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Original Communications.

Two Cases of Placenta Prævia. By FRANCIS WAYLAND CAMPBELL, M.D., L.R.C.P., London, Professor of Physiology in the Medical Department of the University of Bishop's College.

(Read before the Medico-Chirurgical Society of Montreal, 5th November, 1875.)

GENTLEMEN:

Of the many complications which may occur to an accoucher in the course of his practice, that which is known by the name of placenta prævia is not by any means the least formidable. The only obstetric horror which can compare to it is convulsions, and this chloroform has, to some degree, robbed of its terror. The suddenness with which one may be called to the scene, and the necessity in the majority of cases for prompt and often unaided action, demands from us a cool head and a steady hand. Fortunately it is a comparatively rare complication, yet its very rarity prevents our becoming familiar with it, and is apt to lull us into security, hoping that such cases will not cross our path. In this fancied security, we may pass years of an extensive midwifery practice, when unexpectedly we are confronted by this terrible complication. In the hope that we may all be able to gather valuable information from the remarks which may follow the reading of this paper, I have hurriedly and under great pressure, as regards time at my disposal, thrown together the following two cases of placenta prævia which are the only ones which have occurred to me in a moderately extensive midwifery practice of thirteen years.

On Sunday, December 22nd, 1872, I was asked to visit and take charge of Mrs. B., who, I was told, anticipated her confinement about the 1st of the year. On visiting my patient I was informed that for the previous fortnight or three weeks, at intervals of a day or two, and sometimes less, she would lose a moderate amount of blood. An examination revealed a moderately soft os uteri, with the placenta situated partially over it. As the patient had not apparently suffered much from the previous discharges, I enjoined perfect and absolute rest, with as light covering as the season of the year would permit. Acid drinks were ordered, and injections of cold water were directed to be employed if the discharge should again occur in anything like profuseness.

On the 23rd I saw her, and found there had not been any return.

On the 24th I was hurriedly sent for, but ascertained on my arrival that although there had been a return of the flow, it was still comparatively insignificant in character. An examination revealed a condition similar to that described upon occasion of my first visit.

On the 25th and 26th of December, she seemed in fair spirits and spoke confidently of going to the commencement of the year.

On the 28th I saw her about eleven o'clock, and she was in much the same condition as reported in the previous two days. At half-past one—two hours and a half after—I found on my slate a message, which had been left only a short time previously, from her husband urgently asking my immediate attendance. I was speedily at her bedside, and found that about twelve o'clock the flow had commenced again—that it had continued to gradually increase in quantity until it became alarming, when I was hurriedly sent for. Before I reached the house, the discharge had ceased, but the quantity lost must have been enormous, for the bed was soaked with blood, and filled with clots, while a large pool or clot of it was on the floor at the side of the bed. As may be imagined the effect on my patient was very marked—features blanched, lips pale and pulse small, and extremely restless. Examination revealed a soft and very dilatable os, and a vertex presentation. I had previously informed her friends of the nature of the case, as well as its danger both to the mother and to the child. I now told them that the time for action had arrived for another such flow might terminate her life. I requested assistance, and my friend Dr. Reddy was soon in attendance. He agreed with me that immediate delivery was imperatively necessary. He kindly administered chloroform, while I proceeded to perform for the first time in my life the operation of turning. Unfortunately I introduced my right hand. I had no difficulty in dilating the os uteri, but I found very considerable difficulty in seizing the feet; a hand invariably coming in my way, and being seized by me in mistake. In about three minutes I found the object of my search, and had no further difficulty in completing the delivery of the child, which was still-born. I attempted the resuscitation of the child, in which I was unsuccessful, while Dr. Reddy took charge of the delivery of the after-birth. The uterus contracted firmly and well, and in an hour I was enabled to leave my patient, very weak it is true, but, all things considered, fairly well. Her convalescence was slow, but in

about a month she was able to go around. Nothing unusual occurred during the time of her in-lying. She, however, was for many months subsequently a victim of the most intense menorrhagia, which, in consultation with Dr. Reddy, was decided to be due to sub-involution of the uterus. For this complaint she was under my care for a length of time, various internal remedies and local applications being used unsuccessfully. I eventually employed Dr. Athill's treatment, viz., the direct application of fuming nitre acid to the interior of the uterus, which was perfectly successful. A report of this portion of the case may be given at a subsequent period.

The Second Case is as follows :

About half-past six o'clock on the morning of the 25th September last, I was requested to meet in consultation Dr. Abbott and Dr. Cotu of Hochelaga, at the house of a Mrs. B—. The distance from my residence was between two and three miles, so that it was between 7 and 8 o'clock before I reached the patient. Dr. Abbott told me it was a case of placenta prævia, and the history of the case confirmed his diagnosis. He had been called several days previously to attend upon her, owing to a very considerable discharge of blood, and had enjoined absolute rest. This advice was only partially acted upon, for on the second or third day after, she undertook to whitewash a ceiling when she was again seized with hemorrhage, and compelled to take to bed. The bleeding soon ceasing, medical aid was not called in, but towards morning (of the 25th of September) the hæmorrhage again recurring, Dr. Abbott was summoned, and this time took Dr. Cotu with him. Both these gentlemen told me that on arrival they made an examination, and were enabled to detect the placenta covering the greater part of the os uteri, which was hard and undilatable. They remained all the night with the patient, and upon two or three occasions there were moderate discharges; but the os uteri still continuing hard, and the patient showing great prostration, I was sent for, as already mentioned, to meet both the gentlemen in consultation. On my arrival I found the patient pale, and almost bloodless, the lips and gums being destitute of the slightest color, skin of the entire body cold, and the pulse about 120 in the minute, and of very small volume. There had not been any hæmorrhage for about two hours. A vaginal examination revealed an os dilated just sufficiently to allow of the introduction of the index finger, by which I was able to detect the placenta covering almost entirely the margin of the

os uteri. I was enabled to get my finger to one side of the placenta, and to make out a vertex presentation. On this point I was positive; but neither of my confreres were able to corroborate me. From the unyielding character of the os I felt perfectly convinced that it was impossible to get a hand introduced into the uterus, with a view of performing the operation of turning, and this condition of the os was perplexing, when I considered the very large amount of blood which the patient had lost. Indeed I confess that the situation was most perplexing to me; but, after a few moments' consideration, I advised as follows:—Turning at the moment being in my opinion impracticable, I advised first the administration of drachm doses of Tilden's fluid extract of ergot every half-hour, with a view not of increasing or commencing uterine action, for the patient was entirely destitute of the first sign of uterine contraction, but, if possible, of acting on the muscular coat of exposed arteries, and causing their contraction. I also advised that the vagina should be plugged, and that the patient should have stimulants to promote a certain amount of re-action. It being nine o'clock I was compelled to leave to fulfil an engagement, and I advised Dr. Abbott, who is a practitioner of great experience, to turn at once if the bleeding returned, and the condition of the os allowed. At eleven I returned, to find that, just as I drove up to the gate, the patient had vomited copiously, and at the time of vomiting had ejected from the vagina the tampon, together with several large clots. There, however, had not been any profuse hæmorrhage during my absence. As she showed signs of having rallied somewhat, the skin being slightly warmer, and the pulse having a little more volume, I advised turning at once if the os permitted. Examination now found the os quite soft, and readily dilatable, and I prepared, at the request of my friends, to perform the operation. The family were duly informed of the gravity of the situation. The question now arose in my mind as to whether I should give chloroform, and I confess I again was sorely puzzled, but I decided to give it in the smallest possible quantity, so as to lessen the shock, as far as was possible. In the weak condition of the patient's heart I did not consider it wise to push it to full dose. Previous to its administration a wine-glass of brandy was given in water. Having in mind my difficulty in seizing the feet in my first case, caused by my using my right hand I passed my left hand into the vagina, and then into the os, which was extremely

soft, and was dilated with ease. I then directed it to one side and over the projecting placenta, and without the slightest difficulty was able to seize both feet and bring them down, and complete the labour, the whole operation not occupying over a minute and a half. The child, a male, was still-born, and as it did not show the slightest cardiac action, I presume it had been dead several hours. Dr. Abbott took charge of the after-birth which was removed in a few minutes after the child. Dr. Cotu had seized the uterus through the abdominal walls, with a view of ensuring its contraction. The bleeding after the removal of the placenta was not extreme, indeed that it was not profuse I can only attribute to the action of the ergot, for on introducing my hand I found that the uterus had not made the slightest attempt at contraction; indeed its condition was unlike anything I had previously met with in my midwifery experience, and I can only compare my sensation on introducing my hand into it, as if I had introduced it into a good-sized hat. I at once withdrew my hand, and taking a good-sized piece of ice, I introduced it into the uterus, which quickly contracted and expelled my hand.

As might have been anticipated my patient showed considerable signs of exhaustion, but the pulse was perceptible, and she was, in about a minute after the birth of the child, thoroughly rational. I accordingly commenced the administration of brandy, with drachm doses of fluid extract of ergot every five minutes, with the intention of continuing it till re-action set in, which period unfortunately never arrived. About twenty-five minutes after the operation, I noticed she swallowed with difficulty, and that her features were pinched with profuse cold perspiration, and, fearing that hæmorrhage had recurred, I made an examination only to find that there had been complete relaxation of the uterus, into which my hand entered with ease. There was no external sign of bleeding, and no sensation of hæmorrhage was communicated to my hand; but with a view of again producing uterine contraction I introduced ice into it, but in spite of all my efforts it remained relaxed, not making the slightest attempt at contraction, till death closed the scene, which it did in about thirty-five minutes after the birth of the child.

The issue, though of course not unexpected, has caused me much concern, as to whether, in the weak condition in which my patient was the decision which I made to turn was the correct one or whether

it would not have been better for me to have adopted the plan suggested by Dr. Radford, and warmly espoused by the late Sir James Simpson, viz.,—to introduce one or two fingers through the os, and into the uterus, as far as possible, sweep them rapidly around, separating all the placenta within reach, then rupture the membranes, through the placenta if necessary, bring on labour by ergot, and leave the conclusion of the case to nature. If I could have brought myself to believe that the cause of the flooding was due to an excessive growth of the placenta I might have suggested it; but, having been taught my midwifery principally from Churchill I have always believed it due to that dilatation of the os uteri which takes place during the last months of gestation, severing the connection between the uterus and the placenta. I felt, therefore, that, all things considered, my duty was to act in the usual method, and to turn.

SURGICAL CASES, *Reports of,* by JOHN BELL, A.M., M.D.

Case I.—Fracture of Sternum.

On the 13th of August, 1875, Mrs. McG., a very stout lady, over 20 stone in weight, slipped from the top of an outside stair which had no railing, and fell about five feet to the ground, turning a complete somerset in her descent. Her left hip struck the hub of a cart, and the force of the fall was thrown on the right shoulder. She wore a broad and strong abdominal supporter. Dr. Bessey had seen her a few minutes after she fell, and had discovered a fracture of the sternum. I saw her shortly afterwards, and found the fracture to have taken place between the insertions of the second and third ribs, the lower part projecting forward beyond the upper fragment. Distinct crepitus was obtained. The patient was suffering severely from the shock and pain produced by the fall. There was considerable dyspnoea and her countenance presented an anxious and congested or cyanosed appearance. Crepitus was also felt about the middle of the sixth rib on the left side, but from the difficulty of making a careful examination, and from the pain caused in attempting it, the exact situation of the fracture was not determined. A hypodermic injection of one-third grain morphia mur. in solution, greatly relieved the extreme general uneasiness, and pain in the chest hip and thigh. She lay most comfortably on her back, but it became necessary to turn her on her sides, on account of a tendency to congestion of the back of the lungs. When lying on her side the

opposite arm was passed through a sling suspended from the ceiling, thus removing the weight of the upper extremity from the chest, and giving much additional comfort. Distressing vomiting, with exhaustion, was relieved by champagne. The weather at this time was oppressively warm. An occasional enema or dose of castor oil to remove constipation, when required a dose of morphia *per orem*, or by hypodermic injection to relieve pain or promote sleep, with now and then a hot turpentine stupe to the chest, constituted the medical treatment of the case until the third week, when a patch of erysipeloid inflammation appeared on the inside of the right thigh and inguinal region, for which tr. fer. mur. and ac. nitro-mur. dil. internally and a local lead lotion were prescribed. In the fifth week the patient was able to sit up in an easy chair, and in a few days after she could walk about the house with comparative comfort. As no means could be used to keep the fractured ends of the bone in position, the lower portion still remains more prominent than the upper, but the partial dislocation gives no trouble whatever.

Case II.—*Subaponeurotic Cephalæmatoma.*

On the 20th of August, 1875, the infant of F.L., five months old, fell and struck the right side of its head on the floor. A very large swelling gradually rose over the right parietal bone. On the 23rd, I saw the child and applied pressure by means of cotton wool and a flannel bandage over the tumor, which was fluctuating but not pulsating. Thinking that it would be a hopeless task to try to cause absorption of such a large quantity of effusion without suppuration supervening, I emptied the swelling the next day with a trocar and cannula—the blood being quite *fluid*. Pressure was reapplied, but on the following day the tumor was as large as ever. It was again emptied through a small cannula and injected with a mixture of tr. iodi, acid carbolic and aq.—the contents this time being bloody serum. The wool and bandage were readjusted, but the sac again partially filled. It was only temporarily, however, as the child was brought in from the country, where its parents lived, in ten days, and no sign of the tumor remained—its cavity was obliterated and its walls perfectly united. I saw a severe case of this kind some time ago in a young infant, which had been caused by the forceps in its delivery. I pressed out the partially coagulated blood through an incision, but the child died from its injuries before the reparation of the lesion of the scalp took place. In these cases ERICHSEN (Ed. 1860), says, "Under no cir-

cumstances should a puncture be made or the blood let out in any way." SYME (Prin. Surgery, 1866,) says, "If the quantity of fluid effused in the first instance is very large, or does not show signs of being absorbed, it may be well, in order to hasten the cure and prevent suppuration, to evacuate the cavity of its contents and then carefully press its sides together."

Case III.—*Double Gluteal Abscess.*

About the 18th October, 1875, Mrs. G—e, noticed that her child aged three years, was not so bright and playful as usual, and on the 20th, when I saw the child, her mother observed that her hips above the great trochantus were swollen and somewhat painful. The child was still walking about but kept her feet wider apart. Directions were given to keep the child in bed and apply hop and linseed-meal poultices to the tumours, which were afterwards painted with tr. iodi and tr. opii. On Nov. 1st deep seated fluid could be detected by fluctuation on the left side, and not having an aspirator I drew out about half an ounce of thick pus with a long hypodermic needle and syringe. Thinking that there was pus in the smaller hard lump on the right side, I plunged the needle down into it and withdrew one draw of pus, after which the swelling gradually disappeared. The cavity on the left side, however, refilled, and was again emptied a few days after, the contents being clear serum with a few flocculi of pus at the last. After this the swelling disappeared and the child ran about as usual.

1 Beaver Hall Terrace, Nov. 9, 1875.

Progress of Medical Science.

MATERIA MEDICA AND THERAPEUTICS.

The Continued and the Frequent Dose.

DR. EDWARD H. CLARKE, late Professor of Materia Medica in Harvard University, calls attention to this subject in an interesting article published in the *Boston Medical and Surgical Journal*, for August 5, 1875.

Doses of medicines he appropriately considers under four distinct heads or classes, namely: 1, single doses; 2, continued doses; 3, frequent doses; 4, toxicological doses. The first and last of these, or the single and the toxic dose, are the doses given in treatises on materia medica, and are recognized as representing the therapeutic and poisonous action of any given drug. It is unnecessary to dwell upon them, for they are universally understood. But the bare statement of what is the legitimate single or

verage toxicological dose of an article like opium, for instance, gives no adequate or intelligent notion of what the continued or frequent dose of the same drug is; nor does it give any adequate or intelligent notion of the physiological action and consequent therapeutical power of its continued or its frequent dose.

Let us consider first the *continued dose*. By this is meant the administration of a drug in such a way that the elimination of one dose shall not be completed before the absorption of the following dose has commenced.

The single dose is an appropriate quantity given once or oftener, without keeping it continually in the blood. The therapeutical value of these doses and the physiological difference between them are of great importance.

Let us look at some illustrations of this difference and value.

Ammonia and its salts "readily enter the blood, and must to some extent increase its alkaline reaction; but from their volatility and high diffusion power they are rapidly eliminated, and hence their action on the blood and the organs of the body is a very transient one." The elimination of a single dose of carbonate of ammonia is practically completed in an hour or two after it is administered. Its physiological action is correctly stated by the United States Dispensary to be "stimulant, diaphoretic, antispasmodic, powerfully antacid, and in large doses emetic." In consequence of this action, it is largely used in depressed conditions of the vital powers. This is the well-known action of a single dose or of a few doses given near together, after which the system is freed by elimination from the drug. No change is produced in the quality of the blood. If a continued dose of ammonia is given, that is, if it is given so often, say every hour for several days, that the blood is continuously charged with it, a very different set of phenomena from those just described appear. "When ammonia or its carbonate is administered"—in this way—"for some time to animals or man, the effect is to modify the blood-corpuscles; they become easily soluble, crenate at the edge, many-sided, colorless, transparent, collapsed, and loosely agglomerated, but not in rolls, and the blood when drawn, or after death is absolutely fluid or loosely coagulated."* These phenomena were observed by Dr B. W. Richardson, of London. They closely resemble the changes in the blood which occur in patients suffering from typhoid and typhus fevers. Hence it appears that the single dose of ammonia produces rapid and effectual stimulation of the heart, while the continued dose of the same article alters the quality of the blood, and notably of the blood-corpuscles. The single dose exerts a therapeutic, the continued dose a toxic action on the economy. It is unnecessary in this presence to dwell upon the obvious therapeutic inferences that follow from these data, at least so far as ammonia is concerned.

Gallic acid is another illustration of the difference between the single and the continued dose. This acid is rapidly eliminated. Physiologists tell us that a couple of hours after it has been swallowed, it has practically left the system, by way of the kidneys, to such an extent that it exerts no appreciable action upon the blood after that length of time. Gallic acid has a well-deserved reputation for controlling certain forms of hemorrhage. Suppose it is given in single doses of ten grains, more or less, three times a day, which Dr. Clarke apprehends is the usual method of administration, the blood will be subjected to the restraining action of the acid only about six hours out of the twenty-four; not long enough to hold steadily in check a hemorrhagic disposition. Suppose now, that instead of the single, the continued dose is administered, by which the ratio of elimination to absorption is constantly regarded, and the blood kept continuously charged with gallic acid; the result will be a continuous action upon the blood not an intermittent one. It is needless to point out the fact that continuity of action is very sure to give rise to phenomena that will not follow intermittence.

No drug exhibits in a more striking light both the physiological and the therapeutical differences between single and continued doses than alcohol. The partial, confused, and incomplete recognition of these differences by various observers and experimenters, who have examined and described the physiological action of alcohol, goes a great way toward explaining the various and often discordant results at which they have arrived. We learn from the experiments of Messrs. Lallemand, Perrin, and Duroy, as well as from those of Drs. Anstie, Parkes, Smith, Binz, and others, that the disappearance of a single dose of alcohol from the system, either by elimination from it or combustion in it, or by both processes, practically takes place in about six or eight hours after its ingestion. Traces of alcohol may be found in the blood and in the excreta for a much longer period than this; but so much of it leaves the system within eight hours, that what remains of any single dose beyond this length of time has no real physiological value. A person who takes a dose of alcohol, in the shape of wine or other alcoholic liquid, once in each twenty-four hours, subjects his organism to the action of alcohol about one-third of that time, and leaves it free from that action about two-thirds of the same period. A person who takes what is known in non-scientific language as an "eye-opener" in the morning, wine with his dinner or lunch, a digester in the afternoon, and a "night-cap" on retiring, takes the continued dose of alcohol. His blood is continuously charged with alcohol to a greater or less degree. There are phthisical patients who imitate this method of ingesting alcohol, and take a daily continued dose of it, keeping their blood charged with it more than two-thirds of the time.

Alcohol taken in a single daily dose, by which the blood is practically free from it more than two-thirds of the time, and alcohol taken in a daily continued dose, by which the blood is practically charged with it more than two-thirds of the time, are sub-

* Practicable Therapeutics. By Edward John Waring. American edition, p. 61.

stantially different drugs, which produce different physiological phenomena, and are or should be employed for different therapeutical ends. This is not the time, nor does it fall within the scope of this paper, to describe these differences in detail. It is sufficient for my purpose to indicate their existence as illustrations of the single and the continued dose.

The bromide of potassium affords another and most pertinent illustration of the physiological and therapeutical action which the single and the continued dose of an article may produce. Dr. Clark pointed out these differences in a comparatively recent monograph on the physiological and therapeutical action of the bromide of potassium.⁽¹⁾ Illustrations of single and continued doses, and of the therapeutical importance of recognizing them as factors in the treatment of disease, might be multiplied indefinitely; but enough has been said to call attention to them and to emphasize their importance. It was impossible to recognize and use them as separate therapeutical factors till physiological observation and experiment had discovered the time and the method of the absorption and elimination of drugs, and the ratio of the former to the latter; nor can the practitioner apply them clinically till he knows, at least with approximate accuracy, the way every article he uses gets into and out of the system, the length of time it remains in the system, and its behavior while there.

The administration of medicines to the sick, without regard to the different and often opposite results, physiological or therapeutical, that follow the single and the continued dose, is both unsatisfactory and unscientific. It is unsatisfactory, because it fails to secure the legitimate action of medicinal agents. It is unscientific, because it ignores some of the most important physiological conditions upon which scientific therapeutics rest. The time has come for the clinician to recognize and use these and other phenomena of the *modus operandi* of drugs which the physiologist has discovered and whose accuracy he has demonstrated.

Secondly, the *frequent dose* is the giving of a medicine so as to impart to the organism some one or more of its actions, whether primary or secondary, with great rapidity. It is hitting blow after blow in quick succession, upon some organ which it is desirable to affect, in accordance with evident indications with rapidity and power. It is usually, perhaps always, some action of a drug, manifested soon after its absorption, which it is desirable to obtain, and which can be obtained by the frequent dose. Obviously the administration of the frequent dose is limited by the physiological behaviour of the system under its influence. After a certain period the frequent dose is equivalent to a full single dose or to a toxic one.

The action of opium almost immediately after absorption illustrates the frequent dose. One of the earliest physiological actions of opium after its inges-

tion, rarely after subcutaneous injection, is stimulation of the nervous system, and of the circulation. This is fully recognized by obstetricians, who advise its exhibition as one means of controlling post-partum hemorrhage. Stimulation is a primary effect of opium that soon passes over, the length of time varying with the quantity given and with idiosyncrasies of patients, into an opposite condition. The administration of an appropriate quantity of opium every five, ten, or fifteen minutes, that is, the frequent dose of it, will prolong and enhance its primary stimulant action. How desirable it sometimes is to prolong the primary stimulating action of this invaluable agent, Dr. Clarke need not remind those who hear him.

The physiological action of aconite upon the human economy illustrates the same principal. Fleming's admirable observations upon aconite have taught us the powerful sedative influence that five drops of the tincture of the root exert upon the system. If instead of five drops in a single dose, half a drop is given every half-hour ten times, or one drop every hour five times, a different physiological and consequently a different therapeutical result is attained from that of the single dose of five drops. In this case a less depressing sedative action is obtained by the frequent than by the single dose.

The object of this paper will be attained if it succeeds in bringing clearly before the profession the great therapeutical power that results from the physiological adaption of doses to the processes of absorption and elimination, and especially if it succeeds in calling attention to the power of the contained dose.

THE ALIMENTATION OF INFANTS.

A paper read by Dr. Dawson at one of the New York Medical Societies (*New York Med. Record*, June 5), contains some very useful remarks upon this important subject. He commenced by exhibiting the intestinal canal taken from a child seven months old, in a state of extreme softening, induced by gastro-intestinal irritation, which had been going on for four months. After alluding to the fact that a fourth of the children, born die before they attain their fifth year, he stated his conviction that *faulty alimentation is the great cause which induces the gastro-intestinal irritation which carries off the bulk of them*. The composition of the mother's milk as well as the condition of the digestive apparatus, show how well these are adapted for each other; for at first there is no secretion from the glands capable of digesting the starchy elements of food, while the size of the liver, and the size and shape of the intestinal tube, show that food is only to be retained for a short time, and, therefore, should be of quick and easy digestion;—also showing that *fluid*, not solid, animal, nor vegetable, food is that which is suitable for the infant. If these indications be neglected, food is very liable to give rise to vomiting, gastro-intestinal catarrh, and other disorders which ultimately prove fatal.

It is, perhaps, difficult to decide on the quantity of milk proper for an infant; but, at all events, the child

¹ The Physiological and Therapeutical Action of the Bromide of Potassium and Bromide of Ammonia. By Edward H. Clarke, M.D., and Robert Amory, M.D.

should not be induced to take more than sufficient to satisfy its appetite, after which it should at once be removed from the breast. Simple as this rule is, it is constantly neglected, every cry of the child being thought to denote hunger, and to call for a fresh supply. Too large quantity, and too frequent repetition, should, however, be carefully avoided, for over-distention of the stomach is almost as bad as giving indigestible food. A positive proof of such over-feeding is the eructation of the milk soon after suckling; although this, in some rare instances, may be due to some fault in the milk. Chronic vomiting and gastro-intestinal disorders can very commonly be traced to this over-suckling, or to too great frequency of suckling. Upon this last point there is much difference of opinion, although it is generally thought sufficient to give the infant the breast every two or three hours during the day, and once or twice during the night—the milk being extremely liable to cause colic, diarrhœa, etc., when given oftener in the night. When called to a case in which, owing to over-feeding, vomiting and intestinal disturbance have been going on for some time, giving rise to emaciation, etc., the urgent indication is to give the stomach rest. All medicine and alimentation should be stopped when the case is urgent, giving, perhaps, a teaspoonful of cold water every fifteen or twenty minutes. The stomach in this way should have absolute rest for twenty-four hours, and, when nursing is resumed, the child should suck only a few mouthfuls at moderate intervals during the next eight or ten days, when it will very frequently be found that the normal quantity of food can be taken without trouble. Constipation, as well as diarrhœa, is very often due to over-suckling or too frequent nursing. The stomach is over-taxed, and the food, instead of being finely coagulated, comes into contact with old coagula, and the coagula then formed are large and hard, and if not thrown up by the stomach pass into the intestinal canal little or not at all changed; and there, as hard, dry masses, give rise to constipation. It is an accumulation of such curds that sometimes gives rise to intestinal catarrh, which may finally terminate in severer forms of intestinal disease, and is probably one of the frequent causes of cholera infantum. Abnormal acidity of the stomach may sometimes be the cause of the formation of these abundant coagula, but that is exceptional.

If an *artificial diet* be judiciously selected, there is no reason why a child should not thrive as well upon it as upon the breast; but to this end it must consist of a liquid food possessed of heat, and fat-producing properties. Cows' milk should in general be preferred to that of other animals, and, when properly prepared, may answer all purposes. To this end it must be diluted, and for this purpose water is usually employed. But in far the greater number of cases mischief results from this, for the addition of water does not improve the digestibility of casein, inasmuch as it does not dilute it; and when milk so treated is taken into the stomach, the water is soon taken up, leaving the casein unchanged. Nor does the addition of sugar make the coa-

gula easier of digestion, while skimming the milk deprives it of one of its most important constituents. Inasmuch as the mother's milk contains proportionally more fat than other milks, it may be that the finer coagula produced by it are due to the presence of this fat, and it would be better to use other milk from which casein had been removed than that which had been deprived of its cream. The admixture of farinaceous-substances also leads to disastrous results. Barley-water, however, is an article that contains so small a quantity of starch that it may be advantageously employed for dilution—good cows' milk diluted with from one-third to one-half of barley-water forming one of the best articles of food that can be used for infants when it is necessary to bring them up artificially. When it cannot be procured, oatmeal may be substituted with advantage. By these a real dilution of the casein is produced, rendering the coagula much finer and more nearly like those produced in human milk.

In the discussion which followed, Dr. Joel Foster expressed his belief that almost as much mischief is done by over-feeding as by under-feeding infants. Attached to the New York Infant Asylum, he has found it necessary to use a substitute for breast-milk owing to the difficulty of getting a supply of this. For this purpose he employs cows' milk, which he allows to stand until the cream begins to rise, then taking the upper portion and diluting it with barley-water. He is very particular in giving it at regular intervals, and at a temperature near that of the body, for, when given below this, it may readily produce gastro-intestinal disturbances. It has been found that milk taken directly from the cow does not do for children nearly so well as when allowed to stand for about two hours, when a partial separation of the cream has taken place, and then taking the upper portion of the milk. In this way more fat and less casein is obtained. Dr. Messenger urged the propriety of thoroughly cooking whatever article is used for diluting the milk, and he always insists that the barley-water should be boiled for three or four hours. Dr. Lewis Smith remarked, with reference to the use of farinaceous food, that up to the third month the salivary gland and pancreas are present only in a rudimentary state, and consequently that the fluid suited for the digestion of starchy matters is absent; but it is also probably true that starch is not so irritating as is the undigested casein. He has been accustomed to employ the upper portion of the milk, after it has stood for a short time; and he prefers to use as a diluent some article that has been changed, into dextrine or glucose, and recommends Liebig's food. He does not think that sugar should be added in warm weather when diarrhœa is present; but if there is constipation he gives it in the form of sugar of milk, which is the best. He is decidedly of opinion that many deaths occur among children from the fact that mothers regard numerous stools as necessary while the child is teething. Dr. Robinson suggested that the weight of the child might determine whether it is receiving sufficient food or not.—*Med. Times & Gaz.*

MASSAGE.

Massage, or, in plain English, shampooing, has long been a recognized procedure in medical treatment, though until lately it has seldom been employed in a careful or systematic manner. The quacks, "bone-setters," "rubbers," and the like, have enjoyed nearly a monopoly of the practice until recently, when the subject has been brought once more to the notice of the profession in a series of able articles in various foreign journals.

It is the aim of the present communication to give, in a succinct form, some account of the various methods of employing massage, the diseases in which it has been found most efficacious, and the different modifications of the procedure most applicable to each class of affections. The writer is indebted for most of the facts embodied in this article to an admirable résumé of the recent literature of the subject by W. Berger.*

The various manipulations included under the term "massage (from *μασσω*, to knead) comprise stroking or friction (*streichen effleurage*): rubbing (*reiben*, *massage à friction*); kneading (*kneten*, *pétrissage*); percussion (*schlagen*, *klopfen*, *tapotement*). Any of these may be employed separately, or several in conjunction.

The first, stroking, is performed by passing the hand gently and slowly over the surface desired to be acted upon, the flattened palm pressing against the skin, and the motion being in a direction from periphery to centre,—that is, in the direction of the venous and lymphatic currents.

Rubbing is a form of massage more frequently employed than stroking; it is similar in every respect, excepting that the movements are more vigorous and are not confined to a single direction. Previous to rubbing, all hairs should be removed from the part to be operated upon, lest irritation and the formation of acute pustules should result, which, of course, would put an end to massage for the time being. Fat or oil is sometimes used with advantage in rubbing, and the fingers should be made to follow all the inequalities of the surface, being employed with an amount of force considerably greater than that used in stroking. Rubbing should be practised with both hands simultaneously; one may be moved in a horizontal or circular direction, while the other is impelled vertically. Perfect quiescence of the part operated upon is not necessary, nor even desirable.

Kneading is performed by seizing the part in the hand, raising it from subjacent tissues, rubbing, rolling, or kneading it between the palms, or moving it to and fro on the parts beneath. These movements are to be alternated at times with brisk friction of the surface.

Under favorable circumstances massage should be practised twice daily, with an interval of three to four hours between the manipulations. More frequent use of the method is sometimes advisable, but is prevented by want of time. The length of time occupied

by each "sitting" may vary from six to ten minutes on an average.

Massage, when used for the first time in a case, may give rise to more or less pain, which, however, ceases with the completion of the sitting. The feeling ordinarily experienced is that of general warmth, pliability, and invigoration of the part operated upon occasionally: while the skin is reddened, its temperature increased, and occasionally blue, green, or yellow discoloration is noticed. This discoloration does not in any way affect the progress of the case, and, in fact, disappears after repeated manipulations.

Among the advantages claimed for massage are these: it promotes absorption of effused material, accelerates the circulation, assuages pain, and reduces temperature.

The *rationale* of its effect in these directions may be explained, at least in part as follows: Stroking and rubbing from the periphery towards the centre lead to a direct pressure upon the interstitial lymph-canals, and thus aid in carrying away the products of effusion. In addition, an increase in the rapidity of the vascular current is gained, and the rubbing excites the nerves (at least at first) in such a way as to cause contraction of the blood-vessels themselves. When the inflammatory process has gone a step farther, and stasis exists to a certain degree in the arteries, the stroking movement first arrests the flow for a moment and sends the arterial current backward, while accelerating that in the veins. Then, when this momentary pressure is removed, the vessels are filled again, the blood moved by *vis a tergo* overcomes the stasis, and the circulation becomes more active. Towards the end of the sitting a certain amount of hyperæmia of the vessels in the manipulated parts of course occurs. This, however, never amounts to actual stasis, since exit is made easy through the thoroughly emptied capillaries and veins, the muscular movements usually made by the patient after the manipulation aiding directly in promoting absorption. A more active circulation being now established in the whole vascular region, the capacity of the capillaries is increased, and absorption is also aided by diffusion. Massage also brings about absorption by its direct influence upon the lymphatics and capillaries: the swelling in the affected part goes down, the sensory nerves are freed from the tension and pressure to which they had been subjected, their irritability is abated by further manipulation, and the temperature of the locality operated upon is lowered.

In chronic inflammations, particularly in and about the joints, vigorous circular rubbing comes into play in addition to that from periphery to centre. This crushes the newly-formed blood-vessels in the hyperplastic tissues. The fluid portions of the extravasation being drained away by the pressed-out veins and lymphatics, the more solid portions deprived of nourishment proceed to retrograde metamorphosis, and are also gradually absorbed. The characteristic fungous granulations of chronic joint-inflammation are removed in a similar manner. Thus the active circulation kept up not only by frequently-

* Schmidt's Jahrbucher, Bd. cxvi, 1875, p. 168.

repeated manipulation but also by active muscular movements aids directly in causing absorption of effused material.

The various manipulations of massage act directly upon the nerves, causing at first increased sensibility, later diminishing this so that it may act in allaying morbidly increased irritability of the nerves.

The various manipulations connected with the procedure under consideration act directly upon the muscles. For the excitation of contractions in paretic or paralyzed muscles stroking and percussion are important means, and kneading has been proved to act powerfully in increasing the vitality of paralyzed and atrophied muscles.

The indications for massage are found principally in those conditions of disease in which hyperæmia, extravasations, exudations, hyperplasia, condensation and thickening of the tissues, or adhesions between sinews and their sheaths, exist. Especially is massage indicated when the products of inflammation are such as may enter the circulation without prejudice.

In diseases of the joints, it is particularly useful in the acute and chronic forms of synovitis, inflammations and extravasations in the neighborhood of joints and contractions, so long as these do not depend upon bony ankylosis. Among diseases of the muscles, it is particularly indicated in inflammations and rheumatic affections.

Among nervous affections, it is particularly indicated in neuralgias and paralyses of peripheral origin; in these massage has been proved most useful.

Massage has been used in dyspepsia to give tone to the muscular walls of the stomach, and to increase its secretion. It has also been employed with success in skin-diseases, accompanied by exudation and thickening of the corium, and finally in the formation of abscesses and mastitis.

Massage offers no prospect of success when the pathologico-anatomical nature of the morbid change itself places an invincible hindrance to the attainment of a favorable result. Thus, in diseases of the joints involving the bones or cartilages, primarily or secondarily; in otitis, osteomyelitis, or arthritis deformans; in the later stages of ankylosis with enlargement of the bones or organized connective-tissue growth; in disease of the joints with fractures, either extending into the articular cavity itself or in its immediate neighborhood, and in affections of the joints attended with suppuration, it is naturally contra-indicated. Further, in advanced muscular atrophy of central origin, in neuralgias of central origin or dependent upon constitutional causes, nothing can be done by local treatment.

The general condition also may contra-indicate massage under certain circumstances; in many complicated acute and chronic diseases an improvement of the general condition must first be awaited before massage can be employed.

The indications for the use of the several manipulations are different according to the method of action of the latter.

Stroking aids in the removal of lymph and inflam-

matory products by the vascular system. It is, therefore, useful in acute cases; for instance, in acute synovitis with recent inflammation of the soft parts, especially if these are red, swollen, hot, sensitive. Occasionally in using stroking it may be necessary to continue the manipulation one-half to one hour, though a shorter time suffices in most cases. Under the influence of the operation the pain usually diminishes, and the swelling and heat subside. In chronic cases demanding the more violent use of other manipulations stroking may be employed towards the end of the sitting to guard against the swelling so apt to follow a severe rubbing.

By means of rubbing, newly-formed vessels are crushed and the tissues placed in a position to react actively, the circulation aroused, and absorption aided. It is principally indicated in chronic synovitis and perisynovitis, effusion into the sheaths of the tendons, chronic infiltration of the muscles, and similar affections.

Kneading is to be employed in inflammatory swelling of the muscles, in chronic muscular rheumatism, in "ischias," where the muscles of the neighborhood of the nerve are often affected; also in fatigue of the muscles, in order to avoid the occurrence of myositis.

Percussion is used at times for the purpose of exciting nervous action, at other times with a view to allaying it. In neuralgias this form of massage may be employed with the aid of a percussion-hammer of rubber or ivory.

It is easily understood that the particular kind of massage to be used in one case or in one class of cases may be quite different from that which would be appropriate under other circumstances. Thus, in articular affections the lighter methods are to be used when the trouble is a superficial one, the more forcible methods when, as in hip-joint inflammation, the disease is deeply seated.

The soft tissues about the diseased joint in articular affections must also come in for their share in manipulation, for by this means the neighboring vessels will be influenced, partly in a direct manner as heretofore described, partly in an indirect manner through the vaso-motor nerves.

In the treatment of articular affections massage is superior as an instrument of resorption to the bandage, for the latter compresses the subcutaneous veins, causing stasis and even œdema, while massage does not allow of stasis. It was formerly believed that massage could only be used in chronic articular affections; but it is now known that the milder methods may be used to advantage even in acute cases.

Massage has been found useful in acute and chronic synovitis serosa, and in perisynovitis. In the hyperplastic forms of synovitis it is to be used in a more forcible manner, particularly when the perisynovial parts are much thickened.

In these cases the rationale is, according to Kiör as follows. The newly formed connective tissue changes into cicatricial tissue; by the contraction of the latter the lumina of the newly-formed blood-vessels are closed, their walls become atrophied, the more remote vessels are more or less emptied of

their contents and their elastic walls contracted. At the same time, by continued manipulation the thinner blood-vessels are crushed. Of course, manipulation so rough as to produce this effect involves a certain amount of acute inflammation and exudation, but the latter is rapidly absorbed, while the torn vessels become atrophied. It is understood that in manipulations of this kind care must be taken not to excite too much inflammation. This may be avoided by only operating upon a portion of the diseased structure at any one sitting.

In synovitis pannosa massage has proved useful, and also in chronic, and even acute, articular rheumatism. Of course, in the earlier stages of the latter, massage will do no good, but in a later stage, when the trouble really seems a local one, gentle rubbing and manipulation have frequently proved of the utmost service.

In affections of the muscular system, myositis, rheumatism, and inflammation of the sheaths of the tendons, massage is highly spoken of by various writers. In writer's cramp it has been used in connection with injections of strychnia; but the good effect in these cases was in all probability due to the latter.

In various affections of the nerves, neuralgias, and particularly ischias, where tumor or degeneration is not the cause, massage produces the happiest effect. It is in the latter class of cases that kneading and percussion are particularly useful. In certain peripheral paralyses massage has often acted very favorably, and in these cases, also, percussion is the preferable form.

In telangiectasis Metzger has used massage with good effect. The method of its employment is as follows. A finger of one hand is laid upon the efferent vein, thus causing the capillaries of the affected part to become filled with blood. These are then suddenly squeezed together with considerable force, with the effect of rupturing some of the capillary walls. The process is repeated at subsequent sittings, proceeding from the periphery towards the centre. The rupture of the capillaries thus brought about results in extravasation of blood, and subsequently in insignificant inflammation. The extravasation disappears spontaneously, but its recession may be hastened by rubbing in the direction of the lymphatic current. The inflammation is not likely to be serious if only a portion of the growth is operated upon at a time.

Metzger has used massage to prevent the formation of abscesses, and this method has also been employed in mastitis, in bony tumors, in corneal exudations, and leukoma. It has been suggested in affections of the uterus.

What the actual value of massage as a remedial agency may be it is difficult as yet to say, but in the hands of qualified persons it undoubtedly must prove a valuable adjuvant in many cases of chronic and intractable disease. It should, however, be taken entirely out of the regions of charlatanism, and intrusted only to those educated to use it rightly. There is a certain amount of physiolo-

gical and anatomical knowledge necessary for the employment of the method, but not more than can be acquired by a skilful and intelligent nurse; and it is to be hoped that in time the ability to perform massage will be one of the recognized accomplishments of a properly educated attendant upon the sick.—*Philadelphia Medical Times.*

THE MANIPULATION OF ADHERED PLACENTA.

The following directions are given by Dr J. G., Swayne in the *British Medical Journal*:—

If the cord be tightly encircled by the os uteri, the constriction should be overcome by insinuating the tips of the fingers into the os in a conical form; whilst the right hand all this time is making counter-pressure upon the fundus uteri, so as to steady that organ. Should these precautions be neglected, the connections between the vagina and the uterus may be put very injuriously on the stretch, especially if the circular fibres of the os oppose much resistance to the introduction of the hand. As the tips of the fingers pass through the os, they should be gradually expanded and separated from one another, until, by sheer fatigue, they overcome the contraction of the uterine fibres, so as to allow the passage of the entire hand into the uterus. When this is accomplished, the next step is to place up the hand sufficiently high to reach the placenta. The distance which it has to pass before this can be felt will depend very much upon the position of the placenta and the degree of contraction of the uterus. If the placenta be attached, as it usually is, to the fundus uteri, or if the uterus be in a flaccid condition, it will be necessary to pass the hand much further than when the placenta is attached lower down, or when the uterus is well contracted. I have sometimes had to pass the hand quite into the epigastric region, in search of a retained placenta. As soon as the placenta is arrived at, the fingers should be spread out, taking care not to entangle them in the membranes, until the circumference of the placenta can be felt. If any portion of the circumference be already detached, the tips of the fingers should be cautiously inserted between this portion and the inner surface of the uterus, and the placenta gradually peeled off. All this time, the right hand, externally applied, steadies the portion of the uterus from which the left hand is detaching the placenta, and enables the accoucheur to estimate the exact thickness of the uterine walls included between the hands, so that he can avoid digging his nails into the substance of the uterus. There is sometimes considerable danger of such an accident when the adhesions are very firm and close. There is also considerable danger of leaving portions of placenta behind: a risk that one can readily comprehend in such cases as those described by Dr. Ramsbotham, who states: "I have opened more than one body where a part was left adherent to the uterus, and where, on making a longitudinal section of the organs, and examining the cut edges, I could not determine the boundary line between the uterus and the placenta,

so intimate a union had taken place between them." In all such difficult cases, it will be necessary to sever the adhesion by using the finger-nails with a kind of sawing motion from side to side. The tips of the fingers are placed in a line like the edge of a saw, keeping the palm toward the placenta and the knuckles toward the uterus, and the sawing motion is continued very slowly and gradually, until the entire placenta is separated and falls into the hollow of the hand. This proceeding sometimes requires a great deal of patience, and is exceedingly tiring; but the accoucheur should take his time about it, working with both hands, and making his ground sure as he goes on, and not withdrawing his hand with the placenta until he is certain that he has brought away every part of it that can be safely separated. It is very seldom, comparatively, that the adhesions are so firm that this cannot be done. Should this, however, be the case, we have a choice of evils: either to run the risk of causing secondary hemorrhage and septicæmia by leaving portions behind, or of causing metritis from injury to the uterus in bringing them away. For my own part, I think that the last of these two courses is the least dangerous, except in very unusual cases. I have notes of only two instances in which it was necessary to leave any portion of consequence behind. Fortunately, in both, the pieces were expelled on the third day, without having caused any untoward symptoms, although in one the piece expelled was as large as a hen's egg. Of course, in all such instances the dangers of septicæmia should be guarded against, as much as possible, by the frequent use of vaginal injections containing Condy's or other disinfectant fluids.

CROUP AND DIPHTHERIA.

The eminent surgeon, M. James Spence, Professor of Surgery in Edinburgh University, has the following remarks in a recent address:

In speaking of operations in croup, I have used the terms simple and diphtheritic croup; and I have done so advisedly, because, whilst the average results of my operations have been as good in the one disease as in the other, I consider them as essentially different diseases, and I do not believe that an extended experience would give the same amount of success in diphtheritic as in simple croup. It has been with no small amazement I have read some of the views recently propagated, that croup and diphtheritic croup are identical. I can hardly conceive two diseases more different, whether we consider them in their causation, symptoms, or sequelæ. In one feature, doubtless, there is similarity, because when, in diphtheria, the air-passages become affected, the presence of the membrane exuded necessarily gives rise to the same physical symptoms as to sound of voice, breathing, and asphyxiating paroxysms, as the false membrane in simple croup does. But in diphtheria, the exudations in the larynx or elsewhere are the local expression of a special blood-disease, which may, and often does, destroy life without affecting the air-passages at all, whereas, in simple croup, the

false membrane is the result of a local inflammation. The causes or circumstances in which the two diseases originate are, according to my experience, very different. Ordinary croup almost invariably arises from exposure to cold, or occasionally from some source of local irritation, leading directly to inflammation of the mouth, as dentition. It is most frequent during cold moist weather, and specially during the prevalence of easterly or northeasterly winds. The late Professor Allison used to say that, according to his observation amongst the poorer classes, the affection most frequently occurred between Saturday night and Monday morning; and he attributed this to the custom of washing the floors of the rooms on the Saturday night, after the children were in bed. Diphtheria, on the other hand, prevails at all seasons and during all kinds of weather, sometimes as an epidemic, and then generally coincident with scarlet fever, but always more or less connected with, or influenced by, the effects of sewage emanations or imperfect drainage. Hence we meet with it more frequently amongst the better classes and in houses with modern accommodations, such as fixed wash-basins and water-closet accommodation in immediate connection with nurseries or bedrooms.

Diphtheria is undoubtedly infectious, both by direct contact of the sputa with a healthy mucous surface, as has been too often proved by members of our profession and by mothers, or by emanations from the affected person, as evidenced by the manner in which it spreads in a family. Simple croup, as I have been accustomed to see it, has no such contagious or infectious character. In dispensary practice, I have frequently seen a child affected with croup lying in a confined room amongst other children; but I never knew the disease to spread as diphtheria does. The peculiar nervous affection, the paralysis which follows diphtheria, has no counterpart in ordinary croup; nor, in cases of simple croup, were we accustomed to see the white leathery pellicle on the tonsils or fauces, though it was a very common disease in Edinburgh and its vicinity. I know that in France the fauces were always examined, and that false membranes or pellicles were considered symptomatic of croup; but that only leads me to believe that the disease in France was always of a different type—diphtheritic, in fact.

THE HYPODERMIC TREATMENT OF INDOLENT ENLARGEMENTS OF THE CERVICAL GLANDS.

Dr. Morell Mackenzie, Physician to the Hospital for Diseases of the Throat, and lately Physician to the London Hospital, says, in the *Medical Times and Gazette*:—

Indolent glandular enlargements should be either cured radically or left altogether untreated. Half-measures only give rise to disappointment and cause disfigurement. An enlarged gland may be a slight blemish, but when it has been blistered, poulticed, painted with iodine, incised, or subjected to any of the various modes of treatment recommended in such cases, it often becomes a deformity.

As a rule, parents and young ladies are very desirous to get rid of these glandular swellings, not only on account of the disfigurement which they occasion, but because they are regarded as blots on the family escutcheon. It becomes important, under these circumstances, not only to disperse the tumors, but to leave behind as slight traces of their previous existence as possible. For the last eighteen months I have been engaged in trying various remedies, hypodermically, with a view of curing indolent glandular swellings. I have tried solutions of pepsine, with and without dilute hydrochloric acid, dilute hydrochloric acid alone, dilute acetic acid, tincture of iodine, alcohol, solution of nitrate of silver, solution of chlorid of zinc, and several other remedies.

In carrying out hypodermic treatment the cure may be effected either by resolution or by destruction. In the former case absorption takes place; in the latter the injection is followed sooner or later by suppuration. It is desirable, if possible, to cure by resolution. I have found acetic acid, as recommended by Dr. Broadbent for the treatment of certain kinds of cancer, the most useful remedy for this purpose. With this agent I have treated twenty-seven cases; of these fifteen were completely cured by resolution, four were greatly benefited, in five suppurations took place, and three patients discontinued treatment without any decided effect having been produced.

I have used the ordinary dilute acetic acid of the British Pharmacopœia, and have generally injected from five to twenty drops, according to the size of the gland to be treated, seven or eight drops being an average dose. The injection should not be made more than once a week. The fluid should be injected well into the middle of the gland. Suppuration has generally resulted from the solution having been injected either too frequently or too superficially. If suppuration take place, the fluid should be drawn off with a hypodermic syringe or aspirator. The average duration of treatment by resolution is three months.

For treatment by destruction and suppuration, a solution of nitrate of silver answers best. The solution should be of the strength of one drachm to the ounce, and not more than three to five drops should be used. Considerable interstitial destruction is generally produced after three or four injections, sometimes after a single injection. When pus forms, it should be drawn off as already directed. Treatment by destruction, if successful, is rather more rapid than that by resolution, but induration of the outer portion of the gland sometimes follows the treatment, and interferes with its success. I have treated five cases in this way; in three of them the cure was complete, in two incomplete. The treatment by pepsine and dilute hydrochloric acid was rapid, but was twice followed by superficial sloughs of the skin, and for that reason I abandoned it.

TREATMENT OF ECZEMA.

Dr. L. D. Buckley, of New York, in an interesting "Analysis of 1000 Cases of Skin Disease," (*American Practitioner*, May, 1875), gives the following résumé of his treatment of eczema:—

"I do not order poultices to remove the crusts of infantile eczema, as many do, preferring much to cause their separation by means of fatty matter. Among the poor, and sometimes among the rich, I have the head soaked in cod-liver oil (sweet almond oil answers), or I have the ointment applied at once in a tolerably soft form; directing that the head shall not be washed at all, but as fast as the crusts fall, perhaps with slight assistance from the finger-nail, the ointment is to be re-applied; the idea being to thoroughly protect the irritated mucous layer of the skin, and to shield it from air and water. Occasionally the crusts will accumulate and adhere, and it becomes necessary to use a poultice or wash the head well with warm water and borax; but this, in my experience, is very rare.

"During the past year I have employed very largely tannin in ointment (one drachm to one ounce) in eczema, and like it very well. A very common treatment is to bathe first with the *liquor picis alkalinus*, diluted ten or twelve times, twice a day, and apply the tannin ointment immediately afterward. I have also used with very satisfactory results the subnitrate of bismuth in ointment (half a drachm to one ounce), and prefer it in very many instances to that of zinc, as commonly employed. I would again mention the value of the rose-ointment as an excipient, and its efficiency when the simple ointment has failed. Several cases of eczema rubrum, covering quite a large part of the body of children one or two years old, were seen. These cases are often most obstinate. Our best results were attained by starch and alkaline baths, and powdering the surface with subnitrate of bismuth and starch.

"Internal treatment is always required, and I believe that the largest percentage of good results was obtained by means of cod-liver oil in appropriate doses. Syrup of the iodide of iron is also invaluable in treating eczema in children.

"In adults most of the cases of eczema were of the chronic form, very many of them being in the legs, and dependent upon varicose veins. The treatment of these is very frequently unsatisfactory, because of the continued existence of the cause, especially among the poor, who cannot give the necessary time to rest. Elastic stockings should be insisted on in eczema of the legs when the disease has recurred often or lasted long; for, although the veins may not appear to be varicose, there is often a want of tone of the capillaries, which is supplied by the stockings. We have had good results from the use of tarry preparations, and have known a moist eczema to be completely healed after a very few applications of the *liquor picis alkalinus* in full strength. A common treatment in chronic eczema is equal parts of tar and oxide-of-zinc ointments, with the addition of a little mercurial ointment, as the citrine, when the surface ceases to be moist.

"In place of the *sapo viridis*, or green potash soap of the Germans, I have been employing the ordinary American soft-soap made with potash, and with almost, if not quite, as good results, although



INGLIS,

MONTREAL.

DR. WOLFRED NELSON'S,
CASE OF
FIBRO-CYSTIC BRONCHOCELE.

it contains relatively less potassa. In one case of eczema of the hands, in a mason aged thirty-three years, which had existed for ten or more years, it was used with excellent effect. He had been treated by me with other measures for six months with varying success, and when this method was commenced the skin on the back of both hands was very greatly thickened, even to three or four times the normal; the surface was hard and scaly in some places, moist and cracking in others. He was first given a strong pottsh solution (one drachm to one ounce), with which the surface was well rubbed once or twice, and covered with the diachylon ointment of the Germans. This caused great swelling, which subsided, leaving the parts somewhat less thickened. He was then directed to rub in the common soft soap, well, night and morning, and cover the hands as before; and after a short time the friction with which it was applied was increased, until he came to using an ordinary scrubbing-brush, such as is used for the floor. Dipping it in soft-soap, the back of each hand was scrubbed—the palm resting on a table, till the opposite arm and shoulder were tired. The result was that at each visit a marked diminution in the thickness was noticed, and in three weeks the skin was reduced to almost the normal thickness, and his hands were better than they had been for ten years. This is an exaggerated case, but is of value, showing how far the stimulating treatment may be pushed with advantage; whereas, on the contrary, ninety out of one hundred of the ordinary run of eczema cases would be greatly aggravated by such means.

"In one case of eczema of the scrotum I obtained very excellent results from the repeated application, by means of a camel's hair brush, of the compound tincture of benzoin. The man ceased attending before the thickening had entirely disappeared, and the ultimate result cannot be stated with certainty; but it is probable that the disease was cured, as the remedy was the first one tried by me, and the relief and satisfaction expressed by the patient was very great.

"Quite a large share of the cases of ordinary eczema of various parts was treated by the oxide-of-zinc ointment, very generally in conjunction with some internal medication, depending upon the state of the patient. Many of this class are the constant subjects of dyspepsia, and the rhubarb-and-soda mixture was very commonly used. I frequently add Fowler's solution to it, giving of the latter three or four drops with a teaspoonful of the former. Many of these patients require tonics, and the ammonio citrate of iron and compound tincture of cinchona were generally used. Acute lichenous eczema I frequently treated with Startin's mixture of sulphate of magnesia, sulphate of iron, aromatic sulphuric acid, and gentian. Acetate of potassa, alone or combined, was used somewhat, and in my hands has done much for eczema.

HAIR TONIC.

Dr. J. N. Nowlin, of Georgia, sends us the following prescription which he has used for years, and "has yet to meet the first instance of failure to arrest falling of the hair." He requests those who use it to report through this journal.

R. Borax, powdered,	two drachms
Cologne water,	eight ounces
Bay rum,	six ounces
Tinct. cantharides,	
Spir. ammo. aromat.,	aa one ounce. M.

Sig. Apply to the scalp every morning, by thoroughly rubbing in.—*Philadelphia Medical Reporter.*

THE DISCOVERER OF THE ANÆSTHETIC PROPERTIES OF CHLOROFORM.*

An attempt to relieve the tedium of convalescence from a severe attack of influenza, at the close of last year, led Sir Robert Christison to take up the thread of some former inquiries on the subject of anæsthesia, the result being an interesting contribution to the history of the use of chloroform as an anæsthetic. Having heard vague reports that chloroform had been used in the practice of Sir William Lawrence and Mr. Holmes Coote in the summer of 1847, some months before Sir James Simpson's experiments, Sir Robert Christison, in 1870, applied to Mr. Holmes Coote for information. In reply, the latter gentleman confirmed the truth of the report, and stated that the substance was introduced to their notice under the name of "chloric ether," by a Mr. Furnell, who represented it to be a milder anæsthetic than sulphuric ether. It was tried in several cases successfully, and, whilst Sir William and he were endeavouring to reduce the amount of spirit and water so as to condense the preparation, Sir James Simpson made known his important discovery. Sir James Paget also testifies to the use of "chloric ether" at St. Bartholomew's.

Then for a time the inquiry dropped, partly through Mr. Furnell, who is now Surgeon-Major in the Madras Army, and was formerly a student in the School of Pharmacy, Bloomsbury Square, having been erroneously described by Mr. Coote as in the Bengal Army. Sir R. Christison has, however, succeeded in identifying and communicating with Mr. Furnell, who gives the following curious account of his first acquaintance with chloroform. In 1847 Mr. Furnell was a student in St. Bartholomew's and was also engaged in "putting in a vein of pharmacy" at John Bell & Co.'s, to enable him to pass at the College of Surgeons. Whilst at the establishment in Oxford street he appears to have developed so extraordinary a propensity for experimenting upon himself with sulphuric ether, which just then was creating a great sensation in London, that Mr. Jacob Bell became alarmed, and gave orders that no more ether should be supplied to him. This led Mr. Furnell to search the store-room to see whether he could

* Pharm. Jour. and Trans.

discover any ether to which he could help himself. On a back shelf he found a dusty bottle labelled "chloric ether," the contents of which, proving grateful to his sense of smell, were taken up stairs, and a portion inhaled from a new instrument which he wanted to try. Mr. Furnell found "chloric ether" was sweet and pleasant, and that it soon produced a certain degree of insensibility, but he was struck by the absence of the suffocating irritation and choking sensation produced by sulphuric ether. He therefore took some down to Bartholomew's Hospital and introduced it to the notice of Mr. Holmes Coote with the result mentioned above.

So far had Mr. Furnell gone on the road to discovery when he was overtaken and outstripped by Sir James Simpson.

ON THE TREATMENT OF A COMMON COLD.

Dr. J. M. Fothergill says, in the *Practitioner* :

Rarely is any impression made upon the pyrexia until the action of the skin is excited and the cooling effects of exhalation attained. The administration of nauseant diaphoretics to attain these ends has been the rule amidst practitioners and housewives. The time-honored antimonial wine has scarcely yet yielded to its rival, ipecacuanha, nor, perhaps, is it desirable that it should. Their combination is good and to be recommended. In adults, iodide of potassium in guaiac mixture forms an excellent combination, especially when the cold is combined with rheumatic pains or tonsillitis. These internal remedies may be aided in their action by external measures, such as warm baths. With children it is easy to wrap them up in a blanket wrung out of hot water, to enclose them so wrapped in a dry blanket, and to put them into bed. This may be repeated as required, and sufficiently aids the remedies given by the mouth. Measures for giving adults a warm bath in bed are now to be procured at little cost. After perspiration is once induced, there is usually a gradual fall of temperature; but the normal may not be reached for some days. There is a decided tendency to excessive heat-loss after the action of the skin has been established, even though the temperature indoors be above the normal. Experience has taught humanity to wrap up well when passing through a cold, especially when it is breaking. Ere the action of the skin is re-established, the impression of external cold is grateful, but afterward chills are readily experienced. The increase of blood in the heat-losing area permits of rapid heat-loss. When a cold is caught during the restorative period it is usually a fixed one, and not rarely serious illness is the consequence.

When the action of the skin is re-established, it not uncommonly happens that perspiration is profuse, even while the patients wrap up well to shield themselves from heat-loss. This is a troublesome stage in the history of a cold. Here mineral acids with vegetable tonics are indicated, and perhaps, best of all, dilute, phosphoric acid in cascarilla or cinchona. In the treatment of influenza, vegetable acids along with a bitter tonic should be given.

In the treatment of the bronchial affections which commonly accompany an ordinary cold it is not a matter of indifference what expectorant remedy is selected. As long as the skin is dry, and the bronchial lining membrane tumid, and secretion arrested; ipecacuanha with acetate of ammonia is indicated; or a little antimony may be added with advantage. When the skin is once thrown into action and the bronchial secretion also established then acid with syrup of squills are suitable measures. But it is not a successful plan to administer squill with acids until the skin is moist. When there is tendency to the free action of the skin, this latter combination in full doses is a useful plan of treatment. Neither is the union of carbonate of ammonia and senega in severe cases, indicated until the secretion alike of the skin and the bronchial lining membrane is thoroughly established.

SORE NIPPLES.

The following letter was addressed to Dr. Julius Fehr, who not long since wrote an article for THE RECORD, on sore nipples:—

DEAR SIR:—I have seen an extract from your article, in the *British Medical Journal*, of September 18, 1875, from the N. Y. MEDICAL RECORD, on "Sore Nipples." I have had a large obstetric practice as an English physician, and have never had a bad case of sore nipples. For many years, when the nipples became slightly sore, I at once applied *zinc shields*; but of late years, instead of allowing the zinc to combine with the lactic acid of the milk, I have applied a preparation of sulphate of zinc and lactic acid (in fact lactate of zinc) and glycerine with starch, between the times of suckling. I think if you try this you will find it unailing, and not only a "prophylactic," but a *specific* in the true sense of the term.

Yours very truly,

ALFRED FLEISCHMANN,

Late Asst. Phys. Accoucheur, King's Coll., London.

DR. EDWARD WARREN.

It will be remembered by our readers that Dr. Edward Warren, of Baltimore, left this country some three years since to serve in the army of the Khedive of Egypt. Just as he had reached the highest position in that service, the office of surgeon-general of the Egyptian army, he was attacked with ophthalmia of a malignant form. After combating it by every possible means in Cairo, he was finally compelled to go to Paris for treatment, after six months of which he is now left with one eye permanently enfeebled, while the oculists declare that if he returns to Egypt the right eye will be compromised and lost. He has accordingly obtained an authorization to practice in France, and is, we understand, already in a fair way to become a popular practitioner in Paris.—*Boston Journal*, Oct. 14, '75.

ON THE MEANS MOST GENERALLY USEFUL FOR
RELIEVING THE COUGH, SWEATING, AND
DYSPEPSIA OF CHRONIC PHTHISIS.

By JAMES LITTLE, M.D., Professor of Practice of Medicine in
the School of the College of Surgeons.

In no disease is a routine treatment more unsuitable than in phthisis. Each case has its own peculiarities, which leave the physician who is fertile in resources endless opportunities for the exercise of his skill; yet the following measures, not in very general use, have appeared to me applicable to a larger number of cases than those more commonly employed.

For the relief of sweating, the mineral acids, and such astringent drugs as oxide of zinc and tannin, though recommended, are according to my observations, very far inferior to two medicines but little used. Five grains of *Dover's Powder* was suggested to me some years ago by Dr. Hayden, and I have since satisfied myself that this dose, administered at bedtime, checks phthisical sweating more frequently than any other remedy. Next to it is *atropia*, or its sulphate. It is best given in a pill, $\frac{1}{8}$ grain to $\frac{1}{6}$ grain. As this requires very careful compounding, it is sometimes safer to use the liquor atropiæ—one minim to one minim and a-half; but, whether from the instability of the solution or some other cause, the atropia does not display its power over sweating so markedly when given in solution as when administered in pill. The chill caused by the damp night-dress is not only a great discomfort to the phthisical, but is, I believe, a not uncommon cause of the intercurrent pulmonary congestion to which they are so subject: and all consumptives who sweat should, therefore, wear a large, loose night-dress made of fine flannel.

Cough in phthisis may call for different applications to the chest, for stimulating expectorants, and for various other remedies, according to the special state of lung then present; but for the wearying cough peculiar to phthisis, and especially when it prevents sleep at night, I have for some years used a combination which, I think, is more generally useful and longer useful, than any other with which I am acquainted:—

Acetate of morphia, 2 grains.

Liquor of atropia, 6 minims.

Dilute hydrocyanic acid, 36 minims.

Syrup of Virginian Prune to an ounce and half.

A measured drachm is to be taken, unmixed with water on going to bed, and once again during the night, if necessary. This combination does not usually cause morphia sickness in the morning; if it does, the sickness is best relieved by sucking a few slices of lemon. When the expectoration is very tenacious, this mixture does not suit so well as one containing small doses of iodide of potassium, with bicarbonate of soda, hydrocyanic acid, and compound tincture of chloroform. To this, small doses of tincture of opium may be added. This is a mixture to be taken at shorter intervals than the one to which I have just referred, and continued until the expectoration becomes easier.

Four years ago I was attending a lady in whom the right lung was almost completely excavated, while in the left there was only a small diseased spot. Her great distress arose from the pain produced during violent fits of coughing by the stretching of the numerous pleural adhesions by which the right lung was tied to the walls of the chest; the cough stretched, and probably sometimes tore these, and the irritation which this produced in its turn provoked fresh cough, so that the fits were incessant and most violent. It occurred to me that if I could prevent the stretching of the old adhesions, I would lessen the patient's sufferings, and with this object I confined the right side of the chest by strips of soap plaster spread on dimity four or five inches broad, and long enough to reach round the chest from spine to sternum. One of these I also drew across the shoulder, from the interscapular region behind to the mammary in front. Thus supported, the chest walls were no longer injured by the concussion of the cough, and the greatest relief followed. More recently strapping the chest has been recommended in the early stage of phthisis, for the purpose of limiting the play of the diseased lung. Of its value, when applied with this object, I have not had sufficient experience to enable me to form an opinion, but I have in very many cases given the greatest relief by adopting it under such circumstances as those I have described. Chloral, as a cough reliever, though very generally prescribed at present, has not appeared to me a very satisfactory medicine—at least if given alone. Doses sufficient to check the phthisical night-cough seem to me to produce disturbed sleep and an increased feeling of oppression in the chest. The addition, however, of ten grains to each dose of an opiate cough-mixture will render the effect more immediate, and permit us to use a smaller quantity of the opiate. For consumptive persons who are going about, chloral lozenges are sometimes a great comfort. I have lately had two young men under my care who went to their offices daily until a few weeks before their death, and in whom the occasional use of a chloral lozenge so quieted cough that they were able to discharge their duties without annoying those around them.

In some consumptive persons digestive disturbance is indicated by the single symptom of utter loss of appetite. In such, I believe, there is only one combination—that of strychnia, with phosphoric or hydrochloric acid—which distinctly does good. It may be given in freshly-made infusion of calumba, or as Dr. C. J. B. Williams recommends, in infusion of orange. When with loss of appetite there is feeling of load after food, a dessert-spoonful of pepsine wine, with ten minims of dilute hydrochloric acid, in a little water after meals, usually relieves. When, however, instead of these symptoms, we have after meals a feeling which approaches that of pain, with flatulence, cough ending in vomiting, some thirst, and a coated tongue, we must for the time give up tonics and cod-liver oil (if it has been in use); enforce a regulated and rather spare diet; apply counter-irritation to the epigastrium; if necessary, use some of the aperients which act on the upper part of the in-

testinal tract, and some of the medicines which are good against gastric catarrh—of which the most generally useful in my experience is a mixture (which, like many other invaluable combinations, I learned from Dr. Hudson), containing minute doses of nitre, with bismuth, hydrocyanic acid, and nitric acid.—*Dublin Journal of Medical Science.*

TINCTURE OF IODINE FOR CLOASMA UTERINA.

Dr. Dubois recommends this method of treating the unsightly patches that so frequently disfigure the faces of pregnant women. Every evening a coating of the tincture is to be applied to the spots. The epidermis exfoliates and the spots disappear. If this does not follow the first application and some pain results, he then suspends the use of the iodine and replaces it with cold cream. Then when the epidermis is newly formed, he recommences the use of the iodine, and this time the patch will disappear entirely.—*Gaz. Hebdom.*

[We have used the above in several cases and can bear testimony to its value.—ED. RECORD.]

A NOVEL METHOD OF TREATING THE VOMITING OF PREGNANCY.

Dr. Edward Copeman, President of the British Medical Association, in an article in the *British Medical Journal* of May 15, 1875, relates the histories of three cases in which vomiting had resisted all the usual remedies, and in which a new treatment, discovered by accident, as it were, succeeded in checking the vomiting almost immediately. In the first case, that of a lady six months advanced in pregnancy, the vomiting had become so excessive as to occasion great fears for her safety. Dr. Copeman saw her in consultation with two other practitioners, and advised bringing on premature labor, which the others at first were rather unwilling to agree to on account of her depressed condition, though they finally acquiesced in the plan advised. Accordingly he at once dilated the os uteri as much as he could with the finger, so that he could feel the membranes and head of the child. An attempt was made to rupture the membranes, but failed, owing to their flaccid condition and the slight resistance offered by the head to an ordinary female telescopic catheter, the only instrument at hand. After this failure it was decided to wait a little while before resorting to other means. In an hour she was seen again, and he was surprised to learn that a longer period than before had elapsed without sickness, so it was determined to wait another hour in the hope of giving her some nourishment. During that time no vomiting occurred, and it was decided to resort to no further active measures, but to wait for further developments. No recurrence of the vomiting took place during the night, and the case went on favorably to full term, when she was delivered of a healthy child, and made a good recovery.

The second case was one in which pregnancy was only of two months' standing, and in which the surgeon in attendance had exhausted the best acknowledged remedies, and had arrived at the conclusion that artificial delivery would be necessary to save her

life. Dr. C., keeping the first case in his mind, and wondering whether the dilation of the os in this first case, by removing any undue tension productive of sympathetic irritation of the stomach, had been the cause of relieving the vomiting, examined the uterus, found some degree of anteversion and the os patent enough to admit the tip of the finger. He immediately dilated the os as much as he could, passing his finger all round, and removing all puckering of the os and rendering its edge smooth. She vomited slightly only once after this procedure, and he left her with the understanding that in case the sickness returned he should be summoned again to bring on abortion. But the summons never came, and in a fortnight he heard that she began to improve decidedly an hour or two after he left, and that the sickness had entirely ceased. Several times since he has heard that she was doing remarkably well, and he believed that she expected to be confined during the month (May).

In the third case, the patient was the mother of nine children. Generally during early pregnancy, and sometimes for several months together, she had been troubled with vomiting, but in this pregnancy, for three weeks before his visit, the sickness had been almost constant. She could retain nothing on her stomach, and was in a very weak and enfeebled condition. Considerable albumen, some pus, and a few casts were found in the urine. There was no dropsy. On examining the os, he found it patent, puckered, and dilatible, so he proceeded to dilate it as much as possible with the finger, in the hope that the sickness might be relieved as in the other cases. A few days after this he was informed that no return of sickness had happened since his visit, and that she was able to take food without inconvenience, though she was still very weak and ill. Since then he has learned that she had been safely delivered and was doing well.

In conclusion, he says that the subject seems to him to be of so much importance that he reports these cases without waiting for others, or attempting the *modus operandi* of the treatment, but hopes to communicate further when he has more thoroughly thought over the subject, and promises to report any future success or failure that may come under his observation.

Dr. Graily Hewitt, in the same journal for May 29, 1875, gives what he considers to be the true solution of the *modus operandi* of treatment in Dr. Copeman's cases. He says that in 1871 he read a paper (see Transactions of the Obstetrical Society, vol. xiii.) in which he enunciated the theory, supported by facts and observations, that vomiting in pregnancy was due to flexion of the uterus, the compression of the tissues at the seat of flexion being the irritation giving rise to the vomiting.

He believes that in all of Dr. Copeman's cases there was acute flexion, and that the dilatation of the cervix relieved the vomiting by overcoming the cramped and confined condition of the uterus; and he believes that this same condition is the cause of vomiting even up to the eighth month, because in

such cases the tissues of the uterus at the point of flexion are sometimes left in the early months in a diseased state, being stiffened and unduly resistant—and thus the irritation is kept up. He says that he has been in the habit of treating obstinate vomiting in pregnancy by elevating the body of the uterus, and has found that the same good results have followed as in Dr. Copeman's method.—*British Medical Journal*, May 15 and 20, 1875.

TANNIN IN THE CORYZA OF ADULTS AND CHILDREN.

"You are constantly telling us," it is sometimes said, "of the great progress made in recent times by medicine, and you have not yet found out, from the time of Hippocrates until now, the means of curing coryza." Those who reproach us in this way forget to add that, not wishing, for the sake of curing a simple "cold in the head," to submit to any of the hygienic measures rationally indicated, they demand in reality a prompt means of cure, easy to follow, even while travelling. Even those who cry up infallible specifics most loudly have never proposed anything more than some palliative, and these from ammonia to iodine, are always in a liquid form just the shape which is most difficult and inconvenient to carry about. In general, all these preparations are far from compensating by their utility for the inconvenience of their employment.

For ourselves who do not intend to change our habits or suspend our business any longer for the sake of a coryza, every time we have been attacked by our enemy we have put the question upon a practical footing, and have endeavored no longer to cause the disease to disappear instantaneously by some sovereign *specific*, but to diminish its principal inconveniences and to render its attacks in some degree tolerable.

Observe how we have attained our object. The first symptoms of coryza are congestion of the mucous membrane of the nasal fossæ, with dull headache, heat in the upper part of the face, sleepiness, dryness of the mouth and throat, more noticeable when swelling of the mucous membrane closes the nasal passages completely, obliging the patient to breathe with the mouth constantly open. Such are the principal tortures of a "cold in the head," and for which relief is most urgently demanded. It is evident that if an energetic contraction of the mucous membrane can be brought about, so that its volume shall be diminished, this desideratum can be attained. In short when the air finds a free passage through the nasal fossæ, the frontal headache and the lachrymation will disappear, and at the same time the dryness of the mouth, which may then be kept closed.

In addition, the mucous membrane being compressed like a sponge, makes easy the expulsion of those fluid mucosities which cannot be detached under ordinary circumstances without great effort.

We may obtain these results constantly by the use of tannin made into a powder after the following formula :

℞ Tannin., gr. $\frac{3}{4}$;
Pulv. iris,
Pulv. althææ, ʒi gr. xv ;
Tinct. vanillæ, gtt. iv.—M.

To be taken in small pinches three or four times a day, or oftener if necessary.

Coryza which in the adult merely presents inconveniences easy to support, becomes, on the other hand a serious matter when it attacks an infant. Here, as all physicians know, the occlusion of the nasal fossæ may directly threaten life, because rendering efforts at suction of the breast impossible. It is necessary to act immediately ; and it must be confessed that the means heretofore recommended have proved totally inefficacious. Observe our method of combating the danger.

After having prepared the following ointment,

℞ Tannin., gr. $\frac{3}{4}$;
Axungiæ, ʒi ʒi ;
Tinct. vanillæ, gtt. v.—M.

we roll between the thumb and index-finger a very small square of paper so as to form a not very rigid cylinder, which will yield easily to any lateral movements which may be made by the infant while it is being introduced into the nostrils. Then, after having smeared the exterior with the ointment, it is introduced deeply into each nasal fossa.

In this manner we often bring about one or two very salutary attacks of sneezing, and always the effect just noticed as occurring in the adult, that is to say, free circulation of air in the nasal fossæ following the subsidence of swelling in the mucous membrane. The parents are always struck with the rapidity with which the infant returns to the breast, thanks to the success of this little manœuvre. It is because we are convinced that we have rescued more than one infant from imminent danger that we lay stress upon the process which has demonstrated to us that, in the medical treatment of infancy, it is the trifling appliances which often produce the best effects.—Dr. D., in *Tribune Medicale*, Jan. 17, 1875.

ON NERVOUS HEADACHE.

In this painful complaint, says the *London Medical Record*, M. de Chégoïn has verified the dilatation of the arterial vessels of the encephalon and the face during attacks of nervous head-ache, and considers it as an arterial neurosis, its starting-point is in the great sympathetic, its precise seat in the nervous filaments which accompany the arteries. Its material phenomena are seen in the dilatation of these vessels, and in the compression it produces on the brain and the other organs, for in a true fit of intense nervous headache, patients suffer thus universally, the hands are swollen, the muscles painful, and movements of the joints distressing.

M. Hervez de Chégoïn concludes, from these facts that the treatment should be directed against the distress of the nervous system of the great sympathetic, and against the resulting arterial dilatation, which in his view constitutes the essential character-

istic of the disorder, in which its necessary to distinguish three things, the intermittent character, the pain, and the arterial dilatation. A special therapeutic treatment, founded on the rigorous appreciation of and reasoned out from these elements of the disease, leads to the good results which have been obtained by the administration of pills composed as follows:—

Sulphate of quinine, tannin, each 5 centigrammes (0.75 grain), aconitine, 1 milligramme (0.015 grain) for one pill. One of these pills is given during the day; but some patients, having of their own accord exceeded this dose, take as many as three or four of them daily, with marked benefit. Tannin, in particular, seems to have a special action, which explains the relief obtained by the use of certain substances which, like paullinia, contain it. This treatment, however, is incomplete, since it does not touch the intermittence nor the pain: these are met by substances contained in the pills for which the formula is given above.

ON THE TREATMENT OF FRACTURES.

BY DR. SCHWAB, OF WURZBURG.

The physician, when called upon to treat a fracture, either of the upper or lower extremity, is occasionally embarrassed in the selection of his mode of bandaging or dressing; not only on account of the multiplicity of these modes, but also because the necessary articles are frequently not at hand or not easily obtainable.

I take the liberty, therefore, of calling the attention of my professional brethren to an article at once simple, yet effective, which is always to be found in every household. The same method may have been made use of by others, but I do not recollect ever seeing it mentioned in any surgical work. The "plaster of Paris bandage" has, it is true, stood well the test of experience in the treatment of fractures, but the necessary articles are, unfortunately, not always at hand, and frequently difficult to obtain.

I have found albumen, as in the white of egg, to answer equally as well as the plaster of Paris; and as eggs are to be found in nearly every house, it is always to command when needed.

In addition to the whites of six to eight eggs, there will be needed an old linen sheet, from which a bandage of scultetus can be cut, a piece of pasteboard, which is always at hand in the cover of an old book, and a roller bandage from three to four yards in length.

The bandage of scultetus and pasteboard are first saturated with the albumen and the bandage carefully applied, allowing the edges to slightly overlap. This bandage should reach to the joints above and below the fracture. The pasteboard is then smoothly adjusted to the part and secured with the roller. The limb is kept in proper position by means of small branbags, or cushions of straw.

I have used this method exclusively for twelve years, in the treatment of all fractures of the extremities, with complete success. No shortening, or other deformity, ever followed.

In fractures complicated by superficial or deep wounds, an opening is cut through the pasteboard and bandage, to permit free access to the wound.

In cases where swelling had taken place in the injured limb I have applied this bandage, and frequently found the swelling to completely disappear on the second or third day. The bandage and splint are then taken off and re-applied.

Whether it be a delusion or not, I believe to have discovered that, with this bandage, the fracture unites, and mobility of the joint returns, much earlier than with any other dressing. This result I ascribe principally to the curative action of the albumen.

In comminuted fractures, also, I have not hesitated to apply this bandage, even though the splintered portions of bone could not be brought in coaptation.

As the dressing dries in a few hours, the transfer of the patient on the day of the injury is rendered practicable; in time of war this is of great importance and advantage, as it is frequently necessary to evacuate a field hospital on very short notice.

The following points, as demonstrating the superiority of this over any other method of treatment, are presented for consideration.

1. The ease and rapidity with which the articles needed can be obtained.
2. The ease of application, and the rapid drying of the bandage.
3. The early abatement of the pain.
4. The more rapid recovery, and, consequently, the earlier use of the fractured limb.—*Baltimore Physician and Surgeon.*

CASE OF HYPERIDROSIS; CURE.

By John M. Bigelow, A.M., M.D., Albany, N.Y.

On January 20th, 1875, Mr. C. H. D., a clerk, aged twenty-six years, stout and healthy looking consulted me with reference to the above mentioned infirmity. On questioning him I discovered no hereditary or acquired taint of scrofula, phthisis, or syphilis. He had been troubled with this complaint for about six years; and during this time had suffered, in addition to physical pain, so much mortification that he had shunned all society and social enjoyment. "So terrible was the stench from my sweating feet," he strongly stated, "that I would not even attend places of amusement or social gatherings." On inspection, his feet were found bathed in an extremely abundant, acrid, fetid secretion, the soles were fissured, and the spaces between the toes were chapped; the skin presented a parboiled appearance, and was very tender.

He had tried, with only temporary relief, brine, sugar-of-lead, carbolic acid, sulphuric acid, and other lotions. Owing to the condition of his feet, he wore cotton hose, and had powdered them with tannin.

I prescribed for him the following: bromo-chloralum, $\bar{3}$ j, water, $\bar{5}$ ij. Apply three times daily with a soft sponge, having previously dried the feet thoroughly with hot flannel.

For a few days his hopes of cure were raised, only to be followed by a relapse more severe than

ever. I then prescribed the application of equal parts of borax and lycopodium, to be worn in the socks. On February 20th he returned to my office much discouraged, and said that all treatment thus far relieved for a few days, and then became inert. I then directed him to take to his bed, and began Hardy's treatment, as introduced by Hebra. I gave no internal remedies. I applied dyachylon-plaster as follows: cutting it into strips, I twisted them around each toe separately, and also applied them to the interdigital spaces, completely enveloping the whole foot, so that every portion of the sole, dorsum, and toes of the feet was in close and immediate contact with the plaster. These strips were removed each morning, the feet carefully and thoroughly wiped with dry, heated flannel, and new plaster strips applied. This treatment was persevered in for thirteen days, and at the expiration of that time the plasters were removed, and the feet presented a healthy normal appearance, free from the troublesome hyperhidrosis. Since that time (March 2nd) I have seen the patient twice each week, but so far the cure is complete, and he assures me that he now enjoys comfort and ease in walking, and can avail himself of the pleasures of society without any disagreeable odor to announce his presence.—*New York Medical Journal*.

DEATH OF DR. J. HUGHES BENNETT.

We have the great pain to announce the death of Professor Hughes Bennett of the University of Edinburgh. The wearing illness under which Dr. Bennett has suffered for some time has been known to most of his professional brethren; the touching fortitude with which he endured those sufferings, the brave determination with which he nerved himself to the last to the fulfilment of professional studies; and the force and vigor which animated his attenuated features when detailing the last great work which he directed, the Report of the Edinburgh Committee of the British Medical Association on the Antagonism of Medicines, fitly crowned the life of a man remarkable beyond any of his fellows for unflinching devotion to science, courageous defence of his personal and scientific convictions, unsparing denunciation of what he believed to be error, and resolute furtherance of the objects which he believed to be good for the university, the profession, and the science which he loved so much. He died from the after-effects of lithotomy on a system weakened by constitutional disease. He bore himself nobly during life; and he faced death with courage, resignation, and faith. We shall, next week, endeavor to do justice to the life, works, and character, of this distinguished physician and biologist.

The remarkable success with which Dr. Hughes Bennett has, under circumstances which called for the display of courage, judgment and energy, twice carved out for himself a successful and useful career, recalls a *mot* of the late Dr. Henry Wright, a friend and pupil. Referring to his singular tact, energy, and judgment, Henry Wright used to say

that "If Bennett were stranded on an iceberg in the Arctic Ocean, he would infallibly create for himself a career among the whales and end his life as consulting-physician to the North Pole, and a director of a sanitarium at the Equator."—*Brit. Med. Journ.*, Oct. 2, '72.

DIPHThERITIC SORE THROAT.

The following easy and successful method of treatment, recommended and practiced by Dr. Lolli, has given similar results for many years, and the conclusions drawn by the author are as follows:

1. Never cauterize the throat or abstract blood; abstain from purgatives and emetics, unless in very exceptional cases.

1. Nourish the patient according to his appetite, but let the food be light and easily assimilated.

3. Keep up the functions of the skin from the very commencement of the disease till the local, or still better, the general symptoms, allow you to judge that the morbid process is extinct. (Great stress is laid on this point.)

4. For local application, as well as for internal use, the author strongly recommends the following "antidiphtheritic mixture":

Boiling Water	$\frac{3}{5}$ vi.—xx
Liquid sesquichloride of iron.....	mxx.—3 i.
Carbolic acid.....	gr. iij.—xx.
Red honey.....	$\frac{3}{5}$ vi

This can be used internally and as a gargle every two hours, one or two spoonfuls being a dose.

The result of this treatment in sixty cases has been—a mortality less than 2 per cent.: medium duration of the attack, eight to ten days; extension of disease to air passages rare and slight; sequelæ, none, or very rare.—*Repeterio Falciese*.—*Glasgow Medical Journal*.

PREMATURE BALDNESS—TREATMENT.

Dr. Pincus (*Berlin Klin. Wochenschrift*, *London Medical Record*) suggests the following treatment in the first stage of premature baldness. This stage is recognized by a daily loss of under fifty hairs, by diminished sensibility to pressure, and, after a time, by commencing hardness and immobility of the scalp. If now weak alkaline washes be applied to the hair for a year or more, the progress of baldness is arrested, and in some cases the mischief already done is restored. He recommends a solution of caustic potash, one part to five hundred of water, or fifteen grains of the bicarbonate of potash to an ounce of water. Two or three drachms of this solution is to be rubbed into the scalp for from three to five minutes daily. After a time this may be done every other day and then only once a week.

FRECKLE LOTION.

Take—Citric acid.....3 drachms.
Rose water.....12 fl. ounces:

To apply both of these lotions it is only necessary to moisten a sponge or the fingers with them, and to wet the skin by gentle rubbing."

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITOR:

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

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THE PROPOSED NEW MEDICAL BILL.

It is a matter of the very deepest regret that the proper officer of the College of Physicians and Surgeons of Lower Canada does not deem it right and proper to furnish the medical journals with reports of their proceedings. If such had been done, the profession would, we believe, have been made aware that more than a year ago, in fact at the last tri-annual meeting of the College, which was held at Sherbrooke, in July, 1874, a committee was named with a view of suggesting amendments to the present Medical Act, this committee consisting of Dr. Jackson of Quebec, Drs. G. W. Campbell, Craik and Rottot of Montreal. We believe that Dr. G. W. Campbell declined to act, as he was retiring from the active duties of the profession, and Dr. Craik did not act. The whole duty seems to have devolved upon the remaining two members of the committee, and at the meeting of the College in May last, held in Montreal, instead of suggesting amendments, their report consisted in laying before the Governors an entirely new bill. So far as we can learn the introduction of this report was made in a somewhat peculiar manner, it being read in French, from a copy of our contemporary, the *L'Union Medicale*. Beyond its reception, and its being ordered to be printed in the English language, no further action was taken. The English translation does not seem to have reached the light till the meeting of the Governor of the College at Quebec, in October last, when a strong attempt was made to have the Bill adopted, so as to be ready for presentation to the present Session of the Quebec Parliament. The meeting was a small one, many whose duty it was to have been there were absent, but an energetic protest was made by one or two against any attempt at legislation till the proposed measure had time to be discussed and understood by the profession throughout the Province of Quebec. At the afternoon meeting of the Governors, held after some had left Quebec, it was decided to call a special meeting of the members of the College at Quebec on the 24th of November, to discuss

the report of the Committee, and in accordance with this resolution, Dr. Russell of Quebec, President of the College, has issued his circular for the meeting. At the time we write it has not taken place, and we believe no such meeting can be held, there being no provision in the by-laws, so far as we can see, for calling special meetings of the members. This view is, we understand, also held by the President of the College, who simply calls the meeting, having by error in the first instance consented to do so. No meeting will, we believe, as a consequence take place, and no further action can be taken in the matter till the next meeting of the Governors in May, 1876. In the meantime we append the Bill, reserving such comments upon it as we may deem necessary till our next issue. It would be well, however, that our readers in the Province of Quebec should closely study its various provisions, so as to be prepared to act as they may deem proper when the time arrives.

BILL.

An Act to incorporate the Members of the Medical Profession in the Province of Quebec, and to regulate the Study and Practice of Medicine and Surgery therein.

1. Whereas it is necessary to amend the laws now in force to regulate the practice of Medicine, of Surgery and of the Obstetric Art. And whereas it is greatly desirable that the Medical Profession of the Province of Quebec above mentioned be placed upon a more respectable and efficacious footing at the same time, and that better means to convict and punish persons who practise medicine without license be established. Be it therefore enacted by Her Most Excellent Majesty the Queen, by and with the advice and consent of the Legislative Council and of the Legislative Assembly of the Province of Quebec, and it is by these presents enacted by the said authority, that from and after the passing of the present Act, the Act or Ordinance of the Legislative Council of the heretofore Province of Quebec, passed in the Twenty-eighth year of the reign of His late Majesty King George the Third, and entitled: *An Act or Ordinance which forbids any person whatsoever to practise Medicine and Surgery in the Province of Quebec or the profession of Accoucheur in the cities of Quebec and Montreal, without a permission therefor*, and all other Acts or portions of Acts which relate in any manner to the practice of Medicine, Surgery and the Obstetric Art, or to the mode of obtaining licenses to practise Medicine, Surgery and the Obstetric Art, shall be and are hereby repealed, excepting as to what relates to all contraventions of the said Acts, or of either of them, before the passing of the present Act, or to every fine or penalty imposed by reason of such offence.

2. And whereas it is expedient that the medical profession in the Province of Quebec be authorized, under certain restrictions, to establish its own regulations to regulate the study of medicine in all its branches, and to pass its own Statutes for its management, be it therefore enacted that all physicians, at the passing of this Act, authorized to practise Medicine, Surgery and the Obstetric Art in the Province of Quebec, and their successors, shall be and are by the present Act constituted a body politic and corporate under the name of "*The College of Physicians and Surgeons of the Province of Quebec*," and by that name they and their successors shall have perpetual succession, and a common seal, with power to change, alter, destroy or renew the same; and they and their successors may under the above name, sue and be sued, plead and be pleaded in all Courts of Law and Equity, and all other places whatsoever, and shall, under the above name, have power to possess, have, receive

and preserve for the purposes of the said Act and the benefit of the said College, all sums of money which have been, or shall be at any time hereafter, given or bequeathed to the said College, and for its use; and they may at any time hereafter, under the said name, and without license of mortmain, acquire, take, receive, hold and enjoy lands, tenements or estates, or all the profits and interests accruing therefrom for the purposes of the said College, and for no other purpose whatever; and may sell, concede, rent, bequeath, alienate or dispose of the same, and act in the premises according to law.

Provided always that the value of the real estate thus held by the said corporation shall not exceed at any time the sum of four thousand pounds.

3. And be it enacted, that from and after the passing of the present Act, the persons who compose the College of Physicians and Surgeons shall be styled: *Members of the College of Physicians and Surgeons of the Province of Quebec.*

4. And be it enacted that the affairs of the said College shall be administered by a Board of Governors composed, 1st. of two delegates from each of the Universities, Colleges or Medical Schools incorporated in the said Province giving medical instruction pursuant to the requirements of this Act, or which may be established hereafter; provided that no Professor belonging to such educational institutions become a member of the Board, except as representative of the College to which he belongs; 2nd. of twenty-four members elected by the registered Physicians of the Province, one member to be elected for each territorial division having a member in the Legislative Council, by the registered Physicians residing in such division; and the mode of election as well as the time at which it shall be holden shall be determined by a by-law of the Board, and in default thereof, by the Lieutenant-Governor in Council.

The members of the Board shall be elected for three years; but in the event of death or of resignation, a new election shall take place if the member represents a territorial division, or in the case of a delegate from a University, such University shall name another to replace him.

The first election of members to hereafter represent the territorial divisions and the Universities or Schools incorporated in the Board shall take place on the.....and the present Board shall determine the place in each of the divisions, shall name the Returning Officers and shall adopt the other measures requisite to that effect. In the event of contestation, the Board shall decide, and if the election be declared void or illegal, it shall order another to take place.

All the Physicians of the Province authorized to practise Medicine, Surgery and the Obstetric Art, shall have a right to vote, and may be elected governors at the first election.

But in order to have a right to vote or be elected governor at the following elections, it shall be requisite to carry out the regulations and submit to the requirements which shall be laid down by the new Board.

The Board shall name a President, a Vice-President, a Registrar, a Treasurer, and other officers required for the carrying out of the law.

In each territorial division a Medical Association may be established (in conformity with the regulations of the Board) whereof shall form part all the Physicians residing in said division, and whereof the representative at the Board shall be President *ex-officio*.

5. And be it enacted that the Board of Governors shall be and is hereby constituted in a *Provincial Medical Board*; and it shall meet in that quality at least twice every year, to examine candidates at such time and place as it may deem most convenient; and on such occasions seven members shall form a *quorum* for the transaction of business.

6. Be it enacted that from and after the passing of the present Act, no person shall be admitted to study Medicine, Surgery and the Obstetric Art before having obtained a certificate of competency from the said Provincial Medical Board.

7. Be it enacted that the Board shall not have the power of granting such certificate of admission to the study of Medicine without having previously subjected the candidate to a satisfactory examination upon the following branches, viz.:—English, French, Latin, History, Geography, Mathematics, Algebra, Geometry, Physics and Natural Philosophy. Moreover a certificate of good morals.

Proviso.—The Board shall have the power to exempt

from the classical examination every individual bearer of a diploma of Master of Sciences or a certificate to the effect that he has followed successfully in a sound educational institution a course of studies comprising the subjects above mentioned.

8. Be it enacted that from and after the passing of this Act no person shall be allowed to practise Medicine, Surgery, or the Obstetric Art, before having obtained a license from the said Provincial Medical Board.

9. Be it enacted that no person will be allowed to come forward to obtain the College license who has not followed during four consecutive years (commencing from the date of his admission to the study of Medicine by the Board) in a University, College, or incorporated Canadian Medical School, two six months courses of Anatomy; do. of Surgery; do. of Theoretical and Practical Medicine; do. of Midwifery, diseases of women and children; do. of Chemistry; do. of Materia Medica and Pharmacy; a six months course of institutes of Medicine; a three months course of Medical Jurisprudence and Toxicology; a course of three months of Botany; six months of Clinical Medicine; six months of Clinical Surgery; three months of attendance at Lying-in Hospitals, or a certificate proving that he has had six cases of accouchments; a three months course of Hygiene; do. of Practical Chemistry; do. of Practical Surgery. Moreover a certificate of good morals and 21 years of age.

10. Be it enacted that the College license shall not be granted to any student who has not undergone before the Board a satisfactory examination upon the branches mentioned in the preceding clause.

Proviso.—The Board shall have power to grant, without examination, the College license to every individual bearer of a diploma from a University or incorporated Canadian Medical School, provided such diploma has been obtained in conformity with the following regulations:—

1st. All bodies teaching Medicine, Surgery and the Obstetric Art shall be required to have at the disposal of the pupils an Hospital of at least 50 beds, a Lying-in-Hospital of at least 25 beds, a Library, a Museum of Natural Philosophy, of Natural History, and of Botany, containing all the instruments and objects deemed requisite by the Board to facilitate and illustrate the lessons given by the Professors.

2nd. A Committee of three members, whereof two named by the Board and one named by Government, shall have to attend the examination of pupils in the Universities or incorporated Medical Schools, in order to ascertain if the diplomas are granted according to the merit of the pupils, and if the requirements of the law are fulfilled. And if, from the report of the delegates, there be contravention, the Board shall have the right to examine those pupils anew, or to completely refuse them the College license.

11. And be it enacted that the said College shall have the power to make regulations as to the admission by the Universities of Medical students from foreign countries, also as to the granting of the College license to the bearers of diplomas from Foreign Universities, and to cause to be established under oath administered by the then President, the genuineness of every certificate or credential letter presented by every candidate for the study or practice of Medicine; and to make all such rules and regulations for the proper direction and management of the said Corporation; which said rules and regulations before coming into force shall be sanctioned by the Lieutenant-Governor in Council.

12. Be it enacted and declared that it is and shall be declared sufficient, that the said Schools of Medicine respectively cause to be given annually one hundred and twenty lectures upon the subjects regulated by law, in the English language or in the French language, it not being required that any lecture be delivered in both languages, and each lecture in whatever language it may be delivered shall count as one of the one hundred and twenty.

13. And be it enacted that all persons who shall obtain from the College of Physicians and Surgeons of the Province of Quebec (a License) authorizing them to practise shall bear the name of *Licentiates* of the said College, and shall consequently be eligible in due time as members of the said College, and such persons so elected shall be immediately eligible as Governors; and such election, either as member of the said College, or as Governor there-

of, shall be made subject to such rules and regulations to that effect, and in such manner as the Corporation shall make them for that purpose, and sanctioned by the Lieutenant-Governor of the Province as above mentioned.

14. And be it enacted that the Board of Governors above mentioned shall regulate the fees to be paid by all candidates for the study of Medicine, provided the amount of said fee do not exceed the sum of five dollars currency; as also by all persons who shall obtain from the said Board (a License) authorizing them to practise Medicine, provided the said fee do not exceed the sum of three dollars currency; and the said Governors may dispose of the said fees in whatever manner they think most conducive to the interests of the College.

15. That Midwives shall undergo an examination before the Board to obtain a license, without which they shall not be allowed to practise. The Board, when deemed advisable, may require from those females a course of theoretical and practical midwifery.

16. Be it enacted that each physician practising after the sanction of this law shall be required to have himself registered within the period of one year on payment of a sum of.....under pain of a penalty of.....payable every year until he has complied with the law.

17. Be it enacted that every physician convicted of felony before a court of justice shall lose his rights as such.

18. Be it enacted that every person not registered shall not have the right to sue for medical services.

19. Be it enacted that no person can be appointed as Physician in the public service of the Province, or to a Hospital receiving Government subsidies, unless said person be registered.

20. Be it enacted that every person not registered who shall be convicted of having practised medicine, &c., shall, upon summary conviction before a Justice of the Peace, be condemned to pay a fine of not less than \$25, nor exceeding \$100.

The same penalty shall be incurred by every person assuming the title of Doctor, or other name giving to understand that he is legally authorized to practise Medicine, or offering his services as Physician.

The same penalty shall also be incurred by every individual offering through the public prints to sell medicines for the purpose of promoting abortion, or against morality, as well as by the proprietors of such public prints.

21. Be it enacted that the books of registration of the Board shall be *prima facie* evidence in all Courts of Justice.

22. Be it enacted, that in every prosecution the proof of registration shall be incumbent upon the prosecuted.

23. Be it enacted, that the prosecution shall take place before any Justice of the Peace having jurisdiction in the locality where the offence was committed.

24. Be it enacted, that such Justice of the Peace, besides the penalty above mentioned, shall have power to condemn to costs; and in the event of the costs or the penalty not being paid, to order an imprisonment for a term not exceeding thirty days.

25. Be it enacted, that every person convicted of illegal practice, who shall give notice of appeal, shall be bound, before being set at liberty, to give sureties for the amount of the penalty, the costs of judgment and of Appeal.

26. Be it enacted, that the fines shall be paid over to the Justice of the Peace, and by the latter, to the Treasurer of the Board. Any person may prosecute in his own name, or submit a complaint before the Court, and the Board shall have power to allow the prosecutor the whole or a portion of the fine, provided the Board have the right to stop the proceedings by an order signed by the President.

27. And be it enacted, that the present Act shall be a public act, and that it shall be taken and accepted as such in all Courts of Justice and by all persons in this Province.

Since we wrote the editorial which precedes the above Bill, the 24th of November has come and gone. As we expected, the special meeting of the members of the College called for that date was declared illegal, and adjourned without transacting any business whatever. Nothing further can be

done now till the meeting of the College in Montreal next May, so that ample time will be thus given for the profession to consider the proposed Act.

WESTERN HOSPITAL, MONTREAL.

We have had, within the last few months, a number of enquiries from our subscribers, with regard to the position of the above-named projected new hospital, and we make the following explanations with a view of offering them all the information possible. In January last, the subscription list amounted to about \$33,000; this, exclusive of a sum of \$12,000 subscribed by Major Mills (a philanthropic American gentleman, who for many years past has made Montreal his home,) to be used solely for the erection of a wing of the proposed institution, to be called "The Mills Wing." A beautifully situated lot of ground—forming an entire block—was secured in the western section of the city, at a cost of \$30,300, and the subscriptions were called in by circular. A very great many promptly responded to this call, and a first payment was made for the ground,—but it was evident beyond a doubt, that very energetic measures had been taken by some persons to break up, if possible, the proposed institution. In April last, a spurt of activity by its friends, however, enabled them to make a second payment on behalf of the ground. The unfortunate depression in trade, with the accompanying hard times followed—and with an odd exception now and then, subscriptions were impossible to collect. Still, early in the autumn the Treasurer was able to pay his interest account to date, making a total payment on account of the ground since it was purchased, of about \$16,000. It is intended to make another payment of \$5,500 in December, and for this object an appeal is being made to subscribers to pay up, and in a measure, it has been very successful. At the time of our writing, we learn that about three thousand five hundred dollars has been collected since the end of October, and this in spite of the stringency of the money market. It is gratifying to know that, with a very few exceptions, there is among the subscribers a warm interest felt in the undertaking, and that those who, from the condition of trade, are unable yet to meet their subscriptions, express the hope of being able to do so very shortly. When the above payment has been made, considerably more than one half of the cost of the ground will have been paid, and we believe it is the intention of the Governors of the Institution to clear one-half the lot, placing the encumbrance or mortgage on the remaining

half. On the portion which will be thus freed, we understand Major Mills will, in the spring, proceed with the erection of the wing, which is to receive his name. Such is the present position of the affairs of the Western Hospital, and we think that, all things considered, especially the opposition it has met with from a quarter from which we think it was not to have been expected, we are of opinion that the friends of the new hospital have every reason to be satisfied and take courage.

COLLEGE OF PHYSICIANS AND SURGEONS OF
LOWER CANADA.

The semi-annual meeting of the College of Physicians and Surgeons of Lower Canada was held in Laval University, Quebec, on the 29th of September.

After the routine business of the College had been completed, the following gentlemen graduates of the undermentioned Universities on presentation of their Diplomas received their licenses:—

Laval University.—Drs. J. P. Boulet, L. E. O. Desjardins, W. Biledeau, A. Valée, N. E. Dionne, L. J. A. Dostaler, G. B. Walters, N. A. Desjardins.

McGill University.—Drs. G. L. Hume, J. A. Meek, J. L. Tunstall.

Queen's University.—Dr. H. Saunders.

Bishop's University.—Drs. J. A. Pidgeon and F. Benoit.

Several gentlemen were admitted, after examination, to the study of medicine.

After adjournment the members were entertained at the Stadacona Club.

PERSONAL.

Dr. Duncan (M.D. McGill College, 1874) acted as surgeon to the Allan mail steamship *Sardinian*, on her last trip homeward from Montreal.

Dr. Kennedy, Professor of Surgery in Bishop's College, whose illness we alluded to in our last issue, left Montreal on the 15th November, for Colorado, where he intends to pass the winter. A number of his friends, also all the students of Bishop's College assembled at the station to bid him farewell. Previous to his departure his class, through a deputation, waited upon him and presented him with the following address beautifully engrossed on parchment:—"We your students in Surgery, having heard with deep regret of your illness and that you contemplate a temporary removal to a more congenial climate, cannot allow the opportunity to pass without expressing the deep debt of gratitude we owe to you. Your continued kindness, unwearied attention and zeal for our welfare has endeared you

to us all, and we sincerely trust that the methods used for your recovery will be the means under the Divine blessing of promoting a speedy and permanent restoration to health. We hope you will experience much pleasure and benefit from your contemplated journey, and soon return completely restored to health, strengthened and invigorated to resume your invaluable labours in our midst."

Dr. Davis (C.M., M.D., Bishop's College, 1875) has settled at Buxton, East Coast, Demerara, West Indies.

REVIEW.

On Poisons, in relation to Medical Jurisprudence and Medicine. By ALFRED SWAINE TAYLOR, M.D., F.R.S., Fellow of the Royal College of Physicians, London, and Lecturer on Medical Jurisprudence in Guy's Hospital. Third edition, thoroughly revised, with 104 illustrations. Philadelphia: Henry C. Lee, 1875. Montreal: Dawson Brothers.

It would seem to be an almost superfluous task to say anything to recommend the work, the title of which heads this notice. For years it has been the standard work, and the recognized text book, in most of the medical schools, not only on this continent but likewise in Great Britain, for its author, as an authority in matters of Medical Jurisprudence, stands at the head of the list. Complete as seemed previous editions, the present one is much more so; indeed, the revision has been so complete that, to all intents, it is a new work. An improvement on former issues is the number of illustrations which have been introduced, and which add very materially to the value of the book. Taking it for what it is intended—a manual for students and practitioners in law and medicine, we do not know any equal to it.

Reports of Societies.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

The fifth annual meeting of this Society was held in their rooms, Natural History Society building, on the evening of the 22nd of October, the President, Dr. Reddy, in the chair. The following officers were elected to serve for the ensuing year. President, Dr. Robert T. Godfrey; 1st Vice President, Dr. Francis W. Campbell; 2nd Vice President, Dr. J. M. Drake; Secretary-Treasurer, Dr. John Bell; Council, Drs. William Gardner, Thomas G. Roddick and William Osler.

After routine business the retiring President, Dr. Reddy, read his valedictory address as follows:—

GENTLEMEN:—I have to congratulate you that our Society has completed its fifth year.

It is customary at this our annual meeting to give a summary of the work which has engaged us during the past twelve months. I have much pleasure in laying before you the list of the papers, read and by whom contributed. To avoid confusion I have arranged them in alphabetical order. They have, I regret to say, been only twelve in number, but many of them most original and of deep practical interest.

1st. Dr. Austin read an able paper on Hæmatophilia, a very rare disease in this country, but quite common in Germany.

2nd. Dr. George Baynes, a paper on Meningeal Hæmorrhage, with a very careful and accurate post-mortem.

We have at the same time to thank Dr. Howard for the interesting and instructive remarks (in writing) with which he supplemented Dr. Baynes case, being part of the time associated with him in consultation.

3rd. Dr. Bessey read a paper "Notes and Observations on Scarlatina and allied diseases," consisting of reports of a number of malignant cases with treatment, &c., that occurred in his practice, which was prepared with a great deal of care.

4th. Dr. F. W. Campbell gave an able paper on "Three Fatal Cases of Diphtheria" that occurred in his practice. The reports were most instructive and exhaustive.

5th. Dr. Cline gave an interesting report of a case of "Progressive Muscular Atrophy," which was carefully noted by him at the Montreal General Hospital.

6th. Dr. Gardner read a paper on "Pelvic Hematocele," that had been under his care, which was early discovered by him and resulted in complete recovery.

7th. Dr. Kollmyer read a paper on "Guarana," giving its history, mode of preparation and its physiological action, which exhibited deep research.

8th. Dr. Osler read a very original paper and most interesting on the "Pathology of Miners lung," accompanied by drawings—a most masterly production.

9th. Dr. Roddick read a very interesting paper on "Eye cases, Surgical," treated by him at the Montreal General Hospital, which at first presented

features that rendered the prognosis doubtful, but all happily terminated in complete cure.

10th. Dr. Reddy read a paper on "Popliteal Aneurism," cured in twelve hours by digital compression, after failure with Carté's Compressors.

11th. Dr. Trenholme read an interesting paper on "Traumatic Tetanus," which resulted in a complete cure, chloral and potassium bromide being the remedies used.

12th. Dr. Wilkins read a paper on "Extroversion of the Bladder," exhibiting drawings of the parts, both before and after the operation, which resulted in a complete cure, rendering it a most unique case.

It is a matter much to be regretted that, in such a large and representative city as Montreal, so little interest should be taken in this Society by its members, as is seen in the thinly attended meetings, the highest number not amounting to more than one-fourth of the entire, notwithstanding the many original, valuable and carefully-prepared papers that have been read from time to time. Indeed, when I look at such an array of members in the long list before me, (numbering 60) and consider what a loss must be sustained, that so much experience and talent should remain silent and unproductive, I feel it is a matter deeply to be deplored. We must hope that in the coming year this will be remedied.

We have to record but one death from amongst our number during the past year, the kind and warm-hearted friend and able practitioner, Dr Sutherland.

We have also to regret the removal of our late associate, Dr. Austin, who has returned to Sherbrooke, at the urgent request of his former patients.

I cannot conclude without thanking this Society for the honor conferred in choosing me as their President, my only regret is that it has not been more efficiently filled.

Gentlemen,

I wish you farewell.

MONTREAL, 22nd October, 1875.

MARRIAGES.

At Hull, P.Q., on the 28th October, F. Benoit, C.M., M.D., to Miss Margaret Boulton, eldest daughter of Captain John T. Boulton, B.A., formerly of Kensington, England.

In Notre Dame de Grâce, Côte des Neiges, on the 8th September, by the Rev. Mr. Maréchal, André Latour, C.M., M.D., Demonstrator of Anatomy, University of Bishop's College, to Marie Marguerite Robert, daughter of Emile Robert dit La Mouche, of Côte des Neiges.

BIRTH.

On the 13th October, the wife of E. A. Duclos, chemist and druggist, of a daughter.