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Selections: Medicine.

SOME POINTS IN THE PATHOLOGY OF TUBERCLE.

BY J. M. DA COSTA, M.D.

Read at the Meeting of the Pathological Society of Philadelphia, April 22, 1880.

In attempting to put together some thoughts on the pathology of tubercle, it will be necessary, however briefly, to refer to the unsettled state of the question in the best medical minds of the day. Immediately following Laennec, nothing could have appeared more firmly fixed than the doctrine he so clearly enunciated. It was impossible to doubt tuberculosis as a specific disease. To have misgivings as to the nature of consumption and its constant association with tubercular destruction was to appear to return to barbaric darkness. Not to separate with clearness the different forms of tubercle was to forfeit all claim to be a pathologist. But we all know what has recently happened. The German iconoclast has been at work. Nobody likes to speak now of tubercular diathesis, tubercle being a constitutional affection. It is for the most part, simply the result of a local inflammation; and cheesy matter, infective process from absorption, irritation in structures surrounding in lymphatic tissues, are the complacent phrases of the day, which satisfy most as much now as diathesis, constitutional condition, specific deposit, satisfied most not many years since.

And the local view, if such it may be called, once adopted, has brought with it scores of interesting observations on the inoculation of tubercle; its artificial causation; its production in the lung by inhalation of both tubercular and non-tubercular substances,—observations which are warmly discussed, criticized, adopted, rejected, explained, explained away, and the uncertainties connected with which, quite apart from the other difficulties of the subject, are the cause mainly of the generally disturbed condition of the whole inquiry.

Underlying these observations, or at least closely connected with them, lies the vital question, What relation does tubercle bear to the inflammation? And it is this question particularly that I desire to examine with you a little more fully to-night, and concerning which I shall venture to offer the result of some researches and reflections.

As a necessary introduction, I shall have to examine the evidence on which we pronounce a mass to be tubercular; in other words, what its minute structure as shown by the microscope is. And, to avoid any confusion at the threshold of our inquiry, let me speak of that which we find in undoubted tubercle,—in the little, hard, miliary bodies, which may afterwards become aggregated into larger gray masses. In them we encounter three elements:

Medium-sized, rather shrivelled cells, not very regular in outline, consisting of finely-granular, dense material, with a nucleus small in proportion to the cells, or with several nuclei of similar character. They were once regarded as significant of tubercle, but are now supposed to be swollen epithelial cells which have undergone retrograde metamorphosis. Mixed up with them are cells less dense and like ordinary epithelium, small cells like leucocytes, and a great deal of granular material of doubtful origin.

Giant cells. These consist of large, many-nucleated cells, which are found at rather an

advanced stage of tuberculosis, and are very marked in the acute form. They are of spheroidal shape, and somewhat irregular outline. Great stress has been laid on them as significant of tubercle, but they have been met with in various tissues of the body, in scrofula, in syphilis, and in merely hyperplasic lymph-glands of those perfectly free from tubercle.* As they grow they send out long, branched processes. With Klein, I believe them to be excessively developed or fused epithelial cells.

The structure in which all these cellular elements are found, especially, perhaps, the last described, is *a fine net-work* like the fine trabecular net-work in the interior of lymphatic glands; and this led to the belief entertained until lately by Rindfleisch, that tubercle is a lymphoid growth. But this is not stating the whole of the manner and arrangement of the cells in tubercle. They are found in the lungs filling the alveoli and infiltrating—generally as small round cells—the alveolar walls, and leading to very considerable thickening of the latter.

To sum up, cell-growths by themselves, not peculiar, but representing different grades of development, — some still rapidly growing, others shrivelling and full of dense matter; all capable of being washed out of a fine reticulum, or accumulating in masses both within and in the walls of air-vesicles,—this structure, this grouping, may be regarded as tubercle. Then there are certain secondary alterations that take place in the tubercle formation and the invaded tissue which must also be mentioned, and which bespeak a retrograde change and low vitality. The main of these changes is a degeneration of the cell-growths, an accumulation of granules and fatty material, and an occlusion of the pulmonary capillaries, probably from pressure, and here and there a fibroid transformation of the giant cells.

Now, what causes all this? Some still maintain a specific non-inflammatory deposit; some say an inflammatory process of slight intensity, others a specific inflammation. I pick up a recent journal, and see that malaria is at the bottom of all this cell-growth and rapid decay. I turn to one of this month, and I find in the front of the periodical an article proving that tubercle has its origin in disorders in the trophic centres, and in the middle pages another, showing that it is an accident, the result of the capillary interference, due to altered condition of the blood from the presence of yeast. It is almost needless to say that the bacteria are made to explain the peculiar formations, for how could these patient little beings that are bearing so quietly being made the scapegoats of the pathologists of the last half of the nineteenth century escape having charged to them this additional sin? I turn with eagerness to discussions of the subject replete with learning in societies similar to ours, and there is little but negation. It is not this, and not that, say men who are known wherever medicine is cultivated; and you begin to doubt if there is such a thing as tubercle at all, until the first clinic-room you go into—and see the familiar face, hear the cough, and recognize the well-known signs—confronts you with the stern reality of the awful disease. With all these doubts and gropings after the truth, I may be pardoned if I hold fast to the belief that the process, whatever it be, is something special, though something of which we do not hold the key.

To return from this digression to one part of the subject around which much of what is positive in our knowledge has clustered, and which is of most obvious applicability,—the relation of these mysterious tubercular formations to inflammation.

Now, we all know how the relation of tubercle to inflammation has engaged the attention of the present generation of pathologists. Yet the consideration of the question long antedated them; and the much-neglected observations of that sagacious thinker, Addison, are really the key-note to many of the views now brought forward under other names. But this is a historical issue, with which we cannot further concern ourselves here. The active discussion of the matter started with the observation of Virchow that the caseous matter previously regarded as infiltrated tubercle might originate from the fatty degeneration of diverse morbid products, and was non-tubercular; indeed, that the gray granulations alone were tubercular and non-inflammatory. Niemeyer expanded this thought, and engrafting on it the doctrine

* Weiss, Virchow's Archiv, lxviii.

of Buhl, of the infection of tubercle, promulgated the view that the lung consolidation and destruction are most commonly inflammatory,—the result of the caseous pneumonia,—and the tubercle, when met with, quite secondary and accidental. Indeed, to carry out Niemeyer's ideas logically, the inflammation is, in the vast majority of instances, everything, the tubercle nothing.

The doctrine of Buhl has been alluded to, that tuberculosis—as seen, for instance, in its most typical form of miliary tubercle—is due to infection from masses of cheesy material. The infection happens chiefly through the lymphatics. This infection theory led to numerous experiments on animals, with the result that inoculation in rabbits and guinea-pigs with fresh miliary tubercle, with cheesy matter, with the sputa from tubercular patients, has been followed by acute miliary tuberculosis. Moreover, going still further, Cohnheim and Fraenkel have shown that it is unnecessary to inoculate with these special matters, for in rabbits and guinea-pigs the formation of any focus of suppurative inflammation may fill the viscera with tubercles. With reference to these experiments, it has been pointed out that the kind of animal on which they are made has much to do with the result. Rabbits and guinea pigs are particularly prone to tuberculosis. Yet, as regards inoculation with tubercular matter, it has also succeeded on other animals, as in the experiments of Böllinger on goats.*

Another group of experiments must be alluded to,—those in which pulverized tubercle and cheesy matter have been forced into the lung by inhalation. These have been followed by tubercular-looking nodules; and so have, as Schottelius† has recently demonstrated, inhalations with non-tubercular substances, such as pulverized calf's brain and cheese, produced apparently identical bodies. They are the result of inflammatory irritation. But, microscopically examined, they do not present the appearances of tubercle.

Summing up all the experimental observations, they seem to me to prove that tubercle may be transmitted by inoculation either of true tubercular matter or so-called caseous pneumonia; that resorption of tubercle and infection of previously healthy parts is a view sustained by evidence; that the production of tubercle from non-tubercular material, either by inoculation or by inhalation, is not proved. Inflammatory nodules arise, but they have not the structure of tubercular formations.

I shall now attempt to answer the question, what is the exact nature of those inflammatory changes in the lung which give rise to destructive consolidation, supposed to be non-tubercular, yet from which, by infection, tubercle may come. In other words, I shall endeavour to describe the histology of so-called "caseous pneumonia," or pneumonic phthisis. We find within the alveoli an accumulation of large cellular elements, mixed with leucocytes and exudation matter. We observe the alveolar walls thickened and infiltrated with cells, the vessels compressed, accounting for the breaking down of the bloodless masses accumulated in and around the alveoli. We meet with inflammatory infiltration in the walls of the bronchi, and, as Rindfleisch has so well pointed out, around them, as well as with increased connective tissue between the lobules and around the finer bronchial tubes. In studying the cellular masses we encounter the so-called giant cells. There is, indeed, nothing we do not find in this caseous pneumonia that we have not spoken of in tubercle, only the proportions are different and the admixture of the elements of inflammation more marked. These changes spread usually over a large portion of the lung, and, especially as regards the amount of connective tissue, are modified by the duration of the disease. One of the most striking of the lesions, and one which I have rarely failed to encounter in the many specimens examined, is the infiltration with small cells of the walls of the alveoli. Green,* too, regards them as very important, and Wilson Fox† looks upon them even as tubercular. As the cheesy matter degenerates, evidences of broken-down tissue, with considerable granular detritus, meet the eye. Yet

* Mittheilungen aus dem Pathologischen Institute zu Munchen, 1878.

† Virchow's Archiv, lxxiii., 1878.

* Pathology of Pulmonary Consumption, 1878.

† Transactions of Pathological Society of London, 1873.

Cohnheim* has recently told us that the cheesy part contains in reality but little fat.

Now, is there anything in all this which broadly separates this so-called caseous pneumonia in its minute structure from tubercle? Is there anything more than the evident admixture of a marked inflammatory lesion? Is there anything in the low vitality of the mass and its tendency to decay and fall asunder which is different? And if we call this affection at once "tubercular pneumonia," we are, I verily believe, much nearer to the truth than in endeavouring to separate it from tubercle altogether.

But it is not simply on histological grounds that I arrive at this conclusion. I have long studied the subject clinically, and I can record it here as my deliberate opinion that the number of cases of consumption which are supposed to have inflammatory beginnings is grossly exaggerated. They are the exception, not the rule; and even in the cases in which we have had evidence of an active bronchitis or pneumonic condition having seemingly been the start of all the difficulty, how often do we not find, on close analysis, that failing health, hacking cough, even slight spitting of blood, have preceded the acute symptoms? Then, too, we may get the history of inherited scrofulous or tuberculous diathesis. But I do not wish to be misunderstood. There are cases in which none of these qualifying elements can be discerned, which have, to all appearance, started in an acute inflammatory process. It is only the relative frequency of these cases that I am denying.

Again I ask, what becomes of the instances of so-called pneumonic phthisis? Do they not become tubercular? How many autopsies can any one recall, where persons dying from some intercurrent affection, while labouring under so-called pneumonic phthisis, did not show at some portion of the lung, or in the other lung, miliary tubercle or larger masses which everybody would pronounce undoubted tubercle?

Now, admitting the connection of so-called "caseous pneumonia," or "pneumonic phthisis," with the subsequent development of tubercle, —and nobody denies this, whatever his views as to the character of the connection,—I believe that it is quite as logical to reason from the after-appearance of the tubercle as to the primary character of the so-called inflammation, as to reason from the inflammation and the absorption of the products to the formation of its tubercle. The reasoning backward is as good as the reasoning forward, and, I think, infinitely more likely to be true.

Again, how many cases of ordinary pneumonia happening in perfectly healthy persons are met with which pass, no matter how, into tubercle? Certainly not many. When it occurs, there is generally the history of scrofula or tubercle in the family, the taint. Many of the advocates of the inflammatory origin of tubercle, or of its subsequent development after inflammation, tacitly admit this when they speak of the inflammation as special or specific. If it is special or specific, I say at once it is tubercular, —tubercular either from the onset, or it has become so when it presents the appearance of caseous changes.

I am advocating, then, the view that caseous pneumonia leads to tubercle elsewhere, because it is really tubercle already; and that it is not the products of ordinary inflammation, but the tubercular products, which infect. They may appear with the inflammation, or be the result of a special kind of inflammation; that does not affect my argument.

Now, one great difficulty in admitting this argument is, that since the researches of Virchow have familiarized us with the facts, we cannot assume all kinds of caseous degeneration as tubercular. We know that such changes may happen in purulent collections, in cancer, and that, microscopically, they present the features of the so-called cheesy degeneration which attends pneumonic phthisis. But is there nowhere else similarity of appearance without identity of meaning? Can we tell every case of cancer, under all circumstances, by its cell-growth alone? Are there no healthy textures in the course of formation that look like it? Does every sarcoma present infallible features at all its stages? Moreover, I have already stated that we very generally, nay, almost constantly, find in the pneumonic lesion

* Die Tuberkulose vom Standpunkte der Infektionslehre, 1879.

much the same elements, mixed with the products of degeneration, which we recognize as tubercular in undoubted tubercle.

I believe, then, that pneumonic phthisis is a tubercular pneumonia, and that the inflammation is tubercular from the onset, or has acquired a tubercular nature by changes in the cell-life which we do not understand. Perhaps these are connected with sluggish tissue-change under the influence of a virus,—a taint inborn, or acquired by impure air and bad hygienic surroundings. That we cannot see these things in the protoplasm or cells with even our highest powers is no proof of their non-existence. Do we perceive the manly form of the athlete in the little spermatozoon? What do we find in the ovum to explain the transmission of the delicate features and matchless figure of one generation to the famed beauty of another? Where are, in either germs, the lurking tendencies to disease which we see constantly reproduced in families? Where the specks that indicate cancer, scrofula, tubercle, gout?

The tubercular inflammation may appear as such, and then we have a more or less acute character of case; or the tubercular action may not start for years afterwards. I shall show you some drawings taken from cases that I had watched for years.

Here is one from a woman of 45, who, under my observation, had for eight years a chronically-consolidated lung, non-tubercular. Sorrow overtook her, her general health failed, struggles with poverty came, and she became tubercular. You perceive here how the lower lobe of one lung had undergone the caseous change and contained tubercles, while the upper is simply dark with pigment and densely consolidated. A few scattered, comparatively recent miliary tubercles are found in the other lung.

Here is a yet more striking instance, where a man had for five years a lung which, you see, looks exactly like the red hepatization of ordinary pneumonia. Softening, without a vestige of tubercle, is occurring in parts. In a streak at the upper lobe tubercular pneumonia is evident; the other lung is entirely healthy.

Perhaps the views here advocated may appear to call in doubt the transmission of tubercle by resorption and infection,—its constant reproduction, as it were, and scattering through the system. But they do not. These observations are among the best sustained and most valuable in modern pathology, and they are all the easier to understand if we admit the starting-point of the infection to have been a tubercular inflammation. As a contribution to this doctrine of infection and absorption, and also as furnishing many points of analogy with the instances mentioned where inflammation of the lung has been followed by tubercular formations, let me show the remarkable specimens of abdominal tumours and tuberculosis on the table, taken from cases of mine that happened some years since at the Pennsylvania Hospital.

In the first case, occurring in a man the subject of syphilis, and much tormented with abdominal pains, a hard tumour was discovered in the right iliac fossa. This was followed after some months, by marked emaciation, sweats, diffused abdominal tenderness, diarrhœa, and signs of deposit in the lungs. At the autopsy, the mass you see here of dense fibrous tissue was found in the right iliac fossa, below the head of the colon; a small cavity containing pus was detected in its interior; on its exterior were tubercular nodules. The intestines, on their peritoneal surface, throughout their length were thickly studded with tubercular nodules; the mesenteric glands were enlarged and softened; there were miliary tubercles in the lungs.

In the second case, a man also broken down by syphilis, there was the same history of colics and cramps, and a tumour was discovered in the right iliac fossa, three inches from the crest of the ilium. He had noticed the tumour for years. Gastric irritability, tenderness over the abdomen, ascites, diarrhœa, fever, cough, signs of lung-consolidation, became gradually prominent symptoms, and he died exhausted. A thick, firm mass of inflammatory matter was found covering the cæcum, and had occasioned the tumour. At one part, on the outer and lower wall of the cæcum, was a small cavity containing gelatinoid matter mixed with black, thin fluid. The ileum above the ileocæcal valve, as well as the inflammatory, hard tissue in

this region, was covered with tubercles. The kidneys contained tubercles; in the left suprarenal capsules were several tubercular nodules. The lungs were full of small, gray, tubercular granulations. Here then are two cases of strange similarity in which a local inflammation in the abdomen was followed in time by diffused tubercle, both abdominal and pulmonary.—*Philadelphia Medical Times.*

OCCASIONAL SERVICE OF ALCOHOL IN THE TREATMENT OF PNEUMONIA.

BY OCTAVIUS STURGES, M.D., F.R.C.P.

In the observation of pneumonia, so soon as that remarkable event has happened which we recognize as the crisis, we are at once relieved of the anxiety which, up to that time, no one can be without who is acquainted with the many phases and turns of the disease. We are reminded to-day by a case now under treatment that this supposed security for rapid recovery is not always valid. Upon this text, therefore, of a pneumonia of ordinary character and severity lingering far beyond its usual time, we may conveniently consider in what degree and by what methods, if any, an affection such as this, which has suffered, perhaps, more than any other at the hands of the druggist, can be helped through its critical stage, shortened in duration, or assured against untoward accidents.

Sarah F——, a slight, pale girl of eighteen, engaged in laborious work as a biscuit packer, ill-nourished and neglected, was admitted on the third day of a sudden illness presenting the ordinary symptoms of pneumonia. Having gone to bed, that is to say, apparently well, and after the usual day's work, she awoke towards morning screaming from the severity of a pleural "stitch" of the left side, and had several shivering fits in succession. On admission the left lung, as to its lower half, yielded the proper signs of consolidation. The temperature was 104.4°; pulse 120: the sputum rust-coloured; there was some herpes on the mouth, and scarce anything was wanting (except, indeed, flushing of the face) of that assemblage of symptoms which so unmistakably betokens pneumonia. From no real necessity or fear for what might be threatening, but only because the girl was low and miserable, she was given during the first two days four ounces of sherry daily. On the fifth day the crisis occurred, the temperature falling from 103° to 98°, or five degrees in twenty-four hours, and along with this the patient exhibited the usual signs of general revival.

It was at this juncture (and here is the point to be discussed) when pyrexia had disappeared, and the sounds of resolution were audible, that an event happened which is rare in pneumonia, but by no means without parallel, and in consequence of which the duration of illness was at least doubled. Two days from the time of the crisis and almost in sight of convalescence a relapse occurred. The features became again depressed, the temperature rose, and the tongue, for the first time, became dry. And now, although the time was reached when properly the invaded lung should have been wholly free and pervious, it appeared upon auscultation that a solid patch still remained about the middle of the left lung, giving all the signs of consolidation as plainly as at first, but over a much smaller area. It was clear that the process of resolution had stopped short, or rather that in this bit of lung it had been altogether abortive. The unsealing of the lung by the clearing away of inflammatory products had been incomplete.

It is, I admit, a mere hypothesis, yet one which may fairly be ventured, and which, as I have said, there are other cases to confirm, that this return of fever and prostration was directly due to this improper or prolonged retention of effete material; that the system, if we may so speak, began after a while to resent such retention. And the question I would ask is this, Was this misadventure, which retarded recovery for three weeks and caused a relapse which for some days seemed even more serious than the original illness, due to any fault of our own, which may be avoided next time? Supposing, for instance, that, noting this girl's poverty and squalor, and seeing that she had little strength of herself to contend with pneumonia, we had continued the alcohol or had resumed it, in some form, at such time as the crisis was expected, would that have made any difference? I think so.

As a matter of fact, you may remember (for what it is worth) that when this patch of consolidation and this second fever had lasted some days, we did venture upon alcohol, two ounces of brandy per diem, and that from that day onwards the evening temperature fell from 103°, which had been its reading for more than a week, to below 99°. Along with this improvement the solid patch disappeared, and now for the first time, on the thirty-second day from the initial rigor, a most inordinate duration for pneumonia, the girl may be called convalescent.

Let no one suppose that alcohol or anything else of this kind is necessary generally for the cure of pneumonia. Let no one believe for a moment that the cases related from time to time of pneumonia successfully treated by this drug or that prove anything whatever. The sudden arrest of pneumonia is in the nature of it. We have suffered enough in the past from ignorance of this great fact to make us hold it now as a very precious truth. At the same time, and with the manifest and unquestioned good that has been got from letting pneumonia alone, it is possible that we may be resting at present too complacently in the belief that this affection *always* does best without active help—that our present results are not only better than those of the last generation (which is certain), but that they are the best possible, both as regards the mortality and the duration of the disease. Consider for a moment the nature of the pneumonic process. Its cardinal fact is crisis, and crisis consists in these two phenomena—how related we need not at present inquire—the sudden cessation of pyrexia, and, at or about the same time, the rapid disappearance of the inflammatory exudation which has been occupying the lung. Our chief interest and anxiety, therefore, concern the conduct of this exudation. We have reason to expect that in the course of a week or thereabouts it will spontaneously quit its hold. And for the while we wait in hope of this result—and very much in the dark, it must be confessed, as to any intimate changes actually in progress within the lung. What we fear most lest, without our knowing, a process of destruction may be going on, and that instead of a simple pneumonia, perfectly harmless to the lung except for the room that it takes, we may have a rapid dissolution of lung texture, a form of suppurative phthisis, in fact, necessarily fatal. It is to be hoped we may be able some day to distinguish and separate such cases. We do sometimes recognize them even now, and always look out for the destructive form among the drunken and the starved, and wherever a pneumonia does not at once make itself manifest, but needs to be searched and listened for. But excluding such instances, there is another fear during this period of waiting. It is lest the exudation should overstay its proper time; lest, from some cause or other (and one within our own control it may be), resolution should be delayed or incomplete. What makes pneumonia go amiss is the miscarriage of this grand act of the disease. No case of the kind, therefore, can be free from anxiety until the exudation begins to move; no case can be absolutely safe until it is gone.

And what is the condition of the patient, as this great event approaches, which, in a quite literal sense, is to loose him from his disease? We somewhat disguise this condition, I think, by still preserving that old language of metaphor which speaks of pneumonia as "sthenic," as though we had strength to subdue instead of strength to provide. Early prostration is one great feature of pneumonia. It is indeed by this symptom, as measured by aspect and posture and mental activity, more than by any other, that we can best estimate the probable issue. But at the particular juncture we are considering, there is not only the natural weakening proper to the disease, but the patient has now had some five or six days of bed, and been suffering all the deteriorative effects of imperfect blood aeration, renal congestion, and heart strain. Meanwhile there has been a very inadequate food-supply to meet an inordinate tissue-waste: inadequate, because, whatever our wishes may be, the assimilative power is apt to be very feeble, and the directions of books as to frequent and ample nourishment seem only to mock us. It is in these circumstances, I say, that crisis comes. The lung is called upon to free itself of a burden whose nature and quality may be fairly estimated

upon the evidence of fatal cases, where sometimes the actual weight of the occupied and solid lung exceeds that of its fellow by three pounds or more.

Now, by whatever process it be that this material is disposed of in recovering cases, we know as a fact that when prostration is extreme it is often not got rid of at all; that in other instances, like the one before us, it is only partially disposed of, and that at the best the process of deliverance is not without its own suffering, of which the profuse sweating and exhaustion sometimes preceding crisis afford some evidence. It may be that the composition of the inflammatory material is one factor in determining its conduct. The more catarrhal the pneumonia, the more tardy may be its resolution. We have, in fact, to recognize many gradations between the orderly process we are considering and the quite different process of pulmonary catarrh. But that is not now the question. It is enough to know that the symptoms before us are those of ordinary lobar pneumonia; beginning as it begins, and likely to end as it ends. There is material to be got rid of within an appointed time. It is the proper destiny of this material to liquefy and disappear. All that is necessary for the process (or at least all that we know of or can in any intelligible way help to supply) is an adequate vitality on the part of the patient. The crisis we are expecting is a vital act, for the performance of which it is necessary that a certain amount of strength should be still in reserve.

I need not remind you how strongly contrasted is this view of pneumonia with that which was formerly held. Nor can we doubt that by the old plan of depletion the natural course of the affection was disturbed and embarrassed precisely in the manner and precisely at the time when it was most easy and most dangerous so to treat it. The large mortality of that day is indeed hardly explicable without considering this nice adjustment, so to speak, of lowering remedies to an enfeebled and oppressed body. Patients would die of pneumonia, or rather with it, with lungs barely hepatised (we have the written records of such cases), while so much were the proper features of the affection disguised that its natural tendency to recovery, which at present governs all our treatment, was not so much as thought of. Pneumonia was a long, lingering disease, as well as a very fatal one. Now I think it must be admitted that our present treatment of pneumonia is, as a general rule, perfectly satisfactory —the treatment, I mean, first formularized by the late Dr. Hughes Bennett, and founded on the principle that the patient is to be fortified and sustained in the trial that awaits him by means of such nourishing food as he can best take. That by this method an acute disease of such apparent, nay, of such real gravity, should be practically recovered from in a little over a week, is, it will be admitted, remarkable. There is nothing that I know of which drugs can achieve half so striking as is this result achieved by discarding them. There can be no greater mistake, however, than that of supposing that the treatment just indicated amounts only to a treatment of waiting and expecting. On the contrary, it implies a very urgent need for support, and a very present danger when such support is withheld. It is the spirit and not the precise letter of the treatment which has to be kept in view. It may happen in some cases that the need is so pressing that the mere feeding will not suffice, or the danger may be so imminent that there is not time to wait for the good of it. It is not always that "nutrients" can be taken in sufficient quantity; sometimes they can hardly be taken at all. These are not instances where the treatment fails, they are instances where it requires special modification; where we have to substitute for the while some means of support which shall be more prompt and immediate than ordinary food.

It is here that the question of alcohol occurs, and the great difficulty is to know betimes exactly where and when to apply it. If we measure pneumonia by the amount of lung that is solid, we shall never, or only by occasional accident, get a correct estimate of it. On the other hand, if we consider the actual present condition and aspect of the patient as well as his immediate antecedents and surroundings: if we remember that the pneumonia of destitution and of drunkenness; the pneumonia

that is fought against and for a while disregarded; the pneumonia that appears, be it ever so small as to its site, after severe nervous shock or prolonged exposure, that all these have a special need of support, and as a rule an absolute need for alchohol, then I think we shall be taking such a view of the disease as experience teaches, and applying legitimately the great principle upon which its successful treatment is based.

It was from this chair, not long before his death, that my friend and colleague, the late Dr. Anstie, in a clinical lecture upon pneumonia, spoke of the large quantity of evidence that he had collected and was preparing to publish in proof of the proposition that high temperature combined with large urea discharge furnished the strongest *primâ facie* reason for the administration of alcohol. I will not assume so much as this. I will take rather the admitted service of alcohol as defined accurately enough for our purpose in the well-known investigations of Professor Parkes. We can hardly contemplate the condition of these pneumonic patients, their low vitality, and the physical change which has to be accomplished within them before relief comes, without being reminded that here are precisely the circumstances which alcohol claims to be of use. Just at the pinch of crisis, when a little access of strength, a little more ability to assimilate food, is so urgently called for, when, moreover, as the nature of the disease teaches, a few hours will bring us to the time when we shall be able to pay the penalty incurred by resorting to such a succour, here, if anywhere, is the occasion and opportunity for alcohol.

Such a method of employing alcohol in pneumonia restricts its use to a particular period and a particular phase of the disease. When the food that the patient is able to take is obviously insufficient, when with a small lung implication his aspect is like that of typhoid fever, when he is past middle age, or his habits of living have been dissipated, or a period of mental or bodily distress has preceded, and perhaps caused, the pneumonia—in all such cases, I think, we may expect great service from alcohol, and often find necessity for it. If I were called upon to express an opinion in few words as to the use of alcohol in this disease, I could (apart from the question of age) put the result of my observation into no more definite or scientific shape than this—that the pneumonia of mystery, that which comes from some obscure or conjectural cause not commonly productive of such result, overwork or anxiety, or physical injury, or what not, and which nevertheless, upon interrogation of the other organs, appears to be a primary disease, is the kind that commonly needs alcohol; while the frank open pneumonia which is the result of some definite chill, or short exposure, commonly does without it.

And, finally, let it always be remembered that alcohol in pneumonia must be given in anticipation of danger rather than in the immediate presence of it. We find the patient blue and gasping, and hardly conscious, and, as by an instinct, in accordance with universal practice, we pour in brandy. But if we consider the matter, and especially the known action of alcohol as a powerful narcotic, it is rather harm than good that we ought to expect from such an agent at such a time. The opportunity for alcohol has passed. Whatever may be the hope in such a condition (a question I do not attempt to discuss now), it can hardly be this.—*London Lancet.*

A CASE OF DOUBLE EPIGLOTTIS AND DOUBLE VOICE.

The case is that of a man 30 years old, by occupation a singer and contortionist at variety shows.

He came to me complaining of a weakness of the voice; that he could not always grasp the note at the beginning of a piece or turn of a song. He has the ability to command with ease the chest and the falsetto registers, and in singing has a baritone and a falsetto voice. Neither gives the least discomfort, and in ordinary conversation he has no preference as to which to use. In his family he uses the high voice entirely, but in business prefers the low voice. He uses either according to habit or association, and asserts that many of his friends are not aware that he has two voices. He gained the extra voice when he was sixteen years old.

In singing he always uses the high voice, as with it he can command a greater compass. In the high voice he has the upper and lower range in the falsetto register, and can run the scale from A to F.

The compass of the low voice is so small that he cannot reach the high notes of an ordinary song with it, and in singing only uses it to break into the falsetto voice and produce a sensation.

He may be said to command the lower range in the chest register, and can run the scale from A to A.

His throat externally is very prominent, on account of an angular curvature of the spine in the dorsal region. The cricoid cartilage is large, and has a deep V-shaped notch in its upper border.

The mouth and throat above the base of the tongue are quite normal in their shape and condition.

There is a marked double arrangement of the glandular tissue at the base of the tongue. The *epiglottis is double.* The right half of the cartilage overlaps the left to a slight extent. The division in the mucous membrane extends down to the median glosso-epiglottic fold, but the division in the cartilage must extend further, as during the production of the falsetto voice the lateral halves move inward, as if they were hinged in the middle.

The difference in the length and width of the cords, as well as the elliptical opening in the falsetto register and apposition in the chest register, can be readily demonstrated.

As to whether the peculiar formation of the epiglottis has anything to do with his ability to command the two voices, I am not prepared to say; but it is very probable that it has, for when the sides of the epiglottis are drawn in during the formation of notes in the falsetto register, the calibre of the laryngeal cavity is decreased to a considerable extent, and thereby renders the production of the falsetto voice easier.—T. R. French, M. D., *Annals of Anatomical and Surgical Society.*

CANADIANS IN ENGLAND.—Bertram Spencer, M.B., Toronto, has been admitted a member of the Royal College of Surgeons, England.

ENQUIRIES CONCERNING THE EUCALYPTUS.—Physicians familiar with the subject, who are willing to enlighten their less informed professional brothers in the East, are requested to send answers to the following questions addressed to S. V. Clevenger, M. D., No. 189 Thirty-Seventh Street, Chicago, Illinois:

1. What localities, to your knowledge, have been rendered more healthful by growth of Eucalyptus globulus? 2. What property possessed by the tree causes the change, in your opinion? 3. Does the tree effectually drain marshy ground? 4. Does it diffuse its peculiar odour noticeably where planted? 5. What is the northernmost limit of its growth on the Pacific Coast? 6. What are the relative merits of the dried leaves, fluid extract, tincture and eucalyptol? 7. Can eucalyptus in any form be substituted therapeutically for quinine, and to what extent? 8. Do you consider it a reliable antiseptic? 9. Have you used it advantageously in rheumatism? If so, externally or internally? 10. Do you notice much increase in urea excretion after its administration? 11. Has it, when applied externally, any advantages over other stimulating applications? 12. Please state your experience with it in diphtheria, asthma, skin affections, ulcers, pneumonia, typhoid fever, neuralgia, bronchitis, scarlatina, and other diseases. 13. Does the plant deteriorate medically or otherwise by transference from its native soil? 14. Please add such statements concerning Eucalyptus as you may consider of general interest to the profession. 15. Is there any other species of eucalyptus besides globulus equal to or nearly equal to it in medical properties?

To all gentlemen favouring me with an answer I will mail the reprinted article, treating their replies in connection with a general review of the subject to appear in the *Chicago Medical Gazette*, and *Journal* and *Examiner*. There is such a diversity of opinion upon the value of eucalyptus as a therapeutic agent that at this time communications concerning it from California and vicinity physicians would be read with interest.—*Pacific Medical Journal.*

HYDRIODIC ACID IN ASTHMA.—J. P. Oliver, M.D., of Boston, writes as follows to the *Medical and Surgical Journal* of that city: "In Dr. F. I. Knight's review of 'Berkhart on Asthma,' he incidentally alludes to the results of my treatment of asthma with large doses of iodide of potassium. In connection with the above, I desire to state that the drug, in doses of five or ten grains, seldom gave relief; but large doses, continued for a long period, gave entire relief in the majority of cases. Some patients, however, were unable to take the iodide of potassium even in small doses; in such cases I used as a substitute hydriodic acid, and, as Dr. Knight says, 'with surprisingly satisfactory results.'

"The form I have oftenest used is the syrup of hydriodic acid, and that prepared by Robert W. Gardner, of New York, I consider the best; it is agreeable to the taste, and not likely to be affected by exposure to light and air. It should be given as follows: Begin with small doses, twenty or thirty drops well diluted with water, and taken about half an hour to an hour before meals; if taken after meals it may disturb the stomach, set up fermentation, and cause colic, acid stomach, and pain in the head; increase the dose gradually, and a tablespoonful dose should not be exceeded.

"In cases of chronic bronchial catarrh, and in fact in all cases where iodide is indicated, I have found the syrup of hydriodic acid of great value."

AS IT SHOULD BE EVERYWHERE.—St. Paul (Minn.) Medical College announces an obligatory graded course of four years, requires an entrance examination in the higher English branches, and yearly professional examinations. Harvard this year leaves it optional with its students to graduate in three years, or take a four years' course and receive their M.D. *cum laude* on passing the fourth year examination. We hope to see all United States Colleges of repute follow the good example set them by St. Paul Medical College.

DISFIGUREMENT FROM GUNPOWDER can, it is said, be removed completely by free vesication and removal of the epidermis.

Surgery.

THE SYPHILITIC DIATHESIS.

INAUGURAL LECTURE OF PROF. ALF. FOURNIER.

(Translated for the CANADIAN JOURNAL OF MEDICAL SCIENCE.)

Wednesday last M. Fournier inaugurated, before a numerous audience, his clinical course of cutaneous and syphilitic diseases, which he did for the first time as titular Professor of the Faculty. After fourteen years consecrated to this instruction, he did not believe it useful to indicate in an exordium the principle which should guide him in this course. However, he could not, he said, be wanting in that tradition according to which professors newly elected rendered to their ancient masters the homage of their respectful gratitude. More than any other he knew what he owed to Denouvilliers, Chassaignac, Aran, G. Sée, Ricord. "I know," adds he, "that for the school my principal merit is being the scholar of that great master who rendered illustrious French syphilography, and whom in these lectures one may succeed, but never replace."

It is of syphilis that I wish to speak to you. We will at first cast a glance over the whole subject; for if its symptomatology and its diverse manifestations are now well studied, it is much less known as a general disease, as a diathesis.

What is syphilis? Most authors have shrunk from the difficulty of giving a definition; however, it is not impossible to characterize syphilis by its most important symptoms. It is a diathetic disease, resulting from the absorption of a particular virus, contagious and hereditary, essentially chronic, and revealing itself by a crowd of manifestations subjected to a veritable chronological order. It is a disease of foreign importation into the organism, and when it takes possession of the economy it is the result of the accidental introduction of a foreign principle.

Syphilis is essentially a specific disease. Accumulate all the common causes which more or less produce ordinary diseases, you will never make the pox. There is no syphilis without an anterior syphilis: an unique cause presides at the genesis of the disease—it is the contagion of the syphilitic virus. It is, then, a

disease which form a species, which has its individuality.

How does syphilis arise? We may here affirm two laws: First, the first symptom which succeeds to the syphilitic contagion never succeeds to it but after a lapse of time more or less prolonged, which is called the period of incubation. A patient exposes himself to-day to contract syphilis; it is only in three or four weeks that he will see some sign upon him. It is rare that it may be longer, still more exceptional from five to six weeks.

The second law is this: The first appreciable phenomenon that results from the contagion is always manifested at the point at which the contagion was exercised, never elsewhere.

The lesion which reveals the primitive explosion of syphilis has received the name of chancre. The chancre exists then, and it is but this: the initial accident which results *in situ* from the syphilitic contagion.

The chancre is not slow to react upon the ganglions into which flow the lymphatics of the part affected. The bubo is never wanting; it constantly accompanies the syphilitic chancre; it follows it like the shadow follows the body, says Ricord. These are the accidents which by themselves alone compose the first period of syphilis.

To see the chancre and its satellite thus isolated without reaction upon the economy, one might believe that the chancre constitutes a local accident. It is not so. Some weeks, on an average forty-five days (retain this figure) are not passed over before a new series begins, other manifestations break out in all parts. It is then, in fact, that are announced other accidents, which have received the name of consecutive accidents or general.

First of all, the general accidents of pox are distinguished from the chancre by these three characters: 1st, They are posterior to it. 2nd, They are not, like it, the result of an exterior influence of a contagion. 3rd, They are not localized at the point in which the contagion was sown.

In what do these general accidents consist? It suffices us to consult the table of contents of any treatise upon syphilis to be struck by the multiplicity, by the variety, and by the dissemination of these accidents. There is no system that it may not strike, no organ that it may not attack. By itself it constitutes an entire pathology; there is no other disease which may be compared with it in this respect.

The evolution presents two characters: 1st, The diathesis evolves under the form of intermittent manifestations. 2nd, It is subject to a veritable chronological order.

Do not represent to yourselves the pox as a disease always in action; it is adisease with manifestations separated from one another by intervals of repose, in which nothing morbid is produced. The intervals of repose are always more considerable than the periods during which the disease is in activity. We might define the pox: a state of apparent health, interrupted at varied intervals by morbid manifestations. It is a disease which proceeds by successive crises, by veritable shocks, separated from one another by intervals in which the morbid influence is no more betrayed by any symptom.

In the second place, the evolution of the diathesis is subject, like the succession of symptoms, to a chronological order. It has been remarked for a long time that the evolution of the pox was not exposed to chance. It is, so to speak, a hierarchical disease—a disease, *par excellence*, under orders. It is thus that amongst the innumerable symptoms which it presents, some succeed to the chancre at a few days' interval; others come only two or three years later; others finally form the rear guard, and are produced only at a very advanced age, after 12, 15 years or more. All the accidents have their date marked in the calendar of the pox.

These accidents differ amongst themselves, not only by their chronologic relations—they differ also by anatomical, clinical and symptomatic characters. Young syphilis is very different from aged syphilis. In the secondary period the accidents present two characters: they implicate the tissues only in a superficial manner; they are relatively benign. The most common phenomena are eruptions of syphilides of erythematous type, papular at most, adenopathies, some varied nervous troubles more in-

teresting than grave, some ocular affections hardly going beyond iritis, some troubles of the organs of locomotion or of the viscera, and that is all.

Opposite the secondary accidents, superficial and benign, let us place those of the tertiary period. We see here two characters also, but absolutely opposed to the preceding. The tertiary accidents implicate the tissues in a profound manner; they attack them in their parenchyma, destroy them; they do more than compromise the functions, they abolish them. In the second place, their prognosis is grave, and even very grave for some. The tertiary pox is characterized by hyperplasias, which tend to sclerosis or to the gumma sclerosis—that is to say, that fibrous degeneration which embraces the organs and annihilates them; the gumma—that is to say, that infiltration which penetrates them and leads them on to death. Thus tertiary syphilis is, *par excellence*, that which destroys and tends to incurable infirmities, and often causes the death of the individual. So it has been said with reason that tertiary syphilis almost constituted a disease different in aspect from secondary syphilis. Young syphilis is quite uniform in its manifestations; on the contrary, aged syphilis is remarkably polymorphous. If you take ten subjects having a secondary syphilis, nine of them will present the same accidents; but the older the pox, the more polymorphous it becomes.

Another curious point: the younger the syphilis, the more manifestations it produces; the older it is, the more sparing it becomes of symptoms. Secondary syphilis offers always many manifestations at once; on the contrary, the tertiary pox is of discrete nature. What one finds in it is an accident, or at the most, in some cases, a group of two or three accidents.

The secondary period is constituted by a group of accidents massed in a short space of time, at the end of which they have nothing more to be produced. On the contrary, the tertiary period is composed of accidents having no fixed onset, and being able to show themselves at no matter what date; the onset of this period cannot be fixed in a precise manner.

It is possible that the interact which separates a tertiary accident from another accident of the same kind may be extraordinarily long. It may be that during a more or less considerable number of years the diathesis may remain dormant, to be reawakened afterwards by the explosion of some accident or other. These *entr'actes* of the pox are commonly two, four, or six years, but it is very common to see them make a truce for twelve, sixteen, or eighteen years, to manifest themselves anew under the form of cerebral syphilis, for example. These *entr'actes* may be of 28 or 30 years. We find cited, in all authors, examples of pox resting silent for 45 or 50 years, and M. Fournier has observed one case in which this latent period endured for 52 years.

It is useless, after this, to insist on the duration of the disease; it is a diathesis which differs not from others, for excessive duration is the peculiarity of these morbid states.

At least is this diathesis susceptible of being extinguished? It is difficult to give a precise answer to this question. An ancient author says that the pox makes truces rather than peace with its subjects. Cazenove wrote that one could not cure the syphilitic temperament, and that one lived with it as with the lymphatic temperament. Unfortunately facts speak in favour of this desolating opinion.

It is certain that one has often seen tertiary accidents produced in subjects methodically treated, and even appearing cured for a long while.

The pox is never doubled. The production of a second pox would be a happy sign, attesting that the first was sufficiently effaced in order that a second might appear. We find in the periodicals a few examples of double pox. But these cases are very contestable.

In all probability the pox is not extinguished in the organism—it persists with the duration of life. But in practice the rule is that syphilis, after having been subjected to a prolonged methodic treatment, remains silent and inoffensive during the rest of existence; the rule is that most individuals who have had the pox in youth may marry and remain altogether inoffensive to their wife and children; they continue themselves to live as if they enjoyed perfect health.

This fact, in appearance so desolating, that the pox is never contracted twice, does not, however entail all the consequences that we habitually draw from it. Typhoid fever, also, but rarely, is taken a second time, and yet the idea enters no one's head that a patient formerly attacked with typhoid fever remains all his life exposed to the divers accidents of that disease.

Concerning the treatment, there is a *morale* to be drawn from the whole of these characters. It is very evident that a disease so terrible and so prolonged claims a treatment of proportional energy. To abandon such a disease to itself is an idea which may germinate in certain dreamy minds, but pure expectation has shown its results, and is to-day condemned. It is at least evident that the treatment to be instituted here is a special treatment. It ought to be of long duration, like the treatment of diatheses in general. For a chronic disease a chronic treatment is necessary. A specific medication ought to be pursued at least during many years.—*La France Médicale.*

A POINT IN THE DIAGNOSIS OF STRICTURE OF THE RECTUM.

It is not many years since it was generally accepted that the passage of tape-like fæces was diagnostic of stricture of the rectum. This teaching has gradually given way in the light of clinical observation, and it is now commonly understood that many other conditions besides stricture may cause deformed passages, such, for instance, as tumors and displacements of the uterus, pelvic growths, and, more than all else, the spasmodic action of an irritable sphincter muscle. If the shape of the passages is of any diagnostic value in this affection, it is from the small, rounded, goat-like stools that we have to fear the existence of grave occlusion of the rectal calibre, rather than from any other. But, though this has been generally taught and understood for some years, the idea has always been tenaciously held that, although deformed passages might be caused by other conditions than stricture of the rectum, still a stricture always involved the idea of misshapen stools, and, indeed, that stricture with natural passages was a physical impossibility. This also seems to be delusive in certain cases, and, if we stop to think a moment, there seems to be no reason why, with a stricture well up in the rectum, fæces should not pass through it in small quantities, accumulate and become massed again in the rectal ampulla, and finally escape of a natural size and shape. That this does occur is no longer a question for theorizing.

In an able article on Annular Stricture of the Intestine: its Diagnosis and Treatment, in the "British Medical Journal" for May 31, 1879, Dr. Stephen Mackenzie wrote:—"The fact that full-sized, properly formed fæces are occasionally passed of course shows that there can be no organic stricture." Under an active fire of adverse criticism he withdraws the statement in the issue of the same journal for May 15, 1880, with the explanation that it was founded on his personal observation, which has since been supplemented and corrected by that of others. In the same number of the journal in which his first statement appeared, another case was published by Dr. Walters, of annular stricture at the junction of the sigmoid flexure and the rectum, in which the evacuations were sometimes not larger than the little finger, while at other times large, bulky motions were passed. Dr. Sawyer also describes a similar case, in which he personally examined the passages, and found them of normal size and shape. Mr. Hilton Fagge, in his article in "Guy's Hospital Reports" (also quoted by Dr. Mackenzie), deprecates the importance attached to the statements of patients in regard to this matter, and thinks that a trustworthy answer to an inquiry on this head is more than can ordinarily be expected from hospital patients.

Dr. Mackenzie does not entirely give up his point, however. He admits that the presence of a tight stricture as low down as the junction of the sigmoid flexure and the rectum is compatible with the occasional passage of natural fæces, but still thinks that the passage of small, lumpy, flattened, or otherwise deformed fæces, when properly formed and full-sized fæces are *never* passed, is a sign of great value. We believe this is rather more than most observers would be willing to allow, and that at the bedside this symptom is generally considered of little or no practical value. It would be easy

to quote authorities for this belief. The question is, however, not how high up a stricture must be to permit of natural passages, but how low down it must be not to permit of them. The fæces naturally take their shape from the last orifice through which they pass—the anus. If the sphincter is practically supplanted by a mass of hard stricture-tissue, or, in other words, if the stricture be close to the anus, or be forced close to it in the act of defecation, as it sometimes is—then, and then only, will the stricture show itself by impressing its stamp upon the material which passes through it.—*N. Y. Medical Journal.*

PROGNOSIS OF CANCEROUS TUMOUR OF THE BREAST.

Translated for the CANADIAN JOURNAL OF MEDICAL SCIENCE.

I seize this occasion to say a word to you on the prognosis of cancerous tumour of the breast. We are often told, "You operate, but the disease returns." Yes, it returns, because that is the nature of cancer. I do not stop to refute those who say that they have radically cured cancers by an operation. They deceive those to whom they say it, or they deceive themselves. Some, for the benefit of their cause, call benign tumours, cancers, such as simple adenomata, which they remove and say they have cured a cancer, but no right-minded man who knows his profession could say this seriously.

Cancers recur more or less quickly according as the patient is younger, more vigorous, or more aged. It seems that the activity of the life of the cancer is in direct relation with the vitality of the tissues in the age of strength. But in subjects of from 50 to 60 years of age, here is in what order the rapidity of the evolution of the cancer may be categorized.

Scirrhus, the limited, developed outside of the gland, abandoned to itself, takes from four to five years to produce death. Disseminated scirrhus is more active: in three years the patients succumb. When the gland is primarly interested, the disease marches a little more rapidly.

Sarcomata, primary or consecutive to adenomata, abandoned to themselves, are at times very malignant, at times relatively benign. When they contain only few young fibroplastic elements, they ulcerate rapidly, and cause the patients to perish by hemorrhages. At other times they are richer in fibrous elements—they progress slowly and acquire a very great volume. They then cause death in five years at the most.

Encephaloid cancer progresses more quickly: it kills in eighteen months or two years.

Cancer developed primarily in the lymphatics has the same march as encephaloid. Epithelioma of the skin of the breast may let the patients live five or six years, on condition that we abstain from cauterizing them. When we perceive any one of these cancers in opportune time—that is, before the patients have lost flesh and when the general health is still good; that is, when we can take away the whole of the disease with a large portion of the healthy structures—here is what we obtain: for very limited encephaloids, one year to eighteen months without return; for scirrhus, two years; but at the moment of return the evil is still limited, and we may perform a second operation, which still gives two years of life. I have even performed, for a patient of this kind, three operations every two years. The patient lived eight years, of which she had been under treatment six months for her three operations, and nine months during which the scirrhus had ulcerated and produced death. For sarcomata removed in time, I have seen patients four and five years without returns, but for cancers of the lymphatics it is barely more than a year of benefit that we can assure the patients. On the whole, an operation practised in time may gain, in the severest cases, a year of health to the patient, and in the less grave cases three, four, five, and even six years. This is something, and this resource which surgery offers is certainly precious. Who is there amongst us who would hesitate, were this proposed for his wife or his mother? Would you prefer to see one of yours for three years with a fetid ulcer, or see him only one year? Is it nothing to give a woman two years of health and illusion? I have already seen a certain number of times unfortunate women who come to demand an operation that one could not and should not perform for them, and it is because they have

been deceived during the time in which they might have been operated upon, that the surgeon was disarmed; and I have deplored our powerlessness to put patients on their guard against those who abuse them.—*Gaz. des Hop.*

COTTON-WOOL AS A VEHICLE FOR MEDICATING THE NASAL REGION.

BY EDWARD WOAKES, M.D.

Senior Surgeon to the Hospital for Diseases of the Throat and Chest.

The method of applying medicated wool to the post-nasal space is very simple, and can be improvised under almost any circumstances. It is as follows: The quantity of wool determined upon, usually from two to three grains by weight, is twisted spindle-shaped, but loosely, upon a piece of thread or silk; the thin ends are brought together, and tied with a knot; thus the spindle-shaped pledget of wool is doubled upon itself, and secured firmly to the thread, having now a pear-shape, the stalk being represented by the thread. A blunt probe is engaged in the wool, and made to conduct it along the floor of the nose to the spot where it is to be retained. The process is then repeated on the other side, the threads from each pledget hanging out from either nostril. These are now tied together below the septum, by which means the patient will be assured the wool will not be swallowed. In the morning, supposing the application to be made overnight, they can be withdrawn by pulling on the threads. In this way any drug that may be selected can be introduced with ease, and with a little skill in the manipulation the vault of the pharynx, Rosenmüller's fossa, or the neighbourhood of the Eustachian tubes, may be topically medicated. If desired, several such pledgets may be introduced in succession, until a sufficient quantity has been placed *in sita;* the threads belonging to all can then be tied together, and secured.

The above process is so simple that I ought perhaps to apologise for dwelling on its details. It has, however, a practical bearing, inasmuch as it enables the patient to see for himself that the wool is withdrawn.

There are other advantages attending this use of medicated cotton-wool irrespective of the special virtue of the drug employed. Thus it absorbs discharge, and where necessary disinfects it. Further, when placed in the nasal meati (for which purpose it is unnecessary to attach it to a thread, as it will remain where it is placed), it exerts a beneficial mechanical support to the erectile-tissue-like arrangement of the vessels supplying the mucous membrane of the turbinated bones. It is this peculiar vascularity of the part which admits of the great swelling and profuse discharge often seen to occur quite suddenly in some patients. When the vessels of this structure have been repeatedly congested, their tendency is to remain permanently swollen, and against this issue the pressure exerted by the cotton-wool affords a curative influence, quite irrespective of the therapeutic action of the drug with which it is charged.

As my object in this communication is not to write a treatise on nasal therapeutics, but simply to place in the hands of the profession a ready method of carrying into effective practice the remedies they may themselves select, the further object of this communication will be answered by a brief statement of the formulæ of proved efficacy for the purposes in view.

Besides the iodoform wool already some time in use, the following will be found of most frequent utility:

ASTRINGENTS.

Perchloride-of-iron Wool.—Cotton-wool, one drachm; glycerine, ten minims; tr. fer. perchlor., one ounce.

Tannin Wool.—Cotton-wool, one drachm; glycerine, ten minims; tannin, one drachm; rectified spirit, six drachms.

Alum Wool.—Cotton-wool, one drachm; glycerine, ten minims; alum, half a drachm; water, one ounce.

Rhatany-Kino-Catechu Wool.—Cotton-wool, one drachm; glycerine, ten minims; tr. catechu, vel kino, vel rhatany, one ounce.

Hamamelis Wool.—Cotton-wool, one drachm; glycerine, ten minims; tr. hamamelis, half an ounce.

ANTI-CATARRHAL.

Cubebs Wool.—Cotton-wool, one drachm; glycerine, ten minims, tr. cubebæ, one ounce.

ANTISEPTIC, DISENFECTANT, AND STIMULANT.

Camphor Wool.—Cotton-wool, one drachm; glycerine, ten minims; æth. rect., one ounce.

Boric or Boracic Wool.—Cotton-wool, one drachm; glycerine, ten minims; boric acid, one drachm; sp. vin. rect., six drachms.

Iodine Wool.—Cotton-wool, one drachm; glycerine, ten minims; tr. iod., half an ounce.

SEDATIVE.

Opium Wool.—Cotton Wool, one drachm; glycerine, ten minims; tr. opii, half an ounce.

General directions.—Mix the glycerine with the tincture or other solvent, saturate the wool with the liquid, and dry.

Since writing the above, I have had some preparations of salicylic and carbolic acid made on the same principle, but have as yet no experience of their usefulness to report.—*London Lancet.*

INEQUALITY IN THE LENGTH OF THE ARMS, WITH THE REPORT OF A SUIT FOR DAMAGES.

BY ISAIAH H. WHITE, M.D.,

Surgeon St. Paul's Church Infirmary for Women, Richmond, Va.

February 5th, 1880, Martin, while crossing the tract of the Richmond and Petersburg Railroad, was run into by a passing train, the locomotive striking the rear of the waggon, and throwing him from his seat, alighting on his hands with arms extended.

Dr. S. L. Ingram, of Manchester, Va., who examined him soon after the accident, could discover no luxation, fracture, or other serious injury. Martin subsequently claimed that he was unable to work, that he was seriously and permanently injured in the left shoulder, and that the left arm was shorter than the right, and sued the railroad company for five thousand dollars damages.

The case was tried May 10th and 11th, 1880, before Judge Weisiger, at Chesterfield C. H., Va. I was summoned as an expert by the defendant, and stated that, on May 8th, I had examined the plaintiff at the request of Dr. Ingram, and found all the motions of the left shoulder joint, the part claimed to be injured, perfect, no callus, deformity, or other evidence of fracture, either of the humerus or scapula; the head of the humerus forced into the glenoid cavity elicited no pain; standing with both arms extended in the horizontal position, the right arm showed signs of fatigue before the left, being left-handed. On measuring from the tip of the acromion process of the scapula to the olecranon process of the ulna, the forearm being flexed at a right angle to the arm, the left humerus was found to be three-quarters of an inch shorter than the left.

Recollecting an article in the *American Journal of Medical Sciences*, January, 1877, by Dr. Wm. Hunt, on "The Inequality of the Length of the Lower Limbs," I determined to ascertain if this asymmetry did not obtain in the upper as well as the lower extremities. With this view I measured the arms of Dr. Ingram, and of another gentleman who was present at the time, and found inequalities in each. Dr. Ingram further examined mine, and found the left shorter by half an inch. (Since then I have examined the arms of several persons, and found inequalities in each, in some cases amounting to three-fourths of an inch.)

I gave as my opinion that the plaintiff had sustained no serious injury by the accident, and that the inequality in the length of the arms was natural, and not the result of injury. A verdict was rendered for the defendants.

This case is reported for the purpose of calling attention to the want of symmetry in the upper extremities, with the hope that some one will pursue the subject with the same care that Dr. Hunt has given to the inequality of the length of the lower limbs.—*Southern Clinic.*

MALIGNANT DISEASE OF THE LIP—RULES FOR OPERATING.—Dr. T. A. McGaw (*Trans. Amer. Med. Association*, 1878), in a paper on the treatment of growths, gives the following rules for operating on the lip: (1) Every wart on the lower lip of persons over forty years old, and every non-syphilitic ulcer which does not speedily yield to treatment, should be regarded as cancerous. (2) The proper remedy in all cases is excision, performed according to Thiersch's law, viz., to cut at least one and a half centimetres from the edge of the cancer, regardless of the shape or extent of the resulting wound. (3) The submental lymphatic glands should in every case be thoroughly

examined. This can best be done by careful exploration of the floor of the mouth between two fingers, one inside and the other out. Whenever there is the least suspicion of glandular implication the thick submental integuments should be cut through, in order that the fingers may explore directly the condition of the tissues. (4) All enlarged lymphatics, and the sub-maxillary gland when adherent to the lymphatics, should be removed. When necessary, the incision should be extended to permit free access to the glands in the carotid regions. (5) When the periosteum is involved the bone should be thoroughly scraped; when the bone is affected it should be excised. (6) After the operation is finished, and not before, the surgeon may direct his attention to the plastic operation necessary to cover all defects. —*Detroit Lancet.*

On a New Method of Arresting Gonorrhea.—I read with great pleasure the article headed as above by Mr. Cheyne, and wish to state that I have adopted his method of passing medicated bougies up the urethra for acute and chronic gonorrhea. The bougies I used were made by Kirby & Co., 14 Newman Street, Oxford Street. The other day I thought I would use iodoform in the shape of a bougie. I therefore ordered some containing five grains in each, and have been very gratified with the result, which has quite come up to my expectation. I have been in the habit of using iodoform, both in the form of ointment and of powder, for some years, and with marked success, in the treatment of indolent varicose ulcer of the leg, soft chancres, etc. The method I adopt in the treatment of gonorrhea is this: I first order the patient an injection containing ten minims of liquor plumbi and two grains of sulphate of zinc to an ounce of water, to be used frequently until the acute symptoms have subsided. I then pass a No. 9 bougie up the urethra as far as the ulcerated spot. I then apply a piece of lint over the orifice of the urethra, under the prepuce, and tell him not to pass his urine for some hours afterward. I order him to take as little liquid as possible and no stimulants. I generally pass one or two bougies a day. My patients generally get rid of the gonorrhea in a week. The only constitutional treatment I adopt is a brisk purgative, followed by tonics.—*British Medical Journal.*

The Joint Administration of Cubebs and Copaiba.—In Gonorrhœa I have long wondered why these two drugs are not more frequently given in combination than as yet appears to be the case. It is true that such a preparation is extensively advertised by a wholesale house; but in myexperience, this mixture, besides being expensive, is so nasty, that patients commonly prefer the complaint, as the least of two evils. If an emulsion of oleum copaibæ and liquor potassæ be made in the ordinary way, and oil of cubebs then shaken up with it, the latter is readily held in suspension. I append a formula, which in my hands has been of great service, which is not particularly unpalatable. ℞. Olei copaibæ, olei cubebæ, āā ʒij; liquoris potassæ ʒiijss; tincturæ aurantii ʒiij; syrupi simplicis ʒij; aquam menthæ piperitæ ad ʒviij. M. Fiat mistura, cujus capiat ʒj ter quotidie.

I may add that liquor potassæ permanganatis (ʒiij ad aquæ ʒvj) appears to me by far the best injection, and has the great advantage of being serviceable all through the acute stage of gonorrhœa. It should be used very frequently; and subsequently, a little zinc sulphate may be added with benefit.—*Herbert L. Snow, M.D.*, London, *in British Medical Journal.*

Incontinence of Urine.—Dr. Manual Estrada (*El Medico y Cirujano Centro Americano*, No. 2) relates a case of incontinence of urine in a child three years of age, with whom various remedies had been tried and failed. A careful examination of the external organs of generation showed that the labia minora had become united, and had sealed up completely the orifice of the vagina, leaving, however, the meatus urinarius free. The labia having been divided with a bistoury, it was then found that the hymen consisted of muscular fibres, extending in a direction from below upwards, and intercrossed. Their action would be to draw the urethra downwards, and in this way to exercise traction on the trigone of the bladder, with the result of causing irritation,

and probably incontinence. The treatment, which was perfectly successful, consisted in dividing the parts freely, and fastening them back with sutures to prevent reapposition. The author calls attention to the necessity of examining the external organs of children carefully in all cases of incontinence of urine, where the usual remedies have failed.—*London Medical Record, June 15th*, 1880.

SUGGESTIONS FOR TREATING SWOLLEN FINGERS.—A correspondent writes to the *Medical Times and Gazette*, London: Allow me to suggest to your readers the use of the material in the treatment of the swellings of the fingers, which are often tedious and painful, in persons of rheumatic or gouty constitution. For two or three years past I have used a piece of India-rubber finger-stall in fissures and slight cuts of the fingers; and for twelve months or more I have used it in cases of thickening or deposit around the joints of the finger after injury, with great relief to the patient. It has seemed to me that the brown finger-stalls of pure rubber are better than the black or vulcanized. A piece of tubing may be cut into lengths of about an inch or an inch and a half. One of these can be sliped over the joint by the patient himself, after he has been taught how to do it. It should be worn constantly, day and night. The patient will soon learn to roll it off, and reapply it after washing his hands. When it has become too loose to give the necessary support, another length can be taken. —*Med. and Surg. Reporter.*

NERVE STRETCHING IN TABES DORSALIS.—Dr. Langenbuch, of Berlin, reports a case of tabes dorsalis cured by stretching the sciatic nerves. The patient had the symptoms well marked, and suffered intensely from pains, especially in the region of the sciatics. The left was first operated upon. Motor and sensory paralysis followed, but disappeared in a few days. There was no pain from the moment of the operation. Twelve days after the right sciatic, and both crural nerves were stretched and with the same results. The patient's first attempts at walking were feeble and incomplete, but improved rapidly; the ataxic symptoms had disappeared. Antiseptic precautions were observed in the operations, and are said to be absolutely necessary for success. — *Chicago Medical Review*, from *Berlin. Wochenschrift.*

Midwifery.

PHANTOM TUMOUR SIMULATING PREGNANCY IN AN ASS.

The Rev. Dr. Haughton made a communication on a case of phantom tumour simulating pregnancy in one of the lower animals, and he hoped that a careful study of the phenomena in this case might help towards the more philosophical study of what occurred in the human female, as the mental disturbance, so large a factor in our notion of the phenomenon as it occurs amongst women, would be almost or altogether eliminated. Having purchased a fine specimen of a rare variety of zebra, he was anxious to provide a suitable partner for him; he therefore obtained a healthy three-year old virgin ass. It was necessary to have a virgin, as it was known that the first intercourse gave a stamp to the subsequent progeny. Frequent and apparently satisfactory intercourse took place between the two. The ass came into season at intervals of five weeks, and remained so from ten to fourteen days, and its period of utero-gestation was eleven months. It was therefore easy to discern when the animal was in foal. After six weeks, the ass began to enlarge visibly, and a man much accustomed to the breeding of horses declared that he could "feel the foal inside her." The eleven months expired, and the ass came into season again without having given birth to a foal. After a lapse of four months, she was again given the zebra, and again she swelled, continued so for eleven months, and again gave birth to nothing. In this case, he considered that the mental element might be disregarded, for the ass could have no object in deceiving the zebra. It was at first thought possible that she had aborted in the night and eaten the fœtus; but the most careful search showed not a trace of such an occurrence. On each disappearance of the swelling, her abdomen returned to its normal size in one day.—Dr. McClintock thought that it was not by any means impossible that something analogous to a psychological element might have operated in the case mentioned. Brutes had far more feeling and intelligence than they were usually given credit for, and a

very strong feeling accompanied sexual intercourse in them.—Drs. Denham, H. Kennedy, MacSwiney, and the President also took part in the discussion. In reply to Dr. McClintock, Dr. Haughton stated that he had no doubt that what the ancients called στοργη, the maternal instinct, was present, and that the ass's illusion of being in foal influenced her physiological condition; for her mammary glands were enlarged, and when the supposed pregnancy was over they subsided with the abdominal enlargement.—*British Medical Journal.*

ABORTION—ALUM EGG.

R. W. Griswold, M.D., President Hartford County (Conn.) Medical Association, communicates the following:—

For the last twenty years my reliance (in flooding) has been on a junk of alum in the vagina. If this is not at hand, I take the next best thing that is; but a junk of alum is a part of the contents of my medicine-box. It is of the size of a large hen's egg, ovoid in shape, and generally left a little ragged, though without sharp points. Around the middle is cut a groove, about which is tied a bit of strong but not large twine, leaving the ends so that they can hang out of the vagina. No preparation is necessary, nor any exposure of the person needed. The egg is introduced endway, turned half around, so as to bring the long diameter across the vagina, and pushed downward and then upward against the os. In some cases, especially if the canal is large, I back the egg with sufficient packing to secure its retention in position. If the vagina be small and close, there may be no need at all of the supplementary support.

This treatment is easy, speedy, and effectual against further hemorrhage. It has never failed me, and I leave the patient with the feeling that she is safe for the next twelve or fifteen hours, so far as danger from further bleeding is concerned. And I may add that I have never had any unfavourable effects follow its use in any one of the score of cases in which it has been employed—no fevers, no septicæmia, no deaths, no anything untoward—and I have never had occasion to use it the second time in any one case. It can be removed when desirable, either by traction on the cord, or by the introduction of the fingers, the coagulated blood fished out, the vagina syringed, and the case further treated as circumstances may require.—*Louv. Med. News, April* 3.

TANNIN LOCALLY IN PROLAPSUS UTERI.

Dr. G. P. Hachenberg reports several cases of the use of this remedy in prolapsus uteri, where other means had failed to afford relief. His method is as follows: A glass speculum is introduced into the vagina, so as to push the uterus into its place. Through the speculum a metallic tube or syringe, with the end containing about thirty grains of tannin, is passed. With a piston the tannin is pushed against the uterus, the syringe withdrawn, and the packing neatly and effectually completed, with a dry probang, around the mouth and neck of the womb. After the packing is completed, the probang is placed against the tannin, in order to hold it, and the speculum is partially withdrawn. The packing is now fully secured, and the instrument removed.

The application of tannin holds the uterus firmly and securely in place, not by dilatation of the walls of the vagina, but by corrugating and contracting its parts. At first the application may be made weekly; finally, but once or twice a month. It not only overcomes the hypertrophy and elongation of the cervix, but even, the writer thinks, induces a slight atrophy of the parts. As a remedy for leucorrhœa, where the seat of the inflammation is at the mouth of the womb, or within the vagina, it actually gives speedy relief. The doctor also reports a case of chronic ulceration of the rectum which was cured after a few weekly packings of tannin.—*Med. Record.*

THE ADMINISTRATION OF ERGOT IN LABOUR.—Dr. Glynn Whittle (*Dublin Journal of Med. Sci.*, February, 1880) thinks that there is no doubt that ergot judiciously administered will save a lying-in woman from the necessity of a forceps delivery. If there is reason to fear post-mortem hemorrhage, ergot should always

be given before the child is born. The fifteen to thirty-minim range of the Pharmacopœial liquid extract is practically useless, but there is a limit to the dose which it is desirable to give. Two fluid drachms may be mentioned as a maximum, but occasionally it is justifiable to repeat this quantity. Dr. Whittle also lays down the following rule in regard to the administration of ergot: Never administer ergot until the labour is so far advanced that it could, if necessary, be easily finished with the forceps. In cases where tonic uterine contraction follows, threatening the life of the child, but not terminating the labour, recourse may then be had to the forceps. If the placenta happens to be morbidly adherent, the danger of the complication may be greatly angmented by post-partum increased uterine contraction, due to the influence of ergot, and of such a case Dr. Whittle quotes an instance which occurred in his own practice. —*Practitioner*, May, 1880. *Monthly Abstract.*

Translations.

Iodide of Starch as an Antidote to Various Poisons.

In a paper read before the Medical Society of Florence, Bellini recommends the iodide of starch as an antidote for poisons in general. The absence of disagreeable taste and irritating properties allows this compound to be administered in large doses.

This antidote is above all efficacious in poisoning by sulphuretted hydrogen gas, by the alkaloids and the alkaline sulphides, by ammonia, and principally by the alkaloids with which iodine forms an insoluble compound. In this respect it is preferable to the tincture of iodine. It aids the elimination of the salts of lead and mercury. In cases of acute poisoning an emetic must be administered before the iodide of starch.—*La France Méd.*

Verminous Affection.—The *Union Médicale* of May 18th, 1880, contains a detailed account of a case in which a boy twelve years of age, in the course of three years, passed more than five thousand lumbricoid worms, the greater number by vomiting.

Tonic Preparation of Glycerine to supply the place of Cod Liver Oil.—(Larmande.)

Some patients absolutely refuse to take cod liver oil, which causes them to lose their appetite. In these cases we may have recourse to the employment of glycerine internally, employment which is too much neglected, and which is called to render services of all kinds. Dr. Larmande makes use of the following formula:

Pure glycerine....	300 grammes....	oz 9
Tinct. of iodine ..	30 drops....	drops30
Iodide of potassium	30 centgs..	grains 5

Tablespoonful a quarter of an hour before each meal. The appetite soon returns, and constipation, when there is any, ceases absolutely. For delicate persons this formula must be modified a little by adding to it some syrup of raspberry:

Pure glycerine....	250 grammes....	oz 8
Syrup of raspberry	30 "	oz 1
Iodide of potassium	30 centgs.....	grs 5
Tinct. of iodine ...	30 drops....	drops30

Tablespoonful before each meal.—*Le Prog. Méd.*

Formulæ for Chian Turpentine.

I.

Solut. Terebinth Chiens Alcohol (1:1)	ʒss.
Mucilag. Tragacanth.....	ʒiv.
Syrup.....	ʒi.
Sulphur Sublimat.....	gr40.
Aq. ad.....	ʒxvi.

M. Dose, ʒi three times daily.

II.

Pulv. Amygdal Co.	
Sol. Terebinth Chiens (1:1) āā	ʒss.
Spt. Chloroformi	ʒiv.
Sulphur Sublimat.....	gr40.
Aq. ad	ʒxvi.

III.

Terebinth Chiens	ʒi.
Alcohol	ʒii.
Acaciæ pulv.....	ʒi.
Pulv. Glycyrrhizæ rad.....	ʒi.
Confect. rosæ.....	ʒi.

M. Dose, ½ to 1 teaspoonful.

—*New Remedies.*

Pomades of Iodoform.

Iodoform may be employed in the form of pomade against orchitis, strumous adenitis, and soft or indurated chancres. Kurz employs it in the following form:

Iodoform	1 part.
Glycerine	10 parts.

But there remains a very disagreeable odour. Lindmann masks this odour by means of two parts of balsam of Peru for one of iodoform. He recommends the following formula:

Iodoform	1 part.
Balsam of Peru	3 parts.
Vaseline	8 "

The eight parts of vaseline may be replaced by twelve parts of alcohol, or glycerine, or collodion.

The iodoform is first intimately mixed with the balsam of Peru, then the other substances are added.—*La France Méd.*

Passage of the Fœtal Head through the Contracted Superior Strait in Breech Presentations.—(Champetier de Ribes.)

The extraction is considerably facilitated by the following two manœuvres:

1. By pushing directly backwards into the concavity of the sacrum, that side of the base of the neck which is found descended behind the symphysis pubis, and which is seized between the index and medius as in a fork.

2. By causing an assistant to make expression bearing on the frontal region of the fœtus, with the palm of the hand which embraces this region and lowers it, following the direction of the axis of the superior strait.—*Gaz. Méd. de Strasbourg.*

Eucalyptus in Coryza—Rudolphi.

After numerous experimental trials upon himself and others, Dr. Rudolpho Rudolphi recommends the eucalyptus globulus as a useful remedy for the rapid cure of acute coryza. A small quantity of the dry leaves of the eucalyptus is chewed, and the saliva slowly swallowed. The coryza is promptly ameliorated, and, indeed, often dissipated in the space of half-an-hour. This means is only successful in the case of acute coryza.—*L'Union Medicale.*

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

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

TORONTO, OCTOBER, 1880.

IMPORTANT AND IMPORTUNATE NOTICE.

Subscribers in arrears will greatly oblige us by cancelling their indebtedness as soon as possible. It costs money to publish a Medical Journal, and the annual subscription asked from each individual, by itself small, becomes, when numbers are in arrear, an important consideration to us. The moral of the above is, "Pay up."

Maltopepsyn.—As will be seen by the institch in this number, Mr. Hazen Morse, of 57 Front Street East, Toronto, has placed upon the Canadian market a new preparation of pepsine, for which he claims better results therapeutically (at less than half the price) than can be obtained from any other good preparation of pepsine on the market. Mr. Morse is also selling a preparation of cod liver oil, called "Hydroleine," a partially digested oil, palatable and more easily assimilated than the pure oil. The formula is published in the advertisement, and the names of several well-known and eminent physicians in Canada given as references. For further information we need only refer our readers to the advertisement.

Canada Medical Association—Exhibit of Reed & Carnrick's Maltine and the New York Pharmacal Association's Lactopeptine.—As usual, these enterprising New York firms were on hand at Ottawa with samples of these well-known and useful preparations, now so extensively used in the practice of Canadian physicians. We have prescribed them with gratifying results.

PERSONAL. — We regret to hear that the Toronto Asylum for the Insane is shortly to lose the services of one of its medical staff, Dr. C. K. Clarke, who has been appointed to the Hamilton Asylum. We join our good wishes to those of all who know him, for his success and happiness in his new appointment. Dr. T. S. Covernton, of the Hamilton Asylum, succeeds Dr. Clarke, and will be equally with the latter regretted by those whom he leaves, and welcomed by those he joins.

Meetings of Medical Societies.

CANADA MEDICAL ASSOCIATION.

THIRTEENTH ANNUAL MEETING.

The thirteenth annual meeting of the Canada Medical Association was held at Ottawa on September 1st and 2nd, in the Railway Committee Room, House of Commons, and was well attended by members from Ontario, Quebec, and the Maritime Provinces—delegates from the American Medical Association being also present. These were Dr. Brodie of Detroit, Dr. Brush of Utica, N.Y., and Dr. Goodwillie of New York. A large number of new members were elected.

Dr. MULLIN of Hamilton presented the report of the Committee on Fees, recommending that the annual fees should not be increased, and that their payment should only be insisted upon from members present at the meeting. The report was, after a good deal of discussion, adopted.

Dr. GARDINER presented an able and interesting report of the Committee on Obstetrics and Gynæcology, referring to the progress made in these branches and the recent additions to the literature.

Dr. BOTSFORD of St. John, N.B., reported on Sanitary Science, urging the importance of sanitary legislation, and calling attention to the evils arising from the Dominion Parliament's position of masterly inactivity in the matter. The necessity of a thorough system of registration and vital statistics was insisted upon, and the benefits that would ensue upon the adoption of such legislation pointed out.

Drs. BRODIE (Detroit), PLAYTER and WORKMAN (of Toronto), and SWEETLAND and GRANT (of Ottawa) endorsed the views of Dr. Botsford.

Dr. OSLER of Montreal read a paper on "Progress made in Pathological Enquiry," which was received with great applause.

Notice of the following papers had been received, some of which we hope to print in our future issues :

Surgical.—1. On Brain Lesions, Dr. D. Clark, Toronto ; 2. Cases of Plastic Operations on Eyelids, Dr. R. A. Reeve, Toronto ; 3. Surgical Treatment of Laceration of the Cervix Uteri, Dr. T. K. Holmes, Chatham ; 4. A Case of Disease of the Elbow Joint, with Resection, Dr. W. Caniff, Toronto ; 5. Fibroid Tumour of the Bladder, Dr. J. Fulton, Toronto ; 6. On Medullary Cancer of the Liver, Dr. W. C. Covernton, Toronto ; 7. ——, Dr. Ryerson, Toronto.

Medical.—1. Contributions to Localization of Cerebral Diseases, Dr. Workman, Toronto ; 2. (*a*) A Contribution to the Question of Spinal Paralysis ; (*b*) Demonstrations of a Series of Specimens Illustrating the Morbid Anatomy of the Brain and Spinal Cord, Dr. OSLER, Montreal ; 3. The Discarded Practice of Venesection, Dr. Hill, Ottawa ; 4. Pseudo Hypertrophic Muscular Paralysis—exhibiting the patient, Dr. J. Fulton, Toronto ; 5. The Gymnastics of the Brain, Dr. J. A. Grant, Ottawa ; 6. The Preventive Treatment of Hemicania by Cannabis Indica, Dr. J. Stewart, Brucefield ; 7. On the Use of Alcohol in Pneumonia, Dr. L. C. Prevost, Ottawa ; 8. Tea as a valuable Therapeutic Agent, Dr. J. A. Sewell, Quebec ; 9. Loose Kidney, Dr. W. Marsden, Quebec ; 10. On the Beneficial and Toxic Effects of the various Species of Rhus, Dr. T. J. W. Burgess, London.

On Wednesday evening, the medical profession of the city and Ottawa Valley gave a dinner, at the Russell House, to the Association ; Dr. Hill of Ottawa occupying the chair, and Drs. Cranston and Robillard the 1st and 2nd Vice-chairs. Over a hundred were present at the dinner, and did full justice to the sumptuous repast provided by Mr. Gouin. The band of the G. G. F. G. gave a number of choice selections during the evening. The usual loyal and patriotic toasts were given and duly honoured. Dr. Howard of Montreal responded in his usual graceful manner to the toast of "The Canada Medical Association and

its President;" Drs. Mostyn and Rottot to that of "The Ontario and Quebec Medical Councils;" and Dr. Grant to that of "The Medical Profession."

Drs. Brodie of Detroit, Hingston of Montreal, Botsford of St. John, and Mayor Macintosh of Ottawa returned thanks for the toast of "Our Guests."

Mr. Lash, Deputy Minister of Justice, and Mr. McLeod Stewart responded for "Our Sister Professions."

Drs. Ross, Clarke and Sullivan spoke on behalf of "Our Educational Institutions."

SECOND DAY.

The PRESIDENT presented a report from Dr. Oldright, chairman of the special committee appointed last year to report on the subject of Health Registration, and negotiations with the Dominion Government in relation thereto. The report suggested that a committee, consisting of the President, Drs. Oldright, Grant, Larocque and Botsford, be appointed to continue negotiations with the Government with a view to securing a grant for procuring an effective system of health registration.

The names of Drs. Brouse and Strange were added to the committee and the recommendation adopted.

From the plan submitted it would appear that it was proposed to have a statement made of the number of cases of each disease coming under the notice of the physician reporting, to accumulate facts regarding the peculiar features of the locality, such as the drainage, water supply, topographical features, etc. This information is to be obtained from physicians. A review of the reports received would be issued every two weeks, stating the diseases which were most prevalent in the different localities, and whether the number of cases of the disease had increased or not since the previous report. Special attention would be devoted to pointing out the existence of contagious and infectious diseases, and such information would be given relative to public health as might be considered of service to all interested therein. Copies of this review would be furnished to the Minister of Agriculture, to the Secretary or President of each Medical Society, to the Mayors and Health Officers of each city, town or municipality, as well as to every physician reporting. In cases of an epidemic, special reports could be made. An annual report would be prepared for the information of the Government, which would contain a digest of the reports received during the year, and disease charts might also be prepared to accompany this report, showing the most prevalent diseases in the different localities. The data contained in the reports would also be compared with the meteorological returns, so that the influence of the weather might be investigated. Valuable results would be derived from the returns in the procuring of information relative to the nature of the diseases pervading the different localities, the best neighbourhoods for parties predisposed to particular diseases to resort to, the probability of attack, recovery or death from the different diseases in the various stages of life, the influence of weather on health, etc. It would also lead to the adoption of preventive measures, etc. This scheme would cost $5,000.

A most interesting and instructive feature of the meeting was the exhibition, by Dr. Osler, of a series of specimens, microscopic and macroscopic, illustrative of the morbid Anatomy of the brain and spinal cord.

Brain.—1. Section of brain (made with Dalton's section-cutter), showing large apoplectic clot *in situ*. 2. Hæmorrhagic softening, probably from embolus. 3. Cortical softening from hæmorrhage of traumatic origin. 4. Apoplexy of pons. 5. Cicatrix of apoplectic clot in cerebellum. 6. Abscess in left temporo-sphenoidal lobe. 7. Embolism of left middle cerebral artery. 8. Aneurism of left middle cerebral artery. 9. Miliary aneurisms on small cerebral arteries. 10. Coarse tubercle of brain. 11. Section of coarse tubercle of brain. 12. Miliary tubercles on small arteries. 13. Syphilitic arteritis. 14. Glioma of corpus striatum. 15. Pachymeningitis. 16. Insular sclerosis. 17. Medullary neuroma. 18. Pigmentary degeneration of cerebral vessels.

Cord.—19. Locomotor ataxia, posterior spinal sclerosis. 20. Descending degeneration of crossed pyramidal column. 21. Antero-lateral sclerosis. 22. Ascending degeneration of posterior median columns. 23. Annular myelitis. 24. Lateral sclerosis. 25. Tumour, probably syphilitic, of the cord.

A printed catalogue, with a brief description of each specimen shown, was distributed, and enabled all to understand and appreciate the exhibit.

We regret that space does not permit us to publish in full the masterly address of the talented President. He referred with pride to the high standard of medical education required in the different Provinces, comparing it favourably with that of Great Britain, and alluded to its vast superiority over any in the neighbouring republic. Allusion was also made to the part the Canada Medical Association had taken in securing a high standard of medical education in Canada. The importance of State medicine, public hygiene, the registration of births, marriages and deaths, and of infectious diseases was dwelt upon, and the probability

of the Government assisting in establishing such much-needed reforms was spoken of.

Dr. HOWARD next took up the great question of Inebriety and Inebriate Homes, and gave it as his opinion that an Act similar to that passed in Nova Scotia a few years ago should be passed in all the Provinces. The Nova Scotia Act reads :

"A creditor may petition, as well as relatives or friends, against an habitual drunkard. When interdiction is pronounced, the judge directs him to be placed and detained in an inebriate asylum until he is declared by the officials to be cured, and fit to be let at liberty. The managers of the asylum or inebriate home have control of the interdicted person in all respects, and "should he escape from their charge they can arrest him without process of law and convey him back to the institution."

Another, perhaps equally required, is an "Habitual Drunkards' Act," like that which was passed in England last year. It provides that an habitual drunkard may voluntarily apply for admission to an inebriate home or retreat, for a period not exceeding twelve months; that his application must be attested by two Justices of the Peace, after they have satisfied themselves that the applicant is an habitual drunkard, and have explained to him the effect of his admission to a retreat; and that the applicant must submit to the necessary restrictions and treatment of the retreat which he enters. The British statute meets a difficulty which has operated more than any against the full success of institutions for the cure of inebriates, for it prevents the victim from removing himself from restraint and supervision when he fancies himself able to control his craving for strong drink, or regrets that he has voluntarily submitted to the restrictions of a retreat. Another condition necessary to the success of the benevolent object we are considering is the giving of a liberal sum of money by the Dominion Parliament—or the Provincial Parliament, if it more properly appertains to them—to maintain inebriate homes in the several provinces.

It was urged, too, that a portion of the revenue derived from the customs and excise on liquors should be devoted to this purpose, as is done in Brooklyn, Chicago, and Minnesota.

The matter of experts at Coroners' Inquests was next discussed, and the propriety of the Government employing skilled pathologists to conduct or assist in conducting *post mortems* at coroners' inquests and similar judicial enquiries was urged upon the attention of the Association.

Central and Provincial Boards of Health was the next topic of the address.

Dr. HOWARD said . . . If it be true that under confederation the care of the public health is a function of the Provincial Legislatures, and beyond the power of the Dominion Government, then it appears to me that the first step to be taken should be to establish a central or national Board of Health, to which should be assigned, amongst other duties, the preparing a comprehensive plan for a national public health organization, to be submitted to the Federal and the Provincial Legislatures for their approval: the obtaining information upon all matters affecting the public health; the advising the several departments of the Government, and the executives of the several Provinces, on all questions submitted by them, or whenever, in the opinion of the Board, such advice may tend to the preservation and improvement of the public health; the securing the establishment of a Board of Health in each Province, whose functions shall be performed in accordance with the plan prepared by the Central or National Board; the guiding, advising and assisting the Provincial Boards, and securing their co-operation in the obtaining of regular periodical reports upon all matters of State medicine; the combining and summarizing in annual reports all the information and facts contributed by the several Provincial Boards of Health, and by any other municipal health organizations or other source. The Central Board should probably consist, as suggested by Dr. Richardson, of a physician, a surgeon, a physician with practical experience as a health officer, a chemist, a veterinarian, a statistician, a sanitary engineer and architect. These should all be men of first-rate qualifications, and should receive compensation during the time when actually engaged in the performance of their duties, and if the President of the Board were given a seat in the Cabinet, as Mr. Stansfeld was in Mr. Gladstone's last Administration, and as Mr. Dodson has been in the existing Administration of the same distinguished statesman, then the influence and usefulness of the National or Central Board of Health would be greatly increased and its success secured.

An eloquent address was closed by a reference to the good work done by the Association in the past and to the great opportunities and bright prospects in the future. Thanks were tendered to the American Medical Association for their continued courteous attention to delegates attending their meetings, and also to the National Board of Health, U.S., for sending to the President their official journal, the *Bulletin*.

The Association then divided into sections—the Medical with Dr. Macdonald, Chairman, and Dr. Ross, Secretary; and the Surgical with

Dr. Canniff, Chairman, and Dr. MacDougal, Secretary—when the papers mentioned above were read and elicited interesting discussions.

AFTERNOON SESSION.

The Association met again at three o'clock, when, after the transaction of formal business, it was moved by Dr. FULTON, seconded by Dr. BRAY, "That the following committee be appointed to consider the propriety of adopting some uniform system of classification of disease for the guidance of the profession in Canada, and report at the next meeting of this Association, viz.:—Drs. Workman of Toronto, Ross of Montreal, Macdonald of Hamilton, Atherton of Fredericton, N.B., and Parker of Halifax." Carried.

The Association then resumed the session in sections.

Among so many excellent papers it would seem almost invidious to single out any for special notice. Dr. Grant's, on Gymnastics of the Brain, dealt with the evils of too early education in ill-ventilated and crowded school-rooms, the folly of the system of cramming, and hot-house vegetation. Drs. Brodie, D. Clarke, Botsford, Campbell, Burgess, Workman, Bray and Macdonald took part in an animated discussion on this paper, and for the most part coincided with the views of the reader.

After further discussion it was moved by Dr. BRAY, seconded by Dr BURGESS, "That the principles embodied in Dr. Grant's paper are approved of by this Association, and are well worthy of the consideration of the educational authorities of the Dominion." Carried.

During the course of subsequent discussion, participated in by Drs. Hingston of Montreal and Sweetland of Ottawa, it was suggested that the secular newspapers be requested to publish the paper just read. The Association resumed its session at nearly six o'clock.

Moved by Dr. OSLER, seconded by Dr. SHEPPARD, "That the time allowed in future, except under special circumstances as previously arranged for, in which to read a single paper be half an hour." Carried.

Dr. DAVID, the General Secretary, read the report of the Committee on Necrology, which showed that thirty members of the Association, mostly in the prime of life, had died during the year. Two of these were accidentally poisoned and one drowned.

Moved by Dr. HINGSTON, seconded by Dr. SWEETLAND, "That in view of the discussion on over brain work and cramming in schools, elicited by Dr. Grant's very important paper on Gymnastics of the Brain, the following committee be appointed to report at the next meeting of the Association in reference to this subject: Drs. Grant, Workman, D. Clarke, Hingston, Larocque, Botsford, and Playter." Carried.

Moved by Dr. CANNIFF, seconded by Dr. SULLIVAN, "That it is the opinion of this Association that at the present time there is no subject demanding the attention of the Legislature of this country of greater importance than that of the public health; and in order that Canada may not be behind other countries in this matter, it is very desirable that both the Dominion and Provincial Governments should, with as little delay as possible, legislate and provide means for the better promotion of the public health throughout this Dominion." Carried.

Dr. MARSDEN presented the report of the Nominating Committee, which was adopted.

The next meeting is to be held in Halifax, N.S., on the first Wednesday in August.

The following officers were selected:—Dr. Canniff of Toronto, for President; Dr. David of Montreal, General Secretary; Dr. Robillard of Montreal, Treasurer. For Ontario—Dr. John Mullin, Vice-President; Dr. Adam Wright of Toronto, Secretary. For Quebec—Dr. Fenwick of Montreal, Vice-President; and Dr. Belleau, Secretary. For Nova Scotia—Dr. Parker, Vice-President; and Dr. Lawson, Secretary. For New Brunswick—Dr. J. Christie, Vice-President; and Dr. P. Inches, Secretary.

Committee of Arrangements.—Dr. Parker, Dr. Wickwire, and Dr. Jennings of Halifax, with power to add to their number.

Publications.—Dr. Zimmerman of Toronto, and Drs. Osler and Campbell of Montreal, together with the Secretary and Treasurer.

Practice of Medicine.—Drs. A. Reid of Halifax, Holmes of Chatham, Ont., and Taylor of St. John, N.B.

Surgery.—Dr. Farrel of Halifax, Dr. Sullivan of Kingston, Dr. Brunel of Montreal.

Obstetrics.—Dr. J. Ross of Toronto, R. S. Black of Halifax, and Dr. Henderson, Ottawa.

Therapeutics, etc.—James Stewart, Brucefield; Dickson, Pembroke; Bray, Chatham.

Necrology.—Dr. Lachapelle, Montreal; J. G. Earl, St. John, N.B.; Fulton, Toronto.

Education.—Dr. Bayard, St. John, N.B.; Dr. Robillard, Ottawa; Pickup, Brockville.

Climatology and Epidemic Diseases.—Dr. Playter, Toronto; Dr. Oldright, Toronto; Dr. Larocque, Montreal; Dr. Allison, St. John, N.B; Dr. Jennings, Halifax.

Ethics.—Dr. Macdonald, Hamilton; Drs. Hingston and Robillard, Montreal; Dr. Parker, Halifax; Dr. Grant, Ottawa; Dr. Botsford, St. John; Dr. Prevost, Ottawa; Dr. D. Clarke, Toronto; Dr. Osler, Montreal; Dr. Sweetland, Ottawa.

Book Notices.

Diagnosis of Malignant Tumours of the Upper Jaw in Youth. By L. McLane Tiffany, M.D., Baltimore.

The Vinum Nutrio Phosphaticum. The Orthozoic Chemical Association, 1200 Broadway, New York.

Twenty-second Annual Announcement of the Chicago Medical College for the Session of 1880–'81, *with list of its Alumni.*

A Case of Adenoma of the Lachrymal Gland, and an improved method of operating in certain cases of Symblepharon. By Adolph Alt, Toronto.

First Annual Report of the State Board of Health, Lunacy, and Charity of Massachusetts, 1879—*Supplement containing the Report and Papers on Public Health.*

Transactions of the American Dermatological Association with the President's Address at the Third Annual Meeting, held at the Park Avenue Hotel, New York, August 26th, 27th and 28th, 1879.

Atlas of Skin Diseases. By Louis A. Duhring, M.D. Philadelphia: J. B. Lippincott & Co.

Part vii. contains plates and descriptive text of cases of Eczema (pustulosum), Impetigo Contagiosa, Syphiloderma (papulosum), and Lupus Vulgaris.

Author and publishers continue, in each succeeding number of these chromo-lithographs, their life-like illustrations of skin diseases. Brief but comprehensive and clear descriptions accompany each plate.

The Student's Dose Book and Anatomist Combined. By C. Henri Leonard, A.M., M.D., Detroit.

This *multum in parvo* contains in Part First a list of new remedies and preparations: The metric system; List of doses; List of preparations; Pharmaceutical preparations; Rules for pronunciation, and genitive case endings in prescription writing; Incompatibles; Poisons—their antidotes and tests; Urinary deposits and tests; Obstetric notes; Visceral measurements.

Part Second is the vest Pocket Anatomist, where the whole anatomy of the body is given in 60 pages. The book is in size 6 x 4, and comprises in all 160 pages of matter that should be carried in the practitioner's head and not in his pocket. The work is good of its kind, but we don't like the kind.

The Practitioner's Reference Book. By Richard G. Dunglison, A.M., M.D. Second Edition. Revised and enlarged. Philadelphia: Lindsay & Blakiston, 1880.

This is another of that class of books designed for the busy practitioner who knows not where to look for information, and very likely fails to profit by it when found. It is a great pity that such men are to be found in the profession. As long as they *do* exist, books of this type will be forthcoming and find a ready sale. Handy books of the present character tend to increase the number of slip-shod, careless practitioners, and cause them to lean more heavily upon such supports, and to rely less upon their own resources. Their influence even upon well-meaning men is baneful.

The book contains a number of good selections and condensations from authors of high repute, and embraces a variety of subjects. Amongst the additions to this second edition of the Reference Book are Diagnostic Tables of Fevers, Acute Pulmonary Diseases, and Diseases of the Larynx and Naso-Pharynx, in which the symptoms of these diseases are clearly arranged and may be easily compared. "How to Use Disinfectants," and "Directions for Preventing the Spread of Infectious Diseases," are excellent, and worthy of close study; after which the book would become of little service to a man of ordinary mental calibre.

The book is made up with good paper; the type is clear and easily read, and we notice but few typographical errors.

Transactions of the American Medical Association, 1879.

We are in receipt of this well-got-up volume for last year. It contains a good deal of the routine work of the Association, which, necessarily, is not of much interest to Canadians,

but, of course, is necessary to our neighbours, to whom the work may be looked upon as a medical history.

Interspersed throughout the Transactions are published papers of considerable value to the profession. It would be only tantalizing to give a synopsis of the most conspicuous of them. These are—"A Report on the Prevention of Bowel Affections, as indicated by a comparison of Clinical and Meteorological Facts relating to their Etiology," by Dr. N. S. Davis, Chicago. "A Report on Electrolysis of Uterine Fibroids," by Dr. E. Cutter, Boston, Mass. "Address in State Medicine and Public Hygiene," by Dr. Billings, U.S. Army. "Address in Surgery and Anatomy," by Dr. M. Gunn, Chicago. A Prize Essay, by Dr. Allan McLane Hamilton, of New York, on "Certain Forms of Primary and Secondary Degeneration of the Lateral Columns of the Spinal Cord." This monograph alone is worth the price of the volume. A short paper on a new form of *Ecraseur* for the removal of Uterine Tumours and a cut of the instrument is given in the Transactions. This instrument is the invention of Dr. William Scott, Woodstock, Ont. It is ingenious, as might be expected, for the doctor has a mechanical turn of mind, and it could not be better employed than in improving surgical instruments. It is a matter for regret that the "Canada Medical Association" is not pecuniarily able to publish its Transactions, for we are convinced that the papers read at our meetings would compare favourably with any in this excellent volume; and in this way our progress in medical research would be known beyond our own boundaries, which, as a rule, is not the case at present.

Reynolds' System of Medicine, with numerous additions and illustrations. By HENRY HARTSHORNE, A.M., M.D. Philadelphia: Henry C. Lea's Son & Co., 1880. Vol. III.

This, the third volume of Reynolds' System, completes the work. The diseases of the digestive, blood-glandular, urinary, reproductive, and cutaneous systems are treated of in the same masterly manner that characterized Volumes I. and II. Wilson Fox, Squarrey, Wardell, Bristowe, Warburton Begbie, Goodeve, Curling, Ransom, Anstie, Maclean, Gowers, Wilks, Hermann Beigel, Lauder Brunton, Basham, Frederick Roberts, Marcus Beck, William Roberts, Sir H. Thompson, Grailly Hewitt, Priestley, John Williams, and Balmanno Squire contribute articles on diseases to the study of which they have devoted special attention. They are already so widely known and so highly esteemed as authorities upon the various subjects treated of in this volume, that it is almost needless for us to say that the work here is well done. Reynolds' System, as a work of reference in medicine, is unexcelled and unequalled, and should be in the library of every physician. Dr. Hartshorne, the American editor, has contributed articles on cholera morbus, cholera infantum, trichina spiralis, bronchocele, pernicious anæmia, and spermatorrhœa, besides making such additions to many other articles as the progress of medical science since the volumes first appeared, required. The task he undertook has been well performed, and the thanks of all American physicians are due to the American editor for affording them the opportunity of obtaining at a reasonable price such a magnificent cyclopædia of the practice of medicine, embodying as it does the views of the most learned members of the medical profession of Great Britain. We earnestly advise all our readers to buy the volumes and *read them.* It is acknowledged by all whom we have consulted, and who have compared the two works, to be immeasurably superior to Ziemmsen, and has, in addition, the very important merit of being sold at less than one-fifth the price.

First Annual Report of the State Board of Health, Lunacy, and Charity of Massachusetts: 1879.—It is with feelings of melancholy pleasure that we receive these excellent reports: we are glad of the budgets of information they contain, constantly adding to, confirming, or amending our sanitary knowledge; but the marked contrast to the apathy existing in our own otherwise enlightened Province is most painful. The people of our Province shudder at the disregard for life in some of the more new and lawless States, and are horrified when they hear of two or three hundred people

being lost at sea, or killed in a mine, but they look on with apathy at the hundreds among us who are killed annually through legislative and executive neglect of our provincial and municipal authorities, and of the rank and file of the people themselves. This is no exaggerated view of the case, but a true picture of the actual facts. Let us all bestir ourselves to bring about a change.

Year by year the Massachusetts Board is examining the courses of the various rivers and streams, and ridding them of death-dealing pollution. This year we have a report on the drainage of country places and summer resorts, and of the risks of admixture of filth with water supplies: this part of the report is copiously illustrated, the woodcuts appealing in a most striking and graphic manner to otherwise dormant minds. A disquisition on the etiology of typhoid gives a good deal of material in the shape of facts, but not of such a nature as to settle the vexed question as to whether its origin is ever non-specific. "The more human filth, the more chances of typhoid where its other factors are present." "The specific poison maintains its potency for a long time when kept from exposure to air, and may be conveyed long distances in water or milk." "It is destructible readily on free exposure to pure air."

A good paper is given on the prevalence of trichinae in pork. Of the lots examined some had none, in others as high as 13.89 of the hogs were affected. The trichinae is found more commonly in the pillars of the diaphragm than in any other part. All pork should be heated to 104° F. throughout the flesh.

Professor Farlow's paper on some vegetable growths (*cœlospherium, clathrocystis, anabœna*, etc.,) in water will be of great value to engineers and sanitarians, as dealing with a matter hitherto little known. The medical correspondence tends to show that the "plants act mechanically chiefly, perhaps like unripe fruit, when affecting the health at all, in causing diarrhœa; but that the filtered water is harmless."

We would like to describe more fully some of the papers contained in this report, but space forbids.

A Treatise on Common Forms of Functional Nervous Diseases. By L. PUTZEL, M.D. New York: William Wood & Co.

This new book is one of the 1880 series of Wood's Library. It opens with an admirable account of the Clinical History of ordinary Chorea of Childhood and Adult Age, Chorea Gravidarum, Post- and Pre-hemiplegic Chorea and Athetosis. The last-named affection the author does not regard, with Hammond, as a distinct morbid entity. A short but excellent chapter on the Etiology follows, in which the respective shares of fright, excitement, traumatism, pregnancy, lactation, rheumatism, worms, syphilis, etc., find due notice. Six pages are then devoted to the Pathological Anatomy, in which the observations upon this point of Aitken, Kirkes, Broadbent, Tuckwell, Wilson Fox, Magnan, Howship-Dickinson, Elischer, etc., are duly referred to. The Pathology is treated of in another short chapter of four and a-half pages. The spinal theory of its origin advanced by Chauveau and his followers is entirely discarded, and its cerebral source very cogently maintained. The connection between Chorea, Rheumatism, and Endocarditis is well stated, and then follows a discussion of Kirkes' embolic views, and Bastian's theory of Thrombosis; and the author concludes with the expression of the belief that "Like all functional neuroses, Chorea is an evidence of low tone of the nervous system, and we may accordingly regard the cortical disturbance either as the result of anæmia in the parts affected, or of mal-nutrition or exhaustion of the ganglion cells in the convolutions." Two pages suffice for the differential diagnosis and prognosis, and double that number for the treatment. The author recommends rest, an abundance of sleep, gentle exercise in the open air, a generous diet, milk and cod-liver oil. If the appetite be defective, he administers a bitter; if the patient be anæmic, he prescribes iron. Gray and Tuckwell's experience of expectancy is quoted as giving the same result, as to duration, as Begbie's arsenical treatment.

Bromide of potash and chloral combined are spoken favourably of when necessary to procure sleep; and inhalations of nitrite of amyl are

said to resemble Fowler's solution in producing early amendment, but exercising little influence upon the later course of the affection. Strychnine, eserine, and curare are passingly alluded to, but, like the employment of galvanism, declared to be devoid of noticeable influence.

Epilepsy, and Neuralgia in its various forms, are then treated of with equal method and philosophy.

The concluding third of the book is devoted to a subject—Peripheral Paralysis—not strictly congeneric with the foregoing, nor cognate with the title of the work, but which will doubtless prove, at least to the majority of readers, equally valuable and instructive. We regret we have not space to notice these, but must content ourselves with saying that the book, as a whole, will prove a valuable addition to any physician's library, and a most succinct compendium of present knowledge of the omnipresent but still obscure subjects of which it treats. We deem it a high meed of praise to say that the book is worthy of the acceptance of the man to whom it is dedicated—one of the most distinguished of his countrymen, —Prof. E. G. Janeway.

Miscellaneous.

For Hæmorrhoids, Vidal recommends capsium pills, four or five daily. Each pill contains twenty centigrams.

Snow Blindness.—Dr. Reed of Detroit claims to have cured cases by the administration of amyl nitrite.

Sore Nipples.—℞ Tannin, ʒi; bismuth trisnit, ʒij; Vaseline, ʒi. M.—Apply constantly when the child is not nursing.

Bromide of Ethyl.—Dr. Levis, the advocate of this new anæsthetic, has met with a fatal case himself, being the second already reported.

Sprains.—Place the limb in hot water and add boiling water slowly as long as it can be endured. The limb should be retained in the water fifteen or twenty minutes, when the pain will be found to have ceased in most cases.

Iron and Digitalis.—It is recommended to combine tinct. ferri and tinct. digitalis with dilute phosphoric acid. This makes a clear and pleasant mixture.

Presentation.—A beautifully endorsed Address and a handsome Davenport have been presented to Dr. C. K. Clarke by the officers and employees of the Toronto Asylum, as a mark of their esteem and friendship.

Central and Peripheral Paralysis of the Face.—In central paralysis, if jaborandi be given, sweating occurs on both sides of the face. In peripheral paralysis there is no sweating on the paralyzed side.

Propylamine.—Dr. Gaston of Indiana says this remedy will remove the pain in acute rheumatism in twenty-four to forty-eight hours. Dr. Tyson's formula is—Propylamin. chloridi, gr. 24; aq. menthæ, ʒvj. M.—Tablespoonful every two or three hours.

Lightning Stroke.—Nothnagle, after numerous observations on man and animals, concludes that the prognosis of paralysis from lightning stroke is uniformly favourable, and that recovery depends little, if at all, on treatment.

Canadians in England.—James Frederick William Ross, M.B., Toronto University, and John Bowring Lawford, M.D., McGill, have been admitted Licentiates of the Royal College of Physicians, London; also E. Coney Stevenson, M.B., Toronto.

Canadians in Scotland.—James Alexander Close, M.B., of Croydon, Ontario; John McWilliams, M.B., of London, Ontario; and Peter H. Bryce, M.B., of Mount Pleasant, Ontario, have been admitted L.R.C.P., Edin. and L.R.C.S. Edin.

Hydrofluoric Acid Vapour in Diphtheria.—Hydrofluoric acid evaporated in the proportion of one gramme to each cubic metre of the sick room, and thus inhaled by the patient, is said by Henri Bergeron to be a specific for Diphtheria. The evaporation should require three hours.

URTICARIA.—A peculiar case is reported in which the whole surface was covered with the eruption, which disappeared entirely when the patient was recumbent, and reappeared on arising. All other treatment failing, the constant current was applied along the spine, and a cure resulted in four or five days.

NEURALGIA OF THE TESTIS.—Dr. Hammond, in the *St. Louis Courier of Medicine*, reports two cases of this painful disease cured by compression of the cord by means of an instrument made on the principle of the common test-tube holder, or like a lemon squeezer. The compressing force used was strong elastic bands, or a screw.

A NEW SIGN OF DEATH BY STRANGULATION.—Strangulation exercised upon the living body may cause extravasation of blood in the wall of the carolid, if sufficient force be exerted to rupture the vasa vasorum. Such force may not always be exerted, hence the extravasation will not always be present, but when it is the sign is all important.—*Virchow's Archiv.*

MARTIN'S BANDAGE IN PSORIASIS.—Dr. G. W. Walker, in the Cincinnati *Lancet and Clinic*, reports two cases of psoriasis cured by Martin's bandage. In Case 1 the eruption completely disappeared in fifteen days, and there was no return six months after—no internal treatment. Case 2 was cured in three weeks. The bandage was applied firmly, but not tight enough to cause pain. It was removed morning and evening, cleansed, and immediately reapplied.

TO REMOVE GLASS-STOPPERS.—The following, given in the *English Mechanic*, will be likely to answer the purpose of removing obstinate glass-stoppers, when the shape of the stopper and of the neck of the bottle admit its use: Take two pieces of wood, and put them between the neck of the bottle and the lower part of the stopper. Having fixed them securely by a piece of string, soak the whole affair in water, say ten hours. If the wood has not swelled enough, pour some hot water over the wood, and as it swells (which it must), out comes the stopper.

IF pepsin is dissolved or suspended in any fluid of neutral reaction its power of digestion is interfered with; that means, it cannot show its full strength. If, however, the solution is made alkaline, the pepsin at once becomes inert—it loses all power to change albumen into pepton. The proper relation between some kind of acid—hydrochloric or lactic to be preferred—and the pepsin is an essential condition to bring out its digestive power, and, in therapeutics, the good effects of pepsin. Not only as an exception, but we well might say as a rule, we find in looking over prescriptions which contain more or less of pepsin, that the practitioner tries his best to combine pepsin with a variety of vegetable or mineral substances in such a manner that it cannot show its digestive power at all. Nothing is more common than to see pepsin combined with subcarbonate or subnitrate of bismuth, and yet it can easily be shown that the addition of even the latter salt to artificial gastric juice will interfere with the digestion of egg albumen. Bicarbonate of soda, the different preparations of iron, strong alcoholic tinctures, and elixirs are incompatible with pepsin.—KRETZSCHMAR.—(*Chicago Medical Journal and Examiner.*)

POISONING BY AMYL NITRITE.—Dr. G. F. Senter, of Evansville, Ind., reports, in the *Ind. Med. Reporter*, the case of a young lady, who, by mistake, took a dessertspoonful of nitrite of amyl. A druggist gave an emetic which acted promptly. The doctor saw her in twenty-five minutes. She was ejecting great quantities of fluid from her stomach, which saturated the whole room with an amyl-like odour. Her face was grayish white, pupils widely dilated, eyes glassy and vacantly rolling in their sockets. Mouth wide open, breathing spasmodic and irregular; a few breaths would be very rapid, then slow and long drawn, finally they ceased all rapidity and became barely perceptible. The pulse was irregular and jerking when first examined, soon however it became so slow and feeble that often I could not detect it at the wrist. The patient was the most limpid, limber, relaxed body imaginable. The skin was cold and clammy, suffused with a moist adhesive perspiration, super-saturated with amyl. Our treatment was locally, massage,

and warmth to the head and extremities, alternated with ambulation and flagellation. Internally after free emesis, hot coffee, sometimes with and sometimes without ten drops of tincture of opium.—*Bul. Med.-Legal Soc. N.Y., May.*

APPOINTMENTS.

John Walter Bowman, of the Township of Moore, Esq., M.D,. to be an Associate Coroner in and for the County of Lambton.

Adam M. Lynd, of the Village of Parkdale, Esq., M.D., to be an Associate Coroner in and for the County of York.

J. R. Jones, M.B., Toronto, L.R.C.P. Lond., has been appointed House Physician to the Hospital for Women, Soho Square,. London, England.

COMMUTATION RATES.

The attention of our readers is called to the very favourable commutation rates with other periodicals, Canadian and American, advertised in this issue. Subscribers wishing to avail themselves of these advantageous rates will please notify us. It should be remembered that payment must invariably be in advance.

THE PHILADELPHIA DIPLOMA MILL.

On glancing over the Ontario Medical Register recently, we noticed registered qualifications from the American Univ., Phil.; Univ. Med. Surg., Phil.; University Q. Coll., Penn.; Philadelphia University Physicians and Surgeons; Physic. Medical Institute, Conn. Inst. Med. Cincinnati, and numerous others. Section xxxiii. of the Ontario Medical Act reads: "No qualification shall be entered on the Register, either on the first registration or by way of addition to a registered name, unless the Registrar is satisfied by proper evidence that the person claiming is entitled to it; * * * * and any entry proved to have been fraudulently or incorrectly made, may be erased from the Register by an order in writing of the Council." Now that the nefarious practices of Buchanan & Co., of Philadelphia, have been exposed, it is to be hoped that there will be some mitigation of the fraudulent obtaining of bogus diplomas in the States; and it will be in order for the Council at its next me or for the Executive Committee in the in to see that all qualifications illegally regi are erased, and those registering such qua tions dealt with as the law provides. xxxix. Ont. Med. Act.)

UNIVERSITY OF TRINITY COLLEGE.—W informed that this University will gra degree of M.D., C.M., to all medical gra who write an approved thesis on a medic surgical subject. M.D. graduates can the C.M. degree by writing on a surgica ject.

Births, Marriages, and Deat

BIRTHS.

At 78 Queen Street West, on Sept. 9th, the Dr. Wagner, of a daughter.

On the 26th Aug., at her residence, 20 Bay Hamilton, the relict of the late Dr. C. F. A. of a son.

At Yarker, on the 30th Aug., Mrs. Dr. Can a son.

At 547 Church Street, on September 26th, of Dr. Jas. B. Baldwin, of a daughter.

MARRIED.

On August 25th, Dr. Malcolm Stalker, of Co. Bruce, to Margaret, elder daughter of Berkeley Smith, Bursar of the University of T

On August 25th, Dr. D. A. Nelles, of Wa Co. Norfolk, to Helen, second daughter Berkeley Smith, Bursar of the University of T

On Sept. 1st, at the residence of the bride's Lindsay, H. B. Weller, Esq., Attorney-at-La brook, to Stella, eldest daughter of E. A. H Esq., M.D.

On Wednesday, Sept. 22nd, at the residence bride's mother, No. 37 Simcoe street, Toro Roland B. Orr, of Maple, Ont., to Minni daughter of the late John Neill, sr.

On Tuesday, Sept. 14th, at Trinity Chur Thomas, by the Rev. W. B. Rally, Douglas G son of the late Lieut.-Col. J. G. Gerrard, 1st European Fusiliers, to Mary Helen, eldest d of W. C. VanBuskirk, Esq., M.D., of St. Tho

At St. Mary's Cathedral, Hamilton, by th E. P. Slavin, J. B. Phelan, M.A., M.D., to Vivien, youngest daughter of the late John M Esq., both of London, Ont.

DEATHS.

Mr. S. Messenger Bradley, of Manchester, died recently.

At 4 Paths, Jamaica, on August 3rd, Loui wife of Dr. J. J. Hillary.

In Berlin, Mich., on the 16th August, E. P Velsor, M.D., brother of D. J. VanVelsor, M. Blenheim.

At Collingwood, on Aug. 23rd, Brock Russ worth, only son of Dr. G. M. Aylsworth, months and 18 days.