerebrasthenia and myelasthenia are sometimes combined, and not unfrequently alternate with each other. These facts complicate both the diagnosis and treatment.

In regard to the probable pathology of neurasthenia, my view is that there exists an impoverishment of the nerve force, resulting from bad nutrition of the nerve tissue on the metamorphosis of which the evolution of nerve force depends. As in anæmia there may be a deficiency in quantity or impairment of quality of the blood, so in neurasthenia there is, without question, deficiency in quantity or impairment in quality of the nerve tissues.—*Summarized from the "New York Medical Journal," 1879.*

In the *Journal of Nervous and Mental Disease*, April 1879, there is an article entitled "Other Symptoms of Neurasthenia," by Dr. Beard, in which he supplements the above by analyzing more in detail some of the symptoms described, and by giving others not previously described.

Deficient thirst and capacity for assimilating fluids.—This is a frequent symptom of neurasthenia. There are many who for years have a poor appetite for fluids as they have a poor appetite for solid food; they live on a small quantity of liquid, and perhaps without suspecting it until their attention is directed to the fact. When we remember that the body is composed mostly of water, we can easily see that there is a danger of starving for want of liquids.

Abnormal Dryness of Skin, Joints, and

Mucous Membranes.—In some cases of neurasthenia the skin of the whole body is unnaturally dry; this is especially noticed in the hands, and may be accompanied with scaliness or scurfiness. Dryness of the joints may also exist.

Sweating Hands, with Redness.—Sweating of the hands is a frequent symptom of sexual debility, especially when caused by masturbation; but it can hardly be regarded as diagnostic of sexual exhaustion; nor would I, on that fact alone, decide that the genital system was at fault. Redness of the whole hand—erythema—sometimes attends palmar sweating, and in one of my cases the ears are as red as the hands.

Convulsive movements, especially on going to sleep.—Nervous sufferers, just as they are dropping off to sleep, are sometimes suddenly and painfully awakened by a violent spasmodic movement of an arm, or leg, or of the whole body, which appears without any warning, and is most likely to occur when preceded by unusual excitement or fatigue.

Atonic Voice.—The chief peculiarity of the neurasthenic voice is softness, faintness, want of courage and clearness of tone.

Oxalates and Urates in the Urine.—I have found this condition in the majority of neurasthenic patients.

Gaping and Yawning.—This system has also been noticed in organic disease of the brain.

Dilated Pupils.—Often associated with sexual disturbance, but sometimes exists where there is no such trouble. Abnormal activity of the pupils is a sign of neurasthenia.

Shooting pains resembling those of Ataxy.—Peculiarities of pain in the back. All parts of the back may be the seat of pain, although certain districts are more affected than others. There may be tenderness where there is no pain, and conversely pain where there is no tenderness.

Heaviness of the Loins and Limbs.—This is common in the myelasthenic form, and closely resembles rheumatism.

Varieties of Morbid Fear (phobia).—Among these are astraphobia—fear of lightning—which was described by me some years since. Agoraphobia—fear of places—has been described by Westphal, of Berlin. I have now under care a

patient afflicted with this morbid fear. He cannot go to a certain locality, but can go very near it, and beyond that point his own will is often powerless to urge him forward. He was first attacked while in a lithographic establishment working at his trade, and from that hour he has found it hard or actually impossible to enter any building devoted to that business. I have applied the term anthrophobia—fear of society—to that morbid apprehension of going into company, which is so often seen in the nervously exhausted, especially in those sexually exhausted. One of its many phases is inability to look in the faces of those with whom they are conversing.

Hopelessness is a common symptom.

Appearance of Youth.—Persons afflicted with neurasthenia very often, and I think in the majority of cases where the condition is constitutional and of long standing, look younger than their years.

THE DIAGNOSIS OF ADHESION OF THE PERICARDIUM.

In an article in the *Berliner Klinische Wochenschrift* for December 20th, Dr. L. Riess calls attention to a comparatively rare, and as he believes, hitherto undescribed sign of adhesion of the pericardium; viz., the production of a metallic resonance of the heart's sounds (and of murmurs in disease of the valves) in the stomach. He relates three cases which have come under his observation in the Berlin General Hospital, in which the resonance was observed. In the first, a necropsy showed extensive adhesion of the pericardium over the diaphragm, as well as in other parts—there being, in fact, almost universal pericardial adhesion. The other two patients are still alive, and are subjects of valvular disease; and in both there is resonance of the murmurs through the stomach. Commenting on the three cases, he remarks that the inconstancy of the phenomenon does not militate against the explanation he gives of it; viz., that it arises from the close approximation of the heart and stomach in consequence of the pericardial adhesion. In the first case, the stomach was excessively distended; but this is not necessary

for the production of the resonance, for in the other cases there was only moderate distension, and the resonance was neither increased nor produced by artificial distension. He observes also that these cases show that the first sound of the heart or a systolic murmur may have a metallic resonance, while the diastolic sound does not manifest this character. Constancy of the sign is not to be expected; and one or more examinations may fail to detect it, although other symptoms of adhesion of the pericardium are present. When met, however, it is a valuable aid in the diagnosis. Of course, the resonance produced by cavities in the lungs, and by pneumothorax or pneumopericardium, must be excluded.—*British Medical Journal*.

THE ROLE OF THE DURA MATER AND ITS NERVES IN CEREBRAL TRAUMATISM. —(DURET).

RESUME.—The dura mater contains sensory nerves eminently excitable. 1. As is the case with all sensory nerves perhaps, irritative lesions of these nerves cause: (1) pain, hyperæsthesia, neuralgia, and reflex motor phenomena; (2) reflex spasm or contractures of the muscles of animal and organic life. (a) The spasms or contractures of the muscles of animal life may occur in the face, eyeballs, neck, trunk or limbs. They occur sometimes on the one side, sometimes on the other. These symptoms tend to diffuse and to invade neighbouring groups of muscles. They have never the localisation, the measured and purposed character of the contractions which belong to lesions of the cortex. They frequently become transformed into permanent contractions. (b) The reflex vasomotor disturbances, due to irritation of the nerves of the dura mater, consist in spasms or congestive paralyses of the cerebral and ocular vessels, either on the same or the opposite side. These facts are important to pathologists, as they show the great influence of irritation of the nerves of the dura mater on cerebral vascular conditions, and on the organs of sense, and on the causation of secondary effects in cerebral traumatism, i.e., on the congestions and inflammations of the cerebral membranes. 2. Destructive lesions cause local anæsthesia of the dura mater.—*Brain*.

CHANGES IN THE SYMPATHETIC IN A CASE OF PROGRESSIVE PERNICIOUS ANÆMIA.

Dr. Brigidi reports a case of progressive pernicious anæmia, in which the autopsy revealed interesting changes in the celiac plexus, but no fatty change or other lesion in the heart and other viscera. In the fresh state the plexus presented an excessive proliferation of nuclei, so that in many places the nerve-cells were destroyed; in other places these cells seemed pigmented, but were cleared up by the addition of reagents. The blood-vessels were empty. In ganglia, hardened in alcohol, the nerve-cells could only be found in isolated spots; in the greater part of the sections they were replaced by groups of small elements, which resembled nucleoli. From the microscopical appearances, Dr. Brigidi constructs the following chart of the pathological process:—The endothelium lining the capsules of the ganglia began to proliferate abnormally, destroyed the nerve-cells by pressure, and formed granulations, some of which assumed a bronzed or brown colour, while others underwent fatty degeneration. The further this fat development proceeded, the more the nerve-substance disappeared, until finally the proliferation of nuclei persisting, the entire nerve-substance was destroyed, and its debris was found dispersed in the newly-formed nuclear growth. The nerve fibres of the ganglia had likewise undergone fatty degeneration. The empty blood vessels of the ganglia also presented an excessive proliferation and accumulation of the endothelium. Around the ganglia there were thick layers of connective tissue, which was but poorly supplied with nerves.—*Allg. Med. Cent.-Zeit., No. 98*.

INFANT'S FEEDING BOTTLES should not have india rubber tubes, as these become coated with particles of decomposing and fermenting milk. The best kind of bottle is one with a glass nozzle, with a black rubber cap: this can be removed, turned inside out, and cleaned by thorough rubbing with salt after each use.

DOLOR FOTHERGILL.—Nitrite of amyl inhalations proved successful in a case in which all other remedies had failed.

DEFIBRINATED BLOOD FOR RECTAL ALIMENTATION.—From the facts before them, the Committee of the Therapeutic Society of New York, feel warranted in the following conclusions:—

1. That defibrinated blood is admirably adapted for use for rectal alimentation. 2. That in doses of two to six ounces it is usually retained without any inconvenience, and is frequently so completely absorbed that very little trace of it can be discovered in the dejections. 3. That, administered in this way once or twice a day, it produces in about one-third of the cases for the first few days more or less constipation of the bowels. 4. That in a small proportion of cases the constipation persists, and even becomes more decided the longer the enemata are continued. 5. That in a very small percentage of cases irritability of the bowels attends its protracted use. 6. That it is a valuable aid to the stomach whenever the latter is inadequate to a complete nutrition of the system. 7. That its use is indicated in all cases not involving the large intestine, and requiring a tonic influence which cannot readily be obtained by remedies employed in the usual way. 8. That in favourable cases it is capable of giving an impulse to nutrition which is rarely if ever obtained from the employment of other remedies. 9. That its use is wholly unattended by danger. On the use of ether with cod-liver oil, the Committee are of the opinion that the evidence before them warrants the following conclusions:—1. That the addition of ether to cod-liver oil in about the proportion of fifteen minims to each half ounce (or an equivalent amount of the compound spirit of ether) will succeed in the vast majority of cases in enabling the patient to take the oil, even though it previously disagreed. 2. That in some cases in which the oil still disagrees after the addition of the ether, the difficulty may be overcome by giving the ether separately from fifteen minutes to half an hour after the oil is taken. No facts have been laid before the Committee having a bearing upon the question as to whether the etherized oil is superior to the plain oil in its ultimate effect upon nutrition, supposing them to be equally well tolerated by the stomach.—*N. Y. Med. Journal.*

Camphor is said to relieve tobacco sickness.

Surgery.

PAINLESS METHOD OF EXCISING THE WHOLE TONGUE.

BY RICHARD BARWELL, F.R.C.S.,

Surgeon to and Lecturer on Surgery at Charing-Cross Hospital.

GENTLEMEN,—I would call your attention to this man, on whom I performed excision of the whole tongue nine days ago. You see that he is in excellent condition, and can already speak with considerable distinctness. He has taken walks outside the hospital, and wishes to go home, but I shall detain him till the proper dismissal day.

* * * * *

The method itself is very simple. The instruments required are a small scalpel, one or two Liston's needles, and an écraseur, or better, two écraseurs. When the patient is well under the influence of the anæsthetic, place a gag between the jaws, draw the tongue a little forward, and pass through the raphe a string, with which the organ is to be simply controlled, not dragged out of the mouth, which must be avoided. An incision, about a quarter or a third of an inch long, is now made from the hyoid bone forward, and strictly in the middle line. Thus far you will see my operation resembles Nunneley's, except that my incision is further back and shorter; but from this point the methods differ, for that surgeon passed by means of a seton-needle the loop of an écraseur chain into the floor of the mouth through the frenum of the tongue, and then dragged the part to be removed forward through the loop; and, although he could remove considerable parts by these means, he could hardly get at the whole organ, and I think his opening into the mouth too short and direct, nor did he eliminate pain.

By my method, when the raphe of the mylo-hyoid has been divided, the knife is laid aside, the genio-hyoid and genio-hyoglossus muscles are separated from their fellows by the handle of the scalpel or by the finger if the surgeon have a small finger-tip, and the root of the tongue is readily reached; but the mouth is not to be opened here. An armed Liston's needle is now placed in the wound, and the forefinger of the other hand between the

diseased side of the tongue and the jaw, as far back as it will go—viz., a little beyond the last molar tooth,—and to this point the needle is guided, taking care to keep it rather nearer to the bone than to the side of the tongue; here it pierces the mucous membrane, enters the mouth, and the thread, being released, is withdrawn, a loop of cord being left behind. The same thing is then done for the other side, except that here a loop in the mouth is unnecessary. The *écraseur* is now taken in hand; it must have one end of the wire detached and bent into a sort of hook at as sharp an angle as the material will bear. Tie an end of the last placed thread in the bend of this hook; then by traction on the other end, that in the mouth, draw the wire along the track of the needle. When the metal appears in the mouth just beyond the last molar tooth, pull the wire gently through till the nozzle of the *écraseur* is close to the supra-hyoid wound; then detach the thread and pass the wire hook into the loop of twine that enters the mouth on the diseased side of the tongue, and by gentle traction draw the metal from thus far back in the mouth, out at the hyoid wound, and attach it to the body of the instrument. Before screwing the wire tight, pass a finger along the dorsum of the tongue and ascertain its exact position. I am not afraid of its lying too far forward—it might easily, without care, sit too far back, also it might slip away from the desired place as the screw is used; therefore, having fixed the exact line along which the tongue is to be severed, I place my finger where that line intersects the raphe on the dorsum of the tongue; to it I pass the Liston's needle, letting its point project a line or two, and taking care that the wire lies behind it; by this means the *écraseur* can be guided exactly along the required plane. When the base of the tongue has been cut through, and the wire has come out at the wound, the loop of the same or of another *écraseur* is passed over the tip of the tongue into the line of incision, and the tissues, small in quantity but very vascular, which attach the tongue to the floor of the mouth, slowly cut through, when the whole organ is severed, and is removed from between the lips.

Now to call your attention to the man himself. He lost during the operation not more than ten drops of blood, and none since. He has in front of the hyoid bone a very small scar of an already healed wound,* and no other external mutilation. He has lost the whole of the tongue, well clear of the disease, as you see by the specimen, and within a line or two of the epiglottis; yet he has no fever, his temperature is normal, and he takes tepid liquids without difficulty. Whenever I have asked him if he is in or has suffered any pain, he invariably answered in the negative. It seems strange, at first sight, that an organ so sensitive as the tongue can be removed without the production of a moment's pain, especially as a good deal of suffering follows the usual modes of excision; yet, when we have considered the matter together, you will see that this is a necessary result of my method of operation. By avoiding any dragging of the tongue forward, but, on the contrary, getting the *écraseur* wire round it *in situ*, and by keeping that wire, just previous to its entrance into the mouth, rather near though not close to the ramus of the jaw, I divide the sensory nerve of the tongue—the lingual-gustatory—close to the bone; it then retracts into its groove, and the whole wound must of necessity be insensible to pain. Therefore the man could immediately after the operation take abundance of liquid nourishment, avoided fever, and the part has rapidly healed. I would suggest, though I have not yet had an opportunity of reducing the proposal to practice, that when a less portion of the tongue has to be removed the lingual-gustatory nerve of one or both sides, according to the extent of amputation, might with advantage be divided on the ramus of the jaw.—*London Lancet*.

TREATMENT OF EPIDIDYMITIS WITH THE ELASTIC BANDAGE.—The customary pressure treatment of epididymal tumours with adhesive plaster straps is a complicated process, not a pleasant task for the physician, is exceedingly painful to the patient, often does not fit well,

* The very oblique and valvular communication between this wound and the cavity of the mouth renders the passage of fluids along it almost impossible: thus obviating the production of a fistula.

and lastly, requires frequent changing. These drawbacks are avoided by the method suggested by Dr. Neumann, namely, by the employment of a continuous soft rubber band about one inch in breadth. The testicle is first covered with wadding, and the envelopment commenced with the usual first circular tour. The pain should not be considerable at first, as, from the continuous pressure, it afterwards increases. The advantages of this dressing are: 1. It accommodates itself comfortably to the parts. 2. The pain is not considerable, for the application need not be made tight; its elasticity, and the continuous pressure, amply compensate for the tight compression necessary when the plaster dressing is used. 3. The dressing need not be changed if well applied at first, as it follows the diminution of the tumour, and remains in close apposition. Several cases treated in this manner by the author were cured in from four to six days.—*N. Y. Med. Journal.*

TREATMENT OF EPIDIDYMITIS.—Professor Zeissl, of Vienna, after a thorough trial of the method of Professor Hourod, of Lyons, states (“*Allgemeine med. Zeitung*,” No. 46) that he prefers it to all the other methods he has employed. He treats all stages of the disease in the following manner: The scrotum is first enveloped in one or two thicknesses of wadding; over this is applied a square piece of India-rubber sheeting, through a hole in which the penis is passed. A suspensory is then adapted so as to support the testicles as immovably as possible. The patient is able to go about and attend to his affairs without pain or inconvenience, and the apparatus may be allowed to remain for a week. The perspiration of the scrotum is not interfered with. This is regarded as very beneficial.—“*Gazz. Med. Ital. Venete.*”

INJECTIONS OF LINSEED OIL FOR THE CURE OF CHRONIC CYSTITIS.—A man, aged twenty-nine years, entered hospital December 23rd, suffering from cystitis of six months' standing. Micturition occurred every hour both day and night. The urine contained a large amount of mucus and pus. The ordinary remedies were used without benefit, and finally Dr. Howe pro-

posed to distend the bladder and keep it so long as possible. The agent he used was linseed oil; eight ounces were used at each daily injection. After the treatment had been continued for a week, the cystitis improved. The pus and mucus disappeared. Micturition occurred only six times in twenty-four hours, and was unattended with pain.

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

THE SURGICAL TREATMENT OF ANASARCA.—Mr. H. Adolphus Wickers, communicates the following (*Medical Times and Gazette*, January 4).—The legs having been well oiled and a rubber sheet placed under them, about twenty or thirty punctures are rapidly made in their sides with a stout needle or hare-lip pin; some sponges which had been squeezed out in a saturated water of solution of salicylic acid are now placed against the punctures, so as to absorb the fluid as it transudes; these sponges, as they become filled, are squeezed out, and again passed through a solution of salicylic acid, before being again placed against the patient's skin. In this manner renewals may be required about every two or three hours; and four or five pints of fluid may be drained away during the first day, the whole process being possibly completed in four or five days, at the end of which time the punctures are usually healed. By the use of salicylic acid, decomposition of the dropsical fluid does not occur, the sponges are kept free from fetor, the skin is not irritated, and cutaneous inflammations of a low type are entirely prevented.—*Phil. Med. Times.*

ERROR IN LATEST AMERICAN EDITION OF FOWNE'S CHEMISTRY.—Page 139, eighth line from the bottom, 100 cubic centimetres should be 1,000 cubic centimetres.

Midwifery.

ON TENTING.

BY FRED. C. COLEY, L.R.C.P. LONDON.

The operation of dilating the uterus with tents is one which is often difficult, and always more or less painful and dangerous. The object of this paper is to explain a few simple contrivances whereby the difficulties (and, therefore, to some extent, the pain and risk) may be diminished.

When the uterus is to be *fully* dilated, it will often be most convenient to commence with laminaria, and when the os internum is sufficiently patent to admit the point of the index, to complete the dilatation with sponge tents. I shall assume this course to be pursued, although no doubt it is sometimes preferable to carry out the whole process with laminaria.

It is a good plan to commence by dilating with graduated sounds. As a rule (open no doubt to a good many exceptions) a normal uterus can be dilated with sounds, even at one sitting if necessary, up to No. 12, without the use of any force involving danger, or even much pain. The usefulness of this is obvious. A larger tent, or two instead of one, can be used, and so a start is gained, and the operation may be completed, perhaps, in one sitting less—no slight advantage, as it means that the patient has so much less time to be exposed to the pain and danger of tenting. Of course, in many cases it is unnecessary, the uterus being already morbidly patulous enough to admit a tent larger than No. 12.

In cases of fibroid, and in some cases of acute flexion, the difficulty of introducing a tent consists chiefly in the crookedness of the uterine canal. If, under such circumstances, after dilating with graduated sounds, a small ordinary uterine sound be passed—or better still, Sims' uterine probe—a laminaria tent may be easily slipped in beside it, the uterus being straightened by the probe, on withdrawing which a second tent can be introduced in its place.

In ordinary cases, Dr. Barnes' tent introduced, made on the pattern of a catheter cut

short, with the stylet projecting, is very convenient. But in difficult cases, where the uterus is distorted, and considerable power of directing the point of the tent is required, it seems too feeble. It easily bends. If the strength of the spike were increased, the tent would have to be weakened by enlarging the perforation. The plan above described, to some extent evades the difficulty, by getting rid, for the time, of the distortion. But it is not always applicable. To meet this difficulty I contrived the forceps shown in the figure.

It is made by Messrs. Mayer and Meltzer, of Great Portland Street. The inside of the blades is furnished with small teeth, like those of a rasp. It closes with a simple catch, so that the hand is not fatigued, nor the attention distracted by the effort of holding it shut. The tent is held so firmly that it forms with the forceps practically one instrument, which bears a general resemblance to a uterine sound with Sims' handle. I believe that with this forceps a tent can be inserted the whole distance in any case where a sound can be passed. Of course it can be used either with solid or hollow tents. I have found it very convenient, especially in difficult cases.

A great difficulty with laminaria tents is their tendency to slip out. They do not fall out. They are extruded. This is especially liable to happen when the uterus is flexed. The tent is seldom found quite free in the vagina, but with its point just below the point of flexion, with the cervix well dilated, but the os internum in *statu quo*. It is often recommended to retain the tent by plugging the vagina, but this is objectionable, as it increases the risk of septicæmia, by retaining the discharges. And it is often ineffectual, for if the uterus has much tendency to extrude the tent it will do so, mangre the plug. It is generally recommended to choose a tent half an inch longer than the uterus. But if a tent be taken about one-third inch less than the length of the cavity of the uterus, it can be passed quite into the uterus. A second longer tent should then be passed, if possible the whole distance, otherwise just into the cervix, to dilate the os externum. It will not be extruded, for No. 1, resting with its base just

within the os externum, is kept in place by it, and keeps the uterus straight and extended, so that it has no tendency to force out No. 2. In ordinary cases, if there are two tents in the os internum, and one in the os externum, the two ora will be about equally dilated when the tents are removed; because the os internum is much more contractile than the os externum. When a laminaria tent is removed it often looks as if a string had been tied round it at the os internum, while the os externum has left little impression upon it. There is, therefore, no risk of a tent being incarcerated by the os externum.

Before attempting to introduce No. 2, No. 1 should be withdrawn by the string, till it slightly projects from the os externum, otherwise the point of No. 2 will hitch against the base of No. 1. Provided care be taken to keep the point above the inner os, it can be easily replaced by the finger, as soon as No. 2 is *in situ*.

During the whole time that the uterus is being dilated the vagina should be syringed with warm antiseptic lotion about every three hours. This lessens the risk of septicæmia, eases pain, and facilitates dilatation. It is well also to thoroughly syringe the vagina each time that the tents are changed. This is done most safely with the help of a speculum.

I think that the best instrument for introducing sponge tents is a simple stout spike with a shoulder to prevent the tent from being jammed upon it.

Sponge tents are often very disappointing, dilating the cervix largely, and leaving the os internum in *statu quo*. The base swells first and draws the point out of the inner os. This may be prevented by a disposition somewhat like that recommended for laminaria tents.

But some of the most annoying difficulties connected with tenting occur when the tents have to be withdrawn.

The loop of silk which the instrument-makers attach to the tent for this purpose is usually so short and thin that it is seized with difficulty, and breaks if the tent is held at all firmly by the uterus. A piece of whipcord, sufficiently strong, but not clumsy, should always be substituted. It should be long

enough to reach one or two inches out of the vagina. This will save the surgeon a good deal of trouble, and the patient some pain.

Sometimes, however, when the os internum is very rigid, the string will tear out of the tent, and there have been cases in which the tent has broken in halves at the point of constriction. Of course, the only plan in such a case would be to dilate with another tent (which would be rather difficult), and then remove the incarcerated piece of the first one with forceps. But the accident is easily avoided by simply altering the manner of attaching the string. Let a hole be bored through a hollow laminaria tent, about half an inch from the point. Let the two ends of the string be passed inwardly through this hole on the opposite side of the tent, and brought down through the hollow of the tent. The middle of the string will then go half-round the tent on the outside, and the ends will hang out at the bottom. There cannot then be any difficulty in removing the tent, if the string be reasonably strong. It will not at all readily cut through the tent, because it is placed across the grain. Nor does it, so placed, materially increase the difficulty of introducing the tent, if carefully drawn quite tight.

A similar difficulty occurs much more frequently with sponge tents. The string, as usually attached at the base of the tent, easily tears out. As a rule, under like circumstances, a laminaria tent may be readily removed with forceps. But sponge seized with forceps easily tears, so that the tent has to be removed piecemeal, the operation being more like a complicated case of craniotomy than anything else.

Thomas and others recommend that the string should be passed through the tent lengthwise. But then, if the os internum were much contracted, the part of the tent above it would be bulged out by the downward pull taking its bearing from the point, and so the resistance would be increased. Under these circumstances, it is not at all unlikely that the string would now and then tear its way out.

I have successfully used the following plan. The string is passed through the tent, about half an inch from the point. Half an inch

below, another hole is made, and the ends of the string passed through it in opposite directions. This is repeated till the base of the tent is reached. The string is thus laced through and through the tent from within half an inch of the point. The first strain of the pull is always upon the base, because of friction, so that there is no bulging of the tent above the constricted point, although the string has a hold upon the whole length of the tent.

I have had tents made by Messrs. Krohne & Sesemann, with this arrangement of the string. It does not practically interfere with expansion.

The suggestions which I have ventured to make in this paper are simple, even to triviality. But, to the best of my belief, they are not to be found in any of the ordinary text books. And I think they will be found practically useful.—*Obstet. Journal.*

DOUBLE DISTAL LIGATURE (OF RIGHT CAROTID AND SUBCLAVIAN) IN AORTIC ANEURISM.—

At the Royal Medical and Chirurgical Society, on the 27th of May last, Mr. Richard Barwell recorded a case of successful deligation of the right carotid and subclavian arteries, for aortic aneurism. This case is interesting, as being the first in which these vessels have been intentionally occluded on account of aortic aneurism, and also on account of the fact that the ligatures used in the operation were made from the middle coat of the aorta of the ox, as recently suggested by Mr. Barwell himself. Mr. Barwell has previously recorded double ligature of these vessels in four cases of *innominate* aneurism, three of which proved successful.

FOR CHRONIC PHARYNGITIS.—

R. Carbolic Acid	ʒiii.
Iodine	ʒvi.
Iodide of Potassium	ʒvj.
Glycerine	ʒiii.

Apply several times daily.

TO REMOVE NITRATE OF SILVER STAINS.—

Apply iodine and rub briskly with strong liquor ammoniæ.

Original Communications.

DIABETES.

BY THOS. W. POOLE, M.D., M.C.P.S., LINDSAY, ONT.

Author of "Physiological Therapeutics."

Since Bernard's brilliant discovery, that mechanical injury of the floor of the fourth ventricle was followed by glycosuria, the influence of the nervous system in the causation of this disease has been fairly recognized. Numerous facts further point to the vaso-motor system of nerves as specially implicated in the morbid change, on which the disease, at least in part, depends. Thus, there appears conclusive evidence that arterial dilatation is among the constant, if not the primary, phenomena of the process constituting diabetes; and as the calibre of the arteries is known to be under the control of the vaso-motor centres and nerves, the influence of this system is at once apparent. It is also of practical importance to enquire whether, in producing a dilated state of the arteries, the vaso-motor nerves are really paralyzed, (as is generally assumed to be the case,) or whether, on the contrary, arterial dilatation is the result of vaso-motor excitation, as we claim the facts invariably show to be the case. The treatment will naturally be modified as one or other of these views are adopted.

First, as to the proof that in diabetes important parts of the arterial system are unduly dilated. In connection with the experiment referred to, Bernard found the blood-vessels of the liver dilated, and "he attributed the appearance of the sugar to the increased circulation through that organ." (*Dr. L. Brunton's Handbook for the Phys. Labor.* p. 513.) Dr. H. Bence Jones quotes M. Schiff for the observation that injury of the cervical nerves as they emerge from the cord also produces diabetes, and that the vessels of the liver are simultaneously dilated. (*Braith. Retrospect*, July, 1875, p. 114.) In post-mortem examinations of diabetic subjects "most marked congestion of the liver and kidney have always been found." (*Braith. Retrospect*, July, 1875, p. 67.) More recently, Dr. W. H. Dickinson, an English Hospital Physician, reports that in five cases of this disease he found the earliest alteration recog-

nized consisted in a dilatation of the blood-vessels, particularly of the arteries of the cerebro-spinal centres, with extravasation into the adjacent nervous matter, which had undergone secondary changes in consequence. These changes consisted in a degeneration and absorption of the peri-vascular nervous tissue, producing cavities or excavations, which were found in constant association with the arteries . . . in every part of the spinal cord and encephalon, attaining their greatest development in the medulla oblongata and pons varolii. The excavations were generally the most marked where the blood-vessels piercing the brain were the largest and most numerous." Dr. Dickinson refers these effects to the previously dilated condition of the vessels, the consequent thinning of the walls of which, no doubt, greatly facilitated the extravasation. He argues, very forcibly too, that these results are not chargeable to the state of the blood, inasmuch as "the veins and capillaries appeared to take no share in the morbid process," as they might be expected to do, if the extravasation were depending to any considerable extent on the condition of that fluid. Hence, he concludes, not only "that diabetes is primarily and essentially a nervous disease," but also that "a widening or distension of the arteries is the initial change in the pathological series." (*Med. Chir. Trans.*, 1870, p. 251; *Braith. Retrospect*, July, 1871, pp. 105-107.)

These references will suffice for this part of the subject; and as no fact in physiology is better established than that the calibre of the arteries is under the control of the vaso-motor nervous system, we pass at once to the enquiry, Are the vaso-motor nerves paralyzed, or excited, when they thus permit or produce arterial dilatation?

On the generally accepted vaso-motor theory, arterial dilatation is the result of vaso-motor paralysis, just as arterial contraction is held to depend upon vaso-motor excitation. We have had the boldness to challenge this theory; and in our recently published "Physiological Therapeutics," we have cited numerous examples of the failure of this theory to account for the facts with which we believe we are justified in stating it is under no circumstances in accord.

We have further endeavoured to show that the real function of the vaso-motor nerves is to dilate the arteries, (as when excited, in flushing, blushing, &c.) and that the arteries owe their reduction of calibre to the inherent contractile power of their muscular tissue. Thus, in death, when nerve-force is extinct, the entire arterial system is contracted; whereas, if the accepted vaso-motor theory were true, they ought to be here dilated, since nerve-force no longer induces their contraction. We cannot refer to the facts and arguments in support of our thesis, just referred to, in this place; but, taken in connection with some additional facts regarding diabetes, we think strong ground will appear for the conclusion that in the arterial dilatation of diabetes, as well as elsewhere, the vaso-motor nerves are excited, and not paralyzed;—and that the treatment ought to be regulated accordingly.

These facts are:—It is favourable to the view that the vaso-motor nerves are not paralyzed; that in Dr. Dickinson's cases "such parts of the sympathetic system as were examined, [microscopically] namely, the upper cervical and the semilunar ganglia, were apparently natural," and "the nerve-cells of the brain and cord [in which the vaso-motor nerves originate] generally perfect;" whereas, in paralysis, especially of the insane, there is often wasting of the nerve-cells.

If diabetes originated in paralysis of the vaso-motor centres in the medulla and cord, we ought to find evidence of contemporaneous paralysis of other portions of the nervous system, and as a consequence, that the onset of the disease would be characterized by weakness, exhaustion or debility. But the very opposite is the case, as a rule. Thus, M. Andral, of the French Academy, reports to that body, that of 84 cases of this disease, he has been able to trace the diabetes to defective nutrition in but very few cases, and he observes that "during the many years that I have attended persons of all classes of society, in and out of hospitals, I have met with a larger number of cases among the well-to-do than among the poor. . . . I have found more than once that persons before they became diabetic were remarkable on account of the strength of their constitution, some of them

having much *embonpoint*. Whatever, then, may be the intimate disturbance which induces—first, in the blood, and consecutively in the urine—an excess of sugar, it would seem, in more than one case at least, that this hyperglycæmia and this glycosuria, so far from representing a diminution of nutritive activity may manifest an exaggeration of this . . . in most of the 84 cases, the diabetes manifested itself in the midst of good health." (*Braith. Retros.*, July, 1875, p. 66.

M. Andral also records the arrest of the excess of sugar, on the occurrence of a prostrating disease; but it may be fairly regarded as doubtful how far this result was owing to a "modification of the nutritive action" or to the "suspension of alimentation" occasioned by the second disease. The writer has now under observation a diabetic patient, who assures us that when debilitated from a cold, the sugar temporarily disappears from the urine.

These facts gain additional significance when considered in the light of "another remarkable fact, viz., the disappearance of the sugar from the urine in the last stage of the existence of diabetic persons," the truth of which M. Andral states he has been able to assure himself more than once. (*Ib.*, p. 66.) Now, if diabetes depended on exhaustion or paralysis of any part of the nervous system, here is just the condition in which the glycosuria should appear in the greatest amount; for here nerve-force is failing, and if the current vaso-motor theory were true, the arteries would be proportionally dilated, thus aggravating the condition on which Dr. Dickinson believes the disease essentially depends. On the other hand, if the undue vascular dilatation has been maintained during comparative bodily vigour, owing to vaso-motor nerve *excitation*, as nerve-force fails "in the last stage of existence," its power of dilating the vascular tubes fails also, and the arteries begin to assume that state of contraction which is complete in death; their undue dilatation, on which diabetes essentially depends, is at an end, and the glycosuria ceases with it. How naturally this view of the case accounts for this remarkable fact!

Let us glance, as briefly as possible, at the causes which produce diabetes, in order to see

how far they are consistent with the vaso-motor excitation or paralysis. And first, as to the puncture of the floor of the fourth ventricle, in Bernard's experiment. The chief vaso-motor centre is located by physiologists in this part of the medulla oblongata, (*Dr. Burdon-Sanderson, Handbook for the Phys. Lab.*, p. 245, &c.) and is certainly influenced by the operation, which is commonly referred to as producing "irritation," of the medulla. Drs. Todd and Bowman, more than once refer to excitation of nerve-function as the result of traumatic injury of nerve tissue. (*Path. Anat.*, p. 300, 304.) Dr. Ferrier found excitation of the sexual function in a monkey consequent on removal of the occipital lobes of the brain, although at the time the animal was much prostrated, (*Functions of the Brain*, p. 198) and Dr. Burdon-Sanderson interprets as "excitation of the ganglion of the septum" of a frog's heart, the effect of ligaturing the inferior vena cava, or excising it, "preferably with a blunt scissors." (*Handbook, &c.*, p. 277-8.) These examples leave no room to doubt the propriety of regarding puncture of the fourth ventricle as producing an *excitation* of the implicated or contiguous vaso-motor centre, and of accounting in this way for the vascular dilatation which follows. If any additional proof of this view be necessary, Prof. Kuss supplies it to us in his lectures on physiology. He states:—"The congestion of the liver and excitation of its glycogenetic which follow a puncture made in the fourth ventricle do not, however, appear to be produced simply by a (nervous) paralytic hyperæmia, arising from the abolition of the vaso-motor innervation; because the artificial diabetes thus produced is but temporary (lasting at the most twenty-four hours). This diabetes appears rather to arise from the *excitation* of certain nerves included in the network of the great sympathetic nerve, and which are to the liver what the chorda tympani is to the sub-maxillary gland. (*Trans. by Duval. Amory*, p. 273).

Schiff found that section of the posterior (sensitive) roots of the cervical spinal nerves caused temporary diabetes, which he regarded as the effect of the "irritation" thus produced. (*Dr. W. Bence Jones, Braith. Retros.* July, 1865, p. 114.) That section of the roots of these cen-

tripetal nerves should excite the contiguous vaso-motor centres of the cord, and even of the medulla, is highly probable, and his explanation of the consequent dilatation of the arteries and the production of diabetes is quite in accord with the physiological interpretation of other operations on nerve tissue, and with the opinion of Professor Kuss, just quoted.

Each of the following operations is attended with the appearance of sugar in the urine; and though it would be impossible to show that they occasion dilatation of the vessels of the liver directly, or through an excitation of the vaso-motor nerves, it is quite possible to show, on physiological grounds, that this dilatation is produced indirectly through the operation of collateral causes. The operations which thus produce diabetes are:—

Ligature of the inferior vena cava, below the liver, in the frog.

Faradization of the central end of the cut vagi, or of the medulla oblongata.

Section of the anterior roots of the cervical nerves.

Section of the sympathetic nerves connecting the spinal cord with the inferior cervical ganglion.

Extirpation of the inferior cervical or first dorsal ganglion.

These several operations, apparently so different, have this in common, that they all tend, in a special manner, to lessen the circulation of blood in the lungs, and to produce a marked hyperæmia and distension of the liver,—the very condition so intimately associated with the production of diabetes.

Thus, tying the inferior vena cava, below the liver, causes the blood reaching the heart and lungs through that channel, to pass, by anastomoses existing in the frog, into the portal vein, and through the capillaries of the liver, where it is not only greatly retarded, but produces the hyperæmia, dilatation, and diabetes referred to. (See Prof. Kuss, Lec. p. 273.)

Faradization of the central end of the cut vagi, or of the medulla, which is practically the same, seeing that extra-polar conduction through the brain substance for a considerable distance is a demonstrated fact (*Dr. Ferriër, Func. of Brain*, pp. 132, 133), arrests the circulation of

the blood in the lungs in two ways: first by paralyzing the action of the motor respiratory nerves, especially the phrenic, producing spasm of the respiratory muscles, which fix the chest in a state of tetanic expansion, and Prof. Kuss shows how certain this state is, even when voluntarily induced by efforts at forcible expiration, to arrest the heart. (Lec. pp. 143, 313). Secondly, by diminishing the proportion of oxygen in the circulating blood, which, Dr. Burdon Sander-son says, "determines general contraction of the smaller arteries" (*Handbook*, p. 333); and thirdly, by paralyzing the sympathetic vaso-motor nerves, originating in the medulla, the dilating power of which over the pulmonary arterioles being withdrawn, these tubes contract from their own inherent power, as they do in death, arresting the pulmonary circulation. As a consequence of this arrest from any cause, the right ventricle is unable to empty itself, or is able to do so only in proportion as blood stasis in the lungs is incomplete, from the use of a moderate faradic current. Blood is accumulated in the auricle, vena cava, hepatic veins, and liver, as in the previous experiment, and with similar results. We have so far been treading on the solid ground of physiological experimentation and its recorded results. If we were to venture to draw inferences as yet unproven, from general facts, it might easily be shown that section of the anterior roots of the cervical nerves, by cutting off the innervation of the phrenic, produces results on the respiration and pulmonary circulation, with consequent dilatation of the hepatic vessels, similar to those mentioned above; and doubtless when the effects of extirpation of the inferior cervical ganglion, and of other injuries to the great nervous circle here in action, are better understood, the explanation of these operations in producing diabetes, will be found in accord with the explanation of this effect from the more striking operations referred to above.

Among the alleged causes of diabetes are, injuries of the head, as by blows, falls, &c., apoplexy, tumours of the brain, and other sources of cranial irritation, mental excitement, rage, grief, anxiety, sexual excitement, &c., which if not all directly tending to vaso-motor functional exaltation, may so tend indirectly, by disturb-

ing the relative harmony of the various portions of the brain, and while depressing or paralyzing some, cause additional functional activity in others. In this wonderful "harp of a thousand strings," causes which impair or silence some, may induce others to vibrate with increased intensity.

It may be objected that the loss of energy, dullness, impaired vision, and other signs of cerebro-spinal depression, sometimes present, are inconsistent with excitation of this portion of the sympathetic system. But it must be remembered, that besides the inherent differences between the functional activities of these two nervous systems, the lassitude and other symptoms referred to, are the effects of the waste going on in the body; are not among the causes producing the disease; are often long postponed, and do not constitute an essential part of its phenomena.

The inhalation of chloroform and æther, and occasionally the intoxication of alcohol are followed by glycosuria. Bernard and Dr. Harley have shown that the injection of either of these substances or of ammonia into the portal veins is more certainly productive of that result. Both these distinguished observers attribute the effects of the latter experiment to irritation of the liver and its blood vessels. Dr. Harley is of opinion that the terminal branches of the pneumogastrics are thus excited, that they convey a corresponding impression to the medulla oblongata, which is from thence transmitted through the cord and sympathetic by way of the splanchnic nerves to the vessels of the liver, which dilate in consequence. Dr. Harley here evidently had not the fear of the advocates of the present vaso-motor theory before his eyes, for his view of the case is as reasonable towards that theory as we could desire. We quote his view, as first stated, from Dr. Anstie (*Stim. and Narcot.* p. 279), who, while differing in opinion from Bernard and Harley, has furnished the results of several experiments, which show that at least the full narcotic and paralyzing effects of æther inhaled, are not favourable, and indeed in his hands failed, to produce sugar in the urine; while he adds, "any one may readily convince himself experimentally (as I have done) that a much less quantity of æther will

produce diabetes within a few hours, if life be prolonged." (pp. 284). His argument is that diabetic urine is a part of the full narcotic and paralyzing effects of æther, but his experiments prove rather that it is the moderate, or earlier effect of æther, which elsewhere he shows to be that of a stimulant, which produces diabetes. Indeed it was by a dose of æther, swallowed, from which he experienced flushing of the face, palpitation of the heart, increased frequency and force of the pulse, which at one time became bounding, (evident signs of vaso-motor excitation) that he found among the results the production of artificial diabetes. (*Ib.*, pp. 286-7). With these results from Dr. Anstie, notwithstanding his argument, and under the ægis of Bernard and Harley, we may well leave this part of the subject with the reader, with the single additional observation that the slight variation of the pulse in æther and chloroform inhalation shows the vaso-motor centres and nerves to be but slightly affected in ordinary cases; and as the sympathetic system is the last to become paralyzed in extreme narcosis from these agents, its ganglia may, and the facts show that they are, often undergoing the primary stage of excitation after the sensory centres of the cerebrum are functionally paralyzed. Where the process is not pushed to the paralyzation of the sympathetic (in which case death would be imminent), the excitation of this system, in the earlier stage, or the more moderate use of the anæsthetic, fully accounts for the vascular dilatation, as the result of vaso-motor excitation, and with this for the temporary diabetes.

The inhalation of the nitrite of amyl also produces sugar in the urine. Dr. B. W. Richardson was manifestly in error when he, doubtless inadvertently, alluded to this drug as "the most potent known paralyzer." Dr. Minor, (*Virginia Medical Monthly*), in an article "On nitrite of amyl as a cardiac stimulant," refers to "the powerful action of amyl nitrite, and the beneficial results which might follow its administration in certain cases calling for prompt cardiac stimulation." (*Practitioner, Braith. Ketros.* Jan. 1879, p. 231). Dr. C. T. Williams (Brompton Hospital) regards it as "a violent cardiac stimulant." (*Ib.*, Jan. 1874, p. 95.) The remarkable flushing it produces is well known.

Excitation of the vaso-motor system, increased action of the heart, dilated arterics, and temporary diabetes, appear here inevitably associated together.

It thus appears that agents which act upon the circulation as stimulants, produce or aggravate the glycosuria. Let us see how it is with those remedial agents which counteract this state. Among these, opium and its compounds have long held the foremost place; and opium and morphia, in appropriate doses, as is well known, produce arterial contraction, and in consequence are of marked utility in inflammatory and congestive states. This distinctive quality of their action, in reducing vascular dilatation, is ably discussed in an article entitled "Antiphlogistic Powers of Morphia," by Dr. J. Z. Lawrence, F.R.S., *Med. Times and Gazette, and Brit. Amer. Jour.* of Montreal, vol. i. p. 179. Even the ipecacuanha of Dover's powder is to be credited with similar qualities, or how else could it have acquired the title of "anti-dysenteric root?" With the exception of such remedial agents as lactic acid, which may be regarded as dietetic in its effects, and those of the alkaline waters, as of Carlsbad, &c., or alkaline mixtures, which act chemically upon the blood, we shall find that most of the drugs which have been used advantageously in diabetes, to a greater or lesser degree, act by reducing vascular dilatation, and inducing a state of contraction in the arterioles. Such is undoubtedly one of the effects produced by bromide of potassium and the other bromides, by the mineral acids, by creasote, by the tinct. ferri. mur., by the sub-acetate or acetate of lead, and the few others which have proved of any service. Of late, we have seen that ergot of rye has been recommended for this disease, and in view of the facts regarding the dilatation of important parts of the arterial system, and the power of ergot to counteract that state and produce arterial contraction every where in the organism, (*Dr. W. A. Hammond, Dis. Nerv. Syst.*, p. 293) this drug, ought to be one of the most important remedies for diabetes. But it ought to be used in the initial stage of the disease, and in full doses, before permanent dilatation and consequent organic changes have been fully established.

How do these drugs act? They are mostly narcotics and paralyzers; and a reference to their complete action will satisfy most persons that it is not as *stimulants* they act in reducing the calibre of dilated arteries, promoting arterial contraction, and so putting an end to congestion or arresting hæmorrhage. And yet this is their mode of action under the vaso-motor theory generally accepted, according to which vaso-motor excitation induces arterial contraction. Arterial contraction, however, occurs under circumstances when vaso-motor excitation, or even ordinary nerve-power, is impossible,—as in death,—and this temporary death or paralysis of the nerves is just what we claim these agents produce, permitting the unrestrained exercise of the inherent contractile power of the muscular tissue of the arterial tubes. Having discussed the subject at length elsewhere ("Physiological Therapeutics"), we cannot refer to it further here.

In so far as diabetes is concerned, the facts show that dilatation of the arteries is intimately associated with, if not an essential portion of, the phenomena of this disease.

That the causation of this dilatation, whether operating naturally or artificially, is consistent with excitation rather than paralysis of the vaso-motor centres and nerves.

That agents which may justifiably be regarded as stimulants to vaso-motor nerve-power, by increasing arterial dilatation, produce or aggravate the disease.

That agents which may be properly regarded as paralyzers of vaso-motor and other nerve-force, lessen abnormal arterial dilatation, tend to promote arterial contraction, and in this way exercise a favourable influence over the disease.

That among these, ergot of rye is pre-eminent, and deserves to be extensively tried, more especially in the early stages of the disease, when alone morbid organic changes can be successfully combatted.

Chloral hydrate enemata are highly recommended by Starcke in cases of gastric irritation. The dose should be smaller than it would be if given *per os*. Fifty centigrammes are sufficient.

CASE OF PEMPHIGUS FOLIACEUS.

BY J. E. GRAHAM, M.D.

(Concluded.)

May 15. Patient is gradually becoming worse; the delirium continues, and the emaciation is more marked. He has not now taken any medicine for some weeks.

May 20. This morning the blood began to ooze from large denuded patches which exist on the legs. He irritates the skin very much by scratching, so that his attendants had to bind his arms to prevent him from injuring himself. He had to-day some strong convulsions.

May 23. The bleeding continues in considerable quantities. Pulse weak; legs have become livid; stimulants were given without effect. Died at noon. I forgot to mention that for the last three or four days patient has refused to take any nourishment whatever. During the whole time he has been in the hospital he has taken his food well, and there has been no irritability of the stomach.

Post-mortem, twenty-four hours after death. The body is a good deal emaciated. Face and chest covered with scabs. On the thighs and legs there are large patches of integument, denuded of epidermis. The fore-arms and arms are of a dark, livid colour. The scalp is also denuded of epidermis.

Head. Brain weighed 3 lbs. 8½ oz. The pia mater is congested. Puncta vasculosa prominent. The brain is otherwise healthy.

Thorax. The heart weighs 5¾ oz. On removing the heart found the blood to be in a very fluid state. No attempt at coagulation. No valvular lesions. Nothing further to note concerning the heart, except its smallness and thinness of its walls. The lungs are healthy. Old pleuritic adhesions were found on both sides, and puckered cicatrices at both apices.

Abdomen. On opening the peritoneal cavity, a slightly congested condition of the small intestine was discovered. Liver weighed 3 lbs. and 6½ ounces. The principal lesions were found in the stomach, near the pyloric orifice, and in the kidneys. The kidneys were small; the right was larger than the left; the weight of the right, 4½ ounces; of the left 3

ounces. There was a small renal calculus in the pelvis of one of the kidneys. The capsule was adherent, leaving a slightly granular surface when stripped off; the cortical portion was somewhat wasted. The microscope showed moderate increase of the connective tissue in the cortical portion, with advanced granular degeneration of the renal epithelium; most of tubes being choked with these cells and granular debris, the nuclei in many instances having disappeared. The coats of the arteries were greatly hypertrophied. In the medullary portion there was proliferation of the renal cells, which were much healthier in appearance than those of the cortex. The mucous membrane along the lesser curvature of the stomach was congested, and about twenty spots were discovered which nearly resembled some of the patches of eruption on the skin. The spots varied in size from that of a pea to a ten cent piece, and on close inspection were found to consist of superficial ulcerations, some extending partly and some altogether through the mucous membrane. They could not have been in existence longer than two or three days, as before that time his stomach was in good condition, and he digested food well. The small intestines were healthy, with the exception of the superficial congestion on the peritoneal coat mentioned before. The mucous surface of the large intestine was very much congested and thickened in some places.

From the post-mortem appearance one would conclude that death, which seemed to be inevitable from asthenia, was hastened by the eruption; so to speak, on the mucous surface of the stomach.

NEW METHOD OF TREATING BURNS.—Dr. Winternitz has proposed a new treatment for burns. The injured part, be it a burn of the first, second, or third degree, is covered with a piece of very fine muslin, care being taken to avoid folds. Above this first stratum, which should not be removed, cold compresses are laid; the latter are to be renewed with greater or less frequency, as circumstances may require. A constant temperature may also be maintained by the aid of an irrigation tube. The pain is thus rapidly relieved, the parts protected from irritation, and recovery greatly accelerated. Clinical observations have demonstrated the superiority of this method of treatment.—*“Giorn Ital. delle Scienze Med.”* and *“Gazz. Med. Ital. Lombardia,”* No. 50, 1878.

Translations.

A RATIONAL CURATIVE TREATMENT OF UTERINE PROLAPSE.

DR. SAVAGE.

* * * * *

Before applying the treatment we should seek for the cause of the disease; our proceeding is applicable only to prolapsus resulting from relaxation of the suspensory ligaments of the uterus, no matter what may be the cause of this relaxation—efforts, fall, accouchement, &c., and it is not applicable to prolapsus due to any organic affection of the womb, or caused by pressure exercised upon it by an abdominal tumour. Inflammations, ulcerations, discharges, and other secondary complications should be actively combated.

We arm ourselves with pure tannic acid, and ourselves make a *concentrated* solution of it in water, *at the moment of using it*. A score of little balls of charpie are made, and are allowed to soak thoroughly in the solution. A brush (camel's hair), with a long handle, is to be in readiness. The woman being in a suitable position, a speculum is introduced into the vagina which reduces the uterus, or the reduction may be effected before its introduction. The brush is then dipped in the tannic acid solution, and being carried through the speculum, the uterine neck and the whole internal surface of the vagina is several times freely bathed, the speculum being withdrawn little by little, but reintroduced afterwards to pack the balls of charpie soaked in tannin in the uterine culs-de-sac, by means of a long pair of dressing forceps. The culs-de-sac are thus firmly packed, and the speculum being gradually withdrawn, the whole cavity of the vaginal canal is filled with these same balls, and the vulva is closed by a charpie tampon, which is externally supported by a compress. Complete rest in bed is observed, and twenty-four hours after its application the charpie is gently withdrawn, pellet by pellet. Cold vaginal injections, composed of a strong decoction of dried oak bark, are then prescribed, to be used three times a day. Before each of these injections the womb should be restored to position. At the end of two or three days at most this operation is repeated, and so on, increasing little by little the intervals between the applications of the dressing; and even after it is thought that a cure has been obtained, the injections alone should be continued for fifteen days or so.

Such is our proceeding: it is very simple, inexpensive, applicable at all times and in all places, necessitating neither special apparatus nor substances difficult to procure, nor traumatism of the genital organs; it is entirely painless, very easy of application even for the most inexperienced physician, and secures at the end of some months an absolute and veritable cure of uterine prolapse. (Five confirmative cases are then cited in vindication of the method. Trans.)—*La France Médicale*.

ABSCESS OF THE TONSILS.

According to M. Verneuil, the purulent focus, whose development is the termination of amygdalitis, is not located in the interior of the tonsil itself, but without the gland, in the cellular tissue which separates it from the bottom of the bed in which it is contained. The tonsil adheres only in a very lax fashion to the walls in which it is imbedded. When it swells under the influence of inflammation, it projects between the anterior and posterior pillars of the velum-palati; and during every motion of deglutition, it presents, owing to the absence of close connections, slight to and fro movements—a fact which it is easy to establish by examining the back of the throat. This mobility is not unimportant in the production of abscess. From the fact of the continual displacement of the gland, there forms without the tonsil a serous-pouch in the connective tissue, which extends from one pillar to the other, and fills up the bottom of the tonsillar fossa. It is in this serous-pouch that the purulent collection is developed. The abscess is always very deeply situated, and it is extremely difficult to attack it with a bistoury. An incision directed against the prominence which the tonsil forms in the isthmus of the fauces has no chance of reaching it. In order to open it, it is necessary to traverse the anterior pillar of the velum-palati; it is this pillar which, enlarged and pushed forward, forms the anterior wall of the abscess; but the anterior pillar is constantly thickened by œdema, and in order to traverse it, a very deep incision is necessary, an incision which one dare scarcely make sufficient for fear of wounding the carotid artery. In fine, the precept which results from the researches of M. Verneuil, is to abandon the abscesses called tonsillar to their natural evolution. We should not seek to open them, but rather wait until the pus makes for itself a passage through the anterior pillar. Moreover, this spontaneous termination of the affection does not necessitate a long expectance: from the fourth to the fifth day the abscess opens of itself.—*L'Union Méd. du Canada* from *Gaz. des Hôp. and Lyon Médical*.

THE CANADIAN
Journal of Medical Science,

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

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

TORONTO, JULY, 1879.

TO OUR SUBSCRIBERS.

We again appeal to all subscribers in arrears to pay up. A glance at the address label on their journals will at once inform them when their subscriptions, in advance, became due. Many are in our debt, and will greatly oblige by attending at once to this notice. We hope that it will not be necessary to refer to this important matter for some time.

THE ONTARIO MEDICAL COUNCIL.

The last session of the present Medical Council, representing the College of Physicians and Surgeons of Ontario, has been brought to a close. Like all its predecessors it has been characterized by puerility, incapacity, and unseemly wrangling. Should such another council be returned at the next election, and a similar five years' experience again have to be recorded, we are persuaded that a long-suffering and much-disgusted profession will at length rise in its might to banish these abuses, and, in that event, the inevitable fiat cannot be long deferred: *Delenda est Carthago*. To an impartial on-looker the proceedings of the council are simply disgusting. The log-rolling, the wire-pulling, the open interference of outsiders, and the mutual recriminations freely and incessantly indulged in by members, might perhaps be tolerated in a County Council or even a Local Legislature; but, when rampant and running riot in an assembly supposed to be composed exclusively of professional gentlemen, the unedifying spectacle cannot fail to fill one with ineffable disgust. The inordinate amount of time wasted,

at a very considerable expense to the profession, in profitless discussions of unimportant matters and personal differences, might perhaps be condoned if, in the end, an opportunity were found for conferring some palpable benefit upon the profession; but the practice of making enactments one year merely for the purpose of rescinding them the next has brought the legislation of the council into such disrepute that it would indeed prove a veritable surprise to find a *bona fide* act issuing from its deliberations.

The choice of Dr. J. D. Macdonald, of Hamilton, as President, was a wise selection, and cannot fail to command universal approval, as that gentleman does respect. The judiciousness of this selection repeatedly became apparent throughout the meeting, and goes far towards constituting a redeeming feature in the session. The appointments to the Executive Committee, too, appear to us to have been prompted by a wise and prudent wish to obviate in the coming year the repetition of past unpleasantness, and the reiteration of insinuations and inuendoes little calculated to advance that body in the general esteem. An ill-timed and ill-judged motion in the hands of Drs. Berryman and Geikie, apparently directed against Dr. Aikins' occupation of the treasurership, was very properly voted down by an overwhelming majority; and the attempt to asperse that gentleman's character after the long period of his faithful service, was fitly characterized by different speakers in terms the strength of which could only be justified by the occasion. The monstrous charges by certain examiners for services rendered at the late examinations were very righteously resisted, and the threat to compel payment by legal process was met in a becoming and dignified manner. It will not be forgotten that the Council of Medical Education was much scandalized through the late examinations, and we hold that there was an excess of generosity manifested in the \$75 additional grant to each examiner—an excess which the depleted condition of the exchequer would scarcely seem to justify. It will be a matter of surprise to no one to learn that the report of the committee appointed to enquire into the alleged irregularities and misconduct at the late examinations was as incomplete and unsatisfactory as such

reports always are. Unfortunately this is not the first occasion on which similar deplorable occurrences have been complained of; still more unfortunately the yearly iteration of such complaints has made the scandal so widely current that it is now "babbled by the babe," not "whispered in a corner." Notwithstanding this, the reappointment of Drs. Sullivan and Malloch as examiners for the ensuing year will meet with general acceptance and approval. One of the most important acts of the session was the reversion to the old system of primary and final examinations in place of the annual examinations introduced three years ago. This we regard as a step in the wrong direction for reasons very lucidly set forth by Drs. Aikins and Daniel Clark in the able speeches delivered by them on the floor of the Council. The eloquent and otherwise excellent harangue of Dr. Clark was somewhat marred and lost effect through a slight exhibition of temper and a personal allusion to Dr. Hyde, a blemish which we greatly regret and deprecate, much grieving "that our greatest are so small." The change in the system of examinations is much to be regretted in the interest of the students, but, believing as we do, that the Council was induced to make it mainly in consequence of the riotous conduct of students at the late examinations, we venture to commend to their sobered judgment the realization of the fact that they have chiefly themselves to thank for the misfortune which has come upon them.

With reference to the proposal to increase the number of territorial representatives we are bound to say that we differ *toto caelo* from its advocates, believing that the Council is already too large and unwieldy, a circumstance which is the source of much unnecessary confusion and expense. It is the proud boast of the constitution of that Council that the general profession has a representation therein far in excess of that in any other Medical Council in the world; if then, it be thought that the weight and influence at the Council Board of the great body of general practitioners unconnected with Universities or Schools be not now sufficient, we would venture to suggest that the remedy be sought in the direction of a more discriminating and judicious selection of the Ter-

ritorial Representatives. For model men of this description commend us to Drs. Daniel Clark and Ross. We mention these two names with no desire to institute invidious comparisons with those unnamed, but merely for the purpose of indicating the characteristics which each is known to possess as constituting qualifications especially calculated to be of service in the work and deliberations of the Council. Although we differ from the last named gentleman on some points, yet we can none the less respect his honesty of purpose, independence of judgment, persistence and assiduity in business. The election of Territorial Representatives takes place before another meeting of the Council, and if the next Board be found lacking in territorial weight and influence we believe it will be the fault of the electors themselves. Let them see to it, therefore, that the well-founded boast of our system of representation be not in the future, as in the past, an idle rodomontade.

TROMMER EXTRACT OF MALT.

We have used the Extract of Malt manufactured by the Trommer Extract of Malt Co., of Fremont, Ohio, and have found it to be a preparation of very great value. The virtues of good Malt Extract in many ailments are rapidly becoming so well known that it scarcely needs a word of commendation from us, except to give our opinion of the properties of the preparation and its compounds, as now so extensively manufactured by the firm above referred to. It is indicated in all diseases accompanied or caused by impaired nutrition, simple or tuberculous, acute or chronic. In the convalescence of fevers, pneumonia, bronchitis, etc., the wasting diseases of children, joint affections, the emaciation accompanying uterine disorders, certain forms of dyspepsia, neuralgia—in fact, in cases where we would expect *food medicines* to be beneficial, the Malt Extract alone, or at times combined with iron, hypophosphites, pepsin, etc., will give most satisfactory results. One of the best tests of the value of an article is the quantity consumed; and we are informed that the Company is sending out immense quantities, not only throughout Canada and the United States, but also to Europe, where their malt stands high in the estimation of those

who are perhaps slower to adopt anything new or foreign than we are on this side of the Atlantic. The following is from the *British Medical Journal*, of April 19, 1879:

"Malt-extracts of the kind, consisting of the soluble constituents of barley-malt not fermented, appear to have considerable value in maintaining and strengthening nutrition. They are rich in malt-sugar, dextrine, and diastase, and correspond with the extract of malt of the German Pharmacopœia of which Niemeyer, Oppolzer, and other German physicians speak very highly. Hoppe-Seyler points out that, while the dextrine possesses the property of increasing the activity of the gastric secretion, and the diastase assists in converting starch into glucose and dextrine, the malt-extract includes also a combination of malt-sugar, alkalies, and phosphates, which together make it a nutrient and medicinal agent of great value. There is, indeed, an accumulation of clinical evidence that malt-extract is capable of taking the place of cod-liver oil, to a large extent, in the treatment of phthisis and other wasting diseases. In Ziemssen's *Cyclo-pædia*, vol. xvi., it is said to almost entirely have taken the place of cod-liver oil at the Basle Hospital, without any reason having been found as yet for returning to the use of the latter remedy. The extract is given from one to three times a day, in doses varying from a teaspoonful to a tablespoonful, in milk, broth, beer, or wine."

In cases of enfeebled digestion, and in all chronic wasting diseases, we can strongly advise its administration, either plain or in any of its combinations that the nature of the case may indicate. Mr. R. L. Gibson, Agent for the Trommer Extract of Malt Company, is desirous of securing reports from physicians of their experience in the use of these preparations, and requests us to say that such courtesy would be very highly esteemed. (Address: P. O. Box 724, Montreal.) He will also be glad to answer any enquiries, and to furnish samples on application.

THE BICKFORD KNITTING COMPANY'S PATENT SEAMLESS SKIN-FITTING SHIRTS.—We have examined these shirts, and can bear testimony to their excellence. The treatment of Potts' disease of the spine by the application of plaster of Paris jackets has, thanks to Dr. Lewis A. Sayre, lately become widely and deservedly popular, and to carry out this treatment successfully, attention to its minutest details is essential. One of these—and a very important one—is a closely fitting shirt that will not cause irritation at any point. This essential can be secured by using the shirts of the Bickford Company, whose advertisement appears in our columns.

Book Notices.

Tenth Annual Report of the State Board of Health of Massachusetts. January 1879.

Excision of the Epiglottis. By WM. PORTER, A.M., M.D., St. Louis.

Urethriasmus, or Chronic Spasmodic Stricture. By F. N. OTIS, M.D., New York.

Further Contributions to the Treatment of Lupus. By Henry G. Piffard, M.D., reprinted from the *Medical Record*.

The Canadian Journal. Proceedings of the Canadian Institute. New Series, Vol. I., Part I. Toronto: Copp, Clark & Co., 1879.

Contributions to the Pathological Anatomy of the Human Eye. By Dr. ADOLPH. ALT, of Toronto. No. XIII.

Tenth Annual Report of the State Board of Health of Massachusetts. January, 1879. Boston: Rand, Avery & Co., 118 Franklin Street.

The Difficulties and Dangers of Battey's Operation. By GEORGE J. ENGLEMAN, M.D. Philadelphia: Collins, Printer, 705 Jane St., 1878.

Thirty-third Annual Announcement of Starting Medical College, together with Catalogue and Order of College and Hospital Exercises. Session 1879-80. Columbus, Ohio.

I. *Normal Position and Movements of the Unimpregnated Uterus.*

II. *Impotency in Women.* By ELY VAN DE WARKER, M.D., Syracuse, N.Y. New York: Wm. Wood & Co., 1878.

Case of Obliteration of Vena Cava Inferior, with great Stenosis of Orifices of Hepatic Veins. By WILLIAM OSLER, M.D., M.R.C.P., Professor of the Institutes of Medicine in McGill University, Montreal. (From the *Journal of Anatomy and Physiology*, Vol. XIII.)

Ophthalmic Out Patient Practice. By CHARLES HIGGINS, F.R.C.S. Lindsay & Blakiston, Philadelphia; 1879.

This is a handy-book of one hundred and sixteen pages, in which are concisely given the main points in the diagnosis and treatment of optical defects and ordinary eye troubles. It will prove useful to advanced students and, mayhap, to some practitioners.

Elementary Anatomy, Physiology, and Hygiene, for the use of Schools and Families. By EDWARD PLAYTER, M.D., Editor of the *Sanitary Journal*. Toronto: Hart & Rawlinson, 1879.

Just as we are going to press we have received a copy of Dr. Playter's work, and shall have pleasure in referring to it in our August issue. It arrived too late for us to attempt to do it justice in this number.

Hearing, and How to Keep it. By CHARLES H. BURNETT, M.D., Philadelphia.

This is one of the series of American Health Primers (edited by W. W. Keen, M.D.), being issued by Lindsay & Blakiston, Philadelphia. Dr. Burnett, already widely known as the author of a standard work on the ear, has condensed into this small volume a great deal of information for the benefit of the laity. He describes the structure of the ear, and the physics and physiology of sound and hearing; the chief diseases and injuries of the ear, and the avoidance of their improper treatment; and also the general hygiene of the ear, including the education of the partially deaf and deaf-mutes. The book is replete with facts which ought to be widely known,—facts, the importance of which is not yet sufficiently appreciated by the profession itself.

The Diseases of Live Stock, and their most Efficient Remedies, including horses, cattle, sheep, and swine. By LLOYD V. TELLOR, M.D., 1879. Philadelphia: D. G. Brinton.

Having "growed" on a farm ourselves, we have always taken a lively interest in the horse; and having practised for some years in the country where veterinary surgeons were scarce,

we often felt the want of some plain, reliable work on the diseases of live stock, free from the technicalities and poetry which characterize some of the works on this subject. Dr. Tello's book appears to be just the kind of work we required, and we only wish it had appeared twenty-five years ago. It is sufficiently scientific to make it interesting to the ordinary physician, and yet plain enough to bring it within the comprehension of any intelligent, well-educated farmer. As a rule, we disapprove of popular works on medicine, both in regard to diseases of the human family and those of the lower animals, but now and then we come across a book in both departments which constitutes an exception, and we think Dr. Tello's work on the diseases of live stock, constitutes a notable example of a work which can be safely recommended to the enterprising stock-owner, not only in sections unsupplied with good veterinary surgeons, but even in localities where they reside.

Chemistry: General, Medical, and Pharmaceutical. JOHN ATTFIELD, M.A., Ph. D. &c., 1879. Philadelphia: Henry C. Lea; Toronto: Hart & Rawlinson.

It is with a very sincere feeling of pleasure that we arise from the perusal of this work on Chemistry. Every page abounds in practical hints, and clear explanations of the manipulation of the various tests and reagents. The tables for the detection of bases and alkaloids, are well worthy of particular attention. The list of fats, oils, and resins, is rather an enumeration than a chemical account. But even this is interspersed with bits of practical information, which are useful and interesting.

The author's account of the Atomic Theory and the quantivalence of the elements and the general principles of Chemical Philosophy, on pages 36-58, is the clearest and most concise we have had the pleasure of reading. It is short, but during the progress of the work reference is continually made to it.

The section on quantitative analysis, both volumetric and gravimetric, contains much useful information in a very limited space. The various operations are plentifully illustrated by examples. Throughout the work there are

numerous examination questions, which cannot fail to be useful to the student in many ways.

We can heartily recommend the work to medical students and all others desirous of pursuing this branch of science, feeling sure that the real merit of the work will more than counterbalance what we cannot avoid considering its faulty arrangement, we had almost said lack of arrangement. The copious index will, in a great measure, make amends for this peculiarity.

Hints in the Obstetric Procedure. By WILLIAM B. ATKINSON, A.M., M.D. Physician to the department of obstetrics and diseases of Women, Howard Hospital, Philadelphia; Lecturer on Diseases of Children, Jefferson Medical College. Philadelphia: D. G. Brinton.

There is a fear in the minds of some that, in the present age, the science of the various departments of medicine is cultivated at the expense of the art; but we feel certain that such a danger does not exist on this continent, as American and Canadian teachers are eminently practical, and a large proportion of our practitioners are quite innocent of any great depth of scientific knowledge.

Dr. Atkinson fully appreciates the vast importance of the obstetric art in both its immediate and remote effects on mothers and children, as well as the reputation of the physician, and, in this interesting little work, gives valuable hints, which are intended to guide us in the management of women before, during, and after the termination of labour. He speaks highly of the efficiency of chloral in the treatment of false pains, inefficient pains, slow dilatation of the os, rigidity of the perineum, and puerperal convulsions; advises great caution in the use of ergot; gives a good chapter on the use of the forceps; describes the proper methods of expelling the placenta, giving prominence to Crede's method; gives treatment of after-pains, hæmorrhages, puerperal convulsions, sore nipples, &c. He gives excellent instructions as to the proper nourishment for a woman after her accouchement, as well as the correct nourishment of the child under various circumstances, and concludes with general directions respecting the management of the

infant, and several of the accidents peculiar to infancy.

The book contains nothing original; but it is pleasantly written—the printing is exceptionally good; and the advanced student, or active obstetrician, can hardly fail to enjoy the short time which is required for its perusal.

A Manual for the Practice of Surgery. By THOMAS BRYANT, F.R.C.S. 2nd American, from the 3rd revised and enlarged London edition. Philadelphia: Henry C. Lea; Toronto: Hart & Rawlinson. pp. 962.

This work, by the well known Surgeon to Guy's Hospital, so severely criticised in its first edition, not so much as an unsound exponent of the Science and Art of Surgery, as for the inelegancies and inaccuracies of its literary composition, has been greatly improved. Its faults were doubtless more owing to carelessness than want of knowledge, for in this edition the author has shown that if not a graceful, he is in the main a correct writer, and the book if not as pleasant reading as some other standard works on surgery, is still an excellent one, either for reference or study. While not fearing to take an independent position on any point where surgeons differ, he always gives the other side of the question, and quotes fairly the eminent American and Continental authorities. The book ought scarcely to be called a manual, for it is one of the most complete and extensive in its contents that we have seen. The specialties have been written by specialists, and dealt with in a very thorough manner. The chapter on the Eye is by Mr. Charles Higgins; that on the Ear by Mr. Laidlaw Purves. A very complete chapter for a work on General Surgery is that on Dental Surgery, by Mr. Henry Moon. Dr. Moxon, whose name is a sufficient index of the character of the article, writes on the Pathology of Morbid Growths. The illustrations are numerous and good: we are especially pleased with those of Dr. Moxon, as they resemble so nearly what we have ourselves observed in the histology of tumours. We are glad to see so many new illustrations, for though not at all advocating originality in this respect at the expense of accuracy of delineation, still, when new illustrations are good, there is a pleasure in variety. The arrangement of the subjects is somewhat different from that usually adopted, and is in our opinion inferior, but this is a matter of taste and by no means mars the valuable work of one of the first surgeons of the day.

Diseases of Infancy and Childhood. By J. LEWIS SMITH, M.D., New York, 1879. Fourth Edition, thoroughly revised, with illustrations. Philadelphia: Henry C. Lea; Toronto: Hart & Rawlinson.

When a work has reached the fourth edition, in this age of the world, very little need be said in its general commendation.

Dr. Smith's work on Disease of Infancy and Childhood is so well known, and so highly appreciated by the profession in its earlier editions, that all we need do is to call attention to its reappearance in revised and improved form.

It has been for several years the standing work on the diseases of which it treats, and this new edition embodies all the improvements in pathology and therapeutics which have become established since the publication of its predecessors. We are glad to see the author lay so much stress on the necessity for making medicine for children as palatable as possible; but when he comes to prescribe carbonate of ammonia, senega, and digitalis, in the same mixture as he does in bronchitis, we fear he does not succeed very well in carrying out his own precepts. Nevertheless, we do not condemn his practice, for the prescription is an invaluable one in certain cases, and can hardly be dispensed with for others more pleasant.

In speaking of the different forms of stomatitis, he appears to attach more value to the local treatment than to the constitutional, although he does say in reference to the ulcerated form, that "tonics are generally required."

In our experience, mild tonics and alternatives are of far more value than local remedies; and among the best we have found, chlorate of potash, (which he only uses locally,) ammonio-citrate of iron, and syrup of the iodide of iron, where the patient is not too feverish.

He appears to be a strong believer in the power of maternal impressions to produce marks and deformities in the child in utero, and although he gives a large number of authorities, both American and European, to sustain his proposition, we do not yet feel constrained to accept it as proven.

There is, however, very little in the book to which exception can be taken, while it must be regarded as the very best work on the diseases of children, either for the student or practitioner before the profession.

Potts' Disease: Its Pathology and Mechanical Treatment, with Remarks on Rotary Lateral Curvature. BY NEWTON M. SHAFFER, M.D. New York: G. P. Putnam's Sons, 182 Fifth Avenue.

This handsome little *brochure*, of some eighty pages, is composed of two admirable essays,—the one devoted to the consideration of the pathology, and the other to that of the therapeutics of Potts' disease, or, as the author prefers to term it, chronic spondylitis. A few brief remarks upon rotary lateral curvature are incidentally intercalated, the sum and substance of which is the establishment of the opinion that this form of spinal affection "has a specific pathological cause—not merely a mechanical etiology." The author regards the muscular contractions found as merely a reflex condition, or dependent upon some central lesion. The section devoted to the pathology of Potts' disease forms a striking contrast to the meagre account usually to be found in all general and most special treatises on spinal affections. In it, we are pleased to find that the author attributes to the constitutional condition a just measure of responsibility in the etiology of the affection. This is the more necessary at the present time, as, under the teaching of Sayre, pernicious in this respect, especially are we apt to lose sight of the influence of diathesis, and accord too great an influence to the effects of traumatism. The section upon treatment, by far the larger one, points out the fallacies and inefficiency of the various methods usually employed, and also the important fact that, the disease being constitutional, mechanical means alone cannot be relied upon exclusively for its cure. The plaster-of-Paris jacket, and the hyperbolic pretensions of some of its over-zealous advocates, is submitted to a very searching and just criticism. For therapeutical purposes the author divides the spinal column into three regions: the lower, including all that portion below the seventh dorsal vertebra; the middle, that between the first and seventh dorsal, inclusive of both; and the upper, all above the first dorsal. The treatment depends upon which of these regions the curvature may be in, and the middle region is found to be the most difficult to treat. For an account of the author's method we must refer our readers to the book itself, which cannot fail to thoroughly repay even the busiest practitioner for its careful perusal.

Handbook of Diagnosis and Treatment of Diseases of the Throat and Nasal Cavities. By CARL SEILER, M.D. Philadelphia: Henry C. Lea; Toronto: Hart & Rawlinson. 1879.

The chief *raison d'être* of this little book seems to be that it is a "Handbook," a "ready book of reference on the subjects of which it treats . . . All purely theoretical considerations, and several affections which are classed among systemic diseases, and merely exhibit severe laryngeal symptoms, such as scarlet fever and diphtheria, have been omitted." In other respects it is very similar to the larger work of Dr. J. S. Cohen, whom the author duly thanks for his aid and some illustrations. Under the head of Laryngitis Phthisica is an observation worthy of note: "The most characteristic peculiarity of laryngitis phthisica is an abnormal pyriform swelling of the arytenoid cartilage; this is not mentioned in any of the books on the subject, and it is frequently seen in the laryngeal mirror, before a physical examination, reveals lung implication. The arytenoid cartilages appear very large and rounded at their inner surfaces, tapering gradually toward the side of the larynx until they are lost in the ary-epiglottic folds, their apices entirely disappearing. Often only one of the cartilages is thus tumefied, and it is then generally found that the lung in the same side is affected, while the other lung is still healthy." By using the term "laryngitis phthisica," and not "phthisis laryngea," our author seems to support Cohen, who "discards altogether the notion of any distinct disease to be called laryngeal phthisis. It is altogether doubtful if ever a case existed in which tuberculous disease was confined to the laryngeal structures." Though he does not express himself specially on the point, he differs from Cohen, however, inasmuch as "In the advanced stages of tuberculosis we find (as a usual thing) tubercular deposits in the mucous membrane of the larynx." Whereas Cohen says "tuberculous matter in the larynx and trachea does not often occur." But on this point Cohen is somewhat self-contradictory. The chapters on Pharyngitis, pages 76-91, are excellent—*multum in parvo*. On page 77, bromide of potassium would be better than "bromide of potash." The remarks on "Speak-

ers' Sore-Throat," are well worthy of perusal. In the treatment of Coryza, we find recommended, with the addition of a little sodæ bicarb, that influenza snuff of bismuth, acacia, and morphia, which has been so much used, and with such good results, the prescription for which originated with Dr. Ferrier, of London, though our author does not refer to him. The little "Handbook" will be found a very convenient one, especially to those who may not wish to spend the time necessary for the larger works of other authors.

The Principles and Practice of Gynæcology.

By THOS. ADDIS EMMETT, M.D., Surgeon to the Woman's Hospital of the State of New York. Henry C. Lea, Philadelphia, 1879; Toronto: Hart & Rawlinson.

The announcement of a work on Gynæcology by Dr. Emmett has for some time kept the medical world in a feverish state of expectancy; for all who had the pleasure of knowing the author, and his opportunities of observation in his specialty, were satisfied that a work of no ordinary merit would be forthcoming.

Dr. Emmett's work is entirely original, both in theory, conception, and execution. Some of his opinions are rather severely criticized, but although in some respects he may be not altogether orthodox, yet in many others his views are correct, and will be ultimately accepted. He is a bold and clear thinker, and does not hesitate to express his views with that force and candour begotten of clear conviction.

Chapter I., on "the relations of climate, education, and social conditions to development," is well worth the careful attention of all who have the care of girls during their approach to puberty. If his views were more generally entertained, and allowed to direct the habits and education of females during that critical period, there would be fewer invalid wives and more mothers, and, consequently, more happy homes throughout the land.

The peculiar forcing process to which females are exposed during the period of education has much to do with the dysmenorrhœas, menorrhagias, displacements, sterilities, and invalidism met with in after life, and we wish that Dr. Emmett's views could be more widely known.

Chapter VI., on "principles of general treatment," gives a timely warning against the danger of ordering stimulants and narcotics for persons suffering from chronic uterine disease, and also the evil of establishing a habit of invalidism by protracted confinement in bed.

Chapter VII., on "local treatment," speaks very favourably of the use of large vaginal injections of hot water for the relief of chronic inflammation or congestion of the uterus.

In Chapter VIII., he shows that in treating prolapses of the uterus, as much suffering results from supporting the uterus above the health line, as from allowing it to remain below it.

His pathology does not in all cases accord with that generally accepted, but who can say that he is not right?

He denies the existence of true elongation of the cervix uteri unconnected with laceration of the cervix, and says there is no mucous membrane in the uterine cavity above the internal os, and no sphincter to the female bladder, but we have not room to specify farther, and must refer our readers to the work itself for the true enunciation of the author's opinions. It contains a large number of statistics derived from his own experience in private practice and his service at the Woman's Hospital, compiled by himself, and worked out with great care. The illustrations are very good, and, with few exceptions, original.

Dr. Emmett is probably the most successful living operator in lesions of the female bladder, perineum, and sphincter ani, and the chapters on these subjects will therefore be read with peculiar interest and profit.

Some persons have taken exception to the arrangement of subjects, which, although not so easy of reference for students as the more tabular work of Thomas, will, nevertheless, be found quite practicable for the practitioner.

Taking it altogether, we heartily recommend it to the profession as a thoroughly practical, original, and safe guide in the difficult and often troublesome class of diseases of women.

Health and How to Promote it. BY RICHARD McSHERRY, M.D. New York: D. Appleton & Co., 1879.

This is a racy little book of 180 pages, full of good advice and important suggestions, and written in a free and easy style, which crops out in continued humour and crispness, by which the advice is seasoned, and which render the reading of the book a pleasant pastime to all, whether professionals or non-professionals.

Part I. is divided into five chapters. The title of Chapter I.—"Hygiene the Better Part of Medicine"—we would commend to those practitioners who affect to believe that "Sanitary Science" is a misnomer, and that the subject is not worthy any special attention, and needs only a little common sense. If such be the case, this last commodity is sometimes woefully wanting. In this chapter the author takes us over invigorating mountain slopes, across the rolling prairie, and down the banks of rippling streams—alas! that it is all in imagination. He thus excites our admiration, with the object, we presume, of showing how, when Mahomet cannot go to the mountain (if we may reverse the proverb, and give it a literal application), the mountain may be brought to Mahomet, so far as its hygienic advantages are concerned.

Of the remaining four chapters, each is devoted to the consideration of one of the four scores of years into which he divides the life of man. After giving all practical and practicable hints as to the management and care of the infant, the rest of this part is mainly devoted to the consideration of mental and moral training, education, and habits of life. Our author points out that girls are more susceptible to the bad results of hot-house learning than boys, because they will take more of it, and are more docile and desirous of praise, and quicker. On one point we differ from him: that at fourteen, boys and girls should devote themselves to the special work applicable to the future career. That is too soon to be "sufficiently educated to enter upon the special course," in Canada, at least, whatever it may be as far south as Maryland. We have more sympathy with his attack on ill-balanced education, both in boys and girls,—the ostentation of *ologies* and *osophies*, without the formulation of a fair English education; young women dis-

coursing learnedly of logarithms and unable to solve the problem of a little flannel night gown, or a cup of drinkable beef tea, when the time comes for them. We hold that, so far as ever circumstances will permit, the higher education should be gained, but not to the neglecting of fundamental and practical principles. The advice to young men and women on good habits, regularity, and the avoidance of the opposite, is good. The cultivation of mildness, equanimity, integrity, and avoidance of a haste to grow rapidly rich, with its overwork and wear and tear, are inculcated. Then comes a gradual following up to the *Decline of Man*, which is beautifully and touchingly portrayed. "Our elderly man must grow old gracefully," and, to this end, advice, subjective and objective, is given.

The first chapter of Part II. is devoted to "Temperaments, Idiosyncracies, Inheritance, &c." Chapter II. takes up, in a superficial and popular way, "the Air we Breathe, Sewers and Cesspools, Malaria, Animal Emanations." These are touched very lightly—the author having told us in his preface that he leaves such matters to be more fully taken up by others. He gives under malaria some interesting investigations as to the existence of malarial fever in the Rocky Mountains, far away from marsh or swamp. Analysis has shown a large amount of organic matter in the water, wafted by winds and other forces into the air, then brought down in snow, and then slowly melting into water supply. This reminds us that the late Dr. Parker ascribed similar phenomena to disintegration of granitic rock formations. *In re* water: "No pump-water should even be considered potable in cities." This is a good general rule. On the subject of "water-filters" our author fails to give a warning note. He gives false security when he says, "good water-filters should be brought into general use in town-houses," without adding that filters are of little use so far as the removal of *dissolved* organic impurity goes; and that while they meet *suspended* matters, and so do some good, they must be frequently renewed, or else become sources of increased impurity. The remainder of the book is devoted to "Clothing, Occupation,

Work and Rest, Foods, and manners of taking them, Alcohol, and Tobacco."

We are glad to see throughout evidence of the truth of the author's remarks in his "Envoi," that "the writer has a strong faith in the coincidence of good health and good morals;" and that in connection with the latter he recognizes a higher principle of action and higher relations than those which would belong to a mere link in the chain of evolution.

On Diseases of the Abdomen. By S. O. HABERSHON, M.D., London. Second American from Third English Edition. H. C. Lea, Philadelphia; Toronto: Hart & Rawlinson.

The title upon the back of this American edition, "Diseases of the Alimentary Canal," is much more appropriate, as will be seen as we proceed, than the one which heads this notice and by which the book is better known. The introductory chapter treats, as in the previous edition, of digestion and indigestion, the effects of the systemic condition upon treatment, and the antagonism of disease. Chapters two and three are entirely new, and deal with the affections of the tongue, mouth, and pharynx. Both are excellent chapters. Chapter four, on the œsophagus, is particularly good. The notably frequent concurrence of pneumonia, with cancer of the œsophagus is especially insisted upon; and the greater frequency of the occurrence of the œsophageal cancer in males, as stated by Grisp, is supported by the figures here adduced (59 in 85) in opposition to Richardson's opinion. To chapter five, on organic diseases of the stomach, a section on dilatation has been added; and Pavy's suggestion with reference to the effect of the alkaline blood in the capillaries in preventing solution of the walls *intra vitam* is now introduced. In the section on atrophy, we miss any mention of the association of this condition of the pyloric end with cancer, especially of the uterus and breast, as pointed out by Fenwick. Fatty degeneration of the walls as productive of dilatation of stomach and intestines, lately referred to by Furneaux Jordan, receives no notice. We are pleased to find Kussmaul's method of washing out the stomach in dilatation recommended, as also Furstner's application of electricity. The

connection of superficial ulceration of the mucous membrane with pulmonary and cardiac disease is well brought out; and the occurrence of this lesion with Addison's disease also is sought to be explained through the medium of the branch of pneumogastric to the renal sympathetic. In the etiology of ulcer, the author adopts the view of a deteriorated nervous supply in preference to the embolic theory of Virchow or the ecchymotic and necrotic theory of Rokitsky. For the chronic ulcer he adopts the theory, which is probably best founded, of an inflammatory origin. In chapter sixth, on functional disease of stomach, we regret to find no mention of the value of lactopeptine or extract of malt. The observance of the strictest dietetic and hygienic rules is very vigorously insisted upon as a *sine qua non* in successful treatment. In this chapter, a fact not sufficiently recognized is well brought out, viz., that in infants severe collapse sometimes ensues upon the coagulation of the milk in the stomach, especially if a portion of coagulum be arrested in the pyloric strait. The diagnostic value of pain and vomiting in gastric disease is very thoroughly considered and clearly put. Chapter seven treats of the duodenum, and makes the *amende honorable* to Dr. Bright, the value of the presence of fat in the stools as indicative of pancreatic affection being here recognized, although called in question in the former edition. Muco enteritis and enteritis are considered in chapter eight, and a very instructive section on the pathological changes in the former is introduced. To chapter nine, on strumous and tubercular disease of the intestine, an excellent account of lardaceous disease fully up to date is appended in this edition. No mention is however made of the alkaline treatment, which Dickinson and others have spoken so favourably of. Chapter ten relates to the cœcum and appendix. Chapter eleven treats of diarrhœa. Warm baths are recommended for children, but no reference is made to Comegy's treatment of summer diarrhœa by cold bathing, or to the copious cold enemata, which have proved so effective in America. As to choleraic diarrhœa, the treatment by chloral, lately so highly lauded in India, receives no mention. Chap. twelve treats of dysentery and catarrh

of the colon; chapter thirteen, of typhoid disease of the intestine; fourteen, of colic; fifteen, of constipation—all admirable chapters. In the treatment of organic obstruction, (sixteen,) we do not object to the high laudation which opium has received at our author's hands; but we think it should have stated in addition that by its means the symptoms may be so obscured that the the opportunity for a possibly successful operation may be permitted to slip by. The use of belladonna, too, should have received some notice. The value of cold, as in the application of ice to the abdomen, is strongly urged. Suppuration of the abdominal parietes, and perforation of the intestine from without, are fully considered in chapter seventeen. The book contains a very good chapter (eighteen) on intestinal worms; but no allusion is made to the fact recently established in France that the tœnia may go through the successive phases of development in the same species of animal. In the chapter on peritonitis (nineteen) a few remarks on loose bodies in the peritoneum are introduced, but we nowhere find mention of the presence of gas in the intact sac, as pointed out in several instances, we think, by Mr. Rickman Godlee and others. Two new chapters—one on ascites and the other on abdominal tumours—complete the work. We are pleased to find that the author recommends compression by the elastic or other bandage in asthenic ascites, as advocated by Dr. Stephen Mackenzie. The value of a milk diet is not alluded to, but the resin of copaiba is highly spoken of. Southey's capillary cannulæ receive favourable mention. In conclusion, we most heartily commend the book to all. Replete with instances, practical suggestions, and rational and sound doctrine, it cannot fail to realize the hope expressed by the author in his preface "that it will be found helpful in clinical study as well as in the treatment of disease." The value of the text is enhanced by drawings and by the records of 192 illustrative cases. Of the general style and appearance of the work it would be superfluous to add a word since it issues from the establishment of Henry C. Lea, of Philadelphia.

For Night Sweats—Chloral hydrate is recommended.

Meetings of Medical Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

The regular monthly meeting of the above society was held at the Royal Hotel, June 3rd. The President, Dr. George Mackelkan, in the chair. The paper for the evening, was one by the secretary, Dr. Woolverton, on "A case of Poisoning by Paris Green." The subject of the case, a German woman, aged sixty-five, who, weary of the "struggle for existence" of her family, and pecuniary burdens, secretly took an enormous quantity of the above poison, estimated to be at least a quarter of a pound. It is supposed it was taken about 3 p.m., and she died about 11.15 of the same day. The family never suspected that she had taken the poison and, at her own urgent request, oft-repeated, no medical man was sent for, and it was not till about 10 p.m., when it became self-evident that she was sinking, that they sent for any medical assistance. She was then in a state of complete collapse; cold extremities; a fading pulse, and laboured breathing. Poisoning was not suspected till next day, when a fuller history of the symptoms was gained. She never complained of any pain, but wished to be left alone. She vomited green matter, which they took to be bile, and purged some watery stools, but as far as can be learned to no great extent. The great amount of poison taken seems to have produced a state of collapse, which prevented or obscured the usual violent symptoms of an irritant poison; and as she lived only about eight hours after it was taken, there was not full time for their development. The œsophagus and stomach were presented for inspection, and showed the marked effects of an irritant poison—the dependent part of the stomach being in an almost sloughing condition, of a slaty hue, softened. There was nearly a cup full of the green sediment mixed with mucus in the stomach, and the green substance was traced as far down as the descending colon. The lungs were markedly and uniformly emphysematous, filling the chest cavity, much pigmented, otherwise healthy. The heart was sufficiently healthy, presenting some atheromatous changes; the valves all competent.

The kidneysshowed traces of old standing disease. The membranes of the brain were congested with patches of lymph deposits. The sub-arachnoid spaces were filled with a serous fluid. The substance of the brain healthy, apparently; the liver firm, and somewhat enlarged. The usual tests for arsenic gave abundant evidence of its presence. The case is interesting from the amount of poison taken, the determination of the suicide as shown by her being able to keep her secret till the last; also from the absence of marked symptoms. It was thought by the medical gentleman in attendance that she was dying from the formation of a cardiac clot, but the cause of its production was not very evident.

MEETING OF THE NEWCASTLE AND TRENT ASSOCIATION.—Want of space compels us to hold over the report of this Meeting. It shall appear next month.

APPOINTMENTS.

Allan Noxon, of the Village of Milford, Esquire, M.D., to be an Associate Coroner, in and for the County of Prince Edward.

James Henry Lowe, of the Village of Haliburton, M.D., to be an Associate Coroner, in and for the Provisional County of Haliburton.

Charles Battersby, of the village of Port Dover, Esquire, M.D., to be an Associate Coroner in and for the County of Norfolk.

RETENTION OF URINE—THIRTY-FIVE PUNCTURES OF THE BLADDER—CURE.—In the March No. of *La And. Méd.* we find a case of this kind reported taken from the *Rev. Méd. de Tolosa*. The patient was a man 50 years of age, suffering from a hæmorrhoidal congestion, and catheterism proved impossible. No. 2 needle of the aspirator was employed, and 2½ litres of urine were drawn off. The next morning the second puncture was made, and in the evening the third. From the 27th of July to the 12th of August two punctures daily were made. Thirty-five punctures were thus made in a space limited to two or three centimetres above the pubes. After the third aspiration a little urine was passed by the urethra, but not until the thirty-fifth was the natural function of the urethra restored.

Miscellaneous.

AGUE.—Rokitansky has reported a case of quartan ague cured by hypodermic injections of a 2 per ct. solution of pilocarpine. 16 centigrammes were injected two hours before the attack, which was shorter and slighter than it had ever been before.

COLLEGE OF PHYSICIANS AND SURGEONS, ONTARIO.—Examiners for 1880:—Midwifery, Dr. Thorburn; Medicine, Dr. Robertson; Anatomy, Dr. Sullivan; Physiology, Dr. Poole; *Materia Medica*, Dr. Stevenson; Surgery, Dr. Mallock; Medical Jurisprudence, Dr. C. T. Campbell; Chemistry, Dr. D. Clark; Homeopathic Examiner, Dr. Adams, Toronto.

TRINITY COLLEGE—SPECIAL CONVOCATION FOR CONFERRING DEGREES IN MEDICINE.—A special convocation was held at Trinity College on Saturday afternoon,—the Chancellor, Hon. G. W. Allan, presiding, for the purpose of conferring the Degrees and Certificate of Honour on the students from Trinity Medical School, that have been successful in the recent examinations in Medicine. The following is a list of the recipients:—*Medals*—Gold Medal, R. P. Mills; Silver Medal, J. A. McKinnon. *Certificates of Honour*—W. Duck, J. B. W. Caughlin, J. J. McIlhargey, T. A. Kidd, C. O'Gorman, W. Sharpe, Eyre M. Thuressen, J. D. Andersen, J. O'Rielly, E. Prouse, A. C. Geikie, R. M. Eccles, D. Lowry, A. C. Graham. *M.D.*—J. D. Bonner, Kenneth Henderson, R. A. Ross, A. M. Lynd, W. H. Doupe, W. A. Dafoe.

CASE OF OPIUM POISONING CURED BY ATROPIA HYPODERMICALLY.—On the 13th of February, 1879, a case was admitted into Leeds Infirmary. In the absence of the house-physician, the house-surgeon took charge of the patient. He has forwarded me the following notes. A man aged 35 was admitted at 9 p.m. who was said to have taken ʒvi of laudanum one hour previously. He was able to answer questions, his pupils were contracted, he was irritable and somewhat excited, saying he wished he had taken twice as much. He refused to

have the stomach-pump applied. A scrupulous sulphate of zinc was given. At 9.40 there was no vomiting, and the patient was getting well. The stomach-pump was resorted to, and twelve ounces of brownish-coloured fluid, containing opium, was withdrawn, and a pint of coffee injected. At 11.20 the patient was worse, and could be roused only with difficulty. Pulse 120; respirations 18 per minute. The pupils were reduced to a point; the patient had been walked about continuously. One-tenth of a grain of atropine was then administered subcutaneously; condition slightly improved till 12.20 a.m., when he became utterly unconscious and incapable of being roused by the most violent means, including faradism, etc., etc.; pupils firmly contracted; pulse feeble and rapid; respirations down to 12. A quarter of a grain of atropine was then injected subcutaneously. At 1.10 a.m., the patient was somewhat better; respirations 18; pulse firmer and 120 per minute. The pupils were dilated; there was no loss of consciousness, the extremities were cold, and the sleep was more natural. At 1.10 a.m. respirations suddenly sank to 12, but rose to 20 after artificial respiration had been continued for ten minutes; pulse good; the patient continued to sleep to 8 a.m., when he was able to answer questions and to eat food, and to the present (16th, 6 p.m.) continued to improve. This case illustrates the toxic effect of opium upon the respiratory centres, and also how the paralysis so induced can be met and antagonized by the use of atropine. The only criticism I have to make is that if a quarter of a grain of atropine had been injected at the very first, the serious symptoms which appeared might have been kept at bay. The case is very encouraging as to the treatment of opium-poisoning by the subcutaneous injection of atropine.—*J. Milner Fothergill in Phil. Med. Times.*

Births, Marriages, and Deaths.

MARRIAGES.

At Wyoming, on May 28th, Dr. N. H. Beer, of the London Asylum for the Insane, to Mary, eldest daughter of Mr. Alexander Laing.