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Original Communications.

A case of Ovariectomy. By E. H. TRENHOLME, M.D., Professor of Midwifery and Diseases of Women and Children, University of Bishop's College, Montreal.

[Read before the Medico-Chirurgical Society of Montreal, October 31st 1873.]

The patient in this case is an Englishwoman of fair complexion, rather above the medium height, of good muscular development, and very good general health. She has been in Canada about one year, is eight years married, has had no children, of regular habits of life, and by occupation an envelopemaker. She first consulted me in December last about an enlargement of her abdomen, and wished to know if she was pregnant.

Upon enquiring I found she had been ill and treated for inflammation of the bowels, in January, 1871, at which time she had severe pains all over the abdomen, but most markedly in the umbilical and lumbar regions. This attack was accompanied by constipation of the bowels and considerable nausea. So far as she can remember there was no difficulty with the generative or urinary organs. She fancied, however, that after her recovery there was more than usual fulness of the abdomen. She had always been quite regular and natural in her monthly flow, and therefore wished to know what made her so stout.

On examination, I detected and drew her attention to a large tumor occupying the cavity of the abdomen, which had heretofore escaped her notice. The tumor was exactly in the middle of the cavity, and about the size of a uterus containing a six months' fœtus. It was also freely moveable, and had never caused any pain or inconvenience. The areolæ was dark-colored, and the sebaceous tubercles enlarged. On making an examination per vaginam, found the uterus occupying a median position. The brim of the pelvis is occupied by the tumor but not bulging into the cavity of the pelvis; could detect no fœtal or placental murmur. Under these circumstances, I told her I could not give a decided opinion at the present time, but that probably she was in the family way. This state of uncertainty continued up to March, when the patient affirmed most positively that she frequently felt movements in her abdomen, which she believed were due to the child kicking. In April, the abdomen began to enlarge rapidly

and caused considerable dyspnea. In June, the enlargement was so considerable that she not only was short of breath, but was beginning to lose her appetite and growing emaciated. The menses were still regular, and as she had passed the period when gestation should have been completed, and as all positive signs of pregnancy were absent I now informed my patient that she was not pregnant, but that she had an ovarian tumor, which fact had been intimated to her months before. On 1st July she had a sharp attack of peritonitis, which, however, rapidly subsided under appropriate treatment.

In order to render the diagnosis certain, I now tried to introduce the uterine sound, but after much persevering effort failed to do so.

Dr. Hingston saw the case with me early in July, and also failed to introduce the sound. The same result attended Dr. Craik's efforts, who saw the case with me a week or two afterwards. Both gentlemen agreed with me, however, as to the diagnosis and the desirability of an early operation. I suspected the tumor was connected with the left ovary, from the fact of the patient being able to sleep with more comfort on the left than upon the right side. Fluctuation was fairly well marked. The external surface of the tumor was unequal, from which fact and its rapid growth it was believed to be multilocular.

OPERATION.

The patient being very anxious to have the operation performed without further delay, and having ordered her some lithia water to correct a slight derangement of the kidneys, and aperients to regulate the bowels, on 2nd Sept., 1873, at 3 p.m., assisted by Drs. Godfrey, Craik, F. W. Campbell, Kennedy, Gardner, and Wilkins, the operation was undertaken. Anæsthesia was produced by the administration of half a drachm of chloroform, and then continued during the operation by ether. The patient went quietly and quickly under the influence of the anæsthetics, the pulse and respiration being regular and tranquil throughout.

An exploratory incision was made in the linea alba to the extent of about four inches, the tissues below the integument being divided separately on a director till the tumor was reached, which was found to be as diagnosed. The incision was then extended upward and downward till it was about 5½ inches long.

The upper end of the incision reached to within two inches of the umbilicus. The tumor being thus fully exposed, and some very slight hemorrhage being arrested, Well's trochar was introduced and about a pint of clear fluid escaped from a small cyst. The cutting tube was then protruded and a larger cyst entered and emptied. This process was repeated again and again till there was sufficient space gained to admit the hand, when the tumor was found to be extensively adherent throughout its upper and back part, which adhesions were, however, easily broken up, and then with the hand placed on the posterior part of the growth, the trochar was inserted into cyst after cyst till the tumor was sufficiently reduced to permit its protrusion from the cavity of the abdomen. The left fallopian tube was greatly elongated, and enlarged to the size of the little finger, and lay over the anterior face of the cyst looking very much like a portion of adherent intestine.

The pedicle, which was about two inches long and two and a half inches broad, was secured by a strong hempen ligature, made of three plies of fine shoemakers' thread, well carbolized. The pedicle was divided in the middle, and each half tied separately, when the cyst was separated by dividing the pedicle across, about one half inch above the ligatures. Slight hemorrhage from the fallopian artery took place on account of the ligatures of the pedicle becoming slack from the change of position of the tissues after division had been accomplished. Fresh ligatures were applied and cut off short near the knot, when all hemorrhage ceased. The cut surface was carbolized with the strongest fluid carbohc acid, its surface sponged to remove any excess of the liquid and the pedicle then returned to the abdominal cavity. The right ovary and uterus were found to be quite healthy, the cavity of the abdomen was carefully examined for clots or foreign bodies, well sponged out with carbolized sponges and carbolized water, and then the incision was closed by five deep sutures of the same material as the ligatures, and the superficial surface secured by four horsehair sutures, also well carbolized.

The wound was then covered with two layers of carbolized lint (previously well dried), and secured by three broad straps of adhesive plaster, passed from side to side.

A thick layer of cotton wool was placed over the whole abdomen, and secured by a broad flannel bandage, pretty firmly applied.

The patient was then placed in bed, and warmly covered up.

The quantity of fluid removed was 28 lbs.

The fluid in some of the cysts was of a pale straw color, and in others clear as crystal.

The weight of the solid cyst was $2\frac{1}{2}$ lbs., making with the fluid a total of $30\frac{1}{2}$ lbs.

The patient rallied well and gradually returned to consciousness, and complained of a feeling of soreness at region of wound. Also, had some slight chills about 7 p. m., when I placed her upon $\frac{1}{4}$ drop of Tr Aconite every half hour. Her temperature reached 99.4° the evening of operation, 99.6° on 3rd day, the same on evening of 5th day, after which it was normal. The pulse went as high as 96 on 1st, 2nd and 3rd days, after which it gradually decreased, and after 6th day continued normal.

Sept. 3rd.—Slept quietly at intervals during the night. Has less pain in abdomen. Skin acting well. Passed flatus several times during the day. Sleeps quietly by spells; frequent escapes of flatus, but complains of nausea this morning; skin rather dry. Nausea is attributed to taking some extract of beef. In the afternoon vomited freely, after which felt quite easy and comfortable. Tongue dry, has slight brown fur in centre.

Sept. 4th.—Early this morning, 4 a. m., vomited a quantity of sour fluid and bile, which gave much relief. Skin acting well—urine, which has been drawn off every 6 hours, is for first time somewhat scanty and high colored. Vomited again this a. m. at 9 o'clock. Discontinued Aconite as skin acts well, and gave Lithia water and Soda and Bismuth; also, milk and lime water. No pain anywhere. Dressed the wound and found had united by first intention (and without formation of pus), except at two points where the skin had accidentally been brought in contact with the subjacent tissue of the opposite side of wound. Tongue moist and less furred.

5th—All going well; sleeps soundly; flatus troubles by times, but is freely passed. Tongue cleaner. During afternoon husband raised a disturbance in the sick room, in consequence of which I found patient suffering from violent agitation, distressed with flatus, nausea and vomiting; gave lithia water and remained till agitation had subsided, and ordered perfect quiet. Husband repeated his antics in the

evening, but did not cause so much mischief as before.

Sept. 6th—Had a good night, although frequently disturbed by quarrelling cats. Passed her urine voluntarily about 4 a. m. Skin normal. Said she was hungry and asked for breakfast, which she was taking when I paid my first visit. Tongue clean: all well.

Sept. 7th—All well; eats well and relishes her food. Complains of very slight pains over region of pedicle.

Sept. 8th—Sat up in bed for breakfast and dinner; all well.

Sept. 9th—Removed all sutures; union complete except at the two points already mentioned, where skin was turned into wound. All well, but ordered to keep quiet in bed.

Sept. 10th—Left off binder; all well.

Sept. 12th—10th day after operation. Patient up, dressed, and going round her room; all going well.

Sept. 13th—Moved round the house a good deal and had some pain in abdomen in the evening.

Sept. 14th—Found the two superficial small points suppurating; dressed the wound with carbolic acid, and re-applied the flannel bandage: to keep quiet,

Sept. 15th—Wound nearly closed; binder continued. All well.

Sept. 17th—Wound perfectly united. Allowed to go around freely during the afternoon.

Sept. 27—On calling to-day found patient at work envelope-making; since last visit has been perfectly free from pain or tenderness.

Oct. 27th—Has enjoyed uninterrupted good health; has been at her work for weeks past, and last week earned \$6.75. Cicatrix is about three inches long. Is quite regular in her menses and rapidly growing fleshy.

REMARKS.—There are a few points connected with this case which are, perhaps, worthy of notice. The family history of the patient is not very good as several died of pulmonary tubercle. It has also been noticed by Dr. Thomas Keith of Edinburgh, the most eminent ovariologist living, that apparently healthy cases, are by no means more apt to recover than those who have suffered long and are much broken down by the disease. I would also draw attention to a remark made to me by the same gentleman as to the early passage of flatus being a favorable prognostication as to the ultimate issue.

This case also illustrates the advantage of using carbolized sponges, ligatures, and carbolized water for washing the sponges in during operation, also the value of fine hempen ligatures for the pedicle, and deep sutures, as well as the use of a carbolized lint pad over the wound. The fine ligature, cut off short, can do but little mischief as a foreign body, and moreover, will be readily disintegrated and absorbed.

The use of carbolized horsehair for the superficial ligatures is all that could be desired, as they do not cause the least irritation, and make a firm, safe knot. There is just one remark I would further make, and that is with regard to the size of the abdominal incision, and extraction of the cyst. The incision in this case was too small, and required very much care to prevent the cyst from acting as a valve and thereby creating a vacuum in the peritoneal cavity by which capillary congestion would be induced, and create a fresh source of danger to the patient's life. To obviate this danger, for such it is to my mind, I directed my assistants to depress the walls of the abdomen on each side during extraction of the tumor.

Victoria Square,
Montreal, Nov., 1873.

Correspondence.

A MEDICAL BLACK LIST.

To the Editor of the Canada Medical Record.

SIR.—I have no doubt but that every member of the Medical profession in this City has upon his books the names of a large number of persons who employ physicians without rendering them any remuneration for their services, charging their attendant whenever a bill for past services is presented. Many of these are fully able to pay, but from meanness or avarice never intend to do so, knowing how seldom it is that such bills are sued.

To prevent this, would it not be well for the profession to establish an index, each physician furnishing his quota of names, and these latter submitted to a committee, so that any one name appearing in three lists shall be so indexed. Objection I know would be made to such procedure, but surely we have the same right to know our own victimizers as the merchant has his would-be customers.

The Medical profession give a considerable portion of their time to the indigent, who of course are unable to pay, but the class I refer to, should be

made to understand that if they are the recipients of gratuitous advice the fact will be known to those interested. The more the profession protects itself the better will it be appreciated, and if the persons who thus act were known, it would save many a thankless visit and much time. It would make such characters aware that Medical men are not so ready to run at every call, which at present seems to be the case, probably, I suppose, from being ignorant of the history of the party sending for them. Such a list would not be difficult to compile, if each would only take the trouble to furnish a list with additions semi-annually, and there is no doubt but that the profession would profit by it. A VICTIM.

Montreal, October 20th, 1873.

Progress of Medical Science.

LONDON LETTER.

Thousand-Guinea Fees—A Brilliant Career—Sir Henry Thompson—An Incident.

The Highland holiday of our London physicians and surgeons has been interrupted by an incident productive of some rather curious illustrations of professional practice and feeling. A very well-known and wealthy man, who has many friends and personal acquaintances among consulting practitioners in London, was seized with a very severe illness at his hunting-lodge. His friend, Sir Henry Thompson, was near at hand, and was summoned. He came over at once, and, finding his friend dangerously ill, was fain to stay with him in his time of need, and began a close attendance, which lasted for nine days and nights. He was offered, on resigning the case to Sir William Jenner, who was summoned by telegraph, a check for a thousand guineas, but steadfastly refused to take any fee whatever, alleging that he had attended solely as a friend and would not otherwise have undertaken a case of the kind. This is the second time during a few months that the same surgeon has returned a check for a thousand guineas from motives of delicacy. I have mentioned in a previous letter that, knowing that the family of the ex-Emperor Napoleon were not in possession of large means, he returned a fee of a thousand guineas in that case. It is not often that the same surgeon receives fees so large as to afford the opportunity of dealing with them in a manner so splendidly liberal and delicate, and perhaps it is as rare that he should insist upon doing so. But Sir Henry Thompson is in receipt of an exceptionally large income from the successful practice of his profession, and he is a man of great decision, clearness, and liberality of mind. He is a man who has reason to be satisfied with his career, and of whom we in England have reason to be proud. Commencing the study of surgery rather late in life, and not graduating, I believe, till the age of thirty, he has by the sheer force of intellect and work won his way to the highest eminence and success in practice, to a fine fortune, a splendid social

position, and a world-wide reputation. He is still a young man, and his career has been brilliant. Nor has it involved sacrifice of other pleasures and pursuits. He is an artist of high attainments,—perhaps the best amateur in oil painting in England; his pictures are not only well hung at the most difficult and eminent of our exhibitions,—the Royal Academy,—but command a fair market price against those of professional artists, when he is disposed to part with any of them. He is an excellent writer, and a man of thoughtful habit on other than medical subjects; his paper in the *Contemporary Review* on the Efficacy of Prayer, addressed to Professor Tyndell, opened up the controversy of which the echoes reached your continent; and he has all the other accomplishments, as a sportsman, ect., which suit the character of an English gentleman. This brief outline of the elements of a singularly successful character and career is only noteworthy as affording encouragement to others, and furnishing the materials for contemporary history.—*Correspondence of the Philadelphia Medical Times.*

A TRIBUTE TO THE DOCTORS.

Mr. Gladstone was a guest at the recent dinner of the British Medical Association. In acknowledging the compliment of a toast to "Her Majesty's Ministers," Mr. Gladstone paid a high but not undeserved tribute to the medical profession. He said that but for the care and watchfulness of a succession of able physicians it would have been impossible far him to have gone through the fatigues of political life. "It is," he proceeded, "among the mournful and noble distinctions of your illustrious profession that, although its members may not receive that acknowledgment which awaits the soldier when he falls on the battle-field, yet they are to be found in countless numbers among the truest martyrs in the cause of humanity." He complimented the practitioners of the medical art on their high claims to consideration for their promotion of beneficial sanitary legislation. He said that medical knowledge has advanced in recent years in a degree which is not, perhaps, paralleled in any other profession. There is at the present day "a greater and more sustained earnestness of purpose, and a more general exaltation of the aims of medical men."

Mr. Gladstone said in conclusion, "This age is distinguished by an unbounded activity in all the sciences of observation. Of all those sciences yours is the noblest. It is given to you to study the relations between the wonderful body and the still more wonderful soul and mind of man. You tread that border land in which the two come in contact. It is very easy to describe the post-office or the railway system, but you have to deal with a thing far more subtle when you attempt to grasp human nature as a whole. Human progress is not to be described by formularies. It is only by the most patient observation that a sound and comprehensive knowledge on such a subject can be acquired. To you it belongs to seize the great opportunities and to accept the great responsibilities which attach to the profession

of which you are members, and to show yourselves worthy of the great vocation with which you are intrusted."

CLINICAL LECTURE UPON SORE NIPPLES AND MAMMARY ABSCESS.

By FORDYCE BARKER, M.D.

Clinical Professor of Midwifery and Diseases of Women in Bellevue Hospital Medical College.

Gentlemen:—All of you may obtain a great reputation by performing some important surgical operation; but the unfortunate fact with regard to such reputations is, that they are not easily secured, because opportunities only rarely present themselves for such operations; and, indeed, you may pass a lifetime in active practice without once being called upon to perform an ordinary amputation of the thigh or arm.

Your reputation, however, may be very much jeopardized, if not ruined, if you are not able to treat successfully a case of sore nipples or mammary abscess, and these are the cases you will see perhaps every week in your life. In these cases the responsibility will always fall upon the doctor, and unless he is familiar with their management the weight may prove more than he can well bear.

In text-books in general there is a sad deficiency with regard to description of the different forms of these troubles, the proper management, and the exact and appropriate treatment for each definite form.

Various articles, with which every practitioner is more or less familiar, are recommended for their cure, without any definite rules being laid down, where one or another will be applicable. These remarks apply with equal force to both sore nipples and mammary abscess. The forms of sore nipples are these: First, inflammation. This generally occurs in those cases where the nipple is naturally contracted, or in those cases, which are not at all infrequent, where the nipple is almost completely absent.

The child when placed at the breast has great difficulty in getting hold of the nipple, especially when the breast is distended, which renders the nipple still more retracted; it pulls away at it, and as a result of the irritation to the breast an inflammation of the nipple takes place. This inflammation of the nipple may by propagation pass into the lacteal ducts, and we may have mammary abscess as a consequence of that.

Second, fissure, or erosion of the nipple. These fissures of the nipple are of two forms. One comes from inflammation of the nipple, but there is another form which exists just at the base of the nipple, and gives the most intense pain and suffering, the patient, perhaps, bursting out into a profuse perspiration as the child is placed at the breast.

The next form of sore nipple is the ulceration which I have referred to in connection with the case now before you. The surface of the nipple is red, and denuded of its cuticle; the nipple is very much retracted, and in this case there is a fissure at the top. The pain is very intense, and it may be that

the woman experiences as much suffering from this as from anything else during the entire puerperal period. The process does not generally confine itself to the nipple alone, but the areola tissue around the nipple becomes inflamed, and as the inflammation becomes more intense, perhaps one-half or two-thirds of the nipple becomes entirely destroyed in the process. These three forms are distinctly and easily recognized; and now a few words with regard to the treatment of these different forms.

In the first place, for drawing the nipple out. There is a great difference among authors as regards the propriety of applying the child to the breast immediately after the confinement has been completed; and also as to the proper time when it should be done. Some writers recommend that it should be done as soon as possible after delivery. The reason given for this early application of the child to the breast is, that the child by nursing stimulates the breasts, which excites reflex action in the uterus, thereby producing uterine contraction, which renders the woman less liable to post-partum hemorrhage.

With reference to that point, I can say I do not consider it to be sound practice. I adopted it for some years, but have given it up entirely. You can procure uterine contraction, which will place the woman out of all danger from post-partum hemorrhage, by means which are far less exhausting for the patient than the resort to the troublesome efforts of the child at nursing. I now advise to get the woman completely restored after the fatigue of confinement before applying the child to the nipple.

The first stage after parturition is that of exhaustion. The whole effort of the system has been used to accomplish this result, and so complete is the exhaustion, that it is very commonly manifested by nervous chills. If the woman is permitted to get a few hours of sleep, her exhausted nerve-power will be restored, and *then* is the time to direct that the child should be placed to the breast.

The main reason for this is, the breast is not now distended, and the nipple is easier drawn out. The traction excites the more rapid secretion from the breast, and the first secretions from the breast are of great benefit to the child as a laxative, being its first proper food. It is then that the nipple can be more readily grasped by the child, and properly formed. If, however, you wait until the secretion of milk has taken place, and the breast has become distended, before applying the child, the distension itself causes obstruction to a free flow through the ducts, and the nipple and breast may become a very great source of irritation.

There are some cases in which the nipple congenitally is so short that the child cannot get hold, and it must be drawn out by some mechanical appliance. The most common method resorted to for accomplishing this is the old-fashioned application of a bottle, which has been filled with hot water and emptied, and the use of the breast-pump.

A few words with regard to breast-pumps. Most of them are constructed upon principles utterly devoid of common sense. Most of them have so small an opening in the part applied to the breast

that the nipple is constricted, and the milk cannot flow at all after the first two or three exhaustions of the instrument.

The essential requisite for an efficient breast-pump is a large bell-shaped extremity, so that the nipple is not at all constricted by the narrow diameter which is applied over it.

The pump which meets the indications most satisfactorily, and which has come to my notice, is what is called Mattson's breast-pump, and it is a most excellent instrument.

With regard to treatment of the sore nipples, the following are the rules which chiefly govern me in the management of these cases: If the nipple is inflamed, apply a poultice until the inflammation is subdued, and then apply a solution of nitrate of lead in glycerine, ten grains to the ounce. This is also the most complete and perfect prophylactic against the occurrence of sore nipple that I know of. This solution should be applied immediately after nursing, having first washed the nipple perfectly clean.

The application must also be washed off every time before the child nurses. It is almost a specific, when properly used, against excoriations and ulcerations. If the tendency is quite strong to sore nipples, the solution may be used of the strength of 15 grains to the ounce, or even \mathfrak{v} ; but as a rule the 10 gr. solution is sufficient. Next, where the cuticle is denuded, and we have a raw surface, or it becomes so irritated that there is a tendency to an abrasion, the indication is to form an artificial cuticle, which will entirely protect the parts, and yet permit the milk to pass through it.

For this purpose collodion has been extensively used. The objection to the collodion is this, that it contracts as it dries, and thus itself becomes a source of superficial irritation and discomfort, and does not readily permit the flow of the milk. I have used for this purpose, and with the most satisfactory results, the compound tinc. of benzoin. Wipe the nipple dry after the child has nursed, and with a camel's-hair brush apply four or five coats of this tincture.

The first application may produce some burning, but when once applied this will be entirely overlooked, and the woman will desire its reapplication. This forms a most excellent artificial cuticle, and at the same time permits the flow of milk without obstruction. Cicatrization will take place under this coating, and the patient will thank you for the benefit received. When the fissure is at the base of the nipple, very small it may be, but accompanied by the most severe and agonizing pain, the most satisfactory method of management is to touch the fissure with a fine point of nitrate of silver, and apply over this the comp. tinc. of benzoin as before.

When the inflammation and ulceration have gone on to such an extent as to destroy the surface of the nipple, and there is danger of the inflammation extending back to the mammary gland, do not allow your patient to torture herself by allowing the child to nurse. Remove the child entirely, and empty the breasts by the breast-pump or by rubbing.

I then use as an application in these cases the following:

R. Rose Ointment . \mathfrak{z} i.
Carb. Magnesia . \mathfrak{v} i.
Calomel, grs. . xxx.
M.

These ingredients should be rubbed together very carefully, and it should be freshly prepared, perhaps every twenty-four or thirty-six hours. If the child is permitted to nurse at all, it should be done entirely through an artificial shield, and the best shield is one made of the cow's teat. The objection to the india-rubber shield is, that there is an offensive odor emitted from them, and they are very apt to make the child's mouth sore.

If, however, it becomes necessary to use the shields which are in the market, in selecting them get a broad base, what is called the L-shaped glass, in the same manner as in the selection of the breast-pump. The ordinary nipple-shields seen in the stores are simply abominable.

The next subject which is immediately connected with the one just under consideration, is a very troublesome complaint, viz., mammary abscess. This woman who is now before you has been confined about one month, yet it is only three days ago that she began to complain of her breast, and since that time suppuration has taken place.

This is an important point, and one which is often overlooked in the books. It will be seen that the whole surface of the gland about the nipple is inflamed, the woman had a chill, has a fever, &c., &c. This is probably one of those cases which is the effect of the peculiar poison which develops puerperal fever in some cases, puerperal peritonitis in others, and mammary abscess in others. There are three different forms of mammary abscess. First, inflammation of the cellular tissue surrounding the nipple and external to the breast; second, inflammation of the substance of the gland itself; third, inflammation of the areolar tissue between the gland and the thorax. The first form may result from irritation, and is nothing more than a pure simple phlegmon, requiring the same treatment. It usually terminates rapidly, is not attended with the constitutional shock which accompanies glandular inflammation, and is to be treated the same as phlegmonous inflammation elsewhere. As soon as fluctuation is detected, the question may arise whether the escape of the pus should be permitted to take place spontaneously, or whether the breast should be opened by the surgeon. The amount of constitutional disturbance is to decide that, and if it is decided to open it, the incision should not be made within the areola, because the retraction which is incident to cicatrization will spoil the nipple for future use. The sooner this discharge takes place, the sooner the healing process will be completed, and the breast restored to a healthy condition.

In case the gland itself becomes inflamed, it is attended with more constitutional disturbance. There is headache, chills, fever, full pulse, high temperature, etc., and yet even greater constitutional dis-

turbance if there is a tendency to the formation of multiple abscesses. If these cases are seen at a very early period of their formation, when there is great tenderness, high temperature, fever, etc., pulse 108, perhaps 120, it may be well to try to abort the inflammation. For this purpose I give the woman ten grains of Dover's powder, with an alkali, paint over the surface of the gland with tr. of iodine, and cover it with a warm poultice or cotton padding covered with oil-silk. Empty the breast with a pump, and in most cases you will arrest the whole thing at once.

The trouble is, that the patient does not see the physician until this period has passed, and then suppuration must be favored by poultices. Internally the patient must be ordered as full doses of quinine as she will tolerate.

As soon as fluctuation is detected, open the breast at the lowest point, because otherwise pus will burrow between the tissues of the gland, become a source of irritation, and produce another inflammation.

The third form is called the sub-glandular, and is attended with greater constitutional disturbance. It has none of the external redness present in the other forms, because it is situated between the gland and the thorax.

The gland sometimes becomes very prominent. The inflammation is attended with intense, severe pain, rigors, chills, and yet upon the external surface there may be no special intimation of its existence. The most significant symptoms are that the patient complains of difficulty of breathing on account of pain produced, and, when present, the prominence of the gland. These cases are generally exceedingly tedious, and sometimes dangerous, because the inflammation is so deep-seated that the pus between the gland and the thorax burrows about, forming sinuses and extensive fistulous tracts, which may be exceedingly troublesome and exhausting from the profuse discharge and constitutional irritation which is produced.

My hour has already passed beyond its limits, and further remarks upon this subject must be postponed until some future date.—*N.Y. Medical Record.*

CLINICAL LECTURE ON CHRONIC CORPOREAL ENDOMETRITIS.

By F. H. GETCHELL, M.D., Clinical Lecturer on the Diseases of Women and Children in the Jefferson Medical College.

GENTLEMEN,—We had before us this morning Miss B., aged 23, by trade an artificial flower maker, and by listening attentively to the history of her troubles, and by a series of questions, we learned from her that she had been out of health for the last three years.

Her first complaint was of her monthly sickness. She told us that she menstruated regularly as to the time, but that the discharge was of only one or two days' duration, the amount very scanty, and the pain excessive. She said the pain began two days before the menstrual discharge, and continued some hours after it had stopped, but that it was somewhat

less severe after she began to menstruate than for the two days before.

You remember she told us that she was obliged to keep her bed from one to three days each time she was sick, and that her mother gave her "gin and tansy, hot water and mustard foot-baths, and opened her bowels with castor oil," and although she experienced some relief from this treatment, her sufferings were still very great, and after it was over she lived in anticipation of the agony she knew she must go through the next month. She has headache sometimes in the afternoon, but is not very much troubled with it. She is annoyed with indigestion to some extent, and her bowels are constipated. She has more or less pain all the time in the lower part of her back, and it fatigues her very much to walk, and the back ache is much worse after a long walk or any unusual exertion. In fact, she said she felt tired most of the time, and were it possible for her to follow her inclination she would lounge about the house for the entire day.

On examining this patient with the finger, speculum, and uterine sound, we found, with the exception of a slight whitish discharge exuding from the os, that part of the uterus to be seen through the speculum to be in a normal condition. When making the digital examination, if we pressed the cervix against the walls of the vagina it gave her no pain, but if I placed one hand above the pubis and with two fingers in the vagina compressed the entire uterus, she complained of great pain. On introducing the sound it met with but slight obstruction at the os internum, and caused no pain until the end of it was pressed gently against the mucous lining of the uterine cavity; but this gave her great pain when it touched the sides or fundus. The withdrawal of the sound was followed by a slight discharge of bloody mucus.

She complains of a leucorrhœal discharge that she has most of the time, but which is more profuse just before, and just after, her menstrual periods.

You will remember that at our last lecture I told you that inflammation of the parenchyma of the uterine neck was the most frequent uterine disease among women that had borne children; and I now tell you that I believe the case I bring before you to-day—which is chronic inflammation of the mucous membrane of the uterine cavity—to be the disease of the uterus oftenest met with in unmarried women, and in married women who have never been pregnant.

You will often be asked, Why do unmarried women have womb disease?

There are a variety of causes given in your books that may bring a woman to this unfortunate condition; but instead of consuming time in going over the long list of possible causes, let us look for a moment at the most frequent or principal cause,—namely, imprudence during menstruation,—and see if we cannot convince those who think there is no reason why an unmarried woman should have uterine inflammation that they may be mistaken. You heard me question the patient with regard to her habits of life before she was troubled as she now is; we asked

her if she made any difference in her clothing, or took any less exercise, while she was menstruating. She said she did not; and then by questioning her we found that, as she was obliged to work through the day, night was the only time she had for recreation; and she told us that she was in the habit of attending several public balls every week during the fall and winter; that she made no difference during the week she was menstruating, but dressed herself in thin clothing, went to balls, and danced till a very late hour, often reaching home, after a long walk through the snow, with dragged clothing and wet feet.

It is not among the lower classes only that you will find imprudence during menstruation, and its unfortunate results, but you will often be called to attend the daughters of indolence and luxury. Not only is their entire life an unnatural one, but they too go to parties while menstruating, dressed in a ridiculous fashion, and remain standing for hours in overheated, badly ventilated rooms, then adjourn to the cooler hall, or to a seat on the stairs in a direct draught, for a chat with a young man who waltzes exquisitely and displays his classic brow to the best advantage by parting his hair in the middle. I need not tell you that tight lacing has anything to do with uterine disease, for all the women in this country wear their clothing very loose. If you think this is not true, why, ask your first young lady patient that you suspect of lacing tightly, and after a full explanation she will, by contracting the muscles, draw in her abdomen, and then run her hand under her corset, and say, "Look there!" when, if her corset lacings were to break, the explosion would be equal to the popping of a bottle of soda water; and when this young lady gets out of bed in the morning, her maid will tell you that the corset marks of the night before can be plainly seen about her waist.

Cases of internal metritis do not all present the same symptoms; while the menstrual discharge is generally scanty and of short duration, there are cases in which the discharge is profuse, and continues for a longer time than in health. Some of the patients suffer much more than others. You remember we had a young girl before us at our last lecture, who told us she had had a convulsion every time she menstruated for the last thirteen months. Females who suffer in this way are often hysterical, and most of them are exceedingly nervous. The pain in the back is rarely absent, and sometimes is very annoying; and they all have more or less leucorrhœa.

To relieve the intense pain at the menstrual period I think you will find it best to give the patient full doses of morphia at once. I am in the habit of giving a pill composed of one-fourth of a grain of sulphate of morphia, one grain of camphor, and two grains of the extract of hyoscyamus; but it is from the local applications made during the absence of the catamenia that you expect permanent relief. Although general medicinal treatment alone is powerless to subdue this disease, you must not neglect to avail yourselves of so powerful an accessory to the local means employed. You will find among all

classes that hygienic laws are daily violated, and you must include in your treatment of these cases not only such medicines as in your judgment are required, but you must not fail to give such dietetic and hygienic directions as may be required to improve the general health of the patient.

The reason the so-called local treatment of this condition is so often unsatisfactory is not that the disease is incurable, but that there has really been no local application made. There is no doubt that many of these patients have had a stick of nitrate of silver passed up the cervical canal time after time, and, while that may be proper treatment for cervical endometritis, it is worse than useless if it is the mucous lining of the cavity of the body of the uterus that is inflamed, for none of the application goes above the os internum. Now, as you all know that the distressing symptoms of inflammation of the lining of the cervical cavity are relieved by alterative applications, the fact that I desire to impress upon your minds to-day is that the inflammation of the mucous lining of the cavity of the body of the uterus will disappear just as surely if the proper remedies are applied to the parts diseased. The first step in the treatment is to dilate the cervical canal; this may be done at once by the uterine dilator, or by the slower action of the tent. Although a little time is lost by using the tent, it is by far the best method, and the only one I recommend you to employ in the treatment of these cases. The sponge-tent is perhaps the best, provided you can introduce it without difficulty; but, as it must be passed through the internal os, the resistance met with at this point is often considerable, and for this reason I have found the laminaria-tent, on account of its firmness and small size, much easier to introduce; and as the amount of dilatation required is not very great, I advise you to use it if you find any difficulty in introducing the sponge-tent. Having dilated the cervix, you introduce the vaginal speculum, and with a wisp of cotton twisted around the end of a probe remove the mucus from the uterine cavity; then with a sable brush you paint the entire cavity with the alterative you have selected for the purpose. Nitrate of silver is highly recommended; but, while I prefer it for cervical endometritis, I very seldom use it above the os internum. I have invariably been disappointed with it in the treatment of internal metritis, while with iodine I have had every reason to be satisfied. The formula I use is:

R. Potass. iodidi, ʒ ss;
Iodini, ʒiv;
Glycerinæ, ʒj. M.

The application may be made every eight or ten days; it gives but little pain, and the patient is required to keep her bed but one day. The length of time required to relieve these patients of course depends very much upon circumstances; while some will menstruate without pain after a few applications, others will require treatment for a much longer time before relief is experienced, and in some cases you will be obliged to resort to more powerful applications. After applying the above a number of

times, if there is no improvement, I then use nitric acid; there is no danger in applying this powerful caustic to the uterine mucous membrane; at any rate, I have often applied fuming nitric acid without the slightest bad effect, and its remedial power in these cases is remarkable. In using the nitric acid, care should always be taken to protect the cervical canal; this may be done by passing the probe, with the wisp of cotton saturated with the acid, through a glass tube, a piece of a large sized gum catheter, or through the ordinary uterine speculum. The nitric acid should be applied at longer intervals, and the patient must remain at rest in the horizontal position till all fear of inflammatory action has passed. It may appear singular to you that an inflammation of a mucous membrane alone should remain for so long a time and cause so much discomfort, and also that the parenchyma is not involved; but if you will recall your anatomy for a moment you will remember that the lining membrane of the uterine cavity is totally unlike the mucous membrane that is found in other parts; so thick is it that it makes up nearly one-fourth of the uterine wall, and when once it becomes the seat of chronic inflammation, there is little or no hope that it will subside spontaneously.—*Philadelphia Medical Times*.

PATHOLOGICAL DENTITION.

BY JAMES W. WHITE, M.D.

Dentition, though a physiological process, is nevertheless recognized as a frequent cause of constitutional disturbance. Doubtless there are extremists who overestimate the average influence of this process as a disturbing element, as there are those who underrate the difficulties which may attend it. Pathological dentition is by many considered a secondary affection,—a single link in a chain of deranged actions,—and, even when a little patient indicates unmistakably the local irritation, relief is sought by general medication,—relaxants, derivatives, calmatives, febrifuges, etc.; then by local emollients, fomentations, and anodynes; and lastly, if at all, by lancing the gums, when redness, tumefaction, induration or the whiteness of the coming tooth seems to demand it. These signs are indeed assumed to be the only possible justification of the operation. If the gums are tumid, tense, and shining, swollen up into a kind of little tumor over a particular tooth; if an unhealthy ulceration with a sloughy appearance forms upon the summit of the gum; then, say our textbooks and writers upon the diseases of infancy,—then we may sometimes resort to incision of the gum.

“In forming a diagnosis,” says one of the highest authorities, “whether a disease present during the time of teething is consequent upon some derangement of this process, or upon an abnormal condition of some other organ or organs of which the dental difficulty is but itself a symptom, the state of the jaws must be the principal guide. If, in the presence of symptoms which might arise from teething, we find that the teeth are not pressing forward towards the surface of the gums, and that the latter maintain their normal appearance, it will be useless to have

recourse to the gum lancet.” Young practitioners are cautioned, by a recent writer, not to display their ignorance by the use of the lancet, except the local indications imperatively demand it. The local signs, it is to be inferred, are tumefaction, redness, induration, ulceration, and the whiteness of the presenting tooth. The direct pressure upon the fibrous tissue is thus assumed to be the cause of the various and serious complications which are too frequently associated with the period of the primary dentition. It is doubtless true that a hyperæmic condition of the gums may be caused by the growth or eruption of the teeth proceeding more rapidly than does the absorption of their integumental covering, and that the undue pressure thus caused may occasion trouble, by the irritation of the nerves of the gum-tissues,—manifested locally by tumefaction, soreness, redness, or ulceration; systematically, by fever, irritability, sleeplessness, etc. It is also admitted that judicious treatment of pathological dentition should in all cases include hygienic care, and that constitutional medical, as well as local surgical, interference is generally demanded. Nor is it claimed that in the perversion of this physiological process is to be found an explanation of all the ills to which human infancy is heir; but we assume that pain so intense and unremitting as to destroy the appetite for food, to cause wakefulness, irritability, thirst, fever, diarrhœa or constipation, congestion, convulsions, and death, may be due to the irritation of dentition *without the existence of a single local indication*. In other words, that the most serious complications of dentition are not caused by the pressure of the advancing tooth upon the gums, but by the backward pressure of the resisting gums upon the developing and sensitive *pulp*, giving rise to a true toothache, comparable only to that exquisite torture which is experienced in after-life from an exposed and irritated pulp.

If such a condition of things is possible, it will readily be seen that there can be no question as to the extent of the mischief which may result. The association of the fifth pair of nerves, which supplies the dental filaments, with the great sympathetic, so connects the teeth with the entire economy that the pathological bearings of such deranged action may not be limited. That such a condition may exist will be readily understood, if it is remembered that at the period of eruption the roots of the teeth are as yet incomplete; that instead of the conical termination and minute foramen which characterize perfected teeth, the aperture is quite large, and its edges thin and sharp. In estimating, therefore, the amount of constitutional disturbance which may result because of a want of accordance between the eruption of a tooth and the absorption of the superimposed tissues which impede it, we may imagine the sensitive pulp, made up of arteries, veins and nerves, in a condition of irritation from augmented vascular and nervous action,—a morbid activity of the process of dentition—followed by determination, stasis, and congestion, producing a hyperæmia sufficient to cause the protrusion of the mass from the incomplete aperture of the root; which, being pressed upon by its thin, sharp edges, is sufficient cause for any amount of consti-

tutional disturbance of which it is possible to conceive.

Under such circumstances it is not difficult to comprehend the inefficacy of any or all hygienic measures; of relaxants and febrifuges; of local emollients and anodynes. It is also easy to understand how the thorough lancing of the gums, over the tooth or teeth thus situated, may, by removal of the pressure, give a relief so immediate and complete that there shall be no room for doubt as to the correctness of the diagnosis.

The *general* indications of what may not inaptly be termed infantile odontalgia are precisely what might *a priori* be expected. The child, at first simply uneasy, becomes by rapid stages fretful, troublesome, peevish, cross, vindictive; cries persistently, or stops crying only to scream; or, if quiet for an instant, will be found to have its thumb or fingers thrust between the jaws, the chewing upon which seems to afford a momentary cessation of anguish, but only momentary. It refuses food, throws down its toys if handed to it, as though in a passion, and is outraged by any attempt to amuse it. To these persistent unmistakable evidences of irritability are added a flushed face, corrugated brow, compressed lip, intolerance of light, and disturbed, broken sleep, the desire and effort to sleep seeming to be thwarted by fresh accessions of pain, until the little one sinks exhausted into a troubled slumber, but of short duration. Concomitant with these manifestations, or quickly succeeding them, will be some of the various systemic complications, too frequently with fatal ending and still *no local indication* of the trouble which is consuming the young life,

A case recently under the care of the writer afforded a marked confirmation of these views. A child one year of age, with the four superior and two inferior incisors in position, after three weeks of restlessness, wakefulness, loss of appetite, fever, paroxysms of pain, and rapid emaciation,—all without obvious cause, certainly without the slightest local indication of trouble in the mouth,—was *cured* by free crucial incisions over the molar teeth, the improvement being so evidently the result of the operation that the relation of cause and effect was plainly recognized by every member of the family.

Such cases are not exceptional, and suggest a more careful investigation of the developmental processes of dentition in otherwise unexplainable diseases of infancy.—*Philadelphia Medical Times*.

CLINICAL MEMORANDA.

LACERATIONS OF THE PERINEUM.

An Extract from Dr. Wm. GOODELL'S Report on Obstetrics. Translations of the Medical Society of Pennsylvania, June, 1873, just published.

In the treatment of lacerations of the perineum, the utility of the immediate closure of the wound is becoming more and more appreciated by the profession. The loss of every fibre of muscle in the perineum entails a corresponding loss of power in the floor of the pelvis, and a consequent impairment

to the reproductive organs. The sustaining power of the vaginal column depends upon the integrity of its perineal abutments. It is the tenuity of the vaginal walls, and the pelvic connections of the womb that mainly keep that organ in place. These, in a case of torn perineum, may not at once yield, but will sooner or later; for air gains access to the womb, irritating and congesting it to such a degree that it will ultimately prolapse from an acquired hypertrophy. Unless, therefore, the laceration is simply cutaneous or very slight indeed, it should not be left to nature. Further: it is far more rational to take advantage of the necessary confinement in bed after delivery, and to close the wound at once while its edges are fresh and the maternal soft parts are comparatively numb and insensible, than to postpone the operation to a time when the woman shall be nursing, when the cicatrized parts shall demand quite a formidable operation for their denudation, and when a special confinement in bed for two or three weeks will be needed.

Our own method is, immediately after the delivery of the placenta to pass deeply two or more wire sutures, securing each one by merely twisting its ends together. In bad rents, the first stitch is entered half an inch below the lower angle of the wound. When the sphincter ani is torn, the cutaneous points of entrance and of exit of the needle should then be on a level with the lower margin of the anal orifice. This purses up the tissues from below upwards and secures complete coaptation. Enough opium must be daily given to keep the bowels bound for a week.

On the eighth day, as recommended by Dr. D. H. Agnew, teaspoonful doses of castor oil are given every four hours until an inclination to go to stool is urgent; when an injection is given to liquefy the contents of the lower bowel. In severe lacerations the woman's knees must be kept bound for a week, and her urine drawn off for three or four days. On the third or fourth day—but not earlier, lest the process of immediate union should be interrupted—vaginal injections of weak solutions of carbolic acid or of the permanganate of potassa are made twice in twenty-four hours. Our own rule, with regard to the sutures, is to remove each one as fast it becomes loose without reference to any special time. This method of treatment both in the immediate operation, and in the secondary operation after the cicatrized parts are denuded, we can warmly recommend, as we cannot recall a case in which we failed to secure a very good union of the parts. It should, however, be stated, that in secondary operations, we always use superficial sutures between the deep ones, and clamp the latter with shot, following essentially the plan laid down by Dr. Agnew.

From our own experience, and from what we have seen of the practice of others, we have long been convinced that the forceps is the common cause of most of the severe lacerations of the perineum. Even in comparatively easy cases, an instrumental delivery of the head will often occasion an unseen rent in the mucous surface of the vagina, which the passage of the shoulders extends through the peri-

neum. In the American Journal of the Medical Sciences, January, 1871, p. 77, we used the following language: "Delivery by the forceps, even in skilful hands, will often produce laceration; for the head is liable to be brought down too quickly upon the unprepared soft parts, and it becomes a very nice point indeed to determine the exact moment when delivery may be ended with impunity. The most cautious physician is liable to be caught, as it were, 'on the centre.' He sees the perineum stretched out to the thinness, and the fourchette almost cracking under the strain. In doubt whether the moment has arrived to raise the forceps handles and turn out the head, or to depress them and thus restrain its advance, he wavers, and in a twinkling the fibres part. On the other hand, the impatient physician is tempted to turn out the head before the parts are sufficiently dilated. Finally, what is still more frequent, *hinc mihi lachrymæ*, at the last moment the physician's courage fails him, and he depresses the forceps handles just as the head has begun to emerge; a course equally fatal to the integrity of the perineum." More than two years has elapsed since the above was written, but this enlarged experience has served to confirm us in the opinion that, other things being equal, as soon as the perineum is well distended, the forceps should, as a rule, be removed, unless the withdrawal of the blades requires a force which might hasten the delivery.

This opinion is, we are glad to find, entertained by Prof. Olshausen, who gives the same advice that we have given, and for the same reason (*Sammlung Klinischer Vorträge von Volkman No. 44, 1872*). Dr. T. Addis Emmett also contends that a bad laceration of the perineum "is the result generally of instrumental delivery;" whilst as early as the middle of the last century, Abraham Titsingh, of Amsterdam—*acris homo et litigiosus*, as Haller calls him—pointed out this tendency of the forceps to injure the perineum. As an additional warning, we may mention the fact that, not very long ago, a well known accoucheur was dismissed from his attendance upon an imperial family, because such an injury had happened to one of its members, whom he delivered with the forceps.

LIME-BATHS IN MEMBRANOUS CROUP.

In the *Chicago Medical Examiner* of August 15, Dr. John Bartlett commends the following method of using lime-baths in membranous croup:

"Having formed a small enclosure by covering a clothes-horse with sheets, or by taking advantage of the favorable relation of a door to the corner of a room, so as with bed-clothes to close in a suitable space, the preparations proceed as follows: To one side of the tent, on a piece of old carpet, is placed a small tub; in it is put a common wooden bucket, one-quarter filled with boiling water; at hand is a supply of unslacked lime, and a kettle of boiling water. The nurse and child, or the child alone, if of such age as to remain without an attendant, take position towards the middle of the enclosure, the face of the patient being turned from the tub; by

raising the sheet, several pieces of lime, as large as the fist, are placed in the bucket; after a few minutes the evolution of the vapor begins. The physician, through that fold of sheeting forming the door of the tent, frequently takes a view of the steam within, estimating its density by the sight, taste, and smell. It is impossible to indicate the proper degree of this density. I should say it should be somewhat less than that of the cloud of steam escaping from the exhaust-pipe of a steam-engine. The smell and the taste of lime should not be too pronounced. The nurse should be instructed to give notice if the steam or heat oppress her, so as to produce a feeling of faintness, sense of suffocation, or irritation of the air-passages. Should the vapor be deemed too dense, its intensity may be diminished by opening the flap of the enclosure, or, if need be, by withdrawing the bucket. The pulse of the patient should be noticed from time to time, in view of the possibility of exhaustion supervening, an event said to have occurred in the practice of some physicians. More lime and hot water may be placed in the bucket as required. The tub is intended to receive any overflow from the bucket, which in prolonged cases, will require to be emptied."

He further says, "The *modus operandi* of the agent is uncertain; of course, the simplest theory is that it dissolves the false membrane. Some, as Drs. Meigs and Pepper, refer all benefit from its use to the heated steam evolved. Dr. J. L. Smith suggests that the lime-bath may be an improvement on the steam-bath in this, that in the latter, on account of the necessity of keeping the room closed, the air soon becomes charged with exhausted carbonic acid, whereas in the former the expired acid is speedily destroyed by the vaporized lime. May it be possible correctly to extend this idea of Dr. Smith's? Thus the dyspnoea is in great part a result of the inability of the respiratory organs to relieve the blood of its carbonic acid. By using air, as in the lime-bath, charged with a chemical having a remarkable affinity for this acid, may it not be that the pulmonary interchange of gases is advantageously supplemented?"

"I have knowledge of four cases of membranous croup treated by lime; of these, two were speedily relieved. In a third, recovery ensued, though the lime-baths were abandoned for the potash treatment, when the child, though very near death, was thought to be a little better. In the fourth case, the disease had existed one week before medical treatment was sought; an indifferent article of lime was inefficiently used for a time; death resulted. In the last two cases, relief was afforded by the baths; and although they were finally abandoned in one case, and imperfectly used and neglected in the other, there was, in both instances, reason to question the curative power of the agent. In none of these cases was the lime used to the exclusion of other remedies. So far as observed, however, improvement was in no wise referable to the medication.

"This mode of treatment is useful in those cases in which the attendant is uncertain of his diagnosis; in which, while he believes he has to do with a case

of simple laryngitis, he fears membranous croup. In such instances the lime-bath relieves the distress of the patient, and tends to quiet the anxiety of the practitioner, seeing that he is treating the apprehended disease with no danger of injury to his patient from the *nimia cura medici*.

TREATMENT OF OBSTINATE CONSTIPATION.

Dr. Macario, of Nice, in a communication to the *Lyon Medical*, observes that in treating constipation most practitioners confine themselves to enemata, laxatives, or more or less irritating purgatives, which in point of fact rather aggravate than cure the affection. He therefore wishes to make known what he says may be truly termed a "heroic" remedy, which he has employed during twelve years with such constant success that he cannot but regard it as infallible.

Constipation, as every one knows, may be produced either by intestinal excitement with deficiency of secretion (nervous constipation), or in consequence of deficient contraction of the muscular coat of the intestine. Here it is produced by atony or intestinal indolence, which bad anti-hygienic habits have induced and keep up. The prolonged contact of the feces with the rectum blunts the sensibility of the mucous and muscular tissues, and the synergical contraction of the upper portions of the large intestine either does not take place or does so in an insufficient degree, constipation being the result. In nervous constipation the following pill should be given: Pure sulphate of iron, ten centigrammes; Socotrine aloes, five centigrammes; atropine, from one-third to one-half of a milligramme. In the atonic form, for atropine one centigramme of powder of nux vomica may be substituted. By the aid of these pills regular stools may be procured, even in the subjects of obstinate constipation due to *ramollissement* of the brain and chronic myelitis with paraplegia. Dr. Macario gives from one to three pills immediately after dinner, the object being to produce one easy, natural, non-diarrhœic evacuation. If more than this is effected, the dose is to be diminished, one or two pills sufficing in most cases. The use of these "antistyptic" pills ought not to be continued indefinitely, a longer interval being allowed to elapse between their administration in proportion as the constipation diminishes, it being of importance to allow the organs to resume their spontaneous action without any auxiliary. If the constipation returns, the pills can be again had recourse to.—*New York Medical Journal*.

EFFECTS OF SENNA ON THE URINE.

At the last meeting of the Paris Therapeutical Society, Professor GUBLER drew attention to a curious property in senna of colouring the urine in a peculiar manner. The urine of persons who have taken senna becomes of an intense yellow colour with a green reflection, just like the urine in jaundice; but nitric acid shows that bile has nothing to

do with this colouring. If a fragment of caustic potass be let fall to the bottom of a tube containing urine charged with senna, a magnificent purple colour is produced; but nothing of the sort takes place under the influence of potass in icteric urine. This colouring has been observed in all the patients who have taken senna whose urine has been examined—even where only half an ounce of the infusion or a black draught of the Codex has been administered. Urine loaded with senna is incapable of assuming the variable rose colour under the influence of nitric acid which normal urine always assumes. Infusion of senna itself treated with caustic potass assumes, to a certain extent, the purple colour. But the phenomenon is here far less marked, and M. Gubler believes that in this case a process goes on similar to that which occurs in relation to asparagus, turpentine, copaiba, etc.—a certain amount of oxidation taking place in the economy for the production of the peculiar odour of asparagus or the violet odour. With rhubarb M. Gubler produced a much less intense colour than with senna; but he suspects that the phenomenon in both cases is due to the chrysophanic acid, which is common to both the substances. After the absorption of the senna, the colouring of the urine may persist, even to the next day. M. Gubler observed that for the detection of bile in the urine he always employs nitric acid, which he thinks is far preferable to iodine. He referred also to a peculiar colour of the urine often met with in severe diseases, furnishing a *feuilles mortes* colour, which may be easily mistaken for biliary colouring. The colour is really due to the superposition of a blue colour on the yellow; and at his clinic M. Gubler has often shown this blue colouring, which he has named provisionally "urinary indigose." On isolating it by ether, he renders the liquid clear by bringing to its upper part a ring of a beautiful blue colour.—*Med. Times and Gaz. Aug. 30, 1873.*

FRACTURE OF THE CLAVICLE TREATED BY PLACING THE ARM BEHIND THE BACK.

A patient was recently under M. Broca's care, who had fractured his left clavicle by a fall, near the middle of the bone. The fracture was oblique, from above downwards and from without inwards, the fragments riding over one another to a considerable extent. Various plans of treatment were tried, but without effecting permanent reduction into a good position. At length, calling to mind a communication made last year by Dr. Michel to the Société de Chirurgie, M. Broca placed the limb in a semiflexed position behind the back, when the most perfect confluence of the fragments occurred. The arm was fixed in this position by a bandage, and kept in it for eighteen days. At the expiration of this time the bandage was removed and the arm set at liberty. When it was found that the parts were sufficiently consolidated to prevent any likelihood of displacement, the limb was brought forward and kept immovable in a sling for a few days longer. This method of treatment has been regarded as excessively painful, but in this instance the patient

only complained of the inconvenience and pain for the first twenty-four hours. At the same time it must be stated that he was a man of considerable nerve. Immediately after his entrance into the hospital, he several times raised the hand to the head, giving fresh demonstration of the possibility of movement with fractured clavicle. The result was so good, says M. Broca, that had the patient been a lady, she might have worn a low dress without any disfigurement being observable. The proceeding of placing the hand behind the back in the treatment of fractured clavicle is not quite new, for M. Grout is cited by M. Malgaigne as having adopted it. M. Broca does not think this plan applicable to all cases, since it compels the patient to sleep on the opposite side; but he agrees with Malgaigne in believing that in some fractures of the clavicle, the broken ends of the bone can only be brought into a position by placing the upper extremity in special and peculiar positions, which may be quite different in different instances.—*London Practitioner, Aug., 1873.*

CHLORATE OF POTASH AND GLYCERIN INJECTIONS IN CHRONIC DYSENTERY.

Dr. Theodore Mead advocates the injection in chronic dysentery of half a drachm of chlorate of potash rubbed up in half an ounce of glycerin and mixed with three to four ounces of warm water. This should be thrown into the bowel thrice daily, and should be retained as long as possible. He gives two cases as illustrative of the results of this plan of treatment.

1. A young man, æt 27, was first attacked with dysentery in 1861, and had never been rid of the disease, or had a natural stool, up to June, 1868, when he came under notice. He was then having twenty to thirty stools in the twenty-four hours; was weak and anæmic; muscles atrophied; skin dry; pulse weak, and his general appearance indicated approaching dissolution. The use of opium and whisky, which had always been ordered him in large quantities during the whole of his sickness, was at once prohibited; he was given quinine, iron, strong beef-tea, and forty grain doses of subnitrate of bismuth suspended in mucilage. The injections were at once commenced, and at first gave him intense pain and rejected as soon as thrown up, but a decided effect was produced. In a short time the unpleasant sensations subsided, and in a few days he could hold the injections an hour. In twelve days his stools were reduced to eight or ten in the twenty-four hours, and were almost free from pus and mucus. In three months he was able to resume daily work, and has continued it ever since, with no return of his dysenteric troubles.

2. In the second case the dysentery followed an attack of bilious fever, was very obstinate, resisted all the ordinary remedies, and brought the patient to the verge of the grave. The treatment was substantially the same as in the other case, and recovery was complete in two and a half months.—*New York Medical Journal, Sept., 1873.*

RECENT THERAPEUTICS.

An English contemporary gives, the following therapeutical summary.

Carbolic Acid has been praised in prurigo and pruritus, subcutaneously injected in doses of about one centigramme of the acid mingled with water. It has been used externally in acute articular rheumatism as a liniment mingled with linseed oil.

Arsenic has been recently recommended in cases of strumous enlarged glands of the neck, and also in pellagra.

Bromine.—Inhalations of bromine have been used in croup and diphtheritis; 30 centigrammes of bromine, 30 of bromide of potassium, and 150 grammes of water are combined in a lotion; and a sponge imbued with this fluid is placed before the patient's mouth for five or ten minutes every hour.

Bromide of Iron is employed by some in cases of spermatorrhœa and involuntary seminal emissions, in doses of fifteen to twenty-five centigrammes occasionally; and, before the patient goes to sleep, in a dose of fifty centigrammes.

Bromide of Potassium has recently been used in cases of the sickness of pregnancy, and in cases of leucorrhœa, effecting cure in less than two months in the latter case. It is useful in summer diarrhœa in infants, in doses of three centigrammes every two hours.

Bromide of Sodium has a similar efficacy to that of bromide of potassium in epilepsy, and proved a cure in one case of tetanus.

Coffee has been given in infusion in cases of infantile typhus fever.

Conium has been used successfully in cases of mania, accompanied by muscular agitation. It acts on the motor centre, sparing the sensory tracts. Of twenty-five patients treated by this substance, twenty-two times the muscular agitation subsided.

Hydrate of Chloral has been used in cases of nocturnal incontinence.

Chloride of Potassium has been used instead of bromide in epilepsy, and it is asserted to be more efficacious. Dose 3.50 grammes to 5 grammes a day.

Copaiba has been recommended in certain cases of psoriasis.

Iodine has been recommended in cases of nocturnal incontinence of the aged; one drop of the tincture every hour in water. The tincture has also been recommended in doses of ten drops in intermittent fever thrice daily.

Iodoform is used in chronic venereal ulcers, and much praised as an antiseptic.

Iodide of Silver is recommended in whooping-cough.

Koussine is an excellent vermifuge, and is given in the morning in doses of 1.25 grammes in a little syrup.

Phosphorus in oil has been recommended in chronic skin diseases; or gelatine capsules containing each from two to six milligrammes of phosphorus in oil. Acne indurata, lupus, psoriasis, and scrofulous skin diseases have been cured by such means.

ON CONTINUOUS DISCHARGES AFTER DELIVERY.

Dr. A. Wiltshire says that these discharges are most common among patients of the poorer class, who are, by the exigencies of their lives, obliged to rise too soon from the lying-in couch, and who are, moreover, as a rule, sadly under-fed, not only at and during childbirth, but before and after. More rarely are they met with in higher ranks of society, chiefly in constitutionally delicate women, or in persons who have become weakened by too rapid child-bearing, or other debilitating causes. All classes alike are apt to blame their medical attendant for the persistence for some time of sanguineous discharges, in the belief that they are due to negligence or want of skill on his part.

The cause of this condition is due, in the great majority, if not in all, cases, to subinvolution of the uterus.

Involution should progress equally in every part of the womb, so that at the end of the process the normal relative proportions should be maintained; especially does this apply to that portion corresponding to the placental site where the uterine wall is thicker than elsewhere. It is here, however, that the process most often fails, leaving a surface prone to blood and other fluids; and it is here, the author believes, that the persistent "colored shows" and "waters" mostly originate.

These cases are characterized by the persistence, with it may be occasional remissions or intermissions, of a sanguineous (red or greenish) flow, which sometimes weakened the patient to the extent of interfering with lactation. Subinvolution is liable to persons affected with heart disease and chronic diseases which are accompanied with marked congestion of the venous system, as chronic bronchitis with emphysema, congestive liver diseases, etc. Feverishness hinders involution, and Joulin says the process does not actively set in until the pyrexia due to the establishment of lactation has passed away. It is, therefore, important to arrest all pyrexial complications. As regards the constitutionally feeble, in whom all vital processes are slow, absorption and restitution are not likely to progress very rapidly when the debility, which is normal to such persons, is intensified by the exhaustion of parturition, and the usual insufficient or improper diet to which lying-in women are commonly condemned. For such is a liberal diet especially useful.

Bi-manual palpitation and measurement show in these cases excessive bulk. Ordinarily this co-exists with increased length, but cases have been noticed in which the length of the axis was normal while the uterus was broader. On the relation of flexion and version to this condition Dr. Wiltshire does not lay much stress, remarking that "such accidents do occasionally complicate these cases, and aggravate them considerably."

Under the head of preventive treatment the writer impresses the necessity of prohibiting too early rising, and next regulation of the diet, the quality of which should be inversely proportionate to the quantity taken, due regard being had for the existence of

fever, as determined by the thermometer, the habits and inclinations of the patient, and her intention to nurse the child or not.

Under the head of curative treatment he recommends the recumbent position, a firm bandage to the lower belly, and rich diet. Occasionally cases are seen in which there is an excess of nutrition, and subinvolution disappears under a regulated diet, potash or lithia, and aperients, and anti-rheumatic remedies in patients of that diathesis. Ergot is recommended, and digitalis and strychnia in some cases complicated with heart lesions. Very striking results have followed the use of quinine, as suggested by Monteverdi. Gueneau de Mussy, at the Hôtel Dieu, has of late used it with considerable success in eight-grain doses for atonic menorrhagia.

Some patients, when nutrition appears to have failed seriously, improve wonderfully under arsenic. Anodynes, especially opiates, should be sparingly used. Syrup of iodide of iron is recommended as a tonic, sulphate of magnesia to keep the bowels opened, and local application of iodine to the hypogastrium when there is much pain. Injections, if used, should be copious, and the writer prefers cold to hot ones. Astringents may be introduced into these injections, if necessary, and good may often be derived from hip-baths, the author having a high opinion of sea-water for this purpose, as well as for injections.—*London Obstetrical Journal*.

RULES FOR FEEDING BABIES.

The following excellent rules, on the feeding of babies in general, are extracted from an essay recently read by Professor A. Jacobi, M.D., of this city, before the Public Health Association. The rules in question were prepared especially as a guide to the public, and coming from such a source, are more than ordinarily valuable. We wish they could be placed in the hands of every mother and every nurse in the land. Embodying, as they do, the results of the experience of one of our highest authorities on the subject, they are also of particular value to the general medical practitioner. They are as follows:

I. *Nursing Babies*.—Overfeeding does more harm than anything else. Nurse a baby of a month or two every two or three hours. Nurse a baby of six months and over, five times in twenty-four hours, and no more. When a baby gets thirsty in the meantime, give it a drink of water, or barley-water. *No sugar*. In hot weather—but in the hottest days only—mix a few drops of whiskey with either water or food, the whiskey not to exceed a teaspoonful in twenty-four hours.

II. *Feeding Babies*.—Boil a teaspoonful of powdered barley (grind it in a coffee grinder) and a gallon of water, with a little salt, for fifteen minutes; strain it and mix it with half as much boiled milk, and a lump of white sugar. Give it lukewarm, through a nursing bottle. Keep bottle and mouth-piece in a bowl of water when not in use. Babies of five and six months, half barley-water and half boiled milk, with salt and white sugar. Older babies more milk

in proportion. When babies are very costive, use oatmeal instead of barley. Cook and strain. When your breast-milk is half enough, change off between breast-milk and food. In hot summer weather try the food with a small strip of blue litmus paper. If the blue paper turns red, either make a fresh mess or add a small pinch of baking soda to the food. Infants of six months may have beef-tea or beef-soup once a day, by itself, or mixed with other food. Babies of ten or twelve months may have a crust of bread and a piece of rare beef to suck. No child under two years ought to eat at your table. Give no candies, in fact nothing that is not contained in these rules, without a doctor's order.

III. *Summer Complaint*.—It comes from over-feeding and hot and foul air; never from teething. Keep doors and windows open; wash your children with cold water at least twice a day, and oftener in the very hot season. When babies vomit and purge, give nothing to eat or drink for four or six hours, but all the fresh air you can. After that time you give a few drops of whiskey in a teaspoonful of ice-water every ten minutes, but not more until the doctor comes. When there is vomiting and purging, give no milk. Give no laudanum, no paregoric, no soothing syrup, no teas.—*N. Y. Medical Record*.

HOW TO USE UP USELESS DOGS AND CATS.

Only fancy, dear Mr. Scotsman, our feelings this morning, when me and the cat were reading you, and came to this under the title of "Specific Articles Wanted":—

Dogs and Cats (few useless) wanted. Any kind of breed will suit. Apply at the Physiological Laboratory, University, between 10 and 11 A.M.

"What's the meaning of that?" says the cat to me. "The meaning," says I to the cat, "is that some philosophers (for I am a doctor's dog) want to find out all about our reflex actions and our ganglionic systems, to snip out neat little bits from our nerves and brains, and give us nice little shocks from batteries, and nice little doses of the Calabar bean, and nice little antidotes, and put all about how we behave ourselves into a book, and dissect us nicely afterwards—isn't this nice, pussy?"

Is it seemly or kind, is it what is due to us, to put in this horribly suggestive advertisement? If we dogs were uppermost, and were young doctors of an inquiring turn, how would you men like to see an advertisement in the *Canine Tooth* of the day—"Men and Women and children (few useless)"—isn't this, by-the-by, bad grammar or nonsense?—"any kind of breed, &c." Would you not feel insulted? And how would you like, even under chloroform, to have your reflex actions inquired into, and your *hippocampi minores* tickled with a knife, and your spinal marrow tampered with? Dogs and cats have "feelin's" as well as you. Yours truly and growlingly. BOB.

P. S.—My master has just come down to breakfast, and is reading it. He says, "Bob, if it's a joke, it's a very poor one; if not, it's worse. I'll let

them know at the Physiological Laboratory, that the eye of the Society for the prevention of cruelty to Animals, and the eye, too, of Capt. John Cumming, 17 Drummond Street, is upon them."

I and my master, and Sir Charles Bell, and the late Professor Syme, have our own views as to the question of vivisection; but I only speak now of the outrage and insult to me and the cat.—*Edinburgh Scotsman*.

CONVULSIONS IN A NEW-BORN CHILD, CAUSED BY MILK OF A WET-NURSE ABUSING ALCOHOLIC DRINKS.

C. E. BROWN-SEQUARD, M.D., New York.

(*Archives of Scientific and Practical Medicine*.)

This is the history of an important case. A child was born at the eighth month of gestation. It was fed with a bottle first, then by a wet-nurse. During the first month, it gained but little in size; under the suckling with the nurse, it increased considerably in size and weight; at this time it was noticed that the child had become hyperæsthetic, and then had convulsions, very severe and very frequent. No cause could be assigned to this affection, which baffled treatment, until, on further inquiry, it was found that the wet-nurse was in the habit of indulging in drinks of a wine very rich in alcohol. From the time the wine was cut off, the child, after a week, was completely cured, as the convulsions kept decreasing both in number and severity every day up to the seventh, when it was allowed to suckle again, as it was supposed that after this lapse of time, alcohol must have been thoroughly eliminated from the organism of the wet-nurse.—*N. Y. Medical Record*.

NEW MODE OF ADMINISTERING COD-LIVER OIL.

Numerous attempts have been made to render cod-liver oil less disagreeable, either by gelatinizing or solidifying it, but only with partial success. The system of capsules seems to answer best; but the great objection is the number of these which must be swallowed. Now it would seem that Messrs. Carre and Lemoine have contrived to incorporate the oil with bread. Each pound of bread contains a little more than two ounces of the oil or five tablespoonfuls, and three ounces of milk. Small loaves are also made which contain only two tablespoonfuls, and which altogether, weigh only five ounces. These loaves are beautifully white, look extremely well, and have hardly any taste. Both children and adults eat them very willingly. In M. Bouchut's ward, at the Children's Hospital, in Paris, thirty-four small loaves are brought every morning, and are looked forward to with much anxiety by the children for breakfast. They have been largely used among private patients, and no one complains of any disagreeable taste. Five or six tablespoonfuls of oil may thus be given per diem, incorporated with the bread taken with the usual food.—*Lancet*, August 2, 1873.

PRECAUTIONS IN THE USE OF CHLORAL.

Dr. Donovan calls attention in the *Dublin Medical Press and Circular*, to some dangers from chloral. He refers especially to "its dangerous effect when administered to patients laboring under acute pulmonary diseases, such as pneumonia, bronchitis, and all diseases whose tendency is to retard respiration. I have, I regret to say, seen not necessarily fatal cases of pneumonia, become hopeless after an ordinary dose of this death-producing hobby-horse of modern medicine.

"The first case in which I used it was that of a stout, well-nourished man, of about 25, who was suffering from extreme asthma and insomnia of pneumonia. Its effect on him was quite enough to warn me of its dangers; his wife and himself made me promise on my next visit not to give him any more of that *stuff*, as it was near killing him. He said that a very short time after taking it he lost all consciousness, and suffered from a kind of frightful nightmare, his wife stating that he was raving and muttering all night; when I saw him next morning he was in a state of complete prostration, his powerful constitution alone bringing him through.

"The second and last time it was administered to a patient of mine by a medical man of long standing and large practice, whom I met in consultation, and whose antiquity carried the day against my comparatively juvenile ideas. It was about eight or ten days after her confinement, which had been a dangerous one, when she was attacked with pneumonia; and, against my wish, received a twenty-five grain dose of chloral; the consequence was, what I had expected, in a short time after taking it she sank into a state of low muttering delirium, from which she woke with the death rattles in her throat."

DEATH-RATE OF VARIOUS CITIES.

Dr. Charles P. Russell, at the meeting of the New York Academy of Medicine, held May 15, 1873, read a valuable paper on "Mortality in the various States of the Union." The following selections are given by the *Medical Record* from his very comprehensive tables.

"The highest death-rate in the United States, according to the table, was given by Memphis, viz.: 46.6 in each 1000 inhabitants; in Savannah, the mortality was equal to 39.2 in each 1000 inhabitants; in Vicksburg 36.5; in Troy, 34; in Hoboken, 32.9; in New York, 32.6; in Newark, 31.6; in New Orleans, 30.6; and in Boston, 30.5. These were the highest figures of mortality. The other principal cities furnished the following death-rates: Philadelphia, 26.1; Brooklyn, 28.1; St. Louis, 20.1; Chicago, 27.6; Baltimore, 25.1; Cincinnati, 20.5; San Francisco, 17.2.

Of the larger British cities, Dublin yielded the greatest death-rate, viz., 29.9 in each 1000 inhabitants; that of Manchester being 28.6; of Glasgow, 28.4; of Leeds, 27.9; and of Liverpool, 27.1. The death-rate of London was as low as 21.4—less than that of any other important British city.

On the continent of Europe, the highest death-rate was noticed in Prague, Bohemia, viz.: the enormous one of 48.9 in each 1000 people. It was excessive in Cadiz, Spain, where it was equal to 44.7; in Munich it was 41.8; in Rome, 36.7; in Naples, 35.7; in Florence, 35.1; in Athens, 33; in Berlin, a city with less population than New York, it was 32.3, or nearly equal to our own; in Bologna, Italy, it was 32.2; and in Vienna, Genoa, Stockholm and Nice, 31.8. The large mortality of the last-mentioned city is owing to the many deaths of invalid strangers sojourning there. High death-rates prevailed also in Havre, Rotterdam, Leghorn, Venice, and Milan, ranging between 31 and 30. In Paris it was stated at only 21.1—but all deaths of strangers and travellers are there excluded.

The lowest mortality was given by the Swiss cities in Zurich, Geneva, and Basle—13.9, 19.4, and 20.9 respectively—and Christiania, Norway, 20.7. Algiers, Africa, gave a death-rate of 33.6. That of the Indian cities of Bombay and Calcutta was by no means high, being 29.2 and 25. In Madras, however, it was 35. In Montreal it was 37.3 and in Havana 35.1. The highest known death-rate prevailed in Valparaiso, Chili, viz.: 66.9 in each 1000 inhabitants. This was the only South American city heard from:

BEEF TEA.

The question as to the nutritive value of extract of meat has again been discussed by Baron Liebig, in which he carefully reviews the leading objections which have been urged against it. The veteran chemist's vindication of his opinions is of considerable interest, as he there sets forth his views on this subject shortly and precisely, and endeavors to correct the misrepresentations of the doctrine which he really teaches, and which he asserts that he taught from the beginning. He wishes it to be well understood that "he never asserted that beef tea and extract of meat contained substances necessary for the formation of albumen in the blood or muscular tissue;" and "that by the addition of extract of meat to our food, we neither economize carbon for the maintenance of the temperature nor nitrogen for the sustenance of the organs of our body; and that, therefore, it cannot be called 'food in the ordinary sense,' but we thereby increase the working capabilities of the body and its capacity to resist exterior injurious influences, *i. e.*, to maintain health under unfavorable circumstances." Those constituents of the meat which are soluble in boiling water take no part in the formation and renovation of the muscular tissues, but by their effect on the nerves they exercise a most decided influence on the muscular work, wherein meat differs from all other animal or vegetable food. He therefore places extract of meat, and with it tea and coffee, under the head of "nervous food," in contradistinction to articles of "common food," which serve for the preservation of the temperature and restoration of the machine. Beef tea and extract of meat are of themselves incapable of supporting nutrition or maintaining life. Liebig, how-

ever, with justice, condemns the conclusions of those who, from comparative experiments on the nutritive value of fresh meat and meat extract taken *per se*, argue that the latter is not only useless for the purposes of nutrition, but positively injurious. It should be clearly understood that beef tea and extract of meat are only to be regarded in the light of auxiliaries to food, rather than independent articles of nutriment.—*London Medical Record*, April 16, 1873.

ON THE TREATMENT OF DIPHTHERIA BY THE VAPOR OF IODINE.

Dr. John O'Neill (*Australiam Medical Journal*, March, 1873) says the unsatisfactory results of the local treatment of diphtheria have induced him to look a field for some new agent of greater value than those at present in use. He has been led to reject sulphurous acid, whether applied in solution or as vapor from burning sulphur. Iodine in the volatile state has yielded far more satisfactory results. In the form of tincture iodine has been already long since employed both internally and topically in diphtheria. The author volatilizes 20 to 30 grains of pure iodine by means of a heated shovel placed some little distance from the patient in order to avoid the direct action of the fumes. The fumes are inhaled and gain easy access to the larynx and trachea. Children seem especially tolerant of the iodine vapor. A milder effect is produced by allowing the iodine to evaporate slowly from flat shallow dishes. This may be repeated during the day, the object being to keep the air of the room sensibly charged with fumes. The histories of two severe cases are appended. In the one all the ordinary methods had failed: there had been hemorrhage from the throat, the effusion was extensive, and the patient refused food, and lay in a semi-comatose state. Three fumigations of thirty grs. each were employed daily for three days. On the fourth the exudation began rapidly to clear off. The other case is similar, but in it the membranes seem also to have involved the larynx and trachea.—*London Medical Record*.

GLYCERIN AS A MEANS OF DISGUIISING MEDICINES.

We desire to call the attention of our readers to the use of glycerin as a means of disguising medicines, especially those of an oily nature. Some time since it was announced that if castor oil be mixed with an equal part of glycerin and one or two drops of oil of cinnamon to the dose, it can scarcely be recognized. We have used this mixture a good number of times, and can confirm all that has been said of it. Children take it out of the spoon without difficulty. We have given it to doctors without their discovering that they were taking castor oil.

In typhoid fever and other diseases in which turpentine is indicated, patients often object very much to its taste. The addition of half an ounce of glycerin to a six ounce emulsion disguises almost

completely the turpentine, especially if a drop of oil of gaultheria or of other volatile oil be added for each dose.

No doubt the principle is capable of wide extension. It is said that cod-liver oil may be disguised with glycerin and whisky; and Dr. Herbert L. Snow writes to the *British Medical Journal* that an addition of a small quantity of glycerin (about half an ounce to an eight-ounce mixture) will altogether obviate the sensation of astringency produced by the chloride of iron dissolved in syrup.

A CURE FOR EPITHELIAL CANCER.

BY GEO. G. BREWER, M.D.

Whatever tends to increase our capability of coping with a formidable disease cannot be uninteresting to the medical profession. Although cancer is a common disease, and one with which the surgeon and pathologist is familiar, it is a lamentable fact that it often baffles all treatment. I have always thought that the surgeon's knife was the proper and only treatment for cancer of every description. But my experience in treating an epithelial cancer lately has greatly changed my opinion. The subject of the case was a gentleman fifty years of age, stout and healthy. An epithelial cancer about the size of a hickory-nut located on the cheek near the ear. He consulted other medical gentlemen, who confirmed my opinion and advised him to have it removed. At his request, I removed it with the knife. Part of the wound healed in a few days, but the upper portion soon sprouted out with the cancerous disease. I then applied caustic potassa, not only to it, but to a considerable margin around it. In about ten days after the sloughing was over, I found that the entire margin had taken on the cancerous disease, and my patient was in a worse condition than before the operation. At my request, he consulted several surgeons, who objected to operating any more, for fear of enlarging the cancer, and advised a soothing treatment,—poultices of bread and milk. This was followed without benefit for six months, when a friend gave him a recipe which I did not object to his using:

Chlor. zinci, gr. viij;

Bloodroot, gr. v;

Starch, gr. viij.

Make into a paste with honey.

The cancer was at this time nearly as large as a hen's egg. After applying the paste for two weeks, he called to see me. I found it had diminished to half its former size. I advised him by all means to continue it. After a month's use of the remedy, the cancer was not larger than a dime. He continued to use it until the disease was cured. There is at this time nothing but a cicatrix, where before was a large epithelial cancer. I report this case for the purpose of calling the attention of the profession to this remedy in epithelial cancer, and do recommend those who have such cases to treat to give it a trial.—*Medical Times*.

A NEW OPERATION FOR ANEURISM.

On Monday, October 13, Dr. R. Levis performed, at the Pennsylvania Hospital, an operation so novel in its conception, so plausible in its theory, and, if it turn out successful, so important in its power of saving life, that it seems worthy of editorial notice. The case was one of subclavian aneurism, involving, it is believed at least to the extent of dilatation, the innominate. Tying the artery has been thought by the surgeons who have examined the case to be of more than doubtful expediency, and Dr. Levis has carried out a procedure which he tells us has long been in his mind. As every one knows, the late Charles H. Moore, surgeon to the Middlesex Hospital, conceived and put into execution the idea of introducing fine iron wire into aneurisms, to afford a nucleus about which clots should form. His practice has been followed in two cases, by Dr. Donville and Mr. Murray, both English surgeons. If we remember aright, in each of these instances the aorta was the artery involved, and the result was unfavorable.

Dr. Levis, idea consists in the use of horse-hair, with the belief or expectation that it will offer sufficient obstacle to the blood-current to cause coagulation, and at the same time, being animal in its nature and not apt to undergo rapid decomposition, like the catgut ligature will cause no irritation and not give rise to suppuration.

The hoserhair was introduced through a fine sharp needle canula, which was plunged into the sac. No difficulty was experienced in its introduction, and twenty-four feet nine inches of it were safely stowed away in the aneurism. In all probability this mass was driven in great part into the distal portion of the aneurism by the blood-current. Be this as it may, a marked diminution in the force of the pulsation of the aneurism and of the pulse of the wrist was at once induced. This has increased since the operation, the tumor has also gained greatly in solidity, the pain has lessened very much, and no unfavorable symptoms have resulted. As, on the other hand, the radial pulse and the aneurismal throp have never disappeared entirely, and as the dangers of supuration of the sac are not yet past, it is too early to predict the result.—*Philadelphia Medical Times.*

GARMENTS MADE WATERPROOF.

A writer in an English paper says. "By the way, speaking of waterproofs, I think I can give travellers a valuable hint or two. For many years I have worn india-rubber water proofs, but will buy no more, for I have learned that good Scotch tweed can be made entirely impervious to rain; and moreover, I have learned how to make it so; and, for the benefit of your readers, I will give the recipe: In a bucket of water put half a pound of sugar of lead and half a pound of powdered alum; stir this at intervals, until it becomes clear; pour it off into another bucket, and put the garment therein, and let it be in for twenty-four hours, and then hang it up to dry, without wringing it. Two of my party, a lady

and gentleman, have worn garments thus treated in the wildest storms of wind and rain, without getting wet. The rain hangs upon the cloth in globules. In short, they are really waterproof. The gentleman, a fortnight ago, walked nine miles in a storm of rain and wind such as you seldom see in the South; and when he slipped off his overcoat his underwear was as dry as when he put them on."—*The Monthly Mirror.*

ABORTIVE TREATMENT OF BOILS.

The following, applied to boils with a camel-hair pencil or feather, gives great relief in a very short time. The inflamed surface, and a little beyond all around, should be painted with the medicine every fifteen minutes, or as fast as it dries, till a good thick coating covers the part. The throbbing tensive pain and the intense tenderness will be promptly relieved; the redness will subside; the smooth, shining integument will shrink and become wrinkled, and comfort will succeed torment. If the boil is in the first stage, it will disappear without slough. If slough has already formed, it will be quickly separated, and the cure soon complete:

℞ Tinct. arnicæ, ʒj;
Acidī tannici, ʒss;
Acaciæ pulv., ʒss. M.

It should be used as soon as prepared.—*C. B. Hall, in Cincinnati Lancet and Observer.*

DIGITALIS IN DROPSY.

A correspondent of the Medical Times and Gazette says:

I am induced to send you the following in hopes that others may follow my example, especially with regard to the uses of the same remedy. The value of digitalis in certain forms of dropsy is well known, and I would hardly venture to put before you the following notes were it not for the plans adopted for employing this remedy.

A woman of middle age was brought to the Hospital after she had been confined to bed for some time for dropsy. According to her own statement she had passed no urine for forty-eight hours previous to admission; certain it is that in eighteen hours after admission only eight ounces could be got away by the catheter. There was a good deal of dropsical effusion under the skin in various parts, especially in the walls of the abdomen and in the breasts. The urine was highly albuminous when tested after withdrawal by catheter. Under the circumstances it was necessary to get the kidneys to act, and I ordered to be applied for her loins, over the kidneys, an ounce of the tincture of digitalis on a piece of lint, to be covered over carefully, and to be renewed in four hours. The result was most satisfactory: urine began to flow profusely, and before long far exceeded the normal quantity. Had it been possible to procure the fresh leaves, I should of course have used them, but they were not to be had.

The other instances is a man with contracted kidneys and no dropsy, who from time to time becomes drowsy, and subject to fearful convulsions. In his case, too, nothing suits so well as digitalis, but when he becomes insensible, the very time he ought to take it, it cannot be given. Under such circumstances I commonly reduce a quarter of a grain extract of digitalis with water, and inject it under the skin of the arm. This, as a rule, makes the urine flow freely, and the patient gradually comes round.—*Medical Times and Gazette*.

ON RETENTION OF URINE.

By Dr. GEORGE H. B. MACLEOD, F.R.S.E., Professor of Surgery, University of Glasgow; Surgeon and Lecturer on Clinical Surgery, Royal Infirmary.

We receive a large number of these very troublesome cases. As a rule, the retention is due to organic stricture, but not a few patients present themselves in whom the retention arises from the congestion which so often follows a fit of intemperance. There are few affections in which one has more frequently to deplore incautious and rash interference than those of retention, from whatever cause arising. Very few cases come into the hospital that have not been seriously injured by the careless or ignorant employment of instruments, and, in the great majority of these cases—those of organic stricture and enlarged prostate—relief is obtained, after admission, without having recourse to instruments at all. The rule in my wards is to give these patients a warm bath, and to inject subcutaneously $\frac{1}{2}$ gr. of acetate of morphia when they are in the bath. If this fail, they get a full dose of castor oil and tincture of opium, followed by another hot bath, and if that fails I am sent for. I can easily recall the few cases, out of the large number admitted in which I have been forced to employ the catheter to relieve pressing symptoms, and in no case since I entered the hospital has it been necessary for me to puncture the bladder. Chloroform is of inestimable service in the management of such cases. Twice within six months I have been able to fulfil two objects—to relieve the bladder and cure the stricture—when compelled to use instruments in retention, and it was as bearing on that circumstance, that the foregoing remarks were made. Having failed in one case of very close organic structure, with much laceration of the canal, to introduce a catheter, I passed, with little difficulty, Holt's dilator, which, from its shape and construction, is very well fitted to pass a tight contraction, and thus I was able to split up the stricture at the same time that I relieved the bladder. This I have subsequently repeated in a similar case, with equally good effects; and, as such a use of Holt highly commended itself to me as a ready and effectual way of "killing two birds with one stone," I thought it worth while to relate it. I may add that it were well if the profession without the walls of the hospital would exercise more caution, and use less force in dealing with cases of retention.—*Glasgow Medical Journal*.

ABNORMAL BEHAVIOR OF ALBUMINOUS URINE UNDER THE USUAL TESTS.

Dr. Brown-Sequard (*Archives of Scientific and Practical Medicine*) points out a possible source of error in applying the usual tests for albumen in the urine. It is a well known fact that boiling alone is not always sufficient to cause coagulation of albumen, even when the reaction of the urine is decidedly acid. In such cases, however, the subsequent addition of nitric acid, with a renewed application of heat, will generally produce a precipitate. Dr. Brown-Sequard states that in several cases that have come under his observation, he has demonstrated the presence of albumen by adding nitric acid (and heat) after the specimen had been once boiled. There must be, therefore, a modification of albumen, which so far from being coagulated, actually loses its coagulability by boiling.

EFFECT OF CARBOLIC ACID ON THE URINE.

Mr. W. A. Patchette reports a number of observations upon a peculiar change of colour in the urine, produced by the external application of carbolic acid to a raw surface. A blackish or dark olive green discoloration occurs in from four to forty-eight hours, and the urine resembles an infusion of tea or digitalis to which a little iron has been added. The discoloration does not appear with any regularity or constancy, and may follow the internal use of carbolic acid, but unless poisonous doses have been given, the color is not so deep as that produced by the external application of the acid.—*London Lancet*, Aug. 23, 1873.

LIQUID NOURISHMENT FOR SICK STOMACHS.

An egg, well beaten up, to which add one pint of good milk, one pint of cold water, and salt to make it palatable; let it then be boiled, and when cold any quantity of it may be taken. If it turns into curds and whey it is useless.—*H. S. Halahan in Dublin Medical Journal*.

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MONTREAL, NOVEMBER, 1873.

TO OUR SUBSCRIBERS.

In our last issue we again sent accounts to those who were still indebted to us for the first volume of the *Record*. Some have responded by sending us the amount, but there are a number who still keep their

purse strings closed. We once more appeal to them to remit us last year's subscription, without any further delay. The amount to each is but a trifle; in the aggregate it is considerable. *Remit as soon as you read this notice It is only two dollars.*

BLOODLESS AMPUTATIONS.

In our last issue, we inserted a brief letter from Dr. R. F. Godfrey, of Montreal, one of the Graduates of Bishop's College, session 1872-3—who is at present pursuing his studies in London, in which allusion was made to a new method of amputating, which he had seen performed by MacCormac, now in the metropolis, but formerly of Belfast. This operation was comparatively bloodless in its character, and as the method adopted is one of very recent introduction, we make no apology for bringing it now more fully before our readers. It was first brought to the notice of the profession on the 18th of April last, upon the occasion of the second Congress of German Surgeons, by one Esmarch, who made a very short communication on a "Means of Avoiding Loss of Blood in Operations on the Extremities." He declared that according to his experience it was possible to render and maintain a limb exsanguine by firmly enveloping it in elastic bandages applied from the extremity towards the body. These bands force back all the blood from the limb, and as they exercise at the same time an energetic constriction (the limb is put into a strong tube of rubber, as it were) they prevent the accession of fresh blood when the first band is removed. Esmarch claims that it is not only in amputations that is saved, in this way, much of the blood that is lost by the tourniquet; it has great advantages in resections, extraction of sequestra, difficult extirpation of tumors and other operations which may not be executed so rapidly as amputations. By the adoption of this method it is not necessary to use sponges to clear the field of operation: one may operate, dry, as upon the cadaver; this method has no injurious effect whatever upon recovery even though the circulation may have been interrupted in a whole extremity for a quarter of an hour. The details are as follows: An elastic bandage, about two inches and a half in width and from five to ten yards long, is firmly bound round the limb, commencing at the toes and fingers as the case may be, and is then continued upwards so as to drive the blood before it out of the veins and arteries. When the desired point has been reached, a strong india-rubber band, about half an inch in diameter, is tightly drawn two or three times round the limb just above the elastic bandage,

and fastened by hooks. The bandage is then removed, leaving the tissues blanched and exsanguined. Not a particle of blood is lost during the operation, which is really more bloodless than when performed on the dead subject. After the operation is completed the rubber rope is removed, and the blood then finds its way into the vessels, which are ligatured or twisted according to the taste or inclination of the surgeon. On this plan, which has been carried out at St. Thomas's, Guy's, London, and St. Bartholomew's Hospitals, London, many operations have now been performed, including excision of the knee and elbow joints, and amputations. No ill effects of any kind have hitherto been observed from the use of this contrivance. Although the durations of the operations have varied from a few minutes up to half an hour, and even more, during the whole of which time the circulation has been completely arrested, no evidence has been afforded of the formation of emboli or thrombi in any of the cases. But it is one of its possible evils, that the complete stoppage of circulation may lead to the formation of a clot, which, on the re-establishment of the circulation, may be carried along the vessels and arrested in some part of their course, giving rise to circumscribed inflammation or even gangrene. On the removal of the rubber rope, the blood shows itself at the wound in some cases immediately, and in others not for several seconds, or even a minute afterwards. The part then rapidly becomes very red, of a slightly livid hue, and somewhat swollen; which may be accounted for by the small vessels and capillaries becoming engorged before the *vis a tergo* is sufficiently restored to drive the blood up into the venous column.

Upon the continent this plan has been practised for several months, and seems to have met with universal favor. At Vienna, Professor Bellroth has used this method in fourteen cases, and speaks of its success in glowing terms.

In Montreal, it was made use of about the middle of October, for the first time, by Dr. Fenwick, one of the staff of the Montreal General Hospital, who amputated below the knee, on a male subject. In the absence of the proper elastic bandage, drainage tubing was used. The success was complete, not a table spoonful of blood being lost.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The Annual Meeting of this Society was held on the third of October, when the retiring President, Dr. R. Palmer Howard, gave a brief address previous to leaving the chair. He mentioned that, during the year, nineteen papers had been read by members

before the Society; a decrease of two compared with the previous year. He stated that the papers were contributed principally by the junior members of the profession, which was to their credit—only five being read by those occupying what might be termed the intermediate stage, while the seniors made a poor appearance, which he regretted exceedingly. Allusion was made to the discussions which, upon two or three occasions, had taken place with a view of preparing a new tariff for the guidance of members, and hoped that, when completed, it would be found of great use. A resolution, conveying thanks to the retiring officers, was carried unanimously. The election of officers for the ensuing year then took place, and resulted as follows:—President, Dr. William H. Hingston; First Vice-President, Dr. Reddy; Second Vice-President, Dr. Robert Craik; Council, Drs. Godfrey, Fenwick, and Francis W. Campbell. The Secretary and Treasurer, Dr. T. G. Roddick, was re-elected by acclamation. His financial report was read, and was eminently satisfactory, there being a considerable balance in his hands.

The meetings will take place every fortnight during the winter, and we trust that the attendance will be excellent. We also cannot help expressing the hope, that the "gentle rebuke" of the retiring President will not be lost upon the seniors in the profession.

TYPHOID FEVER IN MILK.

Our European exchanges have for some time back been filled with details, concerning an outbreak of typhoid fever, which occurred in a particular locality in the city of London, towards the end of last July and commencement of August. Within a comparatively short time some five or six hundred persons were attacked, who belonged to about one hundred and fifty families, all occupying, more or less, good positions in society, and who resided pretty much in close proximity to each other. It is a fact, somewhat singular, that among the first to be attacked was the family of Dr. Murchison, a well-known authority on fevers. Three of his children were seized with the disease upon the same day, and within a week two others were prostrated. Dr. Murchison, feeling convinced that the sanitary arrangements of his house were satisfactory, believed that some outside cause must be sought for. Reflecting upon other cases of typhoid fever, which had occurred months before, and to which his attention had been given, his thoughts were directed to his milk supply, and enquiry among his medical friends in his neighborhood, confirmed his suspicions. On the fourth of

August he communicated the facts he had collected to the Medical Health officer of the District, who at once notified a large Dairy Company, who supplied pretty generally the locality with milk, of the information he had received. From this time new cases rapidly occurred, and as the neighborhood is largely populated with well-known medical men, many of the cases were members of their families. All of those attacked had partaken of the milk of this Dairy Company; and, convinced of the source of the disease, Dr. Murchison and Sir William Jenner appealed to them to suspend its sale, which they declined, until satisfied of its being the cause of the epidemic. The disease continuing to spread still among its customers, arrangements were made for an inspection of all the farms from which the supply of milk was drawn. The result of the investigation was such as to prove conclusively that the suspicion of Dr. Murchison, as to milk being the source of the poison, was correct. Those appointed to investigate the matter discovered that a well upon one of the farms was polluted by the drainage from a privy into which the evacuations of a typhoid patient had been emptied, and that the neighborhood was not free from the disease. At once the supply from this farm was stopped, and the epidemic began to abate. As the Company affirm that the water from this well was not used to dilute the milk, nor even the cows supplied with drink from it, it becomes a question how the poison succeeded in getting into the milk. The reply suggested is that the water was used for washing out the milk cans. To many this may not appear as being a sufficient explanation; yet, if correct theories in regard to fever poison and its power of multiplication be admitted, it is just possible, at some time or other, sufficient water may have been left in a can to carry the seeds of the disease. Altogether the information which has been obtained is important, proving that every possible precaution should be observed with regard to purity of milk, as that fluid is said to be peculiarly favorable to the rapid increase of the poison of typhoid fever. We all know how rapidly butter and milk take in a flavor, which may be called *turnippy*, when the animals are fed on turnips; and, although we have no positive proof that organic poisons will pass into the milk without decomposition, it is just within the bounds of possibility.

Typhoid fever continues prevalent in Montreal, but so far as we can learn, it is generally of a mild character.

A FATHER KILLS HIS OWN CHILD.

One of the most awful instances of the results which sometimes follow an ungovernable temper, was brought to light at the term of the Court of Queen's Bench in Montreal, which closed its sittings about the middle of October, in the case of *The Queen vs. Lefebvre*. The facts of the case, as detailed upon the trial were as follows: Lefebvre is a Notary, and resided in the Parish of St. Marthe, County of Vaudreuil. Upon the second of September last, he was working in one of his fields, and placed his young son, aged about seven years, at a gate to prevent cattle from getting among the grain. By some means this duty was not carefully performed, and cattle did get among the grain. Lefebvre upon seeing this, became very much enraged, and ran after his son, who fled from him to another field, in his flight hurriedly crossing a fence. In this second field the father overtook him, and seizing him by one arm, kicked him violently about the body till he fell to the ground, when he gave him eight or ten more kicks. The child reached home with great difficulty, and on the following day, a Dr. Lalonde, residing close at hand, was called in to see him at the instance of Lefebvre. In evidence he thus describes the condition in which he found the boy. "Breathing slow, face pale, large drops of sweat on the forehead, the case was hopeless; returned home for medicine; on returning the child was dying. Made a post mortem on the 5th of September. There were no marks of violence; had however remarked a greenish color between the skin and muscles, and he had come to the conclusion that death was due to a shock sustained by the nervous system, occasioning congestion of the brain. The prisoner had told him he had kicked the child; he had no doubt that to these blows was due the congestion of the brain, ultimately death. There was a rupture of the intestine, which was necessarily fatal."

The evidence as quoted above, is taken from the report published in the *Montreal Herald*, and as it stands uncontradicted we presume it is correct. If so we confess regret that such evidence should be given by a medical witness. The veriest tyro in medicine would not seek to give the credit of the fatal issue to a congested sensorium, when he found a ruptured intestine, and saw the patient an hour or two previous to death, exhibiting all the signs of the last stage of Traumatic peritonitis. A clearer case of cause and effect it would be hard to find, and how Dr. Lalonde could possibly express the opinion attributed to him, we confess ourselves completely at a loss to understand. When given at the inquest it had its

effect however upon the jury whom the Coroner of Montreal assembled, and the result was a verdict of accidental death was returned. It seems hardly to be credited that a Coroner with the experience of Coroner Jones, should have received such a verdict. To doubt for a moment that its absurdity did not strike him, would be insulting. What can we think then at his not only receiving it, but letting the matter drop? We hesitate to characterise it as we think it deserves. That it was not allowed to rest, is due to the action of a resident of Vaudreuil. At the trial, which as we have already said took place the commencement of October, Dr. Lalonde gave the evidence we have quoted, and which in our opinion is far from being creditable to him. The defence, finding that the congestion of the brain theory was blown to the wind, principally by the evidence of Dr. Craik of Montreal, tried to make out that the ruptured intestine was the result of a fall the child received while crossing a fence in his efforts to escape from his father, and one Dr. Lefebvre, (no relation of the prisoner) informed the jury that if the rupture had been due to kicks, he could not have walked home, while if it was due to a fall from a fence, he could have walked home. Verily a Daniel come to judgment—yea, a second Daniel. We should like to know his authority for this diagnostic sign, as to the cause which produces rupture of the abdominal organs. In spite of all the contradictory professional evidence, that of the majority of medical men we regret to say, not being calculated to raise our profession before the public—the jury brought in a verdict of guilty, and the unfortunate father, who when too late, realized the awful position his ungoverned temper had placed him, was at the close of the term, sentenced to three years confinement in the Provincial Penitentiary.

MONTREAL GENERAL HOSPITAL.

We have received the Fifty-first Annual Report of this valuable Institution, and appended to it is a brief history of the Hospital from its foundation. From the report we learn that the ordinary income of the year, which terminated on the 30th of April last, was \$32,342.93. There has been an increase over that of last year in the income from the following sources, viz.: Subscriptions and donations, \$816.32; Church collections, \$54.91; Medical Students' fees, \$171.50; Interest, \$3,307.51. On the other hand, the revenue from the following sources has fallen below that of the previous year, viz.:—Subscriptions from employes, \$502.03; pay patients,

\$491.75. The ordinary expenditure of the year was \$24,423.74, which exceeds that of last year by \$1,865.41; but it is gratifying to be able to add that it falls short of the revenue by \$7,919.19.

The extraordinary expenditure of the year was \$6,847.05, to meet which the contributions to the Endowment fund ("Extraordinary Income") for the year, amounting to \$6,214.46, were applied; thus leaving a balance of \$632.59 to be charged to stock account.

The number of in-door patients treated during the year was one thousand eight hundred and twenty-one (1,821), and of out-door, eleven thousand three hundred and forty-nine. These figures show an increase of two hundred and twenty-six (226) in-door, and (233) out-door patients over those of 1871-72. Of the in-door patients, there died during the year, 139; were discharged cured, 1,149; were discharged improved, 328; were discharged unimproved, 98; remain in hospital, 107.

The most noticeable feature in the medical history of the institution during the year was the persistence of small pox during its earlier months, the severe epidemic of that disease which began the year before not having ceased, although the ratio of mortality had considerably declined. The number of persons admitted into the Small Pox Hospital in 1871-72 was 114, of whom 33 died, a ratio of 1 in 3.45. In 1872-73, 118 cases of that disease were treated, of whom 19 died, or 1 in 6.21.

The new wing to be called the Morland Wing, for the admission of children is now under contract, and will soon be ready for occupation. Besides about thirty beds for children, it will contain rooms for private patients. Its basement will be devoted to the wants of the out-door patients, and its highest flat will serve as a dormitory for servants. Its cost is estimated at about \$16,000.

MONTREAL SCHOOL OF MEDICINE AND SURGERY.

The Montreal School of Medicine and Surgery (Montreal Branch of the Medical Faculty of Victoria College) have followed the example recently set them by the two other Medical Schools in Montreal, and erected upon Hotel Dieu Street, and directly opposite the Hotel Dieu Hospital, a building for their use. The session opened about the 7th of October, but as the building was not quite ready for occupation, the lectures have thus far been delivered in the Operating Theatre of the Hospital. It is anticipated, however, that before this reaches our readers,

they will have removed to their new School, which is a handsome structure built of rough Montreal limestone. It has a frontage of 50 feet, by a depth of 55 feet, and is two storeys high. The ground floor is occupied by the Janitor, and has smoking and clothing rooms for students. On the first storey is a class room, 24 feet wide by 46 feet in length, and 17 feet high. It is said to be capable of seating 250 students. On this flat is also the Library and other rooms for the Professors use. On the second flat is the Anatomical and Chemistry lecture room, which has a height of 20 feet—also the Dissecting Room, (floored with zinc) 46 feet long by 24 feet wide. The building seems admirably arranged for the purpose for which it is intended, and we congratulate the Faculty upon their occupancy of a building which is a credit to their enterprise.

SKIN OF A WHITE MAN ENGRAFTED UPON A NEGRO.

Dr. Maxwell, of Newcastle, Delaware, reports in the *Philadelphia Medical Times*, of the 18th of October last, that in February, 1872, he was called to a negro, who had been shot in the face with bird shot. As he was only a few feet from the muzzle of the gun the discharge passed through the left cheek, as compact a mass as if it had been ball, and passed out at the posterior portion of the ramus of the inferior maxillary bone just below the lobule of the ear. There was extensive sloughing, and Dr. Maxwell proposed skin grafting to expedite the healing process. He conceived the idea of transplanting the skin of a white man, and the consent of the patient having been obtained, Dr. Maxwell cut from his own arm a piece of skin about the size of a dime. He also took from the patient's arm a similar piece, and having cut them into pieces the size of a canary seed, carefully inserted them on the wound. All the white grafts except one died, and this one increased rapidly in size, till it was more than half an inch in diameter. After the wound had healed, Dr. Maxwell thus describes the patient's condition: Meeting my patient on the road I readily distinguished the white patch on the side of the face twenty or thirty yards distant. Upon examination, dark-colored lines forming a net work on the white skin were discovered. These lines increased in size and in number, deepening the color of the patch, until at the end of the third month the whole surface of the wound was of a uniform black color." The experiment is exceedingly interesting, and it is said to be the first published case of the kind.

PHYSICIAN'S VISITING LIST.

Although within a few years, several other visiting lists have been introduced to the notice of the profession, we candidly believe that to that which has for so many years been used by Messrs. Lindsay & Blakiston of Philadelphia, must be awarded the prominence. It is concisely arranged, beautifully got up, and is invaluable to the profession. We have used it regularly for the past ten years, and don't well see how we could get along without it. Some physicians that we know of still cling to their memory and small slips of paper. To such this visiting list would save several hundred dollars in the course of a year. As we have more than once said, when noticing its annual appearance, "we fail to see how any physician can do without it"

A SELF-SACRIFICE TO MEDICAL RESEARCH.

Dr. Obermeyer, assistant of Professor Wilms, of Vienna, who acquired especial reputation for his theory of typhus fever, undertook some experiments upon the character and therapy of cholera upon his own person. For this purpose he ejected into his own veins the blood of a cholera patient. The melancholy consequences of this bold experiment soon ensued. He was soon attacked with the disease and died on the seventh day. A great number of his colleagues crowded about him in the vain attempt to rescue him from his untimely end.

THE FOOTING DINNER OF THE STUDENTS OF
MCGILL UNIVERSITY.

This annual gathering took place on the evening of October 17, at the Terrapin Restaurant, and is said, by those who were present, to have been a most enjoyable affair.

The bitter taste of Quasia, Colocynth and Quinine can be avoided to a very great extent by first masticating a small piece of liquorice root. Though a simple, it is said to be a very effective means.

PERSONAL.

Dr. Aikins, of Toronto, returned by the *Sarmatian*, on the 27th of October, from Europe.

Dr. André Latour, Assistant Demonstrator of Anatomy in Bishop's College, returned from Europe by the *Prussian*, October 21st. He has commenced practice in Montreal.

Dr. Coté has gone to Biddeford, Maine, to commence practice.

Dr. Alphonse Brodeur, (M.D., McGill, 1863,) is in practice at Roxton Falls, Que.

Dr. James E. Sawyer, graduate of McGill College, 1863, was in the city for a few days the early part of October. For the last few years he has been residing in Louisiana, U. S., where he went on account of his health, which has been in a delicate condition for many years. This summer he returned to Belleville, on a visit to his relatives, but is obliged to again proceed south, from failing health. This time he intends to try Texas.

Dr. Edward Warren, late professor in the Baltimore College of Physicians and Surgeons, has recently been appointed by the Khédive of Egypt to the position of staff-surgeon in his army, with the rank of colonel, and with the privilege of practising medicine and surgery in the city of Cairo. Dr. Warren is the author of the famous repartee to the Attorney-General, in the Wharton case, that "lawyers' mistakes sometimes hang six feet in the air."

Medical Items.

It is stated the chair of Physiology in the University of Edinburgh is likely to become vacant by the resignation of Dr. Hughes Bennett, whose health is, unfortunately, far from robust.

NATURE OF MUMPS.

Dr. Bouchut, in a note communicated to the Academy of Sciences by Claude Bernard, states that parotitis is simply a salivary retention due to catarrhal inflammation of the excreting canal of the parotid.

BIRTHS.

In Montreal, on the 1st Nov., the wife of Dr. George W. Wilkins, of a daughter.

In Montreal, on the 9th inst., the wife of Dr. G. P. Girwood, of a daughter.

At Moulinette, Ont., on the 8th inst., the wife of Zoyst Gagnon, M.D., of a daughter.

MARRIAGES.

On the 24th Sept., at St. George's Church, Montreal, by Rev. James Carmichael, M.A., George W. Lovejoy, M.D., L.D.S., to Mary, daughter of James Sculthorp, Esq., of Montreal.

In Montreal, on the 18th Oct., by the Rev. Henry Wilkes, D.D., Charles E. Hickey, M.D., of Morrisburgh, Ont., to Libby M., daughter of Mr. J. C. Beers.

At Kingsville, on the 3rd September, by the Rev. John Downie, Forrest Frew Bell, M.D., of Amherstburg, to Isabel Wigle, only daughter of Simon Wigle, Esq., of Kingsville.

DIED.

In Toronto, on the 20th October, inst., William Hallowell, M.D., in his 60th year.

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