

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.

- Additional comments /
Commentaires supplémentaires:

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression

- Includes supplementary materials /
Comprend du matériel supplémentaire

- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

T H E

CANADA MEDICAL RECORD:

A Monthly Journal of Medicine, Surgery and Pharmacy.

EDITOR:

FRANCIS WAYLAND CAMPBELL, A.M., M.D., L.R.C.P., LONDON,

Physician to the Women's Hospital. Consulting Physician to the Montreal Dispensary.

ASSISTANT EDITORS:

JAMES PERRIGO, M.D., M.R.C.S., Eng. | RICHARD A. KENNEDY, M.D.

Physicians to the Women's Hospital.

VOLUME IX.

OCTOBER, 1880, to SEPTEMBER, 1881.

CONTRIBUTORS:

ARMSTRONG, GEO. E., M.D.

BESSEY, W. E., M.D.

BOTSFORD, J. LE B., M.D.

BRUNTON, W. Y., M.D.

CAMERON, J. C., M.D., M.R.C.P.I.

CASSELLS, JAMES, M.D.

HOWARD, HENRY, M.D.

LITTEN, L., M.D.

NELSON, C. E., M.D.

WOOD, C. A., M.D.

MONTREAL:

PRINTED BY JOHN LOVELL & SON,

1881.

CONTENTS.

ORIGINAL COMMUNICATIONS.		PAGE		
Armstrong, Dr. George E., Case of Perityphlitis.....	217	Benzoate of Soda in Whooping Cough.....	296	
Bessy, Dr., Vaccination in Chronic Skin Diseases.....	25	Bilious Head-aches.....	140	
Botsford, Dr., Report on Sanitary Science.....	1	Bismuth Ointment.....	185	
Brunton, Dr. W. Y., Inflammation: its Chemical Cause and Cure.....	60	Blood-Letting, An Opinion on.....	258	
Cameron, Dr. James C., Valedictory Address to the Graduating Class, Medical Faculty of Bishop's College.....	169	Bright's Disease, The Treatment of.....	286	
Cameron, Dr. James C., Case of Chronic Bright's Disease treated by Nitro-Glycerine.....	241	Bromide of Ethyl as an Anæsthetic.....	182	
Cassels, Dr., On the Treatment of Tape-worm (tænia solum).....	172	Bromide of Ethyl, Death from.....	174	
Howard, Dr. Henry, Man's Two Natures.....	97	Cancer, Chian Turpentine in the Treatment of.....	181	
Howard, Dr. Henry, Some Remarks on "Hæckel on the Evolution of Man," and on so-called Blood-poisoning.....	145	Carbuncles, Carbolic Acid for.....	285	
Litten, Dr., On Septicæmia and its Effects.....	61	Cardiac Dyspnœa, Iodide of Potassium in.....	280	
Nelson, Dr. C. E., The After-treatment of Operations as regards the Application of Carbolic Acid to the Wound.....	6	Chilblains.....	208	
Nelson, Dr. C. E., A Surgical Case, of severity, treated without the intervention of Carbolic Acid.....	7	Chloride of Barium in Internal Aneurism, Probable value of.....	124	
Nelson, Dr. C. E., On the local After-treatment of Operations.....	30	Chorea, Treatment in.....	133	
Nelson, Dr. C. E., Fracture of the Cervix Femoris, external to the joint, in a lady 71 years old, weighing over 200 pounds; Cure, by bony union.....	32	Chronic Eczema, The Treatment of.....	16	
Nelson, Dr. C. E., On the True Position of the Bladder in the Male, and a Few Thoughts on Passing the Catheter, both as regards Drawing of Urine, and as regards "Sounding" for Stone.....	108	Clinical Lecture on Burns, by R. J. Lewis, M.D.....	34	
Nelson, Dr. C. E., On Some Points of Contemporary Interest.....	173	Cod-Liver Oil in Phthisis and Bronchitis.....	209	
Nelson, Dr. C. E., Dangerous Inhalation of Nitrous Oxide Gas.....	193	Cod Liver Oil in Epilepsy.....	307	
Nelson, Dr. C. E., Næggerath's Operation.....	219	Collodion Bandage in the Treatment of Umbilical Hernia.....	40	
The Canada Medical Association.....	265	Compulsory Vaccination in France.....	261	
Wood, Dr. Casey A., The Question of Prostitution, and its Relations to the Public Health.....	49	Constipation, The Treatment of.....	15	
PROGRESS OF MEDICAL SCIENCE.			Consumption, The Treatment of.....	257
Abnormally High Temperature, Cases of.....	133	Cough in Bronchitis and Phthisis, Treatment of.....	208	
Abscesses, Management of Deep.....	131	Cough Produced by Accumulations in the Ear.....	40	
Abscesses, New Treatment of.....	260	Croton oil Treatment of Ringworm, Notes on the.....	63	
Aching Kidney, by J. M. Duncan, M.D.....	124	Cystitis.....	208	
Acute Rheumatism.....	197	Cystitis, Treatment of.....	284	
Acute Rheumatism, Benzoate of Sodium in the Treatment of.....	260	Diabetes Insipidus treated with Ergot.....	118	
Acute Rheumatism, Treatment of.....	132	Diseases of Childhood, The Advantages of Calomel in the.....	247	
Adherent Placenta, Diagnosis of.....	233	Diseases of Children, Recent Progress in the Treatment of.....	224	
Ammonia, Sulphate of Copper in Tic Douloureux.....	286	Diseases of Women, Aids to.....	127, 158	
Aménorrhœa.....	303, 305	Displacements of the Uterus in General, Causes of.....	281	
An Opinion as to Quinine in Pneumonia.....	296	Double Pneumonia and Abortion.....	184	
Anti-Puritic Remedies.....	281	Dropsy and Uræmic Convulsions during Pregnancy, The Treatment of.....	222	
Arsenic as a Blood and Cardiac Tonic, On the Use of.....	33	Ear-ache and Chloroform Vapor.....	41	
Bad Odor sometimes Associated with Excessive Sweating of the Feet, On the Cause and Treatment of.....	258	Eczema, The Treatment of.....	221	
Beef Suppositories.....	307	Effect at a Distance.....	9	
		Elixir Chloroformi Compositus.....	283	
		Epilepsy, Prof. Ball's Prescription.....	183	
		Epilepsy, The Treatment of.....	194	
		Epilepsy, Treatment of.....	126	
		Epistaxis, Surgical Treatment of.....	119	
		Epistaxis cured by Blisters.....	307	
		Ergot in Neuralgia.....	306	
		Ergotin as a Cough-Sedative, Hypodermic Injection of.....	285	
		Erysipelas, The Abortive Treatment of.....	231	
		Excessive Lochial Discharges, Treatment in Cases of.....	132	
		Fishbones, To Remove.....	261	
		Fissure of the Anus, Treatment of.....	284	
		Fissure of the Rectum with Constipation.....	229	
		Flatulence, Acidity, and Pyrosis, Glycerine in the Treatment of.....	233	
		For Fresh Cold in the Head.....	296	
		Functional Cardiac Disturbances, On Various Forms of.....	122	

	PAGE		PAGE
Functional Cardiac Disturbances, On Various Forms of, by Beverley Robinson.....	114	Sore Nose, Liniment for.....	40
Gastric Ulcer, by Herbert W. Little, M.D.....	141	Sprains, Treatment of.....	254, 280
Glandular Sore Throat, Treatment of.....	165	Sterility, Treatment of.....	129
Glycerin in Flatulence, Acidity and Pyrosis, On.....	131	Stigmata of Maize.....	300
Gonorrhœa, Formula in.....	41	Strongest Man in the World, The.....	183
Gonorrhœa, On a New Method of Arresting.....	277	Strong Odors from the Hands, Removal of.....	185
Gonorrhœa, Rules for Injection in.....	138	Sulphur for Pimples on the Face.....	306
Gonorrhœa, Treatment.....	9	Suberine in Excoriated Nipples.....	173
Hæmorrhagic Diathesis, Chlorate of Potash in the.....	252	Sulphide of Calcium in the Treatment of Suppurating Buboës.....	130
Headache, and the Remedies proposed.....	273	Summer Diarrhœa, The Treatment of.....	184
Headache, Remedies for.....	256	Summer Diarrhœa of Children.....	204
Hemoptysis.....	232	Syphilis in Married Life.....	298
Housemaid's Knee, Treatment of.....	64	Telephony, The Wonders of.....	286
Impacted Cerumen, On the Cerebral Symptoms Produced by.....	10	Tetanus: Study of Four Hundred and Fifteen Cases.....	123
Improvement of Sayre's Treatment for Spinal Curvature.....	306	Tetanus, The Origin of.....	140
Incontinence of Urine in Boys.....	250	The Cause of Death at the Several Epochs.....	16
Indigestion and Heartburn, Treatment of.....	259	Therapeutical Employment of Iodoform.....	306
Inunction of Castor Oil as a Purgative, The.....	276	Throat and Lungs, For Treatment of Diseases of the.....	208
Invertate Epilepsy Successfully Treated by Ergot and Bromide of Sodium, by J. R. Beaudry, M.D.....	37	Tincture of Iron, To Disguise the Taste of.....	278
Iodoform and Goitre.....	183	Tobacco, Therapeutic Uses of.....	259
Iodoform in Chancroid, How to Use.....	182	Tooth-caries of Pregnancy.....	163
Iodoform, Cure of Ozœna by.....	286	Tubercular Consumption, On the Treatment of.....	155
Iodoform, To Mask the Odor of.....	16	Treatment of Leucorrhœa in Children.....	296
Itch, Ointment for.....	64	Treatment of Diabetes Mellitus.....	297
Lacerated Perineum, Prevention of.....	280	Treatment of Pneumonic Fever, by the Wet Sheet.....	303
London Letter.....	12	Treatment of Chronic Prostatic Enlargement.....	304
Mammary Abscess, Treatment of.....	232	Tuberculosis and Pregnancy.....	284
Management of the third Stage of Labor.....	296	Typhoid Fever, Ice to the Abdomen.....	143
Maternal Impressions.....	307	Typhoid Fever, Remarks on some points in the Treatment of.....	243
Measles, Lecture on.....	177	Ulcers, Treatment of.....	281
Measles, The Cool Air and Water Treatment of.....	185	Urine in Children, Incontinence of.....	62
Menorrhagia and Metrorrhagia, Treatment of.....	234	Uterus with Carbolic Lotion after Delivery, The Prophylactic Washing out of the.....	10
Midwifery and Gynæcology. The Prevention and Treatment of Post Partum Hemorrhage.....	111	Vaginitis, Dr. J. M. Duncan.....	38
Morphine on Puerperal Eclampsia.....	306	Varicocele and its Treatment.....	284
Nervous Dyspepsia.....	201	Weak Spines in Young Girls and their Treatment.....	227
Nocturnal Incontinence of Urine, Treatment, by Dr. Kelp.....	64	Why we eat Oysters raw.....	142
Official Account of Typhoid Outbreaks at Lennoxville.....	134		
Ophthalmia Neonatorum.....	279	EDITORIAL.	
Opium Habit,—a Possible Antidote, The.....	180	Administration of Ergot in Labor.....	144
Ovarian Dyspepsia.....	129	A New Gold Medal.....	18
Oxalate of Cerium as a Cough Remedy.....	141	Animal Vaccine, how it is Propagated.....	65
Peritonitis, A Lecture on.....	175	An Omission.....	69
Pharmacy, Explosive Combinations in.....	121	Another Dodge.....	210
Post-Nasal Catarrh, The Treatment of.....	161	A Novel Prescription.....	167
Post Partum Hemorrhage, Hot Water Injections for.....	257	A Proposed New Plan to Disinfect Sewers.....	211
Post-Partum Hemorrhage, Treatment of.....	279	Bishop's College School, Lennoxville.....	235
Pruritus Vulvæ.....	285	Canada Medical Association.....	24, 211, 234
Pulse, The.....	201	Cascara Sagrada.....	240
Quinia in Obstetrics.....	10	College of Physicians and Surgeons, Province of Quebec.....	22, 69, 167, 236, 287
Ranula, The Treatment of.....	165	Correction.....	211
Rest after Delivery.....	301	Correspondence.....	8, 110, 271, 273
Ringworm of the Scalp.....	183	Death of Mr. Stephen S. Alford, M.R.C.S., London, England.....	263
Salicylic Acid, A Menstruum for.....	280	Decision Respecting the Rights of Qualified Ontario Druggists Practising in the Province of Quebec.....	186
Scarlatina in Children, Treatment of.....	164	Dr. Robert Nelson.....	68
Scour Weed.....	285	Electricity in the Treatment of Exophthalmic Goitre.....	234
Sea-bathing, Hints on.....	139	Elixir Ferri et Calcis Phosph. Co.....	213
Seminal Emissions, Treatment of.....	154	Ergotine: Its Inconveniences and Dangers.....	211
Sick-room, Heat and Light in the.....	39	Gymnastics as a Cure of Disease.....	21

	PAGE		PAGE
How to Restore the Scale of Thermometers.	211	A Treatise on Bright's Disease and Diabetes, with Especial Reference to Pathology and Therapeutics, by James Tyson, M.D.	264
Important Question.....	261	A Treatise on Common Forms of Functional Nervous Disease, by L. Putzel, M.D.....	21
Iodide of Ethyl in Asthma.....	235	A Treatise on Diphtheria, by A. Jacobi, M.D.....	70
Lactopeptine.....	239	A Treatise on the Practice of Medicine for the use of Students and Practitioners, by Robert Bartholow, M.D.....	71
Laval Medical Faculty.....	41	Cutaneous and Venereal Memoranda, by Henry G. Piffard, M.D.....	45
Lawton's Absorbent Cotton.....	143	Diseases of the Bladder and Urethra in Women, by Alexander J. C. Skene, M.D.....	46
Literary Note from the Century Co., N.Y.....	287	Eyesight, Good and Bad: a Treatise on the Exercise and Preservation of Vision, by Robt. Brudenell Carter.....	47
London Correspondence.....	119	How Persons Afflicted with Bright's Disease ought to live, by Joseph F. Edwards, M.D.....	69
McGill University, Meeting of Convocation.....	191	Lessons in Gynecology, by Wm. Goodell, M.D.....	46
Medical Schools.....	19	Lindsay & Blakiston's Visiting List.....	46
Medico-Chirurgical Society of Montreal.....	47, 72	Medical Heresies, historically considered: a series of critical essays on the origin and evolution of Sectarian Medicine, embracing a special sketch and review of Homœopathy past and present, by Gonzalvo C. Smythe, M.D.....	45
Nana's Daughter.....	208, 239	On the Construction, Organization and General Arrangements of Hospitals for the Insane, with some Remarks on Insanity and its Treatment, by Thomas S. Kirkbride, M.D.....	214
New York Sanitary Engineer.....	239	Ophthalmic and Otic Memoranda, by D. E. St. John Rosa, M.D.....	45
Obituaries.....	43, 44, 144	The Bacteria, by Dr. Antoine Magnin.....	288
Paris Green.....	19	The Compend of Anatomy, by John B. Roberts, M.D....	47
Personal.....	20, 43, 216, 236	The Druggist's Hand Book of Private Formulas, by John H. Nelson.....	70
Practical Physiology.....	18	The Hygiene and Treatment of Catarrh, by Thos. F. Rumbold, M.D.....	263
Preliminary Examination College Physicians and Surgeons, P.Q.....	167	The Hygiene of Catarrh, by Thomas F. Rumbold, M.D..	22
Proposed Protestant Lunatic Asylum.....	166	The Microscopist: a Manual of Microscopy and Compendium of the Microscopic Sciences: Micro-Mineralogy, Micro-Chemistry, Biology, Histology, and Practical Medicine, by J. H. Wythe, M.D.....	70
Saccharated Pepsin.....	308	The Practitioner's Reference Book, by Richard J. Dunglison, M.D.....	70
Tenth Convocation of the Medical Faculty of Bishop's College.....	187	Therapeutics of Gynecology and Obstetrics, by Wm. B. Atkinson, M.D.....	46
The Bogus Diploma Business in Philadelphia.....	210	The Transactions of the American Medical Association.	47
The Bridal Eve.....	287	"The Trials of Raissa:" a Russian Love Story, by Henry Greville.....	70
The Case of Psoriasis Lepraformis.....	67	Transactions of the American Gynecological Society, Houghton, Mifflin & Co.....	20
The Issue of the August Number.....	287	Births.....	288
The Mackinnon Pen or Fluid Pencil.....	239	Marriages.....	24
The Montreal General Hospital.....	209	Deaths.....	144, 168
The Popular Science Monthly.....	212		
The Popular Science Monthly for August, 1881.....	263		
To our Subscribers.....	65, 233, 308		
To Preserve the Brain.....	213		
To Test House Drains.....	235		
Trommer's Extract of Malt.....	43		
Typhoid Fever at Bishop's College School, Lennoxville	67		
University of Bishops College.....	262		
Woods' Library of Standard Medical Authors for 1881	192		
Woman's Hospital.....	17		
Woman's Hospital, Annual Report.....	167		
Wyeth's Dialised Iron.....	263		
Wyeth's Elixir of Gentian with Tincture of Chloride of Iron.....	288		
Wyeth's Elixir of Phosphorous.....	212		
Wyeth's Fluid Extract of Ergot.....	167		
Wyeth's Peptonic Pills.....	187		
Wyeth's Vinum Cibi.....	239		

REVIEWS.

A Manual of Minor Surgery and Bandaging, by Christopher Heath.....	71
American Newspaper Directory for 1880, by Geo. P. Rowell & Co.....	45
Aphorisms in Fractures, by R. O. Cowling, M.D.....	216

THE CANADA MEDICAL RECORD.

Vol. IX.

MONTREAL, OCTOBER, 1880.

No. 1.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PROGRESS OF MEDICAL SCIENCE

EDITORIAL.

ORIGINAL COMMUNICATIONS.	PROGRESS OF MEDICAL SCIENCE	EDITORIAL.
PAGE	PAGE	PAGE
Report on Sanitary Science, by Dr. Botsford, of St. John, N.B., 1—The After-Treatment of Operations, as regards the application of Carbolic Acid to the Wound, by Dr. C. E. Nelson of New York, 6—A Surgical case of Severity, treated without the intervention of Carbolic Acid, by C. E. Nelson, N.Y., 7—Correspondence, 8—Antiseptic Surgery vs. Listerism..... 9	Treatment of Gonorrhœa, 9—Effect at a distance, 9—The Prophylactic Washing out of the Uterus with Carbolic Lotion after Delivery, 10—Quinia in Obstetrics, 10—On the Cerebral Symptoms produced by Impacted Cerumen, 10—London Letter, 12—The Treatment of Constipation, 15—The Cause of Death at the several Epochs, 16—To Mask the Odor of Iodoform, 16—The Treatment of Chronic Eczema. 17	Vol. IX., 17—Woman's Hospital, 17—Practical Physiology, 18—A new Gold Medal, 18—Medical Schools, 19—Paris Green, 19—Personal, 20—Pamphlets, &c., Received, 20—Books held over for Review, 20—Reviews, 20—Report of the Semi-Annual Meeting of the College of Physicians and Surgeons of Quebec, 22—Canada Medical Association—Report of the Committee on Necrology, 24—Married..... 24

Original Communications.

REPORT ON SANITARY SCIENCE.

By DR. BOTSFORD, of St. John, N.B. Read before the Canada Medical Association at its Meeting in Ottawa, September 1st, 1880.

In accordance with the request of the Association at its last meeting, I have the honor to submit a few remarks upon the subject of Sanitary Science, and in doing this will confine myself to the relationship of State legislation to hygiene, adducing a few facts to shew the result of wise interference.

Hygiene, as its derivation denotes, touches upon the health and soundness of the body, and it embraces in its consideration all the rules and conditions which tend to the well-being of men, whether these relate to the individual, to communities, or to a nation at large.

Hygiene refers rather to the physical conditions, and though these may be much influenced by the moral surroundings, and act and re-act upon them, yet the moral phase comes more under the consideration of another department, that of Social Science.

It is somewhat remarkable that man should have devoted so much energy to fathom the unseen and the spiritual, and yet only of late has directed his attention to the physical laws which minister to his health and happiness, or which undermine his

vitality and usefulness. With a strange fascination he endeavors to soar into the regions of the mysterious and leave unconsidered the tangible, which has so much to do with his daily life.

Many of us can remember how much time was devoted to the languages, ancient and modern, how much to mathematics, to natural philosophy, and how the relation of the body to what was touching it on every side formed no part of education: and even now our educational systems and institutions of learning are greatly deficient in teaching the hygienic conditions which envelope us.*

Subject of Question.	Attention paid.	No attention.	Doubtful or no response.	Per Centages of	
				pay attention.	Do which do not, or do not respond.
Public Hygiene	11	35	16	17.74	82.21
State Preventive Medicine.	4	39	19	6.45	93.55
Private Hygiene.....	23	25	14	37.09	62.91
Special Inst'ns in Hygiene	5	34	23	8.06	91.92
Full Course Hygiene.....	3	13	46	4.84	95.14

Centennial, Bowditch, p. 285.
23 Medical Colleges.

Public Hygiene	9	10	4	39	60
State Preventive Medicine.	7	12	4	36	69
Private Hygiene.....	9	10	4	39	60
Special Professorships....	5	18		21	78
Full Course.....	5	17	1	21	78
Subsidiary Course	11	11	1	47	52

* Results from 62 Colleges exclusive of Medical Colleges.

The cultivation of the laws of personal hygiene may well be left to the individual; they will force themselves upon the notice of men as the progress of civilization gives clearer views of the requirements of life, and as a rule the individual will conform to the demands of what is expedient though this is often too woefully neglected. But whilst with the individual the general education may suffice to produce good results, it is otherwise with communities. We enter, in their case, upon a more complicated state. We have superinduced upon the personal rights the rights of property, and the rights and liberties of our fellow citizens. These must be consulted, and to accomplish an interference with private rights we must send for aid from the powers which make the laws for the general good.

Our first knowledge of what may be beneficial or what may be injurious will largely depend upon personal experience, and this gradually accumulating will form the basis of commercial action. But to enable a community to act and to avail itself of knowledge thus accumulated there must be power derived from and delegated by the general government.*

This delegated or compulsory power which is to be sought from the Legislature of a country will be granted in proportion to the hygienic knowledge attained by the members composing the body which makes our laws. And as we cannot expect a stream to rise above its source, so if among our legislators there is an ignorance of the conditions conducive to wealth, just in that proportion will they fail in their duty to their country. Looking at our law-makers we at once recognize them as persons who in their education were not thrown into contact with hygienic teaching. It did not form a part of the general education of their times, and however well informed in other respects, and however some few may and do keep abreast of the times in general matters, yet in the direction of hygiene there is much ignorance which shuts out a due consideration of its demands.

It is being too wise to be so far ahead of the times as to attempt to prematurely force upon a people things which under certain conditions may be right if not expedient. It is, however, far from

* But after a state has been formed it would seem to be one of its first duties, as the sovereign guardian of the lives and health of the people, to look into all the influences, good and bad bearing upon health.—Bowditch, Centennial Address. p. 641.

being wise to lag behind in the progress of civilization, and to allow communities and nations to endure loss of life, loss of property and loss of morality by ignoring the plain demands of duty.

It is not necessary to enter into numerous details to show the importance of the results involved in the adoption of sanitary legislation, but I will content myself with a few prominent facts in connection with it.

The following are taken from the 37th Report of the Registrar General of England, and are the results of accurate observation extending through a number of years, and cannot be looked upon as the guess-work of theorists.* The observations

* Thirteen districts of England and Wales, shewing some improvement in the annual rate of mortality in the three decades 1841-50, 1851-60, and 1861-70.

Number of District.	Name of District.	Registration County.	Population.		Average Mortality. Deaths to 1,000 living.			
			1861.	1871.	1841-50.	1851-60.	1861-70.	1871-74.
182	North Wiltford.	Cambridge	14,791	15,585	27	21	20	17
183	Whittlesey	do	6,966	7,002	27	23	21	19
184	Wisbeck	do	33,309	34,209	25	22	20	19
189	Orsett	Essex	11,595	13,172	24	21	18	17
254	Salisbury	Wilt	9,039	9,212	28	24	20	21
279	Stoke Damerel	Devon	59,440	49,449	26	23	21	21
372	Wolverhampton	Stafford	126,902	136,053	27	28	24	24
393	Coventry	Warwick	41,647	40,113	27	25	21	21
446	Macclesfield	Ches	61,543	59,339	26	25	23	23
520	Hull	York	56,888	68,316	31	25	25	25
582	N'port	Monmouth	51,412	61,252	24	22	21	21
585	Merthyr Tydfil	Glamorgan	93,008	104,239	28	29	25	27
665	Creekhovel	Brecknock	22,457	20,147	27	25	23	23

* Much good may be derived from a study of the statis-

embrace 13 districts in different counties of England and Wales, extend over three decades from 1840-1871, and concern about 600,000 people. They show the improvement in the annual rate of mortality during the thirty years. The first decade, 1841-50, the rate per 1000 averaged 26.54. The second decade, 1851-60, it fell to 24.75, and in the third it fell to 21.76, or nearly 5 per 1000 less, or an annual saving of 3000 lives.

The report says: "The district of North Witchford (Cambridge) affords a striking instance of the important results that can be attained through health administration. The average annual mortality fell from 27 per thousand in 1841-50 to 21 in 1851-60, and to 20 in 1861-70. In the four years 1871-4 the results are still more remarkable, the mortality being reduced to 17 per thousand"—a saving of 150 lives each year in a population of 15,000.

"In Whittlesey (same county) a steady improvement in the mortality is also discernible, from 25 per thousand in 1841-50, to 19 per thousand for 4 years, 1871-4."

"In Wisbeck (Cambridge), in 1866, the town was supplied with pure water, and extensive sewerage works are now completed. The annual death-rate of this district has been reduced from 25 per thousand to 19 per 1000 in 1871-4. The great land drainage works have had great influence in improving the health of the inhabitants of the city." In the death rate from phthisis the average annual mortality per thousand in the decade 1851-60 being 2, whereas in the ten years 1861-70 it was reduced to 1.6, nearly 25 per cent.

upon the causes of the difference, whether it comes from race, climate, food, clothing or social habits.

Richardson quotes statistics taken from a work titled "Effective Population of the World :"

"Of 10,000 children born in Norway 7,415 live to be 20 years of age. In England, 6,627. In United States boys have nearly as good a chance as in England, girls have not. In France 5,022. In Ireland 4,855, or less than one out of two attain that age." Out of the same 10,000 in Norway more than 1 out of 3 reach 70. In England 1 out of 4. In France 1 out of 8½. In Ireland 1 out of 11½.

"In Norway a larger proportion of infants survive than in any other country, and when grown up display the greatest power of endurance."

A 1000 years spent in the growing period produce 63 per cent. more of working life among the Norwegians than among the Irish, and 13 per cent. more than among American men.

—Richardson, Ministry of Health.

"In Orsetts (Essex) the remarkable reduction in the death-rate during the thirty years 1841-70 is partly due to sanitary improvements, but mainly to the drainage of the land and consequent tics of different nations, and when these statistics differ an examination of the different conditions might throw light dryness of the soil.* In the 4 years 1871-4 the mortality was only 17 per thousand, and phthisis decreased from 2.8 to 1.9 in 1861-70.

"In the district of Salisbury (Wilts) before any improvements were made the annual death-rate in 1841-50 was 28 per thousand. In 1855 an excellent system of drainage was in operation, and the district supplied with pure water, so the annual rate was reduced in 1851-60 to 24 per thousand, and in the following decade to 20 per 1000.

"In Wolverhampton the annual mortality has fallen from 28 in the ten years 1851-60 to 24 in the four years 1871-4. In 1865 the town was entirely reseeded, and a more wholesome water-supply obtained, but much remains to be done to put Wolverhampton in a good hygienic state.

"Kingston-upon-Hull presents another example of the good effect of sanitary measures. The annual rate of mortality in the ten years 1841-50 was 81 per 1000."

An investigation shewed that the drainage was bad, and the water, derived from the river Hull, received the sewage of such places as Driffield and Beverly.

The local board incorporated in 1851 began sanitary improvements. From 1851-60 the mortality was reduced to 25. In 1864 the river water was abandoned and water from the springs of the Chalk-wolds introduced. The mortality from 1871-74 was 25 per thousand.

In the parish of Merthyr Tydfil, in South Wales, the results of sanitary works are thus recorded by Mr. Dyke :

1st. Before the works were	} 33
begun, eleven years, 1845-	
55.	1000

* Drainage, Moisture and Phthisis.

Three-quarters of all these (his own) patients have resided where dampness of the soil is a prominent characteristic. Somewhat less than one-quarter have resided in dry places. Cent. p. 458.

Moisture of the soil is the only known characteristic which, as far as our investigations have gone, is connected with the consumptive breeding districts, p. 460.

The same conclusion was arrived at by Dr. Buchanan in England, who suggested that dampness of soil is an important cause of phthisis to the population living upon the soil.

2nd. During paving inspection and nuisance removal, 1856-61.	}	28
		per 1000
3rd. After the addition of water supply and during main drainage, 1862-65.	}	26
		per 1000
4th. While drainage of houses was being effected, 7 years, 1866-72.	}	25
		per 1000

Owing to epidemics of small-pox in '72, enteric fever '73, and contagious fevers '74, it rose to 27 per thousand.

It must be observed that, though these epidemics prevailed, the death rate was 6 per thousand less under such unfavorable circumstances, being a saving of 600 people annually in a population of 100,000.

The report further shews what under favorable conditions was the death-rate of two districts, Glendale and Rothbury, in which for 30 years, from 1840-71, the annual mortality was at the low average of 15 per thousand. In Rothbury a third of the population is employed in healthy occupations connected with agriculture. The district of Rothbury contains several large parishes. That of Alvington, with a population of 1,200, had a death-rate of 7.5 per thousand, and in 1874 only six deaths were registered, or a rate of only 5 per 1,000. In 1871, the birth-rate was 32.4, and only two deaths under one year occurred. True, these are very exceptional cases, and it may not be within the bounds of possibility to effect the same results, generally; they, however, demonstrate that these are disturbing elements which should be more or less eliminated by wise regulations.

We will bring to your notice one more fact, and that connected with Montreal, the largest city in our Dominion. According to the returns made in his excellent report by Dr. Larocque, the death-rate of that city during 7 years, 1872-8, averaged 34 per one thousand. And if there is no reason why Montreal should necessarily have a death-rate so much above other cities, then we must conclude that 1300 lives are annually sacrificed to ignorance and indifference on the part of some one.*

* The number of deaths in Montreal has been and still is large, and commented upon by Dr. Larocque, whose experience is similar to that quoted from Bowditch.

"A former physician of Boston used to say that Boston could be kept free from small-pox, if it were not for Maine immigrants. This assertion, though not strictly true, illustrates the utter inability of a State to defend itself in case one adjacent to it fails of its duty in regard to vaccination.

It is not necessary to accumulate facts for the information of this Association. Its members are sufficiently acquainted with the details of this subject. It is sufficient to say that the number of deaths which arise from imperfect knowledge of hygiene or a violation of its teachings, and which might be prevented by the introduction of wise and suitable laws, cannot be less than 10,000 annually, and I consider this to be a low estimate.

This undue mortality does not arise in our cities only, where people are crowded, and the causes of disease intensified, but will be found to exist in the country districts. Any one conversant with the habits and mode of life of our rural population, and the disregard of the conditions of health, will readily acknowledge this.

We would consider a drain of 10,000, from our country to swell the productive forces of another people as something to be deplored, something to be strongly commented upon by our guardians of the press or in politics, and yet there is little heed given to the fact that this number annually die in our midst unnecessarily, and to our public detriment; nor is this all: we must add to the loss from diminished numbers that which arises from a large amount of disease which should not exist, were it not for the depressing agencies at work.

The study of hygiene is not and should not be confined to one profession, though we are supposed to be, *par excellence*, the guardians of the public health, but should form a part of the general education of the people; and, as the regulations necessary to ensure hygienic conditions must proceed from the body politic, ignorance there will defeat any attempt to introduce compulsory rules, and we must first educate our law-makers to secure a thorough foundation for the general good.

When we take into consideration the subjects discussed in our Legislatures, the time devoted to maintain the rights of citizens in the smallest matters; when we calculate the relative cost and value of such debates (and we do not condemn

I see no remedy for this, save a National Act for compulsory vaccination." Cent. Add. p. 73.

"Of small-pox, which in the commencement of the centennial period (1776) spread like wildfire, carrying panic intolerable with it, we may say that only the folly of individual men, and utter neglect on the part of the State, or, as in Canada at the present time, the frenzy of bigotry and of base ignorance alone prevent us from extirpating the disgusting disease from the face of our portion of the earth."—Centennial Address, p. 93.

nor despise the watchful care of our representatives in such minor points.) ; when, I say, we consider the importance attached to these, or it may be, the time annually spent on the onslaught of the outbreaks upon the ins, the defence of the respective parties in every Legislature throughout the Dominion,—it is truly marvellous that hygiene should receive so little consideration. And, moreover, when we look at what has been, and is now, doing in the old country, it is strange, it is passing strange, that in this new country we should shut our eyes to the necessities of the times, and ignore, nay, reject, the experience of the Old World.

In accordance with a recommendation of the Association, a committee drew up a scheme for the registration of health.

1st. Shewing the information which it was proposed to obtain. 2nd. The method by which it was to be obtained. 3rd. How it might be utilized. 4th. The benefits which would be derived from it. 5th. And that the cost would not exceed \$5000. I wrote to a Senator requesting his support to this scheme if it should be brought before the Legislature. His reply was most favorable as far as he was personally concerned, but stated that, though the subject was "of great importance" "some of its members think there is too much legislation."

Why, Mr. President and Gentlemen, the State of Michigan puts to shame the apathy of our Dominion. In that State, with a population of 1,200,000 in 1870 they are carrying out a system of returns which will enable them to solve many of the questions connected with the vital problems of the country. Not merely is the profession engaged in it, but hygiene has become a State movement, and I hold in my hand a report, the seventh issued by the "State Board of Health."* And yet in our Dominion, with a population of 4,000,000, there, has been no general action taken.

It is true that Quarantine has been recognized. Even in the Province of New Brunswick, ninety years ago, laws respecting infectious diseases were enacted, boards of health were provided to enforce quarantine. Houses could be entered, and people removed to hospitals, vessels placed in quarantine and funds provided when necessary. All this was done in the case of infectious diseases, which, being

palpable and visible in their results, made men anxious to stamp them out. They acted up to their knowledge. And yet there are the unseen agencies at work which are destroying yearly, nay monthly, more of our people than any open plague wasting at noon-day, and it is because men are unconscious of the pestilence that walketh in darkness that no efforts are made to combat with the insidious enemy.

In New Brunswick we have a residence for our Governors, built at a cost of about \$100,000, and with annual expenses of from \$5000 to \$8000. Last year one Governor died unexpectedly, and other members of his family suffered from sickness. This year our present Governor barely escaped with his life. The cause was very evident: the building was foul with sewage-gas, and, though there were drains originally, they were choked and never had been protected by traps against the return of gas.

As a profession we have clearly and frequently brought this subject of vital statistics before the country, and no blame can attach to us if efforts are not being made to do away with the annual loss of 10,000 lives. Yet as citizens we have to blush for our Dominion, which either from ignorance or wilfulness neglects to grapple with this momentous question.

A system of vital statistics is necessary to enable us to ascertain the death-rate of a people.* It enables us to ascertain the localities where it is in excess, it enables us to ascertain the causes which lead to that excess, and it enables us to apply such remedies as will do away with noxious elements. Such a system involves no violation of private rights but such as the individual should cheerfully surrender. It trenches upon none of any section of society but which should yield to the public good. It does not interfere with the moral, the spiritual or ecclesiastical regulations of any body of men. It asks for data respecting marriages, births, deaths and the causes of death, and left undone throws the responsibility of the unnecessary sacrifice of 10,000 lives upon those who oppose and those who refuse the necessary legislation.

I repeat that as a profession our garments are clear, but as members of a general self-governing

*The State Board of Health "shall from time to time recommend standard works on the subject of hygiene for the use of schools of the State," by Act of 1873. Mich.—State Board of health. P. 5 and 6

* "Until accurate registration of vital statistics is thoroughly carried out, it obviously will be impossible to have an efficient system of State preventive medicine."—Centennial Address, p. 67.

people the blood of 10,000 human beings lies at our door.

In conclusion, I would direct the attention of the younger members of the profession to the splendid field which is now open to some one of them. I know of no other in which a man may attain a similar prominence. The subject of preventive medicine, inasmuch as it strikes at the very roots of disease, must in the future be associated (in this Dominion at least) with any man who brings to a successful issue the principles involved in it. To a general culture he must add large professional attainments, and then be content with a life of hard work, little remuneration and much obloquy. But if he has the strong will to sacrifice self and present prospects he may attain to prominence among his fellows. Most certainly will his memory be associated with his work after generations have passed away, and he will be remembered by his country when there will be none so interested as to brush the dust from the inscriptions which record the birth and death of the most prominent among us.

THE AFTER-TREATMENT OF OPERATIONS, AS REGARDS THE APPLICATION OF CARBOLIC ACID TO THE WOUND.

By DR. C. E. NELSON of New York.

I believe it is generally conceded that when any new *modus operandi* is floated in the medical world, members of the profession are permitted to relate their experience of and views concerning it in the journals that are set apart for the use of the profession. Being a private practitioner, I have not the field to investigate in that is afforded in a hospital, still, having seen and practised surgery more or less for seventeen years, I would like to offer my quota (such as it is) on the use of carbolized applications to surgical wounds.

Before starting out on this paper, I would like to premise (especially for the younger readers), that when a new treatment has been supposed (or even shown) to be generally successful—the idea is no other treatment can possibly succeed in the same class of cases—such is the opinion of a large number of medical men; and this has never been so much exemplified (in all medical history) as in this present instance of the use of carbolized acid.

That thousands of wounds have done well, and healed quickly without the use of carbolized

applications nobody will deny; this has been attested down through all the ages, as any person can see for himself if he consult the celebrated authors of those times. In our own time, and in all countries, surgical practitioners can recall many (dozens) of their own cases that have healed quickly and done well (no pyæmia, or other complications occurring) *without* the use of carbolized acid.

The "points" of carbolized acid, according to those who favor its use, are (I) that one can almost surely count upon terribly bad wounds getting rapidly well, in almost the same time as simple wounds under ordinary and previous treatments; (II) that wounds and compound fractures which might frighten a surgeon, in regard to prognosis, are simplified and rendered easy of treatment by the above-mentioned agency. As a deduction from this latter, or rendered in a sub-paragraph, (III) that there is little or no danger of pyo-hæmia being apprehended then. (IV) That then there would be no danger of other patients' wounds in the same ward being infected. (V) That this is a short, easy and royal road to preventing and putting a stop to crsipelas, erythema, and other cognate blood diseases; and that lastly (VI) the time of healing surgical wounds is thereby materially, if not vastly, shortened.

I think I have placed these "reasons" in the order of their importance to the surgeon and the patient. Let us now dispassionately view the field, and see how many of our forces (our six regiments I may say) we can count upon.

(I)

This first section treats of a very wide field, almost appalling in its vastness—and what young fledged beginners shall say, that *he* knows, not, as much, but more, than the celebrated men who have gone before, and who are even his contemporaries?

Instead of wearying the reader's patience with writing pages on this section, I will proceed to the

(II)

The ideas and facts comprised in this section, also comprise a large intellectual field; here, I am sorry to say, I shall be obliged to dwell a little.

Take, first of all, the compound fractures, which fifty years since would have been adjudicated upon as proper subjects of amputation [let me admit, please, in the premises, that carbolized appliances answer as well as anything hitherto has, or, perhaps, even better]; supposing there were no

carbolic acid—what would we do. After putting up the limb, secundum artem, extracting foreign bodies if we thought the arterial circulation were not too far damaged, we might follow one of two practices: (A) seal up the wound, from the outside air, or adopt certain devices, to keep the wound in (what wedoctors call) a “healthy condition.”

A

Sealing up the wound.—This manner has been known and practised from time immemorial; there are very many ways of doing it; by pouring in balsamic preparations; preparations of white of egg; washing with wine, etc. This is old-fashioned, but recently, a Scotch doctor made up a compound, poured it into his compound-comminuted fractures, and declared it acted marvelously; Richardson, of London, says he can do as much with his styptic colloid (this controversy occupied the London journals for a long time). Many of us know that collodion, poured upon a wound, as well as a cut, will ensure, in many instances, a complete cure; a rag or piece of lint dipped in blood often acts in a very satisfactory manner; and to this end all the old-time compress and bandage treatment.

(B)

Other means, practised formerly in hospitals, as well as in private.—A very important point is what is termed cleanliness,” *i. e.*, not allowing pus and other secretions to collect to too great an extent on a wound; to this effect were devised frequent changing of wraps, frequent wetting with water, or medicated lotions; changing often the rags; substituting French charpie for English lint; using tow to absorb the pus; irrigating the wound from a height by a wet strip of rag, from a pitcher, as I have seen, etc.—Thus, have many brilliant cases been secured, without the use of carbolic acid.

(III)

As regards pyœmia, this might be regarded as a corollary from the preceding paragraph; but, in my opinion, “pyœmia” depends very much on the surgeon who conducts the case.

(IV)

Danger of infection.—If carbolic acid acts as a useful disinfectant it certainly should be used.

(V)

Cuts short all blood-infecting diseases.—This remains to be seen; a good deal can be done in this way, by *isolating* the cases; but still, in a

hospital, where time and trouble are important factors, it would be well to try it—although I think that a good, smart doctor might steer his patients through, without any blood complications.

(VI)

Time of healing.—This, I certainly and most emphatically deny. I could cite (like many others) any number of cases that have been healed in as short (or shorter) time than was ever seen under carbolic acid.

I don't like speaking about myself, but, by way of illustration, to-day I removed the wraps (dressings) for the first time, of a case of cancer mammae, which was removed *six days* ago: at time of excision no ligatures of vessels, no sutures, and no sponging were employed; to-day, when I turned back the wraps, not a sign of redness of flaps, or surrounding parts; no ecchymosis; there had not been a drop of secondary hemorrhage, or even venous oozing; and, on pressing point of finger, centripetally, from three inches from incision towards incision itself, *not one drop of pus* could be made to exude: all this in six days; and the line of incision seemed (by the “pulling” test that I employ) to be perfectly healed; however, for the surety, the plaster-strips, compress and bandage (no water or carbolic acid) were left on for two or three days longer, when I expect a complete cure by agglutination, without any external devices. [I might diverge here into (1) the employment of sutures, (2) sponging, etc., but refrain.]

I may, parenthetically, remark, that no drainage tubes, horsehairs, syringing daily with carbolic acid solutions, counter-openings, were made use of.

A SURGICAL CASE, OF SEVERITY, TREATED WITHOUT THE INTERVENTION OF CARBOLIC ACID.

By C. E. NELSON, New York, Oct. 3, 1880.

I timidly venture to send the following case to the journals, interesting to a certain extent, in two ways, (1) showing the recuperative power in a patient's own self (or in other words “conservative surgery”—another phrase for letting things alone), and (2) that a severe surgical case, where death was expected in a few days, *can* be cured without the intervention of carbolic acid.

Miss George, a rather portly lady, 75 years old,

while closing an outside shutter (blind) one windy night, had it catch her on the back of her hand. Thinking it a small matter, she applied simple things, but, in a fortnight's time, the hand was in such a serious condition that a doctor (namely, myself) was sent for; the condition was as follows (July, 1880): erysipelas (intensely deep red color) of hand and forearm, almost up to elbow; swelling of hand, semi-œdematous, more on the back than in the palm; had had shivering, previously; now a slight fever, great weakness; mind tranquil, but evidently averse to any exertion that was not strictly necessary; a good deal of pain, but, as she bore pain well, bystanders did not think she suffered as much as was really the case.

The case was one evidently of phlegmonous erysipelas; I told her I thought the only thing to be done was to make good incisions. The night (10 p.m.) of that same day, I took up my old friend Dr. Sheppard (of thirty years' large practice, both surgical and medical), who gave chloroform, while I made one incision on dorsum which, according to him would empty out the whole thing; but my opinion was that three or four incisions would be necessary. We left her, he telling me that she would not live more than four days; it certainly looked bad. In about three days as that incision had done no good, no pus having come out, I took him there again, patient anesthetized a second time, and I effected four good (*i. e.* very deep and long) incisions over the metacarpals, merely on the dorsum; then applied a common poultice (although I do not like poulticing as a general rule), telling her at the time her life was hanging by a thread; after this, pus exuded in abundance, but did not seem to relieve her condition; some nights she was flighty. I then intimated to her that, although she might get well, the chances were against her, and that I should consequently advise amputation of forearm (as I did not wish to get blamed, although I had a little inkling in my own mind that she might possibly pull through): to this she would not consent, preferring death unmaimed; I answered "very well, you will have to die." Now for the treatment and the anatomical condition of the hand. In about ten days or so, I left off poulticing (as I am not in favor of that mode of treatment if one can possibly do without), and kept hand wet with double rag, dipped in dilute nitric acid lotion (hospital strength, of old fashioned times—20 years ago) every hour, as it was intensely hot weather, and the wraps soon dried—temperature of circum-

ambient air was between 90° and 100°. The poulticing had the effect of causing the whole top (dorsum) of the hand to slough off, nothing to be seen but the tendons (of the extensors). For the first few days, dorsal veins of hand (venous arch) were still discernible; they then shrivelled, and finally sloughed away, like the other tissues. Now, here was a practical question: if she got well, what use could she expect of her hand; and, another, where was the skin to come from with which to cover the same?

I was then taken sick myself, and did not see her for some weeks afterwards, when I found that the natural skin had stretched (or relaxed) over back of hand, and in centre was a longish red cross (cicatricial tissue) which will very likely soften, and get paler, inside of a year.

Her arm and her life were saved; and I should suppose if there ever were a case where carbolic acid would be tried, this would be one of them.

The motions of her fingers are still limited, but will doubtless improve in time. During my attendance, the smell from the hand was perfectly terrible—yet even so, I did *without* the carbolic acid.

Correspondence.

To the Editor of CANADA MEDICAL RECORD.

SIR,—In reading the *Star* the other evening, I noticed a paragraph describing an operation performed by a surgeon of this city. The operation was so described, and the description given of the tumour so minute, that, were it not for the *well known* aversion of the operator in question to public puffing, one would have supposed he had given the details to the reporter.

This, following so shortly after a similar puff of an operation performed in one of our hotels, makes one think that the practice is in quite accordance with the rules of Medical etiquette.

Perhaps these rules are meant only to be applied when the older men are giving wise lectures to the younger fry in what they should or should not do; much in the same way that some parsons tell their parishioners, "don't do as I do, but do as I tell you." In a good many instances, this appears to have been the custom in this city.

If a younger practitioner should be guilty of allowing his name to appear in connection with

an operation, he would be condemned as unprofessional, but those who should set the example appear to enjoy an immunity from blame.

It would be well, and at the same time it would avert suspicion, if any surgeon, under the same circumstances, would caution his friends and admirers, that such puffing is excessively annoying, and partakes of quackery. Not only does it give a bad example to younger men, but the public also have a vague suspicion that self-advertising lurks somewhere beneath the surface.

Yours truly,

CRITIC.

ANTISEPTIC SURGERY vs. LISTERISM.

To the Editor of the CANADA MEDICAL RECORD.

DEAR SIR,—In your excellent report of the discussion which followed the reading of Dr. Hingston's paper on the "Treatment of Surgical Wounds," at the meeting of the Canada Medical Association, I am reported as saying, that I "had confidence in antiseptic surgery." This is quite true; but to the casual reader it might be regarded as endorsing Listerism. Nothing could be more opposite to my conviction and belief, in fact, my knowledge. On this point, as on almost every other, Dr. Hingston in his most admirable essay exactly expresses my views. To carry out Dr. Hingston's principles is to practice antiseptic surgery on correct physiological grounds, and not on visionary theories of germ putrefaction. In fact I have little patience with those who, availing themselves of the teaching of Hilton, Poget, and I may add of Gamgre and others, and by securing the requirements, by a *hocus pocus* proceeding necessary to allow nature to do his work of healing and restoration of tissue, endeavor to make it appear that it is by the use of germicides and the exclusion of germs that success is secured. Listerism disports itself in the robes of antisepticism; but the latter is founded on physiological and pathological grounds, while the former is a passing fashion in the practice of our profession, meanwhile beneficial to the inventor and retailers, but only ephemeral, like all fashions.

In respect to the organization of a blood clot which it is claimed Listerism will secure, I remarked that when a clot did become organized, it was not blood but fibrin colored by hæmatine. This I have often seen take place under the

antiseptic treatment of *rest, ventilation and cleanliness.*

Yours very truly,

WM. CANNIFF, M.D., M.R.C.S.

TORONTO, Oct., 1880.

Progress of Medical Science.

TREATMENT OF GONORRHOEA.

Dr. Law, of Greeley, Colorado, recently recommends the following:

℞ Tannici acidi..... 1 ounce.
 Aquæ puræ..... 6 ounces.
 Mix. Sig. Inject as specified.

Introduce a number six or seven catheter beyond the point of soreness in the urethra, having had the patient urinate first, for the purpose of washing out the accumulated matter; direct him to make firm pressure on the tract of the urethra beyond the point of the instrument. Now take a common rubber bulb syringe, and by means of a bit of elastic rubber tubing, connect the catheter and syringe, and wash out the urethra with cold water, in a thorough manner. Press the syringe bulb with force, so that the return current of water will flow out at the meatus, around the catheter, with considerable force. Finally inject the tannin solution in the same way. Repeat twice a day, gradually weakening the solution of tannin.

With this plan faithfully carried out, the doctor claims that the disease rarely, if ever, passes beyond the original site of the fossa navicularis—may sometimes be actually cured in three days. Stricture in the membranous portion of the urethra is thus avoided, because the disease is not allowed to invade it. If the urine is acid and irritating, he orders alkalies, as bicarbonate potassium, etc.—*Philadelphia Medical Reporter.*

EFFECT AT A DISTANCE.

A correspondent writes to the *British Medical Journal*, relating the case of a female patient who "was never troubled with after-pains." When asked how she prevented their occurrence, she said that, in accordance with the advice of a "woman from America," she had, during her last two labors, put some steel, in the shape of carpenter's tool, under her bed, and had had no after-pains, though formerly she had suffered very much. The correspondent relates a parallel case, that of an old lady subject to cramps in the extremities at night, which she prevents by having a piece of rock-sulphur placed in her bed. If this is removed, even unknown to her, she is sure to suffer. "So much is now written about metallo-therapy," says the correspondent, "that if any of your readers can give an explanation of the above cases they will oblige."

THE PROPHYLACTIC WASHING OUT OF THE UTERUS WITH CARBOLIC LOTION AFTER DELIVERY.

Professor Stadfeldt, of Copenhagen, contributes a paper on this subject to No. 7 of the *Centralblatt für Gynakologie*, 1880. He states that the previous communication in No. 5 of the *Centralblatt* (reported by us in the *Medical News and Abstract* for May, 1880, p. 302) led him to communicate some observations on the application of an antiseptic treatment modified to suit lying-in women. The author has employed this method since 1870 with ever-increasing energy, and communicated a paper on "Maternities, their Organization and Administration," to the Brussels Congress, in which he publishes his experiences. In that communication the author was able to state, that in the quinquennium 1870-74 the mortality in the Copenhagen University lying-in institution had been reduced to 1 in 87, whilst the majority during the three previous quinquennia varied from 1 in 37 to 1 in 14, and had at no single quinquennium during the long existence of the institution been nearly so low. The relation is still more favorable in the last quinquennium 1875-79, since of 5098 lying-in women only 44 died of puerperal fever, *i. e.* 1 in 116. This result the author considers more favorable than can be presented by any similar lying-in institution which receives patients from all the hospital quarters of a town, as well as from the workhouses, in which primiparæ are decidedly in the majority. The author contends, that not only the mortality but the morbidity of the patients is diminished by the antiseptic precautions. The method adopted by the author is methodical washing out of the vagina before delivery, the application of carbolic vapor spray during the delivery, and intra-uterine injections with carbolic lotion after delivery. The author expresses his astonishment that the application of carbolic spray has found so little acceptance in lying-in institutions, stating that in the Copenhagen Maternity it has been four years in use for every labor, without having caused any injurious results to mother or child. He states, also, that its application causes so little trouble that he cannot see why a method so reasonable for a lying-in institution should be summarily pushed aside. The spray must be commenced from the moment when the parts of the child begin to show themselves at the vulva until any tears which may have occurred during the delivery in the vulva are united by suture, and the genital opening is covered with a layer of prepared jute. The intra-uterine washings after delivery have been found specially beneficial under certain conditions, although he has only used three p. c. solution, but in large quantity. He has never observed any evil results from these injections in hundreds of cases. He does not recommend

such injections in every case, however, but only when the hand or instruments have been introduced into the passages, or when remains of membranes have been retained in the uterus. A brief account of twelve cases is given in support of the advantage derivable from the use of intra-uterine injections.—*Edinburgh Med. Journal*, June, 1880.

QUINIA IN OBSTETRICS.

A correspondent of the *Louisville Medical News* says that, in his experience, puerperal fever, abscess of the breast, phlegmasia dolens, and the like, may be prevented with almost absolute certainty by the administration of quinia prior and subsequently to childbirth. Iron is often a valuable ally of quinia, and should be used freely.

ON THE CEREBRAL SYMPTOMS PRODUCED BY IMPACTED CERUMEN.

By WILLIAM A. HAMMOND, M.D., Professor of Diseases of the Mind and Nervous System in the University of the City of New York. (Read before the New York Neurological Society, November 4th, 1878.)

There is nothing new in the fact that impacted cerumen in one or both ears is capable of giving rise to notable disturbances of cerebral and nervous action, but the circumstance does not seem to have attracted the attention it deserves, except perhaps so far only as the sense of hearing is concerned. Kramer* does not even mention the existence of any brain symptoms in connection with the disorder in question, though specially detailing those exhibited as the result of noises in the ear.

Toynbee†, however, is more explicit—he says:

The symptoms of a collection of cerumen in the meatus vary according to the nature and position of the mass. Sometimes the whole of the meatus is distended by cerumen, the inner end of which lies in contact with the outer surface of the membrana tympani of which it forms a cast. In these cases there is often giddiness, from the pressure on the chain of ossicles. The symptoms of pressure on the brain are familiar to most surgeons, but it is not generally known that pressure on the contents of the labyrinth produces somewhat analogous symptoms. A mass of cerumen may force inwards the membrana tympani and the chain of bones until the base of the stapes is pressed against the contents of the vestibule. In some cases of this

* *The Aural Surgery of the Present Day*; New Sydenham Society Publication, 1863.

† *The Diseases of the Ear, their Nature, Diagnosis and Treatment*. American Edition, 1860, p. 80.

nature, constant attacks of giddiness occur; in others there is a confusion of ideas and an inability to walk straight, and in a third class there is a feeling of weight and pressure on the head. These symptoms are often combatted by the use of counter irritants and depletion; but the only proper remedy is the removal of the accumulation.

The author then cites several cases in which cerumen had accumulated in one or both ears, in only two of which, however, were there any cerebral symptoms.

Roosa* states the prominent symptoms of inspissated cerumen in the ears to be sudden impairment of hearing, tinnitus aurium, vertigo and pain in the ear, subsequently he says on the authority of Prof. Mayer, that mental hallucinations have in rare instances been relieved by the removal of inspissated cerumen, and then makes the following interesting statement: "I once saw a lady who, though not regarded as a person of unsound mind, seemed to be such, and who complained greatly of tinnitus aurium in all its varieties. I found the ears full of impacted cerumen; but she utterly refused to allow me to remove it and I never saw her but once. It would have been very interesting to show the effect of the relief of the tinnitus upon the mental hallucinations of which she seemed to be a victim."

With this very brief reference to aural authorities, I pass to the consideration of several cases in which notable cerebral symptoms were the immediate result of impacted cerumen.

Case I.—Miss C., age twenty-seven, consulted me Sept. 11th, 1866. I found her suffering from vertigo, pain in the posterior region of the head, insomnia, profound melancholy, and hallucinations of hearing. These latter were of a marked character and were scarcely ever absent during the time she was awake. They consisted of voices which whispered to her words of an exceedingly terrible import, such as "You have lost your soul. You are vile to live. Go and kill yourself," etc., etc. Sometimes the sentences were much longer, and occasionally long speeches were apparently made to her. More frequently, however, there was for hours the repetition of some one assertion of her total depravity or an order to destroy herself.

Though at first recognizing the hallucinatory character of these words, the idea of their reality was gradually forced upon her, and they therefore became true delusions. She began accordingly to conceive it to be her duty to act in accordance with the advice she believed herself to be constantly receiving, and hence she made a determined effort at suicide by plunging a pair of scissors into her neck. Fortu-

nately no serious organ was injured, and vigilant watching prevented a repetition of the attempt.

Previous to her coming under my notice she had been subjected to vigorous medical treatment, consisting in the main of cupping and leeching, blistering, purging and the administration of bromide of potassium in large doses. None of these measures were of any avail. Under the idea that there was uterine trouble, and that the cerebral symptoms were of reflex character, she was sent to an eminent gynecologist, who, however, declared her generative system to be in good condition.

My attention was at once attracted to the ears by the statement made by her mother, that at first there had been some difficulty in hearing, though after a little while this had disappeared. I therefore, began my examination of the ears, and at once found that both meati were obstructed by large plugs of inspissated cerumen. These I softened by the introduction of a few drops of a solution of bicarbonate of soda in glycerine, and the next day by injections removed from the ears masses of cerumen as large each as a marble. The patient was then kept quiet for the remainder of the day, and at bedtime the sixth of a grain of morphine was administered hypodermically so as to insure a good night's rest. On awakening the next morning she announced an entire freedom from dizziness, and that the voices whispering to her were at a greater distance than they had been. The delusions, as to their reality still, however, continued. During the day the pain in the head disappeared, as did also the voices. Little by little the force of the false beliefs was lessened, and after a few days there were no further abnormal, mental or physical symptoms.

Case II.—I. K., a young man, twenty-two years of age, came under my observation January 26th 1870, suffering from severe vertigo, noises in the ears, deafness, and intense mental depression. These symptoms had come on suddenly six days before, shortly after a cold bath in which the water had entered the ears. His expression was one of great anxiety; there was an apprehension of impending evil, and he walked the floor of my consulting room with a staggering gait, his hands pressed to his head, and tears running down his face.

On examining his ears, which I was induced to do mainly from the facts that there were pain, tinnitus, and vocal resonance in addition to the special cerebral symptoms, I discovered that both auditory canals were obstructed with cerumen. A few syringes of warm water removed this, and the symptoms almost immediately disappeared.

Mr. X., a lawyer of Brooklyn, consulted me about three years since for hallucinations of hearing, together with vertigo, pain in the head, confusion of ideas, insomnia, and frequent

* A Practical Treatise on the Diseases of the Ear, etc. New York, 1873, p. 147.

flushings of the face from which he had suffered for several weeks. On his way to my house he heard voices apparently saying to him "What is the use of your going to a physician? You are of no use in the world. Go and jump into the river. Jump off the ferryboat; jump, jump, now; at this very instant," and so on. He stated that it was impossible for him to follow his profession, for that the voices interfered to the extent of preventing his clearly distinguishing what was being said in his presence. Even as he was talking to me the hallucinations of hearing were present in full force.

These voices did not actually impose upon his intellect, but he stated that he was conscious of a gradually increasing inability to resist accepting them as realities.

Although there were many of the symptoms of cerebral hyperæmia present, I was induced from the fact that the disorder had come on immediately after bathing in the ocean, during which water had entered the ears, to examine these organs in the very beginning of my interview. Both ears were found full of inspissated cerumen. This was thoroughly softened by the solution of soda in glycerine, and removed by syringing with warm water. On the instant the voices ceased and the patient left, feeling as he said entire relief from his annoying symptoms.

I heard no more of this patient till about two months afterwards, I read in the newspapers of the day that he had been violently abusive in court of the judge on the bench, and had been punished by fine and imprisonment for contempt, and soon afterward his wife called to tell me of the trouble into which her husband had gotten. As she explained it to me he had imagined that the judge was calling him names and cursing him, and had replied in like manner. I had no doubt that there was an accumulation of cerumen, and that the hallucinations of hearing had returned in so aggravated a form as to convince the intellect of their reality. A letter from me to the judge secured his release, and on his visiting me I found my suspicions confirmed. The impacted cerumen was removed, and so far as I know there has been no recurrence of the disorder.

These are only a part of the instances in which impacted cerumen has caused cerebral symptoms that have fallen under my notice, but they are typical, and nothing would be gained by detailing the others.

As regards the cause of noises in the ears I have no information to offer except to state that it is not the mere stoppage of the external meatus by impacted cerumen, for such closure does not give rise to any subjective sensation. It is true that if the canal be stopped by the finger a sound is heard, but this is derived entirely from the body, and is probably from the action of the heart, the circulation of the blood through

the tissues, muscular contraction, etc. A cork or other substance put into the ear so as to close the canal and left there without being held by the hand does not give rise to any sound. If, however, the fingers hold it in place, it transmits the sound from them as would any other solid substance.—*N. Y. Hosp. Gazette.*

LONDON LETTER.

Perhaps the most interesting communication made to any of our societies lately is that of Dr. Matthews Duncan to the Medical Society, on *Antiseptic Midwifery*. So important was it, and listened to with every attention by a distinguished audience, that an abstract of it may be acceptable to your readers. Being a great personal friend of Prof. Lister's, having left the northern metropolis at nearly the exact time Prof. Lister turned his steps southward, it might *a priori* be surmised that Dr. Duncan would be an advocate of the antiseptic plan of treatment. Consequently a large number of practitioners came to hear, and also to learn how antiseptics are applied to every-day midwifery. Dr. Duncan commenced by saying that there is no subject which excites more professional interest or more interest among the general public than that of puerperal deaths. A wife, the mistress of a household, the solace of her husband, the proud mother of a number of happy children, is suddenly snatched away after an auspicious event. There is something so sad about such deaths that all would welcome with heartfelt joy any plan which promises to lessen such disastrous events. Puerperal deaths own various causes, but by far the most frequent and prevalent causes are septicæmia and pyæmia. Both these diseases involve or imply inflammatory processes, and both are essentially septic. It is against them that antiseptic midwifery wages war, and in which, he said, it had already achieved great success. The object of the paper was to spread and diffuse further knowledge on this important matter, and to stimulate further inquiry into it, with a view to the more general adoption of the beneficent antiseptic methods. Already, said Dr. Duncan, more pain is prevented, more life saved by antiseptic methods than by all the recent improvements of modern midwifery combined; and there is no prospect half so bright and encouraging as that held out by the general adoption of the antiseptic treatment of the parturient condition. And, it is certain, all fervently wish that these high hopes may be realized. He would not, he said, proceed to discuss that division of the subject, the treatment of the blood by which the fermentation or sepsis is carried throughout the organism, as by the use of hyposulphites, introduced by Polli, of Milan. He would

confine himself to the consideration of the local use of antiseptics. He pointed out that the healthy lochial discharge of some women approached in smell and odor putrefactive discharges, so that it was not always possible to discriminate them; but in all doubtful cases it was well to treat them as if putrefactive. The putrefying lochial discharge may find its way directly into the blood by the uterine sinuses, or be taken up by the lymphatics: in either case a state of blood-poisoning, or septicæmia, is set up. The removal of all putrefying material is essential to the arrest of this blood-condition. The antiseptic measures to be adopted consist of the removal of the offending material by the obstetrician's finger, or a pair of forceps, previously covered with an antiseptic. In some cases it becomes necessary to introduce the hand, which should previously be carbolized, by being smeared with the ordinary carbohc acid and oil mixture. By such treatment of the hand preparatory to its introduction into the female passages, two ends are attained. If there be no great amount of putrefaction present, the hand thus treated carries with it no danger of leaving putrefying matters, or germs, on the bared surface; while on the other hand it is a means of applying an antiseptic to a surface on which a putrefactive process may be actively progressing. Then as to injections into the uterus, he advocated carbolized water and the gentlest possible force sufficient to throw the fluid into the uterine cavity. Neglect of these precautions might lead to the introduction of air or fluid into the uterine sinuses, and produce baneful results. To secure gentleness of pressure, it was of the first importance to have free and sufficient exit for the fluid injected, and often it became necessary to use a double canula. The running out should be carefully watched, and the moment the outflow ceases the injection should be stopped. He did not agree with those who advocated the leaving of the intra-uterine tube *in utero* to act as a drainage-tube. If antiseptically plugged, it no longer acted as a drainage-tube, and not so plugged it was a source of danger in itself. To secure gentle pressure it was well to have a long tube, so that the fluid could be held above the patient; but it should not be raised to an undue height. A warm carbohc lotion of the strength of one in fifty was useful. About half a pint or a pint should be injected at once, and the uterine cavity should be washed until the fluid returns clean. It is not desirable to have too frequent daily injections. Such irrigation might be desirable in some cases even when no putrefaction was present. I am not now engaged in midwifery practice, and never lost a patient in the parturient or post-parturient state, but I can remember a number of cases where the lochia became offensive, where such irrigation would

probably have given much comfort to the patient and those in attendance upon her. There was a certain risk of the carbohc acid producing poisoning of its own in certain cases, but Dr. Duncan said that the production of dark-colored urine merely was quite unimportant. At times more serious symptoms were produced, as shivering, cyanosis, and a weak and fast pulse. So far as he knew, no fatal case had yet occurred.

The great modern improvement in antiseptic midwifery was the prophylaxis of puerperal septicæmia or pyæmia. This subject could be divided into the prevention of danger from within and of danger from without. In addition to the most scrupulous carefulness as to perfect cleanliness about the parturient woman, in different Continental schools, they had adopted the plan of using carbolized ointment for smearing the finger previous to its introduction into the vagina, and systematic carbolized irrigation of the uterus after parturition, with most excellent results. As to the use of the spray in labor, at the moment of the birth of the child, it had been attempted, but was found to be very troublesome. The spray had been tried in the performance of Cæsarean section, as it had in the operation of ovariectomy, with good results. It certainly seemed very desirable that the spray should be used for the treatment of the abdominal as well as the uterine incision; but the drawback here was that, in spite of all care on the part of the operator, septic material might find its way into the uterus through the natural passages. Returning to the subject of antiseptic midwifery, he said that now it was comparatively easy for physicians and nurses to keep themselves medically clean, and that the danger of puerperal septicæmia being carried by the medical man, and nurse, from one patient to another was much diminished,—an expression of opinion which elicited some adverse comment from Professor Playfair, who advocated the old plan of refraining from midwifery for a time, when it was found that one case of puerperal fever followed after another. Dr. Duncan pointed out that if this principle was carried out to its logical conclusion the general practitioner would have to abandon all his other practice if he, by any oversight, saw a case of scarlatina.

If a piece of membrane or placenta was retained in the uterus, it was well to use a three per cent. solution of carbohc acid for at least twelve days after the accouchement, as prophylaxis against danger arising from within. Others advocated a solution of the subsulphate of iron with glycerin under these circumstances. But poisoning from within was not so common a cause of septicæmia as poisoning from without; and care on the part of the obstetrician would be found the great means of obviating puerperal septicæmia. It was by avoidance

that puerperal mortality was to be reduced in amount. When septicæmia had once been started, then the treatment was no longer that of prevention, but that of cure. Dr. Duncan, as he announced at the commencement of his lecture, did not go into the treatment of the blood in puerperal septicæmia, but perhaps your readers will not feel aggrieved if his remarks are supplemented by some others on the management of the general condition. When symptoms of septicæmia set in, not only should the irrigation of the uterus several times a day be assiduously carried out, but antiseptics should be administered internally. Chlorate of potash and the sulphites and hyposulphite of soda, together or singly, should be given freely by the mouth. In one case in my by-past general practice, a delicate woman was confined of a dead putrid child: on vaginal examination the head felt like a leather bag with a lot of pieces of broken pot in it, the cranial bones being all loose and out of place, and the fetus discolored and far advanced in putrefaction. In this case the lochia became very putrid and stunk, and there were evidences of blood poisoning on the part of the mother. By means of vaginal injections of a solution of the sulphites and the internal administration of chlorate of potash and sulphite of soda, the ominous symptoms passed away, and the woman made an excellent recovery. Such was a successful case treated antiseptically, but in a very primitive way. Now the management of the case would be considerably more advanced and scientific. In addition to the injections and the internal administration of the various antiseptics, it would be well to influence the air respired by the patient, and to place in the sick-room some disinfectant; the drawback to this being the objectionable smell of most of these potent agents. Sanitas is odorless, and solutions of thymol are not offensive certainly, if they do not form a very agreeable scent, and such should be used freely, being sprinkled over the floor, and, better still, being well sprayed about the room at frequent intervals. This should be continued as long as any signs or symptoms of septicæmia remain. That such should be the line of treatment to be pursued in all cases, either of established septicæmia or where it is threatening, there can be no doubt remaining. The question then arises, "Shall antiseptic precautions be taken in all cases of parturition?" As regards my personal opinion, it is affirmative of this proposition. Antiseptic precautions, in the first place, are not expensive. They would form a species of cheap insurance. In the next place, they are free from danger if used carefully. Dr. Duncan pointed out that careless irrigation of the uterus might lead to serious consequences, air or fluid might be forced into the uterine sinuses; but against this may be set the presumption that the man who

is careful enough to adopt antiseptic obstetric precautions would be careful enough to see the antiseptic method carried out properly in the one single source of possible danger, the irrigation of the uterus. As to the argument which might be raised that this involves unnecessary fuss and trouble, the answer must be returned that after certain unpleasant incidents it is commonly found that a very little care and foresight would have prevented the disasters. All preventive medicine has this for its *raison-d'être*, and many, if not most, practitioners will probably soon adopt antiseptic midwifery; and as to those who do not, it is probable that when they do have cases of puerperal septicæmia they will find their conduct and management of their cases sharply criticised. The obstetrician would carry with him, as part of his armamentarium, a bottle of carbolized oil with which to anoint the finger at each vaginal examination and to anoint the dorsal surface of the hand and arm in turning. Also the instrument might be smeared with this antiseptic before being applied, in the cases which require them. This would involve their being thoroughly cleaned; and then it is to be hoped we will hear no more of such sad cases as that reported in a recent number of the "Confessional" commenced in the *British Medical Journal* quite lately, where a medical man owned that after delivering a woman with his forceps he forgot to clean them, and the next woman delivered with the forceps died of septicæmia. This matter cropped up in the discussion on Dr. Duncan's paper, and Dr. John Brunton pointed out how the wood of the handles of midwifery forceps often shrank from the metal, thus leaving a crevice in which putrefactive material might lodge. He exhibited his own forceps which he had had for years in constant use; they consisted entirely of metal, nickel-plated, and their condition was admirable. In addition to the above, a little carbolic acid might be carried, in case it turned out that the child was dead, and it might be well to irrigate the uterus in a few hours, so as to prevent any putrefactive change with its consequent dangers. An irrigation of the uterus once a day, in all cases, with carbolized water, would be a cleanly practice, as well as a sanitary precaution, in midwifery practice, and might be adopted generally with advantage.

How far the use of carbolized oil on the obstetrician's finger would tend to prevent that sad accident, syphilitic poisoning, it is difficult to say. An answer only could be given after a considerable experience by many and numerous individuals. But antiseptic midwifery must not be looked at from the point of view of the safety of the accoucheur, but from that of the safety of the patient. Where operative measures are anticipated, I venture to think that antiseptic precautions will always be

taken, after the evidence we have already before us.

And, lastly, comes the cause of all this, the thing born,—the infant itself. Dr. Duncan said that young organisms are readily poisoned septicæmically. It appears that ulceration of the stump of the umbilical cord has been followed by blood-poisoning in some cases, and that pus has found its way into the umbilical vessels. It is well then to dress the stump antiseptically, by enclosing it in a piece of lint treated previously to an application of carbolic acid and oil. An animated discussion followed Dr. Duncan's paper.

A case of *opium-poisoning* treated successfully by the subcutaneous injection of atropine has just occurred in the practice of an ex-house-surgeon of the West London Hospital. On the 14th of February, 1878, I had one grain of sulphate of atropia injected subcutaneously into a woman dying of opium-poisoning. On the 13th of February, 1879, a case was admitted into the Leeds Infirmary. In the absence of the house-physician, the house-surgeon took charge of the patient. He has forwarded me the following notes: A man aged 35 was admitted at 9 P. M., who was said to have taken 3 vi of laudanum one hour previously. He was able to answer questions, his pupils were contracted, he was irritable and somewhat excited, saying he wished he had taken twice as much. He refused to have the stomach-pump applied. A scruple of sulphate of zinc was given. At 9.40 there was no vomiting, and the patient was getting worse; the stomach pump was resorted to, and about twelve ounces of brownish-colored fluid, smelling of opium, was withdrawn, and a pint of strong coffee injected. At 11.20 the patient was worse, and could be roused only with great difficulty. Pulse 120; respirations 15 per minute. The pupils were reduced to a pin's point; the patient had been walked about continuously. One-tenth of a grain of atropia was then administered subcutaneously; condition slightly improved till 12.20 A. M., when he became utterly unconscious and incapable of being roused by the most violent means, including faradism, etc., etc.; pupils firmly contracted; pulse feeble and rapid; respiration down to 12. A quarter of a grain of atropia was then injected subcutaneously. At 12.40 A. M. the patient was somewhat better; respiration 18; pulse firmer and 120 per minute. The pupils were dilated; there was no return of consciousness, the extremities were cold, but the sleep was more natural. At 1.10 A. M. the respirations suddenly sank to 12, but rose again to 20 after artificial respiration had been carried on for ten minutes; pulse good; the patient continued to sleep till 8 A. M. when he awoke, was able to answer questions and to take food, and to the present time (16th, 6 P. M.) has con-

tinued to improve. This case illustrates the toxic effect of opium upon the respiratory centres, and also how the paralysis so induced can be met and antagonized by the use of atropine. The only criticism I have to make is that if a quarter of a grain of atropia had been injected at the very first, the serious symptoms which appeared might have been kept off. The case is very encouraging as to the future treatment of opium-poisoning by the subcutaneous injection of atropine. *Philad. Med. Times.*

J. MILNER FOTHERGILL.

THE TREATMENT OF CONSTIPATION.

Dr. Robert Smith recommends that in cases of constipation the individual should daily at the same hour make powerful defæcatory efforts. Should these efforts be unsuccessful, he must still be urged to persevere. This daily repetition of the attempt to defæcate usually ends by a daily need for the relief of the bowel at that hour. During the treatment it is sometimes necessary to procure an evacuation. An enema of tepid water, followed by one of cold, will generally be sufficient for this purpose; a suppository of belladonna, or one of ordinary yellow soap, or of honey hardened by heat, is equally efficient. Purgatives are not to be used except under the greatest necessity, and then a pill of colocynth with hyoscyamus is sufficient. Mineral waters are frequently of great service, particularly those of Carlsbad and Cheltenham, a tumblerful taken warm before breakfast being often found to act effectually in keeping the bowels in healthy action. Belladonna in a single dose of one-sixth to one-fourth of a grain of the extract taken fasting by preference in the early morning has also been used with success. Excellent results have also been obtained from the use of sulphate of zinc and strychnia. Much of the success of the treatment will, however, depend upon the directions as to habit and diet. The tablespoonful of cold water at night, the cold bath and cold compresses to the abdomen in the morning, the taking of large quantities of fruit, the use of oatmeal porridge and of bran bread, the cigar after breakfast, the daily walk, have all their influence in bringing about the desired end. For infants, the use of oatmeal boiled in milk, an occasional soap suppository, abdominal friction with the warm hand, combined with small doses internally of codliver oil, have never been found to fail. In all cases of constipation, however, it is absolutely necessary to obtain the confidence of the patients.—*The Lancet.*

THE CAUSE OF DEATH AT THE SEVERAL EPOCHS.

In infancy, diseases of the brain and nervous system—notably convulsions—rank first among the causes of death; diseases of the lungs have the second place, and diarrheal diseases the third.

From the end of the first year of life to the end of the fifth—that is to say, in early childhood—the infectious diseases, especially scarlet fever and hooping-cough, give rise to the greatest mortality; then, as in infancy, next in order of mortality at this period of life come lung-diseases; and third, the diarrheal diseases.

In childhood and early youth (five to fifteen years) the infectious diseases are the chief causes of mortality, principally scarlet fever and continued fevers.

From youth to manhood (fifteen to twenty-five years) phthisis is the most important cause of death, and the infectious diseases sink to the second place.

In early manhood (twenty-five to thirty-five years) phthisis still maintains the first rank among the causes of death; but a marked increase of mortality is now observed from other diseases of the lungs. The infectious diseases continue to hold the second rank among the causes of death at this period of life.

In manhood and maturity (thirty-five to fifty-five years) phthisis maintains its predominance among the causes of death, but now the mortality from other diseases of the lungs becomes largely augmented. The second place in the order of causes of death at this period of life is taken by diseases of local origin, especially local affections of the brain and nervous system, of the heart and blood-vessels, and of the digestive organs. Cancer now becomes an important source of mortality, but the infectious diseases sink to a comparatively low place among the causes of death.

In the decline of life (fifty-five to seventy-five years) the diseases of local origin, including diseases of the lungs, are the chief causes of death; phthisis, the infectious diseases, and general diseases, as a rule, except cancer, becoming relatively less predominant. At this period of life, indeed, the causes of death foreshadow the more general decay of old age (seventy-five and upward), where death, if it does not arise from the natural inability of the several organs, in the progress of decay, to continue their functions, unaffected by exterior circumstances, is mainly brought about by local accidents of the brain and nervous system, the heart and blood-vessels, irredeemably damaged in the course of the decay.

The progress of fatal disease through the several periods of life has, in fact, characteristic relations with the natural conditions of the body at the different periods. The fatal diseases of infancy are significant of the immaturity and

mobility of the infants' organs and functions. The fatal diseases of childhood relate, not so much to states of the system then in fullest vigor of vital re-action (to inherent conditions of the body, so to speak), and to the influence of the media in which we live, as to the accidental liability of exposure to morbid agencies current among populations, such as the contagions of the catching diseases; as, for example, scarlet fever, small-pox, measles, typhus, etc. With the completion of manhood, diseases indicative of local degenerations of tissue begin to be predominant, and with each successive stage of life this predominance becomes more marked. In old age the degenerative changes, which at earlier periods of life are regarded as the signs of disease, now appear as the natural consequences of decay; and death becomes a physiological not a pathological fact—as the determination of a natural life, not as the premature close of a life cut short by disease.—*Ext. from Health Primer—Premature Death.*

TO MASK THE ODOR OF IODOFORM.

Tannin, which was recommended by Moleschott as a means of hiding the unpleasant smell of iodoform, has not been wholly successful; ether, which conceals the odor, on account of its great volatility is only useful for a short time; while oil of peppermint has not answered to its expectations. Dr. Lindemann, of Munster, contributes to the *Allg. Med. Central Zeitung* an account of experiments which he has made with several preparations in regard to this subject. The conclusion at which he has arrived is that the balsam of Peru completely masks the smell of iodoform, and renders it imperceptible to the most delicately organized. He mixes two parts of the balsam with one part of iodoform, and recommends vaselin as being the best medium for an anguent; it may also be employed in an aqueous solution. The following useful formulæ are subjoined:

℞ Iodoform,..... 1 gram;
Bals. peruv.,..... 2 grams;
Vaselin,..... 8 grams;
M. f. ungt.

℞ Iodoform,..... 1 gram;
Bals. peruv.,..... 3 grams;
Spir. vin. rectific. or glycerin,.... 12 grams.

In regard to the preparation of these prescriptions, the author recommends that the iodoform should first be mixed with the balsam, and that the vehicle should afterward be added.

THE TREATMENT OF CHRONIC ECZEMA.

Avoid the use of soap, as this is irritating. Twice a day, bathe the part in an aqueous solution

of borax, one ounce to the pint. Dry without friction, and freely apply the benzoatic oxide of zinc ointment, then bandage the part firmly with old dry muslin which has been previously wet with a saturated aqueous solution of borax. Over this apply a bandage of oiled silk, in such a manner as to exclude the air perfectly. Let the bowels be kept regular. In the majority of cases eczema may be promptly cured by the simple exclusion of the air. Eczema of the fingers will generally yield in a few days if the air be excluded by the ordinary rubber cot.—*Med. Review.*

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.

ASSISTANT EDITORS:

R. A. KENNEDY, M.A., M.D.

JAMES FERRIGO, M.D., M.R.C.S. Eng.

EDITOR OF PHARMACEUTICAL DEPARTMENT:

ALEX. H. KOLLMYER, M.A., M.D.

—
SUBSCRIPTION TWO DOLLARS PER ANNUM.
—

All communications and Exchanges must be addressed to the Editor, Drawer 356, Post Office, Montreal.

MONTREAL, OCTOBER, 1880.

VOL. IX.

With this number we commence our ninth volume. Very few of our subscribers have seen fit to discontinue, and these few are compensated for by more than double the number of new names. The fact is, few men in practice now-a-days can afford to be without a medical journal, so as to keep abreast of the times, and this one is furnished at so cheap a rate as to be within the reach of all. That the RECORD is appreciated, letters from readers attest, and not the least portion acceptable is the selected matter which has been found of considerable value by many. Every physician should keep himself informed of matters relating to the profession especially in his own country, and this we endeavor to render available by acquiring information from every possible source. Subscriptions are acknowledged in the usual manner by the date placed on the label after the address, which indicates the year up to which the RECORD has been paid for. Those in arrears will please consult the same for the amount due

us, and if they will kindly take the hint and remit, we certainly will not feel very much hurt. A word to the wise is sufficient, and therefore we expect the remittances to roll in.

INDEX OF VOL. VIII.

Owing to the absence of the editor in chief, who managed the details of the RECORD, we had the misfortune to overlook the index for vol. viii., which should have accompanied the last number. It will be sent with this, and therefore the omission will be remedied.

WOMAN'S HOSPITAL.

It was announced some time ago in these columns that the Woman's Hospital had been removed to the large and commodious building known as the Western Hospital. Formerly the Hospital was almost entirely conducted as a Lying-in, and was managed solely by its Medical Board. Since its removal, however, advantage has been taken of the provisions of the charter so as to include a Board of lay gentlemen as Governors, and this has been followed by the very best of results. It is seldom that any institution acquires such an energetic Committee of Management; all its members have worked with a will to place the Hospital in effective working order. The results are shown in the funds collected and the donations in kind received, a fact which also shows that the objects of the Hospital are generally appreciated by the public, and that it was really required. Though much has been done, yet it is not as fully equipped as desired, but this will only be a matter of time. In the meantime the departments are fully organized: one flat being devoted to obstetric cases, having twelve beds; another flat to special diseases of women, having eight beds. There are also eight private wards and an out-door service. Medical attendance on the public wards is provided for by a staff of attending physicians. The Committee of Management by a wise liberality permit any properly qualified physician to attend their patients in the private wards, being the only public institution which allows of this privilege with the exception of the New Hospital of Notre Dame, which, as we are informed, has lately extended the same to all practitioners. Fears were at first entertained that this Institution would be found too far away from the centre of the city, but experience proves the

contrary. Already a large number of patients have been admitted, and many more apply but cannot be received owing to the Committee having for the present set a limit to the number of available beds. The prospects are, however, that by another year double the number will be accommodated. The out-door department, which at first fell off in the number of patients attending, is now gradually on the increase. Altogether those who have been instrumental in accomplishing the extension and increased usefulness of the Woman's Hospital have every reason to congratulate themselves on the result.

We have been surprised to learn that a report has been circulated, that the Hospital is badly drained, and its sanitary condition defective. We can speak with certainty that its hygienic condition could not be bettered, and that there is not a particle of infection which could endanger the life of any parturient woman. Indeed all antiseptic precautions are observed, and the result is shown in the rapid recovery after child-birth. Cases of auto-infection will occur in any institution no matter how well conducted, and such have occurred, but we are happy to state that there have been none such for some time. At present the Hospital is in an exceptionally healthy condition, and the authorities invite inspection from any medical practitioner who may wish to visit the Institution, and if there are any that think the sanitary arrangements defective, we are sure that a personal visit will soon remove that idea from their minds.

PRACTICAL PHYSIOLOGY.

Five years ago the Medical Faculty of Bishop's College, through the energy of one of its Professors, opened a Laboratory of Practical Physiology. This year a second one has been established in this city, but this time in connection with the University of McGill. This latter was opened on the second instant, for the inspection of those present who came to listen to the introductory lecture of the Medical Session of 1880. The lecture was delivered by the Professor of Physiology, Dr. Osler, and, as would be expected from the well-known ability of the lecturer, was not only an able but also an interesting discourse, the advances in Physiology being fully dwelt upon. Unfortunately unavoidable circumstances prevented us

from attending, but we are informed that the laboratory is fitted up with nearly all the modern requirements of Physiological research. The apparatus is of the most improved make, and we are sure that, under the able management of Professor Osler, it will be a good acquisition to the teaching facilities of McGill. It certainly speaks well of Montreal, as a centre of Medical Education, that it should contain two such thoroughly equipped Physiological Laboratories that of Bishop's as well as the one now opened in McGill, these being the only two in Canada which can justly be so styled. Having frequently witnessed many interesting and instructive Physiological demonstrations at Bishop's we feel convinced that an immense advantage is to be derived from this sort of practical training, and it is surprising that such demonstrations are not more universally attempted. The establishment of such a course will well repay any school that may adopt it.

The cost of fitting up a Laboratory equal to either of these just mentioned would, so we are told, be about two thousand dollars, and an extra yearly outlay of from one hundred and fifty to two hundred dollars would be required for the purpose of providing the necessary material, improvements, repairs to apparatus, &c.

There can be no doubt that a more lasting impression will be made on the minds of students by demonstrations such as reflex action, as seen in the frog, on the calling into play the functions of various important nerves as shown in numerous experiments on animals, and the process by which food is digested as exhibited in test tubes. These appeal directly to the senses of the most careless student, and from being much more quickly and easily understood give more information than can be acquired through the diligent study of the same matters presented in a less interesting manner.

A NEW GOLD MEDAL.

It is with pleasure that we announce the acquisition of a second gold medal by the Medical Faculty of Bishop's College. Many will remember the late Dr. Robt. Nelson, who was distinguished as a surgeon, having made for himself a name in this city prior to 1837. Unfortunately, from taking part in the troubled politics of that period, circumstances compelled him to leave Canada for the United States, where he resided for the balance of

his life, continuing to attain fame as a surgeon and realizing a considerable fortune.

In order to perpetuate his name in this his native city, his son, Dr. C. E. Nelson, of New York, has founded a gold medal of the annual value of fifty dollars, to be competed for by the medical classes of Bishop's College. The subjects for competition are not yet fully decided on, but it is expected will soon be finally arranged. In our next issue we trust to be able to give more particulars.

MEDICAL SCHOOLS.

The medical schools in Montreal are now in full operation, and there appears to be an increase in the number of students entering upon the study of medicine. At the last matriculation examination held in Quebec, nearly one half of the candidates were rejected, which either implies that the examinations are unnecessarily severe, or that something wrong in the education which young men obtain in this Province. Probably a little of both. The introductory lecture at McGill was delivered by Prof. Osler on the evening of the 2nd, after which there was an exhibition of new Physiological apparatus.

In Bishop's, Prof. Armstrong welcomed the students on the 4th at three in the afternoon, giving the class some good practical advice in regard to their studies and future calling.

Laval inaugurated her Third Medical Session on Tuesday evening, the 5th inst., the Rev. Mr. Beaudet, the vice rector, addressing the meeting, His Lordship the R. C. Bishop of Montreal, the professors in the different Faculties and several distinguished visitors being also present.

The opening address in the French School of Medicine in connection with the University of Victoria was delivered by Prof. Durocher, on Friday, 1st October, at 3 p. m.

PARIS GREEN.

When we wrote last month on the danger attending the indiscriminate sale of Paris green, and the necessity for putting in force existing legislation regulating its sale, we scarcely expected that two more cases of poisoning by this substance would occur in this city before the article itself had reached our readers. One case was fatal, and the particulars have appeared in the daily press. The other was in our own practice. Vomiting having

set in prior to our arrival, the woman's life was happily saved.

We should like to know whether the Paris green taken in these cases was purchased from a licensed pharmacist, and if so whether the sales were registered in the poison book according to law? Surely there is some official whose duty it is to see that the law regulating the sale of deadly poisons is properly carried out.

Let us suppose that a person wishes to poison himself. He is very unlikely to use a poison which is comparatively unknown to the general public. In nine cases out of every ten either arsenic, Paris green, prussic acid, morphine or strychnine is employed. Having decided in his own mind which poison he will use, the would-be suicide sets forth to obtain it, and in order to do this he must apply to a licensed vendor of poison, who, under the Act, cannot sell it unless he knows the person applying for it personally, or receives an introduction to him from some one known to both. This difficulty of obtaining deadly poison is a wise provision, as it is evident that any respectable pharmacist, in order to prevent his establishment from being mixed up in a poisoning case, will take every precaution as to whom he sells such things as laudanum, arsenic or Paris green, and it is quite possible that many embryo murderers and suicides would be altogether deterred from accomplishing their design by the very salutary regulations laid down in the Pharmacy Act, *were they more generally enforced.*

The Druggists' poison register might and has frequently been a source of valuable information to detectives in cases where cattle, as well as human beings, have been destroyed. By all means, gentlemen of the Council of the Pharmaceutical Association, let us have the law rigidly enforced, especially the registration of all sales of Paris green.

We have received the first number of the Rocky Mountain *Medical Review*, a monthly journal of Scientific Medicine and General Science, published at Colorado Springs, Colorado, at a subscription price of \$5.00 per annum. This journal promises to be a valuable addition to the many able Medical Journals of the United States. Its Editors, six in number, are among the leading physicians of Denver and the Springs, and if they will only work up the material at their command their venture must be successful. Much can be said of the benefit derived by a residence in Colorado of persons

suffering from lung disorders, and if facts are eliminated, deductions may be drawn which will afford physicians a guide as to the proper cases to send and likely to be benefited. We will gladly exchange with our new contemporary.

PERSONAL.

The friends of Dr. Wolfred Nelson will be interested to hear of him. From information he appears to have ranged over quite an extensive territory as a special correspondent. Nothing being said about his physical condition, the inference may be drawn that he is much better than when he left Montreal in search of an El Dorado. His peripatations have led him from the sunny isles of the South across the continent to the Golden Gate. Vancouver's Island, British Columbia, Washington Territory, and Oregon have each furnished material for his pen, and he was last heard of as sitting on a fallen monarch among the big trees of California. He has been well received as a journalist, and we wish him a continuance of pleasant voyages.

Dr. G. F. Slack, formerly of this city, has removed to West Farnham, P.Q.

Dr. Robt. Costigan (Bishop's, 1874), late of Indianapolis, is now practicing in Los Lunas, New Mexico, and for the short time he has been there has met with considerable success.

Dr. F. W. Campbell writes us that he has had a very enjoyable and profitable trip, having visited nearly all the continental cities. He expects to sail for Canada on the 28th of this month, so that his return may be looked for about the eighth of November next.

PAMPHLETS, &c., RECEIVED.

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

Lacerations of the Neck of the Uterus. By A. Reeves Jackson, A.M., M.D. Read before the Tippecanoe County Medical Society at Lafayette, Ind., May 6, 1880. Reprinted from the "American Practitioner."

Diagnosis of Malignant Tumors of the Upper Jaw in Youth, by L. McLane Tiffany, M.D., Reprint from Transactions of the Medical Faculty of Maryland, 1880.

Annual Calendar of the University of Laval,

An Historical Sketch of the Redwood Library and Athenæum in Newport, Rhode Island. By D. King, M.D.

Anæsthesia by Ethyl Bromide. By H. A. Wilson, M.D. Reprinted from the "Medical and Surgical Reporter." August 7th, 1880.

Seventeenth Annual Report of the New York Society for the Relief of the Ruptured and Crippled. May, 1880.

The Rise of American Dermatology. By Louis A. Duering, M.D. Being the President's address, American Dermatological Association, 1879.

BOOKS HELD OVER FOR REVIEW.

Index Catalogues of the Library of the Surgeon General's office, Washington, 1880. Vol. 1.

The Art of Prolonging Life. By Erasmus Wilson, M.D. Transactions of the American Medical Association. Vol. 30, 1879.

American Newspaper Directory, 1880.

A Practical Treatise on Nasal Catarrh. By Beverley Robinson, M.D.

Practice of Medicine. By Dr. Bartholow.

REVIEWS.

Transactions of the American Gynecological Society. Vol. 4 for the year 1879. Boston, HOUGHTON, MIFFLIN & Co., 1880. Montreal, Dawson Bros.

The printing, binding, etc., of this volume is in keeping with the excellent character of its predecessors, and forms a large work of over 500 pages. To give a thorough review of this work would take a much larger space than is at our command, therefore the mere mention of some of the papers will be given. The President in his address deplored the need of "proper reviewing of books;" that "rose-colored book notices" too often replace "honest criticism." This may be true, and some of our readers may think that here we are guilty, but we trust that such will believe in our "sincerity," and, if not, let them get the work for themselves and prove our recommendation. The Gynecological Society only admits to its fellowship men who have already attained a name, and are therefore experienced in the subjects discussed, so that it is no wonder that this volume and its preceding companions should occupy a place in gynecological literature amongst the ablest.

productions. Therefore we deem the library of the gynæcologist especially, and that of the general practitioner, incomplete without them. Papers, ably and carefully prepared, discussed freely by those who possess extensive practical knowledge of their subjects, brought together in this form, must necessarily be of great value. Systematic works treat of the diseases of women generally, but in this we have complete essays on special conditions, followed by a better criticism than we can pretend to give. Organized but five years ago the Society has attained the highest rank, and its publications partake of the same character, and this volume records the transactions of the fourth annual meeting held at Baltimore last year.

The table of contents. List of Fellows, 49 in number, and minutes of proceedings occupy the first 25 pages. The papers next follow: first the annual address by the President, Dr. Thomas, who briefly reviews the history of Gynæcology, deplors the dogmatism of some of its followers in this comparatively new field of knowledge, and cautions the unwary not to be misled into following a popular fashion in treatment which prescribes for the time one remedy for all conceivable disorders. Sponge tents, cervical section, trachelorrhaphy with its stitch as a relief to all a woman's ills, were each in turn held up to view, and to this list might have been added the use of strong caustics for the same. In deploring just reviews a standing committee is suggested whose duty it would be to "pronounce judgment upon the current literature" of gynæcology as a guidance to the practitioner in the purchase of books. Such a committee would have to be, like Cæsar's wife, above suspicion, and authors would necessarily be excluded from appointment. As everybody now is aiming at becoming eminent gynæcologists we fear there would be none to act, and, like the jurors in our law courts, the intelligent reviewer would be debarred, otherwise he would be suspected or even accused of being prejudiced. The future of gynæcology was next dwelt upon at some length in a very interesting manner.

The papers then follow in order. Dr. White and Dr. Battey's on Intra-Uterine Medication. A long discussion on both followed, speakers not fully endorsing such treatment. Intra-Uterine Injections in Puerperal Septicæmia; Dr. Jenks Sporadic Septicæmia in Gynæcological Practice by James R. Chadwick, M.D.; A Contribution to

the Pathology of the Cicatrices of Pregnancy, by Samuel C. Busey, M.D.; Prolapse of the Ovaries, by Paul E. Mundé, M.D.; Case of Removal of both Ovaries for Dysmenorrhœa, by T. Spencer Wells, F.R.C.S.; Kolpo-Cystotomy by Galvano-Cautery, by John Byrne, M.D.; Measurements of the Uterine Cavity in Childbed, by A. D. Sinclair, M.D.; The Early Application of the Forceps in the First Stage of Natural Labor, by Isaac E. Taylor, M.D.; Elongations of the Cervix Uteri, by William Goodell, M.D.; Mismanaged Labor, the cause of much of the Gynæcological Practice of the Present Day, by J. Taber Johnson, M.D.; A Case of Extra Uterine Pregnancy with Successful application of Electricity, by J. C. Reeve, M.D.; The Relation of Symptoms to Versions and Flexions of the Uterus, by Ely Van de Warker, M.D.; Chronic Inversion of the Uterus, by Wm. H. Byford, M.D.; The Justo-Minor Pelvis, by Wm. T. Lusk, M.D.; Kolpœcetasis versus Partial Kolpokleisis, by Nathan Bozeman, M.D.; A new method of Performing Decapitation, by Wm. L. Richardson, M.D.; Atresia of the Vagina in the Pregnant or Non-Pregnant Female, by Isaac E. Taylor, M.D.; Premature Senile Obliteration of the Uterine Cervical Canal, by Henry F. Campbell.

A full report of discussions which took place follows each paper, and in these the great value of the book is shown.

In memoriam M. B. Wright, with portrait by Dr. Parvin. The volume closes with a complete index of Gynæcological literature of all countries for 1878, covering fifty-three pages.

A Treatise on Common Forms of Functional Nervous Disease. By L. PUTZEL, M.D. New York, WILLIAM WOOD & Co., 1880.

This is the eighth volume of the series of 1880 of Woods Library of Standard Medical Authors. It may be questioned whether the work can really be classed with those usually termed standard authorities, but, as it presents the latest scientific views of the subjects treated, and being well and ably written, it fully maintains its place and value among its companion volumes of the series. Chorea, epilepsy, the various forms of neuralgia and peripheral paralysis are the subjects upon which the author dwells. The last subject forms a large portion of the work, and by no means the least valuable part, but, as it includes paralysis from acute and chronic neuritis and surgical injuries to nerves, the title of the work is not fully

carried out, especially as the subject of hysteria is omitted. The reason why hysteria is omitted is because the author considers that it has been sufficiently described in detail in other works, but this argument might also be applied to some of the other subjects written on in this. However, it is a work of merit and cannot fail to benefit the reader.

The Hygiene of Catarrh. By THOMAS F. RUMBOLD, M.D., Part I. pp. 178. St. Louis, Geo. O. Rumbold & Co., 1880.

The author states in his preface "That some may think I have been too prolix on some points." A statement that we fear will be endorsed by a very large *SOME* of those who may read the book. But this will depend upon the class of readers that the book is designed for. If for non-professional readers then the work may be of value as affording useful information, but if intended for professional men, the author must consider the average physician destitute of any hygienic knowledge. There is little but what will be found in any of the ordinary text-books, and that little would have shown better in a pamphlet form than spread over a large extent of what every student is supposed to be informed on before graduation.

REPORT OF THE SEMI-ANNUAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF QUEBEC.

The semi-annual meeting of the Board was held at Laval University, Quebec, on September 29th. There were present the following Governors :—Dr. Howard, President ; Drs. Trudel and Lemieux, Vice-Presidents ; Dr. A. G. Belleau, Secretary ; Dr. L. LaRue, Registrar ; Dr. E. P. Lachapelle, Treasurer ; Drs. David, Hingston, Rodgers, Gibson, Robillard, T. LaRue (of Compton), Bonin, Lafontaine, Gervais, Austin, Perrault, Ladouceur, Rottot, Rousseau, Gingras, Lanctot, Simard, C. Rinfret, De St. Georges, Worthington, Parke, Laberge, Craig, Marsden, R. F. Rinfret, Hon. J. J. Ross and Jas. Sewell. Mr. C. E. Lamirande of Montreal was appointed by the Board to take legal proceedings against charlatans and unlicensed practitioners throughout the Province of Quebec. It was also moved that this officer be instructed to take legal proceedings against unregistered practitioners forthwith, and also that the Registrar be instructed to place the names of those members 12 months in arrears for their annual contribution in the

hands of the prosecuting officer. Dr. Donald A. Livingstone of St. Jean Chrysostome, County of Chateauguay, was granted the license of the College. The following graduates, on presentation of their respective diplomas and being duly sworn, obtained the license of the College :—Laval University, Quebec : C. Mayrand, M.D., Deschambault ; J. F. Landry, M.D., Beauport ; A. Paradis M.D., Quebec ; W. A. Verge, M.D., Quebec ; E. Bedard, M.L., Pembroke ; O. Clouthier, M.D., Quebec ; E. Prévost, M.D., Sorel. Laval University, Montreal : D. Carrier, M.D., Lacolle. McGill University : L. Mignault, M.D., C.M., Montreal. Victoria University : E. Lafarge, M.D., St. Theodore d'Acton ; E. Fournier, M.D., St. Jerome ; C. LaRoque, M.D., Chambly ; Jos. M. Beausoleil, M.D., Montreal ; Hamilton Meikle, M.D., Montreal. Drs. David, Trudel and Lachapelle of Montreal, Drs. Marsden, J. A. Sewell and Gingras of Quebec, were appointed examiners for the examination of midwives. A new tariff for practitioners both in town and country was adopted, and will shortly be submitted to the Lieut-Governor in Council for his sanction. The following Examining Committee was appointed for the next semi-annual meeting :—Anatomy, Dr. Lemieux ; surgery, Dr. Hingston ; medical jurisprudence, Dr. Gervais ; physiology, Dr. Lachapelle ; practice of medicine, Dr. Austin ; materia medica, Dr. Rousseau ; midwifery, Dr. Trudel ; Botany and hygienics, Dr. Lanctot ; chemistry, Dr. Rogers. Votes of thanks were tendered to the officers of the College and also to Laval University for the gratuitous use of its rooms.

The preliminary examination of students for admission to the study of medicine took place on Thursday and Friday at Laval University, when the following gentlemen (21 out of 37 candidates) were admitted to study : Stanislas Caron, George Matte, James M. Foy, Arthur Delisle, Alfred Morrisette, Ls. Philippe Picard, of Quebec ; Hector Leduc, of Three Rivers ; Alfred Richard, of St. Paschal, County of Kamouraska ; Napoleon Blackburn, of Chateau Richer ; Albert De Villers, of Lotbinière ; Wilbrod Fournier, of Ottawa ; Théophile Paré, of Nicolet ; Roderique Mignault, of Acton Vale ; Hormisdas Gauthier, of St. Eustache ; Gaudiose Paradis, of Notre Dame de Levis ; Odilon Berthiaume, of St. Aimée ; Narcisse Valin, of St. Damase, County of St. Hyacinthe ; John Elder, of Huntingdon ; Seraphin LeBlanc, Epiphanic ; Hector Brosseau, Lacadie, County of St. John ; Arthur David, of Montreal. Ten

were rejected on certain branches, and six on all the branches.

At the above meeting the following business was transacted.

The assessor's report being read, on motion was adopted with the condition that the names of C. N. Barry, J. E. Bergeron, P. Gaulreau, Antoine Genereux, who have not completed their four years medical studies, be also inserted. Dr. McGowan's, of Stanstead, letter was read, asking to be reimbursed certain alleged expenses said to have been incurred the last session of Local Legislature in opposing Witcher's private bill to practice medicine in this Province—laid on table.

A letter was read from the President of the Michigan College of Medicine, enquiring whether the students of the said College who may desire to continue their studies in the Province of Quebec will be considered as having passed the matriculation examination required by the Province. On motion the letter was referred to a Committee composed of Dr. F. W. Campbell, Robt. Craik, J. P. Rottott, and E. H. Trudel, with instructions to report at next semi-annual meeting.

Dr. Prime, of Knowlton, applied by letter, asking if his son, who for special reasons was unable to present himself for the license at this meeting, may be permitted to assist him in visiting patients, stating that at the next May meeting in Montreal he would present himself for license and registration. The letter was laid on the table. Dr. F. D. Gilbert's claim against the College in Drs. Fenwick and Worthington's case was next brought forward. On motion the matter was left in the hands of the President and Ex-President, who were to act on legal advice, and if this and other claims were just had authority to settle. It was arranged that the prosecuting officer give a guarantee policy to the extent of \$1,000 to the Board to pay the premium. This officer to send monthly returns of moneys received to the Treasurer, and a list of those who have paid to the Registrar.

Dr. E. Longley's pretended claim against the College in a prosecution against a *quack* was read, and on motion it was resolved: That Dr. Longley be written to for the authorization he received from the President in the matter, and that in the event of his producing the said authorization, with a promise on the part of the College to pay costs, that he shall send in an attested bill of costs to the Secretary of the College. It was resolved on

motion that a bonus of \$250 be voted to the Registrar for his services during the present year. Dr. Rottot, seconded by Dr. Robillard, gave notice of motion at the next meeting to amend the law so as to increase the Registrar's annual salary to \$400.

On motion of Dr. E. Laberge, M.F.P., seconded by Dr. L. D. Lafontaine, M.P.P., it was resolved that a copy of the resolution adopted at the last triennial meeting, and which was moved by Dr. Hingston, one of the members of the College, relative to proposed amendments to the Medical Act, be sent to the Provincial Attorney General so as to officially inform the Quebec Government of the contents of the said resolution.

The proposed Medical Tariff as adopted unanimously by the Governors of the College of Physicians and Surgeons of the Province of Quebec, representing the medical profession, respectfully submitted for the approbation and sanction of His Honor the Lieutenant Governor in Council:—

Visits from 8 a.m. to 9 p.m., not exceeding half a mile	\$ 2.00
Visits from 9 p.m. to 8 a.m., not exceeding half a mile. Not to exceed.....	4.00
Visits, each additional mile in day-time.....	50
Visits do do at night	1.00
Detention a whole day.....	20.00
do a whole night.....	25.00
Ordinary office consultation with prescription....	2.00
do do do do do at night	3.00
Consultation with special examination.....	5.00
do with a practitioner	5.00
do by letter between practitioners.....	10.00
Ordinary certificate of health.....	5.00
Special do attested with report.....	8.00
Certificate, with report on disease and death.....	5.00
Post-mortem examination external.....	5.00
do do with sectio cadaveris ..	10.00
Ordinary case of midwifery (subsequent attendance extra)	15.00
Turning, application of forceps, extraction of Placenta, (Subsequent attendance extra).....	30 00
Miscarriage, premature confinement (subsequent attendance extra)	15.00
For attendance with a midwife in all cases the charge is the same as for delivery.....	
Catheterism, ordinary cases.....	3.00
do each subsequent operation	1.00
Vaccination, Bleeding, Extraction of teeth, Hypodermic Injection, etc., etc.....	1.00
Introduction of stomach pump.....	5.00
Application of cupping glasses, leeches, setons, moxa, plugging, etc., etc.....	5.00
Chloroformization or other anæsthetics.....	5.00
Setting fracture of the thigh.....	25.00
do do do leg or arm.....	20.00

Reducing dislocation of the thigh.....	50.00
do do do leg or arm.....	25.00
Amputation of the thigh.....	100.00
do do leg or arm.....	50.00
Operation for strangulated hernia.....	100.00
Reduction of the hernia by taxis.....	25.00
Lithotomy or lithotripsy.....	200.00
Ovariotomy.....	500.00
Tracheotomy.....	50.00
Operation for cataract.....	100.00
Extirpation of the breast.....	50.00
Do of a tonsil.....	10.00
Amputation of fingers or toes.....	10.00
Capital operations not already specified.....	100.00
Minor do do do do.....	25.00

The above charges for surgical operations are for the operation only, subsequent attendance and services are extra.

FOR MEDICINES AND DRUGS.

Mixtures and draughts, up to two ounces.....	25
Do do do 4 do.....	50
Do do do 8 do.....	1.00
Powders from one to six (1 to 6).....	25
do do six to twelve (6 to 12).....	50
Pills per box of one dozen.....	50
Do for each additional dozen.....	25
Lotions, Injections, etc., etc., 4 to 16 ounces....	50 to \$1
Liniments, Embrocations, etc., 4 to 8 ounces....	50 to \$1
Blisters and Plasters, according to size.....	50 to \$1
Ointments per ounce box.....	25 to 50c.

When costly drugs or medicines are used the charge to be augmented according to value.

QUEBEC, 29th September, 1880.

CANADA MEDICAL ASSOCIATION.

REPORT OF THE COMMITTEE ON NECROLOGY.

GENTLEMEN :—With the annually recurring meeting and festivities of this association, it becomes our duty to pay our respects to the departed brethren in the profession, by an annual roll-call of the honored dead. Some of the members who joined us in our meeting in London last year have since been called to their fathers, and it may be that some who meet together to-day in such health and buoyancy of spirits meet for the last time on earth. These are solemn warnings which we do well occasionally to recall to mind. We are continually reminded that life is short, and the thread soon runs out. The span of our earthly existence at best is narrow, and we know not how soon it may be crossed. The destroying angel has been busy among our ranks since last we met together. Our list contains *thirty* names, but

there are no doubt many more whose names have not been handed in. Among these we have are to be found both *young* and *old*, but those of middle life are most numerous. A few have lived to a green old age, and, ripe in experience and full of honors, have gone down to the grave lamented. Some have been cut off ere they had yet entered the threshold of professional life, but by far the greater number have been taken away in the prime of life, in the vigor of manhood, and in the midst of active professional duties. The list is as follows :—

- Dr. R. W. W. Carroll, Barkery, B.C.
- Dr. E. L. Hopkins, Hamilton.
- Dr. J. Garvey, Ottawa.
- Dr. W. A. Doupe, Zurich.
- Dr. O. Rupert, Maple.
- Dr. J. Clarke, Pugwash, N.S.
- Dr. James Bovell, Toronto.
- Dr. J. R. Ash, Centreville.
- Dr. A. Higinbotham, Belleville.
- Dr. R. N. Burnham, Port Hope.
- Dr. Chas. F. A. Locke, Hamilton.
- Dr. J. R. Philip, Galt.
- Dr. R. S. Campbell, Dartmouth, N.S.
- Dr. J. Demers, St. Jean, Que.
- Dr. C. B. Hall, Toronto.
- Dr. J. Struthers, Kentville, N.S.
- Dr. S. G. Rutherford, Newry, Ont.
- Dr. J. Cook, Sault St Marie.
- Dr. J. McGrath, Bothwell.
- Dr. J. Turquand, Woodstock, Ont.
- Dr. W. R. Rose, Newcastle.
- Dr. W. J. Gracey, Comber, Ont.
- Dr. Herriman, Port Hope, Ont.
- Dr. Thomas White, Hamilton.
- Dr. W. N. Campbell, Wellington, Ont.
- Dr. P. W. Smith, Digby, N.S.
- Dr. J. M. Fowler, Burford.
- Dr. Thos. P. Eckhardt, Unionville, Ont.
- Dr. H. W. Rath, Toronto.
- Dr. J. A. Wolfe, Ottawa.

Two of the above were cases of accidental poisoning, viz., Drs. Gracey and Clark, and one a sad case of drowning, Dr. Doupe, on the ill-fated Steamer Waubuno.

MARRIED.

On September 30th, at St. John the Evangelist Church, Montreal, by Rev. E. Wood, H. E. Mitchell, M.D., of Stanbridge Station, Que., to Miss Ellen Acton of Lichfield, Staffordshire, England.