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THE CANADIAN DUPLICATE Journal of Medical Science

VOL. II.

TORONTO, FEBRUARY, 1877.

No. 2.

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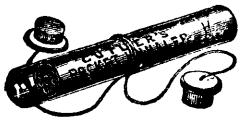
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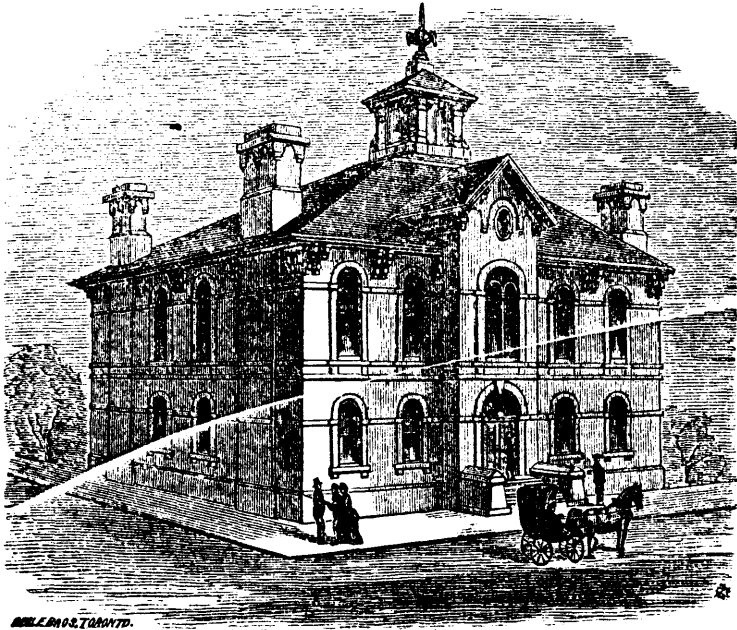
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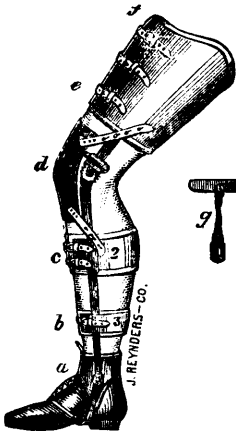
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THE REGULAR SESSION will commence on Wednesday, September 27, 1876, and end about the 1st of March, 1877.

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Selections: Medicine.

THE SYMPTOM NUMBNESS.

CLINIC OF S. WEIR MITCHELL, M.D.

In the case before you, as in the last one which presented itself, the patient complained of feeling numbness in the extremities. I am not sorry to have the chance to say a few words to you on this subject. Numbness is the word used for several forms or varieties of sensations not found in health, or, I should say, in perfect health. It is used both by patients and doctors, but, whenever used, needs to be accurately described, and then related to the other symptoms present, before we can respect it as a defining symptom. To the patient who has experienced it for the first time, it is alarming, but really, like most symptoms, it is sometimes of much meaning, and sometimes of little.

In the present case, the patient, a hard-worked woman, with natural tendencies to easy emotional manifestations, emphasized, as these always are, by anæmia, tells us that she began to suffer last spring, from what she calls numbness of the feet and hands. We carefully question her, and learn that this means that, when tired or worried, she has a feeling as of the parts named being asleep; she calls it a "*prinking*;" that this is worse in the evenings, and that early in the morning she is free from it. The æsthesiometer shows that we have no loss of touch, and there is an absence of all signs of paralytic trouble in brain or cord; neither can I call this a hysterical symptom, although it is found in a hysterical woman. If forced to speculate on its cause, I should conclude it to

be due to defect of nerve nutrition in the extremities, and associate this with thin blood, under-feeding, and too constant work, with that which makes the cruel friction of all work, bodily and mental—worry.

But, speculate as we may, of this, at least, I am certain, and that is, of curing her; and, first, I shall assure her that this is not the kind of numbness which precedes paralysis. And what next shall I say to this wretched slave of work, this weakening, pallid girl, whose hysterical states have driven her parents to consent to any needed measure? It is vain to say take rest; the demands of home are unrelenting. It is useless to order good diet. With abundant food, the mechanic's wife knows of but one cooking utensil—the national frying pan. I shall take this girl into the hospital, and, setting mind and body both at rest, feed her well and often, and then, with good hope, give iron freely. It would be valueless to do this at her home, for iron is a drug which often fails to act without certain aids; and curable anæmia, once well established, may continue to exist under bountiful doses of iron, if only there be present some steady cause of moral disturbance, or some slight physical difficulty, some cause which gives annoyance or slight pain, or disturbs sleep; but, put these aside, and the iron becomes active for good. Indeed, to habitually over-worked folks, like some labourers and sewing women, an accident which puts them on their backs for five or six weeks in a well-ordered hospital is of great value. They get up again fat and well, and with what the people aptly call "a new lease of life."

But I have been led away from the subject

of the symptom numbness. This girl's case reminds me of a class of cases of which I see many, and which have come to form for me a distinct clinical group, a neurosis.

A man (it is nearly always a man) overworked, or a student who has used his mind too steadily at the age of growth, begins to have, and it is usually in the spring-time, tingling of the hands and feet. Very often I can find no sign of anæmia or of remarkably lowered health. All the functions are in order, and the appetite and digestion are sometimes faultless, but nearly always the heart is irregular, in spells, especially at night. Then, also, there is sure to be a sense of weight or pain at the occiput. The numbness is purely subjective. It at times invades the whole skin, and the face and scalp are favourite sites. It is here felt in islands, and with it there is often a feeling as if the facial skin were drawn tight. The numbness in these cases is sometimes intense, and the prickling feeling so great as to be painful. I have heard one sufferer remark that he had once been poisoned with aconite, and that the formication was like that which he then felt.

When this "all-asleep feeling" is most vivid, there is apt to be with it a noise in the head, a faint singing, which is not usually referred to the ears, but is felt in the occipital region, with considerable irregularity of the heart's action. In the graver cases, the finger tips often burn severely, and there are at times, in the hands and feet, islets of vasal dilatation. More or less insomnia and general nervousness completes my picture, or rather my sketch.

The numbness which this curious neurosis presents, although most alarming to the patient, is really free from danger; yet, also, it is an obstinate malady, unless, at the outset, it be broken up by some complete change in habits, occupation, and residence. After a while, it is not readily relieved, or rather cured, even by travel abroad, but is apt to return, again and again. The regular life of a well-ordered water cure, with mild use of spinal douches, or shower-baths, I have seen to be of great value, but I do not know of a single water cure in America which commands the full confidence of the profession, and, unluckily, travel in Europe is not at everyone's disposal.

I am puzzled in many of these cases by the fact that the patient seems to be in a good state of physical vigour, so that tonics appear not to be indicated, and are, indeed, as a rule, useless; at least, I should say, tonic drugs are valueless; but riding on horseback, exercise a-foot, the life of the camp in summer, utter revolution in the ordinary habits—these forms of tonic are serviceable when used with discretion, and one of them, the out-door camp life, is in the power of a vast number of our people.

I have said that you would find this group of symptoms obstinate and troublesome under any treatment, but you will also find that the cases you do not cure get well as time goes on, the changes in life or habits, or the natural revolutions which time effects in all of us, being often sufficient to cure.

There is another form of numbness which may, or may not, be free from dysæsthesia. I think I mentioned it, a few weeks ago, in connection with a case of general nervousness; at all events, I have been frequently consulted for it. It belongs only to the night, and cannot be confounded with that numbness, with loss of power, which comes of sleeping with the arm bent in some awkward position, or so situated that it is subjected to pressure on one of the main nerves. Of this we see, almost every week, good examples, but the form of trouble I now desire to recall to your attention is rare.

The last case seen at this clinic was a middle-aged woman, who was in rather feeble health. Now and then she awakened with numbness of the whole side, right or left. She was not clear as to whether it affected the face or not. After an hour or more, it gradually faded away. Sometimes it attacked a single limb, but this was rare. I used to fear this symptom, and suspect that it might presage a true hemiplegia, but I have now seen it so often in people, who suffered no evil consequences, that I have ceased to dread it. It usually yields to tonics, and is one of the many nameless neuroses which are seen by busy city physicians, and which require that general fortifying of the system which is the most effectual means of dealing with such disorders as grow out of the constant strain and struggle to which modern civilized life subjects those who are involved in its vortex.

When this symptom numbness occurs in daytime, as a unilateral trouble, and is associated with headache, or noises in the head, and is found also in the face, and involves some thickness of speech, it is a graver matter. When, also, it occurs in people past fifty, and when there is with it any tendency to inco-ordination of movements in the hand, and the least trace of lessened sense of tact, it should at once put the physician on his guard. Then there is another question to solve. If the patient be weak and anæmic, the path is plain, and we need to use good diet, cod-liver oil, and tonics. If there be grave valvular disorder of the heart, we may suspect that a minute embolus has entered one of the vessels, and so affected the blood-supply of the regions in or near the opposite side of the optic thalamus, or the posterior parts of the corpus striatum. But, if the sufferer be a vigorous man, in general good health, with or without distinct evidence of altered vascular walls, there is one remedy which I am sure is of value. It is simply a change of diet to milk, and vegetables, and fruit, and a total abandonment of all meats. I do not mean to pause here to reason on the why and the wherefore of this treatment. I can only assure you, from long experience, that it is of the utmost value, and that the change is often followed by a continued sense of relief from the numbness, and from all feelings of pressure and fulness. Of course, as everyone knows, the organic palsies of the spine are apt to set out with sensations of numbness in the feet. These, at first, are often unassociated with true, or, at least, with perceptible changes in the capacity to feel, or to localize touch, although this is apt very soon to follow, and to end in more or less dysæsthesia. There is no need to dwell on such well-known facts. I should like, however, to remind you that lead poisoning sometimes gives rise to formication, that ague poisoning occasionally assumes this disguise, and that both in Bright's disease and saccharine diabetes numbness of the limbs may be met with. I have seen, within a week, illustrations of both of the latter causes.

A lad of eighteen consulted me last week for formication of the feet, without dysæsthesia. He told me that he had had, three years before,

scarlet fever, followed by slight general œdema, but the water had not been examined. The left eye-ground showed three small splotches of old retinitis, and he had evidence, also, of mitral regurgitation. The urine was highly albuminous, and had in it an abundance of fatty and granular casts; also, the feet were slightly swollen. Under the use of skimmed-milk diet, with tinctura ferri in full doses, the numbness is already much better, and the œdema has gone.

Numbness from diabetes is a yet more serious symptom, because it is associated with true anæsthesia, and is due, I believe, to plugging of the peripheral blood vessels. I have seen it but two times in this disease; once it was a simple subjective sense of formication, and once it was a grave trouble, resulting in gangrene of one foot, and death. Sometimes, however, the slough is local and small, and recovery takes place. I have thus run over some of the rare causes of numbness, and some of the more common ones, but whenever it exists, you will do well to study it thoroughly, because, whether it has been as a mild tingling, without dysæsthesia, or as a profound and lasting symptom, with grades of lack of feeling, it is always a valuable symptom, when viewed with the other signs, which it in turn helps to make clear.

The sensation of prickling, of being asleep—in a word, of numbness in its various forms and degrees—is due always to a slight irritation of the nerves, or their connected nerve centres, so that at any point of a nerve track, from the sensory ganglia to its endings in the skin, a slight irritation will give the referred sensation we have been discussing. In the extremities, we can cause it by rolling a nerve under the finger, or by an electric current through it, or by freezing the nerve at any point; and thus, in the chapter of accidents, tumours, pressure from any cause, blows, wounds, anything which slightly hurts without destroying, may cause numbness. So, too, in the centres, all disturbances of nutrition from imperfect circulation, or from small emboli, may cause it, while it is probable that the intrusion on the brain of small aneurismal dilations of minute vessels, such as Charcot has described, may have a like result, and also, it seems, that in the presence

of increased blood pressures this symptom may get worse.

•Numbness is often associated with other forms of what Erb calls paræsthesia, as distinguished from dysæsthesia and hyperæsthesia. Among these are sense of local constriction, of burning, of elongation of the limb, a very rare symptom, but nearly all of these curious forms of morbid feelings are due to cerebral disease, and well repay a fuller study and a more detailed description.—*Med. and Surg. Reporter.*

EXTRAORDINARY CASE OF INTRA-CARDIAC CYST.

BY EDGAR HOLDEN, M.D., OF NEWARK, N. J.

In view of the vagueness of the prevalent idea concerning heart-clot and polypus of the heart-cavities, it is not surprising that the fibrination due to the churning of the blood in articulo-mortis, or the coagula post-mortem, should be mistaken for veritable polypi.

The following case, copied from notes taken at the time of attendance, and verified by autopsy, will perhaps prove of interest, especially as the remarks of Rokitansky, vol. iv. p. 167, quoted below, seem almost as though written for this particular instance:—

A. B., æt. 35, a stout, robust, and healthy man, but somewhat given to excesses, while making his toilet on Monday morning, April 10, 1876, fell to the floor in a state of unconsciousness, with an involuntary evacuation of the bowels. Called immediately, I found the patient fully conscious, but fainting upon the least motion of head or even hands. No pulse at the wrist, and the heart beat so rapid as to seem almost like a continuous thrill, but regular and of even force. Temperature 99°. Believing the attack to be one of acute palpitation from use of strong tobacco, from which he had once before suffered, anti-spasmodic and stimulant treatment was resorted to, with such apparent success, that on the next day he was able to sit up, and even to go out for a walk.

April 12. At 5 A. M. occurred a sudden relapse, faintness, no radial pulse, no carotid pulse, contracted pupil, indescribable agony, yet with no pain. Anodynes, anti-spasmodics, hot

douches, and stimulants gave but slight relief; an emetic of mustard water gave a little ease, and placing the head lower than the body, to favour cerebral circulation, was also beneficial for a brief time. Tem. 99°.

13th. No improvement, no rest or sleep. I succeeded in counting the heart-beats, and after several attempts verified the count at 204. Respiration normal. Ice to the spine, Hoffmann's ether, strychnia, etc., producing no effect, and the rhythm of the heart being unaffected, ventured next day to give digitalis in small doses with musk, but was speedily admonished, by the increased suffering of the patient, to discontinue.

14th. No improvement, great jactitation, constant and indescribable agony, no pain, head still clear, bowels and kidneys free, no voluntary evacuation since the first day. A consultation was now held with Dr. Southard, and bromides resorted to in large doses, but with no effect. As no effect followed any medication, all allusion to subsequent treatment will be discontinued in the report. *No sleep now for six consecutive days.* Morning temperature, 101°; evening, 100°; heart-beat, 216; respiration, 14 per minute.

16th. Stertor; involuntary evacuations, and for the first time a subdued friction sound over the base of the heart. Morning temperature, 97°. Evening, 97°. No delirium, less tendency to syncope; raised up without increased suffering; no dyspnoea.

17th. Morning temperature, 96.5°. Evening, 97°. No other change.

18th. Temperature, A. M., 96°. A flutter-pulse at wrist; quiet sleep; easy respiration, but sighing; pulse (by counting over the heart), 220; face flushed; feels better.

19th. Temperature, A. M., 95°; P. M., 97.5°. Supposed effusion; the heart beats seeming slightly muffled; faintings frequent, even without exertion.

20th. Skin cold; heart-beat slower; patient drowsy; friction or churning sound at base, temperature, A. M., 97°; P. M., 96.25°. A grain of opium every hour appeared to relieve the peculiar agony which he has suffered, but the skin has become cold and clammy; intelled still clear.

21st. Condition unchanged, except that the surface of the body has become extremely sensitive; patient screams if touched.

22nd. Left side of body somewhat purple, and left foot cold, but acutely sensitive; muttering delirium.

23rd. Foot completely dead, and black as high as two inches above ankle.

24th. Being the fourteenth day of the disease, the pulse suddenly at 2.45 P. M. became normal, dropping at once from above 200 to 75, at which rate it continued, or nearly so, until death, four days later.

The following brief notes complete the case:—

25th. Raved all night; throat sore; tongue dry; petechial eruption on chest and limbs; flushed face, and appearance of emaciation so astonishing in its rapidity as to excite the attention of friends and attendants; pulse and respiration normal; temperature, 95°.

26th. Same condition, but raving frantically; easily rallied, however, when spoken to, and answering questions intelligently; complains of great pain in the back of the head. Paraplegia, with involuntary evacuation of bladder and bowels. Intermittent respiration; intervals of sixty to ninety seconds between breaths; pulse singularly even, strong, and regular. Death on the 27th of the month, and seventeenth of illness.

Autopsy, sixteen hours after death. Present, Drs. Southard, E. A. Osborn, Bleylie, Haight, Burrage, and Holden. Body rigid, of strongly cadaverous odor, and threatening rapid decomposition. The mortified foot somewhat reddened; lungs normal; pericardium somewhat reddened about the efferent vessels; effusion within slight; heart somewhat loaded with fat; apex and base, together with two inches of the aorta, externally injected; right auricle and ventricle slightly dilated; left ventricle normal, save that within it and lying entangled in the chordæ tendinæ was a cyst, the size and shape of a large filbert, entirely detached and empty. The position and character of this were verified by the gentlemen present, before removal.

Upon searching carefully, another was found, but attached to the anterior aspect of the ventricle, just beneath the mitral valves, and

bound down by the columnæ carneæ. No further examination was deemed necessary. Microscopical examination, made by Dr. Geo. A. Van Wagenen, of Newark, N. J., may be best reported in his own language:

"I have examined the small cyst from left ventricle of heart. The tissue composing its walls does not resemble that of a fully organized cystic tumour. I could find no epithelial or endothelial layer lining it, and no signs of blood-vessels. It consisted of a mass of small, round, ovate, and caudate granular cells, about the size of, and much like, pus-cells in general appearance. The whole seemed to be held together by a very delicate reticulum of fibrous tissue, which cropped out along the edges of the specimen. In some places organization had gone so far that the tissue was partly striated. The whole appearance resembles that which is found in a fibrinous clot undergoing some organization. I think it comes fairly under what Laennec has described as globular vegetations. There were a few fibres floating free, which I had torn from the edges of the specimen mounted."

The remarks of Rokitansky, already alluded to, so aptly describe this case, that I trust it may be pardonable to quote them; they are as follows:—

"Globular Vegetations.—The formations distinguished by this designation are generally round concretions, varying from the size of a pin's head to that of a nut, attached by means of ramifying, cylindrical, or flat appendages or bands, which entwine themselves among the trabeculæ of the heart, and are of a more or less uniformly dirty, grayish-red, or white colour. They are hollow in the interior, but contain, within a wall of irregular thickness, a dirty, grayish-red, or even chocolate-coloured thickish fluid, resembling cream or pus, and which is occasionally of a dirty whitish or yellow colour. One or more of these concretions very frequently burst, when the fluid may be seen effused into the cavity of the heart, and distributed over the recent coagula which have been formed either in the death-struggle or shortly after death, or it is found mixed with the fluid blood contained in the cavity. The band-like appendages which they throw out are

either solid or softened and liquefied in their interior.

"The globular vegetation is originally a solid fibrinous coagulum of irregular form, which varies in colour according to the number of blood-corpuscles it contains, from different shades of red to a reddish-white colour. This coagulum gradually assumes a roundish form, probably in consequence of the outer portion being taken up in the blood in a finely comminuted state. The metamorphosis which it undergoes is very important, and begins as a softening disintegration or solution in the interior of the nucleus, from whence it extends towards the surface. This process is so far developed in the globular vegetations above described, that there only remains a peripheral layer, which incloses the dissolved part as in a capsule. The soft and diffuent mass consists, as has been already remarked, of a pulpy, cream-like fluid, very often resembling pus, and of a chocolate, or dirty brownish-red, reddish-gray, pale-yellow, or whitish colour. A similar metamorphosis affects the ramifying band-like coagula, proceeding from the vegetations when they become hollow. The same process is occasionally discernible in the central layers of those coagula of the first form which have arisen during life. We sometimes observe in these coagula a tendency to decomposition, both by their turbidity and opacity, their dirty-yellow colour, their extreme lacerability, and by the appearance of a turbid cream-like moisture when they are compressed and torn.

"It is a remarkable circumstance that globular vegetations are almost always limited to the left ventricle, where they are attached, in the manner already described, to the apex and the contiguous parts."

Remarks.—The summing up of this typical instance of true globular vegetation in the ventricles, gives us the following symptoms, viz.: Protracted functional derangement of the heart for a year, without murmur or impairment of rhythm or impulse, and attributed to strong tobacco; sudden syncope, and brief loss of sensation and motion; intensely rapid pulsation of the heart, with incapacity to maintain arterial and capillary circulation; cerebral anæmia and insomnia; frequent faintings, first upon slight

motion, and later, without; remarkably low temperature; singularly unimpaired respiration-rate; sudden dropping of pulse-rate from above 200 to a normal state, both as to frequency, tension, and rhythm, and its continuance up to the hour of death; intense hyperæsthesia of the surface of the body; embolism of the popliteal artery, with death of the limb; clearness of intellect through all, till almost the last day; and, finally, paraplegia and death.

Whether any more reasonable explanation might be offered in this case than the following, it is impossible to say, but it seems to me that the existence of the cysts following a forgotten endocarditis, would be adequate cause for the functional prodromata; the sudden detachment of one, and the repeated plugging of the aorta at each systole of the heart, would explain the syncope and the excited and intensely rapid beating, while the entanglement of the cyst in the trabeculæ where found, might explain the sudden fall to a normal rate. The protracted disturbance of nutrient supply to the brain, and irritation of the pneumogastriæ as well as the central sympathetic ganglia, would in a measure account for the vaso-motor derangement, the cutaneous hyperæsthesia, and the low temperature; embolism of the popliteal, and later, of more important arteries, would be a not-unlooked-for complication.—*Amer. Jour. Med. Science.*

MUTUAL DISSECTION.—A society has been formed in Paris, having for the object the dissection of deceased members by the survivors. The youngest member will doubtless have excellent facilities for the study of practical anatomy at a nominal price.

ARTIFICIAL PROLAPSUS ANI.—In the provinces of the Austrian Empire which contain a large Jewish population, some singular devices are resorted to by recruits in order to incapacitate themselves for military service. Prolapsus ani is said to be frequently produced by the introduction of sponges and their forcible removal. Much difficulty is experienced in curing the disease without the coöperation of the patient.

THE THERAPEUTICS OF EPILEPSY.

BY ALLAN MCLANE HAMILTON, M.D.,

Visiting Physician to Epileptic and Paralytic Hospital, Blackwell's Island, New York City, etc.

(Concluded.)

And now regarding the large doses. If the idea is to thoroughly ruin the patient's health, enfeeble his mind, or perhaps drive him to an asylum, the toxic administration may be indulged in. It is very true that sometimes a rapid restoration may be brought about by "Iron and Quinine," but there are many cases where the recovery is not quite so complete as one could wish for. Memory is enfeebled, and there is a cachexia which remains for an indefinite time. A darker side of the picture is not always displayed when brilliant results are detailed. This is the list of demented and those that have died. My friend, Dr. Janeway, was present at the autopsies of two patients who died brominized—for certainly the examinations disclosed no other cause for death. I myself have seen several demented cases, and I have no doubt others could tell the same story.

Belladonna and its alkaloids are of great value when the seizures occur in the daytime, or are of the variety known as *petit mal*. I have injected the Sulphate of Atropia in $\frac{1}{64}$ gr. doses beneath the skin at the back of the neck with good effect, and have given it in the manner directed by Trousseau. In either way it should be administered until dryness of the throat is obtained, and should be given a patient trial. The property possessed by belladonna of blunting reflex susceptibility assures it a great advantage over other methods of treatment, when there are centres of irritation such as in gastric epilepsy.

In Ergot we have a remedy which controls the cranial circulation much more readily than any drug I am acquainted with. As the object is to diminish the congestion at the floor of the fourth ventricle, its combination with the bromides greatly increases the action of the latter. Ergotin may be given alone in the form of Bonjean's capsules.

To Tyrrell belongs the credit of suggesting Strychnine. He believes that this remedy controls excitation of the medulla oblongata. In one individual who averaged fifty-one attacks in

a month, the number was reduced by the Strychnine to eleven in two years. Handfield Jones does not favour the remedy, nor do others, although it has advocates in this country. In small doses it certainly does good; but I have found that in larger doses than $\frac{1}{32}$ gr., ter in die, it rather aggravates the disease.

Arsenic is excellent, both for its anti-periodic and alterative action, and as an agent to relieve the acne. Clemens, of Frankfort, has lately advocated the Bromide of Arsenic, but in such small doses as to seem useless. He claims for it remarkable virtue when the disease depends upon idiocy, and appears in patients with deformity of the skull. He reports two cures.

Where there is an irregularity of heart action, sluggish circulation, blueness or duskiess of the skin, I think digitalis is indicated; in fact, I generally use it in every chronic case. It is a drug well tolerated by epileptics, who can take it in surprisingly large doses.

An agent has been lately given to the profession which seemed all that was needed at first, but which I am convinced is very much over-estimated, except as an abortant. I speak of the Amyl Nitrite. Drs. Weir Mitchell, Zeigler and Alexander McBride, as well as several foreign writers, have praised it, and several cures have been reported. In epilepsy there seems to be a "habit" (if I may use the expression), or tendency to periodicity. Amyl is well adapted to stop this, as is any other remedy of the same class. Crichton Browne alludes to the effects of this drug upon the *status epilepticus*. His patient had had a great succession of fits, and was at the point of death—the pupils were contracted to an intense degree, pulse 116, temperature 102°, with stertorous breathing. Voluntary movements and yawning were caused by inhalation of the Amyl Nitrite, and the patient subsequently raised his head and looked about him. Dr. Browne relates ten other cases which were seen with Dr. Mierson.

Dr. C. Steketec draws the following conclusion in regard to the action of this drug in Epilepsy:

"It exerts an important influence where the epilepsy is due to, or connected with cerebral anæmia, for the reason that it 'anticipates the attack when there are prodromata—cuts off

the attack when it appears, relieves symptoms due to interrupted innervation after the attack—and the attacks become less frequent” (? by the author). He also considers it injurious where the attacks are due to cerebral hyperæmia, for the reason that they last longer and become more frequent, and when either maniacal or convulsive, increase in intensity.

My own experience with Amyl Nitrite has clearly settled in my mind the fact that it has great virtues in cutting short or averting attacks, but that it has no permanent influence. Whether we can or cannot make the delicate distinctions of Dr. Stekectec, future clinical experience, I think, must decide. Those who have used it say that it does good in a very limited number of cases; and it is a difficult task to decide which are to be benefitted. I have tried it in every grade of Epilepsy, and find in some of the worst cases, where the fits occur all through the day, with very slight intervals, and even where there is time enough to be prepared, that it is often of no avail. It may be given inclosed in the little glass capsules invented by Dr. McBride, of New York; for hospital use, and for patients who are not intelligent, in alcoholic solution.

I may be pardoned for bringing another remedy to the notice of the profession, and one that has never been used for this purpose. I allude to Tri-Nitro-Glycerine. Its properties are almost enough to intimidate the patient, but it is as powerful a medicinal agent as it is an explosive. The tenth part of a drop touched to the tongue is sufficient in a space of time which is almost inappreciable to produce a rapid cerebral hyperæmia. The face is flushed, the eyes become bright, and the temporal vessels throb, while at the same time there are the marked sensations of fulness. It produces more lasting congestion than does Amyl Nitrite, is much safer, and I have found it to act better as an abortant than the latter. Any good pharmacist can prepare a solution containing one drop to ten of alcohol. This can be further diluted so that ten drops of alcohol shall contain one-tenth of a drop the Nitro-Glycerine. It may be kept safely in this way, for alcohol prevents its explosion. A dose of a tenth of a drop is sufficient in the majority of cases.

Last of all, it seems almost unnecessary for me to direct attention to that most familiar remedy, Cod Liver Oil, which is so valuable in all nervous diseases.

Anstie treated a number of cases by Cod Liver Oil alone, and cured seven out of twenty patients put upon this plan of treatment alone. Picrotoxin, a remedy recently brought forward, I have tried, and consider valueless.

The question of diet and personal habits are very important ones—particularly as the stomach is so often the seat of irritations which are transmitted to the over-active centres. Beyond the question of over-eating, it has been found that a vegetable diet is better suited to this class of patients. Mierson, in the last volume of the West Riding Reports, publishes cases and makes comparisons between those epileptics placed upon a meat and vegetable diet. The results pointed to the superiority of the latter. As the greater number of epileptics have inordinate appetites, the diet should be strictly regulated.

It is a good plan, I think, to combine the remedies I have alluded to; and in conclusion I take the liberty of presenting a prescription I have used for several years:

R. Strychniæ Sulph.	gr. j.
Fl. Ext. Ergotæ	ʒ iss.
Sol. Potass. Arsenit.	ʒ ij.
Sodii Bromidi	ʒ iss.
Tr. Digitalis	ʒ iij.
Aquæ Ment. pip.	ʒ iv.

M. Sig.: A teaspoonful before eating, in a half tumblerful of water.

If the attacks be of the form known as *petit mal*, I think either Ergot or Belladonna are our best agents. With either form of treatment it may be found often necessary to use auxiliary general treatment. The syrup of the combined phosphates, or the syrup of the Lacto-Phosphate of Lime, are good adjuncts; and salt baths, cold head douches, regular food, early hours, and the breaking off of bad habits, will often cure the disease, even when it has lasted for many years.

As a last resort, should continued medication prove useless, the actual cautery or a deep seton at the back of the neck will occasionally arrest these bad cases.—*Chicago Med. Jour. and Examiner.*

INTUSSUSCEPTION; CURE BY INFLATION.

BY STUART ELDRIDGE, M.D.,

Surgeon Yokohama General Hospital.(Read before the Medical Society of Yokohama, Japan,
June 17, 1876.

June 11th, at 6 P. M., I was called to see J. G., aged 17 months, in general remarkably strong and healthy. The child had been ailing for several days, with constipation and slight fever at night, seemed also to have frequent attacks of colic. On the evening of June 10th, the mother administered a dessertspoonful of ol. ricini, which brought away a small amount of consistent feces after intense tenesmus and severe pain. During the night of 10th, and all day of 11th, the child had suffered from very severe attacks of abdominal pain, which it seemed to refer to the region of the transverse colon. Repeated attacks of nausea and vomiting of mucus and biliary matter occurred during 11th, the vomiting taking place irrespective of ingesta. When seen the pulse was 140, wiry and small; temperature, 103.5°; skin hot and dry; tongue thickly coated; abdomen largely swollen, hard, tympanitic, and extremely tender. A lump, apparently of the size of a small egg, could be indistinctly felt about region of right flexure of colon. Paroxysms of intense pain occurred at intervals of about fifteen minutes, during which the child placed its hands upon the upper portion of the abdomen with cries of itai! itai! (pain! pain!). Nausea constant, but ejecta, if any, again swallowed. The mother had an hour previous to my visit administered an ordinary enema without effect. I immediately gave an enema of soap and water, through a catheter inserted five inches in the anus; about half a pint was all that could be given, and this returned immediately, bringing with it about three drachms of consistent feces. Suspecting that the case was one of intussusception, I then thoroughly inflated the bowel by the reversed action of Codman & Shurtleff's aspirator, the air being transmitted through a No. 12 gum catheter inserted ten inches within the anus. The operation of inflation seemed very painful. I inflated until the sense of resistance and swelling of the abdomen became considerable, when, on withdrawing the tube, a rush of air

followed, and I was pleased to find that the abdomen was softer, and less swollen than before the operation. The tumour in right upper portion of abdomen was also, I thought, a trifle smaller. I repeated inflation at once, but with no increased effect. Prescribed tr. opii, *mijj*, at intervals of three hours during night, together with a teaspoonful of ext. carnis. The child was more easy during the night of the 11th than it had been during the day; but early on the morning of the 12th, began to have frequent small dejections of pure blood, with once or twice a slight admixture of mucus. At 8 A. M. on the morning of 12th I found the pulse 145; temperature 104°; skin hot and dry; tympanites and tenderness of abdomen even greater than at first visit. Constant nausea, with stercoraceous odour of breath. I at once inflated, compressing the buttocks strongly about the pipe, which was passed twelve inches within the anus. Resistance to inflation was more strongly marked than on the day before, and occurred at an earlier stage of the operation, while in spite of strong compression of external parts about the pipe most of the air injected seemed to escape as fast as thrown in. I worked the syringe with great rapidity for about thirty strokes, when the sense of resistance suddenly diminished, and the escape of air by the side of the pipe ceased. I continued inflation until the air began again to escape from the anus, when I withdrew the instrument; an enormous escape of air took place, mixed with intestinal gases, as perceptible by the odour, and on examination of abdomen I found it soft, collapsed, and the induration about right flexure of colon no longer perceptible. Nausea and vomiting immediately ceased, and did not recur. Prescribed: Tr. opii camphoratae, *3ijss*; bismuthi subnit. *5j*; aquæ camphoræ, *3ss*; mucilaginis ad *3ij*; coch. parv. *j* altern. hor. Beef extract to be continued, together with an occasional spoonful of iced milk. At 2 P. M. the child had a free, healthy stool, after which no trouble appeared to exist save a slight tenderness over transverse colon, lasting for twenty-four hours, together with some general muscular weakness. The child has continued well in every respect till to-day, June 17th. Believing, as I do, that inflation holds out the

best prospect of cure in cases of intussusception, it seems to me that certain data should be in the possession of the profession in order that its employment may be intelligently regulated. We should know the limit of endurance of pressure from within, belonging to the average healthy intestine at various ages within the usual time of the occurrence of the disease. Possessed of this information the surgeon acting early, before the probable occurrence of softening or gangrene, would be able to push his treatment to the utmost limit of safety, guiding himself by a manometer attached to his injecting apparatus.—*Amer. Jour. Med. Science.*

SUNSTROKE.

Dr. Horatio C. Wood, whose excellent monograph on sunstroke, or thermic fever, published a few years since, must be familiar to a large number of our readers, has an instructive article on the disease in the *Philadelphia Medical Times* for August 5th. We regret that we can not do more than skip lightly through it. Dr. Wood has been in medical charge at the Centennial Exhibition, and also on duty at the city hospitals during the recent unprecedentedly hot weather, and has been able to supplement his experimental knowledge of sunstroke with clinical observations. It may be remembered that the result reached in Dr. Wood's book was that there are two distinct classes of cases, which have been confounded under the name of sunstroke. In the one the patient is collapsed, in the other the bodily temperature is excessive. Two cases—one of each sort—which came under treatment at the Centennial are described. In the former there was a temperature as low as $95\frac{1}{4}^{\circ}$ Fah., and in the latter it rose to 108° Fah. In the two cases unconsciousness was developed with equal suddenness, and was accompanied by a similar delirium. Dr. Wood thinks it probable that in the collapse there is more than simple syncope; that lowered temperature, like elevated temperature, paralyzes the nervous matter, which has been so constituted as to perform its functions on a certain caloric level.

Dr. Wood thinks that the possibility of children having slight attacks is greatly overlooked,

and has little doubt that many of the cases reported as cholera infantum, enteritis, etc., are really instances of thermic fever and are curable by treatment as such. Cases of this character usually owe their cerebral symptoms either to intense exhaustion, to be treated by stimulants, or to intense fever, to be treated by cold baths. Referring to a paper by a colleague on the cold-bath treatment of infantile diarrhœa, Dr. Wood says: "Anyone who has seen, as I have this summer, the child on whom drugs had ceased to act and who was seemingly doomed to die, relieved in twelve hours by enforced cold-bathing every three or four hours, will grant to Dr. Comegys the credit of having introduced one of the most life-saving improvements in infant therapeutics. The sudden sweet sleep, replacing after the bath the fretful nights and days of unrest, is a thing never to be forgotten when once seen, and the arrest of diarrhœa is certainly no less remarkable." As regards the treatment of thermic fever the early use of the ice-water is advocated, the bath being used just long enough to reduce the temperature to 100° Fah. and no longer. After the bath Dr. Wood has found the hypodermic injection of quinine of great service in preventing a rise of temperature. With the subsidence of the first symptoms, headache, slightly increased heat, general distress, and sometimes mental incoherency, supervene. These Dr. Wood believes to be due to a low grade of meningeal or even cerebral inflammation. He has found them yield in some cases very rapidly to free blistering of the back of the neck and head, aided by small repeated doses of mercurials. One great cause of the excessive mortality from sunstroke in hospital practice is recognized in the length of time that elapses between the onset of the disease and the use of the bath. In the Philadelphia hospitals and ambulances measures have been taken to obviate this danger.—*Cincinnati Lancet and Observer.*

TEST FOR BILE.—M. Maréchal's test for bile has lately been recommended by Dr. Smith, jun., of Dublin, who considers it vastly superior to Gmelin's nitric acid test. M. Maréchal uses the tincture of iodine, which produces a beautiful green, passing from rose to yellow. Dr. Smith believes that no other pigment but bile will give this peculiar green colouration.—*London Lancet.*

DIABETES—ITS NERVOUS SYMPTOMS.

BY PROF. BOUCHARDAT.

Prof. Bouchardt (of the *Bul. Gen. de Therapeutique—Chicago Journal of Nervous and Mental Diseases*), gives the following account of the principal disorders of innervation observed during the course of glycosuria:—

1. *Partial Anæsthesia* is more frequent than is perhaps generally supposed; he has observed it in the lower limbs, the thorax and face.

2. *Cramps* are among the most frequent nervous symptoms in severe cases. They occur oftener during the night, and are usually confined to the lower limbs. They disappear generally with improved regimen and exercise.

3. *Insomnia* is caused chiefly by the frequent necessity for micturition and is in great measure relieved when that necessity is removed. Exercise should be insisted on in the treatment of this condition, and an interval of some hours should intervene between supper and bedtime.

4. *Neuralgic Pains* in the region of the kidneys are complained of by many patients; sometimes they are felt in the dorsal region, more rarely in the lower limbs and articulations. Sometimes a feeling of numbness is complained of in the legs, or of chills or burning heat of the extremities.

5. *Weakness of Memory* is very frequent in diabetic patients past the meridian of life. This is not the usual senile weakness, but progresses much more rapidly, the ratio between them being as one to ten, and the faculties usually return with the disappearance of the other troublesome symptoms under treatment. Prognosis should be very cautious on this point.

6. *Inability for Mental Labour* is usually observed in diabetic patients, and improvement in this occurs with improvement in the other symptoms. In many cases a recklessness and want of care is observed to an astonishing extent. An irresistible desire for sleep after meals is often observed.

7. *Irascibility* is frequent, especially in male patients, and it seems to have a tendency to increase the amount of sugar in urine.

8. *Melancholia and Hypochondria* accompany cases of long standing, especially in males. This is due to several causes—idleness induced by

the disease, premature impotence of the patient, and the feeling of being afflicted with an incurable disease.—*Detroit Review*.

VOLVULUS AND ILEUS—CURED BY EFFERVESCING CLYSTERS.—A servant girl, æt. 22, was suddenly seized with an abdominal affection which presented the usual symptoms of internal incarceration, and in the right hypochondrium, a short distance above the crest of the ilium, a movable tumour about 3 inches long, and 1½ inches wide, could be easily detected by palpation. After several unsuccessful attempts had been made to move the bowels with purgative medicines, eight effervescing enemata were administered at short intervals; each consisted of half an ounce of bicarbonate of soda dissolved in a pint of water, followed immediately by three drachms of tartaric acid in an equal quantity of water. It is not stated whether any of the fluid of each injection, or of the gas generated by the soda and tartaric acid, escaped per rectum during the short intervals mentioned, if not the patient's condition must have been somewhat precarious; for after the first clyster, she is said to have felt as if something had burst in the abdomen. The eighth injection was followed by several copious and offensive stools, and the symptoms of incarceration vanished.—(Dr. S. Adler, *Med. Chirurg. Centralblatt*.—*Canada Med. and Surg. Journal*.)

METHOD OF TESTING URINE FOR ALBUMEN.—W. Henry Kesteven, in *The London Lancet*, December, 1876, says: The following will be found to be a handy and exact method for testing urine for albumen. Take a thin glass microscopical cover (about one inch square is the best size); on this place a drop or two of the urine to be tested; then with a pair of ordinary dressing forceps hold the cover over the flame of a candle. At the same time the under surface of the glass will be blackened by the smoke, and the urine will be boiled. If there is any albumen, the black under surface renders the white precipitate evident. Urine may also be tested cold with nitric acid with the same apparatus. A drop or two of the urine should be placed slightly on one side of

the centre of the surface of the glass, and a drop of nitric acid on the other. By inclining the glass, the two will mix, and after the fumes, which result from the mixture have passed away, it will be readily seen if there is any albumen precipitated. In the first experiment care must be taken not to boil the urine too rapidly, or it will be evaporated. In the second, the resulting precipitate is rendered more apparent if the under surface of the glass has been previously coated with Brunswick black or some other dark substance. A few of these covers can be carried in an ordinary pocket dressing-case, and afford a ready means of testing urine at the patient's house. If a method of securing nitric acid in a bottle in such a manner that it could be carried about without leaking could be found, a handy pocket-case, carrying a few of these covers, together with the acid, might be serviceable to those who prefer the cold method of testing for albumen.

A SIMPLE MODE OF FEEDING SOME PATIENTS BY THE NOSE.

BY CLEMENT DUKES, M.B., B.S. LONDON,
M.R.C.P. LONDON,

Medical Officer to Rugby School.

I first had to resort to some means for feeding a little child during the time I was resident medical officer at the Hospital for Sick Children, Great Ormond-street, in a case of phagedænic ulceration of the soft palate after scarlatina, under the care of Dr. West, the pain being so acute when any nourishment or medicine was put in the mouth that the child would take nothing; but by the process I am about to describe I was enabled to feed this child regularly, without terrifying or hurting it. Also, for a case of collapse in pneumonia in a child, when the patient was past swallowing naturally, I was able to revive him again for a time, and cause hope that he might have rallied permanently. By its means we obviate the use of *instruments* for feeding by the nose; also the use of injections per rectum in many cases; and in cases of poisoning we can pass what fluids we wish into the stomach when the stomach-pump is not within reach, or is unsuitable, and the patient cannot or will not swallow naturally.

The kind of cases where the process will prove of greatest service are mania, delirium tremens, diphtheria, croup, stomatitis, cancrum oris, etc., and for fasting girls and spoilt children, who, when ill, refuse food.

The *advantages* are—(1) simplicity; (2) freedom from danger, or risk of accident; (3) imitation of the natural process of deglutition.

The *apparatus* is—(1) a yard of india-rubber tubing of one-eighth of an inch bore; (2) a bottle of any kind (an ordinary soda-water bottle does well); (3) a piece of twine to tie the tube in the bottle, so that the end of the tube reaches almost to the bottom of the bottle.

The *nutriment* (or *antidote* if required) should be warmed as a rule, and put in the bottle, about half a pint in quantity, and may be composed of milk, or eggs and milk, beef-tea, stimulants, medicine, etc., as desired.

Its *mode of action* is that of a syphon. 1. The bottle with the fluid in it is held or fastened above the head of the bed; the patient lying on his back without a pillow. 2. The tube is exhausted of air by laying hold of the tube close to the mouth of the bottle with the finger and thumb of the left hand, and running the finger and thumb of the right hand along it, closely compressing it while doing so; the fluid, of course, following the motion of the hand, when the pressure of the left hand is removed. 3. The free end of the tube is then passed *just within* the nostril, and retained there with the left hand, while the right has the tube closed by the pressure of the finger and thumb. 4. By alternate compression and relaxation of the tube an ordinary mouthful of fluid can be allowed to escape at a time, permitting each quantity, if desired, to pass into the stomach before another gulp is liberated.

I have also found this a very convenient apparatus for washing out the nasal cavities, as, for example, in chronic catarrh, fetid secretions, ozæna, syphilitic ulcers, certain cases of diphtheria, epistaxis, and when foreign bodies have been retained in the nostril. The tube is inserted in one nostril, as above, and held by the patient; the head is now inclined *forwards* over a basin; the fluid, which may be either water, carbohc water, black wash, or solution of per-

chloride of iron, etc., enters the one nostril and passes by the posterior nares into the other nostril in a continuous gentle stream, without any of it falling into the pharynx, provided the head be inclined well forwards; the nostrils are thus well washed out, or, in the case of epistaxis, an astringent being used, are plugged.—*Lancet*.

FAT MEAT AS AN EXTERNAL APPLICATION.

In the *Virginia Medical Monthly*, Dr. W. T. Ennet, of North Carolina, relates the following experience in diphtheria:—"My aunt, who was in Hartford two years ago, when the disease was raging so terrifically there, being at my house this summer, when it was killing whole families in Wilmington, and was also terribly fatal to the surrounding country, asked me to try the Hartford doctors' treatment, which was the same as ours, with the exception of external application of 'fat meat.' I could not, and cannot, see the virtue, but promised to try it; I used it, and my patient got well. I still did not look upon it as affecting the disease at all. I used it again and again, and the patients all got well. I tried to study out some physiological action, but could not. I wrote to an eminent physician in Hartford, and he writes me, 'We regard it as an old woman's remedy; but the doctors all use it, and since its use the mortality has not been more than one-third. What it is and why it is, I don't know; but might it not have some antidotal action on the poison?' Since then, I was called in consultation in the adjoining neighbourhood, where the attending physician had lost three or four in the one family, and another patient was almost dead. I was almost ashamed to recommend my fat meat, but I did it, and the child got well. Of course, we used all other necessary treatment. I certainly did not rely upon it alone; but, as it cannot possibly do any harm, I shall continue to use it as an external application."

Professor J. Lewis Smith, of New York, considers fat salt pork to the throat very valuable in anginose scarlatina. He finds it a safe and efficient counter-irritant, so decided in action that some skins cannot support it but for a short time.—*Med. and Surg. Reporter*.

TREATMENT OF ACUTE DYSENTERY BY INJECTIONS OF HOT WATER.

BY JOHN J. REID, M.D.

The plan of treating cases of acute dysentery by means of injections of water having a temperature of from 100° to 110° was suggested to the writer by the method pursued at the Woman's Hospital in the cure of cases of disease of the pelvic viscera.

The results obtained in dysentery have been such as to indicate its use in a large number of cases, if not in all, inasmuch as it does not interfere with any appropriate medication by the stomach.

It is inferred that the effects of hot water on the diseased mucous membrane of the rectum and colon are similar to what they are in the vagina, viz., blanching and contraction of the mucous membrane, with consequent diminution of the calibre of the canal.

Before having recourse to the above method cold water enemata were used, and with considerable benefit. Following this, tepid water was employed, and, apparently, with more advantage. As may be supposed, however, neither of these agents produced the same direct action as water of a temperature varying from 100° to 110°.

The method of administration is quite simple and does not require the services of a skilled nurse, or extensive apparatus.

The hips of the patient are slightly raised, by means of a pillow, and a basin of water of the requisite temperature is placed in the bed so as to allow the nates to rest on the edge of the vessel. The vaginal nozzle of a Davidson's syringe is then introduced into the rectum, and alongside of it the rectal or smaller nozzle. A current of water is then kept up for ten minutes, the water passing through the vaginal nozzle into the rectum, and returning by a steady stream through the smaller one into the basin, without causing any inconvenience to the patient. If the disease is extensive, and the colon involved for a considerable distance, a long rectal pipe may be employed instead of the vaginal nozzle.

The immediate effect on the patient is one of comfort, which lasts for about an hour.

The injections are to be continued every two hours, till the active stage of the disease is past.—*New York Med. Journal*.

SULPHIDE OF CARBON FOR CANCER OF THE STOMACH.

Anything which promises to palliate the sufferings produced by cancer of the stomach is likely to have a fair trial, inasmuch as most men in general practice are too often foiled in their endeavours to relieve patients labouring under this disease. There are times when all the well-known anodynes fail, and still the sufferer is desirous of trying something else, and the practitioner seems to have exhausted the materia medica. We have little doubt, therefore, that the suggestion of Dr. J. T. Whittaker to try bisulphide of carbon will be adopted by many; and we may, therefore, hope to hear some reports of its effects. Two cases have been reported by Dr. Whittaker to the Cincinnati Academy, in both of which this drug gave great relief. According to the account given in the *Clinic*, it is not vaunted as a specific, but is recommended strongly for the relief of the distressing stomach symptoms. In one of the cases the patient had been kept alive by six grains of morphia daily, one grain and a-half being the smallest dose that would give temporary relief. Dr. Whittaker then gave her two drops of the bisulphide in a teaspoonful of alcohol three times a day, increasing the dose to four drops dissolved in oil of almonds. Complete relief of the vomiting was obtained, and a great change in the progress of the case occurred. The morphia was reduced to one grain a day, sleep was obtained, appetite returned, and then the patient gained sufficient strength to go out and visit a friend. Another case was very similar, and Dr. Whittaker, though he does not for a moment consider his patients cured, holds that the disease is held in check by the bisulphide of carbon. Its well-known anæsthetic properties offer an additional encouragement to those who may feel inclined to try it. But we need not speculate on its mode of action until further evidence shall have been obtained, though we may say that its great solvent powers first induced Dr. Whittaker to give it, he being impressed with the idea that this would prevent the proliferation which is so distinct an element in the progress of cancer.—*Examiner*.

BROMIDE OF ARSENIC IN THE TREATMENT OF EPILEPSY.

Dr. Th. Clemens, of Frankfort-on-the-Main, has employed bromide of arsenic for twenty years in the treatment of diseases of the nervous system, and especially of epilepsy, and claims that he has obtained astonishing results with it. He uses the liquor of bromide of arsenic, and gives one or two drops in a glass of water once, or, if necessary, twice daily. These minute doses may be given for months, and even years, without producing the usual unpleasant effects of a long continued arsenical course. All his cases of epilepsy have been markedly relieved and improved by this remedy, but in only two cases has it produced a complete cure. In many cases of incurable epilepsy, complicated with idiocy and deformities of the skull, the fits were reduced in number from twenty in the twenty-four hours to four, or even two—a result that has been obtained by no other treatment. In connection with the bromide of arsenic, an almost exclusively meat diet is advised. The patients should be as much as possible in the open air in the daytime, and their windows should be kept open at night. Unlike bromide of potassium, this remedy does not require to be given in increasing doses, and instead of interfering with digestion, improves the nutrition and strength. Dr. Clemens has employed the following formula since 1859, and thinks that it ought to replace Fowler's solution, which is irrational in its composition and uncertain in its action. This solution becomes stronger with time, the chemical union of the bromide with the arseniate of potash becoming more and more perfect.

LIQUOR ARSENICI BROMIDI.

Arsenious acid, powdered	1 drachm.
Carbonate of potassa	1 “
Bromine	2 drachms.
Water, enough to complete ...	20 ounces.

Boil the acid and carbonate together until the dissolution is effected, add enough water to complete the quantity, and the bromine when the mixture has become cold.—*Cincinnati Lancet and Observer*.

GENERAL PARALYSIS OF THE INSANE—CAUSES.—Dr. Ashe (*Journal of Mental Science*,—*London Medical Record*, advances two original

ideas on the causation of general paralysis. Briefly stated, these are a general paralysis caused by the use of *beer* and by an *excess of phosphorus* in the system.

General paralysis scarcely exists in Ireland, but is common in England and Scotland. The English and Scotch greatly exceed the Irish in their consumption of malt liquors, and a highly phosphorised diet. Dr. Ashe is not able to find any other element of causation in which these countries differ.

ANEURISM OF THE ARCH OF THE AORTA THAT SIMULATED A PLEURITIS SINISTRA.

Marc F—, a drayman, thirty-eight years of age, of a robust constitution, was suddenly seized with a violent stitch in the side and intense dyspnoea, while walking alongside his cart on July 31st. He fell in the street and had to be carried to his home. Fifteen days later he was removed to the hospital De la Croix-Rousse, in Lyons, where he was placed under the care of M. Soulier. At that time the stitch had disappeared, but the oppression persisted; respiratory movements, 40; pulse, 104; slight cough. A physical examination revealed flatness, loss of vocal fremitus, and loss of the vesicular respiratory murmur over the whole of the left lung. A slight, soft murmur was heard posteriorly over the situation of the left bronchus. The voice-sounds were the same over both lungs, but the whisper-resonance was exaggerated on the left side. Mensuration showed that the left side of the thorax was not enlarged. A diagnosis of pleurisy was made. On September 2nd the patient had a severe attack of hæmoptysis. On September 9th he had another attack of hæmoptysis, in which large clots of blood were coughed up, and which proved fatal in a few minutes.

At the autopsy a small sacculated aneurism, as large as a nut, was found on the under surface of the arch of the aorta. The aneurism was filled with a firm clot, and it compressed and obliterated the left bronchus. The clot and the thin aneurysmal sac presented fissures which opened into the left bronchus, and through which the terrific hæmorrhage took

place. There was complete splenization of the left lung. The right lung and both pleuræ were perfectly normal. The case is of interest on account of the difficulty of the diagnosis.—*Le Lyon Médical*, November, 1876.

CAUSES AND TREATMENT OF INSOMNIA.

Passing in review the different causes of insomnia, Dr. Fothergill deduces from them the following therapeutic indications, which we find laid down in the *Lond. Medical*:—1st. Opium is indicated when the cause of insomnia is pain; and if there exists vascular excitement, it may be combined with arterial sedatives, as aconite and antimony. 2nd. Hyoscyaminus is especially useful in cases of insomnia from renal disease. 3rd. Hydrate of chloral is comparatively useful in insomnia due to pain; but it is the hypnotic *par excellence* when insomnia is coupled with sanguineous pressure (plethora), in fevers, and especially with children, when one unites with it bromide of potassium. It is hurtful in insomnia caused by sadness and cerebral exhaustion, as in melancholia, etc. 4th. Bromide of potassium has a marked sedative action, whether on the cerebral cells or on the vessels of the encephalon, and finds its special indication in cases in which insomnia is combined with peripheral irritation, especially in the pelvic organs; and it may be combined, according to the case, with chloral or opium. 5th. Alcohol is incontestably a powerful hypnotic in all cases where insomnia depends on sadness or pre-occupation (gloomy meditation). The change of gay ideas for sad ones clearly shows its indication. 6th. Some persons accustomed to open-air exercise are subject to insomnia when deprived of it. It may then depend on one of two causes: Either on strong tension in certain motor centres in the cerebral convolutions, or on diminution in the blood of the products of muscular oxidization, which, according to the experiments of Prever, would be directly hypnotic. 7th. When there is not perfect equilibrium between the different nerve centres, or there remains still to be exhausted a certain quantity of mental activity, one can induce sleep by tiring out the mind, by the repetition of figures or other like exercises.

Surgery.

ON THE USE OF THE ATOMIZER IN DISEASES OF THE EYE.

BY M. LANDESBURG, M.D., PHILADELPHIA.

The method of applying to the eye, in certain diseases, medical agents in the form of a fine spray, has scarcely found entrance into ophthalmic practice. It is true that at different times several German and French physicians have made use of the atomizer in certain affections of the conjunctiva and cornea, and, according to their statements, with the best success. But until now this process has met with but little approval among oculists, either from cautious reserve or indifference on the part of practitioners.

Dr. A. Schenkl (at the instigation of Prof. v. Hanser, whose assistant he then was) made a number of experiments on the method of using the atomizer in the different external diseases of the eye, and published his results in the year 1871 in the *Prager Vierteljahrsschrift*.

The high praise which Schenkl bestows upon the use of the atomizer caused me to make some experiments, so as to form an idea of the value of this method from my own observation. My experiments extended over a period of five years, and their results (which I here communicate preliminarily) are based upon a long line of observations.

Dr. Schenkl has successfully applied the atomizer in the following diseases of the eye, viz. :—

1. In simple conjunctival catarrh without complications.
2. In chronic blennorrhœa.
3. In pannus.
4. In opacities of the cornea from different causes.

The substances employed were sulphate of copper, laudanum, tannin, cuprum aluminatum.

My experiments were based upon two questions, viz. :—

1. Is the atomizer at all admissible in ophthalmic practice, and, if so, in what diseases of the eye?

2. What advantages has the new process over the usual method of treatment?

The results are as follows, viz. :—

The use of the atomizer in ophthalmic practice must be regarded as a real advance in the treatment of diseases of the eye. This method offers several advantages which cannot be as safely attained by any other process. But it is not to be applied in all diseases of the eye in which it is recommended by Schenkl.

Absolutely injurious is its use in all inflammatory conditions of the mucous membrane of the eye, either in the form of conjunctival or granular catarrh, with or without complication of the cornea.

With respect to the genuine diseases of the cornea, the application of the atomizer must be emphatically condemned in all superficial diseases of the same during their development. But as soon as the inflammatory appearances have subsided, we have in the atomizer a valuable means to bring the disease to a rapid end and to facilitate the absorption of the opacities of the cornea.

In all recent opacities of the cornea, especially after burns and sloughing, there is no other means so well calculated to restore the transparency of the cornea as the use of the atomizer.

In the treatment of diffuse keratitis the atomizer has proved preferable to all other methods.

The period of the treatment was in my cases reduced to almost one-half the usual time, and the results were such as could not possibly be achieved by any other method. The earlier it is applied in diffuse keratitis, the more favourable will be the result. Even the presence of iritis does not contraindicate its use.

With it we achieve what we could not attain until now by any other treatment. We break the force of inflammation, further reparation, and accomplish an almost complete transparency of the cornea.

Whether in old opacities of the cornea the atomizer can be applied with any hope of success remains as yet an open question. The extremely favourable result in one case in which I tried it certainly encourages further experiments.

The substances experimented with are the following :

Cupri sulphas, with and without laudanum.

Simple laudanum, extract. opii.

Cuprum aluminatum.

Sodii chloratum.

Sodii carbonas and bicarbonas.

The best results were attained with extractum opii.

The apparatus used was Siegel's atomizer.

The length of time of each application varied from three to six minutes for each eye, according to the degree of irritation.

The reaction is considerable at first, but disappears very soon.

Bad effects I have never observed.—*Phil. Med. Times.*

ROYAL LONDON OPHTHALMIC HOSPITAL.

APPARENT FAILURE OF HEART'S ACTION DURING INHALATION OF ETHER.

For the following notes and remarks we are indebted to Mr. Morton, M.B., senior house-surgeon. As the question "Ether or chloroform?" is still *sub judice*, the record of the subjoined case may prove interesting.

George S—, shipwright, aged forty-four, a strong, healthy-looking man, came to this hospital on the 25th ult. with his left eye lost by an injury sustained some time since. He consented to have the eye-ball removed, for which purpose anhydrous ether, as prepared by Messrs. Robbins and Co. for general anaesthesia, was administered by Mr. Morton after the method always employed at this hospital—namely, a conical sponge hollowed in the middle, and lined with flannel. There was not nearly so much struggling as there is frequently, though there was some unwillingness to respire freely, and a tendency to dropping of the lower jaw, with falling back of the tongue; but by forcibly holding forwards the lower jaw by means of his beard the patient was fully anaesthetised in about seven minutes after inhaling about five ounces of ether. All went well to the completion of the excision, when, having removed the inhaler, though still holding forward the man's lower jaw, Mr. Morton was proceeding to compress the bleeding tissues when he

observed that there was no hæmorrhage. The man's lips were then noticed to be very pale, as was also his whole face, and his respirations had ceased. Artificial respiration was at once commenced, and one of the assistants who was raising and lowering the arms felt that the pulse was extremely feeble. The tongue was also forcibly drawn forwards, as it had fallen far back in the mouth, although the lower jaw was being held forwards. After the artificial respiration had been continued some eight or ten times the patient made one or two feeble efforts to breathe, and the conjunctivæ were becoming sensitive, when one of the clinical assistants suggested the use of nitrite of amyl, four minims of which were accordingly given on a piece of lint, and the artificial respiration continued, but the patient soon began to breathe for himself, and speedily recovered consciousness, walking out of the theatre a few minutes afterwards.

This case seems to have been one of cardiac failure, as indicated by the pallor of the face and lips and the feebleness of the pulse, though it may be thought by some to have been due to an obstruction to the respiration from his tongue having fallen back. This is scarcely likely, for he had breathed to within very few seconds of the time that the absence of respiration and the extreme pallor were noticed. Further, Mr. Morton remarks that in all cases, now more than 500, in which he has administered ether, if there has been any obstruction to the respiration it has always been accompanied by intense congestion of the face and blueness of the lips; yet in some cases where vomiting is about to occur this is preceded by pallor and profuse sweating, but that does not apply to the present case, for there was no vomiting nor any tendency to it. It would be interesting to know whether others have seen cases in which there has been cardiac failure during the inhalation of ether, and it is important to note the fact that holding forwards the lower jaw did not prevent the tongue falling back, as it is commonly alleged to do. In conclusion, it may be stated that the patient has a slight mitral regurgitant murmur, and occasionally suffers from difficulty in breathing after a hard day's work.—*London Lancet.*

ON SUPPURATION OF THE ANTRUM.

BY CHRISTOPHER HEATH, F.R.C.S.,

Although suppuration of the antrum is a well-recognized surgical affection in its severer forms, it appears to me that cases of purulent collections in the antrum are often overlooked, and the symptoms attributed to other causes. When one considers how closely the molar teeth (and even the front teeth in some cases) trench upon the mucous cavity of the superior maxilla, and how anxious both patient and dentist are to preserve a tooth by careful stopping, destruction of the nerve, drilling of the pulp cavity, &c., it is not surprising that mischief should occasionally be propagated from the tooth to the thin plate of bone covering it, and thence to the lining membrane of the antrum. A dull pain, somewhat resembling that of a cold in the head, is often all that is felt at first, but occasionally, as in a gentleman recently under my care, the pain is most acute, and of a sharp, stábbing, neuralgic character. An offensive odour is now sometimes perceptible to the patient, but not to those around him—thus differing markedly from ozæna—and a sudden discharge of matter from the nostril when blowing the nose may relieve all the symptoms for the moment. The more common course of events is, I think, that without any acute pain the patient notices that he has a purulent discharge from the nose upon blowing it, and perhaps is aware that when lying down the discharge finds its way into the throat. This latter point is often overlooked, however, though there may be a complaint of a very disagreeable taste in the mouth, and a tendency to nausea in the morning.

With all this there is no distension of the antrum, and it is this fact that frequently misleads the practitioner. It is certain, however, that in health there is invariably an opening between the antrum and the nostril, and that even when this is closed the wall is very thin and readily absorbed, and it is quite exceptional, therefore, when the antrum is so distended with pus as to give rise to any prominence of the cheek. Undoubtedly cases of this kind have been recorded, but it may be doubted whether some of them were not examples of

cyst, the contents of which had become purulent, for we know that cysts in the wall of the antrum readily produce great deformity. The natural opening into the nose is not at the level of the bottom of the cavity of the antrum, and hence there is always a small residuum of discharge, which the patient can only partially get rid of by holding the head on one side.

Given, a patient who complains of purulent discharge from the nostril, with occasionally a disagreeable smell, and the case is too apt to be put down as one of ozæna, and treated by nasal douches, snuffs, &c. But, as already mentioned, the offensive smell is perceived only by the patient, and not by his friends, the reverse being the case in ozæna; and, again, the discharge is only occasional, is determined by the position of the head, and is simply purulent, whereas, in ozæna the discharge is constant, and mixed with offensive crusts from the nasal cavities. Again, the dull ache, varied occasionally by acute pain, is apt to be referred to the teeth alone, and the most careful examination may fail to detect any special tenderness in any one tooth. Hence, after exhausting the usual routine remedies for neuralgia, I have known wholesale extraction of useful teeth undertaken with no benefit, unless it should fortunately happen that the tooth which has perforated the antrum should be extracted early, when the discharge of pus at once clears up the nature of the case.

The most serious consequence, however, of an unrecognized empyema of the antrum is, I believe, the damage done to the digestive organs by the constant swallowing of purulent fluid during sleep. Under these circumstances, the patient is always ailing, is unable to take food in the morning, and may be reduced to a state of great prostration even dangerous to life. The usual remedies for indigestion are likely to be of little service so long as the purulent drain continues.

The treatment by perforating the antrum from the mouth, and washing out the cavity into the nose, is perfectly well recognized, and I have nothing to add to it, except to urge that it should be undertaken more readily than it often is. The aperture made in the bone, whether above the alveolus or through the

socket of a tooth, is only too apt to close, and there need, therefore, be no fear of causing permanent damage to the jaw by even an unnecessary puncture. I prefer a trochar and canula for the operation, but it may be equally well done with a strong pair of sharp-pointed scissors, as recommended by Brodie, or with an ordinary carpenter's gimlet, as proposed by Fergusson. For washing out the cavity I have found nothing so convenient as a Eustachian catheter, to which an india-rubber bottle can be readily adapted.—*Examiner*.

HERPES ZOSTER—ITS PATHOLOGY AND TREATMENT.

BY DR. L. D. BULKLEY.

Dr. L. D. Bulkley (in the *American Journal of Medical Sciences*, July, 1876) summarises our knowledge of herpes zoster as follows:—

1. Whatever may be the cause of the nerve irritation, herpes zoster is always of nerve origin; that is, it is an inflammatory lesion of the skin, wherein the local cell action resulting in the production of vesicles is but the result of nerve influence, a perverted cell action caused by perverted innervation.

2. From the almost constant changes found in the ganglia developed on the posterior or sensitive roots of the spinal nerves of the affected regions we must infer that the trophic changes observed in the skin have to do with the sensitive nerves.

3. We are not to conclude, however, that zoster is the result of inflammation, of the sensitive ganglion alone, for the entire nerve on the distal side of the ganglion has been always found to be inflamed, and abundant proof exists of eruptions of zoster due to various nerve lesions, peripheral and central, injuries and disease of the transmitting nerves and of the cord and encephalon.

4. In certain cases the origin may be shown to be idiopathic inflammation of conducting nerves; or they may be affected by pressure or other alterations caused by the presence of a tumor; or the disease may be the result of surgical or other injury.

5. The origin, therefore, of herpes zoster is a direct nerve irritation and inflammation, and in ordinary apparently idiopathic cases the ex-

planation of this is to be sought for in the same causes as give rise to neuralgias in general, some of which are traceable, many are not. The gouty habit inducing neuralgia can likewise give occasion to herpes, the direct exposure to cold of the terminal branches of a nerve, as in the head and neck, or elsewhere, can cause painful excitation of the nerve itself, or neuralgia, and is equally a cause of zoster.

6. The eruption of zoster is an epiphenomenon to primary neuritis and neuralgia.

7. The clinical history and therapeutics of herpes zoster are in themselves almost convincing proofs of the neurotic nature of the disease. In most cases, especially in younger patients, the treatment is purely expectant, while in severe cases and in elderly persons the neuralgia is the principal element requiring attention, and this is remedied by measures directed to the nervous system. In the majority of instances the nerve irritation, or inflammation, subsides spontaneously, the whole train of morbid phenomena occupying about the same length of time taken by other self-limited inflammations, while under circumstances the *sequela* require attention, as in other diseases. The local destruction of tissue is sometimes a troublesome feature in the way of ulceration or necrosis of the skin, or the neuralgia persists to a distressing degree, even under the most intelligent treatment.

8. Three therapeutic agents seem to have marked control over herpes zoster. First, phosphorus, which used in the form of phosphide of zinc, one-third of a grain with one-third of a grain of extract nux vomica, given every three hours, will pretty certainly *abort* the disease if given early. Second, electricity, the galvanic current passed directly through the effected nerves, their trunks and peripheral branches will have the effect of causing the affection to abort if used early, or check the pain and dry up the vesicles sooner than otherwise. Third, quinia with iron, will, if pushed early, shorten the duration of the disease, and relieve many unpleasant symptoms. The hypodermic injection of morphia relieves the pain, and if used early and repeatedly might abort the disease by checking the nerve irritation. Ordinarily, the only local treatment required is of the inflamed surface—best accomplished by powdering it with starch, and keeping a single thickness of muslin firmly applied and left on until the vesicles are dry.—*Detroit Review*.

A SUCCESSFUL GASTROTOMY FOR STRICTURE OF THE ŒSOPHAGUS.

The operation of making an artificial opening into the stomach in the case of stricture of the œsophagus has recently been performed with the best results by M. Verneuil, of Paris, who brought the details of his case before the meeting of the Academy of Medicine on the 24th of October. He remarked that since its introduction by M. Sédillot this operation had been performed in different countries in all sixteen times, but never with success until on the present occasion.

The case is one of great interest, and we cull the following details from the report of the proceedings of the meeting in question in *La France Médicale* for the 28th ult. : The majority of attempts to form a permanent gastric fistula have been made on the subjects of cancerous stricture of the œsophagus and in patients already weakened by hæmorrhage and cachexia. M. Verneuil's patient was a healthy lad seventeen years of age, who on February 5th of the present year accidentally swallowed a solution of caustic potash. Intense pain in the throat and exfoliation of the mucous membrane of pharynx and œsophagus followed, and on the subsidence of these immediate effects of the caustic, the patient experienced great difficulty in swallowing. The dysphagia increased until, on March 31st, he came under the care of M. Dumontpallier, at La Pitié Hospital. Attempts at catheterism of the gullet were frequently made without success, the seat of obstruction being apparently in the thoracic portion of the tube. On the 24th of May the patient was transferred to M. Verneuil's care. He was then much emaciated, his face was pale and worn, and his temperature and pulse were below the normal. He was unable to swallow anything, all food being returned as soon as taken. Catheterism showed the existence of a very tight stricture, about seven inches from the upper extremity of the gullet, so low as to preclude the idea of œsophagotomy. After repeated failures to introduce instruments *per vias naturales*, when the patient was under the influence of chloral, M. Verneuil at length decided to perform gastrotomy, after consultation

with M. Léon Labbé. Full antiseptic precautions were taken during the operation, of which the following are the details :—Chloroform being administered, an incision was made in the abdominal wall parallel to the margin of the ribs on the left side, about two inches in length. The skin, subcutaneous tissue, and obliqui muscles were then divided, and the peritoneum being exposed was raised by forceps and laid open with the scissors. The stomach was recognised by its white colour, and, being seized with forceps, was drawn into the mouth of the wound, and its wall brought into apposition with the latter by acupuncture needles. The portion of stomach exposed was then carefully stitched to the lips of the wound in the peritoneum and the abdominal wall ; and the viscus was then laid open. Its wall was of considerable thickness. A vulcanised sound was introduced into the organ for the distance of about three inches. There was considerable hæmorrhage from the incision in the stomach, which was arrested by means of forceps ; and, colloidion being applied over the whole surface of the abdomen, the patient was removed to bed. He made a good recovery, and almost at once was able to take liquid food through the artificial opening. At the time of the operation the weight of the patient was under 33 kilogrs. (about 72 lb.) ; a month later it was 34 kilogrs. (75 lb.) ; and about three months after the operation it was 42 kilogrs. (92 lb.) He enjoys a good appetite, which he is able fully to satisfy. M. Verneuil acknowledged that the successful issue was in great part due to the care bestowed on the case by the dressers and nurses. He added that it remained to be seen how the patient will endure the novel mode of alimentation, which he will be compelled to follow for the whole of his life ; for, unlike Alexis St. Martin, who took his food by the mouth, this patient has a stricture of the œsophagus which is probably impervious. The communication was listened to with great interest, and, at the request of many of his colleagues, M. Verneuil promised to bring the patient to the next meeting of the Academy (last Tuesday), and to give him a meal before the eyes of the members.—*London Lancet.*

ROYAL COLLEGE OF SURGEONS.

A greatly improved plan of conducting this examination was introduced on the present occasion by the Court of Examiners, and contrasts very favourably with the former method. By the present plan no candidate is examined a second time by the same examiner,—he appears before each as a fresh candidate at the different tables; and this is so fully carried out that not even the papers at the written examinations are read by the same examiner.

The following full account of the improved mode of conducting this examination will be read with interest by intending candidates, as well as by our readers generally. And here may be again noticed that visitors properly qualified are at once readily admitted on sending in their card to the chairman of the Court, Mr. John Birkett, the senior Vice-President of the College; there were several such on the present occasion. We are now speaking only of the final or pass examination, which was commenced on Friday, the 23rd ult., in the theatre of the College, when the following questions on Surgery and Pathology—all of which were required to be answered between 1.30 and 5 p.m.—were submitted to the fifteen candidates, viz.:—1. Describe from the commencement, and in its several stages, the anatomical characters of the affection commonly known as disease of the hip-joint in childhood; and discuss the pathological changes that occur. 2. Mention the principal cases in which the condition known as hæmophilia becomes of surgical interest. Discuss the pathology of that affection; and describe the treatment, local and general, which you would adopt in particular instances. 3. Discuss fully the question, In what cases is it justifiable to perform the operation of castration? Describe the operation, its accidents and complications. 4. Describe the various forms of internal acute intestinal obstruction; and the surgical treatment that you would adopt in each case.

The answers to these were then distributed amongst the members of the Court, none of whom read those of pupils from their respective hospitals; and this was the case throughout the long examination. On the 24th ult. the

candidates assembled again in the theatre, where eighteen patients (selected from a large number sent from the various metropolitan hospitals) were placed separately in compartments with the candidate, who was provided with materials for writing, describing and diagnosing each particular case, half an hour being allowed, at the end of which the candidate was conducted to another patient, similarly placed, with the same time allowed. The written papers were then submitted to the Court for consideration. The following were the cases sent from St. Bartholomew's, St. Thomas's, Guy's, St. George's, University College, and St. Mary's Hospitals, viz.:—Syphilitic eruption (lupus), hernia and varicocele, double hydrocele, fluid tumour of the leg, chronic abscess of the thigh, encysted hydrocele, syphilitic disease of bones of the foot, epithelioma of the palate, tumour of the tibia, ulcer of the tongue, papilloma of the tongue, enlarged testis and hydrocele, syphilitic eruption and periostitis, disease of knee and fracture, node on the arm, syphilitic testis, and hernia. After which each candidate was examined orally by two members of the Court on four patients, none of whom he had previously seen.

On Saturday, the last day of this ordeal, the members of the Court and the candidates again assembled in the theatre for examination in Practical Surgery. Two subjects were provided, on which each candidate was required to perform two operations. These consisted principally of amputations, tying arteries, trephining, etc. This over, the candidates proceeded, four in number, to as many tables in the library and council-room, which were covered with a selection of good practical cases from the museum. Here they had each fifteen minutes' oral examination at three tables, and this completed the examination.—*Medical Times and Gazette.*

THE TREATMENT OF PSORIASIS.—One use appears at last to have been found for phosphorus, which, if confirmed by further experience, will make it a most useful medicine. Dr. Broadbent mentioned at the Clinical Society a case of psoriasis, in which, after other remedies had failed, he gave phosphorus, and in a week the disease, obstinate before, was cured. As Sir W. Jenner pithily observed, cases of psoriasis are plentiful, and phosphorus capsules to be had in abundance, and there should be no difficulty in inquiring into the action and use of phosphorus in this obstinate and oftentimes extremely troublesome disease.—*London Lancet.*

A
HOPITAL ST. LOUIS, PARIS.

PECULIAR FORM OF LUXATION OF THE EXTERNAL
EXTREMITY OF THE CLAVICLE.

(Service of M. PEAN, under the care of M. NICAISE.)

The luxation of the clavicle directly backwards over the acromion is a form which is rarely seen. In neither "Malgaigne" nor the "Dictionnaire Encyclopédique des Sciences Médicales" is any mention made of it.

Michael H—, aged eighty-one, shoemaker, native of Antwerp, came to the hospital, complaining of inability to use his right arm. On the 7th September, while crossing the street, his foot slipped as he was getting on to the pavement, and he fell on to the back part of his shoulder.

At first sight the case appeared to be one of luxation of the head of the humerus forwards, several of the symptoms of that form of displacement being present. But upon closer examination it was easy to determine that the head of the humerus had not left its cavity, and that there was in reality a luxation of the clavicle, and not of the humerus.

The symptoms were briefly as follows:—In front the internal extremity of the clavicle was prominent, the inferior and superior clavicular fossæ were effaced, and the distance between the middle line and the shoulder was diminished. At the shoulder the head of the humerus was found to be in its normal position. The articular surface of the acromion was found to be situated in front of the clavicle. Behind the acromion the external extremity of the clavicle could be readily distinguished. The articular surface of the latter was situated outside the acromion, and its anterior border corresponded with the posterior border of the acromial process. The head was slightly flexed, and turned towards the right. The elbow was separated from the body by a distance of ten centimetres. The spinal border of the scapula was prominent, and its inferior angle was pushed towards the spinal column. The movements of the arm were very limited, and caused much pain.

The patient was put under the influence of chloroform with the view of reducing the luxa-

tion, but this was found to be impossible; accordingly his arm was fixed in a sling.

M. Nicaise, who was doing duty at that time for M. Péan, proceeded to make some experiments upon the dead body, in order to determine the mode of production of this form of luxation. With the section of the acromioclavicular ligament it was impossible to produce the luxation. The trapezoid ligament was then cut, and it was then found easy to produce the desired displacement. The conoid ligament was left intact. From these experiments it may be inferred that the rupture of the trapezoid ligament is necessary for the production of this form of luxation.—*London Lancet.*

POISONING BY TINCT. GELSEMINUM.

TREATMENT BY HYPODERMIC INJECTION OF
MORPHIA.

Dr. G. S. Courtright, of Lithopolis, Ohio, read a paper before the Hocking Valley Medical Association, at Bremen, Ohio, on a case of poisoning by gelseminum. We give briefly, from the report in the Cincinnati *Lancet and Observer*, for November, the symptoms presented and the treatment adopted.

The patient, a medical man, had gone into a drug store to get some whiskey and tincture of cinchona as a tonic. Two bottles were handed to him, and it being a little dark he poured out at least one or two teaspoonfuls of what he supposed was tinct. cinchona. He noticed some difficulty in his sight while walking home. When at breakfast, could not pour out the coffee from the cup; his chin dropped down, and he could not eat, and with difficulty walked into the next room to lie down. Could not see distinctly on account of difficulty in opening the eyes; did not see double. Intellect unimpaired, but slightly confused. A sense of suffocation.

When first seen by Dr. Courtright the respirations were slow, pulse 98 to 100, very weak, face congested, lips livid, mouth partially open, lower jaw banging; could move his tongue slightly, but unable to articulate distinctly; interior of mouth and fauces moist; pupils largely dilated and insensible to light; the

eyes had a fixed stare; the sclerotic was congested; lids drooping; intellect seemed clear. The head had to be kept thrown well up and back to allow air to enter the lungs. There was some delirium or aberration of mind for 24 hours, with pulse 90. Respiration regular, and 18 per minute; temp., 101, which was followed by an expectoration of thick yellow pus for six or seven days. He had never previously suffered from bronchitis. Ipecacuanha and mustard were given in as large quantities as could be swallowed, but no emesis followed. Frictions, with heat and sinapisms to the extremities, and over the stomach, were also used. Half to three-quarters of a grain of morphia sulph. was injected hypodermically, and repeated in three minutes, when, within three minutes, the breathing improved. In four minutes from the last injection it was repeated. In two and a-half to three minutes he partially raised his arm, and, with an effort, and by an assistant holding up the lower jaw, he said, "*Be spray.*" The pupils were now slightly contracted, the eyes began to lose their fixed stare, and the eyebrows could be slightly moved. In four minutes the injection was repeated (same dose), and half a grain given internally. During all this time, and for thirty minutes afterwards, the head had to be kept well up and back to allow air to enter the lungs.

Soon after vomiting took place. In six minutes the injection of morphia was repeated, and this time he complained that it hurt. Up to this time there had been complete insensibility to pain in both arms. The pulse became stronger and less frequent. No farther medication was used, except one dose of morphia internally one hour after. The paralysis gave way gradually, and two hours after he was able to give an account of the accident. It was at least two hours from the time the poison was taken until the commencement of the use of the morphia hypodermically.

On going to the drug store it was found that the bottle containing tinct. cinchona, and that containing tinct. gelseminum were standing side by side, close together, and that containing belladonna was on another shelf, some six feet away. The doctor at first thought that he had taken belladonna.

PRURITUS FROM AN UNUSUAL CAUSE (TROMBIDIUM).

BY TILBURY FOX, M.D., F.R.C.P.,

Physician to the Department for Skin Diseases, University College Hospital, &c.

At the end of July, 1876, a gentlemen resident in the Eastern Counties noticed on the eyelid of his infant a small red speck, which, on examination with a hand microscope, proved to be a living parasite, partially imbedded in the skin. Several days subsequently his wife was greatly annoyed by pruritus, and her neck and chest were found studded here and there with these little red specks, which at first sight were thought to be "petechiæ," but turned out to be insects. They could be readily extracted with a pin. In the attempt to discover the source whence the parasites came, a pet pug dog was examined, and then collections of these parasites on the nose and between the eyes—where, in fact, the hair was least thick—were discovered. During the month of August the little red visitors caused excessive annoyance to the servants and every one in the house, defying all remedial measures, though some members of the household were very much less affected than others. Remove them as you would, the next day a fresh supply appeared, and the insects were found on the arms of the infant as well as the face, on the back, neck, and chest, and even the nipples of the adults. A favourite long-haired French cat was examined, because one of the family, after nursing the cat, was greatly annoyed, and the ears were found infested. The hair fell off, leaving bald patches where the parasites were congregated on the dog and the cat.

In the middle of August the animals were shut up, isolated, and regularly dressed with equal parts of sulphurous acid and glycerine, and the plague began to diminish at once. The members of the household had tried citrine ointment, compound sulphur ointment, detergent solution of tar, &c.; but still the nuisance continued in some degree, and a second cat was found affected. But when all the animals were shut out of the house the mischief did not cease. There was some doubt and difference of opinion with regard to the exact species of the parasite. A specimen was submitted to my

friend Dr. Cobbold, and he pronounced it to be trombidium, or garden mite, which lives on plants. It is closely related to the true mites, the itch insect, the little red "spider" of hot-houses, and the well-known *Leptus autumnalis* or "harvest-bug." The annoying pruritus about the legs produced by the latter at the end of the summer, after a walk in the fields, &c., is well known to every one; and Dr. Heiberg has lately recorded that the nuisance assumed an epidemic form in a village in Denmark. In the present case the pruritus was chiefly around the neck and shoulders, and several parasites were removed from the eyelids. The plants in the garden were not examined to see if plant mites were very abundant there, as this exact source was not suspected at the time. There can be very little doubt, I think, that the original source must have been certain plants in the garden; that the house pets, who were, undoubtedly, first affected, were agents in the conveyance of the main portion of the parasites to the human members of the family, but not exclusively, the probability being that many of the people, especially after the pet cats and dog were excluded from the house, managed to be infected directly from the original source.—*Examiner.*

THE DELIRIUM OF OPERATORS.

Under this sensational title, Dr. Gueniot, of Paris, undertakes to describe a delirium which may seize a surgeon during an operation, consisting in a more or less temporary mental aberration, during which he may inflict injuries on his patient, always of a serious character, and usually fatal. The young surgeon is especially predisposed to this terrible attack, affected, as he may be, by the sight of blood, anxious with regard to the opinions of others, and menaced alike in his interests and self-esteem. This delirium is much oftener observed during obstetrical operations than in those of ordinary surgery. They, in fact, are often undertaken by practitioners only imperfectly acquainted with the proper manœuvres, while the execution of these in the depths of the organs concerned conceals the extent and importance of the lesions produced. Numerous cases were cited, which either have been published by authors, or have fallen under Prof. Gueniot's personal observation, in which fearful and fatal lesions have been produced, when neither the circumstances of the case, nor the ignorance of the operator afforded any explanation—nay, in more than one of these, he was a person of expertness.—*Med. and Surg. Rep.*

Midwifery.

ABDOMINAL AND CÆSAREAN SECTION.

We have not often had more pleasure, as medical journalists, than we have had recently in giving insertion to the two brilliantly successful cases, respectively by Mr. Thomas R. Jessop, of Leeds, and by Dr. James Edmunds, of London. The cases were alike in one particular—viz., their successful ending, both as regards the mother and the child. In nearly all other respects the cases were different, and, in consequence, the method of proceeding. Mr. Jessop's case, by far the rarer, indeed, almost unique, was one of extra-uterine gestation, the child being lodged in the midst of the bowels, the placenta covering the outside of the fundus of the uterus and the inlet of the pelvis like the lid of a pot. The uterus was, of course, not opened; its cavity measured only two and a-half inches. The placenta was not removed. Great pains were taken to leave it untouched, and to leave an opening in the lower part of the abdominal wound for the escape of placental débris and other discharges. Dr. Edmunds' case was one in which the Cæsarean section was necessitated by the existence of a large tumour filling the pelvic brim and cavity. The patient had been in labour sixty hours, for twenty of these in hard expulsive labour without any progress. It is no part of our intention here to repeat the particulars of the cases. The description of the cases by the operators will remain part of the classics of obstetric achievement, to be studied *verbatim* by those practitioners who may find themselves confronted with similar cases in the future. Dr. Edmunds' procedure is, perhaps, most remarkable for the care taken to avoid septic taint of all kinds, the fact that he did not apply any sutures to the uterine wound, and for the perfect simplicity of the after-treatment. The operation was performed in the Temperance Hospital, alcoholic beverages being rigidly excluded, as in a former case by Dr. Edmunds, recorded in *The Lancet* for Jan. 5th, 1861. At the end of the long operation the pulse and respiration were normal. She slept tranquilly the first night after. The pulse and temperature never varied from what was perfectly normal, and on the twenty-third day after the operation the mother and child left the hospital well. Such records raise the fame of obstetric surgery.—*London Lancet.*

Otology.

REPORT ON OTOLOGY.

BY A. M. WHITEHEAD, M. D., SPRINGFIELD, OHIO.
(Read before the Clark Co. Medical Society Sept. 14th, 1876.)

In presenting to this society a Report on Otology I need hardly say that the great frequency and importance of diseases of the ear merit more consideration and study than is accorded them by the general profession. When the best authorities are led by their experience to assert that there are more ear cases than eye cases, and that not more than one in every three persons between the ages of twenty and forty years possess strictly normal hearing in both ears; and when we consider that a very common disease of this organ, in regard to which the laity have been taught erroneous doctrines—I mean chronic suppuration of the middle ear, which may involve not only the hearing power but the life of the patient; we must feel that it is evident, that we are dealing with a subject on which every practitioner of medicine is or should be very much interested. The time of the society will not admit of me dwelling upon or giving in detail the advancements which have been made in this department of our profession during the past few years; it may be sufficient to say they have been most gratifying. The gradual diminution of cases which are classed as nervous deafness, the rare occurrence of cases in which the primary lesions are of nervous origin, is the surest evidence we have of the progress which has been made in the diagnosis and treatment of diseases of the ear.

Having presented to the society a paper upon this subject some time ago, and mentioned in a general way the means of diagnosis and manner of examining the ear, I will confine this report chiefly to a few cases which have been under my own treatment during the past few years.

CASE 1. C. S., aged 16, applied for treatment; constitution scrofulous. His hearing had been impaired about three years in both ears. A watch could be heard about three inches from the auricles. Examination showed catarrh of the fauces with enlarged tonsils. The drum-heads were sunken, and congested; inflation of the middle ear by means of the catheter was followed by immediate improve-

ment in the hearing. The air douche was used once a day for about three weeks, with an injection every third day of a solution of sulph. of zinc, grs. ii to ʒi of water. The tonsils were scarified and the tincture of iodine applied. This treatment, with the use of a gargle of chlorate of potash morning and evening, and anti-scrofulous constitutional treatment, restored the hearing perfectly. I may mention that there was hereditary tendency in this case, as several of the family for three generations were afflicted with deafness.

CASE 2. E. G. C., aged about 45, applied for treatment, and stated that his hearing had been impaired several years. He also complained of tinnitus aurium and a sense of fulness in the ears. Examination showed an abnormal dryness of the auditory canal, with a thickened and sunken condition of the membrana tympani. A watch could be heard when placed upon the auricles. The use of the Eustachian catheter with Politzer's method of inflating the ear, resulted in a marked improvement in the hearing, without any change in the tinnitus or the secretion of cerumen. The treatment was continued by applying steam to the middle ear by means of the catheter. The use of this treatment for about ten days was followed by further improvement in the hearing and complete relief from tinnitus aurium. The secretion of cerumen was also increased to as much as would be expected in a normal condition of the parts. The result of the treatment of this case with a number of other similar cases which have come under my charge during the past year, has led me to regard steam applied to the cavity of the tympanum as a valuable remedy, not only for catarrh and impaired hearing, but for diminished secretion of the external auditory canal. I also think it confirms to some extent the prevalent idea that affections of the middle ear are connected with the diminution of the secretion of cerumen, that there is a physiological unity of the parts, and that they stand in dependence one upon the other.

CASE 3. Miss S., aged 15, applied for treatment, and stated that her hearing had been impaired about two years, and that she had been under the treatment of a homeopathic physician in this city all summer, but there had been no

improvement in her hearing. The treatment he had used was Politzer's method of inflating the ear. Examination showed a congested condition of the membrana tympani. There was also naso-pharyngeal catarrh. A watch could be heard about four inches from the right ear, and about six inches from the left ear. The air douche by means of the catheter once a day for four weeks and an injection of a solution of common salt, of the naso-pharyngeal cavity, by means of the naso-pharyngeal syringe, with a gargle of a solution of chlorate of potash, morning and evening, resulted in complete relief from deafness and catarrh. I would state that although Politzer's method of inflating the ear is sometimes sufficient in recent cases, and in children, it can never take the place of inflation by means of the catheter, for the reason that the air is only forced into the drums. There is no counter current, as in catheterization, by which any accumulations that may have formed in the cavity of the tympanum may be removed. The force by means of the catheter is also greater and much more effective.

CASE 4. H. H. P., aged 28, scrofulous constitution, applied for treatment, and stated that his hearing had been impaired several years and was gradually growing worse. He also complained of tinnitus aurium and a feeling of fulness in the ears. Examination showed an abnormal dryness of the auditory canal, with ulceration and partial opacity of the drum-head of the right side. On the left side the drum-head was sunken and congested. A watch could be heard when placed upon the auricles. Under treatment by inflation with the catheter and the application of the vapour of warm water to the middle ear, with a solution of compound nitrate of silver grains xx to ʒi of water dropped into the ear morning and evening, and the iodide of potassium as constitutional treatment, the ulcers were healed and his hearing became perfect.

CASE 5. Was a man aged about 40, who stated that he had not heard in the left ear for twenty years, and that recently the hearing of the right ear had become so much impaired as to seriously interfere with his vocation, which was that of a mechanic. A watch could be heard about one inch from the auricles. Ex-

amination showed acute inflammation of the drum-head of the right side. On the left side the drum-head was sunken, and less translucent than normal. The use of the Eustachian catheter was followed by a marked improvement in the hearing of both ears, and the patient expressed himself as satisfied if he received no further benefit. After one week's treatment a watch could be heard about two feet from the auricle, when the treatment was stopped, in consequence of the patient leaving this city. In this connection, I would state that in long standing cases, where there is a marked improvement at once, after the use of the catheter, the difficulty is in the Eustachian tube. Sometimes the mouth of the tube is only closed by a plug of mucous.

CASE 6. Mr. S., aged 21, applied for treatment, and stated that his hearing had been impaired about ten years, and was gradually growing worse. Examination showed catarrh of the fauces, with the tonsil of the right side somewhat enlarged, which had been amputated before he came under my observation. The drum-heads were sunken and partially thickened. A watch was heard about two inches from the ear of the left side; on the right side it was heard only when placed upon the auricle. This patient was under treatment eight weeks, and was completely relieved. The vapour of warm water was applied to the middle ear, alternated every third day with an injection of a solution of chlorate of potash.

The potash I have never seen recommended by any of the authorities as an application to the middle ear, but used it upon general principles, as I have applied it in cases of ophthalmia with very prompt effect.

CASE 7. E. T., aged 17, has had a discharge from the ear, with great impairment of hearing, since an attack of scarlatina in infancy. Hearing distance by the watch: right ear, two inches; left ear, one inch. Inflation, by means of the catheter, made a marked improvement in the hearing of the right ear, which only lasted a few hours. The cause of this, I suppose, was a change in the position of the ossicula; as the same effect followed the application of an artificial membrana tympani. After removing it the patient would hear well for a few hours,

until the bones become displaced again. This patient was treated with an injection of a solution of sulph. of zinc through the catheter, and thorough cleansing of the auditory canal, and a solution of the compound nitrate of silver dropped into the ear morning and evening. After one month's treatment an artificial membrana tympani was applied, which enabled him to hear ordinary conversation without difficulty. The treatment was then discontinued, in consequence of the patient leaving this city. I did not undertake to treat the perforations in the drum-heads, though since then I have noticed in Prof. Roosa's late work on the Diseases of the Ear, which is probably the best in the English language, a report of several cases of perforation of the membrana tympani of long standing, the result of scarlet fever, healed, and the hearing greatly improved by a long continued course of treatment, lasting from one to two years.

I have now under treatment a young lady, aged 16, whose hearing has been impaired since suffering from measles when eight years of age. Examination showed a perforation of the drum-head of the right side, with a suppurative inflammation. On the left side the drum-head was sunken and congested. Hearing distance by the watch on the left side was about five inches; on the right side the watch was not heard at all. This patient has been under treatment about two months, and the hearing of the left side has become normal. On the right side the inflammation is cured, and the watch can be heard when placed upon the auricle.

In making this report I have not attempted to enter into details. These cases are cited to show what can be done sometimes to relieve cases which seem to be the most unpromising, and in connection with the last two, of suppurated inflammation of the middle ear, I have a few practical remarks to offer upon otorrhœa, or a chronic discharge from the auditory canal. There is probably no disease which is oftener neglected, or more lightly regarded by physicians and the laity, than a running from the ear. It is generally supposed that the discharge is caused by inflammation of the external auditory canal; such, however, is not the fact. The reports upon this subject, by physicians of

the most extensive experience, show that a very large majority of the cases commence in an inflammation of the middle ear, which results in ulceration and perforation of the membrana tympani. I will not stop to say anything about polypi, exostosis, or disease of the mastoid process, which we must regard as complications, symptoms, or effects of a purulent inflammation of the middle ear. Now, when we consider the anatomical relations of the seat of this disease, its close proximity to the brain, the jugular vein, carotid artery, and other important parts, it is not difficult to perceive the danger of neglecting its treatment. The best authorities upon this subject have asserted that people die every year from a chronic inflammation of the middle ear, without the attending physician suspecting the real cause of death, that an extension of the inflammation to the brain is not an uncommon occurrence.

In the treatment of otorrhœa cleanliness is of the first importance, for, unless the parts are free from pus, medication will be entirely useless. The ear should be cleansed before each treatment, and this is most completely done by inflation with Politzer's method or the catheter, so as to drive the pus from the middle ear into the meatus, which may then be removed by injections of warm water with a hard rubber ear syringe. After the parts are thoroughly cleansed, any of the astringents may be used. A solution of compound nitrate of silver, twenty grains to an ounce of water, dropped into the ear morning and evening and forced through the drum into the Eustachian tube and the throat, by pressing upon the tragus as the patient swallows a few times, is often sufficient of itself, if continued a few weeks. Solutions dropped into the ear and allowed to run out without reaching the seat of the disease, without passing into the cavity of the tympanum, will do no good whatever. A solution of nitrate of silver, ten to sixty grains to ounce, sulph. of copper, five to twenty grains, sulph. of zinc, two to four grains, may be used instead of the compound nitrate of silver, or alternated morning and evening as the case may require, and this treatment if persevered with I believe will cure most any case of suppurative inflammations of the middle ear, unless there are complications, such as polypi disease of the bones, or a constitutional cachexia, which may require appropriate treatment.—*Cincinnati Lancet and Observer.*

Materia Medica.

FERRUGINOUS PREPARATIONS IN SPECIFIC AFFECTIONS.

BY JOHN C. LUCAS,
Surgeon H. M.'s Indian Army.

All the preparations of iron, and more especially the perchloride and the pernitrate, will prove of considerable avail as a therapeutic, antiseptic, and preventive agent in all specific and zymotic maladies — viz., enteric fever, cholera, septicæmia, erysipelas, adynamic, puerperal fever, &c. We know that the hæmatinic virtue of this drug is largely needed in the cure, as well as in the prevention, of all these affections. In Asiatic cholera it is especially indicated when we come to consider the changes which the blood undergoes, and the morbid state of the vascular system, from the heart down to the minutest capillaries; the latter, particularly of the intestines and stomach, according to some modern pathologists, are said to be thrown into spasm, thus encouraging the liquid transudation, and for which antispasmodics are recommended. In cholera and typhoid, by its astringent and styptic action on the coats of the bloodvessels, it ought to prevent the transudation of liquids from the blood. By this means, in cholera it would tend to check the purging and vomiting unless the theory of salutary action be believed and acted upon, in which case this effect would be undesirable.

In the latter stages of typhoid fever it would arrest and prevent the diarrhœa, and likewise exert its topical action on the ulcerative process, prevent hæmorrhage, and favour the granulations of the intestinal ulcer.

In puerperal fever I can state from experience the beneficial effect of the drug in this disease, noticing the state of the blood in the gravid condition, the loss of the vital fluid during the process of parturition, and perhaps prior and subsequent to it as well, which is not an unfrequent predisposing cause of this sequel. I need hardly state that the hæmatinic and astringent actions of the drug are manifest. Its usefulness in erysipelas and septicæmia or pyæmia is well known to hospital surgeons.

The evacuations (intestinal) of patients taking

iron are deodorised and blackened by the action of the acids of the fæces on the drug; in cholera, where the alimentary discharges are impregnated with the specific virus, by effecting chemical anti-bacteric changes in the dejecta passed by cholera patients, it deprives the low organisms of their vitality and specific virulence. And if this be the case the discharges, both of the stomach and intestines, would be rendered inert before they were voided. Professor Pettenkofer, of Munich, disinfects the dejecta of cholera and typhoid patients with the sulphate of iron, but after they are passed; how much better, as a sanitary measure, it would be if we could accomplish the disinfection before the dejections are voided.

With regard to the antiseptic action, the same remarks may be applied to typhoid fever.

Concerning erysipelas, septicæmia, and puerperal septicæmia, or fever, it may be said that, as affections the result of blood poisoning, the remedy will, through the circulatory system, have its topical effect, and consequently, by whatever modes the affections are propagated, it would diminish the risk of contagion or infection.

Mode of administration.—It ought to be commenced with from the onset in large and repeated doses, from a drachm to two, of the tincture or liquor of the perchloride, or the liquor of the pernitrate, freely diluted in about three or four ounces of iced water. The remedy may as well be administered per rectum, especially in cholera and typhoid. In addition to being administered in cases of actual cholera and typhoid, I think it would prove of no inconsiderable avail if we could enforce its use in cases of premonitory diarrhœa of the former, or even give it, but in small quantities, to apparently healthy individuals when the diseases are prevailing in epidemic form, or when there is reason to expect an outburst of either. This latter is specially applicable with regard to our troops, who have sanitary as well as medical supervision. Each man in a regiment may be allowed the required quantity of iron to mix with his drinking-water, or what is still better and more certain, this may be done for him, so that what water he drinks will be sure to contain iron. The taste may, no doubt, be object-

ed to; but, by explaining to the men what it is intended for, this little objection would be overcome without much difficulty; and even taking it for granted the iron did not answer these purposes, to say the least, it would have its tonic action, and thus strengthen the system against the diseases. It would, as well, free the water of its animal and vegetable impurities.

When erysipelas or septicæmia is raging in a hospital, the patients effected, as well as those not effected, but exposed to the poison, may be similarly treated.

In the same manner, when puerperal fever is prevailing in a lying-in institution, &c., the patients affected, as well as all recently confined cases, might be similarly dealt with. It would not be inadvisable to administer the drug in the latter months of utero-gestation.—*London Lancet*.

ON AN AUSCULTATORY SOUND.

BY RALPH W. LEFTWICH, M. D.,

Resident Medical Officer, East London Children's Hospital.

The application of mediate auscultation to the detection of stone, though not new, has hitherto, I believe, been confined to the somewhat awkward expedient of placing a stethoscope upon the hypogastrium while the sound is rotated in the bladder. The "auscultatory sound," here described, is in many respects an improvement upon this. It consists essentially of an india-rubber tube, one end of which is provided with an ear-piece and the other stretched over the handle of a sound. The tube should be about twenty-five inches in length, and of a quarter of an inch bore. It must be composed of extremely soft and moderately thick india-rubber. The sound itself should be of solid steel; and, although the ordinary form answers very well, it is a decided advantage to have the extremity of the handle cylindrical or conical, so as to preserve the lumen of the tube. The ear-piece, made of vulcanite, is similar to that of a Gruber's otoscope or a Stern's stethoscope; it is intended to be inserted into the meatus, and maintains its position there best if bent to an obtuse angle.

Thus constructed the instrument will be found to conduct sonorous vibrations with remarkable intensity and delicacy—indeed, the

lightest rub on a polished surface can be heard with ease. In using it, it is necessary that the ear-piece be inserted into the meatus with sufficient firmness to retain its position there without being held. The sound should be held lightly between the finger and thumb and manipulated in the usual way; the grating noise, however, is so distinct that the tapping movement occupies a secondary place, and is of most use in refining the diagnosis and in distinguishing between a calculus and a deposit on the walls of the bladder. The value of the instrument in the simple detection of calculus is tolerably evident, but there can be little doubt that, with practice, its sphere of usefulness will be much extended.

Messrs. Arnold, of West Smithfield, have undertaken to keep a supply of them in various sizes.—*London Lancet*.

COTO BARK AND COTOIN.

The extraordinary powers ascribed to this comparatively new remedy, in arresting and curing intestinal catarrh, dysentery, and diarrhoea, in their various modifications, appear to have received renewed confirmation through the experiments made with it by Drs. Burkart and Rieker in the Ludwig's Hospital at Stuttgart. The remedy was employed by them in the shape of powder, as tincture, and in the form of the active principle, cotoin. The powdered bark, when placed on the tongue, has a sharp aromatic taste, which soon increases in intensity, and becomes very disagreeable. It increases the flow of saliva, and its effect is felt for some time after it has been removed from the mouth. Doses of 0.5 gm., given internally, generally produce a burning sensation in the stomach, and very generally eructations and vomiting, making this form of exhibition undesirable. Nevertheless, in one case, where the patient retained a single dose of 0.6 gm. (9.2 grains), all gastric catarrh disappeared in two days. The effects of the tincture (1:9) are even more disagreeable than those of the powdered bark itself; it is very difficult to make patients take the remedy after they have once experienced its unpleasant effects. These latter, however, are mainly caused by constituents of a resinous character, as well as by an

essential oil, in which the peculiar specific action of the remedy is not believed to reside. The employment of the active principle, cotoin, therefore removes all obstacles which might otherwise cause the rejection of the remedy. In the first place, only very small doses are necessary to produce the desired effect, and besides no secondary disturbances of any kind, nor any disagreeable sensations are produced by it. According to the investigations of Jobst, cotoin must be classed with the so-called indifferent principles; and it is not only "indifferent" chemically, but even physiologically; for on administering it to animals, not the slightest change of any physiological functions could be observed, even in doses of one gramme. This absence of toxic effects is no doubt a great advantage, in comparison with those remedies upon which we mostly rely in such diseases, namely, opium and lead. Although cotoin may seem to be much more expensive than any other antidiarrhœic remedy, it is not so in reality, for only very small and infrequent doses of it need be employed. Eleven cases of gastric catarrh and diarrhœa have been treated with the remedy, of which 0.05-0.08 gm. were dissolved in 120 gm. of distilled water, to which ten drops of alcohol were added, and the solution mixed with thirty gm. of syrup. A tablespoonful was administered hourly. Some of the cases were of old standing, some were very severe attacks of cholera morbus, and a number of them had either been but little benefited by opium, tannin, or lead acetate, or not been bettered at all. The above mixture produced speedy improvement, generally in a few hours, and complete recovery in from 12 hours to 6 days.—*Buchn. Repert. f. Ph.* 1876, 520.—(*New Remedies.*)

CALABAR BEAN AS A LACTAGOGUE (*The British Medical Journal*, October 18, 1876).—Dr. W. Munro, remembering the power of calabar bean to dilate the peripheral blood-vessels, and wishing to restore the secretion of milk after it had disappeared from the breast for about three days, thought this dilating power might be made useful. He accordingly prepared an ointment of the strength of twenty grains to the ounce, and ordered it to be applied, and washed off carefully before the baby was allowed to suckle. After two applications, *the baby not having been put to the breast meanwhile*, the milk returned in full flow.—*Philadelphia Med. Times.*

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 their addresses to the corresponding editor.*

TORONTO, FEBRUARY, 1877.

MEDICAL SCHOOL MORTALITY.

The possession of a graduating power is commonly regarded as the *sine qua non* for a successful Medical School, and yet, strange as it may appear, the only Medical School in Ontario, to-day, with an unbroken record of a quarter of a century, is one that has never directly possessed such a power.

There have been, within our recollection, no less than four Medical Schools in this Province, organised as integral parts of as many Universities, each having the power of conferring degrees upon its own students, viz.:—The Medical Departments of King's College, Trinity College, Victoria College, and Queen's College; and yet, one after another, they have all succumbed to some occult or malevolent influence, while the School without a direct University connection still survives its thirty-fourth year, alike honoured and successful.

Why this strange fatality should follow the University Medical Schools we do not *now* pretend to explain, but simply draw attention to it, as an unexpected and, perhaps, anomalous circumstance. It is true, the Medical Department of Trinity College, after a lapse of several years, was some time ago resuscitated, when it was thought the new faculty had consigned to the grave of its predecessor all cause of former mischief, and marked out for itself a long and prosperous career; but the old fatality follows the connection still, and we see the new School taking steps to sever its connection with the parent University again, by asking for a separate Act of Incorporation, under the name

of the "Trinity Medical School," with the ostensible view of affiliating, like the Toronto School of Medicine, with the University of Toronto.

What the immediate causes are which have led to this step, it is not our province to enquire, and if the new School wishes simply to transfer its undivided allegiance to the University of Toronto, like the Toronto School of Medicine, we presume no one will interfere to prevent; but, if the object be to secure by Act of Parliament the privilege of sending up its students to compete for scholarships and medals at *both* Universities, and thus over-ride the statutes and conditions that may be established by the Senate and Convocation, we think the proposal should meet with the strenuous opposition of the Government and all friends of the Toronto University. It is impossible to serve two masters, and it will be found equally so for an affiliated School to be true to two Universities.

There is a great difference between sending up a large class to compete for prizes and scholarships, and sending up a large class for the degree; the former has been done before, *the latter may be done by-and-bye.*

With reference to the other three University Medical Schools, no magic wand has yet been able to "awake them to glory again," but from the ruins of the Queen's College Medical Faculty the Royal College of Surgeons, of Kingston, arose (Phoenix like) as an independent School, free from those elements of discord which had proved fatal to its predecessor, and bids fair for a long and prosperous career.

Whether there is something in the mental constitution of Ontario incompatible with the healthy working of a Medical School in close connection with a University, or whether all former Schools have been established on an unsound basis, we hardly dare say; but there is something decidedly invigorating in the atmosphere of an independent School—something better calculated to draw out a man's energies, and to develop his latent talent, than is to be found in a School in which, however diligently men may work, they must ever feel they occupy a subordinate position, and where

they are liable at any moment to be over-ruled in any efforts they may propose for the advancement of the institution.

A good deal, however, depends upon the character of the elements out of which a medical faculty is constructed, as to whether it will have a long and harmonious existence or a short and ignominious career. Each one should feel that the success of the School depends upon his individual exertions, and no labour in connection with his school work should be irksome. Each man's habits should be such as to ensure his capacity for the performance of his duties at all times; and all should be willing to "bear and forbear" with regard to little peculiarities of temper and manner in their colleagues. A feeling of mutual respect and confidence should pervade the whole staff, and an intelligent industry should prompt every man to keep himself thoroughly abreast of the times in his own special department, at least:

NOTICE TO SUBSCRIBERS.

☞ Mr. W. Smith, of London, Ont., is our authorized collector and canvasser for this Province. We have no doubt that this arrangement will be convenient to many, who too often, through press of business or mere neglect, omit to forward their annual subscription. It will be impossible for the collector to visit everyone throughout Ontario. We trust that no one will wait for a call from him, but that many will at once send us the amount due. Our thanks are given to those who have promptly paid up.

PERSONAL.—We hear that Dr. Hillary, of Uxbridge, is about to leave for Jamaica, there to take up his residence.

All physicians in Texas, under the new law, are required to appear before the county board of examiners, appointed by the District Court, and stand an examination in chemistry, anatomy, physiology, and materia medica, before they can have legal assistance in collecting their bills.

BOOK NOTICES.

"*The Blood and Breath.*" A system of exercise for the Lungs and Limbs. By J. S. FROBISHER. New York; Goodyear's Rubber Curler Co., 697 Broadway.

"*Principles of Human Physiology.*" By WILLIAM B. CARPENTER, M.D., F.R.S., etc. Edited by Henry Power, M.B., London, F.R.C.S. A new American, from the 8th English edition, with notes and additions. By Francis G. Smith, M. D., Philadelphia: Henry C. Lea, 1876. Toronto: Hart and Rawlinson.

An American edition, by F. G. SMITH, M.D., of Philadelphia, of Dr. Carpenter's celebrated treatise on the "*Principles of Human Physiology*" is, by the politeness of the American publisher, H. C. Lea, before us.

The work is from the eighth English edition, edited by H. Power, M.B., and contains notes and additions by the American editor.

It would be impossible for us to speak in terms too exalted of a work which has received, with each succeeding edition, the highest encomiums of the Medical profession.

This, the eighth edition, is an advance upon the previous one, and embodies the principal results of Physiological study which have been achieved up to the present time.

To the Lecturer upon the Institutes of Medicine, Dr. Carpenter's great work, both on account of the elegance of its diction and the clearness of its description, together with the beauty and perfect accuracy of the illustrations, must prove of inestimable value.

The American edition offers, at a much less price to the Canadian student, all the advantages of the English edition.

We feel confident that those of our professional brethren who are anxious to possess a clear account of the great progress which has been made up to the present time, in all the various departments of Physiological study, will, upon careful perusal of the present work, agree with us in pronouncing it to be the most complete extant in the English language upon the subject of Human Physiology.

Communications.

MONTREAL, Jan. 10th, 1877.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

DEAR SIR,—Will you please inform me, through the columns of your estimable journal, whether a medical man, who, though a graduate of a recognized Canadian University, is not a member of the Ontario College of Physicians and Surgeons, can legally hold, or be appointed (in Ontario) to, such positions as Coroner for county or city, or paid surgeon, resident or otherwise, to hospitals or other institutions receiving government aid, and whether the possession of English licences, as M.R.C.S. or L.R.C.P., without membership of the Ontario College, qualifies him for the positions above mentioned.

As I have not a copy of the Ontario Medical Act and its amendments, information on the subject would confer a favour on a constant reader.

Yours, very truly,

A MEDICO.

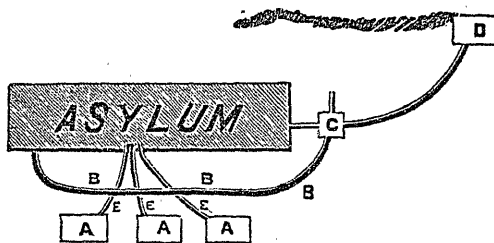
Section 37 of the Medical Act reads: "No person shall be appointed as medical officer, physician or surgeon in any branch of the public service of the Province of Ontario, or in any hospital or other charitable institution not supported wholly by voluntary contributions, unless he is registered under the provisions of this Act." Only those in practice before 1850, or duly qualified before July 23rd, 1870, can register without passing the examination before the board of examiners.—ED.

JOURNALISTIC.—We hear that the *Detroit Review of Medicine* and *The Peninsular Journal of Medicine*, published in Detroit, are about to amalgamate. Among the new journals for 1877 are announced the *Toledo Medical and Surgical Journal*, published in Toledo. A *Monthly Digest of Current Literature in Medicine, Surgery, and Obstetrics*, published in Mount Vernon, Indiana. *The Quarterly Journal of Inebriety*, published at Binghamton, N. Y., under the auspices of the American Association for the cure of Inebriates. We have received the first number of the latter and like its appearance and contents. We wish it a success equal to the importance of the subject.

TYPHOID FEVER IN THE HAMILTON ASYLUM.

HAMILTON, Jan. 18th, 1877.

MY DEAR DOCTOR,—In answer to your postal card, I beg to inform you that, on the first of this month, we had down, or ailing, with typhoid fever the following number of employees:—*Attendants*, four ill, one ailing; *Housemaids*, two ill, two ailing; *Laundress*, one ill. At the same time, the engineer, farmer, and carpenter were ill at their own homes, below the Mountain. On the 10th of this month, seven sick employees were sent to the City Hospital. These latter have nearly all recovered, and will return here in a few days. The carpenter is again at work in the building, and the engineer and farmer will be back before long. All the cases have been of a very mild form.



A.—Water tanks, built of stone, in the rock, on the south side of the Asylum.

B.—The drain running along the south side of the building, and only five feet distant from the water tanks (A).

C.—A square chamber (four feet), into which several pipes run before going on to the cesspool (D) on the brow of the hill.

D.—Large cesspool, on the brow of the mountain, which collects the solids, and allows the liquid portion of the drainage to pass down the hill.

E.—Three pipes (of three-inch calibre) leading from the water tanks to the pump in the basement.

The water tanks are built of porous rock, and have been leaking for some time past.

When the sewer was exposed it was found that two of the tile pipes, which were laid over the iron pipes (E E), were broken, and admitted of the free escape of liquid sewage, and one joint between two of the tiles leaked profusely. The ground about the two broken tiles, and, you will notice, opposite two of the water tanks, was saturated with sewage.

Hoping the above, will be satisfactory,

I remain, yours very truly,

THEO. S. COVERNTON.

R. Zimmerman, M.B.,
Toronto.

Dr. Isambert, physician to the Lariboisière Hospital, Paris, died suddenly at the age of 49 years. Dr. Isambert, connected for several years now with the supplementary course on Laryngoscopy, had made a name for himself in this branch of science, and was the founder of the "*Annales des Maladies du larynx et des oreilles*."

Sulphur is advocated as a specific for ptyalism, by Jukes Styrap, L.K., Q.C.P., etc., in the *British Medical Journal*. It should be given in doses of from 5 to 10 grains every four hours, small doses of opiates being given when the bowels are moved more than once or twice in twenty-four hours.

OBITUARY.—Dr. Henry Landor, the Medical Superintendent of the London Lunatic Asylum, died at nine o'clock on Saturday morning, January 6th, after a lingering illness of many weeks, at the age of sixty-two years. Deceased occupied a similar position at Malden and London for about eight years, his conduct of affairs being very successful. He seemed to realize for some months past that his end was near, and predicted that he would not outlive the winter.—*Walkerton Telescope*.

Two years ago a School of Medicine for Women was started in London, and during two sessions regular courses of lectures on the various subjects included in the medical curriculum have been delivered at the school by some of the first men in London. The design of the founders of the school seems, however, likely to be frustrated by the refusal of the authorities of every medical school in the metropolis to admit the female students to hospital practice, even with the fullest guarantee that they shall not be taught conjointly with, or mix with, the male students. The ladies are now contemplating moving either to Edinburgh or Paris to obtain the necessary hospital practice. In the meantime the British Parliament has passed a Bill to enable all medical examining bodies to admit to their examinations any candidate that may apply, without distinction of sex. The action of the medical schools renders, however, this Act at present a dead letter.

THE CLINICAL SOCIETY.—The Council of the Clinical Society has decided to appoint two special committees, one to inquire into the incubation period of scarlet fever, diphtheria, erysipelas, and typhoid fever; the other to ascertain what deleterious effects follow the prolonged and continuous use of chloral in ordinary doses. The gentlemen who have been requested to serve on these committees are: on the incubation period, Sir W. Jenner, Dr. Murchison, Dr. Cayley, Dr. Shirley Murphy, Dr. Broadbent, and Dr. Buchanan; on the action of chloral, Sir W. Jenner, Dr. John Harley, Dr. Ringer, Dr. Barlow, Dr. Andrew Clark, and Dr. Buzzard. The Society is to be congratulated both on its decision and on the selection of members made.—*London Lancet.*

At a meeting of the Keighley Guardians, the nine anti-vaccinating guardians tendered their resignations, declining to put the Vaccination Acts into force. It was resolved to forward the resignations to the Local Government Board.

The death of Doctor Alexander Ricord, father of the celebrated syphilography, is announced.

GOODYEAR'S POCKET GYMNASIUM OR HEALTH-PULL.—We have great pleasure in calling the attention of our readers to the advertisement of Goodyear's Pocket Gymnasium or Health-Pull. That 100,000 of them have already been sold is evidence of the value set upon them by the public in Canada and the United States. By reference to the advertisement, the mechanism of the Gymnasium and the use to which it may be put in exercising the various muscles of the body, will be readily understood. A book, entitled "Blood and Breath," by Professor J. E. Frobisher, of New York, giving full directions for using the Gymnasium, will be of service to those who wish to go through a systematic course of exercise. The price is moderate and the sizes vary to suit the age and strength. The company have received many commendatory letters, the following extract from one, from Rev. W. T. Tibbs, of Mount Sterling, Ky., being a fair sample: "I think your tubes eclipse any gymnastic invention or health promoter ever made by man."

Miscellaneous.

MIASMATIC ALGÆ.—MM. Lanzi and G. Terigi have published at Rome an account of observations on the microscopic fauna and flora of the marshes in the Campagna, and endeavour to show that there is a connection between the product of changes in the cells of certain algæ and the cause of malarial fever. Dark granules form in the cells, which at last they fill, and then the algæ rot. They cultivated the plants in an aquarium, and followed the process in all its stages. The algæ develop in the marshes which are formed in winter and spring. When the moisture disappears under the heat of summer, the surface of the ground is left covered by a layer of stinking algæ. The same conditions are found, although not to the same extent, even where there are no marshes, the uncultivated ground being covered, more or less, with putrefying vegetable matter. The authors believe that the dark granules act as a ferment. They are found in the atmospheric dust of the Campagna, from which they can be developed abundantly by cultivation. Lanzi believes that they are identical with the pigmented sphaerobacteria of Cohn and the bacteridium brunneum of Schroetter. The authors assert that the pigment-granules found in the liver and spleen of persons who have suffered from malarial cachexia are similar to the granules from the algæ cells; and Lanzi affirms the identity of the malaria melanin of pathological anatomists with the granules which result from the decomposition of these plants. The germs were found in the atmosphere of the Campagna to a height of fifty centimetres above the surface of the marshy soil. Lanzi found abundantly malaria-melanin in the liver and spleen of guinea-pigs which had breathed for a considerable time air of the marshes which contained these organisms.—*British Medical Journal.*—*Med. Record.*

PILLS OF SULPHATE OF QUININE.—In a communication to the *American Journal of Pharmacy*, Mr. H. P. Reynolds speaks very highly of the following formula for the preparation of quinine pills. He has tested the process for over three months, and during that period had made thousands of pills, which have always

given entire satisfaction. He says that the quantities directed are correctly proportioned, and should not be altered. Quinia sulph., gr. 600; acid tartaric, gr. 100; glycerine, *m* 75. Rub the quinia and acid together in a mortar to a fine powder till no appearance of crystals remains, add the glycerine—just seventy-five minims, no more, no less—and continue the trituration till the powder becomes adherent, when it should be beaten into proper form for handling and divided into the requisite number of pills. The mass is firm, solid, rolls well, does not set for some hours—is, in fact, a “beautiful mass,” and the pills will be found quite small for their weight, very white if rolled in starch powder, and, however dry or old they may become, they remain perfectly and entirely soluble.—*New Remedies.*

A NEW FORM OF ASPIRATOR.—The treatment of effusions in serous cavities, and of some abscesses of internal organs and elsewhere, by the method of aspiration, has become not only thoroughly recognised but almost universal. The various forms of aspirator, from the unwieldy bell-jar to the small and more portable exhausting syringe, with or without a glass cylinder, and the various mechanisms of stopcocks, tubes, needles, and trocars of almost infinite variety and complication, have each and all their advocates. But nearly all these instruments labour under the disadvantage of being costly and somewhat cumbersome, and the perverse ingenuity of instrument makers or their workmen has exhausted itself in the manufacture of appliances which are quite ineffectual for the purposes which they aim to accomplish. It is, therefore, with a sense of relief that we read of a new kind of aspirator which is so simple that, if effectual, it should supersede for most cases the more complicated and costly instruments. To Dr. Gritti, of Milan, belongs the credit of devising it, and of describing its construction and method of employment in a recent number of the *Annali Universali di Medicina e Chirurgia*. The instrument consists simply of an ordinary double-ended india-rubber syringe, resembling the common Higginson's syringe, to the tubes of which are affixed nozzles adapted to fit into the aspirating

needles or trocar. Before using the instrument for aspiration the ball and tubes are to be completely filled with water, and after introduction of the needle into the chest (if in a case of pleurisy) the inlet tube is fitted on to the needle, and the instrument worked in the ordinary manner until the desired amount of fluid has been evacuated. If it be needful to inject any disinfectant or other solution after removal of the fluid, this is readily accomplished by reversing the apparatus and fitting the outlet tube to the canula or needle. If the capacity of the ball be previously ascertained, the number of strokes needed to inject any given quantity affords a ready method of measuring how much is thrown in. The apparatus appears to us to possess many advantages, provided always that the suction power of the syringe is sufficiently great. It affords a method of removing the fluid gradually, and with an even pressure throughout the operation; it is portable, cheap, and readily replaced, and it does away with the necessity for a complicated apparatus, the stopcocks of which are a puzzle to the uninitiated, and which is a source of alarm to the patient. Added to this is the advantage of its ready reversal. Should it be found a success, it will be another proof of the simplicity of useful inventions.—*London Lancet.*

AN ITEMISED BILL.—Nélaton was stopped in Paris to restore to their place several feet of the intestines of a wounded man. This man, when well, called for his bill. He was told that it was five hundred francs. Being a merchant, he asked for an itemised bill. Nélaton seized his pen and wrote as follows: “For restoring five feet of intestine at one hundred francs a foot—five hundred francs.” The merchant was satisfied and paid the account.—*The Clinic.*

HOMŒOPATHIC TREATMENT OF TAPE-WORM.—Every one is acquainted with the fact that a snake is charmed by the sound of soft music; but it remained for a German homœopath to discover that the tape-worm is susceptible of the same influence. So, at least, we are informed by our contemporary, the *Vienna Medical Press*. The inferior orifice of the patient's intestinal

canal is placed in communication with a musical box, which is set a-playing. "We have not long to wait," the homœopathic doctor naively remarks. The tape-worm quickly makes his appearance head foremost, and winds himself along the connecting link toward the instrument. The latter is soon embraced in its turn, and the cure complete, for the parasite has, so to say, abstracted himself. *Medical Examiner.*

The *Bulletin de Therapeutique* has just translated and republished a very interesting article from the pen of Dr. N. P. Dandridge, of Cincinnati, in regard to the dangers attendant upon the exploration of the rectum with the hand, as recommended by Simon, of Heidelberg, in 1872. The editors have always most emphatically repudiated this procedure, as dangerous in itself, and of little clinical value; and they cordially endorse the statement of Dr. Dandridge as confirmatory of their predictions. So authoritative a condemnation of the teachings of the German professor will certainly deter the surgeons of France from following them, however much they may be commended by other parties.

LEAD POISONING FROM EATING VEGETABLES.

A family consulted De Loos on account of paralytic and other nervous symptoms, which De Loos concluded could only arise from lead poisoning. It was found that the family lived near a place where, twelve years before, lead works had been in operation and had eaten the vegetables which grew around the situation of the factory. De Loos made an investigation and found lead in the red and yellow turnip and also in the endive. In a red turnip a centigramme of lead was found in 650 grammes of the turnip, and in others even larger quantities of lead were found. A trace of copper was also found in the ash of the plants. Copper works had also been carried on in connection with the factory.—*Rundschau.*

EXTRAORDINARY LONGEVITY.—Dr. B. Ornstein, Surgeon-in-Chief of the Greek Army, contributes the following communication (*Virchow's Archiv*, vol. lxvi.), which was received

by the editor of the Greek newspaper of Smyrna: "Our fellow-citizen, George Stravrides, died to-day at the age of one hundred and thirty-two years. Though this Methuselah led a rather intemperate life, consuming daily more than one hundred drachms of brandy on the average, he was nevertheless up to the last moment of his life in the full possession of his five senses, as also of his teeth."—*New York Med. Journal.*

"Andrew Cesalpino, of Arezzo, lecturer on Medicine in the University of Pisa, after the correction of Galen's errors as to the function of the liver and the veins, discovered the circulation of the blood through the whole body, which circulation he made manifest by vivisections after ligatures had been applied to the veins, and which in his 'Quistioni peripatetiche' and 'Quistioni Mediche,' published in 1569 or 1593, using the word 'circulation' itself, he fully described. Ill advised was the English Harvey who, in 1628, dared to arrogate to himself the discovery of this mighty truth."—*London Lancet.*

CAUSTICS OF ZINC.—The nitrate of zinc is recommended by Dr. Squibb in Proceedings of King's County Medical Society, as being less deliquescent, and much more manageable than the chloride. "A hot concentrated solution of the nitrate is made; into this a layer of cotton is dipped and allowed to dry. The salt crystallizes in the meshes of the cotton, which can be readily adapted to the contour and irregularities of surface of epithelial growths and the like. This may be held in place by a tampon, which will absorb all excess of caustic."

APPOINTMENTS.

William Watson, Esq., of the village of Weston, and Hiram R. Spooner, Esq., M.D., of the village of Sutton, to be Associate Coroners in and for the County of York.

James P. Rutherford, of the village of Harwich, Esq., M.D., to be an Associate Coroner in and for the County of Kent.

Dr. Bucke, of the Hamilton Asylum for the Insane, has been appointed Superintendent of the London Asylum.

Dr. Wallace, of Orillia Asylum, succeeds Dr. Bucke.

Dr. Beaton, of Orillia, succeeds Dr. Wallace.

Births, Marriages, and Deaths.

BIRTHS.

On Sunday, Dec. 31st, at 26 High Street, formerly Charles Street West, the wife of Rev. B. B. Ussher, M.D., of a son.

At 97 Bond Street, on the 17th inst., the wife of Dr. E. J. Barrick, of a daughter.

At Hull, on the 16th inst., the wife of Dr. Graham, of a son.

At 37 Union-avenue, Montreal, on the 15th Jan., the wife of W. H. Hingston, Esq., M.D., of a son.

On the 13th of January, at Waterdown, the wife of Wm. Phelps, M.D., of a daughter.

MARRIAGES.

On the 27th ult., at St. James' Cathedral, Toronto, by the Very Rev. Dean Grasset, Irving Heward Cameron, M.B., son of the Hon. M. C. Cameron, Q.C., to Elizabeth, eldest daughter of H. H. Wright, M.D.

On the 27th December, at the residence of the bride's father, Cruickshank Street, by the Rev. Thos. Guttery, Dr. O. T. Heartwell, of Dunnville, Ont., to Bella, only daughter of James Murray, Esq., Toronto.

DEATH.

At Aberdeen, Scotland, on the 12th December, in the 67th year of his age, the Very Rev. Peter Colin Campbell, D.D., Principal of the University of Aberdeen, formerly professor of classical literature in Queen's College, Kingston, Ontario, elder brother of Dr. D. Campbell, of Bay Street, Toronto.

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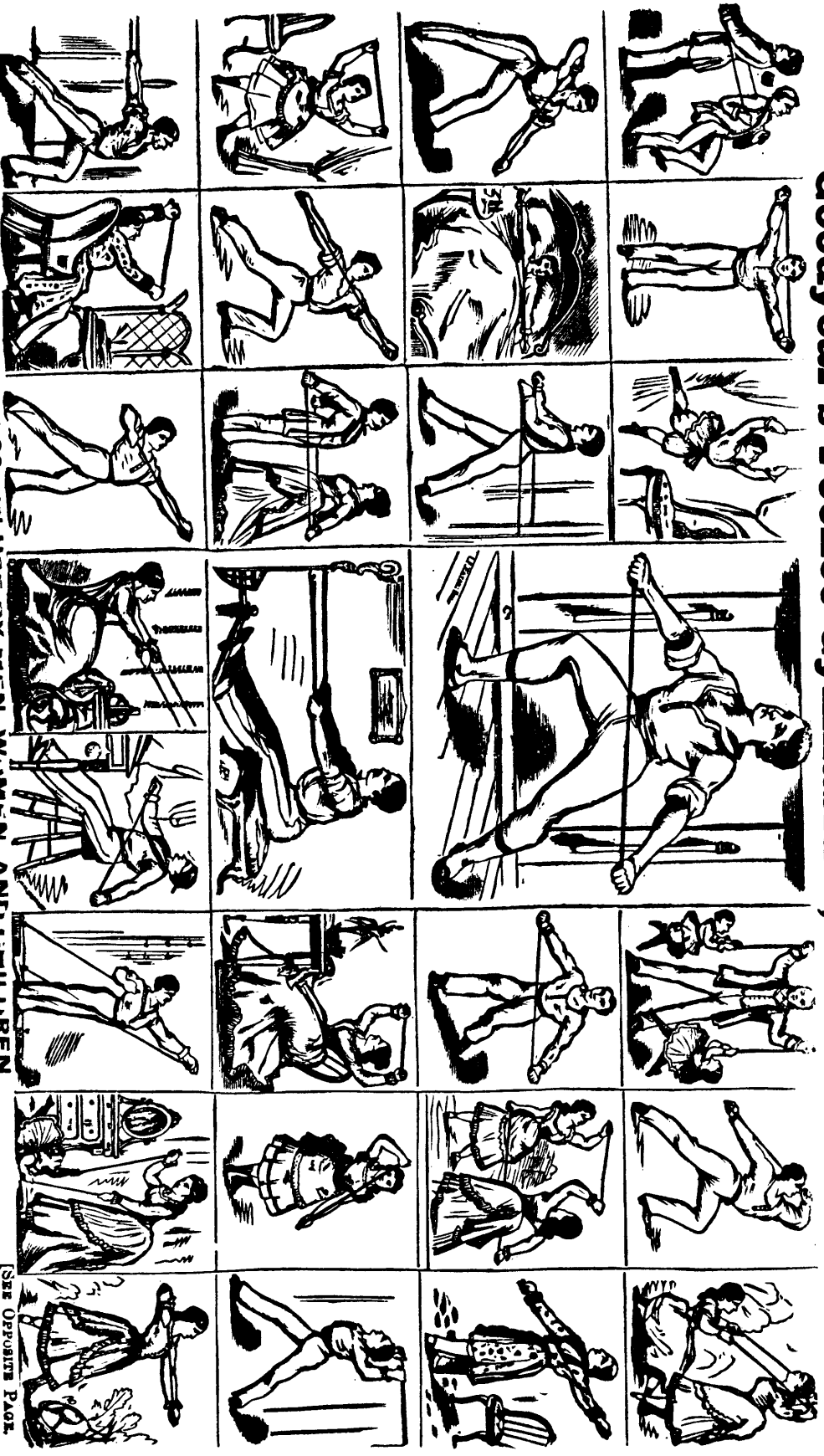
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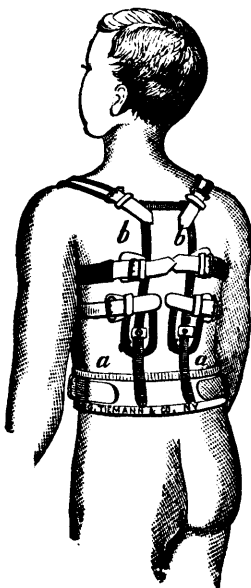
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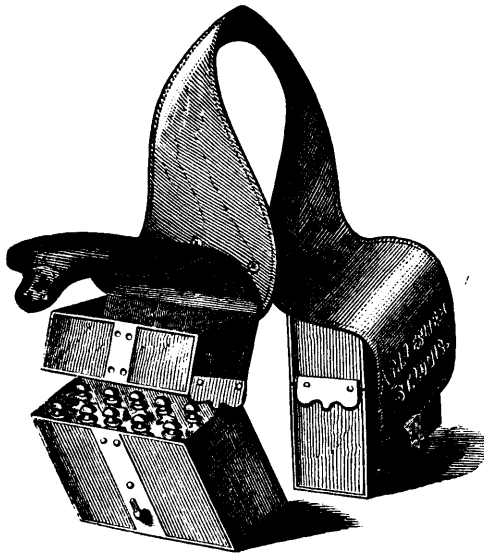
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Ether, Sulphuric.....	"	0 60	" Sulph	"	0 06	" Hyophos. Co	"	0 75
Antim. Pot. Tart.....	oz.	0 08	Morph. Mur	oz.	4 00	" Ipecac	"	0 60
Argent. Nit	"	1 30	" Sulph	"	4 00	" Scilla	"	0 35
Bala. Copaib	lb.	1 25	Mist. Senna Co.....	lb.	0 25	" Co	"	0 40
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Chloroform, pure	lb.	1 90	" Ricini Opt	"	0 20	" Calumb	"	0 35
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Collodion	lb.	1 00	" Pulv	"	0 75	" Cardam. Co.....	"	0 40
Emp. Belladon	"	0 90	Pepsin (Morson's)	"	1 00	" Catechu	"	0 35
" Canthar	"	1 25	Pil. Assafoetid	gross	0 35	" Cinchon Co	"	0 40
Ext. Aconit	oz.	0 25	" Cath. Co. U. S.	"	0 45	" Colchici. Sem	"	0 38
" Belladon	"	0 20	" Rhei. Co	"	0 40	" Digitalis	"	0 35
" Colo. Comp	"	0 12	Plumb. Acet.	lb.	0 20	" Ergot	"	0 75
" Conii	"	0 10	Podophyllin	oz.	0 65	" Ferri Perchlor	"	0 35
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