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CANADA

MEDICAL & SURGICAL JOURNAL

JULY, 1879.

Original Communications.

DISLOCATION OF THE RIGHT HIP JOINT INTO
THE ISCHIATIC NOTCH;

OCCURRING FROM A FALL, IN A BOY AGED FOUR YEARS.

Reduction by Manipulation.

BY GEORGE E. FENWICK, M.D.,

Professor of Surgery, McGill University; Surgeon to the Montreal General Hospital.

Cases of dislocation of the hip-joint are comparatively rare accidents, more especially amongst children. Having recently met with a case of dislocation in a child of four years, I deemed it of sufficient interest to place on record. C. C., a little boy of 4 years, was brought by his mother to the Montreal General Hospital on the 24th June, 1878, with what was supposed to be the commencement of hip-joint disease. The history, as given by the mother was that while running he slipped, with his right leg bent beneath his body, and fell on the side, receiving what was supposed to be an ordinary contusion. The accident occurred some ten days before admission. When seen he was lying on his back in bed, the right knee was rotated inwards and advanced, lying upon and overlapping the left thigh; it was slightly flexed at the knee-joint, and the mother stated that he was unable to stand or walk. There was flattening of the trochanter, and considerable fixity of the limb. The examination was conducted on a table. On attempting to place the limbs together and extending them, the loins were arched forwards, a condition which was reduced when the injured limb was flexed on the pelvis, but there was not that amount of fixity which is usually seen in these cases, but some shortening.

Feeling satisfied that I had to deal with a dislocation backwards into the ischiatic notch, chloroform was administered, and reduction by manipulation practised. Seizing the ankle in my right hand, the leg was flexed on the thigh at the knee-joint, the thigh flexed on the pelvis, and carried first towards the left side, to a little more than at a right angle. Abduction and rotation of the limb outwards was then performed, when an audible snap occurred, and on extending the limb it was found that the head of the bone had returned to its natural position, the limbs had assumed a symmetrical appearance, were of equal length, and the motions of the joint free and the sensation quite normal. The limbs were then bandaged together, and the child returned to bed. The mother was obliged to return home, as she was from the country, and she objected to leave her child at the hospital, so that they were discharged on the 26th June, two days after the reduction. In the meantime no untoward symptoms had been developed, and she was instructed to return, should any further trouble occur.

The following table is taken from cases reported in Hamilton's work on Fractures and Dislocations, and is compiled to show that these injuries may occur at a very early age under peculiar circumstances:—

No.	Age.	Situation.	Authority.
1.	6 months.....	Thyroid Notch.....	J. Powdrell, in <i>Lancet</i> .
2.	18 months.....	Dorsum ilii.....	{ 1 <i>Gazette Medicale</i> . 1 Dr. Fanning. In Hamilton, on Fract. and Disloc.
3.	3 years.....	{ 1 Dorsum ilii 1 Ischiatic notch... 1 Not stated	{ 1 Mr. Kirby, in <i>Dublin Med. Press</i> . <i>Dr. Buchanan's Magazine</i> . Malgaigne.
1.	3½ years.....	Dorsum ilii.....	Mr. Image, <i>Prov. Med. Journal</i>
1.	4 years.....	Dorsum ilii.....	J. M. Litten, Texas.
1.	6 years.....	{ Incomplete, Thyroid } Foramen	J. C. Warren.

Dislocation of the hip-joint, as occurring in early life, is comparatively a rare accident. We may account for this from the fact that young children are less exposed to injury, and that from their light weight are capable of sustaining injury with comparative immunity. It has been stated that dislocation of the hip-joint never occurs before the seventh year of life. This is an error;

there is one well-authenticated case of dislocation downwards and forwards into the thyroid foramen, which was reduced by manipulation at the end of a week, the patient being a child of six months, who had overturned a chair in which she was tied. Reported by Mr. Powdrell in the *Lancet* for May 16th, 1868.

This will suffice, on this point. It is alone at the earlier ages that an accident of this nature might be overlooked by a surgeon, until too late to remedy it, by attempting reduction. The case here reported ought to point to the necessity of careful examination of young children in cases of injury through accident. Very young children are incapable of indicating the precise nature of an injury, and those of more advanced years, may, through fear, conceal an injury until it is too late to do any good by surgical interference.

CASES OF INTERMITTENT FEVER.

Treated in the Montreal General Hospital in the Months of May and June, 1879.

BY JAMES BELL, M.D., HOUSE SURGEON.

During the months of May and June of this year (besides the cases treated in the out patient department) there were four cases of ague treated in the Hospital. Two were under the care of Dr. Reddy, and two were under Dr. Osler's care. The following brief notes of these cases are worth recording I think, as they show that ague does originate not only in the island of Montreal but in the city itself, though this fact is often disputed by practitioners having large experience of the diseases which occur in Montreal. Three out of four of the cases reported clearly originated in the island, while case IV undoubtedly originated in the city of Montreal.

CASE I.—A. I., æt. 28, was admitted on the 22nd of May. He is a strong muscular Englishman, but looking a little sallow. He came from England fifteen years ago, and went to work as a lumberman on the Upper Ottawa. Five years ago he came to Montreal, and has not been further away from the city than Lachine since that time. Has never been in a malarious district to his knowledge. He is a man of temperate

habits, and has always enjoyed good health. In January last he went to work on the Lachine Canal, about five miles from the city. Seven weeks prior to his admission he was working on a derrick, and while at his work he became giddy and fell off. He had no chill but felt very sick, and could not return to his work. Three days later he had a severe chill at 11.30 p.m., which lasted about an hour and a half, and was followed by three hours of high fever. He then perspired profusely for five or six hours, and felt rather better as the attack passed off, but was not able to go to work. He had a similar attack every second day for four weeks. For a couple of weeks now he had the chill, etc., every third day, when it again became tertian. On admission it became quotidian in type, and was very severe. The chill lasted about an hour or an hour and a half daily, and the hot and sweating stages occupied eight or ten hours. The temperature rose to 103° and 104° F. during the hot stage. The spleen is slightly enlarged. It can be felt below the margin of the ribs and is a little tender on pressure. Its vertical dulness measures four inches. All his other organs are healthy.

He was kept under observation three days before being treated. He was then ordered a purgative in the morning, a twenty grain dose of quinine at night, to be followed by a ten grain dose in the morning and a mixture containing two grains of quinine per dose three times a day afterwards.

He had no more symptoms of ague, and left in three days feeling quite well.

CASE II.—M. L., wife of last patient, was admitted on the 26th of May. She is a tall sallow woman, 29 years of age, of English extraction, and reared in the Province of Quebec. She has never been out of Canada, nor further west than Lachine. Her family history is good. She is of temperate habits and has never had any illness, except an attack of pneumonia seven years ago. She has been living with her husband in the neighborhood in which he was working (five miles from the city), and they both attribute their illness to drinking swamp water. Her illness began in the latter part of

March last. She first complained of pain in her back and stomach and occasional chilly feelings. These symptoms lasted five or six days, and then she had her first regular paroxysm. The chill lasted about three quarters of an hour, the hot stage about four or five hours, and in the sweating stage she generally fell asleep, and perhaps when it was over feeling pretty well. The fever in this case was of the tertian type throughout and was very regular, the chill coming on about the same hour every day and the symptoms varying very little from day to day. The temperature rose in the hot stage while in hospital to 104° , 105° and 107° F. She was pretty well in the intervals. There was considerable splenic enlargement and tenderness. It extended well forward towards the median line below the lower ribs. The vertical dulness measured seven inches. With the exception of a subinvolution of the uterus all her other organs were healthy. She was ordered a quassia mixture on admission, which she continued to take for eight days, believing that she was taking quinine. She was then ordered twenty grains of quinine at 7 a.m. on the day on which she expected the paroxysm. She had no symptoms on that day.

Two days afterwards she was given ten grains of quinine at 7 a.m. She had a slight feeling of coldness about ten o'clock, but no other symptoms. She was then given two grain doses three times a day with the tincture of the perchloride of iron, and had no return of symptoms afterwards. The splenic tenderness rapidly disappeared, and by the 18th of June the spleen had shrunken to nearly its natural size. She was then looking well and feeling much stronger, and was discharged.

CASE III.—R. E., a laborer, a strong healthy looking man, 30 years of age, was admitted on the 7th of June. He is a native of this Province of Quebec, but has been in different parts of Canada and the United States, though never in any malarious district to his knowledge, except two years ago, when he had a couple of weeks illness on the Welland Canal. He is positive that he had no chill then, but he was laid up for two weeks. He was feverish and "very sick," and was told that

he had "bilious fever." He had no other illness in his life, and was perfectly well until two weeks before admission, when he was attacked with well marked tertian ague. On the second day after admission he had a typical and pretty severe paroxysm, the temperature rising to 105° F. There was no enlargement of the spleen, nor any evidence of disease of any other organ. On the evening following the day on which he had this attack he was given twenty grains of quinine, with another twenty grain dose on the following morning, and a quinine mixture. He had no further symptoms of intermittent fever, and was discharged four days afterwards, feeling quite well.

CASE IV.—W. W., æt. 16, a delicate-looking boy, was admitted June 10th, 1879. Patient is a cab-driver, and for the last nine years has lived in Griffintown, in the vicinity of Young and William Streets. He has never been out of Montreal, except to drive out to Lachine or round the mountain. A curious fact in his family history is that his father contracted ague in Upper Canada many years ago, and had an attack every Spring and Fall afterwards while he lived. His mother died of phthisis. He is of temperate habits, and never had any illness in his life before. He was attacked on the first of June with typical tertian ague. He had one severe attack in Hospital, during which the temperature rose to 105° F. There was slight enlargement of his spleen and some pain in his left side during the paroxysms, but no evidence of disease of any of his other organs. His treatment was the same as in the other cases, and he had no return of any of the symptoms after the first dose of quinine. He was discharged on the 18th, feeling quite well.

A SIMPLE METHOD OF PREVENTING MAMMARY ABSCESS.

BY FRANCIS J. SHEPHERD, M.D., M.R.C.S., ENG.

There is, I suppose, no accident which brings more discredit or gives more trouble to the surgeon than the occurrence in his practice of a "broken breast" case. Many remedies (such

as belladonna, hot oil, frictions, &c.) have been advocated to prevent this painful affection, but I have found none more efficacious and speedy than the following simple plan which has been used for years with great success by old women in country parts: in fact, it may well be called, what indeed it is, an "old wife's remedy." When the gland becomes indurated, painful, and has a glistening red look (symptoms, in fact, of approaching suppuration), take a large piece of ordinary sticking plaster and cut it a circular shape (a larger or smaller disc, according to the size of the affected breast); make a hole in the centre large enough to allow the nipple and half the areola to be seen, and apply this piece of plaster (after heating it) so that it will cover the *whole* breast, and that the nipple will protrude through the aperture in the centre. To make the plaster fit more accurately, its circumference should be deeply nicked at distances of about an inch. The plaster should be left on till the breast softens, or the plaster ceases to exercise even pressure. This simple method, in the half dozen cases I have seen it used, has acted magically, the breast softening and the pain disappearing in the course of twenty-four hours. In one case a woman, who had suffered on several previous occasions from broken breasts, came to the out-door department of the General Hospital with all the symptoms of fast approaching suppuration in her right breast; in fact, I considered that within twenty-four hours I should be obliged to use the knife. However, I said to the students that if there was anything in the plaster remedy, this would be a good case in which to try it. I applied the plaster in the way described above. Two days after, the woman returned and said, with a pleased smile, that it was the only remedy she had ever tried that had done her any good; that on previous occasions every remedy had failed to prevent her having a "broken breast." On examining the breast, I found it quite soft, painless, and with only one small lump of induration on the upper part, which disappeared in the course of a couple of days. In another case, where an abscess, due to depressed nipple, threatened, I applied the plaster as before, and in twenty-four hours there was hardly any induration, and no pain.

In multiparæ, where the breast is dependent, in addition to covering the breast with plaster, I should advise supporting the breast by a band of plaster, $1\frac{1}{2}$ inches broad, passing under the breast from shoulder to shoulder. I may say that I have only used this remedy in cases of threatened abscess, due to distension of the milk ducts, depressed nipples, and obstruction to a free flow of milk, due to exposure to cold. I imagine the plaster acts simply by exercising an even pressure on the breast and giving support to it. I hope that this method will be tried by some of your readers, and that they will give the results of their experience of it, beneficial or otherwise.

Correspondence.

VIENNA, June 20th, 1879.

To the Editor of the CANADA MEDICAL AND SURGICAL JOURNAL:

SIR,—A few notes from this great centre of medical teaching will, no doubt, be of some interest to many of your readers. The Vienna medical school attracts, without doubt, a greater number of foreigners than any other school in the world. This is due in some measure to the eminence of certain of its professors, but principally to the great number and completeness of the special courses. The following courses connected with practical medicine are conducted in a manner that leaves almost nothing to be desired. Laryngoscopy and Rhinoscopy, by Professor Schrötter and his Assistant, Dr. Cubti; the use of the ophthalmoscope by Prof. Jäger and Dr. Fuchs; diseases of the ear by Profs. Gruber and Politzer; pathological demonstrations by Dr. Hans Chiari; auscultation and percussion by Prof. Schrötter and Dr. Heitler; diseases of the nervous system by Prof. Rosenthal; the experimental physiology and pathology of the central nervous system by Obersteiner; experimental pharmacology, by Profs. S. Von Basch and Exner. Prof. Exner conducts also a very valuable course on practical physiology. The clinical courses on general medicine are seldom attended by foreigners, although they are the most valuable instruction

that is communicated in the whole institution. Bamberger's klinik is especially well worth attending; it is held from 7 to 9 a.m., during which time two cases are examined, comments made and treatment suggested. The student who wishes to devote the whole or part of his time to clinical surgery or midwifery, will find a great number of special courses connected with each of these branches. Even those who are wholly unacquainted with the German language will find that a great amount of practical knowledge can be acquired by attending the practical courses. There has been a gradual falling away of the number of students attending the medical faculty for several years. During the last winter session the number registered amounted to 864, but this number does not include the great majority of foreigners who are not required to register unless they intend taking the university degree.

Professor Bamberger has quite lately made public some excellent observations on Bright's disease. As this subject is one of great practical interest, I thought it would be of some value to your readers to give a rather full account of these observations. The following is from notes taken in the klinik, and from a paper read before the Royal Imperial Academy. To answer the question: What are the cause and effects of Bright's disease? Bamberger examined the pathological records of the Vienna General Hospital during the last twelve years. During this time 19,000 post-mortems were performed, and of this number 2,430 were recorded as Bright's disease. In addition, during the last winter session all kidneys from the post-mortem room were examined by him. In conducting the last investigation Prof. B. was surprised at the great number of diseased kidneys. He had to wait a month before he met with a perfectly healthy kidney. In many of his own cases where during life there was not the least suspicion of Bright's disease, after death it was found to exist. Clouding of the epithelium of the urinary tubules is not included. The Germans speak of parenchymatous and interstitial nephritis, the former corresponds to the "large white," the latter to the "small red" kidneys of English authors. In the examination of a fresh, or better, a hardened specimen, it is at

once seen what an important role the interstitial tissues play in all cases designated as Bright's disease. A more or less considerable increase in the corpuscular elements of this tissue is nearly always present. In pronounced cases this increase is designated as small-cell infiltration, which is considered by some authorities as due to wandering of the white blood cells, by others, to proliferation of the normal elements. Bamberger is of the opinion that the latter view is the correct one, but it is a distinction, he says, of little or no weight. In the parenchymatous form there is not only a considerable cellular increase in the interstitial tissue, but the tissue as a whole is increased in size. In the vessels and canals changes are also regularly found. This form passes by degrees into the true contracted, so that it is impossible to separate it from the other form of the disease. Weigert, assistant to Cohnheim, has quite recently published the results of his investigations on this subject. He comes to the same conclusion as Bamberger, viz. : that there is no essential difference between parenchymatous and interstitial nephritis ; that disease of the kidneys is not limited to any one tissue alone, but affects not only the interstitial tissue, not only the epithelial cells, but also the whole cortical substance. Prof. Bamberger instances two cases which throw a considerable light on this subject. The first case was that of a child who died during the third week of scarlet fever. On looking at a section of the kidneys one sees that the parenchymatous changes are predominant,—the canals are filled with fatty, degenerated epithelium, and on a close examination the interstitial tissue is found to be the seat of considerable proliferation. The second case was a girl, aged 13, who had pleurisy and pericarditis in the third week of scarlet fever. In the fourth week there was dropsy and albuminuria. The interstitial tissue was found greatly increased and filled with round cells.

What relations these individual changes bear to each other—whether the interstitial or epithelial change is the primary one—whether the last can be considered inflammatory or a product of retrograde metamorphoses, Prof. Bamberger says cannot be answered at present. Bartels was the first, at least in Germany,

to make a clinical separation between the parenchymatous and interstitial forms of the disease. This separation is somewhat arbitrary. There are many exceptions to it. It is not uncommon to find cases which present all the leading symptoms of contracted kidney during life, and after death the usual parenchymatous changes are predominant. Again, cases frequently present themselves where we would expect after death to find parenchymatous disease, but on the contrary, we find the interstitial tissue mainly involved.

Finally there are the mixed cases. Bamberger gives the following as an example of a contracted kidney being mistaken (during life) for a large white one. A man, aged 44, fourteen days after a severe wetting, came to the klinik complaining of pain in the region of the kidneys, hæmaturia and general dropsy. The urine was rich in albumen and casts. The dropsy diminished under hot baths, but it afterwards returned. Hypertrophy of the heart set in, and fifteen months afterwards he died. The course of the disease throughout corresponded to the usual parenchymatous form. On section, however, the kidneys were found to be typical examples of granular atrophy of these organs.

Prof. Bamberger asks whether it is advisable or not to retain the division of Bright's disease into parenchymatous and interstitial. He is of the opinion that the profession will soon return back to older views on this subject. He considers the division of Bright's disease from an etiological point of view to be of more importance than an anatomical one. He divides it into primary and secondary. Of the 2,430 cases examined, one-third were found to be primary, the remaining two-thirds secondary. He considers that waxy disease of the kidney is sometimes primary. The heart was hypertrophied in 42.6 per cent. of the primary cases, and only in 3.3 per cent. of the secondary cases. Bright's disease was secondary to tuberculosis (including scrofulosis) in 381 cases, almost 16 per cent. Next to tuberculosis stands valvular defects as causes of Bright's disease, viz., 9 per cent. Pregnancy comes third, with 6 per cent.

4th. Diseases of the urinary organs which interfere with the

free passage of urine, as stricture, hypertrophy of the prostate, 5.5 per cent.

5th. The various suppurative processes, as caries, necrosis, purulent inflammation of the joints, suppuration in internal organs, chronic purulent skin diseases, 5.2 per cent.

6th. Spirit drinking and cirrhosis of the liver, 4.8 per cent.

7th. Carcinomatous degeneration of various organs, 4.2 per cent.

8th. Emphysema of the lungs, 3.5 per cent.

9th. Typhus and typhoid, 2.4 per cent.

10th. Chronic syphilis, 2 per cent.

11th. Scarlet fever, 0.7 per cent. Prof. Bamberger explains the reason of this low percentage from the fact that the great majority of cases of scarlatinal dropsy are recovered from, and further that only a very limited number of children are admitted into the General Hospital.

12th. Intermittent fever, 5 per cent.

13th. A number of rarer diseases, as cholera, variola, dysentery, scurvy, acute yellow atrophy of the liver, &c.

All these causes may be brought together under three heads. The 1st class includes all those cases in which toxic or infectious substances are introduced from without, or originate in the organism through suppurative and putrefactive processes. Of substances introduced from without, alcohol heads the list; squills and cantharides may bring about similar results. Bamberger is of the opinion that lead does not induce Bright's disease nearly so frequently as it is considered to do. The 2nd class includes those cases where Bright's disease is brought about from the effects of passive congestion, as valvular disease, emphysema and chronic lung infiltration. The 3rd group comprises those cases where the disease in question is caused by retention of urine. It has been experimentally proved that parenchymatous swelling and interstitial nephritis can be induced in animals by occluding the urethra.

It is generally stated that Bright's disease is much more frequent in men than in women. Bamberger's statistics show a

percentage of 55 in males and 45 in females, but when it is considered that twice as many males as females are admitted into hospital, the proportion would be greater in females. As to the complications, secondary results and sequelæ, it was found that hæmorrhage into the brain was present in 10 per cent. of the cases, and croupous pneumonia in 22 per cent., pleurisy in 7 per cent., peritonitis in 2 per cent., intestinal catarrh in 13 per cent., dropsy in 26.6 per cent., fatty degeneration of the heart in 12 per cent., pericarditis, 12 per cent., hypertrophy and dilatation of the heart in 42.6 per cent.

The following case is one of great interest not only to the obstetrician but also to the medical jurist. It proves that uterine muscular action alone is sufficient to cause fracture of the head of the fœtus. A powerfully-built woman, aged 37, was admitted last week into C. Braun's wards, in her ninth pregnancy. The previous eight labors were all severe. During the course of the labor rupture of the uterus took place, and a dead child was removed from the peritoneal cavity by abdominal section. The mother lived 24 hours. On post-mortem the uterus was found to be greatly hypertrophied. A rent 15 ctm. in its long diameter (transverse) was found in the cervical region, through which intestines protruded. The antero-posterior diameter of the inlet was considerably narrowed. On examining the child's head, the parietal bones superiorly were found to be completely separated, and a fracture in the right one 4 ctm. in length. There was effusion of blood upon the meninges.

Diagnosis of Mitral Stenosis:—It is a well-known fact that the characteristic presystolic murmur of mitral constriction is often absent even when there is pronounced contraction of the bicuspid valve. It may be present one day and absent the next. It is of great importance then to be able to diagnose this organic change, irrespective of its pathognomonic murmur. Prof. Lœbel considers that this may be accomplished by the observation of two physical signs, where there is nothing else present to account for their appearance, viz: enlargement of the liver, and an accentuated second pulmonary sound. In two cases where there were no other physical signs present but the above, he diagnosed

mitral constriction, and his conclusions were proved to be correct in each of the cases at the post-mortem.

Dr. Balfour of Edinburgh lays great stress on the value of a "thumping 1st sound" in the diagnosis of mitral stenosis, when the presystolic murmur is absent.

Pneumonia, during the months of February, March and April, has been very frequent in Vienna, and the rate of mortality has been very high. I had occasion to examine twenty-seven cases during ten weeks, and of this number seventeen died. The treatment of pneumonia in Lœbel's wards is chiefly expectant, occasionally only is digitalis administered to counteract heart failure. Prof. Bamberger treats his sthenic cases with antimonials in the early stages. In the asthenic, and latter stages of all, cases he gives camphor. Judging from the results of experimental investigation camphor would seem to be peculiarly adapted for the treatment of pneumonia, not only during the time that heart failure threatens to set in, but throughout the whole course of the disease. Paralysis of the heart induced by the action of muscarin on the inhibitory apparatus can be in a great part removed by the action of camphor, and what is of great practical value this recovery can be brought about by very moderate doses of the drug. Camphor also reduces the temperature of the body; this reduction is more marked if fever is present, and further it has the effect of paralyzing the movements of the white blood corpuscles. One who attends Chiari's pathological demonstrations for sometime will be surprised at seeing so many specimens of pneumonic lungs which were unrecognised as such during life. It is but just to add that the great majority of these cases come from the surgical wards. Among surgeons it is not the custom to make the physical examination of the chest a matter of routine, and hence the reason of so many unrecognised secondary pneumonias. These appear to be especially frequent after abdominal operations. In these cases there is generally more or less extensive peritonitis present also. Both the pneumonia and peritonitis run their course from first to last without any marked subjective symptoms.

The writer has seen a great number of cases of peritonitis following operations on the abdomen, not only in Vienna, but also in Edinburgh. In the great majority of the cases the peritonitis was not attended during life by any noticeable increase in temperature or pulse. Pain and tympanitis were absent as a rule.

During the last year 465 cases of pneumonia were treated in the general hospital; of this number 127 died. The duration of the disease in the fatal cases amounted to 18.7 days, in the recoveries, 21.8 days. In the differential diagnoses between pneumonia and pleurisy great stress is laid by many of the physicians here on the "exquisite tympanitic note," which is very often present in the former disease.

Pulmonary consumption is very common in Vienna. During the year 1877, 1953 cases were admitted into the hospital, the mortality amounted to 55.6 per cent. Both lungs were affected in 1335 of the cases, the right in 371, and the left in 247. Hæmoptysis was present in 696 cases. There was intestinal tuberculosis 187 times, but only three cases of perforation. In 146 of the cases there was a similar affection of the larynx, and 27 of the peritoneum. Then followed the membranes of the brain 19 times, liver 17, spleen 16, kidneys 14, pleura 8, lymph glands 8. Pneumothorax occurred in 24 of the cases. Anal fistula was only present in a single case. In the Vienna school tuberculosis is a general name for chronic lung changes. There is no division of pulmonary consumption into tubercular, catarrhal and fibroid phthisis. All chronic lung changes are designated both by pathologists and physicians as tuberculous infiltration. Pulmonary consumption and pulmonary tuberculosis are synonymous terms.

I have quite recently seen three cases of pericarditis caused by pleurisy, and one case of supposed idiopathic pericarditis followed by pleurisy in Prof. Lœbel's wards. Dr. Heitler who had charge of the cases, considers that pleurisy is not an unfrequent cause of pericarditis. Prof. Ducheck goes as far as to say that pleurisy is a more frequent cause of pericarditis than acute rheumatism. The treatment of pleurisy is purely

expectant. Tapping is only resorted to now when there is known imminent danger of death from the copiousness of the effusion. Rest in bed and the relief of pain by morphia are generally solely relied on.

During the last year 466 cases of typhoid fever were treated in the hospital with a mortality of 24 per cent. The duration of the diseases in the fatal cases was 26.1 days, in the recoveries 35.3. Bronchitis was present in 20 cases, intestinal hæmorrhage in 15, pneumonia in 37, peritonitis in 4, in consequence of perforation twice, laryngeal ulceration in 6 cases.

The treatment of typhoid fever is also expectant. The treatment by cold does not find much favor, unless hyperpyrexia should set in.

Typhoid fever and acute miliary tuberculosis are very frequently mistaken for each other. In one ward I saw three cases within a month diagnosed as typhoid fever, and after death they were found to be cases of miliary tuberculosis. Tubercular meningitis is often again mistaken for typhoid fever, septicæmia, &c. The following case which was under Prof. Bamberger's care, shows the great difficulty that attends the diagnosis of these cases. A young man with tuberculous infiltration of the apices of his lungs and small intestines, was admitted under Prof. B.'s care. Intestinal perforation occurred, setting up perityphlitis, low nervous symptoms set in, and a diagnosis of tuberculous meningitis was made. After death there was not a trace of disease in the meninges, but the great part of the right lobe of the liver was converted into an abscess.

In former years Vienna was notorious for the prevalence of puerperal fever. It is sad to think that it still deserves this fame, especially as the disease in question is due to easily preventable causes. The post-mortems on puerperal fever cases during the last four months, will average at the very least one per day. In nearly all these cases, on close examination, slight transverse ruptures of the vagina could be found.

Prof. Sigmund has recently given expression to his views on the time when the treatment of constitutional syphilis should be commenced. He says the proper time is when the

secondary symptoms manifest themselves—on the appearance of the first skin symptoms, and even then there is no necessity for haste, unless several symptoms or organs are affected, or the variety of the disease is severe, or unless the general physical condition of the patient has suffered. He says that anti-syphilitic general treatment in the primary stage exerts no influence on its course, except that in some cases the debilitating course of treatment postpones a cure.

Of those treated locally at the outset 40 per cent. presented very slight secondary symptoms, sometimes scarcely noticeable by the patients themselves. In the milder cases of these secondary manifestations, complete and permanent cure very often followed simple local means.

Experience has also shown that general treatment begun late in the secondary period, is followed by a more rapid and permanent result than if undertaken at an earlier date. Careful attention should be paid to the hygienic and dietetic conditions and of prompt treatment of all complicating constitutional conditions. Although trial has been made of the much lauded *Tayuga*, by Ziessel, but it cannot compare with mercury as an anti-syphilitic remedy.

The following case of removal of the larynx and adjacent parts by Prof. Billroth, is the first operation of the kind on record. A woman aged 45, was admitted complaining of almost total inability to swallow. Carcinoma of the posterior surface of the larynx and anterior surface of the pharynx was diagnosed. Tracheotomy was performed, and nine days later the parts implicated in the disease were removed. It was found after the operation commenced that the disease was more extensive than at first thought. Prof. Billroth found it necessary to remove the whole of the larynx with two rings of the trachea, the greater part of the pharynx, and the œsophagus down to a level with the manubrium, and finally the whole of the thyroid gland. The patient recovered well from the effects of the operation, and in a few days her general condition was much improved. She said that she felt more comfortable than she had done for months. She was nourished through an elastic tube introduced into the

oesophagus and breathed through a tube introduced into the trachea. Professor Billroth proposed to unite what was left of the pharynx and oesophagus, but before doing so he found it necessary to dilate the oesophagus by means of bougies, and six weeks after the operation, while in the act of dilating the oesophagus, violent vomiting set in and the movements of the patient, displaced the bougie into the preoesophageal tissue. This set up mediastinitis and suppurative pericarditis, from the effects of which the patient died, three days after the accident. She lived six weeks and three days after the operation. Professor Billroth has a remarkable successful record in the removal of thyroid glands for tumors. He has had seventeen consecutive successful cases.

To the student who wishes to study the nervous system and its diseases Vienna possesses excellent advantages. During the present summer-session besides the courses already mentioned by Rosenthal and Obersteiner, there are free lectures every Saturday on the pathology of the central nervous system, by Prof. Stricker, daily clinics by Profs. Meynert, Leidesdorf, Benedick and Schlayer. Professor Meynert gives also practical demonstrations on the minute anatomy of the brain. Drs. Shultz and Fieber gave courses on electro-therapeutics. Professor Rosenthal has at present a case of Brown-Sequard's spinal hemiplegia under treatment. The patient is a female aged 26; four months ago she fell down a flight of stairs injuring her back. The family history and previous health good. A week after the accident she noticed that she had lost partial control over the left lower extremity, this loss gradually increased during the next two weeks, and in addition she noticed that the left arm was also partially paralyzed. Three months ago she was admitted into the hospital under Prof. Rosenthal's care. Her state then was as follows: There was complete paralysis of motion in the left and of sensation in the right upper and lower extremities. The left arm and leg were hyperæsthetic. The tendon reflex greatly lowered in right arm and leg, but increased on the left side. There was also vaso-motor disturbance with considerable diminution of the muscular sense in the right arm and leg.

The right extremities reacted normally to an induced current. On the left side the electro-tractility and sensibility was increased on the application of this form of electricity. Along the whole length of the spine from the lumbar region up to the middle cervical there is tenderness, especially when pressure is made on the left side. No decubitus or bladder complications. This patient has gradually been regaining the loss of power on the left side, and of sensation on the right side, but the improvement has been more marked in the motor paralysis than in the anæsthesia. At present the left arm and leg can be used fairly well, but there is still decided loss of both superficial and deep sensation in the right extremities.

The treatment used was the iodide of potassium and the use of the continuous current to both the paralysed muscles and anæsthetic parts.

Prof. Rosenthal considers the morbid change in the case to a sub-acute inflammatory action of the cord and membranes limited to its left lateral half.

Facial erysipelas of a severe, and frequently fatal, type, has been very prevalent in Vienna during the last few months. The following is a good example of the great majority of the fatal cases. A stout, and previously perfectly healthy, young man was admitted into the A. K., seven days ago with facial erysipelas, of four days standing. The temperature varied from 103° to 105° . He complained of headache, and was very delirious at times. He died comatose 10 days after his admission. Meningitis was diagnosed. The post-mortem showed, however, only hyperæmia of the brain and lungs. Meningitis is generally diagnosed in those cases having a similar termination, but it is never found. The only changes in 5 cases were hyperæmia of the meninges, brain substance and lung.

J. S.

Reviews and Notices of Books.

A Guide to the Qualitative and Quantitative Analysis of the Urine; designed for Physicians, Chemists and Pharmacists.—By Dr. C. NEUBAUER and Dr. J. Vogel; revised by E. L. Wood, M.D., Prof. Chemistry Harvard University. 8vo. pp. 551. New York: William Wood & Company, 1879.

This work is well-known to our readers, and it is sufficient to announce a new edition, brought down to the present day, to ensure a fair demand. While the work is practical in its teaching, it forms a complete and scientific manual upon Urinary Chemistry. Chemical analysis of the urine is intended to lead the practitioner to infer, from what is observed, what changes are taking place, and what means should be adopted to avert mischief. We get the results of actual chemical changes, and are enabled thereby to state to a nicety why these changes should be observed. There is another feature of this work which adds to its value. It is separated into two parts. The first part, which is strictly chemical, is by Dr. Neubauer; the second part, by Dr. Vogel, has reference to changes in the urine from a medical point, so that it adds to the value of the work as one of reference by both chemist and physician. The first translation of this work was under the auspices of the New Sydenham Society as early as the year 1863. Since that day many very important facts have been added to our knowledge of organic and physiological chemistry. This edition, the 7th of the series, is brought down to, and contains the most recent advances in urinary chemical and pathological science, we commend it to our readers. A word we have for the very excellent finish of the work as produced by the publishers, Messrs. Wood & Co., of New York. The volume is bound in full leather, with marbled edges and bands, the leather is tinted a deep maroon, which is not readily soiled by use, an objection which

is raised by some against the use of the ordinary white leather binding, so common in use in the United States, it is excellently finished, and forms a handsome library edition.

A Guide to Therapeutics and Materia Medica.—By ROBERT FARQUHARSON, M.D., Edin., F.R.C.P., Lond. Lecturer on Materia Medica, at St. Mary's Hospital Medical School, &c. Second American edition, revised by the author, enlarged and adapted to the U. S. Pharmacopœia, by Frank Woodbury, M.D., Physician to the German Hospital. 8vo. pp. 498. Philadelphia: HENRY C. LEA. 1879.

The mere fact of a second edition of this book having been already called for shows of itself that it has proved a welcome addition to medical literature. The plan adopted in treating of the various subjects is very different from most text-books of this kind. Since the principal object on hand is to present the reader with a concise view of the main physical and therapeutical action of various drugs, the more the correlative of these are prominently exhibited the better. Thus the pages are mostly divided longitudinally in the centre, containing on the one hand the known and demonstrated physiological action of the medicine under consideration, and on the other the diseased condition in which, owing to such physiological properties, it either has been used with satisfaction or might probably be successfully employed. This method of presentment is doubtless very effective, as especially with students, it is calculated to leave a strong impression for the reasons of the uses of various drugs. All the important additions to the materia medica of late years are discussed, and the reader is put in possession of all the well-established facts concerning them up to the present time. Books such as these do a great deal to remove the empiricism still remaining amongst us, and to lead to our practice being based on a much better and surer foundation. As a text-book for the student, and equally as much as book of reference for the practitioner, Dr. Farquharson's volume will be found one of the most generally useful and reliable yet published.

A Practical Manual of the Diseases of Children, with a Formulary.—By EDWARD ELLIS, M.D. Third Edition. Svo. pp. 213. New York: William Wood & Co., 27 Great Jones street.

The first edition of this work appeared in 1867, and it was then favorably received. Since then it has passed through a second edition, and now (1878) it has obtained a third. The present volume is an American reprint from the third English edition, and is one of the books which Messrs. Woods are now issuing as a library set. The first chapter is taken up with the general points to be noted in an examination of an infant or young child; the general management during the first year of life, and a diet table for children of one year and upwards. Chapter II. treats of general diseases, Scrofulosis, Tuberculosis, Rickets, Syphilis and Acute Rheumatism. Skin diseases are treated of in Chapter III., and a good *resumé* is given of their symptoms and treatment. In the succeeding chapters we find Congenital Affections and Diseases of the New-born, Fevers, Diseases of the Brain and Nervous System, Diseases of the Air-passages and Thoracic Organs, and Diseases of the Food-passages and Abdominal Organs. Under the head of Fevers, there are some good observations regarding the use of cold baths, and a warning-note sounded regarding their too general use. The section devoted to Diphtheria is carefully written, and will repay perusal. In the Chapter on Diseases of the Abdominal Organs, we find no notice of Intus-susception, which ought to find a place even in a work devoted as this is, solely to the medical diseases of infancy and childhood.

Chapter IX. contains a few general therapeutic hints and a formulary. The formulary is very full, and will be found useful. The book ends with a Dietary, which is also very complete. We think that the book at present under consideration will be found useful, especially by students and young practitioners. It is arranged conveniently for reference, and the therapeutics are safe. There is probably more really useful information presented in it than in some more pretentious volumes on the sub-

ject, and without any special claim to originality, the author may rest assured that he has produced a work which will be widely appreciated.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Action of Iodoform.—HÖGYES (*Archiv für Experiment. Pharmakologie*, x. 3 and 4) endeavours to arrive at a permanent settlement of the discrepancies between the statements made by previous enquirers concerning the toxic and narcotic properties of the compound in question; further to test the statements recently made by Binz with regard to its mode of operation. The following is a summary of the chief results of his enquiry; 1. Iodoform in adequate doses, is fatal to dogs, cats, and rabbits. Death is caused by a rapid paralysis of the circulation and respiration; it is preceded by wasting of the body, but not by convulsions. 2. After, death we find fatty changes in the liver, kidney heart and voluntary muscles. One or two hæmorrhagic extravasations are almost always present in the lower lobes of the lungs. 3. Large doses cause marked drowsiness in the dog and cat; no such effect is witnessed in the rabbit even after a lethal dose. During the period of somnolence, reflex irritability does not appear to be much interfered with. 4. What changes does iodoform undergo before its absorption? If it is introduced in an undissolved condition, the first step is its solution in whatever fatty matter may be at hand (in the intestines, the oily ingredients of the chyme; in the subcutaneous tissue and the serous cavities, the oily constituents of the tissue-juices and serous liquids). The oily solution of iodoform next gives up its iodine to any albuminous principles that may be present; the iodide of albumen thus produced is speedily taken up into the blood, while a few minute coagula and colourless oil-globules are left behind. 5. Precisely the same series of changes occur when a solution of iodine in oil is injected under the skin or into a serous sac. 6. An iodide of

albumen prepared by mixing white of egg with a solution of iodine in sodium iodide, produces narcotic effects in the cat and dog, just like iodoform; like this, moreover, it fails to produce them in the rabbit. Whether we administer iodoform, iodine dissolved in oil, or iodide of albumen, the iodine is gradually eliminated from the system in combination with the alkali-metals. Broadly, we may regard the action of iodoform, locally applied, as equivalent to the prolonged and gradual influence of iodine. Its action on the system after absorption, is likewise in the main, that of iodine, but with some hitherto unexplained peculiarities. —*London Med. Recor.*, May 15, 1879.

Use of Pilocarpinum Muriaticum in Children's Diseases.—WEISS (*Pest. Med. Chir. Presse*, 1879, 2) has had the opportunity of observing the effects of pilocarpine in fourteen cases where the patients were suffering from nephritis, complicated with general dropsy, following scarlatina. In four cases there existed extensive bronchitis, in two diphtheria, and in one pneumonia of the left side of the lung. In each of these cases the results produced by pilocarpine were most favorable, and the patients could all be dismissed as cured. One of the most important properties of pilocarpine is that it prevents the dropsy from increasing, keeping it stationary without implicating the kidneys, till the latter have recovered their power of secreting urine more abundantly. Two different kinds of solutions were used for the hypodermic injections; a 1 per cent. solution for children under four years, and a 2 per cent. one for children above four years. In such young patients, where collapse seemed to threaten from prolonged illness and great weakness, 4 or 5 drops of ether were added to the solution of pilocarpine in the syringe. The author observed, that whenever he used this mixture, the young patients did not present the phenomena which generally followed the injection of a solution of pure pilocarpine, viz., vomiting, nausea, hiccough, pallor, and feeble pulse. The injections were made once daily into the upper arm, beginning with half a syringe-ful, and rising to a whole one. The effects of pilocarpine generally appeared after

a few minutes, beginning with a slight flush on the face, which, however, gradually increased, and only disappeared when the perspiration had ceased. The latter set in after three or five minutes, beginning on the forehead and face, and gradually spreading over the rest of the body. The duration of the perspiration was different; in one case it lasted for $1\frac{1}{2}$ hours, in another $3\frac{1}{2}$ hours, in a third case, of very considerable universal dropsy, where the amount of urine passed in the 24 hours was only 150 c.c.m., the secretion lasted for 15 hours, after which, the oedematous infiltration decreased considerably. The quantity of fluid secreted in the saliva and the perspiration were in direct proportion to the amount of pilocarpine which had been injected, and to the strength of the solution. Thus, a 2 per cent. solution always called forth a more considerable secretion of perspiration and saliva than a 1 per cent. solution. Two out of the fourteen patients complained of pains in the abdomen after the injection, and four of headache. In eight cases, the pupil was seen to contract; the contraction began at the same time at which perspiration set in, and lasted from 30 to 45 minutes. The temperature was taken in every case both before and after the injection, and in several of them was observed to fall rapidly after the injection; the decrease, however, never lasted longer than from half an hour to three hours, after which time the normal temperature was again reached. Only in one case, where the perspiration had lasted for 16 hours, the temperature, which had been 40.4 deg. Cent. before the injection, fell to 86.6 35 seconds after it, and did not rise again. The pulsations of the radial artery increased in a minute from 12 to 30; the pulse was full and jerking; this acceleration lasted from 15 to 30 minutes, after which time the pulse regained its previous character. In four cases, the patients vomited. The vomited matter consisted mostly of mucus. After the injection, almost all the children coughed very much; in four cases where there was extensive bronchitis, and in a fifth, which had been showing symptoms of oedema of the lungs and uræmia, the lungs were entirely cleared from the secretion which had accumulated in them by the frequent coughing within 48 hours. In nine cases, there was

a strong desire to micturate immediately after the injection; and, in three to evacuate the bowels. The motions were thin and very offensive, and were passed in great quantity. In a case of constipation which had lasted four days, the bowels were moved copiously immediately after the injection.

There was no notable increase in the quantity of urine passed after pilocarpine had been injected; it was of a much higher colour than before. The following are the author's conclusions:

1. Pilocarpine has proved to be a very successful remedy for children who suffer from nephritis and scarlatina;
2. In giving it to children, care should be taken to begin at first with small doses, which may later on be gradually increased;
3. If the little patients are very weak and are likely to collapse after the injection, a few drops of ether should be added to the pilocarpine solution.
4. The drug produces a very copious and lasting secretion of sweat, such as no ether drug ever has been known to call forth—it acts quickly;
5. In cases of bronchitis, complicated by dropsy, which often produces dyspnoea in children, the affection of the bronchi vanishes very soon after the remedy has been administered.—*London Med. Record*, May 15, 1879.

Prevention of Relapses in Typhoid Fever.—IMMERMANN is of opinion (*Centralbl.*, No. I, 1879) that relapses in cases of typhoid fever are due to the presence of the typhoid poison in the system, except in instances where the patient has committed some error in diet. The latter occurrence can of course be prevented by watching the patient carefully, and the author has endeavoured to prevent the former by putting the convalescent through a systematic process of disinfection. The process consisted in giving the patients daily from 4 to 6 grammes of salicylate of soda for ten or twelve days, beginning from the first day the temperature assumes its normal state. Fifty-one patients were treated in this way, and only two suffered from relapses; one owing to something she had eaten in secret, and the other because, owing to a mistake, the drug had not been given to him immediately after the fever had left him. Fifteen out of sixty-seven patients who had not been

treated with salicylate of soda had relapses. The author concludes from these observations, that salicylate of soda is not only a powerful preventive of relapses in cases of typhoid fever, but that it also would prove very useful in procuring immunity from the disease for the nurses and attendants.

Immermann has also observed that patients who had been treated exclusively with cold water showed a greater tendency to relapse than others who had undergone a combined water and quinine, or salicylate of soda treatment. — *London Medical Record*, May 15, 1879.

Treatment of Impermable Stricture of the Urethra.—At a meeting of the Clinical Society of London (*Lancet*, May 10, 1879), Mr. HULKE read notes of a case of Retention of Urine, caused by Impermeable Urethral Stricture, treated by tapping the bladder above the pubes, and later by external section of the stricture, a catheter passed through the bladder and a staff per penem, as far as the obstruction, being used as guides. The patient, 40 years of age, was admitted into the Middlesex Hospital on November 29th, with retention of twelve hours' standing, the bladder being distended to the umbilicus. He had been treated for stricture twelve years previously. It being found impossible to pass a catheter, Mr. Hulke emptied the bladder by aspiration above the pubes. Twenty-seven hours later, no urine having been passed, a trocar was passed into the bladder above the pubes, and a canula left *in situ*; and on the third day this was substituted for a gum-elastic catheter. During the next few weeks the patient had two attacks of pleurisy. Several unsuccessful attempts were made to pass a catheter per penem, and on January 3d, Mr. Hulke divided the stricture from the perineum, a staff passed through the urethra up to the stricture, and a catheter through the prostatic urethra from the bladder down to it being used as guides. The tough fibrous tissue was divided, and the catheter being withdrawn, the staff was guided into the bladder, and, lastly, another catheter passed over the staff into the viscus. The suprapubic

aperture was allowed to close, and the case did well. Mr. Hulke remarked that the suprapubic tapping was selected in preference to Hunter's and Cock's method, because of the deviation of the urethra to the left. Not that this operation (first suggested by Hunter, and then practiced by Dittel) was intended to supersede puncture through the rectum, but it was suitable for exceptional cases, such as this. It was not more liable to be followed by urinary extravasation, which did not occur in any of Dittel's cases, nor had Mr. Hulke found it to take place: whilst a provincial surgeon had made the same statement, based on an experience of seventeen cases. It admitted further of antiseptic precautions, and had the advantage of allowing the course of the urethra before and behind the stricture to be made out if division from the perineum became necessary. He had some little difficulty in finding the orifice of the prostatic urethra. The suggestion to use a catheter passed through the external wound as a guide to perineal section is made in a foot note appended to the remarks made by Hunter in the collected edition of his writings.

Mr. MARSH said that in *The Lancet* for 1838, Mr. Hursley records a case of impermeable stricture, where he performed suprapubic tapping, and passing an instrument downwards through the stricture, managed by its means to draw upwards into the bladder a catheter passed per penem. Mr. Hulke's paper was very valuable as affording another means for treating a very difficult class of cases.

Some Peculiarities in the night sweats of Phthisis. — ROUSSELOT (*Revue Médicale de l'Est*, January 15, 1879) regards the night sweating of phthisis as entirely subordinated to the pyrexia, the variable course and evolution of which it closely follows; he looks upon it as an effort of nature to moderate and reduce the febrile movement by a diversion to the surface. He also maintains that if, when there exists a considerable rise of temperature, there be no nocturnal perspiration, we get a diversion towards the intestinal surface and diarrhoea appears. Moreover, we often observe a

curious alternation of these two phenomena, one appearing when the other disappears, and *vice versâ*. Hence, he concludes, that it is not always right to check the sweatings, especially when they come on at the commencement of phthisis, and accompany a rapid evolution of the pulmonary tuberculation with high fever and active pulmonary congestion. That in such case, to attack the perspiration is to attack the effect not the cause, and it is not likely, therefore, to be attained with success. But when abundant sweatings occur together, with a normal flow of urine and frequent diarrhoea, then it is necessary to direct our therapeutic efforts to arrest the excessive drain on the system.—*London Med. Record*, May 15, 1879.

Cystitis by Contagion.—*Remarks on the Production of Cystitis by Contagion through the use of Instruments.*—Sir Henry Thompson, in a recent communication to the *British Medical Journal* (May 10, 1879), says: I have long suspected that cystitis is capable of being propagated by the direct transference of inflammatory products from the bladder of one patient to that of another. All are sufficiently familiar with the fact that purulent matter from the vagina, and probably from the uterus also, produces inflammation of the male urethra, and that conjunctivitis may be caused by contact with pus from either source; and I believe it is quite unnecessary to imagine that any specific quality attaches to purulent matter produced in these localities, rendering it more than ordinarily virulent and contagious. Certainly no proof can be adduced that such quality exists; a decision on this point, however, does not necessarily affect the question whether cystitis may be originated or not by contagion.

Every one knows that the operation of sounding the bladder—it may be for stone or for tumor, etc.—is sometimes, although rarely, followed by an attack of inflammation more or less severe. Such an occurrence is, in some circumstances, not unnatural. A delicate organ is mechanically disturbed, and, if force be employed in the process, some inflammation of the mucous membrane is not an improbable result. Hence the extreme importance

of adopting a method and instruments which shall accomplish the object in view with the smallest degree of distension and movement and also of forbearing to make such an exploration, except in circumstances which manifestly indicate its necessity. In my experience of such cases of this kind as have fallen under my observation during many years, I have remarked that the inflammatory attacks which follow sounding occur in two modes, distinct from each other. Thus, in some instances, the patient has a shiver, occurring within three to four hours of the time of the examination; soon afterwards, the urine is passed too frequently and with pain, becomes cloudy, and some general fever sets in. In such, the cause of inflammation is clearly a mechanical one, and, if the patient be healthy, it soon subsides with rest and treatment. But, in a few other instances, no disturbance occurs until the lapse of forty to fifty hours, or thereabout, after the sounding. The subject of the examination has been in all respects well since the sounding took place, and felt, if anything, only slight soreness during the first few hours following the operation. After the interval named, he experiences a little undue frequency of micturition, loses appetite, is chilly or has a shiver; and by degrees symptoms of cystitis appear, and continue a marked course for a few days, with varying persistence according to circumstances. Usually, the patient attributes his condition "to some cold he must have caught the day after the examination," and by no means attributes his troubles to the instrument, as he infallibly does in the circumstances first described.

Why, in certain circumstances, these phenomena should occur so long after the provocation which must have given rise to them, has, as I have already intimated, frequently afforded me an interesting subject of speculation. But a case has recently occurred, which I have been enabled to watch closely, and which seems to throw light on the nature of these examples of the second kind. I shall give the chief particulars in detail.

A medical man, under sixty years of age, having had occasion, as he thought, to pass for himself a silver catheter (No. 10) daily, had a new one made; there was a peculiarity in its con-

struction, the lower or curved portion, about two inches and a half in length, being separate and attached by a screw to the shaft. Such catheters were frequently made formerly for the purpose of packing in a surgical pocket-case. He passed this daily with great ease during some weeks, on no occasion producing irritation. One day, and this was the only occasion on which he used the catheter for another person, he introduced it into the bladder of a patient whose urine was highly mucopurulent, and who was indeed suffering with severe cystitis. He believes that, immediately after using the catheter, he washed it in the ordinary way. Subsequently, on that day, he employed it as usual for himself; and it is somewhat curious that he did not use it the next day—not because he felt any irritation, but, on the contrary, because he was arriving at the conclusion that the instrument was no longer necessary. The next day but one after his last employment of the catheter, about forty-four hours after, he felt chilly, and micturition was slightly painful. Next day he had some fever, no rigor, but increase of temperature; his urine was cloudy and passed frequently. The day after, he was confined to bed; the temperature varied between 102° and 103° for a few days, and the urine was loaded with mucopurulent jelly-like deposit during one or two days. After more than a week's confinement to his room, he gradually improved and soon perfectly recovered, having in his urine now no trace of the attack; he empties his bladder perfectly, and, in relation to the urinary system, has nothing whatever to complain of.

The circumstances of this case will go far, I think, to suggest the strong probability that this attack of cystitis was caused by the transference of infectious matter, by means of the catheter, from the patient for whom it was once used to the subject of our case. I can scarcely doubt that the exceptional formation of the instrument, the screw-attachments which on examination, moreover, appeared to be a little loose, offered a chink, in which matter lodged, especially as this lower part was not detached for cleaning—the eyes of the catheter serving that purpose, as in the ordinary instrument.

It may very naturally be urged: if inflammation be so easily

produced through contagion by passing instruments not scrupulously rendered clean, so numerous and varied as these are, and so frequently used, how is it that cystitis is not a very frequent result—for this it certainly is not—of ordinary catheterism?

I think the reason is not far distant, and that it may be found in the action of the catheter itself. The moment the instrument reaches the bladder, the urine rushes through the orifice, and carries off in its current any minute particles which may be adherent to its extremity. In bougies, no opening for the lodgement of adventitious matters exists, and any risk of contagion by their use must be considerably less. Besides, the action of the urethra itself, clinging to the instrument and sweeping off, almost at the external meatus, as it does by that action, most of the lubricating material, is a sort of defence to the internal passages from danger. On the other hand, in examining a bladder, the sound is rarely used as a catheter, and although it often has an eye in its extremity, the handle is closed, and urine seldom passes through it. The various movements of a sound in searching the bladder are calculated to detach, within its cavity, foreign particles, if any such exist, in or about the eye.

The practical question, how to prevent any transference of matter to the bladder and urethra, in employing instruments, of any and every kind, presses for solution. It is one of extreme importance to all concerned, and the occurrence of an accident of the kind described, however rare it may be, is one the bare possibility of which cannot be contemplated without extreme repugnance.

After some consideration and some experimental trials, I think the following recommendations will render contagion by instruments impossible.

Firstly: All metal instruments—catheters, sounds, and lithotries—after use, at any rate in cases of muco-purulent urine, should be plunged for a minute or two into boiling water, to which either a little common soda or a little carbolic acid has been added. If the boiling point of water be not considered absolutely sufficient, a strong solution of chloride of

zinc in water may be used. At the strength of twelve per cent. solution, the boiling point is 22° Fahr., or eight above that of boiling water. For some years past, as advised in the last edition of my lectures, I have always placed all gum and other catheters and bougies in a bath of weak carbolic acid immediately after use.

Secondly: I have more recently—that is, since the occurrence described—added a solution of carbolic acid to the oil used for lubrication of instruments. Oil being the remedial agent for the caustic effects of carbolic acid, there is no danger in applying to the urethra a comparatively strong solution of the acid in oil, since no irritating effect whatever is produced, and the disinfectant influence is unimpaired.

For the last two months, I have used the following formula, and can, therefore, guarantee that it is absolutely unirritating; R Acidi carbolici med. gr. xii; olei olivæ ʒi.

A free use of this as a lubricant to all instruments before using will, I believe insure, at all events in combination with the modes of cleaning just described, safety from the occurrence of any contagion by means of instrumental treatment.

Traumatic Tetanus—*Case of Traumatic Tetanus, treated with the hypodermic injection of Atropia; amputation of great toe; recovery*—BY SURGEON D. H. CULLIMORE, F.R.C.S.I., &c., EX-RESIDENCY SURGEON AT THE COURT OF THE KING OF BURMAH.—In April, 1875, when the highest temperature in the shade was 98° F., with a great diurnal variation, the rainy season having just set in, a Lascar, a camp follower, was admitted into the hospital for details at Rangoon, Burmah, suffering from a lacerated contused wound of the great toe, inflicted some three days previously by the tread of a horse. The patient (a powerful muscular man, aged twenty-eight years) was confined to bed, and a rice poultice, medicated with laudanum, applied for two days, when, no improvement taking place, and the condition and seat of the injury being such as is frequently followed by tetanus, the toe was amputated, with the object of removing what I was afraid might become the exciting cause of that disease, when, some-

what to my surprise, in about fifty hours after the performance of the operation, the symptoms of tetanus became manifest—first, by yawning and listlessness; secondly, by stiffness of the muscles of the neck and the abdomen, accompanied by the usual expression of face; and, lastly, and later on, by spasmodic contraction of the abdominal muscles and opisthotonos, which latter continued for about six hours on the fourth day from the inception of the disease.

As this was the fourth case that came under my notice in the space of six months, one of which was treated with chloral, and the others with hypodermic injection of atropia in combination with morphia, and as all three terminated fatally between the ninth and the twelfth day, I felt convinced that chloral would prove a failure, and judging from the physiological effect of morphia and atropia, which is the reverse of each other, at least in so far as their action on the pupil is observed, I determined to try atropia alone, more with the object of noting its action than with any but a vague hope that it might be the means of preventing a fatal issue. On the first appearance of the symptoms one-sixtieth of a grain of atropia was injected hypodermically over the dorsal spinal region, and was repeated three times daily. On the morning of the second day one-fortieth of a grain was injected every four hours, and continued for six successive days, till the spasms had entirely ceased, and the stiffness disappeared from all but the muscles of the neck and face, which, as they were the first to become affected, continued longest under the influence of the disease. On the eighth and ninth days the dose was reduced to one-sixtieth of a grain twice a day, and subsequently reduced to one-sixtieth of a grain at night for a further period of two days, ending on the evening of the eleventh day from the commencement of the disease, when the patient, though not yet cured, was well out of danger, and in a fair way to recovery.

I should have mentioned that the bowels were constipated throughout, and were acted upon by four grains of calomel with forty grains of compound jalap powder, administered every other day, and that after each evacuation the patient invariably expressed himself "much lighter" and relieved.

Under the influence of tonics and nourishing diet, with an occasional purgative, such progress was made that on the twenty-sixth day from his admission into hospital, and on the twenty-first from the manifestation of tetanic symptoms, the man was discharged. During his stay in hospital, and within the space of nine days, two grains of atropia were introduced into his system, which caused neither dilatation of the pupil nor any continued increase of temperature; in fact there was no ascertainable physiological action, with, perhaps, the exception of drowsiness and slight occasional hyperæsthesia of the surface which I am now more inclined to connect with the disease than the remedy.

Though this case occurred so long ago, the facts may be relied upon, as the notes were taken at the time, but not published for want of leisure.

Remarks.—The points illustrated by this case are:—

1. That tetanus—i. e., a series of reflex phenomena depending upon an over-excited or congested state of the brain, the spinal cord, and their membranes—is capable of being relieved, or even cured, by atropia, when administered in comparatively small doses, extended over a certain period of time according to the severity of the symptoms; though we know from the experience and experiments of Drs. Harley, Fraser, and others, that when given to its full physiological effect it produces excitement and congestion of the cord, followed by the usual reflex results, as jactitation, muscular spasm, and convulsive fits.

2. That the administration of the medicine was not followed by any of the easily recognizable symptoms of the drug (two grains of which has caused the death of a healthy adult when given in one dose), proving both the tolerance induced by the disease, and, perhaps, also illustrating the homœopathic theory or formula, *sine* the infinitesimal system of dosage.

3. That amputation of the injured part, strongly recommended by Larrey and others, even after the supervention of tetanus, though it may perhaps help to lessen the severity of the disease,

does not act as a prophylactic, and should, I think, never be had recourse to after the symptoms have declared themselves. It would then be injurious, for the peripheral irritation would have become central, and independently dynamic. For the same reason, the division of nerves should not be resorted to. In two cases where I examined the nerves after death I failed to perceive that they differed in any way from those of the opposite side. In one of these there was slight congestion of the membranes and softening of the cord in the lumbar region, and in the other a peculiar cloudiness of the cord, which may, however, have been due to post-mortem changes. Yet it is certain that there is some lesion, though in every case we may not be able to perceive it. This lesion should be looked for in that portion of the spinal cord with which the nerves from the affected part first communicate.

4. If the line of treatment adopted in this case should be found beneficial in others of the same disease, I would suggest that it might be extended, with such modifications as may be necessary, to the treatment of such allied diseases as epilepsy, puerperal convulsions, and hydrophobia.—*The Lancet*.

When shall the Lying-in Woman get up?—O. KUSTNER took occasion in the obstetrical clinic at Halle to test the value of Goodell's suggestion relative to the getting up period after labor, in the first days after delivery. He experimented with sixteen women whom he allowed to get up whenever they felt like it. Four got up on the first day, two on the second, three on the third, and seven on the fourth day. They remained up according to pleasure. Evacuation of the bowels was essentially better, the secretion of urine was not lessened, and of sweat but little lessened; the appetite was good. The loss of weight in these cases was not abnormal, although the lochia were more free. Involution of the uterus took place *en regle*. But as three of the cases showed fever, which the author thought due to maltreatment by exercise of the physiological wounds of the genital organs, and as this

danger is always imminent, Küstner advises that lying-in women remain in bed about one week. In private practice the physician will be chiefly guided by the condition of the discharges, and will demand that patients remain in bed until all bloody discharges, or coloration of discharge, shall have ceased.—*Berlin Klin. Wochenschrift. The Am. Med. Bi-Weekly.*

Chloral Hydrate.—*Antagonistic and Antidotal Powers of Chloral Hydrate.*—Dr. Husemann found that in rabbits chloral hydrate acted as an antidote to strychnine, to the combination of strychnos bases known in commerce by the name of leucine; and to thebaine, which produces tetanic symptoms, and at the same time diminished sensibility; the chloral controlled the spasms, and, within certain limits, warded off death. On the other hand, when non-lethal doses of chloral hydrate were administered to rabbits poisoned with ammonium chloride, the fatal termination resulted more rapidly than when lethal doses of either ammonium chloride alone or of chloral alone were employed, probably because of the combination of the paralyzing effects of both drugs on the respiratory centre. The spasms excited by the ammonium chloride were, it is true, relieved or even entirely controlled by non-lethal doses of chloral hydrate, but still death ensued.

Dr. Husemann found the antidotal power of chloral hydrate to be much less against codeine than against picrotoxin. The chloral controlled the spasms and saved life when only the minimum fatal dose, or the minimum dose increased by one-half of codeine was administered, but it was unable to do so when double the minimum dose was given. On the other hand, the life of the rabbit could be saved by chloral when even five times the minimum lethal dose of picrotoxin had been administered. Hence it would be incorrect to assume that because chloral is a powerful antidote to picrotoxin, it is equally so to the other so-called cerebral irritants.

Against calabarine the action of chloral is the same as codeine; in poisoning by baryta, however, it is not even able to relieve the symptoms, far less to save life. In poisoning by

carbolic acid it does not completely control the spasmodic muscular movements, nor is it able to ward off death, even when only the minimum lethal dose of the acid has been administered. On the other hand a combination of lethal or of non-lethal doses of carbolic acid and chloral hydrate causes a more excessive depression of temperature than is observed in acute poisoning by carbolic acid, or by chloral alone.—*Med. Record, N.Y.*

Deaf-Mutism.—*Case of supposed Deaf-Mutism; Eustachian Closure; Moist Catarrh of Tympanum; recovery.* BY T. WEMYSS BOGG, M.B., M.R.C.P. LOND.—In August last, at the Christ Church Infant Nursery, in this town, my attention was directed to an older child, who was stated to be an inmate because of being deaf and dumb. Never having inspected the ears of a deaf-mute, I asked permission to examine hers, and on doing so a few days later I learned that the deaf-mutism was not absolute, and obtained the following history.

Jemima B——, aged five years; had two maternal uncles who became stone deaf; had scarlet fever at eleven months; no otorrhoea, no convulsions, but has been deaf ever since. Was unable to go to school, or hear passing vehicles.

August 13th, 1878.—Child hears when spoken to in a loud voice; puts a watch to her ears; smiles when a tuning-fork is placed at her right ear. Tries to imitate some sounds, and can say imperfectly about twenty words—viz., Freddy, Johnny, dada, mamma, Bob, get away, leave off, one, two, three, four, five. Cannot ask for anything by name; palate not cleft. Right membrana tympani entire, rather opaque; cone of light visible. Left membrana the same, partly hidden by wax. On learning these facts, I concluded that treatment with Allen's nasal bag would either relieve or cure her deafness, and applied it to her nostrils several times every day, or every other day, from August 14th to Sept. 13th, afterwards less frequently. After the first application she appeared to hear my voice better.

16th.—Her mother says she certainly hears better. Syringed left ear and removed a considerable quantity of hard wax.

Several enlarged vessels seen on malleus ; moist sound in ear heard on using Allen's nasal bag. She heard the nurse speak to her this morning.

17th.—While lying in bed this morning, lifted up her finger as a sign to listen while a cart was passing.

21st.—Seems to hear better when spoken to ; the voice has not to be much raised. Has tried to imitate the voices of the children singing, but can only attempt to utter " Oh, I say." Tried to say " lady " when a visitor came.

23rd.—Hears the knocks at the door. Air enters tympanic cavity with a drier sound ; left membrana tympani fibrous-looking ; a bloodvessel crosses it midway down behind maunbrium ; cone of light imperfect.

24th.—Drier sound with nasal bag. She pointed up to the sky when it was thundering to-day ; had never noticed it before.

25th.—Tried to say " flower " when the word was loudly uttered to her.

28th.—Hears them speak in low tone, and hears light knocks at the door.

31st.—Heard thunder again, though it was not so loud ; frequently hears passing vehicles ; tries to say " Put that down " when the words are spoken to her with moderate loudness.

Sept. 3rd.—Can hear if called when she is out of the room ; says " ake " when I say " cake " ; hears her playmates cry, running and taking them toys to soothe them. Right membrana tympani wrinkled as if sodden ; tympanic plexus visible ; left membrana tympani smooth in most parts, opaque behind malleus ; no plexus visible.

5th.—Has been busy making the children in the crèche say " Poor Bob " after her and, shaking them well if they failed. Heard street music to-day for the first time.

13th.—Tries to say " sugar," " butter." Has tried to repeat the names of the things in the ante-room, and to call the children by their names.

25th.—Tries to pronounce the names of the things on the alphabet blocks when they are repeated to her ; much difficulty with " viper."

Oct. 5th.—Can say “spoon,” “apple,” “no more,” pretty clearly. Went into a shop and asked for “apple,” which she bought.

11th.—When standing with her back to the fire she heard a cinder fall out of the grate.

14th.—Tries to repeat words she hears others mention in conversation. Was taught the word “moon” a few days ago, and repeated it on seeing the moon to-day.

Nov. 9th.—Talks better ; says “Pick that up” distinctly.

30th.—Notices the railway whistle. Repeated the words “Jack Frost” after her mother. Calls her doll “Judy,” and says “No, you,” on hearing the words uttered.

After this date I saw no more of the child, as her parents removed to Freshwater in the Isle of Wight ; but, writing on April 16th last, her mother says : “I feel very much pleasure in informing you that my little girl has very much improved in her hearing, and wonderfully in her talking. She can say distinctly all her alphabet, and count her figures up to 10. She will say, ‘Dada made that,’ ‘Mamma gone out,’ ‘Tea please, mamma,’ but she cannot manage more words in one sentence.”

From Aug. 26th to Sept. 13th both Allen’s and Politzer’s nasal bags were employed, but subsequently Allen’s alone, in consequence of the child’s resistance to Politzer’s. The only additional local remedy was an iodine embrocation applied, but irregularly, behind the ears. The treatment was obvious enough. She was unsuccessfully treated a year or two previously, but only during a short period, I believe ; and a friend of her mother’s informed me that she had on former occasions attempted to teach her various words, but being imperfectly heard they were speedily forgotten. From the above report, in which only *new* manifestations of speech and hearing are detailed, it appears probable that had treatment been delayed much longer the child would have become permanently deaf and dumb. This case also shows the desirability of watching patients after scarlet fever, to note if their hearing is impaired, before ceasing to attend them.

The pathology was evidently moist catarrh of the middle ear,

with occlusion of the Eustachian tube ; and when the latter was kept permanently open by means of the nasal bag, the fluid gradually escaped, and the structures regained their normal state, though probably some thickening remained. The progress was therefore rapid until the fluid was removed, evidenced by the sound becoming dry on the use of the nasal bag ; afterwards the remaining congestion subsided only slowly, though steadily, the order in which sounds became audible being apparently, first, grave tones, like thunder and the rumbling of vehicles, then sharper ones by degrees, ending with the railway whistle.

The child suffered from gastro-enteric catarrh, due to improper food, but was well in other respects, and appeared very quick and intelligent.—*The Lancet*.

Cysticerci in the Brain diagnosticated during Life.—A case of this character is recored by Dr. Joseph Pollak in the *Wiener Med. Presse*, No. 47, 1878. The patient was a boy eight years of age. Examination of the pulse, temperature, thoracic and abdominal viscera failed to reveal anything abnormal. The boy complained of excruciating headache, and his piercing cries were loud enough to be heard at quite a distance. Very shortly after his first visit the attendant was recalled, when he found the pupils dilated, the urine and fæces passed involuntarily, the abdomen distended ; headache was still severe. Every few hours, attacks of an epileptiform nature recurred, while in the intervals there was a remarkable absence of all these symptoms. At one of his visits just after prescribing a cathartic, he had occasion to examine the stools, where he found portions of a tænia. The presence of this, in connection with the other symptoms, at once aroused the suspicion that he had here a case of entozoal origin. At his next visit he found the patient comatose, and on examination of his pupils found, to his surprise, what proved on a closer examination to be a cysticercus in the anterior chamber. He at once pronounced the case one of cysticercus of the brain. The patient died shortly afterward, and the diagnosis was fully verified.—*Atlanta Med. and Surg. Journal*.

CANADA

Medical and Surgical Journal.

MONTREAL, JULY, 1879.

BILL.

AN ACT TO FURTHER AMEND AND CONSOLIDATE THE ACTS RELATING TO THE PROFESSION OF MEDICINE AND SURGERY IN THE PROVINCE OF QUEBEC.

We were somewhat surprised to receive a bill to further amend the act under which the profession in this Province is governed, and on looking it over we observe that it is a literal transcript of the present act, with a few alterations and additions, but whether this is an improvement on the present act is a question which we shall leave open for further comment. It is passing strange and somewhat suggestive, that this bill should be submitted to the Legislature on the eve of the dissolution of the present Board. The present act was assented to on the 28th December, 1876. It became law just before the triennial meeting of the profession for the election of a board of Governors, which would have taken place under the old Act, and although many important vested rights were surrendered for the general good, yet it would seem that the same restless spirit is abroad, and with an apparent view of opening again the doors of the College to defaulters and all comers, a new bill is inaugurated just before the coming general election, which is to take place in July, 1880. We should be sorry to suppose that the promoters of this bill of amendment have any ulterior object in view. Nevertheless we must say that it is hardly decent for a few members of the profession, forty in number, if all are agreed to these changes, to submit a bill, and endeavour to hurry it through the Legislature, without first obtaining an expression of opinion from the profession at large.

We learn by the daily papers that a committee of the House has been struck, presided over by the Honorable Dr. Church, and that it has adjourned until Tuesday next, 29th July, so as to give the profession an opportunity of expressing an opinion as to the desirability of the changes demanded. Through the courtesy of the Hon. Dr. Church we received a copy of this bill, but we would ask, Can an expression of opinion from the profession at large be obtained in the time allotted, *seven clear days*? If alterations of a technical character are demanded to make the present act a legal one, no dissenting voice could in reason be raised; but to do away with the present act, to begin anew, seems to us a very objectionable feature. It cannot be urged that we are without legislative protection. We are all interested in seeing the best interests of the profession and of the public protected. There are some clauses in the present act which might with advantage be amended. The method of election of Governors, as at present conducted, is not calculated to yield an independent selection of representative men. If it be desirable that the profession, as a whole, should take an interest in the management of the College, the entire Province should be divided into territorial electoral districts, and each territorial electoral district should have the right of electing its own representative. At present the election is conducted by the profession generally at a mass meeting, hence any man who attends the meeting, and has a large number of friends in the cities, can carry a vote, although probably, had he been left to his own territorial electors, his name never would have come up for election. This is a subject of very great importance to the profession as a whole. For instance, in outlying districts, who better able to select a delegate than the men resident in that district? By adopting this method, we think a better and more independent expression of opinion would be obtained, and each and every member of the profession would take an interest in the affairs of the College. But we may, with advantage, inquire into some of the changes that are asked for in this bill. The very first clause repeals all acts having reference to the study or practice of medicine, surgery or midwifery in this Province

of Quebec, as well as specially naming the act which was passed in 1876—"as well as the Act 40 Vict., chap. 26, intituled," &c.

According to the second section, "All persons resident in the Province of Quebec, and licensed to practice and actually practicing * at the time of the passing of this Act * * shall be and are hereby constituted a body politic," &c., &c.,—so that this bill is intended to be a fresh start, to take in all persons whether they have complied with the present law or not, whether they have contributed to the funds of the College or not.

In section IV. a change might with advantage be made. As at present, it reads, "provided always that not less than two members out of the city members shall be delegates from each of the Universities, &c. Now we hold that the Universities should, without doubt have representation, but that two members from each University is sufficient. The clause reads that "not *less* than two out of the city members," &c., but it does not limit the number to two; had it done so, we would not today have on the Board of Governors, four members as representing one school, to the exclusion of two men from the outside profession. Again, it is stated in the bill of amendment that the delegates, before taking their seats, must have their appointments ratified by the College of Physicians and Surgeons of the Province of Quebec. Now this will lead to endless trouble and obstruction to the proceedings of the College. The Board of Governors is not complete, unless the whole number, 40 Governors, has been elected. Let us for the sake of argument, suppose that the Board of Governors did not ratify the appointment of the nominee of any University, they could not work. Forty must be their number; if they lack the number, 40, they are, by the act, no College; how, then, can they ratify the nomination of the Universities. This clause is an anomaly—we do not quite understand it. It appears to us that the legal constitution of the College consists in the election of forty Governors, but in no place are we informed that 32 elected Governors can ratify the appointment of the eight nominees of the schools.

In this matter we think that the schools should possess independent action, and have the right to nominate their own

delegates, who, by virtue of such selection, should become Governors of the College; but that power should be limited to two representatives only for each University or incorporated school.

Again, in clause 3, section 4, a change might with advantage be made, as at present, and in the amended bill, in case of any death vacancy or resignation, the Board of Governors are given the privilege to "fill up such vacancy from amongst the eligible members of the College in the city or district where such vacancy shall have occurred." This is a very summary way of proceeding, and would have to be altered, provided the system of each district sending its own representative be adopted. Now let us remark on this point that the profession is being taxed every year to contribute to the funds of the College, and as tax-payers they ought not to be disfranchised, but should be given the right of electing their own delegate and of sending him to their medical parliament. How would it be, in case of a death vacancy, or of a resignation of any member of the House of Commons, or even of the Local Legislature, if the members of the House should proceed to elect a resident from the city or district where "such vacancy shall have occurred"!!! What a howl of indignation would there be throughout the country, and how it would strike at the principle of the independence of Parliament.

In section VII we read, "provided that such diploma shall have only been given after four consecutive years of study of the medical profession, or after four terms of consecutive lectures from the date of his admission to study, and according to the requirements of the existing law." Now we may remark that some Universities divide their courses of lectures into terms, and that during a six months course there may be three terms, so that we think this clause ought to be a little more explicit.

Section XI is a new clause; it provides for the examination of persons coming from recognized Colleges outside of Her

Majesty's dominions, a power which was not before held, and is not in any way objectionable.

At section XII, clause 2, we read that the Board of Governors shall have power "to examine all credentials, certificates of admission to study or of attendance at lectures, and all other documents purporting to entitle the bearer to a license to practice, and all diplomas sought to be registered in this Province, and to oblige the bearer of such credentials, diplomas or other documents to attest on oath (to be administered by the Chairman for the time being) that he, &c."

Now either this is a Registration Act or it is not. If it is, then should the register be open at all times, and the Registrar should have the power, with the consent of the officers of the College, to enter the name of any applicant who holds documents that legally entitle him to the certificate of registration. We do think it unwise to throw open the door of the College to all applicants at all times when most convenient to themselves, but occasion may arise when not to register a name because the Board is not in session would be to do a man entitled to it positive injustice, and a certain discretionary power should be granted to the officers of the College, which, for good and justifiable cause, they should be permitted to exercise.

We have made these few remarks with a view to drawing attention to this Bill, and to give our readers an opportunity to judge of the nature of the changes which are asked. We hope that there will be no hasty legislation on these points. We have an act which is sufficiently effective—it may not be perfect in all its parts, but it is good enough for the purpose intended, and under it we can work with safety for years to come. We can agitate amendments, and have them fairly discussed by the profession. We invite discussion, and throw open the columns of this Journal for the purpose. If we look abroad we observe that the profession in Great Britain has been knocking at the door of Parliament for several sessions, and yet no agreement has been arrived at, nor is it nearer a solution of its difficulties to-day than it was in 1874, when the first demand

for medical reform was made. The interests involved are numerous, and by hastily carrying an ill-advised measure no satisfaction will be given to any person, and changes will have to be asked for at each session of Parliament, which will lead to expense and probably endless difficulties.

CANADA MEDICAL ASSOCIATION.

The Annual Meeting of this Association will take place at London, Ont., on Wednesday, 10th September next, when it is hoped there will be a full representation of the profession both east and west. We understand that several very important papers will come up for discussion, as also a proposal on the part of the British Medical Association to in some way become connected with it. We are unable to state whether any definite proposal has been made, coming officially from the parent Society, but we are aware that it is at least considered desirable by leading members of the profession in Great Britain that something more than fraternal intercourse should unite our Associations. We give below a circular received from the Secretary, which speaks for itself:—

CANADA MEDICAL ASSOCIATION,

MONTREAL, 23rd July, 1879.

DEAR SIR,—I beg to inform you, by direction of the President, Dr. J. D. Macdonald, that in consequence of the opening of the Provincial Exhibition, at Toronto, on the 3rd September by their Excellencies the Governor-General and H.R.H. the Princess Louise, he has, at the request of several members of the Association, deemed it advisable to *postpone* the Annual Meeting until Wednesday, the 10th of September next, at place of appointment, London, Ont.

A. H. DAVID, M.D.,

General Secretary, Canada Medical Association.

A PEN WORTH RECOMMENDING.—We have been favored with samples of the celebrated Spencerian Double Elastic Steel Pens, and after trying them feel justified in highly commending them

to our readers. They are made of the best steel, and by the most expert workmen in England, and have a national reputation for certain desirable qualities which no other pens seem to have attained in so great perfection, among which are uniform evenness of point, durability, flexibility, and quill action. It is thus quite natural that the Spencerian should be preferred and used by professional penmen, in business colleges, counting-rooms, Government offices, public schools, and largely throughout the country. Indeed so popular have they become, that of the "Number One" alone, as many as eight millions are sold annually in the United States. The Spencerian Pens may be had, as a rule, from any dealer; but when not thus obtainable, the agents, Messrs. Alexander Buntin & Co., 345 St. Paul Street, Montreal, will send for trial samples of each of the twenty numbers on receipt of twenty cents.

Medical Items.

The summer course of lectures at McGill University was largely attended, and closed on the 11th July instant.

A number of medical gentlemen proceeded to Quebec on the 28th instant, to confer with the Committee of the House of Assembly touching the new Medical Bill. It is strange they were all University Professors; there was not a single individual representing the outside profession.

John B. Lawford, M.D., C.M., McGill University, 1879, passed his primary professional examination before the Royal College of Surgeons, of England, for the diploma as member, on the 9th inst.

David F. Gurd, M.D., C.M., McGill University, 1879, passed before the Royal College of Physicians, of London, and received the License of the College on the 9th inst.