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# THE DOMINION MEDICAL JOURNAL.

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## Selected Papers.

### Pendulous Pedunculated Bronchocels successfully Removed.

BY GEO. C. BLACKMAN, M.D.,

Professor of Surgery in the Medical College of Ohio; Surgeon to  
the Cincinnati Hospital; and to the Samaritan Hospital, &c.

\* \* \* Frederika Ruckdaschel, German, *ret.* 36, unmarried, was admitted February 26th, 1869. She was of fair complexion, and had always enjoyed good health. There was an enlargement of the thyroid gland on the right side, which had existed for fifteen years. It had never given her much annoyance, and it was only on account of the unsightly deformity that she urgently requested its removal. The tumour was of an oblong shape, about three and a half inches in length, and four inches in circumference, looking much like a banana. In the presence of the class of the Medical College of Ohio, and assisted by Dr. Glover Perrin, U. S. A., and others, I divided the integuments over the most prominent portion of the tumour, so as to completely expose the morbid growth. With the handle of the scalpel and fingers the tumour was completely isolated, with but trifling hemorrhage, until its base was reached. The whole mass was then suddenly wrenched from its connections, and for a few moments the hemorrhage, both from the superior and inferior thyroid arteries, was truly appalling. A sponge was quickly thrust into the wound, but was saturated at once, when it was withdrawn, and pressure with the fingers was made directly upon the bleeding vessels. In the course of a few minutes a sponge was again inserted to the very bottom of the wound, whilst another was applied directly over it, and retained *in situ* by means of a needle, which transfixed the lips of the wound, and the twisted suture. The hemorrhage was now arrested and the patient placed in her bed with the injunction to keep the head and neck as quiet as possible. The sponge nearest the surface was removed on the 2nd of March, six days after

the operation, but the other was allowed to remain until the 8th of March, the offensive odour having been corrected by a solution of carbolic acid. The wound, which was of great depth, healed with but little suppuration, and the patient left the hospital entirely cured on the 22nd of March.

Dr. Perrin, who was the first to inspect the extirpated tumour, called attention at once to the fact that it embraced not only the isthmus of the thyroid, but also the left lobe, which was somewhat atrophied. The disease was simply hypertrophy.—*Am. Jour. Med. Science.*

### Belladonna as an Aperient in Constipation.

BY F. B. NUNNELEY, M.D.

Although constipation is such a common complaint and a source of so much annoyance, it is scarcely regarded by persons generally as a disease requiring medical aid; yet numerous popular remedies are resorted to for its relief, comprising all known purgatives, often in considerable doses. From time to time these are repeated, in many cases acting as only temporary palliatives, until at last some aperient preparation has to be taken from one to three times a week to ensure as many as two or three evacuations in this time.

It is not intended to enter into the wide subject of the causes and treatment of constipation, but only to offer a few remarks on its medicinal treatment by means of belladonna, from observations made, for the most part, on patients of the York Dispensary, where I gave it to nearly all those who suffered from constipation, simply to restore the natural action of the bowels, and not to cause a flow of secretion from the intestinal mucous membrane. The method followed was, in the main, that recommended by Trousseau. Extract of belladonna was given in doses of gr.  $\frac{1}{2}$  to  $\frac{2}{3}$  on rising every morning. A grain of the extract and gr. *iiij.* of the extract gentiana were divided into six pills, and one to four prescribed for a dose.

On analyzing the cases of constipation, both recent and of long standing, it was found that the greater number were associated with dyspepsia, and especially with that form presenting more or less the characters of gastric irritation, in which the tongue was thinly furred, with prominent red papillæ at the tip, and in which there was tenderness at the epigastrium, pain, especially after food, and often more or less headache. Patients with these symptoms presented themselves with a history of inactive bowels for several months or years, often stating that they were obliged to take aperient pills, senna, castor-oil, &c., once or twice a week to produce an evacuation. The ages of those patients varied from twenty to sixty years of age, the majority lying between twenty-six and fifty. To these belladonna was given for from one to three weeks. It nearly always caused an evacuation, usually of solid stools, after breakfast on the morning on which it had been taken. Generally the bowels continued regular after the belladonna was discontinued, and sometimes headache was greatly mitigated. In one case, the patient, a woman, aged forty-seven, had had constipated bowels for twenty-six years, for which she had taken pills or castor-oil once a week. Belladonna restored the natural daily action in fourteen days. In a few cases no permanent cure was effected, but relief could be obtained by taking belladonna every second or third day, the dose had not to be augmented, and no increased constipation followed its use.

In more recent cases the natural action of the bowels was restored in a few days: thus a man had taken pills every other day for five weeks, but the bowels acted naturally after taking belladonna for six days.

Treatment was specially directed to the dyspepsia in all cases, but no aperient except belladonna was given, and frequently not this, until the effect of regulated diet and habits, and of general treatment, had been observed.

The remaining cases of constipation occurred in very various diseases. Most often belladonna acted as an ordinary aperient when given in the manner before stated, and its use had not to be continued more than from one to three weeks to cure the constipation. Rarely, it produced no effect, even in doses of gr.  $\frac{1}{2}$  to gr.  $\frac{j}{2}$ , except causing dryness of the throat: such a failure occurred in the third stage of phthisis.

Belladonna in the usual dose of gr.  $\frac{1}{2}$  to gr.  $\frac{j}{2}$  produced no dryness of the throat, or dilatation of the pupil, but presented the following advantages over ordinary purgatives:—It did not gripe but gave usually a healthy solid stool, increased consti-

pation did not follow its use, and it very often restored the natural action of the bowels, so as to render a recurrence to this or other aperient unnecessary. Another and important advantage is the small bulk in which the remedy can be given.—*Practitioner.*

### Haschisch for the Expulsion of Tænia.

BY J. F. ROOT, M. D.,

WYANDOTTE, KANSAS.

About the 1st of September, Mr. —, a young man of intelligence, called at my office, stating that for several years he had been afflicted—to use his own language—"with intolerably irritating and nervous feelings," to allay which, he had resorted to all sorts of excitants and stimulants: large quantities of whiskey, strong tea, coffee, tobacco and opium, in various forms had been used, vainly hoping thereby to find relief. As might have been anticipated, such folly only added to his misery. He had been tormented with a capricious appetite, starving occasionally, but oftener eating inordinately.

This state of things had continued thus far without any medical aid being sought. For several days before visiting me, he had become alarmed, by noticing in his stools numerous "short flat worms," a few specimens of which he brought me. These I found to be "joints of the tænia solium, and ordered a brisk cathartic of ol. ricini and ol. terebinth. The next day he informed me that large numbers of the "joints" were evacuated. At this time I learned that just before discovering these "ugly creatures," he had taken, as an experiment, several doses of haschisch. The idea occurred to me that this drug had disturbed the tænia. I accordingly advised a few days' rest from my medicine; after which, a large dose of haschisch, to be followed within a few hours by a cathartic similar to the one previously prescribed. The fourth day afterwards, my patient called to inform me that he had taken eight grains of haschisch with the cathartic as directed, which brought away, as he described it, "a quart of worms, most of which hung together like a long ruffle," as with a stick he "took up a good many yards of it." He felt no unpleasant effect from the haschisch.

About ten days from this date, he informed me that a few days previously, he recklessly took about fourteen grains of haschisch, thinking to make "a final sweep of it." About an hour after taking, he became alarmed, as a feeling of stupidity and drowsiness came powerfully over him. To relieve this, he drank a *drachm* of citric acid dissolved in water,

which restored him to his normal feelings. The usual cathartic was taken, but no trace of tæmia was seen, and has not been since. The young man seems permanently relieved. The haaschisch used was a soft extract.—*Leavenworth Medical Herald*.—*Med. and Surg. Jour.*

Report of a case of Diabetes Mellitus Successfully Treaded by Opium without Restriction of Diet.

By F. W. PAVY, M.D.

The patient in this case was a woman aged 68 years, who, previously to the attack of diabetes, enjoyed good health, and whose occupation was that of a nurse in private families. Four years before coming under Dr. Pavy's observation she begun to suffer from inordinate thirst, and two years later it was definitely ascertained that there was sugar in her urine. When Dr. Pavy first saw her she was passing five pints of urine in twenty-four hours. Upon her admission into Guy's Hospital, an alkaline draught was ordered for her, and through a mistake she continued to take this as long as she remained in the hospital, but it was thought to have had little or no influence upon the result. Her diet was unrestricted, and included meat, bread, potatoes, and beer, besides which she had four oz. of brandy and two bottles of soda-water daily. At first  $1\frac{1}{2}$  grains of opium were administered daily for three days; then 3 grains for the same length of time; then  $4\frac{1}{2}$  grains, then 6 grains, and so on until the daily dose reached  $10\frac{1}{2}$  grains, which produced so great a degree of drowsiness as to induce a discontinuance of the treatment for five days, at the end of which time it was resumed, and 3 grains of opium given. As before, the dose was gradually increased until it amounted to 12 grains, and then, as no sugar had been detected in the urine for more than a month, the dose was gradually diminished. The first effect of the opium was to cause a diminution in the quantity of urine, while it temporarily increased the amount of sugar excreted. On the eighth day a decided diminution in the quantity of sugar passed was noticed, and with the exception of occasional fluctuations this diminution was progressive up to the sixty-sixth day of the treatment, when only a trace could be found; the next day none could be detected, and after this there was only a trace until the eighty-eighth day, when it disappeared permanently. With the improvement in the state of urine there was corresponding improvement in the general health of the patient. The patient appeared before the Society seven months after her discharge from the hospital, and seemed to be in perfect

health. Her urine on being tested was found not to contain sugar.

Dr. Pavy also alludes to other cases which have been similarly treated also with success. In one case the patient, a man aged 50, after having had the amount of sugar in his urine reduced to 1,000 grains by means of a restricted diet, took opium in doses which were gradually increased until  $10\frac{1}{2}$  grains was the quantity taken daily, when the sugar disappeared from the urine, but in consequence of its reappearance the dose was gradually increased to 13 grains, when it again disappeared, and its subsequent reappearance was distinctly traceable to errors of diet. Another case is referred to in which morphia was substituted for opium, but unfortunately the patient left the hospital too soon for any decided effect to be produced, although the quantity of urine and its specific gravity had diminished. Still another case is reported, that of a man aged 29 years, in which the gradual increase of the dose of opium up to  $13\frac{1}{2}$  grains caused the disappearance of the sugar from the urine on the thirty-ninth day. The dose of the drug was still further increased to  $22\frac{1}{2}$  grains without the occurrence of disagreeable symptoms. On the contrary, the patient is said to have gained sixteen pounds. Dr. Pavy believes that the forms of the disease in which the opium treatment is most efficacious are those occurring in elderly people, in whom it has been observed to assume its mildest form. In the young and middle aged, on the other hand, the disease is generally of a more severe character, and the opium treatment will rarely alone suffice for its care.—*American Journal Medical Science*.

Sebaceous Tumours of the Cranial Region.

To the practical surgeon, the removal of a sebaceous tumour from the scalp must ever be a subject of no little anxiety; not on account of the operation itself, for that is an easy matter, but on account of the terrible consequences which now and then follow an operation of this kind.

The operation itself is a very slight one; so slight, indeed, that nothing is thought of it, either by the patient or by the friends; and as to the results, there is not the slightest misgiving. The tumour is removed, and all appears to be going on well, when suddenly erysipelas of the scalp supervenes; and, worse still, this operation, so trifling, is sometimes followed by purulent infection and all its terrible consequences.

With the possibility of such results, all the more distressing because the whole matter was apparently so slight, it behooves the surgeon carefully to guard

his patient by every possible means against such an untoward issue. And first of all, before undertaking an operation ever so slight, most carefully should the patient's health be enquired into. The general health may appear to be good; but the surgeon must not be satisfied with this: he must carefully inquire into the state of the viscera, and especially of the kidneys. I say especially of the kidneys; for we cannot impress too deeply on our minds that persons may appear to be in good health, and yet have unsound kidneys. Albuminuria, it is now well known, renders patients peculiarly liable to inflammations of a low type; and albuminuria, it must be borne in mind, may exist without the slightest sign to call attention to it. Several such cases have fallen under my own notice; one not long ago, in which an operation of the most trifling kind was followed by symptoms of poisoned blood, and after death the kidneys were found in an advanced stage of granular degeneration. With such a state of kidneys, all operations which can be avoided ought to be so.—*St. George's Hospital Rep. —Med. and Surg. Jour.*

#### Uses of Carbolic Acid.

Dr Gibb, of the Monkland Iron Works, states that, following the recommendation Dr. Jones Gee and others to sponge the patient with tepid water, and subsequently to grease the skin with mutton suet, in scarlatina, he has found the addition of carbolic acid, in the proportion of one to twenty of the suet, to afford very considerable relief. In otorrhœa he has found great advantage accrue from sponging the ear with tepid water, and carbolic acid one to forty, and subsequently dropping into the meatus a little of the following mixture: Glycerine one ounce and a half, carbolic acid one drachm, sedative liquor of opium (Battley's) twelve minims. The fetid discharge is thus arrested. In throat complications he has obtained marked benefit from the use of Dr. Neilson's "haler," to the sponge of which are added a few drops of carbolic acid and Condy's fluid in equal proportions, requiring the patient to inhale the impregnated steam several times daily. As to the treatment of burns and scalds by means of carbolic acid, Dr. Gibb cannot speak too highly. In the Monkland Company's Works upwards of 1,600 workmen are employed, and burns are of frequent occurrence. He finds the addition of carbolic acid, in the proportion of one part to twenty of the ordinary carron oil, the best treatment, and adds one grain of acetate of lead to the ounce of lime-water before mixing it with the olive oil. The plan he

adopts is to saturate most thoroughly several sheets of ordinary surgeon's lint with the above mixture, and entirely envelope the parts; over this he applies a thick layer of cotton-wool, which is removed every second day, to enable a further coating of the mixture to be applied to the lint, which he does not disturb, by means of a feather or fine brush. In one case the whole trunk was skinless; after the lapse of several days all the dressings were removed, and it was found that a new skin had formed. During all this time not a drop of pus could be detected, nor was any other unhealthy action present.—*Practitioner*, Feb. 1870, from *Lancet*, Dec. 11, 1869.

#### Injection of Ammonia into the Veins for Puerperal Fever.

Dr. Tyler Smith read before the Obstetrical Society of London (Dec. 1, 1869) a paper on a case of puerperal fever treated by injection of ammonia into the veins, followed by recovery. The patient, a primipara, was delivered by forceps on Nov. 1st. On the 5th symptoms of puerperal fever supervened, and on the 12th she was in such imminent danger that Dr. Smith determined to try the injection of ammonia into the veins, as practiced by Dr. Halford in Australia for snakebite. The operation was performed at 7.45 p.m. A solution of one part of liq. ammoniæ to three parts of water was injected to the extent of half a drachm into one of the veins of the right forearm. As soon as two or three drops had been injected she roused, and complained of severe pain in the opposite arm. When the operation was completed there was very great pain over the whole body, with intense smarting of the right arm. This continued without abatement for several hours. The sickness ceased at 11 p.m., but the bowels were moved four times in the course of the night. Towards morning the pain subsided, and she got a little sleep. November 13th: The abdomen had much diminished in size, and pulse had fallen to 100. 14th: Expressed herself as feeling better, and was quite sensible, though pale and weak. Pulse 108. Right arm at seat of puncture red and swollen, and the veins of the whole arm were distinctly mapped out. Was able to take a little food without sickness. 15th: Tongue getting natural; pulse 100; abdomen less in size. 17th: Still progressing favourable; a small ulcer had formed on the right arm at the seat of puncture. A slight relapse occurred on the 20th, but after the 22nd her improvement was uninterrupted. In commenting upon the case, Dr. Smith observed that he had never seen a patient in

similar condition recover, and, although he had as yet adopted this treatment in this case alone, so successfully was the result that he had felt it incumbent upon him to bring the particulars before the Society. We would not at present offer an opinion as to whether the ammonia acted as antidoce or stimulant.—*American Jour. Med. Sciences.*

#### On the Treatment of Phthisis by Prolonged Residence in Elevated Regions.

By HERMANN WEBER, M.D., F.R.C.P.

The term "elevated regions" is intended to comprise those localities in which, owing principally to their elevation, phthisis is either absent, or of rare occurrence amongst the inhabitants. The elevation necessary to secure this immunity from phthisis varies considerably in different latitudes; thus in the tropical zone, it may be regarded as about 8,500 to 9,500 feet, while in the temperate zone it is considerably lower, and at Kiachta, in Siberia, on the Chinese frontier, 2,200 feet above the sea level is sufficient. It is of course probable that there are other influences besides mere elevation, which concur to render one place a better resort than another, among which may be mentioned the exposure, the prevailing winds, the situation of the place, whether on table land, or the top of a hill, on the slope, or in the valley.

The principal objections which are made against sending patients to elevated regions are: 1. That cold is injurious to those predisposed to consumption, or to those already exhibiting the signs of an early stage of the disease. 2. That the moderately rarefied air of a mountain health resort predisposes to pulmonary hemorrhage; and 3. The popular idea that climates with a uniformly warm temperature are the best for consumptive people. The first of these objections Dr. Weber meets by saying there is nothing to show that cold is in itself a predisposing cause of phthisis, although the disease, in the poorer classes, may sometimes indirectly arise from it in consequence of insufficient clothing, or the overcrowding which it causes. On the other hand, it is a matter of experience that patients are very apt to be benefited by clear, cold, dry weather; and there is no part of the world where phthisis assumes so acute a character as in the low, hot, and moist regions of Mexico. The fear of hemorrhage in elevated regions seems to be derived from the reports of those who have ascended high mountains, and is not borne out by the experience of patients who have been sent to elevated regions, for of the thirty-one patients whose histories are either given or referred to in the paper, only one had slight he-

moptysis while residing on a high level; while as many as twelve had from one to four attacks while residing in low elevations. Dr. Weber's experience and those of his patients favours the presumption that there is also less tendency to bronchial catarrhal affections, and a greater probability of absorption and cicatrization of the products of chronic pneumonia. The histories of seventeen cases are given, many of them far advanced; in four death took place; but even in these a temporary improvement had occurred, and in two of them, the disease, after apparent cure, returned in consequence of the return of the patients to the crowded courts of London.

In regard to the *modus operandi* of elevated places, Dr. W. is not prepared to venture an explanation. The air of elevated regions is lighter, more rarefied, and cooler, and it is usually free from the various kinds of malaria. He asks the questions: "Is less oxygen inhaled?" does the diminished quantity of oxygen lead to increased respiratory movement? or is there greater mobility of actions in high elevations, making atonement for the smallness of their number by the promptness of their action? or does the large amount of ozone increase the oxidizing power.—*Amer. Jour. Med. Science.*

#### Supposed Pregnancy—the Result of a Deposit of fat in the Omentum and Abdominal Walls.

By H. A. BUBOIS, M.D.,

SAN RAFAEL.

February 3rd, I was sent for to see Mrs. A—, æt. 43. I found her well developed, inclined to embonpoint. She supposed herself pregnant, stating her reasons as follows:

She had failed to menstruate for several months, her abdomen had steadily increased in size, and lately she had felt the child move, not once or twice but she said it was constantly moving. She informed me that she had been told that she was not pregnant by my partner, Dr. Taliaferro, but that as she felt the "child's movements," she desired that I should examine her also, as if she was not with child, there was something alive in her she was sure. Placing her on the back I percussed the abdomen, but found but moderate dullness, not the flatness of pregnancy. Auscultation did not enable me to hear the movements of the fœtal heart. The breasts, though well developed, yet showed none of the characteristics of pregnancy. On introducing my finger up to the os uteri, I found the os moderately open, the cervix long and conically

shaped, not shortened and flattened. Ballottement gave no sensation to the finger of the descent of an embryo—I told her that she was not pregnant. Bimanual manipulation showed an increase of fat in the abdominal walls, but no tumor could be felt, much less marked out by the fingers. I gave her my opinion that she had no tumors in or about the uterus, and that the symptoms which she had detailed to me were the indications only that she had reached the "change of life."

I left her after prescribing potassii bromidi in 5ss doses every night and saline aperients, promising to make a formal examination if these did not give her relief. February 27th, I was sent for again. She said that she was convinced that I was mistaken, as she felt the movements still. Placing her again on her back I introduced the uterine sound a little over two inches into the uterus, and until the fundus of that organ was touched as indicated by firm pressure; placing my other hand on the abdomen I could feel with difficulty the uterus raised by the sound. I next introduced a catheter into the bladder and was enabled thereby to estimate the thickness of the abdominal walls, as well as to discover that the uterus was a little smaller than natural; and a finger introduced into the rectum showed that there was no abnormal growth posterior to it, I therefore reiterated my previous opinion, adding thereto the statement that the walls of the abdomen were thick with fat and that the uterus was undergoing the atrophy natural to her period of life. Finding a little erosion of the os I had introduced, before taking my leave, two tufts of cotton wool well saturated with glycerine. March 3rd, Mrs. A. called upon me and asked if I had not told her that there were no tumors in her womb, and on my replying that I had, she unwrapped a bottle, and with an air of triumph presented it to me. On examination I found these pads, the using of which I had neglected to inform her of. She was much cast down when told of their true nature. I explained at length to her the symptoms sometimes produced by the deposit of fat in the abdominal walls, and over and among the intestines at the "change of life." She received this explanation with less distrust than previous ones, and a day or two since I was informed by her husband that she is convinced that I was right, as all movements have ceased for some time.

Since this case occurred I have read an interesting article in the February number of the *American Journal of Obstetrics*, by Dr. Geo. Pepper, of Philadelphia, on "adipose deposits in the omentum

and abdominal walls of women, as a source of error in diagnosis." In each of the three cases which his details there was a sudden cessation of the catamenia or of some abnormal discharge, while in that above given there had been irregularity of the menses, if I remember rightly, for some time previous to their cessation. Mrs. A. was a most sensible woman and appreciated the proofs given her of her non-impregnated state, though the continued movements, which occurred more at night than in the day time, had so acted on her mind that it was nearly impossible for her to believe that they were caused simply by a deposit of fat, or in fact by anything else than a living being of some kind. She repeatedly questioned me as to the possibility of worms causing these movements, and once asked me if it was not possible that a snake or other creature was alive in her stomach. These constant movements had so preyed on her spirits that she had become nervous, lost flesh, and almost a monomaniac on this subject.—*California Med. Gaz.*

#### Glossitis and Abscess on the Tongue.

CASES BY H. J. SMITH, L.K., Q.C.P., L.R.C.S.I.,  
BORRIS IN OSSORY.

"I was consulted by a man, aged 33, of healthy appearance and stout make. His wife described to me the history of his case (as he could not articulate intelligibly himself) as follows: About two months previously, as we supposed, from the effects of a bad tooth, a swelling arose under the tongue and about the jaws, which appeared to engage the sublingual and submaxillary glands. The symptoms at first appeared to be very acute, causing him much distress. He placed himself under the care of a medical gentleman in his immediate locality, and under appropriate treatment, all acute symptoms seemed after a fortnight to have subsided, but a stiffness about the root of the tongue, with a slight difficulty of swallowing remained, his speech being also slightly impaired. Various remedies were given with a view to relieve these symptoms, but *instead of improving they became gradually worse*, and, with the advice of his medical attendant, he consulted another surgeon, who examined the case and gave the patient some medicine, to be taken daily, with a view to afford relief, and directed him to return in some days. However, finding all his symptoms becoming more urgent, he naturally became very much alarmed and sought my opinion, when his case presented the following symptoms: He could not speak intelligibly, swallowed with

extreme difficulty, the effort causing much pain and a sense of suffocation; his countenance evidenced much anxiety and distress, and he feared himself he was about to die, and that nothing could be done for him. On examining his throat externally and the parts adjoining, no marked swelling was manifest, only in the mesial line, beneath the base of the tongue, where there was a well-marked tenderness and fullness. On opening the mouth, it was at once observed that the base of the tongue was so enlarged as nearly to fill the space surrounding it. On catching the point of the tongue in a dry towel and drawing it forward, the act caused extreme pain, but enabled sufficient view of the fauces and tonsils to be obtained, to see they presented no diseased condition. On pressing the forefinger into the mouth, the base of the tongue was found to be considerably thickened, and on drawing it well forward, a point more yielding than the rest was discovered along the raphe. The diagnosis arrived at was that at the time of the original attack of inflammation the body of the tongue was engaged; that it ran into the suppurative stage in this situation, and that the present distress arose from a collection of deep-seated matter in this organ. After I had concluded my examination, the man and his wife were most urgent upon me to express my opinion as to whether anything could be done or not—being so long ailing and getting worse every day, their alarm became very great. I told them at once, if my opinion as to the cause of his great distress was correct, I could afford him relief in less than a minute; but that he should allow me to make a free cut into his tongue. To this he at once agreed, and having drawn forward his tongue well, and placing his head in a forward direction to prevent matter, if there, from suddenly gushing backward, I made a free and deep incision into the swollen organ, and was gratified to find it was followed by over a dessertspoonful of matter suddenly gushing into his mouth, giving instantaneous relief to all his urgent symptoms. I saw him in a week afterward quite convalescent.

“Twenty years ago, I was called to see a young man, who I was informed was choking. On a careful examination, I found exactly a similar state of the tongue to exist, the symptoms being, however, more urgent and more rapid in their development. I treated it similarly and with the same result; and it was the recollection of this case that led me to so soon form a correct diagnosis in the present instance. I consider that such cases are very rare, and this brief notice of them might be of use to others, if placed in similar circumstances.”—*Med. Press and Circular in California Med. Gaz.*

### Obstruction of the Vagina with Retention of the Menstrual Fluid for two years.

By W. L. APPELBY, M.D.,

Of Cohecton, Sullivan Co., New York.

I was called Oct. 1st, 1868, to visit a widow lady æt. 40, whose husband had been dead three years. She had given birth to a large child about 20 years ago; she had a tedious labour; I had not seen her since the death of her husband; I found her suffering (as I suppose) from retention of urine; she told me she had not voided urine in twenty-four hours. I advised the use of the catheter; she said she was willing to submit to any treatment that would relieve her of any of her suffering. I introduced the catheter into the bladder and drew off a large quantity of urine, which relieved her very much, although the abdomen was yet much distended. I could find neither labiæ, nymphæ nor clitoris; the vagina was imperforate; she told me she had not menstruated for about two years; since then she had complained of pain in the back and lower part of the belly, with regular monthly exacerbations of these symptoms, and at each period had observed a distinct increase in the size of the abdomen.

The abdominal tumor in size, situation and consistency, resembled the uterus at full time of pregnancy.

Oct. 2nd.—I was called again to see her; I found her suffering very much as the day previous, except the pain was more periodical, resembling labor pains; her pulse small and frequent; skin cold and moist; features sunken; from her symptoms and appearance I thought her case alarming. The catheter was again used, and a large quantity of water passed off, which relieved the pain partially for a short time; I concluded that the only permanent relief was in opening the vagina, and that her life depended upon the operation; and that it must be done immediately. My assistance were three elderly, common-sense women; we placed the patient cross-wise of the bed so as to have the light of a window, each leg supported by an assistant, the third assistant administering the chloroform. I found the orifice of the vagina was obstructed by a dense thick membrane through which a fluctuation on the inner side could be felt like a flat, elastic tumor in the perineum, feeling very much like an abscess. I determined to open the vagina with the scalpel; this I accomplished with some difficulty; first introducing the catheter into the bladder as a guide to prevent injury to that organ; and the fore finger of the left hand to guide the rectum; I made an incision with the

scalpel as large as the meatus urinarius and the rectum would admit, without injury to those parts.

I found the obstructing membrane thicker than I supposed, and tough. I explored with the finger and cut with the knife, so as to enlarge the opening the full size of the vagina, until I felt something like the distended membranes in a case of labor just before they are ruptured. I held my finger against this membrane, as I discovered a contraction of the uterus and abdominal muscles returning, which caused a sudden rupture, and gush of restrained menstrual fluid took place, to the amount of one gallon or more, and fetid, so much so that the assistants left the room. The uterus seemed to contract periodically, and the contents would issue in a stream. I made pressure over the uterus until the discharge ceased, then injected warm water, freely and continued the injection for several days. The patient had no difficulty in voiding urine. After the operation she took light tonic and nourishing diet, and recovered rapidly without any unpleasant symptoms. She is now a healthy and fine looking lady for one of her age.

A few days previous to my being called, and after her situation became very distressing, she applied to the nearest physician, who claimed to have experience and skill in treating female diseases. He, without examining the parts, gave her emmenagogues and diuretics, furnished her a female syringe, and advised her to use vaginal injections. The medicine could do her no good, but might do harm, and the syringe she could not use.

Now admitting the above case is no novelty, and that closure of the vagina is common, I think it shows, at least, the importance of physicians being on their guard, and to examine women carefully whose menses are obstructed.

### Management of Fractures of the Ulna and Radius.

By PROF. R. A. GUNN, M. D.

At the present it would seem almost useless to occupy space in a medical journal in describing the management of fractures of the forearm, if it were not for the great discrepancies found in the writings of those who are considered authority upon the subject. One author recommends an interosseous compress and circular roller before the application of splints; another uses the circular roller and afterwards applies his splints; another condemns the circular roller but strongly advocates the interosseous compress; while still another dispenses with both and applies his splints directly to

the forearm. In the subject of splints as much diversity of opinion exists as in the application of bandages. Some recommend that the splints extend from the elbows to the ends of the fingers; others extend them above the elbow joint, while others again prefer that they only extend from elbow to wrist. The advocates of each of the above methods claim for their own some advantage over all others, and point out defects in all that do not agree with them. Thus we find that persons of limited experience in the treatment of fractures are likely to adopt the method recommended by the author whose works are in their possession, and should the result not be entirely satisfactory, some rival practitioner, (who may have read a different work on the treatment of such fractures,) after having learned how the case was treated, may declare that the treatment was not proper, and thus give rise to a suit for mal-practice. In court, a case is often decided contrary to the facts established, and yet the decision may be based upon the opinions laid down by generally recognized authorities. The modern surgeon, however, does not accept many of these authorities, more particularly the older ones; and yet should he fail, from any cause, to have a perfect limb, the law would hold him responsible, no matter how rational his treatment may have appeared, if he did not follow the directions of recognized authorities.

Thus we find difficulties often arising, whether the authorities are followed or not: and for that reason we think that living surgeons of large experience should be acknowledged as authority before any works that may be produced in court.

The method of treating fracture of the ulna and radius that is usually adopted at the present day, consists of two splints a little wider than the forearm and long enough to extend from the elbow to the wrist, which after being well padded, are applied to the dorsal and palmar aspect of the forearm. By careful extension and manipulation the bones are brought as near as possible to their normal position and then a roller is applied over the splints sufficiently tight to prevent their motion, and not so tight as to cause strangulation. The splints being wider than the forearm the roller is prevented from pressing the bones towards each other, and thus causing vicious union. The interosseous compress is not considered necessary, as the splints, when applied properly, press the muscles of the forearm into the interosseous space. The roller applied before the splint is not considered practical, as it may, if applied tightly, either cause gangrene by strangulation or crowd the extremities of the bones toward each other, and vicious union with impaired

motion will be the result. The roller may, however, be applied loosely without causing any harm, and the simple fact of the roller being used in this way is not, of itself, to be considered malpractice. The results of the treatment are alone to be taken into consideration in deciding whether the case has been properly treated or not. Should no gangrene or impaired motion follow the treatment, then it is evident that the circular bandage applied directly to the forearm cannot be considered bad practice. In short, it is the manner in which the dressings are applied and not the kind of dressings used that always influences the results of treatment, and therefore this should receive more attention from the practicing surgeon than this or that kind of dressing.

We often find patients disregarding the instructions of the surgeon, in interfering with the dressings, or attempting to use the arm too soon, and in this way the healing process is either entirely suspended, leaving the bones ununited, or the union occurs with the bones removed from their normal position, thus leaving a marked deformity. When such action on the part of the patient can be established it frees the surgeon from all responsibility, no matter what may have been his treatment.—*Chicago Medical Times.*

#### The Treatment of Carbuncle.

Mr. Paget has given, in a recent clinical lecture, an admirable summary of his opinion on the treatment of carbuncle. He gives an outline of the general mode of treatment, and criticises it severely. With reference to incisions which are made to prevent the spreading of the carbuncle, he expresses a doubt as to the efficacy of this method in early stages, and little faith in it after three or four days of the existence of the disease. "I have," he said, "seen carbuncles spread in as large a proportion of cases after incisions as in cases that have never been incised at all. I have in my mind a striking case that occurred to me early in practice when I followed the routine, and a friend of my own divided the carbuncle most freely. I cut it after the most approved fashion in depth and length and width, and then it spread. After two or three days more all the newly-formed part was cut as freely as the first, and then it spread again, and again it was cut as freely. Then it spread again, and was not cut. Then in a natural time it ceased to spread, and all went on well." . . . On a very strong general impression, however, I say that carbuncles will spread after cutting in as large a proportion of cases as they will spread in without cutting." In

reference to the supposed relief of pain by incision, and the alleged acceleration of the healing powers by this operation, Mr. Paget expresses grave doubts; indeed, in regard to the latter, he distinctly states that the "healing without incisions is very clearly, and certainly a great deal the quicker." In regard to very high feeding and the use of stimulants in large quantities, Mr. Paget states his belief that this practice is mistaken, and he recommends that the patient be allowed instead only about two-thirds of his ordinary supply of food. His method of treatment is briefly as follows, and consists in doing very little at all. In local treatment, the best thing, he says, is, if the carbuncle be small, to cover it with *emplastrum plumbi*, with a hole in the middle through which the pus can exude and the fine slough can come away. For a large carbuncle he recommends the common resin cerate: "this should be spread large enough to cover the whole carbuncle, and over it should be laid a poultice of half linseed meal and half bread." The carbuncle too must be carefully washed with *Condy's fluid*, or weak carbolic acid, and the cavities may be syringed out with it. *Bark, &c.*, then may be given, but he thinks needless; opium must be given, especially in the earlier stages, and above all things fresh air and exercise must be allowed to the patient. Mr. Paget does not think the disease a very fatal one, for out of 400 cases of his own only four died.—*Lancet.*—*The Practitioner.*

#### Perforation of the Rectum by a Bougie.

At a recent meeting of the Pathological Society of this city, Dr. Sands presented a specimen of a melancholy interest, from the fact that the intestine was perforated in an attempt to dilate a stricture of the rectum. The patient, a gentleman past the age of forty-five, consulted him two years ago with a stricture of the rectum, from which he had suffered for three years. A year before he came under notice he had been under the care of another surgeon, who, after dividing the sphincter ani, dismissed him cured. Failing to find the relief which he expected, he consulted Dr. Thomas, who recognized the difficulty, and sent the patient to Dr. Sands. The latter gentleman found a very tight and obstinate stricture about three inches from the anal orifice. It was only after two weeks had elapsed that an ordinary olive-pointed urethral bougie could be passed. Larger ones were used after a time, and these gave place to rectal bougies, and finally one was constructed of gutta-percha, ten inches in length, with the curve corresponding to that of the intestine, having an olive-point,

stiffened by a watch-spring. This was introduced, on an average, twice or three times a week. During his absence from town, Dr. Sands intrusted the case to the care of a medical friend, who, however, was not in the habit of introducing it as he had done—its whole length. On one occasion the patient became aware that it was not inserted as far as he had been accustomed to have it, and informed the attendant of the fact. He became so importunate that the instrument was passed its full length. No difficulty was encountered, and no undue force was used. Immediately after it was withdrawn, and before the patient left the house, he complained of pain in the lower part of his bowels. As this was not an unusual occurrence, no special attention was given to it, and was simply advised to take a little laudanum. He jumped into a stage and rode down town, but soon began to feel very badly, and was seized with a rigor. He then returned home and immediately sent for the physician. That gentleman saw him the same day, Thursday, and on Friday Dr. Morkoe was called in consultation, and it was not until the Saturday evening following—forty-eight hours after the accident—that Dr. Sands visited him. It was then evident that peritonitis existed; the diagnosis of perforation of the rectum was made, and death occurred on the following morning at four o'clock.

On examining the rectum after death, the stricture was found to be five inches in length, and caused by a condensation of the tissues of the gut at that point. As had been previously diagnosed, no cancerous disease was found. About ten inches from the anus there was found a perforation through healthy tissue, and corresponding in size to that of the point of the instrument. There was an ancient adhesion of the peritoneal surfaces of the sigmoid flexure, in such a way as to render the angle at that point very acute. This inflammation was thought to have been caused at one time when the passage of the instrument by Dr. Sands had been attended with very sharp abdominal pains. After this he had used the instrument with more caution. It was very evident, taking this view of the case, that while the whole length of the instrument could be passed previously without danger, after the adhesion occurred it was very easy to produce the perforation.—*Med. Record.*

#### Treatment of Diarrhœa in Children.

M. Heller recommends the nitrate of bismuth in doses of half a drachm to one drachm in the diarrhœa of infants. At the outset this may be repeated every hour, till the looseness of the bowels ceases; which usually happens within twenty-four hours. No ill consequences ever result from its employment.

## Proceedings of Societies, &c.

### Royal College of Dental Surgeons.

The regular half-yearly meeting of the Board of Examiners of the Royal College of Dental Surgeons of Ontario was held in the City of Toronto last month, for the purpose of examining applicants, granting licenses to practise, and routine business. There were present, Messrs. H. J. Wood, John O'Donnell, T. Rowe, M.D., H. H. Nelles, D.D.S., A. C. Stone, M.D., John Bowes, Lyman Wells, F. G. Callander, J. Leggo, J. B. Willmot.

This being the first meeting of the newly elected Board, the first business was the election of officers for the ensuing two years. A ballot being taken for this purpose, resulted in the election of—

H. J. Wood, L.D.S., Cobourg, as President.

A. C. Stone, M.D., L.D.S., London, Treasurer.

J. B. Willmott, L.D.S., Milton, Secretary.

John Bowes, L.D.S., Hamilton, Registrar.

The Board being formally organized, appointed the examiners for the session in the various classes, as follows, viz.: Anatomy—Thos. Rowe, M.D., and F. G. Callander. Physiology—A. C. Stone, M.D., and J. O'Donnell. Chemistry—J. B. Willmott and Lyman Wells. Principles and Practice of Dental Surgery—H. J. Wood and L. Wells. Operative Dentistry—J. G. Callander and Thos. Rowe, M.D. Mechanical Dentistry—John Leggo and J. B. Willmott. Institutes of Dentistry—John O'Donnell and A. C. Stone, M.D.

Messrs. C. L. Wood, of Picton, John Reid, of Watford, D. A. White, of Ridgetown, H. L. Hamden, of Newmarket, W. J. Chambers, of Waterford having furnished to the Board satisfactory evidence of having had an established office for the practice of the Profession of Dentistry for five years previous to the passing of the Dental Act, were granted the degree of Licentiate of Dental Surgery.

Messrs. Wm. McPhee and George Hutchison, of Ottawa, Wm. Allingham and Edmund Seagur, of Toronto, B. G. Gilbert, of Picton, D. F. Ogden, of Mitchel, and C. S. Stackhouse, of Smith's Falls, having passed the examination prescribed by the Board, also received the degree of L.D.S.

The discussion of the College question occupied a large portion of the time of the Board. The Dental School, inaugurated by the Board in the fall of 1869, having involved the Board in considerable pecuniary embarrassment, it was deemed best to cancel all appointments of Teachers, as well as all other arrangements for carrying on the School for the present, pending an amendment to the Den-

al Act, under which it is hoped the Board will be able to make more satisfactory arrangements.

In the mean time, private enterprise will supply what he want. Messrs. Adams and Callendar, of Toronto, have arranged to carry on an efficient Dental School during the coming winter.

A marked feature of the examinations of this session has been the high standard which the students have attained, as compared with the earlier examinations of the Board.

The effect of the passing of the "Dental Act" has been very materially to raise the standard of qualification, and to give the profession of Dentistry a position which it could not otherwise have attained.

The next meeting of the Board will be on the third Tuesday of January, 1871.

## The Dominion Medical Journal,

A MONTHLY RECORD OF

MEDICAL AND SURGICAL SCIENCE.

EDITORS :

UZZIEL OGDEN, M.D., L.M.B.

J. WIDMER ROLPH, M.D., L.R.C.P., LOND.

TORONTO, AUGUST, 1870.

### EDITORIAL NOTICE.

Our next number will be issued in a few days, in an entirely new dress. Dr. J. FULTON, of Toronto, has assumed the management of this journal, and it is his intention to increase its size to nearly double that of the present issue. The name of the JOURNAL will also be changed to the "*Canada Lancet*," and a specimen copy will be sent to every medical man in the Dominion whose name we can obtain. Subscription price, \$3.00 per annum.

### WAYSIDE JOTTINGS.

On referring to our own provincial literature for the past few months, there appears to be one subject on which the medical mind is a good deal exercised, and about which, it seems to us, a vast amount of misapprehension exists. It is very certain that some of our friends either do not understand the scope and influence and power of the Ontario Medical Act, or we have among us a class which, in the French Senate they call "The Irreconcilables." We are satisfied that the great

body of the profession in Ontario will yet regard the Medical Bill with that favor which its provisions and powers merit, and that it is *far in advance* of anything in the shape of medical legislation to be found elsewhere in the world. Let us examine some of its powers and effects.

In the first place, it establishes one Central Board for the whole of Ontario. Let us be thankful for that boon which should cover a multitude of minor sins. Because the recently proposed "Medical Act Amendment Bill" of Britain was intended to establish *only* three Boards instead of one, the profession there rose as one man and compelled its withdrawal, although it was introduced and supported by the whole power of the British Government. Shall we heedlessly throw away that for which the British profession is so determinedly striving?

We have in Ontario now, *but one portal* through which persons can enter the profession. Let us hold fast to that. Quebec still retains all her old Boards and graduating institutions, and because our Bill shuts out her graduates from Ontario *unless* they pass our Board, her graduating institutions and their organs have become its implacable enemies.

In the next place we had in Ontario, prior to the passing of our Bill, six institutions empowered to grant licenses and degrees on behalf of the orthodox profession, besides the Homœopathic and Eclectic Boards. The licentiates of the two latter Boards were entitled to *all* the privileges and immunities which the law conferred upon the licentiates of the former six; but the Ontario Medical Act completely abrogates the *licensing* power of the whole eight, while it leaves the graduating powers of the Universities untouched. The Degree no longer commands the license, but is simply honorary, the license being obtainable only through the Central Board, while the Degree is only to be obtained by an examination before examiners appointed by the several graduating bodies themselves, and these examiners are invariably chosen from the regular profession. Hence, our Canadian Degrees stand higher to-day, both in Canada and Britain, than they ever did before. Again, with reference to the Homœopathic and Eclectic clauses, about which so much misapprehension exists, we believe we may safely say we were as strongly opposed to their introduction as any other man in the Dominion; but since these sects have been brought under the influence of the Bill, and we see a little more of its working, we believe, with many others, that it has been a good thing for the profession.

It is a fact that many "timid and imperfectly

prepared candidates" preferred going before the Homeopathic or Eclectic Boards, because—as we have heard them say—"They could get through a great deal easier, and when they got their licenses they could practice whatever system they liked, and no one would know what Board they had passed. After travelling a good deal through this country, and observing the number of irregular practitioners who flaunt their cards in every place, and the disrespect with which many of the regular profession are spoken of, on account of their attainments, we rejoice more and more that the little despised Province of Ontario has—so far in advance of more pretentious countries—taken the necessary steps for securing an educated, and respected profession, and probably getting rid of those excrescences or fungi which so completely sap the life, force and social influence of the profession in this country.

It is said by some who should know better, that our Bill, makes ALL members of the regular profession, by making ALL members of the College of Physicians, &c., of Ontario; but it *does nothing* of the kind.

The term "Member of the College of Physicians and Surgeons of Ontario" signifies nothing more than the old term, "Licensed Practitioner," by which Homeopath, Eclectic, and Orthodox were equally known before the passage of the Bill; and, moreover, all must now register the system or sect in which they wish to pass and practice, thereby maintaining more broadly and publicly than before the distinction between us.

It is also said, we are degraded by meeting Homeopaths and Eclectics in the same council, as if members of different religious denominations could not meet in the same Municipal Council, or Legislative Assembly, without becoming mutually tarnished or degraded by the association. If a Homeopath and a regular practitioner meet at the bedside of a patient to determine a course of treatment, while they differ so widely on the principles of practice and the *modus operandi* of medicine, there must be a compromise of principle somewhere; but we think they *can meet in council* to devise the best means of ensuring a high qualification in those branches held common to all, and of securing a fair and honest explanation on those subjects peculiar to each school or sect, *without any such compromise* of principle or loss of respect, either public or private.

The functions of the Council are properly and chiefly executive, and any apparent legislative power possessed has to be exercised within certain

limits prescribed by Parliament, and only go so far as to enable it to *execute* more fully the spirit of the law laid down by the latter. The duties of the Council require no discussion of the peculiar tenets or dogmas of either sect or school, and call for no endorsement of the peculiar views of any member thereof. We say to the members of Council, "Go" and enforce a uniform examination according to the theory professed by each sect; but you have nothing to do with the theory, whether it be right or wrong, the Government having licensed them all equally years ago. There are likewise certain fundamental branches acknowledged to be common to all the medical sects, and for these we wish you to establish one uniform standard of qualification. We simply wish you to meet as citizens to execute a law which already indicates your duty; and when you return home, you are not required to consult with Homeopaths or Eclectics any more than you were before."

This, we conceive, is about the whole spirit and intent of the Act; and so far as we can judge of it, after a trial of one year, we believe that most unprejudiced observers will agree that it has been in the highest degree beneficial.

The principle of the Bill is correct, and must commend itself in time to the good sense of the profession. Amendments will follow in due course, and we will hold on to that which is good, notwithstanding the murmurs of those who, like the silversmiths of old, feel their craft to be in danger.

MICHIGAN, Aug. 24th, 1870.

#### MEDICAL DEPARTMENT OF THE VICTORIA UNIVERSITY.

We publish below the letters of resignation of the two Senior members of this Medical School—the Hon. Dr. Rolph and Dr. Geikie:—

TORONTO, July 23, 1870.

REV. SIR,—I have the honor to request you to lay before the University Board my resignation, as Dean of the Medical Department of Victoria College.

In consequence of my recommendations to the Board being unheeded, and the Department having been reorganized in a manner entirely unsatisfactory to me, and three of its most valuable members having seceded, I feel that I can no longer with justice either to myself or the College, continue to preside over it.

I am aware that the feeling in favor of the introduction of the Sectarian element is very strong in

the Board, and I feel that it would be impossible to conduct a Institution on such principles with success.

I have the honor to be, &c.,

(Signed) JOHN ROLPH.

To the Rev. S. S. Nelles, D.D.,  
Sec'y Board Vic. Univ.

35 ALEXANDER ST., TORONTO,

July 21, 1870.

To the Hon. Dr. Rolph, M.D., L.L.D.,

Dean, Med. Dept't Vic. Univ.

DEAR SIR,—In consequence of the recent action of the College Board, at its meeting held on the 6th inst., in connection with the appointment of a Sub-Dean, and the non-rectification of grave abuses existing in the Medical Faculty, although these were clearly pointed out, self-respect leaves me no alternative but the tendering of my resignation as Professor of Principles and Practice of Medicine in the Medical Department, which I beg you will be so good as forward to the Board.

I have the honor to be,

With the greatest respect,

Yours, &c.,

W. B. GEIKIE.

### Rip Van Winkle, M. D.

AN AFTER-DINNER PRESCRIPTION

Taken by the Massachusetts Medical Society, at their Meeting held  
May 25th, 1870.

BY PROF. O. W. HOLMES,

CANTO FIRST.

Old Rip Van Winkle had a grandson, Rip,  
Of the paternal block a genuine chip;  
A lazy, sleepy, curious kind of chap;  
He, like his grandsire, took a mighty nap,  
Whereof the story I propose to tell  
In two brief cantos, if you listen well.

The times were hard when Rip to manhood grew;  
They always will be when there's work to do;  
He tried at farming—found it rather slow—  
And then at teaching—what he didn't know;  
Then took to hanging round the tavern bars,  
To frequent toddies and long-nine cigars,  
Till Dame Van Winkle, out of patience, vexed  
With preaching homilies, having for their text  
A mop, a broomstick—ought that might avail  
To point a moral or adorn a tale,  
Exclaimed—"I have it! Now then, Mr. V.!"  
He's good for something—make him an M. D.!"

The die was cast; the youngster was content;  
They packed his shirts and stockings, and he went.  
How hard he studied it were vain to tell—  
He drowsed through Wistar, nodded every Bell,  
Slept sound with Cooper, snored aloud on Good;  
Heard heaps of lectures—doubtless understood—  
A constant listener, for he did not fail  
To carve his name on every bench and rail.

Months grew to years; at last he counted three,  
And Rip Van Winkle found himself M. D.  
Illustrious title! in a gilded frame  
He set the sheepskin with his Latin name;  
RIPUM VAN WINKLUM, QUEM WE—SCIAMUS—know  
IDONEUM ESSE—to do so and so;  
He hired an office; soon its walls displayed  
His new diploma and his stock in trade,  
A mighty arsenal to subdue disease  
Of various names, whereof I mention these:  
Lancets and bougies, great and little squirt,  
Rhubarb and Senna, Snakeroot, Thoroughwort,  
Ant. Tart., Vin. Colch., Pil. Colchias and Black Drop,  
Tinctures of Opium, Gentian, Henbane, Hop,  
Pulv. Ipecacuanha, which for lack  
Of breath to utter men call Ipecac,  
Camphor and Kino, Turpentine, Tolu,  
Cubels, "Copeevy," Vitriol—white and blue,  
Fennel and Flaxseed, Slippery Elm and Squill,  
And roots of Sassafras and "Sarsaparill,"  
Brandy—for colics—Pinkroot, death on worms—  
Valerian, calmer of hysterical squirms,  
Musk, Assafotida, the resinous gum  
Named from its odor—well, it does smell some—  
Jalap, that works not wisely, but too well,  
Ten pounds of bark and six of Calomel.

For outward griefs he had an ample store,  
Some twenty jars and gallipots, or more:  
*Ceratum simplex*—housewives oft compile  
The same at home, and call it "wax and ile;"  
*Unguentum Resinosum*—change its name,  
The "drawing salve" of many an ancient dame;  
*Argenti Nitras*, also Spanish flies,  
Whose virtue makes the water-bladders rise—  
(Some say that spread upon a toper's skin  
They draw no water only run or gin)—  
Leeches, sweet vermin! don't they charm the sick?  
And Sticking-plaster—how it hates to stick!  
*Emplastrum Ferri*—ditto *Picis*, Pitch;  
Washes and Powders, Brimstone for the—which,  
*Scabies* or *Psora*, is thy chosen name  
Since Huhnemann's goosequill scratch'd thee into fame,  
Prove thee the source of every nameless ill,  
Whose sole specific is a moonshine pill,  
Till saucy science, with a quiet grin,  
Held up the *Acarus*, crawling on a pin?  
—Mountains have labored and have brought forth mice;  
The Dutchman's theory hatched a brood of—twice  
I've well nigh said them—words unfitting quite  
For these fair precincts and for ears polite.  
The surest foot may chance at last to slip,  
And so at length it proved with Doctor Rip.  
One full sized bottle stood upon the shelf  
Which held the medicine he took himself;  
Whate'er the reason, it must be confessed  
He filled that bottle oftener than the rest;  
What drug it held I don't presume to know—  
The gilded label said "Elixir Pro."

One day the Doctor found the bottle full,  
And, being thirsty, took a vigorous pull,  
Put back the "Elixir" where 'twas always found,  
And had old Dobbin saddled and brought round.  
—You know these old-time rhubarb-coloured nags  
That carried Doctors and their saddle-bags;  
Sagacious beasts! they stopped at every place  
Where blinds were shut—knew every patient's case—  
Looked up and thought—the baby's in a fit—  
That won't last long—he'll soon be through with it;  
But shook their heads before the knocked door  
Where some old lady told the story o'er  
Whose endless stream of tribulation flows  
For gastric griefs and peristaltic woes.

What jack o' lantern led him from his way,  
And where it led him, it were hard to say;  
Enough that wandering many a weary mile  
Through paths the mountain sheep trod single file,  
O'ercome by feelings such as patients know  
Who dose too freely with "Elixir Pro.,"  
He tumbled—dismounted, slightly in a heap,  
And lay, promiscuous, lapped in balmy sleep.

Night followed night, and day succeeded day,  
But snoring still the slumbering Doctor lay,  
Poor Dobbin, starving, thought upon his stall,  
And straggled homeward, saddle-bags and all;  
The village people hunted all around,  
But Rip was missing—never could be found.  
"Drowned," they guessed;—for more than half a year  
The pouts and eels *did* taste uncommon queer;  
Some said of apple-brandy—other some  
Found a strong flavor of New England rum.

—Why can't a fellow hear the fine things said  
About a fellow when a fellow's dead?  
The best of doctors—so the press declared—  
A public blessing while his life was spared,  
True to his country, bounteous to the poor,  
In all things temperate, sober, just and pure;  
The best of husbands! echoed Mrs. Van,  
And set her cap to catch another man.

—So ends this Canto—if it's *quantum suff.*,  
We'll just stop here and say we've had enough,  
And leave poor Rip to sleep for thirty years;  
I'll grind the organ—if you'll lend your ears  
To hear my second Canto, after that  
We'll send around the monkey with the hat.

#### CANTO SECOND.

So thirty years had past—but not a word  
In all that time of Rip was ever heard;  
The world wagged on—it never does go back—  
The widow Van was now the widow Mac—  
France was an Empire—Andrew J. was dead,  
And Abraham L. was reigning in his stead,  
Four murderous years had passed in savage strife,  
Yet still the rebel held his bloody knife.  
—At last one morning—who forgets the day  
When the black cloud of war dissolved away;  
The joyous tidings spread o'er land and sea,  
Rebellion done for! Grant has captured Lee!  
Up every flagstaff sprang the Stars and Stripes—  
Out rushed the Extras wild with mammoth types—  
Down went the laborer's hod, the schoolboys book—  
"Hooraw!" he cried—"the rebel army's took!"  
Ah! what a time! the folks all mad with joy:  
Each fond, pale mother thinking of her boy;  
Old gray-haired fathers meeting—Have-you-heard?  
And then a choke—and not another word;  
Sisters all smiling—maidens, not less dear,  
In trembling poise between a smile and tear;  
Poor Bridget thinking how she'll stuff the plums  
In that big cake for Johnny when he comes;  
Cripples afoot—rheumatics on the jump,  
Old girls so loving they could hug the pump,  
Guns going bang! from every fort and ship—  
They banged so loud at last they wakened Rip.

I spare the picture, how a man appears  
Who's been asleep a score or two of years;  
You all have seen it to perfection done  
By Joe Van Wink—I mean Rip Jefferson.  
Well, so it was—old Rip at last came back,  
Claimed his old wife—the present widow Mac—

Had his old sign regilded, and began  
To practice physic on the same old plan.

Some weeks went by—it was not long to wait—  
And "please to call" grew frequent on the slate.  
He had, in fact, an ancient mildewed air,  
A long grey beard, a plementous lack of hair—  
The musty look that always recommends  
Your good old Doctor to his ailing friends.  
—Talk of your science! after all is said  
There's nothing like a bare and shiny head—  
Age lends the graces that are sure to please,  
Folks want their Doctors mouldy, like their cheese.

So Rip began to look at people's tongues  
And thump their briskets (called it "sound their lungs"),  
Brushed up his knowledge smartly as he could,  
Read in old Cullen and in Doctor Good.  
The town was healthy; for a month or two  
He gave the sexton little work to do.

About the time dogday heats begin,  
Measles and mumps and mulligrubs set in;  
With autumn evenings dysentery came,  
And dusky typhoid lit his smouldering flame;  
The blacksmith ailed—the carpenter was down,  
And half the children sickened in the town.  
The sexton's face grew chorter than before—  
The sexton's wife a brand-new bonnet wore—  
Things looked quite serious—Death had got a grip  
On old and young, in spite of Dr. Rip.

And now the Squire was taken with a chill—  
Wife gave "hot drops"—at night an Indian pill;  
Next morning, feverish—bedtime, getting worse,  
Out of his head—began to rave and curse;  
The Doctor sent for—double quick he came:  
*Ant. Tart. gran. duo*, and repeat the same  
If no et cetera. Third day—nothing new;  
Percussed his thorax—set him cussing, too—  
Lung-fever threatening—something of the sort—  
Out with the lancet—let him bleed—a quart—  
Ten leeches next—then blister to his side;  
Ten grains of calomel—just then he died.

The Deacon next required the Doctor's care—  
Took cold by sitting in a draught of air—  
Pains in the back, but what the matter is  
Not quite so clear—wife calls it "rheumatiz."  
Rubs back with flannel—gives him something hot—  
"Ah!" says the Deacon, "that goes *nigh* the spect."  
Next day a *rigor*—run, my little man,  
And say the Deacon sends for Doctor Van.  
The Doctor came—percussion as before,  
Thumping and banging till his ribs were sore—  
"Right side the flattest"—then more vigororus raps—  
Fever—that's certain—pleurisy, perhaps.  
A quart of blood will ease the pain, no doubt,  
Ten leeches next will help to suck it out,  
Then clap a blister on the painful part—  
But sit at two grains of *Antimonium Tart.*  
Last, with a dose of cleansing calomel  
Unload the portal system—that sounds well!

But when the self-same remedies were tried,  
As all the village knew, the Squire had died;  
The neighbors hinted—"this will never do,  
He's killed the squire—he'll kill the Deacon too."

—Now when a doctor's patients are perplexed,  
A consultation comes in order next—  
You know what that is? In a certain place  
Meet certain doctors to discuss a case

And other matters, such as weather, crops,  
Potatoes, pumpkins, lager beer and hops.  
For what's the use!—there's little to be said,  
Nine times in ten your man's as good as dead—  
At best a talk (the secret to disclose)  
Where three men guess and *sometimes* one man knows.

The counsel summoned came without delay—  
Young Doctor Green and shrewd old Dr. Gray—  
They heard the story—"Bleed!" says Doctor Green,  
"That's downright murder! cut his throat, you mean!  
Leeches! the reptiles! Why, for pity's sake,  
Not try an adder or a rattlesnake?  
Blisters! Why bless you, they're against the law—  
It's rank assault and battery if they draw!  
Tartrate of Antimony! shade of Luke,  
Stomachs turn pale at thought of such rebuke!  
The portal system! What's the man about?  
Unload your nonsense! Calomel's played out!  
You've been asleep—you'd better sleep away  
Till some ones calls you"—

"Stop!" says Doctor Gray—  
"The story is you slept for thirty years;  
With brother Green, I own that it appears,  
You must have slumbered most amazing sound;  
But sleep once more till thirty years come round,  
You'll find the lancet in its honored place,  
Leeches and blisters rescued from disgrace,  
Your drugs redeemed from fashion's passing scorn,  
And counted safe to give to babes unborn."

Poor sleepy Rip, M.M.S.S., M.D.,  
A puzzled, serious, saddened man was he;  
Home from the Deacon's house he plodded slow,  
And filled one bumper of "Elixir Pro."  
"Good bye," he faltered, Mrs. Van, My dear!  
I'm going to sleep, but wake me once a year;  
I don't like bleaching in the frost and dew,  
I'll take the barn, if all the same to you.  
Just once a year—remember no mistake!  
Cry 'Rip Van Winkle! time for you to wake!  
Watch for the week in May when lilacs blow,  
For then the Doctors meet, and I must go."

—Just once a year the Doctor's worthy dame  
Goes to the barn and shouts her husband's name,  
"Come, Rip Van Winkle!" (giving him a shake)  
"Rip! Rip Van Winkle! time for you to wake!  
Lilacs in blossom! 'tis the month of May—  
The Doctors' meeting is this blessed day,  
And come what will, you know I heard you swear  
You'd never miss it, but be always there!"

And so it is, as every year comes round  
Old Rip Van Winkle here is always found.  
You'll quickly know him by his mildewed air  
The hayseed sprinkled through his scanty hair,  
The lichens growing on his rusty suit—  
I've seen a toadstool sprouting on his boot—  
—Who says I lie! Does any man presume—  
Toadstool? No matter—call it a mushroom.  
Where is his seat? He moves it every year;  
But look, you'll find him—he is always here—  
Perhaps you'll track him by a whiff you know—  
A certain flavor of "Elixir Pro."

Now, then, I give you—as you seem to think  
We can drink healths without a drop to drink—  
Health to the mighty sleeper—long live he!  
Our brother Rip, M.M.S.S., M.D.!

—*Boston Medical and Surgical Journal.*

## Miscellaneous Items.

### Chloroform in the Treatment of Biliary Calculi.

Dr. Barclay, of Leicester remarks that he has met with very great success from the internal administration of chloroform in cases of biliary calculi, and he gives the following case in point. The patient was a clergyman, aged fifty-eight. He had suffered for twenty-three years from gall-stones; the peculiar pain and jaundice, with subsequent discharge of the calculi by stool, coming on so suddenly and without warning, as seriously and frequently to interfere with his duties. Knowing that ethers are solvents of cholesterine, he ventured, on the occurrence of the third attack in one year, to prescribe chloroform in doses of two or three drops, three or four times a day, on the chance of its reaching the calculi through the blood. To the surprise of the patient, and Dr. Barclay's gratification, the pain, tenderness, distension, and jaundice disappeared together, and in the eight years that have since elapsed he has never had another attack. He keeps a bottle of chloric ether by him for occasional use. Dr. Barclay adds that he has found it to give invariable and permanent relief in many instances since.—*Practitioner.*

### Induction of Premature Labour.

Dr. Skinner furnishes the details of two cases, in which, instead of adopting the old method of puncturing the membranes, premature labour was several times successfully induced by the application of the water-douche, as recommended by Dr. Tyler-Smith. The following is one of these cases:—Mrs. R—, wife of a labouring man, had been four times delivered at full term, her life on each occasion being placed in considerable danger, and the child still-born from protracted labour. Before she came under Dr. Skinner's care, it had been determined at the fifth pregnancy that she must be delivered at the seventh month, the difficulty in her case being a generally contracted pelvis. Accordingly, when the time arrived, a quantity of warm water was thrown up in the evening, the long tube of an ordinary stomach pump having previously been passed about an inch and a half within the os uteri. Finding in a few minutes that the water did not cause any constitutional excitement, he passed the tube gradually a little higher, with a view of partially detaching the membranes from the uterus by the water. He continued to throw up the water for nearly ten minutes. In the morning he found the os slightly dilating, the head presenting high up. Pains came on then pretty rapidly, and when the os became fully dilated, as the head did not descend, he ruptured the membranes; a living male child being born very shortly, about eighteen hours after the application of the douche.—(See *Lancet*, March 26, 1870).—*Practitioner.*

### The Action of Urine on the Tissues.

Professor G. Simon *Deutsche Klinik*, has made experiments on this subject. He remarks that it has been a dogma in surgery, that urine, whatever may be its reaction, has a destructive action on tissues not protected by an epithelial covering. He inject-

ed subcutaneously in rabbits pure acid urine. It was absorbed without any apparent bad effect. Operation wounds moistened with fresh urine healed by primary intention. When ammoniacal urine was injected, even though it had been filtered, abscesses were formed, and the skin over them became gangrenous. In view of these results, the gangrene which appears so rapidly in cases of infiltration of urine, must be ascribed to the mechanical action of the fluid driven forcibly among the tissues, so as to tear or compress the blood-vessels. In plastic operations on the urinary or sexual organs therefore it is unnecessary to leave a catheter in the bladder so long as the urine is acid, whilst such operations should not be performed, if possible, when the reaction is alkaline.—*Med. Press.*

#### Toothache among the Ancients.

One by one our illusions as to the "good old times" vanish. Long had we cherished an idea that at least decayed teeth were unknown to our hardy ancestors, and were the peculiar privilege of our civilization. Mr. Mummery, in an able paper before the Odontological Society, has shown, however, that teeth were at times unsound even when the ancient inhabitants of the British Islands lived on coarse meal or the produce of the chase. Mr. Mummery has examined all the ancient skulls within his reach in order to determine this point. Beginning with the long-headed race, who are the earliest known human inhabitants, and have been supposed to be of a Basque type, he found instances of real decay, not many of wearing down, and none of dental irregularity amongst sixty-eight Wiltshire skulls; whilst amongst the round-headed skulls from the same county, supposed to belong to the later Belgic immigrants whom Cæsar found in possession of the southern part of the island, there were many more cases of caries, more also of wearing away, and some of irregularity, which Mr. Mummery believes to be indicative of a coarse vegetable diet and scarcity of animal food. Oddly enough, in Yorkshire the skulls of the earlier or long-headed race exhibit many signs of dental disease, both caries, wear and tear, and signs of abscess. As for the Romans in Britain, the practice of burning their dead makes collecting of skulls by no means easy, yet out of 143 Britanno-Roman skulls 41 had carious teeth; irregularity and abscess were also common, but not wearing away. No traces of stopping or artificial teeth have been found. Amongst Egyptian skulls wearing of the teeth is very common from the gritty, sandy character of the flour, and caries is by no means unfrequent. There are no traces of stopping, and it seems that the art of dentistry was almost confined to the extraction of teeth. Mr. Mummery's conclusion is that dental disease is not the exclusive privilege of a high state of civilization.—*London Medical Times and Gazette in California Med. Gaz.*

#### Chloral and Chloroform.

Communications on chloral multiply daily. Among some of its curious effects may be noticed an observation of Mr. Liégeois at the *Société de Chirurgie*, that in a case in which he had performed a minor operation under the influence of chloral,

which produced sleep, but not anæsthesia, he resorted to chloroform. To his great surprise he found that the association, so far from increasing the effects, gave rise to excitement which lasted as long as the inhalations were continued. The fact is the more to be remarked as tending to disprove the identity of action between chloral and chloroform insisted upon by Liebrich. M. Giraldés, proceeding in a different direction, administered to infants who have been chloroformed and remained very agitated, a chloral draught. The effect of the association was to produce peaceful sleep for from five to eleven hours. Since then he has frequently employed chloral, either in mixture or enema, whenever children have remained excited after chloroform, and always with success. M. Demarquay observed that he has continued with advantage his practice of giving patients, immediately after operation, successive doses of 2 or 3 to 5 grammes of chloral until sleep is produced. All subjects are, however, far from exhibiting the same effects from the action of chloral. In some, when it is given immediately after the operation, it produces a quiet sleep and deep calm, which lasts all day, and prevents any of the pain consequent on the traumatism being felt. Others proved refractory to the action of chloral, which is sometimes rejected by vomiting. As a medium dose he gives 2 grammes in two spoonfuls of syrup diluted with water. M. Giraud-Toulon has observed the same excitement produced by administering chloral in children that have been etherised as related by M. Liégeois in those who have been chloroformed.—*Medical and Surgical Reporter.*

#### Diseases of Women.

Dr. Savage, in his work on the Surgery of the Female Pelvic Organs, says that "A vast proportion of maladies referred to the uterus are moral, mental, or marital. Such are not only rebellious to instrumentation, but are aggravated as well as protracted by any kind of treatment of that character." This is certainly a step in the right direction. We have, of recent years, heard far too much of instruments and operations in the diseases of women.—*Med. Press and Circular.*

#### Dislodging a Calculus Impacted in the Urethra.

Removal of a concretion so circumstanced is much facilitated by passing down to the stone a director, having its groove charged with oil. The instrument is then moved about, so as not only to dilate the canal, but likewise to lubricate it, and then a little manipulation over the bulb forces the stone forward to the meatus, or at least to a little behind it, from whence it can be readily extracted with a scoop.—*Ib.*

#### Medical "Wrinkles."

The quaint and practical Thomas Inman, M.D., of Liverpool, in one of his readable essays on the "Restoration of Health," thus remarks:—"Do you wish to ascertain the health of a baby, feel the condition of its buttocks. If these are firm and elastic, one may always be sure that the little one is strong and well; but if, on the other hand, they are soft, as if they were boiled turnips in a bladder, it is certain that the child is out of sorts."—*Med. Record.—Med. and Surg. Jour.*