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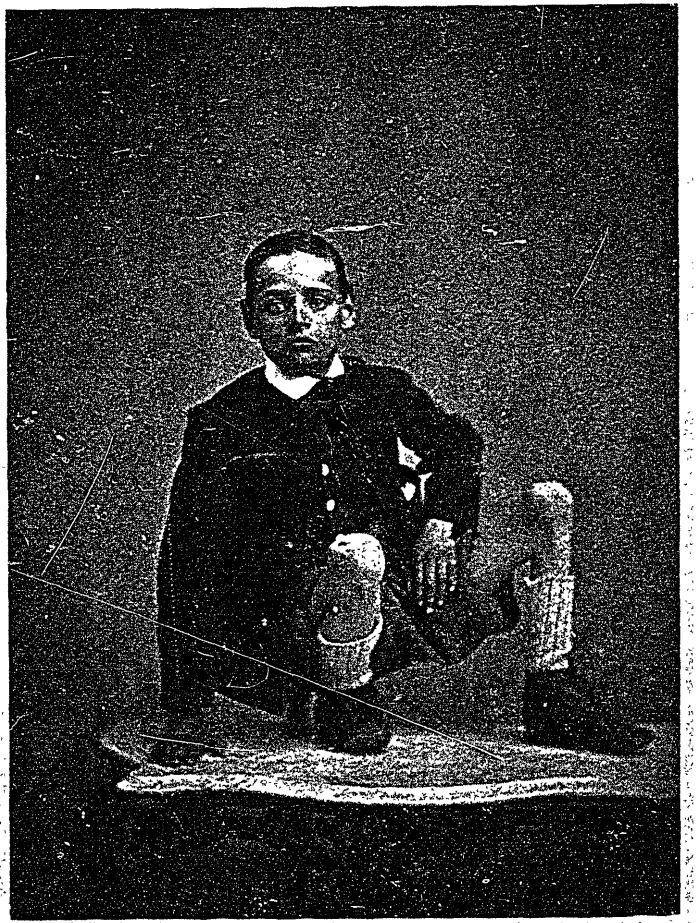
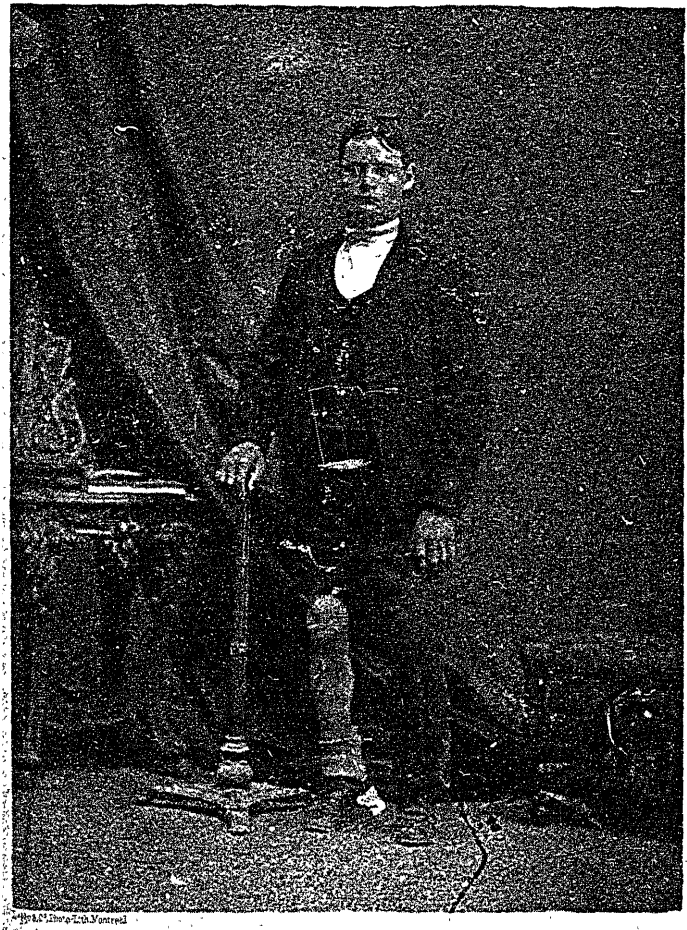
Dr. Grant's case of Contraction of both Knee Joints.



Leggo & C.t Photo-Lith Montreal.

Appearance of Limbs BEFORE *the operation.*

Dr. Grant's case of Contraction of both Knee Joints.



Appearance of Limbs AFTER *the operation.*

CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Contraction of both Knee Joints, the result of abscesses associated with non-congenital talipes equinus (right foot). By J. A. GRANT, M.D., F.R.C.S., Edin. Read before the Canadian Medical Association.

Césaire Ethier, aged 13 years, of healthy parentage, and no indications of morbid diathesis in any of the family. The history of this case, as far as I have been able to ascertain from the mother, usually the most accurate recorder of facts under such circumstances, is as follows. The boy, from his second to fifth year, walked as well as any healthy child of the same age, until attacked by scarlet fever, followed by inflammation of the ankle, knee and elbow joints, developing the *tertiary action of the poison* to the greatest intensity in both the knee joints, this complication becoming the chief feature of the case. Extensive abscesses formed around the knee joints, followed by periostitis and exfoliation of several small pieces of bone. For a period extending over eighteen months, there were several fistulous openings, and the copious discharge influenced very materially the boy's general health. At the termination of the second year, all the openings closed, there being a marked change for the better as to constitutional symptoms, but the boy remained crippled so as to be utterly unfit for any avocation in life, and presented the following almost unique condition. Both legs flexed, the right to its fullest extent, the posterior part of leg being in close proximity to the posterior aspect of the thigh, and fixed firmly by an extensive fibrous band, extending like a brace between the leg and thigh, and becoming well defined, on the slightest effort to extend the leg. By ordinary extension, the space between the leg and thigh, on right side, was increased only to a moderate degree, and these parts when compressed together, would not more than equal the size of an ordinary leg of a child of the same age.

The left leg was flexed upon the thigh, to an angle of 45°, but firm in that position, and presenting longitudinally through the

popliteal space a fibrous band, which felt not unlike the tendon of a new muscle. On both knee joints there are scars, firmly adherent to the bone, and bearing the impress of once deep-rooted suppuration. The tendons of the flexors in both legs were well defined, and gave the feel of contractile firmness not readily to be overcome. Both legs were exceedingly attenuated, the bony structures being well defined, anteriorly and posteriorly. The right foot only touched the ground by the toes, and the uplifted heel presented a well defined non congenital talipes-equinus, nothing however in particular characterising the trouble, except the extended position of the foot, and retraction of the tendo-achillis, unconnected either with an affection of the spinal cord or its investments, as is most usually the case. In fact the condition of the foot was the result of a *process of accommodation*, extending over several years, during which time volition, in as far as the extensor muscles of the leg were concerned, was in a great measure lost or suspended. The hip joints were perfectly healthy, and he could kneel erect with considerable ease and comfort. Locomotion was accomplished by placing the palm of the right hand on the ground, inclining the body to the right side, resting on the toes of the right foot, and moving forward the left leg as far as possible, thus with the body in a bent condition resting chiefly on the toes of the right foot as a pivot, and the motion imparted by means of the left leg and right arm, he made his way rapidly in tripod style.

In June, 1866, the right thigh was fractured about the centre by accident. Union was speedy, but owing to his restlessness and difficult position, shortening took place, fully an inch and a half, with all the care that Dr. Valade, the family physician, could bestow. On the 19th of April, 1867, in the presence of a number of medical gentlemen of Ottawa, chloroform being administered, the tendons of the semi-membranosus, semi-tendinosus and biceps of either leg, as well as the fibrous popliteal bands were divided subcutaneously, the extremities being immovably fixed in a position directly reverse, as far as possible, to the existing deformity. The wounds were at once closed with small pieces of lint and adhesive plaster, and bound up for five days, when the after-treatment was commenced, as the wounds were perfectly healed. The limbs were now extended as forcibly as the patient would submit to without chloroform, which he most positively refused to inhale. So far considerable extension was accomplished, notwithstanding the adverse circumstances.

Owing to the extensive nature of the deformity, I resolved as far as possible to overcome it after this stage, by daily manual

extension and pulleys. With this object in view, the patient was subjected each day to a pully extension from each foot, after the plan adopted by Dr. Buck, of N. Y., in fractures of the thigh. The progress, doubtless, was slow but marked, and the muscular structures developed gradually, in proportion to the extension of the limbs each day brought about. The constitution was well supported with good nourishing diet, beef tea and cod-liver oil in addition, as considerable tissue had to be developed out of the extensive atrophy, induced by disuse, extending over a period of fully six years.

In July, 1867, a second operation was found necessary for the right knee joint, when several fibrous bands on either side were fully divided, and extension continued on the fifth day, as previously, the right heel being relieved at the same time, by division of the *tendo-achillis*.

September 10th.—The legs being now tolerably well drawn out, the right by far the most contracted of the two originally, was restored to the normal position by *brisement forcé*, and lateral metallic splints then applied. In four months from this date he could move about on crutches, with ease and comfort in the erect position as represented in the lithograph. The metallic splints were worn for two years, after which time they were dispensed with, and at present, the young lad having acquired greatly increased muscular power, is employed as a ferry man. The right leg being restored to the straight position, and the left knee joint only slightly removed from that condition also, he was unwilling to submit to *brisement forcé*, in order to complete the treatment of the left knee joint. The right arm was greatly developed from constant use, in the abnormal process of locomotion, and the right hand, from exposure during the winter season, could endure a remarkable degree of cold, and was exceedingly powerful.

At present the contrast in his limbs is not so marked, and he possesses a more uniform distribution of muscular power.

OTTAWA, September 11th, 1871.

INEBRIATE ASYLUMS.

In again calling the attention of our readers to this subject, it will not be necessary for us to furnish evidence of the need of such curative institutions in this country. Every day that passes we are reminded of the terrible prevalence of drunkenness. Nor is it, we well know, confined to the lower strata in the social fabric. It has insinuated itself with its fell poison into every part

of the body politic. We find its slaves and victims among the educated and refined, as well as among the ignorant and vulgar—among the wealthy and luxurious, no less than among the destitute and wretched.

No person of right feeling can regard this woeful waste of reason, of health, of life, without thinking of some remedy. And the physician can least of all rest satisfied without devising or discovering some means by which, at least a certain number of these victims of intemperance may be saved from their destroyer. Only some of them—for alas! experience and analogy confirm us in the belief that many are doomed to perish, because, notwithstanding all that may be done on their behalf, they *will* again and again throw themselves headlong into the tide of their passions, till they are at last borne beyond the hope of rescue. But for those who *may be* restored to sanity of will, no effort that can be made ought to be pronounced in vain. It is only of these latter that we desire to speak.

Drunkards may be divided into more classes than even those enumerated by Dr. MacNish in his celebrated "Anatomy." For our present purpose it will be sufficient to mention two—the *habitual* and the *periodical*. These names indicate very different modes of indulgence.

There is this marked difference between these two classes: The habitual tippler has occasionally his awfully lucid moments, and occasionally his deeper debauches, but is during by far the greater part of his time under the influence of stimulant. The periodical drunkard, on the other hand, leads two lives as of two separate individuals: for months he is the soberest of men; then, all at once, almost before he is aware of it himself, he is helplessly in the clutches of his enemy. The cause of the outbreak is sometimes so mysterious as to escape all enquiry. But it is generally found that it has been preceded by an incomprehensible craving, of which neither the *dipsomania* of some medical writers, nor the *alimentativeness* of the phrenologists, gives the faintest idea. *Hungriness of the brain* is perhaps the most correct definition of it. If it be considered how awful a sensation ordinary hunger is, and what it will drive men to do; if it be remembered that ordinary thirst will make the sufferer mad, if it be not assuaged—some notion may be obtained of this hunger of the brain. The immediate temptation which leads a person thus suffering to gratify his appetite, may often be so trivial as naturally to cause persons in health to wonder and to blame, and is inexplicable to the person himself when the fit is over. But it is generally found on examination, that for some time previous the brain has been deprived

of *food* and *rest*. There has been inattention to diet, overwork or excessive vigilance. We are speaking now only of those who do not rush into temptation, but of those who fall in a moment of temporary weakness.

The brain of the habitual drunkard has been, by constant indulgence, reduced to exactly this state of hunger which we have attempted to describe, as the occasional condition of his periodical brother. And the remedy for both is the same. Rest, nutritive food, regular sleep and freedom, as far as possible, from annoying cares—these experience has proved to be the best restoratives to mental and bodily soundness. Along with these restoratives change of scene may be regarded as essential. As long as the poor victim returns from his debauch, weak, nervous and still craving a stimulant, his struggle with his foe is almost invariably a failure; however earnest may be his desire for deliverance, he still remains a slave.

It was the appreciation of this difficulty on the part of the drunkard to overcome his temptation, that first put it into the heart of one of the noblest men that ever lived, Dr. Day, of Binghampton, N.Y., to spend his life in aiding inebriates to reform. Every one has heard of his asylum in Binghampton, and there are hundreds of men, some of whom occupy distinguished stations in commerce, science, art, letters, and even theology, who owe to his care their reasons and their lives. Those of our readers who wish to inform themselves of the success of his efforts, we refer to a little book written by James Parton, on "Drinking and Smoking." The Ticknor & Fields edition may be purchased for thirty-five cents.

This brings us to the point—the necessity for such an establishment in Canada. We do not wish to be considered behind our neighbours in enterprises of benevolence and humanity; and yet with the exception of the private establishment of Mr. Wakeham, near Quebec, there is, as far as we know, no institution for the cure of inebriates. And Mr. Wakeham's "Retreat," notwithstanding the many disadvantages under which it has been conducted, has been the means of effecting a considerable amount of good. There are men and women, too, who, but for the benefits which they derived from its pleasant retirement, would still be grovelling in degrading slavery. We would heartily recommend those who earnestly wish for freedom from temptation, and the opportunity of regaining their strength by rest, to put themselves at once under Mr. Wakeham's care.

The Belmont Retreat, St. Foy Road, near Quebec, is most beautifully situated on a picturesque height, which commands a view of

the valley of the St. Charles, and of the crowding peaks of the Laurentian chain. The scenery of the neighbourhood is among the finest in Canada; and the walks from Belmont in all directions are an ever ready source of pleasure. The house and grounds form a fit centre to such scenic attractions, and without ever leaving the limits it is possible to enjoy abundant exercise, and ample variety of sight and sound dispels monotony.

Mr. Wakeham is not a physician, but two of the leading medical gentlemen of Quebec are in attendance whenever occasion requires their presence. The system pursued is that of entire liberty, honour being the only restraint, and in the great majority of cases, it is successful. Where it fails, other means are used.

In Mrs. Wakeham, the proprietor possesses an excellent assistant in his plans. She is a lady of rare culture and intelligence, and to her admirable management the success of the institution is, in a great measure, due.

Up to the present Mr. Wakeham has received no aid from the Government, although the usefulness of his establishment is generally recognized by those in power. It is to be hoped that he will soon obtain such pecuniary assistance as will enable him to carry out several improvements which he has long contemplated, and to enlarge his accommodation. If this were done, and a greater number of inmates were placed under his treatment, he would be able to undertake their care at less expense than hitherto. The present charge—$8 per week—makes Belmont Retreat accessible only to those who have independent means. Nevertheless, we have no doubt that if the benefits to be derived from a residence there of some months were generally known, there are many persons both in this Province and in Ontario, who would lose no time in taking advantage of them. We hope all those who read this article will bear it in mind. Full particulars may be ascertained on application to the proprietor, Mr. George Wakeham.

But an establishment like Mr. Wakeham's, even if it were made capable of accommodating many more patients than its present dimensions will admit of, is by no means sufficient for the requirements of the country in this unhappy respect. We want institutions on a much more extensive plan, and suitable for all classes of the community. Out of the whole inebriate population, only a comparatively small number would be able to pay at all,—only a very low fraction, indeed, could afford a sojourn at Belmont. By all means let us have Belmont Retreat and other curative establishments like it, adapted for patients of easy circumstances. We believe there is ample room for many such, if properly conducted and widely adverti-ed. But it is not the rich alone who have a claim

on our humanity. Terrible as the evil is to them and to their families and connections, it is far more terrible in its consequences to the poor. We want some means of reforming them if possible; of preventing them from injuring others at all events. The present system of brief imprisonment for open drunkenness is simply a farce. Whoever takes the trouble to read the police reports will see the same names recurring week after week, or perhaps at longer intervals, according to circumstances. Think of the life these wretches lead! They have no chance of regaining their manly freedom, their womanly feeling. And yet some of them *might* be cured. Surely something ought to be done for them.

Now we think that for inebriates of this class—poor persons who have never been committed for any other crime than drunkenness—there ought to be an institution at once penal, industrial, and *curative*. Let them be imprisoned for their own good as well as that of the public; let them be made to work, when they are, on medical verdict, judged capable of working; let their work be useful, paying work; let the proceeds of it be given, in part to the institution, in part to those, if any, who are dependent on them; let them at the same time have such diet, exercise, medicine and recreation, as may be deemed conducive to their recovery; and let them only be discharged when their reformation or restoration is considered perfect. Such an establishment would, of course, be under the direction of a physician—of one, moreover, who had made the treatment of *mania pro potu or ebriositas* his special study; a man of culture and refinement; a man, gentle yet firm, sympathetic without being weak; a man who could tell mere lazy sottishness from disease, congenital or acquired; a man, who like Dr. Day, of Binghampton, had his whole soul in his work. And for this end let him be decently paid, that vulgar pecuniary cares may not distract him from his daily study and never-ceasing experiment.

We are convinced that such an institution would succeed; that it would be an invaluable boon to thousands both living and yet unborn; that it would bring happiness to many households; that it would reduce manifold the number of criminals *of all kinds*; that it would aid greatly in developing our industrial resources; that it would, in fact, bring about a noble revolution.

Is this a chimœra? It is not. It is, in company with the labours of temperance organizations, the best way to decrease drunkenness among the poor. There are at this moment, we believe, many poor wretched victims of intemperance, and martyrs of our present ruinous system of treating them, who, if they were once brought to a normal condition by a course of good diet, proper rest, and

right moral influence, would glory in their recovered freedom and bless for ever the "Good Samaritan" who took pity on them! This is no fancy. At every temperance meeting there are some such persons, who, with tears of gratitude, tell of a similar metamorphosis.

Without such an institution temperance societies are really deprived of much of their influence. To tell a man, whose brain is like a hungry ravenous wolf after alcoholic stimulant, to abstain; to preach to him, when every nerve in his body is afire with thirst, of the blessings of temperance, is like as if a missionary should preach christianity to a Chinaman, at a time when he was starving, and would sell his body and soul for a saucer-full of rice First feed him with normal food, let him have the sweet mercy of sleep, give the burning madness time to cool and dissipate,—and *then*, when he is a reasonable man like yourself, though with will yet weak, preach and teach; and he will listen and learn and thankfully obey.

We have by no means said all that we had to say on this important subject; enough, however, we trust to attract attention to the necessity of some steps being taken, in the direction which we have hopefully indicated, for the cure of drunkenness.

RESURGAM.

Case of Aneurism involving the Arch of the Aorta. By JOHN BELL, A.M., M.D.

The following case is one of Aneurism involving the greater portion of the arch of the aorta, which proved fatal by rupture into the left lung and pleural sac on the 23rd September last. The following are a few notes of the case, some of which were taken at the time, and others are from memory. The patient was a man of about 37 years, English, and of fair complexion.

I saw him a few times in April, 1870, when he was suffering from what appeared to be a rheumatic attack, with pains in his back.

In the beginning of August last, he was following the occupation of night watchman, and thought he caught cold, as he began at that time to suffer from hoarseness, amounting at times almost to aphonia, and from a cough, but no pain anywhere. His physique was good, and there was no evidence of malnutrition. His face, however, wore a peculiar expression, somewhat pale and anxious. I examined the apices of his lungs at the time, and found slight crepitation, particularly on the right side, but the percussion note was resonant, in fact unusually so, and gave no indication of

serious disease of the parts. The rise during inspiration of the upper part of both sides of the chest was full and uniform. I did not detect any aneurismal *bruit*, either because it did not exist, or it was not audible at that time. The chest was large and full. He was prescribed for and advised to change his occupation for day work, which he did. Probably the easy and quiet employment of night watchman obviated the manifestation of much of the distress, from which he might otherwise have suffered. I saw him about once a week. He improved in general health, but with no change in the hoarseness. About a week before his death he called at my office, and a re examination of his chest revealed no abnormal symptoms, but a scarcely appreciable shade of dulness at the right apex. No *bruit* obtruded itself on my notice, and not suspecting aneurism, I did not look particularly for one.

On Friday, September 22nd, he felt sick all day and vomited several times, suffering from considerable pain across the epigastrium. On resuming work after dinner, on the day following, he coughed up a little blood, and almost immediately after vomited more than a pint. He was taken home where I saw him about 5 o'clock. On examining his lungs, I found the right side quite dull and with a peculiar liquid râle, which did not exist in the rest of the chest. He felt excited and weak from the accident and loss of blood, but complained of no pain. He rested uneasily during the night, and on awaking at about half-past six on Sunday morning, started up in bed, and called out to his wife, who said he went into a kind of fit and died. There was no blood vomited or spat up.

At the autopsy, in removing the sternum, the first cut through the cartilages into the left pleura, was followed by a gush of clear, amber-coloured serum. About half a gallon of it was sponged out, and beneath it lay a huge clot somewhat like the liver in shape and size, filling up the space between the left ribs and partially collapsed lung. Over the lower part of the trachea lay what appeared to be an enlarged glandular structure, but which on the removal of the thoracic viscera, was found to be an immense aneurism of the entire circumference of the whole of the arch of the aorta.

A few thick, strong adhesions fastened the apex of each lung to the pleura, and with these as bases, conical portions were found to be filled with old tubercles, some containing thick pus, and others becoming calcareous. The tissue of both lungs was infiltrated with dark blood, the left lung being almost black, but the air cells seemed to contain a large quantity of air in every part.

As may be seen from the specimen, the aneurism

commenced at the pericardium and extended to the lower portion of the arch of the aorta. The thoracic and abdominal aorta as far as the coeliac axis, was dilated to double its normal diameter; its coats were atheromatously degenerated, and contained brittle plates of calcareous matter. In the aneurism itself the coats of the aorta had gradually become enormously distended. In some parts the serous coat had given way, so that the intervening spaces were composed of fibrous or areolar tissue, and were stained of a reddish or black colour.

At the point of ultimate rupture it had broken through the base of the left lung, completely infiltrating it, and discharging more than a gallon of blood into the left pleura. On opening the larynx no inflammatory or ulcerative disease could be discovered, but the left vocal cords were much less elastic and prominent than those of the opposite side, from paralysis of the motor filaments of the right recurrent laryngeal nerve owing to the pressure of the aneurismal sac, and the left ventricle was shallow and partially filled with adherent mucus.

This case had great interest to me, in that I did not detect any *bruit*, although I examined the man carefully for what I thought to be the matter with him, and must have put my stethoscope several times near the seat of the aneurism. Dr. Bessey also examined him in June, 186[illegible], for admission to a benefit society, and from the record of his examination evidently found no sign of the lesion at that time. Could it therefore be possible that there was no audible *bruit*? The aneurism being large, and having so many large vessels leading immediately from it, might it not have acted as a large reservoir into which the blood flowed noiselessly from the heart—the possibility of a *bruit* being destroyed by the dilatability of the large sac, and the easy escape of the blood by the numerous large and enlarged arteries departing from it?

After writing the above, in looking over Dr. Stoke's treatise on the heart and arteries, I found he mentions a case of aneurism of the transverse portion of the arch which resembled the one under consideration, in that there was no *souffle*, in the change in the voice and in the antecedent pains of a rheumatic character—if those complained of by my patient were caused by the dilated vessel.

Montreal, 1 Belmont Street,
October 15th, 1871.

Hospital Reports.

Montreal General Hospital.—Cases in Medicine and Surgery under the care of Dr. D. C. MacCallum.

CASE 10—EXTENSIVE ULCER TREATED BY SKIN GRAFTING.

(Reported by Mr. A. E. Mallory.)

J. F., aged 12 years, came into the Montreal General Hospital in the early part of the year, with extensive burn extending over the greater part of the right side of the abdomen and down the thigh nearly half way to the knee.

After having remained in hospital for some time, grafts were implanted, as reported for the *Medical Journal* at the time.

At the present time, July 15th, 1871, there remains a large sore commencing a little below the crest of the ilium, and about two and a half inches wide, which extends down the inner side of the thigh in a triangular shape, about five inches.

The sore is covered with large loose unhealthy granulations, and discharges a considerable quantity of greenish colored pus. Solid nitrate of silver applied to the granulations.

16th.—Sore looking very much better. Red wash kept applied.

18th.—Granulations still a little large. Solid stick again applied. Sore dressed as before.

20th.—Sore looking very healthy. Grafts to be put on to-morrow.

Friday, July 21st.—Six grafts implanted in a row along the outer side of the sore, and fastened on with gelatine plaster; red wash kept applied by means of lint.

22nd.—Grafts can all be seen through the plaster, and of a light colour.

24th.—The three upper grafts seen distinctly, the lower ones scarcely perceptible.

27th.—Plaster removed, the three upper grafts looking well and of a pinkish colour; the three lower ones cannot be seen.

28th.—Only the three upper grafts can be seen; red wash kept applied.

29th.—Grafts looking healthy.

31st.—Only the three visible, and are commencing to extend.

August 1st.—Grafts of a greyish colour.

2nd.—Only two visible.

3rd.—All the grafts have disappeared.

4th.—Three upper grafts visible and extending. Sore healing rapidly from the edges.

6th.—Grafts now about the size of split peas, and extending.

8th.—Extending rapidly towards the outer side of the sore.

9th.—Healing rapidly from the edges of sore, so that the edges and the grafts nearly meet.

10th.—Grafts have united together, forming an island a little to the outer side of the sore.

12th.—The island about the size of a fifty cent piece, and rapidly extending.

13th.—The island has now joined the skin on the outer side of the sore.

14th.—Five more grafts about the size of the head of a small pin placed along the lower border of the sore. The new skin on upper part extending rapidly.

15th.—All the grafts visible.

17th.—Took off the plaster, only the upper two grafts visible. The upper part healing more slowly than before.

18th.—Grafts of a pinkish red colour.

19th.—Commencing to extend.

21st.—Two of last grafts are about the size of split peas.

22nd.—Grafts have united with each other and skin at sides of sore, so as to divide the sore into two, and the new skin extending very rapidly.

23rd.—Sore healing up very rapidly, the new epidermis is very like a thin film of mucus membrane, and of a pinkish colour. Leg put up in a gelatine bandage, and an opening made over the sore.

24th.—Leg very comfortable, sore healing very rapidly.

25th.—Considerable redness and swelling about the sore.

26th.—Redness and swelling have disappeared.

28th.—No unnatural redness and swelling. Sore very nearly healed.

29th.—Sore completely healed, and patient walking about a little.

CASE II—ACUTE DYSENTERY.

(Reported by Mr. A. E. Mallory.)

M. H., aged 25 years. On 3rd August felt very uneasy and complained of pain in the abdomen, headache, thirst and diarrhœa. Stools very liquid and highly offensive, pulse a little faster than normal, tongue covered with a whitish coat and quite dry.

Friday morning, 4th.—Did not sleep well during the night. At 12 o'clock at night the pain in the abdomen became very severe, abdomen quite tender on pressure. Continued this way until 2 o'clock this a.m., when the pains increased in severity. From this time until 8 o'clock a.m., went to stool eight times; at first stools

very offensive and of a serous character, but soon became bloody. Pulse 98; temperature 98 4-5ths, is very restless and cries out with the pain.

Evening.—From 8 o'clock a.m. to 2 p.m. went to stool seven times, motions almost entirely composed of blood. Suffers very great pain while at stool. Is becoming quite weak, has taken no nourishment except one cup of tea, since yesterday.

At 12 o'clock p.m., took min. xx. of tinctura opii.

Half-past 1 o'clock p.m. took of tinctura opii min. xx., and to be repeated in two hours.

4 o'clock p.m., took pulvis ipecac 3ss. in a teaspoonful of water, followed in six hours with pulvis doveri grs. v., and pulvis opii gr. i. Hot linseed meal poultices to the abdomen. Pulse 100: temp. 99 4-5ths°.

Saturday morning, 5th.—Pulse 100; temp. 100 2-5ths. Tongue dry and coated; did not sleep at all during the night; pain very severe. Four and a half hours after taking the ipecac vomited several times, also after first Dovers powder; so that at 12 o'clock took another dose, and at 2 o'clock a.m. chlorodyne min. xx. every two hours for six hours.

Commenced going to stool again at 12 o'clock at night, and went eight times from that till 7 o'clock this a.m. Stools very offensive and mostly bloody.

Pain not quite so severe, but abdomen more tender on pressure. Has taken two cups of tea, half a pint of milk, and three ounces mutton broth.

Evening.—At 11.45 a.m., took morph. mur. gs. ½, turpentine stupes to the abdomen.

At 5.45 o'clock, got pulvis ipecac grs. xv.; and vomited four hours after, and one and half hours after this got morph. mur. gr. ½. Bowels opened three times since noon. Feels quite comfortable. Pulse 100: temp. 99 4-5ths.

Sunday morning, 6th.—Slept very well during the night, bowels moved twice. Feels quite comfortable, but still considerable tormina. Tongue cleaner and more moist. Pulse 98; temp. 99.

Evening.—Pulse 72; temp. 97 4-5ths. Has felt pretty comfortable all day. Bowels opened twice, faeces of an ochre colour and very little blood.

Considerable pain yet. Quite tender on pressure over transverse and descending colon. Has taken about one quart of milk during the day. Tongue a little moist and cleaner. At 10 o'clock p.m. got pulvis ipecac gr. xv., and morph mur gr. ss. in bolus.

7th, morning.—Temp. 97 1-5th; pulse 68. Slept very well during the night. Bowels not opened, nor has he vomited since

the last bolus. Pain in abdomen very much decreased. Abdomen not so tense nor painful on pressure, tongue still coated and quite dry in the centre, but moist at the edges.

Evening.—Pulse 60; temp. 97 2 5ths. Has felt quite easy all day. Went to stool only once, fæces of an ochre colour, and not so offensive. Got chlorodyne min. xx. Has taken considerable nourishment during the day. Tongue moist and much cleaner.

8th, morning.—Pulse 60; temp. 97 1-5th. No stools since last night. Is doing very well, slept pretty well. Tongue cleaner and more moist.

Evening.—Has felt quite comfortable all day. Tongue quite clean and moist. Skin quite moist. Abdomen very slightly tender on pressure.

Discontinue all medicines.

9th, morning.—Slept well during the night. No motion of the bowels since yesterday. Tongue clean and moist. Skin moist. Tenderness over the abdomen very nearly all gone. Is able to be up and go about without much difficulty.

10th, morning.—Is quite convalescent, and feels quite well.

Discharged, being considered sufficiently well to go about his work, which is of a very light character.

CASE 12—ACUTE DYSENTERY.

(Reported by Mr. A. E. Mallory.)

Jane C., aged 38 years, admitted into Montreal General Hospital 25th July, 1871, under care of Dr. MacCallum. Has been sick with looseness of bowels for about three weeks. Had cholera 17 years ago, and about this time every year since has had an attack of diarrhœa, but not so severe as this time. At the commencement of this attack, had very little pain, but went to the stool four or five times per day. Continued this way for a little more than a week, when the stools began to increase in frequency, and be accompanied with very severe pain, motions now became bloody and mixed with fæces and a glairy mucus.

Appetite very much impaired, a good deal of thirst, pulse rapid, tongue coated. Abdomen a little retracted and slightly tender on pressure. Put on milk diet, and one pint beef tea extra.

Ordered—Pulvis doveri grs. v., hydrargyrum cum cretâ grs. v., every four hours: turpentine stupes over the abdomen, followed by warm poultices.

Evening.—Feels much easier since the first powder.

26th, morning.—Feels quite comfortable, does not go to stool so often. Considerable tormina and tenesmus continue.

Evening.—Has been to stool three times during the day, passes very little blood, and pains not nearly so severe.

27th, morning.—Feels quite comfortable, only one motion during the night, which contained a very small amount of blood.

Evening.—Has felt very comfortably all day, went to stool twice, no blood mixed with the fæces. No tenderness over the abdomen. Tongue quite clean. Pulse a little hurried.

28th.—Slept well during the night, and feels quite well. Goes out of hospital to-day, as she has a large family of children to take care of.

CASE 13—ACUTE RHEUMATISM—ALKALINE AND BLISTER TREATMENT.

(Reported by Mr. H. Ross.)

J. B., aged 23, was admitted into the Montreal General Hospital on the 6th September, 1871.

He states that he is a brickmaker, and having to remove earth deposited in the brick-yard during the winter season, he had to stand on the unmelted ice and snow, and consequently his feet were cold and wet for ten hours a day.

Ten days ago he felt pain in his back and limbs, attended with chills and febrile symptoms, since that time the pain is confined to the joints.

Symptoms on admission:

Both feet and ankles, and also the wrist-joints, are very much swollen, hot, and exceedingly painful. He had both feet and hands painted with iodine, before his admission into the hospital.

Tongue red at the tip and edges, and coated with a whitish fur in the centre. Pulse 90; respiration 24; temperature 100. Urine scanty and highly coloured, with considerable deposit of the urates.

The secretions are all acid, and very copious perspiration. Heart sounds normal. Ordered—

℞—Potas Bicarb ʒvi.

Aquæ ℥vi.

A tablespoonful every three hours, also blisters to be applied about three inches above the ankles and wrists.

September 7th.—Pulse 96; resp. 36; temp. 101. Feels much relieved by the effects of the blisters.

September 8th.—Greatly improved. Pulse 96; respiration 28; temperature 99½. Swelling in the joints very much subsided.

September 9th.—Pulse 94; respiration 28; temperature 99.

Perspiration very copious. A slight systolic blood murmur at base of the heart.

September 12th.—Pulse 88; respiration 22: temperature 98½. Reaction of the urine and perspiration neutral, feels much better, and is able to turn in bed alone.

September 14th.—Feels well but weak. Ordered—

℞—Quinæ Sulph. grs. xii.
Acid Sulph. dil. ℥ss.
Aquæ ad. ℥vi.

A tablespoonful three times a day.

September 16th.—Feels very well but weak, appetite good, and is able to walk about the wards.

September 24th.—Discharged.

In this case the slight abnormal heart sounds heard on the 9th and 10th, entirely disappeared before his discharge.

CASE 14—PLEURO-PNEUMONIA.

(Reported by Mr. H. Ross.)

Mrs. L. B., aged 45, a nurse by occupation, was admitted into the Montreal General Hospital on the 5th September, 1871.

She states that she had a pain in her right side for two weeks previous to her admission to the hospital, which kept gradually getting worse.

Symptoms on her admission :—

A dull sound elicited on percussion over the lower lobe of the right lung—with vocal fremitus increased over same part. On auscultation a friction sound was heard in the right infra-mammary region, and extending to the angle of the ribs—minute crepitation in the infra-mammary and infra-axillary regions. Pulse 116; respiration 36; temperature 102½. Ordered a sinapism to extend from the vertebræ to the median line in front, and

℞—Liq. Ammon. Acet. ℥iii.
Aquæ ad. ℥vi.

A tablespoonful every fourth hour.

September 6th.—Pulse 106; respiration 32; temperature 100 Feels easier, respiration less laboured.

September 7th.—Pulse 92; respiration 32; temperature normal Breathes much more freely, and feels much better.

September 9th.—Pulse 88; respiration 26; temperature normal Tongue coated with a white fur, no motion of the bowels for three days. Ordered an aperient.

September 10th.—Feels well, and no pain on taking a full inspiration.

September 12th.—Pulse 94; respiration 24; temperature 97¼. Feels well but weak. Ordered—

℞—Quinæ Sulph. grs. xii.
Aquæ ℥vi.

with extra 4 oz. wine, and 1 pint ale daily.

September 27th.—Slow convalescence the succeeding days; no marked change worthy of note, was discharged to-day.

CASE 15—TETANY OR INTERMITTENT RHEUMATIC CONTRACTIONS.

(Reported by Mr. Wm. R. Nicol.)

H. W., aged 16, was admitted into the Montreal General Hospital, Sept. 20th, under the care of Dr. D. C. MacCallum.

At first sight he appeared to be labouring under an attack of Tetanus, but a careful enquiry into the history, and an examination of the phenomena which the case presented, resulted in a diagnosis of that peculiar condition to which Sousseau has given the name of Tetany. A condition which has been described under the various names of *Intermittent Tetanus; Idiopathic Contraction and Paralysis; Idiopathic Muscular Spasm; Intermittent Rheumatic Contraction, &c., &c.*

When questioned, the patient stated that he had not received a wound or injury of any kind; that he could not account for the attack under which he was labouring; that it had come on gradually and increased in severity, until it had rendered him incapable of doing any kind of work. He further stated that his condition was variable; that when at rest and not excited, he was comparatively easy, but that when nervous and excited, he became much worse—the same effect being produced by forcibly compressing the muscles, or handling him roughly.

He presented the following conditions:—

He had no diarrhœa, on the contrary his bowels seemed to be rather constipated.

His head was bent forward, muscles of the face very much contracted and drawn out of place, opened his mouth with considerable difficulty, mouth puckered, peculiar vacant look about the face, slight convergent strabismus, neck stiff—but the muscles of it not on the stretch—legs very stiff, great rigidity of muscles of the back and abdomen, the latter feeling like a board—when lying

in bed, his back formed quite an arch—could walk with great difficulty, and would sometimes fall in the attempts.

Never complained of pain, excepting severe headache at times. Limbs would remain in any position in which they were placed, for a short time, similar to catalepsy. Pupils dilated and oscillating. Pulse free and strong; respiration natural: appetite unimpaired; considerable difficulty in masticating his food and swallowing it.

Ordered—Pot-Iodidi gr. viii., three times a day.

Remained pretty much in same condition for about a week, when signs of marked improvement began to manifest themselves.

There was not such great stiffness of the muscles of back, abdomen, and extremities; could walk without falling; no difficulty in swallowing, appetite normal, bowels regular, but still that vacant look about his face. Pulse 80; respiration 19. Continued the same treatment until about the 28th September, when Pot Bromidi grs. x was substituted for the Pot Iodidi. Emplastrum Belladonnae was applied along the spine; under this treatment he made rapid progress, and was able to go about almost quite as well as usual. The muscles at first affected with spasms became relaxed, and his general appearance became much improved. Was discharged October 10th, quite cured.

CASES OCCURRING IN THE PROVINCIAL AND CITY HOSPITAL, HALIFAX, N.S.

(Reported by Dr. T. Venables.)

The two following cases are interesting, as showing the beneficial effects of the bromide of potassium in delirium tremens. In the first case opium was administered in conjunction with the bromide: but when the latter remedy was discontinued, the patient became restless and violent, and on its re-administration he again continued to improve. In the second case no other remedy was given.

J. J., 52, pedlar, admitted May 5th, 1868, under the care of Dr. Hattie. For some years past has been addicted to excessive drinking, and on a previous occasion had an attack of delirium tremens. His friends stated that he had been suffering from delirium for ten days previous to his admission, and had had no sleep for a week. He was excessively nervous and inclined to be violent, and was troubled greatly with vomiting, which had continued at intervals for the past three weeks. Ordered the following mixture:

℞—Potass. Bromid ʒijss.
Aqua ʒiv. M. ft. mist.

To take a tablespoonful every third hour. Beef tea and milk to be given *ad libitum*.

May 6th.—Passed a very restless night. To continue the mixture and take pulv opii gr. ij. at bedtime.

May 7th.—Patient slept for several hours after taking the opiate—ordered pulv opii gr. j. at bedtime. To discontinue the mixture.

May 8th.—Slept for three hours last night, but towards morning became very restless and violent. The mixture to be repeated. From this time till the 16th he continued to take the bromide mixture alone, and was discharged cured on that day.

S. F., 23, labourer, admitted into hospital June 22nd, under the care of Dr. Black. His friends state that he has always enjoyed good health, and has never been addicted to drinking till lately. Had been ailing for nine or ten days, but delirium did not set in until two or three days before he was admitted. At the time of his admission he was very restless and violent—face flushed and pulse very frequent. Ordered—

Potass. Bromidi ʒij.
Aqua ℥iv. M. ft. mist.

To take a tablespoonful every third hour.

June 23rd.—Passed a very restless night, and to-day became so violent as to require confinement in a straight jacket. To continue the mixture.

June 24th.—Slept for a few hours last night, and to-day feels much better. The restleness, to a great extent, has passed off, and he is much calmer. To continue the mixture.

June 27th.—Has been rapidly improving, and now feels quite well.

June 28th.—Discharged, cured.

The following case of gunshot wound of the arm and shoulder, is one of great interest, as a remarkably good example of the beneficial effects of conservative surgery, as well as a good illustration of the antiseptic plan of treatment by means of carbolic acid, so ably advocated by Lister of Glasgow and Adams, of London. The extent of the injury was so great that any attempt at saving the limb would have been looked upon by most surgeons as perfectly useless. Dr. Jennings, however, considered the attempt worth trying, and the result has certainly been most gratifying.

J. G., 26, seaman, admitted April 14th, 1868, under the care of

Dr. Jennings. States that while in the act of getting into a small boat from his vessel, with a loaded gun in his right hand, the trigger caught in the gunwale and the gun was discharged, the charge passing through the right shoulder. Wet cloths and a bandage were immediately applied. Medical aid subsequently arrested the hemorrhage, and he was sent to hospital. On admission the patient was found to be extremely weak, and suffering a good deal of pain in the wound. The soft parts covering the upper and anterior part of the right arm and shoulder were very much torn and bruised, and the upper part of the humerus was broken into fragments. After administering chloroform, Dr. Jennings removed four or five inches of the humerus, leaving the head of the bone in its place; the soft parts were trimmed and the wound dressed with lint, soaked in a mixture composed of one part of pure carbolic acid and six parts of linseed oil. Slight secondary hemorrhage occurred a few days subsequently, but was readily controlled.

May 5th.—The wound has been granulating nicely, and there is a free secretion of healthy pus. Has had a plentiful allowance of beef tea, milk and stimulants. Complains of having a short dry cough, and a feeling of weakness in the chest. Ordered ol. morrhuae ʒj. three times a day. As the head of the bone had necrosed and was lying on the surface of the wound, it was removed.

June 6th.—The wound is filled with healthy granulations. General health very good. The carbolic acid dressing to be discontinued, and ungt. zinci oxyd. substituted. A very peculiar pulsation, about two inches below the right clavicle, was noticed. On examination the subclavian artery was found to run an abnormal course, being situated lower on the chest, and passing in a much straighter line than usual. A distinct bruit was heard.

July 12th.—The wound has quite healed, and the general health is very good.

The following case of fatty tumor of the neck is interesting, on account of its enormous size, weighing at least 3lbs., the application of acupressure pins to the bleeding arteries, and the stoppage of secondary hemorrhage by Richardson's Styptic Colloid after Tinct Ferri had failed.

I. J., 69, admitted into hospital May 19th, 186–, under the care of Dr. W. B. Slayter. States that he has always been a temperate, steady man, enjoying tolerably good health. About fourteen years ago first noticed a small hard lump below the lower border of the left parotid gland. It caused neither pain nor inconvenience, but

steadily increased in size, spreading downwards and forwards so as to cover entirely the anterior triangle of the left side, and press upon the larynx and trachea in front. For some little time before admission the tumor has increased so rapidly as to cause a difficulty in breathing.

May 26th.—Dr. Slayter removed the tumor by making elleiptical incisions extending from the lower border of the inferior maxilla to the edge of the sternum, and carefully dissecting the tumor and sheath from the attachment. Acupressure pins were applied to two small arteries, which readily controlled the hemorrhage. Two hours after the operation secondary hemorrhage came on. The wound was immediately opened and all clots removed. No bleeding point could, however, be discovered, there seemed to be a general oozing of blood from the surface of the torn tissues. No blood came from the acupressed arteries. Tinct Ferri Perchlor was freely applied at intervals for ten or fifteen minutes, but the oozing continued. Richardson's Styptic Colloid was then applied, and with the most perfect success, in five minutes all bleeding had ceased. Cold cloths were then applied to the wound, and the patient ordered beef tea, milk and whiskey.

May 28th.—Cold applications to be discontinued, and poultices substituted. Acupressure pins removed, but no return of bleeding.

June 7th.—The patient has been improving since the last date, the wound is now filled with healthy granulations.

July 13th.—The wound is entirely healed over, and the patient's health is quite re-established.

Case of Occlusion of the Vagina—Operation—Death from Peritonitis and Pyœmia.

M. S., 20, a pale, delicate-looking girl, admitted into hospital July 3rd, 1868, under the care of Dr. W. B. Slayter. She states that about two years ago she first noticed symptoms of menstruation, —she suffered severely from pain in the back, loins and head, and had some shivering; from that time to the present she has regularly had all the symptoms of menstruation, but nothing ever made its appearance externally. On examining the vulva, no orrifice in the hymen could be discovered, there seemed to be a complete closed sac. Very little pain was caused by pressure over the abdomen, and no tumor could be felt through its walls. She complained of great constipation, and not being able to evacuate the bowels without extreme pain and difficulty.

On introducing the finger into the rectum an immense tumor was felt projecting backwards towards the sacrum, and almost com-

pletely blocking up that passage; it was hard and inelastic, and did not give a sense of fluctuation to the touch. Assisted by Drs. Cowie and Woodill, Dr. Slayter made an incision through the hymen, and attempted to pass a director into the vagina, but found it impossible to do so as that passage was perfectly occluded. The fore finger was then pushed through the hymen and upwards in the direction of the vagina, care being taken to avoid the rectum. The finger was passed upwards to the extent of about two inches and half, when a second constriction was met with. No opening could be discovered, and the obstacle was so dense as to prevent the finger being pushed through it. A small incision was made and a director passed through it into a large sac above. A bistourie was passed along the groove of the director and the constriction divided backwards towards the rectum. An immense quantity of retained menses immediately escaped, and the tumor in the rectum disappeared. The sac was washed out with warm water and a pledget of lint introduced into the vagina.

July 4th.—Complains of great pain and tenderness in the abdomen increased on pressure, tongue furred and dry, skin hot, and pulse 120. Ordered morphia mur gr. $\frac{1}{4}$ every third hour, hot turpentine fomentations to be applied to the abdomen, and beef tea to be given freely.

July 5th.—The patient feels much better—has very little pain—pulse 100. Ordered the morphia to be given every six hours, fomentations to be continued, and vagina to be washed out with warm water.

July 6th.—Feels very comfortable—no pain—pulse 90. To discontinue the morphia, hot flannels to be constantly applied, and the vagina washed out.

July 10th.—For the past three days has been free from pain, and could bear considerable pressure on the abdomen. Pulse varied from 90 to 100. To-day, however, the pain has returned—pulse 130—skin very hot, and tongue covered with a brownish fur. Ordered morphia, $\frac{1}{4}$ gr. every third hour, and hot fomentations. Beef tea and brandy to be freely given.

July 11th.—Does not complain of much pain—pulse 150—skin cold, and covered with a clammy perspiration—breathing hurried, and abdomen tympanitic. The pain in the abdomen was so severe during the previous night that a large blister was applied, which succeeded in giving the patient ease. To-day she gradually became weaker, the breathing more hurried, and died in the afternoon.

Post-mortem examination thirty-six hours after death, made by Dr. Farrel:—

On opening the abdomen, the omentum and intestines were found greatly inflamed, and covered with lymph: the uterus and ovaries were much enlarged and inflamed: the lower portion of the vagina, to the extent of about three inches, was narrowed: above this a large sac formed by the upper part of the vagina and dilated cervix uteri, the internal os was dilated slightly, and the cavity of the uterus was nearly twice the natural size: the mucous membrane lining the vagina and uterus was in a gangrenous condition, and covered with tenacious, jelly-like menses.

The inflammation in this case seems to have come on shortly after the operation, and extended to the uterus, peritoneum and intestines. In a few days pain had ceased entirely, and firm pressure on the abdomen could be borne without inconvenience. The only symptom constantly present, and which would indicate serious mischief going on, was the state of the pulse never falling below 90, and generally varying from 100 to 130. Whether the inflammation of the peritoneum and intestines was caused by direct extension from the vagina and uterus, or whether it was the result of the absorption of the putrescent menses in the sac of the vagina, and consequent pyæmia, is a question very difficult to answer.

Surgery.

CASES OF PARACENTESIS THORACIS.

(Under the care of Dr. Peacock.)

Case 2.—Empyema and Pneumothorax of Left Side in a Young Man—Paracentesis repeated three times—Partial Recovery, but Death some time after Discharge from the Hospital.

G. C. K., aged 22, a clerk, was admitted into the Victoria Park Hospital, on November 6, 1866. He stated that his illness commenced with an attack of quinsy at the end of May. At that time, also, he spat some blood, and he had never since been well, continuing to suffer from cough and expectoration at intervals. About a month or three weeks before his admission he suffered from pain at the left side of the chest, which was, however, relieved by the application of a blister. Since that time he had, on several occasions, after fits of severe coughing, expectorated very copiously for a time, not having much cough or expectoration at other periods. When admitted into the Hospital, he was suffer-

ing much from shortness of breath, and was greatly prostrated. On examining his chest, the left side was found very much expanded, and there was a marked fulness in the mammary region towards the sternum. When in the upright position the whole of the left side was remarkably dull on percussion, and the respiratory sounds were entirely absent, except immediately below and above the clavicle, and at the upper part of the chest and to the left of the spine behind. In the latter situation there was a *souffle* heard with the cough, and towards the lower angle of the scapula the voice was markedly ægophonic. When in the recumbent position the sound on percussion in the mammary region was obviously tympanitic, and the relative positions of the clear and dull portions changed with the variations of the position of the patient. The pulsation of the heart was visible to the right of the sternum, at and about the level of the nipple, and the sounds were there audible, while very indistinct in the normal situation. On the right side of the chest the resonance was clear everywhere except beneath the clavicle, when there was some dullness on percussion, but without any rhonchus; the respiratory sounds were elsewhere loud and compensatory. It was evident that the young man had a considerable effusion on the left side, with some air in the pleura; but the precise nature of the case was not clear. From the occurrence at intervals of severe fits of coughing, followed by copious expectoration, it seemed as if the fluid in the pleural cavity might have made its way through the lungs into the bronchi, and the air might have entered the pleural cavity by the opening so produced; but, on the other hand, the history seemed rather to point to a mere chronic affection of the lung, which, leading to a tuberculous abscess, might have been followed by the pneumothorax and empyema. It was evident that the probability of benefit resulting from the evacuation of the fluid would be much influenced as to which of these views was the correct one. As, however, the patient's breathing was very laboured and difficult, and he was suffering from much constitutional disturbance, and was greatly prostrated, it was decided to attempt his relief by evacuating the fluid from the chest. Accordingly the chest was punctured by Mr. Hilton on November 7, and 84 ounces of a dark-greenish coloured fluid were evacuated, after which the tube was removed and the opening closed. The first effect of the operation was to afford considerable relief; the breathing became much easier, and there was an improvement in the general symptoms, but the amendment was only of short duration.

The following notes were taken on November 24:—The left side is again fuller than it was, but it is not so large as before the oper-

ation. The heart remains displaced to the right side of the sternum. In the upright position there is entire dullness on percussion everywhere except beneath and above the clavicle; but there is a tympanitic sound elicited, when he lies on his back, in the mammary region, and, when lying on the right side, in the axillary region; the respiration being, however, inaudible in the resonant parts. There is scarcely any movement of the left side, and the vocal thrill is there entirely abolished. The right side, on the other hand, moves very freely, and the respiratory sounds are loud and compensatory. He has some cough, but only a little glairy expectoration containing small air-bubbles. The pulse is quick (120) and feeble; the respirations 24 to 28. He takes his food well, the tongue is clean, and his general condition somewhat better since the first puncture.

On the 24th the operation was repeated, and 40 ounces of fluid, similar to that before evacuated, were removed.

The following notes were taken on December 2:—The left side of the chest is still somewhat full, but there is more movement than before. The heart's movements are visible over a large space to the right of the sternum. When in the upright position, there is still entire dullness and absence of respiration on the left side everywhere except beneath and above the clavicle, at the cervical and supra-scapular regions, and to the left of the spine. Decided ægophony is heard towards the lower angle of the scapula, and there is occasional slight pleural crackling audible at the end of a forced inspiration. When he lies down the tympanitic sound on percussion is still detected in the mammary region. The vocal thrill is everywhere abolished on the left side. The cardiac sounds are most distinctly heard to the right of the sternum. The breathing on the right side is loud and compensatory. Pulse 120; resp. 28. Not much cough or expectoration.

12th.—The chest is obviously much fuller than before, and the heart is more displaced to the right side. There is entire dullness on percussion over nearly the whole of the left side, though there is some slight resonance immediately below the clavicle and at the lower cervical region. The vocal thrill is also entirely abolished, and there is occasionally a sense of fluctuation on percussing firmly on the side when he is lying down. The respiratory sounds are inaudible except above and immediately below the clavicle, at the lower cervical region, and to the left of the spine. His general condition has improved since the first operation, but he now only maintains his ground, not gaining flesh or strength. His breathing is better, and his cough is less troublesome; he scarcely expectorates at all; but his pulse remains quick and feeble. On the

14th, the operation was repeated for the third time, an effort being made, by exerting pressure on the thoracic parietes, to empty the cavity to the fullest extent possible. In this way 97 ozs. of fluid of an opaque sero-purulent character were evacuated, after which the tube was again removed and the wound closed.

14th.—The left side of the chest still continues dull on percussion. It is fuller than the right side, but less so than before the last tapping. The heart can still be seen and felt to beat on the right side of the sternum, but the displacement is less than before. The vocal thrill is everywhere abolished, except above and below the clavicle, at the cervical region, and to the left of the spine. The respiratory sounds are more distinctly audible in these situations, and also in the axillary region, than they were. His general condition has improved. He takes his food well, and, though the pulse remains quick, he has almost lost the cough, and has no expectoration.

January 9, 1867.—He has continued to improve since the last notes were taken. There is some contraction at the lower part of the left side of the chest, but the fullness in the mammary region is still very obvious, though it is partly due to swelling of the integuments. There is more movement on the left side. The heart can still be seen to beat to the right of the sternum, but the sounds are most loudly heard to the left of that bone. The respiratory sounds are heard over much wider spaces on the left side at the upper and posterior parts, though still only feebly. The stomachal sound is also elicited by percussion over a considerable space at the lower part. In other situations the dullness remains much as before. On the right side the respiration is loud and compensatory. Upon the whole, he is improved; his appearance is better; he has no expectoration, and, except slightly in the morning, no cough; his breathing is freer, and he has no pain or uneasiness in the chest; but his pulse continues quick, and he does not gain flesh or strength.

30th.—His chest continues to improve, though still very dull on percussion. There is much greater freedom of motion on the left side. It continues in front fuller than the right side, but some of the fullness is obviously integumental. The space over which the respiration is heard above in front, and in the axillary and spinal regions, has considerably extended, though the sounds are feeble, and accompanied by pleural crepitation. Over the larger portion of the chest no respiration can be heard. The heart is still displaced to the right side, its pulsation being visible between the nipple and sternum, and about the level of that body. His general

condition continues better; he has scarcely any cough, no expectoration, and is gaining strength.

February 13.—Left side of the chest dull on percussion everywhere except above, but it moves more freely. There is still considerable fullness, but this is evidently integumental; partly, at least, due to the irritation from the application of iodine, which has been freely used. The extent over which the respiratory sounds can be heard is increasing, though the breathing is still very feeble. The heart occupies the same position as before. He is improving in general condition, and has gained some flesh. When first admitted into the hospital he weighed 9 st. 6 lbs., his height being 5 ft. 8½ in. During the first portion of his residence he lost weight, so that on December 13th, he weighed 10 pounds less than when admitted. He has since recovered the loss, so that his weight is now very slightly greater than when he was first weighed.

The day after these notes were recorded he was discharged from the hospital, at his own request, with the intention of going to the seaside. Up to this point he had certainly improved both in his general condition and in the local symptoms. After his discharge the amendment was not, however, of long duration. An abscess formed in the seat of one of the punctures, which burst, and left a fistulous communication with the pleural cavity, from which a copious, and, after a time, an offensive discharge flowed. Under this he became much exhausted, and died in about a year after his discharge.

While in the hospital he took small and gradually increased doses of iodine of potassium, with spirits of nitric ether, and bark and cod-liver oil, and was allowed a liberal diet, with stimulants. The case was not a favourable one for treatment. There was reason to fear that the left lung was diseased, and that the empyema and pneumothorax were the result of a tuberculous abscess which had burst into the pleural cavity. The precise nature of the case was not, however, clear, and as it was evident that the patient would not long survive if not relieved, it was decided to have recourse to paracentesis. The first effect of the operation was to afford relief, but never to so great an extent as had been hoped; but it may safely be concluded that the patient's life was very much prolonged by the treatment.—*Medical Times and Gazette.*

CALCULI UNDER THE PREPUCE.

Dr. H. W. Nelson read before the Sacramento Society for Medical Improvement, May 16th, 1871, the following article, reprinted in the *Pacific Medidal Journal*:—

I call the attention of the society, this evening, in a few remarks, to a rather novel, and at the same time interesting, case of the formation of calculi under the prepuce, in a traumatic phymosis, which came under my care in 1869, that may be of some value to the surgeon.

Calculi are found, as we all know, in various organs in the body —such as the kidneys, bladder, prostrate gland, and salivary glands.—Those, of course, that are found in the kidneys and bladder are the results of a morbid condition of the urine; those in the salivary glands being deposits from the saliva. I shall not dwell on the causes leading to these formations, as we are familiar with them, but will at once proceed to the case under consideration. The formation in this case, as if in the bladder, must have been a deposit from the urine, in consequence of distention of the prepuce at each time of urination, the opening in the foreskin being so small, that after the expulsive efforts of the bladder were over, there always remained a quantity of urine in the sac, that could not be expelled for want of voluntary contractile power over that part of the organ.

On the 29th of August, 1868, a Chinaman, aged about 35, and to all appearance quite healthy, called on me for advice, and to inquire if I could cure him of his deformity. He could not speak English very well, and it was with some difficulty that I could get at even a partial history of his case, but I gleaned sufficient to make out the true state of things. When a boy, and while playing, he fell from a height, and alighted astride of some hard substance—perhaps a rail or picket, I could not tell which—cutting and lacerating the prepuce extensively, as I could see by the cicatrix. It healed up after their method of treatment, leaving an opening for the urine to pass, surrounded by dense tissue on the upper surface and close to the corona of the gland. The opening was so small that it was with difficulty that I could introduce the point of the smallest silver probe. The foreskin was elongated to the extent of about four inches, and seemed quite thick. Underneath and throughout the whole length, the frœnum was large and thickened, measuring nearly three-fourths of an inch in diameter. He told me that when he urinated, the skin would distend like a bladder to the size of a man's fist, which caused great suffering. He would endeavour to urinate slowly, in order to relieve him of the pain. The stream of urine through the opening in the foreskin was probably the size of a common pin, and ejected perpendicularly. When the bladder was emptied, there remained nearly a gill of urine in the sac, which gradually dribbled away, but not to empty it.

With the assistance of a friend, a dentist, I placed the patient under the influence of chloroform, and made a thorough examination of the parts, but did not detect the calculi then; in fact, did not suspect the existence of any. I proceeded to remove the whole of the foreskin. I made an incision on the anterior surface, extending from the end to the corona of the gland, laying the gland exposed; and, to my surprise, discovered a number of calculi, and removed thirty-eight, in size varying from a No. 6 shot to a buckshot. I then cut away the prepuce with a straight bistoury, commencing at the upper point of first incision; carried the knife downward, cutting through the frœnum; and then upward, on the opposite side, to the point of commencement. Then, with a pair of scissors, I removed a strip of the mucous lining, so that the edges could be easily drawn together. Eight or nine fine sutures were then passed through. The after-treatment consisted merely of water dressing, with loose bandages. In two or three days the parts swelled greatly, and became painful, so that I was obliged to remove some of the sutures where tension was the greatest. About the eigth day, the swelling subsided, and the cut edges commenced to cicatrize, and in a little over two weeks the parts were perfectly healed.

The urethra was very large, and would admit the introduction of the end of my little finger. The distension of the urethra I consider to be caused by the severe pressure of urine against its walls at the time of urinating, as the discharge from the small opening in the prepuce was not sufficiently rapid to keep up with the contractile power of the bladder.

Another singular feature in this case was a depression, or small, smooth cavity, in the gland on the right side. I suppose at the time of each passage of water, the calculi were kept in constant motion, or stirred up as it were, thereby grinding or wearing away this cavity, one of them being kept at that spot by some means.

In three months afterwards I saw the man, when he pronounced himself quite well. He experienced no difficulty in passing his urine, nor had he any symptoms of gravel or stone in the bladder. I have no doubt that these stones were formed in the sac, from a sedimentary deposit in the urine, which could not escape.

WASP STINGS.

Mr. C. D. H. Drury, of Pulham, St. Mary, England, writes to the *British Medical Journal*:—

During the last fortnight or three weeks, I have been called

upon to treat no less than seven cases of illness arising from the stings of wasps.

On August 21st, my cook, while making pastry, was stung in the forefinger of the right hand by a wasp. In less than half an hour she felt exceedingly depressed and weak, and complained of severe headache; and her hand was so swollen that she could not bend her fingers. The eyes were red and bathed in tears; the face puffy, swollen and dusky; and she was completely covered with an urticarious eruption. I could not find any remnant of the sting in the finger, and only with difficulty the place where the sting had entered. I ordered her at once to bed, and gave her fifteen minims of aromatic spirits of ammonia every half hour. She dipped her hand in a strong solution of carbonate of soda, but this only increased the pain; poultices, however, gave immediate relief. The ammonia, too, seemed to do much good; for after two doses the headache abated, the rash began to decline, and she felt much better, although the local pain remained. She scarcely closed her eyes all night, and in the morning I found the arm much swollen as far as the axilla—where she now complained of most pain, although I could not detect that the glands there were increased in size. The lymphatics of the forearm were enlarged and hard. Poultices were continued; the hand was kept in a sling, and an aperient mixture with ammonia given during the next day. By this time the swelling of the arm had subsided, and on the morning of the following day she was sufficiently well to resume her ordinary duties.

Three days afterward, she was again stung—this time at the back of the neck. In a very few minutes she felt so depressed, weak, and faint, that she had to be supported upstairs to bed. In half an hour her face was of a lusky, red colour, and swollen, and her body covered with an eruption, and she suffered from violent headache. I gave her a glass of brandy and hot water, and soon she felt much better. I saw her again in four hours. She then complained of urgent thirst, and was very restless—felt inclined to, but could not sleep. Her throat felt hot and painful; and on examination, I found her tonsils red and swolled. Her pulse was quick and full. I ordered the neck to be bathed frequently, and her throat to be gargled with hot water, and barley water to be given to drink. I again saw her about five o'clock in the morning. Her throat-symptoms were somewhat relieved, but she was still very restless, and the eruption which remained was of a dusky hue, very like the rash of measles. There was well-marked coryza. In the course of the day she went home; and I heard from her frequently. The eruption lasted for three days and then

began to fade; and now—six days from the date of the sting—she reports herself well, but weak.

On August 25th, my page and housemaid were both stung in the hand. The page had a swollen hand and arm, and much local pain for about twenty-four hours. He found relief from the application of vinegar. The housemaid did not suffer for more than ten minutes, and felt benefit from the application of damp washing soda.

On August 26th, my nurse was stung on the right upper eyelid, and felt immediately much depression, local pain, and severe headache. A little brandy and warm water and the local application of laudanum soon gave relief, but the eyelid remained swollen for two days.

I also visited about this time three patients (females) suffering with swollen arms and hands from wasp stings. The swelling remained in each case about a day. In one, relief was obtained from ammonia liniment; in another, from vinegar; and in the last, from the application of a damp blue-bag, such as is used by washerwomen.

I have either heard it stated, or have read that poisonous matter of the wasp sting has an acid reaction. This I doubt. It may be slightly alkaline, but I think probably neutral. The latter would account for many opposite and different substances giving relief. Many things have been recommended as local applications; for instance, compound camphor liniment, soap liniment, eau-de-Cologne, brandy, whiskey—and, in fact, all the spirits in common use—chalk, vinegar, spirits of sal-volatile, carbonate of soda, spirits of hartshorn, ice, honey, sugar and soap, ipecacuanha, poultices, etc. In this neighbourhood, the old women pin their faith on washing-soda or damp blue-bags.

I would suggest that the treatment be as follows: A careful examination of the wound should be made with a good pocket-lens, and any remnant of the sting removed with a pair of fine-pointed forceps. Laudanum should be applied by means of a cotton-wool swab for at least ten minutes, followed by warm water fomentations. Internally, brandy and hot water should be given at once, and twenty minims of aromatic spirit of ammonia every half hour as long as there is depression. If the mouth or throat be stung, warm flannels should be applied to the neck, and warm inhalations with ether employed. There is sure to be spasm of the rima glottidis in these cases. In no case that I have seen yet would I have given opium internally; I doubt anything but mischief from its use in any of these cases, but I am aware that it has been recommended by medical writers. If local pain be not subdued by

the application of laudanum, then I think I would try the effect of a hyoscyamus poultice or tincture of belladonna sprinkled over a warm damp flannel, and applied to the wound.

I. CASE OF ACUTE GLAUCOMA; IRIDECTOMY; OPERATION AWAKES ACUTE GLAUCOMA IN THE OTHER EYE.

II. CEREBRAL HEMIOPIA OCCURRING ON SIMILAR SIDES, STATIONARY RESULTING FROM AN APOPLECTIC ATTACK.

By RICHARD H. DERBY, M.D., Ophthalmic Surgeon to the Demilt and New York Dispensaries, late Assistant of Professor Von Graefe, in Berlin.

I. Ida K., aged 40, presented herself on the 29th of June, 1870. During the past year she had repeatedly seen rainbow colors about the lights, and latterly she remarked that her reading-glasses were not strong enough. Otherwise, up to the time of her present attack, no trouble with her eyes whatever. Three days ago, while washing, she felt suddenly ill and nauseated, and severe pain in her left eye. Patient went to bed, and leeches were applied to the left temple. The following morning the pain had subsided; toward evening the sight of this eye was somewhat obscured.

Now the tension of the left eye is much increased T † 3. Pupil irregularly dilated. Aqueous humor cloudy. Details of the fundus not discernible. With this eye patient could count fingers when held at a distance of 4½ feet. Vision 1-50. Eccentric vision less certain downwards, inwards, and upwards.

Right eye—Hypermetropia ½. Vision 1.

With the opthalmoscope fundus seen to be normal.

On the 30th of June a broad iridectomy was made on the left eye downwards. On the 6th of July the vision of the left eye had improved to 1-13. Eccentric vision no longer uncertain as before.

8th July.—Until last evening positively no symptom of trouble in the right eye. Then she complained of temporary obscurations of this eye and sense of pressure. This morning patient complains of nausea, severe ciliary neuralgia (right). The right eye presents an exquisite picture of acute glaucoma. Pupil irregularly dilated; tension decidedly increased. On account of the cloudiness of the vitreous, fundus no longer to be seen. Vision 1-5th. No limitation of the visual field. On the 11th of July an iridectomy was made downwards on this eye, and on the 16th the vision was ½.

This observation that in cases of inflammatory glaucoma the operation of iridectomy on the one side may lead to the outbreak of glaucoma on the other eye, was first made by Von Graefe.* Since then Mooren has written to the same effect.† In his last article on the Pathology and Therapeutics of Glaucoma,‡ Von Graefe finds the outbreak of glaucoma in the second eye, within two weeks after iridectomy on the first, occurs only in cases where an eye afflicted with primary inflammatory glaucoma has been operated on during the period of irritation, and in such eyes as these, where the second eye had already shown signs of the prodomes of glaucoma, this succession was especially frequent. Glaucoma was developed on the second eye within fourteen days after the operation on the first, in more than 30 per cent. of the cases.

II. Mr. C., aged 56, consulted me on the 10th of May, 1871, on account of deranged vision. On either eye the vision was $\frac{2}{3}$, and there was an entirely symmetrical defect in each field of vision. The entire right half of each visual field failed. The remainder of the visual fields was for color as well as for the ordinary test normal.

The ophthalmoscope revealed nothing abnormal in the optic nerve or retina. Hypermetropia 1-36th.

From the history of the case I gathered the following facts. On the 25th December, 1869, patient had an apoplectic seizure, resulting in hemiplegia as well as hemiopia of the right side. The hemiplegia soon passed away, but the condition of the eyes remained the same up to the present time. The hemiopia in this case is evidently to be referred to a paralysis of the left tractus opticus, resulting from apoplexy in the left hemisphere. The prognosis of the case was favorable, at least as far as the danger of total blindness was concerned. According to Von Graefe, entire blindness can supervene on a one-sided apoplectic affection only—

(*a.*) When an apoplectic affection develops itself in the other hemisphere;

(*b.*) When fresh effusions into the hemisphere originally affected cause general cerebral derangement, perhaps through anæmia;

(*c.*) When a basilar disease, directly affecting the trunks of the optic nerves, supervenes;

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* Archiv f. Ophth. viii., 2, p. 55.

† Ueber sympathische Gesichtsstörungen, p. 98.

‡ Archiv f. Ophth., xv., 3, pp. 116, 117.

(*d.*) When a limitation of space in the cranium involves compression of the cavernous sinus, and, in consequence, venous strangulation of the papilla;

(*e.*) When the continued progress of the encephalo-meningitic disease causes a secondary neuritis. ‖

The history of the case made it evident that the original attack was simply one of apoplexy: there had been no evidences of meningeal disease, and the fact that the condition of the eyes had remained the same during so long a period made it extremely improbable that a change for the worse might occur. The patient might, on the other hand, have another apoplectic attack, and such a manner of life as would least conduce to this was recommended to him.—*Medical Record.*

Medicine.

ALCOHOL AND INSANITY.

The question of the ill-influence of alcoholic drinks is now a principal one among those occupying public attention in France, all kinds of evils, whether political, military or social, having been explained of late by their abuse. M. Théophile Roussel, who is member alike of the Academy of Medicine and of the Chamber of Deputies, recently read a long communication before the former body, which, it would almost seem, he must have mistaken for the latter, as it related chiefly to the legislative measures necessary to arrest the course of drinking habits. In all this there is doubtless much exaggeration, for no one can believe the evil of drinking can as yet have exerted the immense influence attributed to it. One of the latest papers on the subject is that of M. Lumier, read at the Academy on the 22nd inst., in which he considers the part which alcoholic drinks have played in the increase of the number of cases of insanity. From the facts which he enumerates, he concludes:—

1. In the North-east of France, the departments which do not cultivate the vine are those which have been first invaded by the alcohols derived from beetroot and grain. There the consumption of wine has remained almost stationary, and that of cider is on the decrease, while the consumption of alcohol has doubled or tripled within the last twenty years.

2. The departments of the same region which do cultivate the

‖ Clinical Lectures on Amblyopia and Amaurosis, translated by Hasket Derby M.D., p. 44.

vine have resorted to alcohols derived from other sources, only at a later period, but even in these the consumption has almost everywhere doubled.

3. In this region insanity arising from drinking has considerably increased in frequency, having attained in some parts the proportion of 41 per cent. among the men, and 21 per cent. among the women. But while in those departments in which the vine is not grown, the increase has occurred chiefly among females, in the others it has scarcely been sensible among them.

4. In the Department of the Orne, which does not produce wine, but where beetroot alcohol is distilled, almost as much spirit as wine is consumed, and almost as much as was consumed twenty years since as now. Consequently, the proportion of cases of insanity from drink, has for a long time been considerable (13 per cent.,) and has not much increased during fifteen years, what increase there has been having taken place exclusively among women.

5. In the East, where more wine is grown than is consumed, and where, some years since, no brandy was known, except that made from the grape in the country itself, the results, in relation to insanity, were nothing alarming: but, since the alcohols of the North have penetrated there, the insanity due to drinking has increased in a very strong proportion.

6. In fine, alcoholism plays a very preponderant part in the increase of the number of cases of insanity, and constitutes, in this relation, as in so many others, a serious danger for society, and especially in the northern and north-eastern departments.

CASE OF CHOLERA IN LONDON.

By JAMES EDMUNDS, M.D., L.R.C.P., etc., late Senior Physician to the British Lying-in Hospital.

The following report will be of interest at this juncture.

The patient (William C.,) was a respectable married man, 28 years of age, residing at 65 Charlotte Street, Portland Place, and by occupation a storekeeper at a builder's yard, near Regent Street. His occupation kept him so much at the yard, that he took some of his meals there, and was in the habit of using water from a pump to make his tea with. The attack of cholera supervened on the night of Monday, August 14. On that morning he had his breakfast at the yard as usual, and afterwards returned to his home in order to go with an excursion of the Fitzroy Band of Hope, to some grounds connected with *The Green Man*, at Whem-

bley Hill, near Harrow. They went by rail from Euston Square, and arrived at Whembley Hill soon after 11 o'clock a.m. The patient spent the morning with the children, and joined actively in their amusements, including several games of cricket. He made his dinner from food brought from his own home, but he bought a bottle of lemonade at *The Green Man*, and afterwards got, the bottle filled with water twice from the bar. He states that this water was very foul, and so nasty that some of the excursionists spat it out, and others refused to drink it, or disguised it with sherbet powder. He then tried a bottle of ginger beer which he also thought nasty. During the afternoon he was several times dreadfully griped, and had copious watery dejections. Still he played at cricket and skittles very actively all the afternoon, and drank more water. At 5 o'clock he had tea, supplied by *The Green Man*, and probably made from the same water. After tea he was several times griped, but not again purged, and he returned home by train at 8.15 p.m. In the train he felt generally unwell and very sick, but he reached home at 9.30 p.m. without vomiting or dejection. Immediately after reaching home he was dreadfully purged and vomited, the evacuations being discharged "like water from a tap;" this occurred continually, and about 11 p.m. while making his way to the closet he was obliged to stop in the passage and vomit on to the floor. He emitted "fully a quart of fluid quite watery and tasting slightly bitter," after this he got into bed, he then vomited twice into a basin, and about 11.30 he was seized in the left leg with cramp so painful as to make him jump out of bed. While sitting on the side of the bed he vomited again, and reaching towards the basin he fainted and fell over it. His wife got out to help him, and when he recovered he drank a large quantity of cold water and returned into bed. From that time he was excruciated with cramp across the stomach and in the legs. He was also purged from twelve to twenty times more, but being unable to rise the dejections passed under him. The people in the house ran to all the neighbouring practitioners, but unfortunately could get no one to come; about 2 o'clock the father arrived and he called me up. I knew nothing of the patient, and had never attended any of his friends professionally, but hearing that it was a case of cholera, I dressed and went at once. As nearly as practicable I have, up to this point, recited the words of the patient and his friends. They are intelligent and reliable people.

It was about half-past 2 o'clock on Tuesday morning when I saw the patient. The shrunken livid face and the characteristic hoarseness of the voice were so marked that, having seen a great

deal of cholera, I had no need to ask myself the nature of the disease before me, and I addressed myself to investigate the probable origin of the disease, so as to look after the safety of others. The water in the house proved excellent, the cistern was lined with concrete, and having no waste pipe, was exceptionally safe from contamination with sewer gas. The basement also appeared free from bad smells or sanitary defects, and the only points on which I could fix were the pump water at the builder's yard, and the foul water at Whembley Hill. I then examined the patient more minutely. A utensil half full of rice-water vomit stood on a chair by his side, and on lifting up the clothes from the foot of the bed, I saw the body resting in a pool of dejection of a similar character. I dipped out a saucerful of this fluid from between the patient's thighs, and it proved to be characteristic rice-water discharge. There were also the low hoarse voice, the sunken areolæ round the eyes, the pinched livid countenance, the cold whitish ears, and agonising muscular cramps. The case was certainly one of true cholera, and one in which probably a few more discharges would cause hopeless collapse, but I learned that he had joined a Band of Hope at ten years of age, and since then had taken no intoxicating liquors, while his parents were also old abstainers. Of course these antecedents were immensely in his favour, and being a man of small lithe active frame, I thought he would rapidly rally, if the effusion of blood-fluid were stopped. I therefore prescribed the following medicine which I have long relied upon in such cases:—

Spir. chloroformi, ℥j.; acid. sulph. dil. ℥ss., misce.

Take 30 to 60 drops in water every 10 or 15 minutes until the discharges are checked. He was also to suck ice and drink pure cold water *ad libitum*, and though the feather bed was saturated with choleraic dejection, I directed him to be well covered up and to remain where he was, the limbs to be carefully chafed, without exposing him to the cold, and a free current of fresh air to pass through the room. He was to take no other drugs and no alcoholic liquor. At 4 o'clock I saw him again, he had vomited after the first dose of the medicine, but not since, and the dejections were less frequent, and the cramps less distressing. They had carried out the treatment well. The father was to call me up and report progress at 6 o'clock, I learnt that the cramps were still distressing, but otherwise that he was better. To give the drops more largely and drink the iced water very freely, to continue the other treatment and to take no food. At 10.30 I saw the patient again in company with Dr. Buchanan, who having seen the case announced in that morning's *Times*, dropped in at my house after

breakfast to ask how the patient was going, and I induced him to visit the case and investigate the circumstances. The patient was immensely better, and had taken about eleven drachms of the medicine before they stopped it. There had been neither purging nor vomiting for some three hours, and he had kept down a great quantity of water. He had passed no urine. In reference to the question of infection Dr. Buchanan urged that, as soon as the patient could be moved, the bedding should be destroyed, instead of any attempt being made to disinfect it. This point had not yet arisen, but I at once concurred in the suggestion, and the friends undertook to have the bedding destroyed when the time arrived. Dr. Buchanan also advised that the strong white carbolic acid should be used instead of the common article for disinfecting the discharges. This seemed almost an unnecessary precaution, but also was adopted. I ordered the patient to take no more medicine unless the discharges recurred, to lie scrupulously still in bed, and go on as before. But if his stomach continued quiet, to drink cold barley water gradually strengthened with a little good milk. Dr. Thomas Stevenson, Health Officer of St. Pancras, having seen the announcement in the *Times*, also called upon me about 1 o'clock, and I invited him to see the patient and accompanied him to the house. The patient was still better, and his voice was now almost natural. To continue the same treatment. I saw him several times during the after part of the day, he went on well, but had a great deal of rumbling in the bowels and was very prostrate. At night he had that hebetude of countenance and ferrety sclerotic which ushers in the reactionary fever of cholera. He had passed no urine. To continue the barley water and milk, and to go on precisely as before. He slept well that night.

On Wednesday, at 8 a.m., he passed "quite a quart" of urine with some scalding. It was "very dark and thick," it had been carbolised and thrown away, so that I did not see it. On Wednesday night he passed "a pint and a half more dark but clear." He slept badly that night and had much rumbling in the bowels.

On Thursday morning he passed about a pint of urine. The heaviness of features and redness of the eyeballs having pretty well cleared off, he was shifted into another bed in the next room The Marylebone Sanitary Inspector immediately afterwards saw the bedding and took it away to destroy it. The bowels acted of themselves on the fifth day, the motion being described as small tape-like matter. Afterwards the motions became normal. He was kept in bed some days longer, and then gradually got about his room. He was confined rigidly to milk and farinaceous diet

till the eighth day, when broth and vegetables were added, and he was left to return to his ordinary diet gradually, and report progress to me.

On Friday, August 25, he reported himself at my house. It was then the twelfth day of his illness. He was weak and very pale, but going off to Torquay next morning. He has since written to say that he is convalescent.

This patient took no alcoholic liquor during the attack or in his convalescence. It will also be observed that he took no drugs, except during the first four hours of my attendance, when the sulphuric acid and chloroform were energetically administered.

The practical treatment of cholera is a subject to which my attention has been actively called. I saw much of the epidemic in Whitechapel, in 1849. In the autumn of 1853, I was sent by the General Board of Health to Newcastle, and there I had charge of the notorious and filthy district called Sandgate, the focus of an epidemic that killed over 1,000 persons in eleven days. Afterwards I was sent to Dundee on similar duty, and some years later I had charge of cholera wards in Whitechapel. Having also seen a full proportion of cases in private practice; the subject is one in which I have had unusual experience. The following seem to me to be the practical points:—

1. To maintain the warmth of the body by proper clothing, avoidance of exposure, and heated applications if necessary.

2. To economise the muscular power by keeping the patients in bed, and not allowing them to rise for the discharges.

3. To promote the circulation by rubbing the limbs. This must be done carefully, as the patients have little feeling on the surface of the body. I have often seen the skin actually rubbed off their limbs by friends in their anxiety to relieve the excruciating cramps.

4. To restrain "the rapid current of fluid from the blood into the intestinal canal." It may be argued that this current is "a salutary effort of nature" to expel a morbid poison, but certain it is that the patient is too often killed by the effort, and that the drain of fluid produces an abnormal condition of blood, and is followed by stoppage of the circulation at the pulmonary arterioles. Whether this stoppage occur from the blood being too thick to pass, or from the arterioles being tetanised by a hypothetical morbid poison, is much the same as the difference between tweedledum and tweedle-dee. Probably the abnormal state of the blood and a tetanised state of the arterioles are both factors in the stoppage. In my hands the dilute sulphuric acid given in full and frequent doses, has proved the best means of checking the osmotic

transudation of liquid, while drinking iced water has been the best means of restoring the fluidity of blood.

5. To relieve the cramps and thus prevent exhaustion, chloroform—the most active and diffusible of the antispasmodics—is the safest and most efficient remedy, and I now never administer any alcoholic liquor, or opium, or any other drugs.

6. While vomiting continues, the administration of food is useless and mischievous, rest is the one thing wanted in addition to the other points.

In the case here reported, the symptoms of collapse followed step by step upon the emission of fluid from the blood, and the symptoms passed away, as these emissions were checked and as fluid was reabsorbed. I believe this fairly represents the history of all cases in which the symptoms are those of pure cholera in a subject of sound constitution, well conditioned tissues, and vigorous age. Under other conditions the pure symptoms of cholera do not develope themselves, and the case is blurred by anomalies, which, though incidental to the attack, are really due to defects of the patient's constitution. Thus, in extreme temperatures, subjects who are aged or weak-hearted, or whose tissues have been damaged by the use of alcohol, often die from syncope, after discharges that would not have seriously disturbed a healthy subject at an age more tenacious of life. Only the night before my patient was attacked, a widow, over 60 years of age, died from cholera close by at 75 George Street, Euston Road. In he same house there was then convalescing from cholera a younger woman, a member of the same family, who had been attacked just as badly a week before, but had survived, doubtless owing to her comparative youthfulness and greater vitality. In the epidemic of 1853, I remember a publican and his wife in the Whitechapel district, who died in the same night after a very few hours' illness from cholera, with comparatively little purging. But the fact was that they were both past middle age, and, though ruddy, and what is called healthy-looking, their tissues were so unsound that they at once broke down under the onset of the disease. Such casualties often throw valuable light upon the disease itself, but they do not furnish the materials for its true theory.—*Medical Press and Circular.*

TREATMENT OF THE SWEATS OF PHTHISICAL PATIENTS.

By M. Peter, Paris.

Sweats should be counted among the most annoying symptoms of phthisical patients. They are met with, in the later stages, of

very various character; they may indeed be divided into *febrile*, *tuberculous*, and *colliquative* sweats. The first are those which appear on the accession of fever. It is important to recognize them, for if we suppress the febrile attacks by means of quinine, we suppress the sweat also. The colliquative sweats are those which belong to the last period, when the organization succombs; we can no longer oppose them by drugs.

As to the tuberculous sweats, they might also be called *sleep* sweats, for they occur not only at night, but also during the day when the patient sleeps; they are connected with that general condition which produces (? Ed.) the tubercle, and not with the state of the lung itself. They are, however, mischievous, and it is necessary to combat them, which can be done both by internal and by external remedies. First among the drugs ranks agaric, the long-known properties of which are still contested by many physicians. Mr. Peter prescribes :0, rarely 30, centigrammes at bed-time, as recommended by Trousseau, and the sweats will be suppressed. Unfortunately the efficacy of the remedy diminishes after a certain time, and it becomes necessary to resort to other means, of which there are many well known: acetate of lead and opium, tannin, etc.

But among the external remedies there is one little known, revolutionizing, (*sic!*) * to which it is important to draw attention. It consists in washing the entire body with vinegar and water.... The first patient so treated (at the Pitié), had cough, vomiting, and, above all, profuse sweats. After the very first lotion, the perspiration diminished perceptibly; after the third night she had no more sweats, and they did not reappear for more than three weeks. It seems that the results obtained by this external medication are far better than those by internal means.—*From Journ. de méd. et de chir. prat.*

Dr. Jacobson, of Copenhagen, records the successful employment of hypodermic injections of *ergotine* in two cases of aneurism. In one case, injections of an aqueos solution of secale were made in the vicinity of the tumour, causing it to disappear in eight days, having existed twenty years. This mode of employing secale for cure of aneurism, is worthy of trial in all suitable cases.—*Georgia Medical Companion.*

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* In Germany, the means under consideration is an old and well-known popular remedy;—is it one of the German notions which are now "revolutionizing" France?—Ed.

Canada Medical Journal.

MONTREAL, OCTOBER, 1871.

THE FORTY-NINTH ANNUAL REPORT OF THE MONTREAL GENERAL HOSPITAL.

This is in reality the fifty-second year of the existence of this institution.

In the year 1819, Montreal was comparatively a small city with a population of about 18,000. There were at that early period of our history, men possessing all that benevolence and decision of character, which led to the establishment of an institution which has become in our day one of the most important and benevolent charities on this continent. The town of Montreal was at that time increasing in size and importance. Emigration was annually augmenting our numbers, and the Hotel Dieu Hospital, the only hospital in existence at that period in this city, was found to be inadequate to the requirements of the indigent sick. A larger number of emigrants that year sought an asylum and new home in Canada. The western province of Ontario was very sparcely populated, and many of the emigrants who arrived amongst us with a view of going West, were afflicted with fever and other diseases requiring medical treatment and the comforts of a home.

From this increasing necessity a few benevolent gentlemen met together, a subscription was started, and a temporary house leased for the purposes of a hospital. The good effected was so marked during the first year, that it was subsequently decided to secure a site, and erect thereon a building with the intention of a permanent establishment. Ground was purchased, and a sum of £2,200 was raised by public subscription.

"In January, 1821, a special committee appointed for that pur-"pose, entered into a contract for the erection of the edifice "known as the Montreal General Hospital." The building first erected forms the present body of the hospital. It consisted of ten wards, and was calculated to contain about 60 beds. The building was formally opened in May, 1822, and during the first year there were admitted and treated as interns 421 patients.

besides which 397 persons received out-door medical and surgical relief. From this may be estimated the good effected by this institution, and the urgent necessity for an hospital at that early date. It was deemed advisable to set apart an endowment fund, and soon after the establishment of the institution a charter was obtained, by which it was enacted that all subscribers of £25 to the endowment fund, became eligible for election as life governors of the institution.

Now while every credit is due to the citizens for furnishing the means by gratuitous subscription for the support of this institution, we must not forget the medical and surgical staff who performed their share of the work without fee or emolument, nor must we fail to notice that if this hospital has become a source of honest pride to the citizens, that its position and name as an institution at which surgical and medical relief can be obtained, has in the main been effected by the earnest painstaking and honest work of its medical staff. We need not particularize further than by stating that the staff of our hospital has always been selected from the ranks of the foremost men in our profession; in these selections we consider that the governing body have acted wisely, as to-day may be seen the results of such selections, inasmuch as relief is constantly sought by persons non-resident in the city, and who come to Montreal for the express purpose of consulting some one member of the medical or surgical staff of this hospital.

We turn now to the details of the present Annual Report, and we must say that it exhibits the growing interest and pride taken by our citizens generally in the success of this benevolent institution. The broad spirit of liberality and true christian charity are the chief recommendation of this hospital. Not in the spirit of the levite or the priest, but in that of the Good Samaritan, it does good to all. In distributing its benefits it knows no country or creed, it is sufficient to know that a son of Adam is suffering and in want, the Montreal General Hospital is open to his necessity, and is ever ready to bind up his wounds pouring in oil and wine.

On reference to the Report, it will be found that during the year ending 1st May, 1871, 1559 persons were admitted into the hospital as interns. The proportion of Roman Catholics and Protestants of all denominations, was very nearly equal. And of nationalities nearly every country in Europe is represented, besides natives from the United States and East and West Indies. This number is an increase of patients receiving in-door relief of 167 over that of last year. Of out-door patients there were 11,346. This large number will

give some idea of the valuable field for clinical observation afforded by this hospital.

On reference to the financial statements, we find that in round numbers the people of Montreal have contributed $10,525, which after all is not so very large a sum when we take into account the benefits derived by the public generally from this hospital. This has been a favourable season so far as the public health is concerned; but let us suppose that our city had been afflicted with an epidemic, and that we had been scourged by the Almighty hand with disease and death. This amount so liberally contributed would have been insufficient to meet the increased expenditure.

We notice one feature this year among the items of income, viz: the annual collections in the Protestant churches of this city and of Lachine, and we regret that this action is confined to Protestant communions. Our Roman Catholic brethren are not a whit behind the Protestants in liberality and charity. It may be argued that they have a large hospital of their own to support, true, but if by following the roll and having a hospital Sunday, on which occasion all contributions shall be devoted to hospital purposes, the amounts so collected to be equally divided between the two hospitals, we have no doubt that a large sum would be added to the income of both institutions.

The expenditure during the year was some $322 less than the income, besides which some $6,000 was added to the endowment fund. Altogether this report is highly satisfactory, and is a further evidence of the success and usefulness of this institution. We publish below the Medical and Surgical Report:—

MEDICAL AND SURGICAL REPORT OF THE MONTREAL GENERAL HOSPITAL, FOR THE YEAR ENDING 1st MAY, 1871:—

DISEASES, ACCIDENTS, &c., &c., TREATED IN HOSPITAL.

Diseases, &c.	Discharged.	Died.
Abortio	1	
Abscessus Ac	40	1
" Chr	1	
Adenitis	3	
Ambustio	14	
Amenorrhœa	1	
Anæmia	14	
Anasarca	1	
Anchylosis	2	
Aneurism Aortic		1
" Popliteal	1	
Anthrax	1	
Apoplexia		2
Arthritis Ch	1	
Asthma	1	
Ascites		2
Atresia Iridis	2	
Balanitis	1	
Bronchitis Ac	25	2
" Ch	10	1
Bubo	8	
Bursitis	3	
Calculus Vesicæ	6	1
Carcinoma Hepatis	1	
" Linguæ	1	
" Mammæ	2	
" Recti	1	
" Thoracis	1	
" Uteri	1	
" Vulvæ	1	
" Var	3	
Caries Clavic	1	
" Osseranii	1	
" Phalangis	4	
" Tibiæ	1	
" Vertebrarum	4	1
" Var	3	
Cataracta	10	
Cellulitis	4	
" Pelvic	1	
Cerebritis Ac	2	3
" Ch	2	1
Cholera Canadens	1	
" Infautum		1
Cicatrix	3	
Colica	1	
Concussio Cerebri	1	
Condylomata	1	
Conjunctivitis	4	
" Phlycten	1	
Constipatio	22	
Contractio Genu	1	
Contusio	29	1
Cystitis Ac	5	
Debilitas	21	
" Postpartum	4	
" Senilis	5	1
Delirium Tremens	3	
Dementia	2	
Diabetes	1	
Diarrhœa	43	
Carried forward	326	20

Diseases, &c.	Discharged.	Died.
Brought forward	326	20
Dysenteria Ac	16	1
Dyspepsia	26	
Ebriostas	1	
Eclampsia Puerps		1
Ecthyma	2	
Ectropion	1	
Eczema Ac	4	
" Ch	1	
" Capitis	2	
Emphys. Pulmon	1	
Empyema	1	4
Endometritis	1	
Enteritis	3	1
Entropion	5	
Epilepsia	4	1
Epistaxis	3	
Epithelioma	2	
Erysipelas	20	
Erythema Nodos	3	
Favus	1	
Febricula	37	
Febris a Potu	25	
" Intermit	14	
" Post partum	3	
" Typhoides	52	6
Fistula in Ano	2	
" Lachrym	1	
Fractura Clavic	2	
" Costar	3	
" Cruris	13	
" Cruris Co	2	1
" Femoris	10	2
" " un- }		
un ted }		1
" " et hu- }		
meri }	1	
" Fibulæ	10	
" Humeri	4	
" Maxil Infe	2	
" Metacarpi	1	
" " Co	2	
" Metatarsi	3	
" Oss. Nassi	1	
" Pelvis		1
" Phalang Co	6	
" Radii	5	
" " Co		1
" " et Ulnæ	2	
" " Co		3
" Tibiæ	1	
Furunculus	4	
Gangræna	1	2
Gastrodynia	2	
Gelatio	15	
Glaucoma	1	
Gonorrhœa	18	
Hæmaturia	1	
Hæmoptysis	2	1
Hæmorrhoides	6	
Hepatitis	1	
Carried forward		

Diseases, &c.	Discharged.	Died.
Brought forward		
Hernia	1	
" Testis	1	
Hydatides Uteri	1	
Hydrocele	4	
Hydrocephalus Ch	1	
Hypopion	1	
Hysteria	14	
Impetigo	1	
" Capitis	1	
Insolatio	1	
Inversio Uteri	2	
Iritis	4	
Ischuria	1	
Keratitis	8	
Laryngitis Ac	2	
" Ch	1	
Leucoma	2	
Leucorrhœa	6	
Lichen Ruber	1	
Lupus	2	
Luxatio Humeri	2	
Mastitis Ac	2	
Meningitis Ac		2
Menorrhagia	5	
Morbilli	15	
Morb. Brightii	8	7
" Cordis	13	7
" Coxæ	4	
" Plumbeus	1	
Myelitis Ch	3	1
Necrosis	4	
Nephritis Ac	2	
Neuralgia	9	
Onychia	1	
Ophthalmia Gonor	3	
" Scrof	1	
" Tarsi	1	
Orchitis	7	
Otorrhœa	2	
Oxaluria	2	
Paralysis Part	8	
Paraphymosis	1	
Paronchyia	10	
Parotitis	1	
Pericarditis	2	
Periostitis Ac	10	
Peritonitis	4	1
" Ch		1
Petussis	1	
Phlegmasia Dolens	1	
Phthisis Ac		1
" Ch	28	25
Pleuritis	9	
Pleurodynia	5	
Pleuropneumonia	6	
Pneumonia	14	6
Prolapsus Ani	1	
" Uteri	2	
Prostatitis Ac	3	1
" Ch	1	1
Carried forward		

DISEASES, ACCIDENTS, &c., &c., TREATED IN HOSPITAL.—(*Continued.*)

Diseases. &c.	Discharged.	Died.
Brought forward		
Prurigo Senilis	1	
Pterygium	1	
Pyelitis	1	1
Rachitis	1	
Retinitis	3	
Retroflexio Uteri	1	
Rheumatism Ac.	48	1
" Ch	14	
" Musc	36	
Scabies	3	
Scarlatina	8	4
Sciatica	4	
Sclerotitis	2	
Sinus	3	
Strabismus	3	
Strictura Esoph.	1	
Carried forward		

Diseases, &c.	Discharged.	Died.
Brought forward		
Strictura Recti	3	
" Urethræ	7	
Subluxatio	11	
Sycosis Menti	1	
Synovitis Ac	9	
" Ch	2	
Syphilis Ac	61	
" Ch	21	1
Tænia Solium	1	
Talipes Varus	2	
Tonsillitis	13	
Torticollis	1	
Trachoma	31	
Tumor Abdom.	1	
" Adipose	2	
" Colli	1	
Carried forward		

Diseases, &c.	Discharged.	Died.
Brought forward		
Tumor Fibroid	1	
" Mammæ	3	
" Myeloid	1	
" Oculi	1	
" Ovarii	2	
" Uteri	2	
" Var.	3	
Ulcus Corneæ	20	
" Gastric	1	
" Recti	2	
" Urethræ	1	
" Uteri	5	
" Var.	53	2
Varicella	1	
Vulnus	21	2
" Oculi	2	
Total	1342	107

MAJOR OPERATIONS.

Amputation of Thigh	2
" " Leg	1
" " Arm	5
" " Foot	2
" " Hand	2
" " Breast	2
Excision of Knee-joint	3
" " Cancerous Tumor	2
" " Fibroid Tumor of Uterus	2
" " Fatty Tumor	1
Carried forward	22

Brought forward	22
Extraction of Cataract	11
Lithotomy	3
Lithotrity	3
Perineal Section	1
Paracentesis Abdominis	1
Operation for ununited Fracture of Femur	1
Extirpation of Eyeball	1
Total	43

MINOR OPERATIONS.

Amputation of Fingers	23
" " Toes	22
Excision of Tumors: Cystic	26
" " Fatty	9
" " Fibroid	4
" " Adenoid	1
" " Conjunctival	1
" " Mammary	1
" Epiihelioma	4
Operation for Entropion	11
" " Fistula lachrym	8
" " " in Ano	3
" " Strabismus	3
" " Cicatrix	3
" " Varicocele	1
" " Hydrocele	4
" " Ectropion	2
" " Ununited Fracture	1
" " Hernia Testis	1
" " Harelip	1
Circumcision	8
Ligature of Hæmorrhoids	3
Tenotomy	8
Carried forward	148

Brought forward	148
Iridectomy	8
Removal of Sequestrum	4
" " Foreign body from Eye	3
" " " " Ear	4
" " " " Esophagus	2
Tapping Hydrocele	10
Evulsion of Nasal Polypus	5
" Nail	6
Parancentesis Thoracis	5
" Oculi	2
Catheterisms	135
" of Nasal Duct	30
Cauterization of Cystic Tumors	5
Reduction of Paraphymosis	2
Abcision of Tonsil	3
Urethrotomy	1
Skin-Grafting	7
Vaccinations	57
Teeth Extracted	248
Incisions Var.	292
Wounds dressed	394
Total	1373

FRACTURES TREATED DURING THE YEAR.

IN-DOOR.

Simple	62
Compound	15
Total	77

OUT-DOOR.

Fracture of Acromion	1	Brought forward	17
" " Clavicle	12	Fracture of Phalanges	1
" " Femur	1	" " " Co.	1
" " Fibula	1	" " Radius	15
" " Humerus	1	" " Ribs	2
" " Metacarpal Bone	1	" " Ulna	2
Carried forward	17	Total	42

DISLOCATIONS REDUCED DURING THE YEAR.

In-door: Of Shoulder	2
Out-door: Of Shoulder	7
Total	9

Medical News.

COMPLIMENTARY DINNER TO G. W. CAMPBELL, A.M., M.D., ON HIS RETURN TO CANADA.

It is our pleasing duty to record a complimentary dinner to G. W. Campbell, A.M., M.D., Dean of the Medical Faculty McGill University, given by the Medical profession of our city, and held at the St. Lawrence Hall, on the evening of Tuesday, 10th October instant, on the occasion of his return to Canada after a temporary absence in Europe.

This dinner was confined to members of the Medical profession, and was a slight recognition of the esteem in which Dr. Campbell is held by his confreres. The large majority of those present on the occasion, were old pupils of McGill University, and had received their early professional education in part from their guest. The committee of arrangements received solicitations from many non-professional gentlemen for leave to join in this exhibition of kindly feeling, but it was decided to restrict the meeting to medical men only. At an early hour some forty gentlemen assembled in the parlour of the St. Lawrence Hall, and shortly after seven o'clock dinner was announced.

The chair was taken by William Sutherland, Esq., M.D., having on his right the guest of the evening, and on his left His Worship Mayor Coursol. Dr. Scott, President of the College of Physicians and Surgeons, and Dr. Peltier, President of the Medico Chirurgical Society of Montreal, acted as croupiers. After the usual loyal

toasts the chairman in feeling terms proposed the health of Our Guest. In alluding to the excellent qualities and uniform urbanity of manner of Dr. Campbell, he said it was an old Pagan motto "That silence became a duty, if we could not say anything good of the dead," he would remark that in alluding to the living we should endeavour to speak the truth. There were occasions when even the suppression of truth was a necessity, perhaps a virtue. On this occasion the truth would reveal the sterling qualities of our friend, in fact the honest appreciation of his uniform consistency and professional rectitude, had called forth this ebullition of kindly feeling. Dr. Campbell had always acted the part of a true friend to the junior members of the profession, and in his own experience there had for years subsisted between himself and Dr. Campbell that community of sentiment which was the very essence of true friendship.

In returning thanks, Dr. Campbell observed that he was quite unprepared for such an exhibition of esteem on the part of his professional brethren. That it was more acceptable in being so general, and that he deeply felt the honour conferred by this impromptu meeting. A number of volunteer toasts followed, and a most pleasant evening was spent without one single incident to mar the harmony of the proceedings.

Treatment of Nævus by the Galvanic Cautery.—Dr. Maas, of Breslau, has collected in the *Archiv fur Klinische Chirurgie* (vol. xii.) the histories of 112 cases of nævus treated by the galvanic cautery. The results were as follows: *Capillary Nœvus*—cured, 32; improved, 1; result unknown, 1. *Cavernous or venous nœvus*—cured, 72; improved, 8; result unknown, 1; died, 3. *Arterial or racemose nœvus*—cured, 2; improved, 1. *Nœvus combined with other tumours*—cured, 6; improved, 1; result unknown, 2. He derives from the examination of the cases the conclusion that the galvanic cautery is followed by the best results in nævus and is much safer than the injection of perchloride of iron or any other coagulating fluid. It would, however, be wrong to say positively that the remedy is indicated in all cases of nævus. As Virchow has well remarked, the surgeon must take the circumstances of each case into consideration. The battery used in the cases referred to was that of Middeldorpf.—*British Medical Journal*, September 30th, 1871.
