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Original Communications.

Address of WILLIAM MARSDEN, A.M., M.D., President of the Canadian Medical Association, delivered at Niagara Falls, 5th August, 1874.

GENTLEMEN:—Were I to consult my own inclination, I would not occupy any portion of the brief space of time allotted to your Annual Meeting by an address, but, as the tyrant custom requires it, I must conform, and will be as concise as possible. I avail myself of the earliest opportunity which presents itself to thank you for the honor you have conferred upon me, in electing me your President, but I regret that language fails me to express the depth of my feelings. It has often been my good fortune, during my long professional career, to have been complimented in a similar manner, but never in the same degree. When I see around me so many distinguished members of this Association who would have filled this chair so much better than myself, and when I look back and remember your—I mean our—happy choice of the able and eloquent chairman who presided over our deliberations during the first three years of the existence of this Association with so much tact, talent and success—the Hon. C. Tupper, M.P., C.B., &c.—I feel all the more my inability to do justice to the office without your kind indulgence, although I will yield the palm to no man for professional zeal—my maxim having ever been, where the public interests of our noble and humane Profession were at stake,—*semper paratus!*

One of the subjects that will engage the attention of this Meeting is the proposed alterations of the By-Laws. The Committee appointed at the 5th Annual Session of the Association, held at Montreal, in September, 1872, to amend the Constitution and By-Laws, reported to the Annual Meeting held at St. John, N. B., on this day twelve months past, and recommended, “that the Plan of Organization of the Canadian Medical Association adopted at the Conference of the Medical Profession held at the city of Quebec, October, 1867, and the Code of Medical Ethics, be continued without amendment;” and further recommended, “that a Constitution and By-Laws be adopted instead of those heretofore in force.” A copy of the labors of that Committee is now before you, entitled, “proposed alterations to By-Laws to be considered at the Annual Meeting at Niagara Falls, Wednesday, 5th August, 1874.

Having carefully examined the proposed alterations. I am of opinion that they will be a great im-

provement on the present By-Laws, with some slight changes and additions.

In Ethics, for example:

It is proposed “to continue the Code of Medical Ethics without amendment,” but no provision has been made in the proposed By-Laws for a permanent Committee on Ethics. Such a committee is in fact a necessity, to which, in my humble opinion, all cases of presumed infraction of the Code should in the first instance be referred for report, before any public action is taken by the Association, or record made. This would prevent the odium which might attach to persons falsely charged; and would avoid the needless wounding of the sensibilities of such as were really innocent of the accusations brought against them.

So strongly was I impressed with this conviction, that I gave notice of motion in 1870, and, on the 14th Sept., 1871, carried a motion unanimously, and it was resolved, “that the Nominating Committee be instructed to name a Permanent Committee on Ethics, to be composed of ten members, representing each province of the Dominion.” The Session, however, adjourned so soon after that no Committee was named at that Meeting. I would therefore respectfully recommend that, as it is proposed to continue the Code of Ethics, a Standing Committee on Ethics should also be added to the proposed By-Laws.

Registration, Medical Statistics, and Public Hygiene, are all subjects which call for action with a view to Legislation.

Committees were named at the first Meeting of this Association, held on the 9th and 10th of October, 1867, at Quebec, to report on the best means of obtaining these desirable objects. The Committee of Registration, of which I had the honor of being Chairman, reported, “that, after mature deliberation, they recommend, that this Association take the necessary steps to have carried through the Dominion Legislature an act similar (in so far as it is adapted to this country) to the Medical Act of Great Britain, passed in 1858.”

The Committee on Medical Statistics and Hygiene, (both of which subjects were referred to the same Committee) reported on Hygiene alone, through Dr. Hingston, the Chairman, stating, “That there was a necessity for a comprehensive system of Sanitary laws,” and promised a report on Vital Statistics at a later period of the Session. A reference to the Minutes of the proceedings of the Association (so far as attainable) shew that nothing whatever has

been done in the way of Legislation in this matter.

Another Committee on Statistics and Hygiene was named at the Annual Meeting of 1873, held at St. John, N. B., of which Dr. Botsford, one of our intellectual, indefatigable and zealous Ex-Vice-Presidents is Chairman. He wrote to me on this subject in March last as follows: "I was named as one to bring the matter of Hygiene before the Dominion Legislature, especially looking to a registration of deaths and the causes, over the whole Dominion.—For the province of New Brunswick I have to report that, whilst Boards of Health are provided for every county, and a registration of marriages for the Province, this is all that has been accomplished; and a registration of deaths, and the causes, does not exist!"

Although, Gentlemen, I quite concur in the sentiments expressed by Dr. Workman in his address of welcome at our second Anniversary Meeting, that "neither the elevation, nor what is styled the protection of our Profession is to be achieved by acts of Parliament,—and, that if we would be elevated, we must climb the steep ascent ourselves," yet there are certain subjects that demand legislation before we can make any useful application of them. Among these, I class Vital Statistics, Registration, and one uniform system of preliminary and professional education, examination and licensing. Committees have reported on all these subjects, and their reports have been adopted, and, as Dr. Tupper said in his address at Ottawa in 1870, "a far higher step has been taken by resolving that it was for the interest of the public and the Profession, that one common portal of entrance should be established for the purpose of granting licences to practice."

Precisely the same opinions have frequently found utterance in the meetings of our elder sister, the American Medical Association, as will be seen by a reference to their transactions, from which, had time permitted, I might profitably have made some extracts. This is a subject that has occupied the best attention of various Committees since the formation of this Association, and resulted in the forming of the "Contemplated Medical Act for the Dominion of Canada," which was amended at the third Annual Meeting of the Association, held at Ottawa in September, 1870. It was again amended at the Annual Meeting held at Quebec, in Sept., 1871, and finally was referred to the Annual Meeting held in Montreal in 1872, each and every member of the Association having received in the meantime a printed copy of the same. This proposed Act has been a bone of contention, an apple of discord, to the Association ever

since it was first introduced. In the western province of the Dominion, Gentlemen, you have an Act based upon the English Medical Act, which is working most satisfactorily. The Province of Quebec, also, has an Act that needs very little amendment. The Eastern Provinces, however, of Nova Scotia and New Brunswick, which are younger in Medical Science and Literature, and have hitherto been almost without medical schools, are not so far advanced in the medical sciences as the older Provinces of the Dominion, and are not ready to enter in the same platform as their older brethren, and, therefore, at the Annual Meeting, held in 1872, it was resolved unanimously, to postpone the further consideration of the proposed Bill for two years. Thus it has been suspended like Mahomet's coffin, between heaven and earth, for two years past, and will possibly come up for action at this Meeting. Doubts have been expressed by lawyers, as well as legislators (and by no less an authority than Dr. Tupper) of the legislative powers of the Parliament of the Dominion to pass any Medical Act for the whole Dominion, unless or until previous concerted action has been taken by the Local Legislatures; and to this opinion I strongly incline. In the American Medical Association progress is being steadily made in that direction by state legislation, and I think the best thing we can do is to agitate the subject in each Province of the Dominion, and separately and gradually lead them up to the highest standard required.

Thus only can we hope to succeed in Dominion legislation. I would, therefore, respectfully suggest that, when this matter comes up, some member will move that its consideration be indefinitely postponed and thus put an end to a fertile source of discord. Let us carefully avoid all medical legislative action for the present, for to my mind no greater blunder could be committed in this democratic age, than seeking medical legislation, as the sympathies of legislators generally, and especially the unscientific who compose the majority, are in favor of quackery and free-trade in medicine. Another subject, Gentlemen, to which I would call the attention of this Meeting is the great loss that the Association has sustained by the non-publication of the Minutes of its proceedings for the past two years. Whether the Association has the means to publish the Transactions, Reports, Proceedings and other papers or not, the Minutes of our proceedings, at least in my opinion, ought to be in the hands of every member of this body. I trust we shall this day repair our error, and make any necessary sacrifice to publish them. The valuable unpublished papers which have

been presented, read, and approved by this Association, and which must have cost their authors much study, valuable time and trouble, remain a dead letter,—a dumb record—a sealed book to the whole medical and scientific world. For this seeming neglect I know not whether the accomplished and industrious writers, or the reading members of the Profession at large have most reason to complain. Although this Association was organized for the protection of the interests of the Medical Profession, and the maintenance of its honor and respectability, it also contemplated the advancement of its knowledge, and the extension of its usefulness; and shall it be said of us, that we have done nothing to promote these high and laudable objects because our transactions embrace none of the essays and papers which for originality, learning and profound research would be worthy of honorable place in any similar volume? Let us, Gentlemen, this day, I repeat, wipe out this reproach, and either publish them, or return them to their respective authors, for such action as they may see fit to adopt, for nothing should be kept back or hidden in this progressive age. Progressive age did I say? Yes, progressive! And it would be very easy did time permit to shew the wonderful strides that medical art has made even in our own days. It has been raised from the level of a mere conjectural science to the status of a positive art. Mental agony and physical torture have now succumbed to bloodless and painless operations. Operations which formerly no amount of moral or physical courage could have induced the sufferer to submit to, are now endured with complacency.

Chemistry is a new science.

Were it possible to weld the link in the mortal chain which was so suddenly snapped asunder on the morning of the 29th of May, 1829, at Geneva, in Switzerland,—or to revive the mortal spark in the poor boy of Penzance, Cornwall, who was a popular lecturer on Chemistry to the Royal Institution, London, at 22 years of age,—or to bring before this Meeting him who for seven successive years was the unopposed President of the Royal Society of London, Sir Humphrey Davy, he, like Rip Van Winkle, would find all the ancient landmarks swept away by the progress of that science which his genius had done so much to fructify and embellish. He would be a student still, Gentlemen, as we all ought always to be.

Notwithstanding the extraordinary strides that have been made of late years in the Medical and Surgical arts and sciences, and the accessory branches

of knowledge; and although the rewards are by no means equal to the responsibilities of the medical practitioner, nevertheless his sterling worth is not unfrequently recognized and requited.

Mr. Gladstone, at the dinner of the British Medical Association last year, paid a just tribute to our art, and said that but for the care and watchfulness of a succession of able physicians it would have been impossible for him to have gone through the fatigues of public life. It is, said he, among the wonderful and noble distinctions of your illustrious Profession that, although its members may not receive that acknowledgment which awaits the soldier when he falls on the battle-field, yet they are to be found in countless numbers among the truest martyrs in the cause of humanity. He further said, truly, that medical knowledge has advanced in recent years in a degree which is not, perhaps, paralleled in any other profession. There is at present a greater and more sustained earnestness of purpose, and a more general exaltation of the aims of medical men. And he concluded thus:—This age is distinguished by an unbounded activity in all the sciences of observation. Of all these sciences yours is the noblest. It is given to you to study the relations between the wonderful body and the still more wonderful soul and mind of man. You tread that borderland in which the two come in contact. It is very easy to describe the post office or the railway system, but you have to deal with a thing far more subtle when you attempt to grasp human nature at a whole. Human progress is not to be described by formularies. It is only by the most patient observation that a sound and comprehensive knowledge on such a subject can be acquired. To you it belongs to seize the great opportunities and to accept the great responsibilities which attach to the Profession of which you are members, and to shew yourselves worthy of the great vocation with which you are entrusted.

Apologising for having occupied so much of your valuable time, and again thanking you for the high honor you have conferred upon me (probably as a recognition of the part I took in originating and organizing this Association) I leave its perfection in your hands, Gentlemen, and in your hands it is safe. It is, I firmly believe, destined to promote the blessings of fraternal harmony, professional unity, and successful self-government. An Association such as ours—composed of Scientific Philanthropists—the residents of the frozen North and the sunny South; the denizens of the forests, hills and dales, lakes and islands of a whole continent, animated

by the most lofty and honorable impulses, casting their various and opposite opinions and prejudices together on the common altar of science, and uniting an independent, cosmopolitan band from Prince Edward Island to British Columbia—from the Atlantic Ocean to the Pacific, must and will be felt and heard. United, concerted action—no law can resist;—no law-maker can repudiate.

Finally, Gentlemen, when I retire from this chair I shall remember that "the private station is the post of honor," and I beg to assure you that I shall always (whether present or absent) try to uphold the honor and dignity of our noble Profession, and especially of this Association.

Progress of Medical Science.

NASAL CATARRH.

This young woman has been annoyed for many years with a constant discharge from her nostrils. In quantity it is so profuse that the frequent use of a handkerchief is required to prevent it from interfering with respiration, but, whenever it is increased, as it frequently is under the effect of a cold or damp atmosphere, even this expedient will not suffice to keep the nares clear, and she is obliged to breathe partially through her mouth. In color the discharge is yellow; it is expelled in tough masses, more rarely in large dried flakes, which are sometimes so adherent to the mucous membrane as to be detached only with difficulty, and separation is occasionally followed by a flow of blood. During sleep this mucopurulent material gravitates into the pharynx, when, upon rising, it drops down, and has to be expelled either by coughing or a sudden expiratory effort. Its taste is nauseating and stiltish, and although it was devoid of odor in the early stages of the disease, yet it is now becoming somewhat offensive.

She has, evidently, *nasal catarrh*, a disease which is becoming more and more frequent each year, and in some of the New England States it might be called almost a universal complaint, few escaping the malady either in its milder or severer forms. This great prevalence in the above mentioned region would indicate an atmospheric influence, and there are those who, having been previously affected with the disease, cannot even enter such atmosphere without a renewal of their symptoms in a few hours.

To those unaccustomed to this complaint it might seem a trivial affair, but I can assure you that it becomes a source of the greatest annoyance and inconvenience to its sufferers. In severe cases the obstruction to respiration is constant, and is accompanied by a peculiar unpleasant dryness of the mucous membrane. If the case is an old one the inflammation of the Schneiderian membrane extends from the nares to the lining investment of the frontal sinuses, and a constant dull pain or weight is experienced above and between the eyes, a sensation which has been de-

scribed as though one were carrying a heavy stone in the skull. Occasionally the inflammation travels along the ductus ad nasum, the conjunctiva becomes reddened, and vision is frequently dimmed. Again, it may pass along the pharynx and traverse the Eustachian tube, thus setting up a catarrh of the middle ear, or it may extend into the maxillary sinus, or even downward, by continuity of structure, into the larynx, trachea, and bronchi. After several years the discharge assumes a purulent character, and occasionally renders the breath so offensive as to become of most serious importance to the sufferer, by its interference with certain occupations, as dentistry, etc. This odor never becomes as bad as in ozæna, but it is sometimes exceedingly disagreeable.

When a catarrh case consults you it has usually passed into a chronic condition, as in its first stages the patient considers that he has only a cold in the head and that it will soon disappear spontaneously. If now you will examine the nares you will find the mucous membrane red and inflamed, with small crusts adhering to its surface at various points. A rhinoscope will give you an excellent view of the posterior chambers, and will, in old cases, reveal the fact that the disease also implicates the pharynx, and that small ulcers are present.

In regard to its course, I would say that it does not tend to recovery, but rather continues on year after year, ameliorating at times, but relapsing at every fresh exposure to cold.

A change of climate is often of the utmost advantage, and will do more, in certain cases, than all the remedies which have been tried; in fact, it sometimes effects an almost immediate cure.

Medicines in great variety have been tried, and I assure you that you will find the malady one of the most intractable and disheartening which it will be your ill fortune to treat. When the patient is in good health local applications may be relied upon, and can be best applied to all the sinuosities of the cavity by means of the nasal douche (Thudichum's or other), an apparatus which, as you have perhaps seen, consists of a large jar or bottle, with a tube running from its base, to which is attached a nozzle intended to be introduced into the nostril of one side. The jar is filled with medicated liquid, placed above the patient's head, and the stop-cock turned, when the force of gravity causes a gentle current to flow into one nostril, which, if the head is held far forward, will penetrate all the cavities, pass behind the septum, and appear at the opposite opening. The liquid will not run down the throat, for as soon as it touches the back part of the soft palate a resistive spasm occurs, and the posterior nares are instantaneously closed. The operation is not unattended by danger, however, for the liquid may pass off into the frontal or maxillary sinuses, and by causing puffiness of the lining membrane, become confined, and cause great suffering. The greatest danger, however, is from its entering the Eustachian tubes, and making its way to the middle ear, where a strong solution may set up most violent inflammation.

An improvised douche may be made with a basin and a piece of elastic tubing. The basin containing

the medicated liquid is placed above the head, as before. The tube being immersed in it, is thus filled, and one end is brought out and applied to the nose, when the syphon action will cause a sudden stream to flow. I have given a thorough trial to nearly all the alteratives, deodorizers, and astringents which have been used for local medication, but have come down to the belief that the chlorate of potassa is best adapted to a large number of cases. It is used in the strength of ʒj to the Oj. This should be employed twice or three times in the day, a pint or more of liquid being used at each application, its use being preceded by a thorough cleansing with the douche and salt water. It must be remembered that all such local remedies soon lose their effect, and must be either increased in strength or others substituted for them, for a period of one or two weeks. Next in usefulness to the chlorate of potassa is the permanganate, of variable strengths, then in order of merit follow, zinc sulph., plumb nit., arg. nit., acid carbol., acid tannic, iunct. iodine, and so on through the whole list. The strength of these solutions must be varied to suit the condition of the mucous membrane. Their use should be followed by a slight stinging pain, which should last but a few minutes; longer than this would show the solution too concentrated. Ordinary salt and water will cause a free flow of mucus, which is of use in loosening the crusts and preparing the membrane for the application of other medicines. If any ulcerations are visible from the anterior nares they may be touched with a 10 gr. sol. arg. nit. Whatever liquid is used should always be employed lukewarm.

When the congestion is great in the frontal sinuses, relief may be afforded by the constant application of very hot cloths. I have found also that this feeling of weight and discomfort in the forehead and eyes may be somewhat avoided by abstaining from bathing at all in cold water, ablutions being always performed with water of a temperature above 100° F.

In some very obstinate cases (all of them are obstinate) relief may be afforded by galvano-furadization, and I have cured two cases by this means which had resolutely defied all other measures.

Never promise a speedy cure, but impress upon your patients the necessity of a resolute continuance of the remedies for a year. One frequent cause of failure is due to the fact that the remedies used do not come in contact with the diseased surface, a failure which is avoided by directing a quart of tepid salt water (ʒj to Oj), to be used just previous to its application. Carbonate or phosphate of soda may be used, of the same strength. In cases where ulceration is suspected, or where the disease is chronic, never neglect to make a complete and thorough examination of both anterior and posterior nares, with a bright light or the rhinoscope.

When the discharge is very fetid, it is due to some special cause other than simple chronic inflammation of the lining membrane, and a careful search should be made for diseased bone, adventitious growths, rhinoliths, foreign bodies, other exciting cause. Such a discovered cause, removed, would, of

course, greatly assist in a cure. In scrofulous cases the fault is frequently constitutional, and should be met by cod liver oil, iron, iodine, etc., while the fetor arising from the long retained and decomposing secretions is allayed by frequent syringings or douchings with carbolic acid, permanganate of potassa, chlorinated soda, sulpho-carbolate of zinc, etc., all properly diluted and used three, four, or more times in the day.

When the bones are diseased we have the worst form of *ozena*, a disease which is even more offensive and troublesome than the severest cases of catarrh.

(The woman was put upon the use of potas. chlor-ʒj to Oj ter die, and returned in three weeks feeling much more comfortable. Its use was ordered to be continued for several months, nitrate of lead being substituted in its place every fourth week.)

PERISCOPE.

THE TREATMENT OF CEREBRAL HEMORRHAGE.

Dr. J. Crichton Browne gives the following directions in the *Medical Press and Circular*. He says:—

As soon as the attack comes on, my advice is, lay the head low, nearly on a level with the body, in that position which is always assumed when it is desired to induce the cerebral anaemia of sleep, and give an injection of ergotin under the skin of the arm. Contraction of the vessels and occlusion of the open orifices may thus be secured. Of course, nothing can be more difficult than fairly to estimate the effect of treatment upon a hemorrhage on the brain; but I think, and the impression must go for what it is worth, that I have once or twice stopped the extension of a clot, and so prolonged life, by the timely administration of ergotin. I think also that I have seen turpentine beneficial when given immediately after an apoplectic stroke. It is scarcely necessary to say that turpentine must be avoided when the kidneys are diseased. Mustard to the calves of the legs and feet—an old remedy in apoplexy much extolled and much ridiculed—has seemed to me not unproductive of good. Again and again has decided rousing followed upon a resort to this application, which in all probability operates not so much as a derivative as a powerful reflex stimulant, inducing contraction in the cerebral arteries through stimulation of sensory nerves.

Croton oil has long enjoyed a reputation as a valuable medicine in apoplexy, and facts might be adduced to show that its reputation has not been altogether undeserved. The rapidity with which it unloads the bowels, the copious watery evacuations which it secures, and the abdominal hyperaemia which it probably induces, are all ways and means by which it might favorably influence a hemorrhage taking place in the brain.

Bleeding cannot be expected to be beneficial when a clot is forming or has been formed. Trousseau has argued that under such circumstances it

does positive harm, and has adduced cases which go far to establish his position.

If swallowing is very difficult, and is accompanied by choking, it will be advisable to pass the œsophageal tube three or four times in the twenty-four hours, and so introduce into the stomach, milk, beef tea, and concentrated food. There is really no risk whatever in this operation, even in an apoplectic patient, when it is skillfully performed. Whenever it is requisite to use the œsophageal tube, nutrient enmata should be at the same time administered. The bladder should receive careful attention, as it is apt to become distended and cause mischief. The decubitus is also worthy of consideration. Whenever a clot of any size exists on the brain there is a tendency to a low type of pneumonia, or to œdema of the lungs, the incursion of which is much favored by that hypostatic congestion which occurs in the lower lobes of the lungs when a patient continues lying upon the back for a prolonged period. By having the patient turned upon his or her side at stated intervals this imminent danger may be averted.

A day or two after the formation of a non-fatal clot a state of reaction is established. An inflammatory fringe surrounds the clot, and the pulse and temperature rise. This condition can only be combated by quietude and full doses of bromide and iodide of potassium. Sometimes alcohol is requisite, and I have given it under such circumstances, even in large quantities, without detriment. When the reaction has subsided the same medicines may be continued, often with signal benefit. The bromide of potassium, acting as a sedative, soothes any cerebral irritation, and the iodide, in a way which is not understood, helps towards the contraction of the clot. Arnica also has been employed in America to induce the absorption of intra-cranial clots, its valuable property of promoting the removal of subcutaneous extravasations when applied externally having doubtless suggested its internal use under such circumstances. All that I can say of it is, that in three cases of cerebral hemorrhage in which I prescribed drachm doses of the tincture of arnica three times a day, very steady progress was made, and a very satisfactory quota of power was regained.

NOTES OF A CLINICAL LECTURE ON MALADIES PRODUCED BY BOOTS AND SHOES.

Delivered by SIR JAMES PAGET, at St Bartholomew's Hospital, on June 1st, 1874.

MALADIES depending on the wearing of too small and badly-fitted boots are very numerous, such as deformities of the toes, bunions, corns, in-growing nails, painful bursæ, &c. In order to study deformities of the toes, you should obtain a good idea of a perfect foot. In a perfect female foot you find:—

1. Great width and fullness of instep.
2. Well marked great toe.
3. Long second toe, projecting a little beyond great toe.
4. Very small, or in some cases almost suppressed little toe.

In the male the great toe is not quite so prominent as the second. The feet of all persons cannot be deformed, nor can corns and bunions be produced in every one. It is doubtless owing to their complete reactive nutrition, the repair that takes place in the night being more than enough for the day's waste. This is not impossible when it is remembered the complete repair that occurs after great muscular waste, as in athletes. The troubles then set up in the integuments, faciæ and tendons of the toes are rather to be regarded as diseases set up by the pressure and friction of boots.

I.—*Mutual Compression of the Toes.*—Naturally there is a considerable interval between the first and second toes, and in a less degree between the others, so that when the foot bears the weight of the body, each toe is free from contact with its fellow, hence, in wet clay, you would receive a separate impression of each. In the deformity, though, which is produced by small boots, the toes are squeezed together, so as to form a transverse arch; the first and second toes then only bearing the weight of the body. Thus there are formed:—

1. Soft corns between the toes by their friction on each other.
2. Hard corns on outer side of little toe and inner side of great toe, and projecting points pressed upon.
3. Complete immobility of the toes, except the great one. The natural mobility in civilised nations does not exist now in more than about one person in 500.
4. Painful bursæ between metatarsal bones.
5. In extreme cases corns and chafed spots are produced by the squeezing and rubbing together of the pads of the great and little toes.

Kid gloves, though worn continually, never cause bunions, since the kid stretches to the hands; but in the manufacture of boots, especially ladies' boots, unyielding canvas is used to line them, so that the leather is prevented from stretching and showing the true shape and size of the foot. The foot enlarges when bearing the weight of the body, and also towards evening, hence, a boot thus made from a measure taken when the foot is suspended in the air, and in the morning, is too small for the foot in the evening. Women's are generally measured in the air, but men's when they are standing on them. The high heels in ladies' boots, too, will be always causing them to walk down-hill, however level the path may be, thus driving the foot more and more to the front. In a well-made English boot this is prevented to some extent.

II.—*Deflection of the Toes* fall chiefly on the great toe, the result of wearing—

1. Boots too narrow in front.
2. Boots (now out of fashion) having the point in a line with the centre of the heel; the big toe, which naturally is in a line with the inner side of the heel being deflected outwards towards the point.

3. Short boots especially. In them the great toe is brought sharply in contact with the end, and, as the tarsus and metatarsus will not yield much, and the metatarso-phalangeal joint will, a deflexion of the great toe takes place outwards, and sometimes downwards. This is the most frequent and worst form. This deflexion of the great toe is the source of great trouble, as bunions occur over the metatarso-phalangeal joint; soft corns on the second, third, and fourth toes, under which it lies, and, worst of all, a total loss of movement in the great toe.

Treatment of the above deformities.—If just beginning, keep the toes apart by pads of plaster. Isinglass plaster upon felt is the best. The pad must be worn day and night. Of course bad boots must be left off. The treatment by night is even more important than that during the day, for then especially repair goes on, and the least relaxation in the night more than undoes the good done in the day. Sometimes it has been considered necessary to divide tendons, but these do not produce the deformity; they merely adapt themselves to it. If they are divided, the deep-seated fibrous textures should be divided as well. In the worst cases the great toe has to be amputated.

Deformities of the Second Toe.—It is doubtful whether these deformities are due to the wearing of bad boots, as sometimes they are hereditary. There are two kinds—

1. The last phalanx may be turned straight downwards, and is then called the hammer toe. It is found occasionally in the other toes.
2. Extreme flexion of the first phalangeal joint. It is certainly hereditary, for it is frequently found in children who have never worn boots, but it is greatly aggravated by wearing boots, since corns form on projecting parts.

In the old classic statues the second toe projects beyond the first, but that natural type of foot is going out. The great toe seems now to project beyond the second. In people with flat feet this is always the case. Some say that the deformities of the second toe are congenital, but it is probably an early produced disease of the fibrous textures.

Treatment.—If beginning in a child you may cure it by applying a wooden splint below, and keeping it bandaged night and day. When deformity is more advanced divide the flexor tendons, and apply a splint below, or a splint on the dorsum of the foot arranged with loops. In later life it is impossible to cure the deformity, but amputation should be done at the point of extreme flexion, not at the metatarsal joint.

The third and fourth toes have no special deformities. They only suffer by being lifted up or pushed down.

The little toe sometimes is almost suppressed from atrophy resulting from pressure.

Boots then may, besides other diseases, cause deformities which lead to the hardening and contraction of the fibrous structures a round the joints.—*Students' Journal and London Hospital Gazette.*

ON INCONTINENCE OF URINE IN CHILDREN.

BY HENRY KENNEDY, F.K.Q.C.P.,

Ex-Physician to the Cork Street Fever Hospital, Dublin.

DR. KENNEDY began by observing that though the affection could not, in one sense be considered serious, it, at any rate, always entailed a great deal of annoyance, and was ever most difficult of cure, and in some rare cases continued on even into adult life, so rendering the individual miserable. In many cases too, boys had to be taken from school on account of it, and this made it a very serious infirmity, for very obvious reasons. The author did not bring forward the subject with the hope of offering anything new, but in order to elicit discussion.—Before alluding to the affection itself, he wished to draw the attention of the meeting to the marked differences to be observed amongst children at and after birth, and these differences went on even into childhood. They were seen in the external parts of body, and also in the internal functions. Some had very sensitive stomach and bowels, others the contrary, some swallowed badly; some had their teeth very early, and others late; some walked much sooner than others; and when they were old enough the variety in the modes and powers of speech was very striking. It was known to all, too, that girls spoke earlier than boys, and that stammering was much more common amongst males than females. Now, all these differences, the author went on to observe, must arise from some inherent cause, and when they amounted to what would be called a defect, it was most probable they arose from some want of harmony in the functions of the nervous system. When a child was born with one side of the body weak, or atrophied, it was known that this was due to a want of development, or even an absence of some portion of the nervous centres. So the author took it to be—though in a very much mitigated form—in the affection of which he was about to speak. It was certain it could not be due to any abiding cause, inasmuch as all children, it might be said, grew out of it. But the author considered that the affection was as close to real disease as it could well be without being it. He drew attention to the fact, that while the incontinence of urine was a comparatively frequent affection, the bowel was not affected with it. Still, this did occasionally occur, and he had met instances of it. He also noticed the variety that exists, even amongst adults, as regards the performance of the functions of the bladder; and hence he concluded that if such were known to exist amongst children, where the several functions could not be supposed to have attained their maturity. The author went on to state that the affection was probably more frequent amongst boys than girls. But this point required further confirmation. In one remarkable case of which he knew, the infirmity had continued up to womanhood, and then the patient married, though under such peculiar circumstances. The effect, however, was that from that moment she was cured.

It was worth keeping in mind that the affection was not confined to the night, at least, in some instances; there were exceptions, and he had seen one very recently. The boy was 10 years of age, and small for his years. This case was unfortunately lost sight of. A case of this kind was of course more serious than where the affection was confined to the night. As to the infirmity itself, the author said it required no description. The child wet the bed once, or it might be, as often as three times in the same night, and this, as all knew, constituted the complaint. There was a feature about it, however, that was worthy of notice in connection with its natural history, and that was, that it frequently intermitted—that is, the affection would suddenly cease for a period, and then return, or it would lessen in intensity for a time. When the question of treatment was discussed this point was not to be forgotten, for that might be set down to treatment, which, in reality, was but a feature in the affection itself. The treatment was divided into mechanical and medical. Amongst the former was included the plan of Sir Dominic Corrigan, which the author thought could scarcely be successful, and might possibly lead to the proeuce itself being turned into a receptacle for the urine, and in confirmation of this he mentioned a case, the particulars of which the late Sir Philip Crampton told him, where the tying a thread round the proeuce for the purpose of keeping in the urine had led to the formation of a new bladder. If any plan of this kind were now tried the author observed that the pressure should be applied at the root of the penis, and, further, it would be much easier of application nowadays than formerly, inasmuch as vulcanized india-rubber could be used, a ring of which would probably answer the purpose well. It was evident, too, that it would require medical supervision, but could, of course, be only applicable to boys. A very old plan, with the same object in view, was the strapping on a bit of bougie, so as to compress the urethra. In one case where the author tried this plan it had failed; and like the last plan it also required close watching and attention. Of the medical means employed, blisters to the sacrum must not be forgotten. There could be no doubt, the author said, this means had succeeded. Of two cases in which he had employed it, it failed in the first; but in the second it was more successful, and stopped the infirmity for four months. The patient was at this time a girl of 8 years of age, and the mother was advised to wait till she became a woman, and she was told the infirmity would cease. Strange to say, this girl was brought to the author by her mother this past week; but, though menstruation has been established, the infirmity is as bad as ever. She is now 15 years of age. Whether she will be cured remains to be seen. The regulation of the quantity of fluids taken, and the time, the author considered of much moment; and he particularly advised against the use of tea. There was one measure, too, he thought of the greatest consequence, and that was the teaching the patient, when such was

possible, the habit of retaining the water as long as possible in the day time. By this means the sensibility of the bladder was lessened, and good was effected. The author observed that this plan was opposed to the one of taking up the child at night, which, though it diminishes the unpleasant effects of the infirmity, had no tendency to cure the complaint, but, as he thought, the very contrary. To two medicines only did the author allude, hydrate of chloral being one, and belladonna the other. There was already some evidence that the former had been of service, but it was not sufficient yet to establish its value. The latter, as a whole, had proved the most valuable drug yet used, and had cured a good many cases. Of two cases in which the author gave it, it cured the first, a boy of 3½ years of age. In the second, a boy of 11, it has bettered him a good deal; but circumstances had prevented as full a trial of the drug as was desirable. In speaking of belladonna, the author adverted to the remarkable fact that children bore it in very much larger doses than adults. By gradually increasing the dose he had given it in very large quantities. It had rarely dilated the pupils, and then only for a short period. In prescribing it this point was not to be forgotten. There could be little doubt that the internal organs, especially the kidneys, were so active in childhood that the poison was very rapidly eliminated from the system. —*Dublin Medical Press.*

THE EYES AND SPECTACLES.

An old writer, living before the days of illuminating gas and kerosene, remarks that the "first sign of the need of spectacles is a tendency to bless the man who invented snuffers." In this age we should say that the first sign is to find one scolding about the publisher of his daily newspaper, who is charged with filling his columns with type growing every day more diminutive and indistinct. When a man or woman reaches the age of forty-five or fifty, it is generally found that some aid to natural vision is required. The discovery of this want is very liable not to be made soon enough, and the eyes suffer greatly in consequence. There is also a foolish pride which prevents some people from adopting spectacles after the discovery is made. There is no truth relating to vision more important, and which therefore should be more clearly understood, than this: that in every case of defective eyesight, whether it proceeds from advancing age or from congenital causes or from accident, artificial aids should be resorted to without delay. The tendency is in all, or nearly all cases towards irreparable injury, when this aid is withheld. It is true, bad or ill-adapted spectacles may and do cause injury, and so do improper medicines, or injudicious food or regimen. If proper care is used in selecting glasses, and the right ones are obtained, they strengthen vision, and the vigor of all the functions of the organs concerned in the phenomena.

of sight is increased. A child discovered to be "near-sighted" should be promptly furnished with appropriate glasses, and they should be selected if possible under the advice of a competent medical man or optician. In the case of persons who have passed middle life, as soon as it is noticed that the best artificial light is sought, or that letters grow apparently smaller or less distinct, or that the near point at which one can see distinctly is more than eight inches from the eye, the time for spectacles has arrived. In adopting them under these circumstances, we place an artificial lens outside of the eye to supplement the natural change of that within the eye, and by so doing, we add to the power and normal action of the whole optical apparatus. The use of spectacles enables the eyes to work comfortably without fatigue; and they should always be strong enough to effect this object. It is difficult to give any rules for selecting glasses, as there are many exceptions to be considered. The natural changes in vision come on gradually, and glasses need to be changed to meet this modification as age advances. At first the change is slight, and may not for several years after it commences be so marked as to become positively annoying. In the early periods of decay of sight, glasses having a focal length of 60 inches will usually suffice; later in life they must be changed for those of 40 or even of 10 inches.

Glasses of a focal length of 60 inches will require one to hold the object looked at at a distance of 14 inches. If at 14 inches the letters of a book are seen most distinctly, the focal length of the glasses is usually well adapted to those whose vision is slightly impaired. The distance should be quite accurately measured, as glasses of 10 inch focal length require a modification of the reading distance, of only about 3 inches less. The first spectacles should at first only be used for reading in the evening; and when no longer sufficient they may be superseded for evening work by others, and the first pair reserved for reading by daylight, or for writing, which requires less critical vision, more especially if ink be used that flows black from the pen.

Short-sightedness is a malformation of a somewhat serious nature, as short-sighted eyes are diseased eyes, and they require special treatment. Never allow a child or a friend thus afflicted to fall into the hands of "travelling quacks," or those who make loud claims to optical knowledge. In all large cities there are reputable medical gentlemen who make a speciality of the treatment of eye affections, and they are the proper persons to consult. It cannot be too universally known that short sight tends to increase; and that if it increase at all rapidly, it tends also to destructive changes, and therefore it is an affection which requires prompt attention.

Perfection of eyesight is essential to our welfare and happiness, and any one who neglects

those precautions upon the observance of which its preservation depends, will find cause for deep repentance in later life. Young men and young women who suffer themselves to fall into the habit of reading by fire-light, or at a window by the waning light of evening, or at a considerable distance from lamps and gas-burners, are guilty of acts for which they must suffer. Parents should promptly interfere to prevent the formation of such dangerous habit.

In the use of glasses, the tendency is towards those which are held in place by spring pressing upon the nose. This form is convenient, and will do very well for purposes other than for reading or writing, when prolonged use is required. The nip upon the nose is often painful, and creates uneasiness; and beside, the focus is liable to become disarranged. For these reasons and others, the glasses held in place by bows passing behind the ears are the best and safest for reading or study. The lenses should be of the best construction, and pure crown-glass affords a material better than "Brazilian" or other "pebbles." Avoid purchasing of any optician who claims that his lenses are constructed of pebbles, or crystal stones. If his claims were not false, he should be distrusted. The frames of spectacles should be of blue steel, light, strong, and perfectly fitted to the wearer. They should be kept perfectly clean; and this should be accomplished by the use of soft wash-leather, and not by linen handkerchiefs, which are apt to scratch the lenses by the small particles of silicious or other hard substances which they hold.—*Boston Journal of Chemistry.*

ON HYSTERIA AND AMENORRHEA.

In a paper read before the Dublin Obstetrical Society, Dr. F. T. Porter said:

I consider hysteria to be a most unsuitable expression for a group of disorders by no means confined to one sex. The epoch of puberty bears a strong resemblance to that of dentition; in both there is an increased development of the nervous centres, and a specialized evolution of nervous force. The so-called hysteria is referable to the increased nervous activity which, during puberty, is common to both sexes.

Practitioners are not alive to the advantage of observing the phenomenon of puberty. It is probable that, owing to nervous disturbance, as many organic diseases are induced during the accession of puberty as there are during that of dentition.

I have not much faith in the drug-treatment of an emotional disorder like hysteria; but I prefer the valerianates, hemlock and lupulus, to the bromides. I consider the bromides to act most injuriously in hysterical cases. Their exhibition tends to derange digestion, to deprave the blood, the weaken the heart and to retard menstruation. The devotion with which many practitioners adhere to the use of the bromides is a melancholy instance of the evil effects

of fashion in medicine. When spinal tenderness co-exists with hysteria, I generally employ Corrigan's iron, with considerable success. Much depends on the proper regulation of patient's habits. Temperate meals, early raising, cold bathing, and active exercise in the open air are indispensable elements of treatment. The treatment is more moral than medical. The morbid excitability of the emotions, so common at the present time, is a fact patent to every observer; and the influences in this respect of sensational literature, long engagements, and a host of other social evils, ought not to be ignored. An ancient sage stated that all disease proceeds from the mind, and this is fully exemplified in the case of hysterical persons. Many writers consider the unmarried to be more liable to hysteria than the married; but, so far as my humble experience enables me to form an opinion, the reverse is the case. The most aggravated cases of hysteria I have had to treat occurred in married women. Family cares, pecuniary anxieties, prolonged lactation, and other causes incident to married life, act as injuriously on the nervous system as any evils imputed to celibacy. Before alluding to amenorrhœa, I propose eliciting a few observations on the nature of menstruation. Menstruation corresponds the period of "rut" in the lower animals. The question naturally arises, why is the period of "rut" not accompanied by a sanguineous discharge, as is the case with menstruation? The theory that the menstrual discharge is surplus blood is a mere assumption. Dr. Ramsbotham looks upon the discharge as the rudiments of the deciduous membrane; but why, may I ask, is the discharge absent in all the deciduous mammals below the human female? The fact of the absence of this sanguineous discharge in the lower animals, coupled with the fact that it is scanty in women in the savage state, has induced me to form the opinion that its existence is, in a great measure, due to causes incident to the long-continued effects of civilization. It is to be regretted that the question of the final cause of menstruation has not been elucidated; it is a question pregnant with physiological interest.

There can be no more fertile cause of delicacy than the premature approach of menstruation. Such an event often engenders disease by drawing off the vascular and nervous energy so essential to the consolidation of the functions of nutrition and growth. The premature accession of menstruation is certain to be followed by the early disappearance of the function. The immediate cause of functional amenorrhœa is, I conceive, an inability of the nervous centres to stimulate the ovaries. This inability may be owing to the retention of excreta in the blood. The suppression which often follows renal congestion after scarlatina will serve as an example of this cause. It may result from too little vascular pressure as in anæmia, or too great pressure, as in plethora. It is on the two latter causes I wish more particularly to dwell. In treating these conditions, practitioners neglect to bear in mind the influence of the sympathetic system on the blood-vessels, and they generally address their treatment to the blood

itself. In plethora the sympathetic system is depressed. This is evidenced by the increased animal heat, contracted pupil, and vascular relaxation. I consider that in such cases belladonna is a most efficacious remedy. It has been used with success on the Continent, but I am not aware of any practitioners who prescribe it in this country for amenorrhœa. I have often used it in my own practice with considerable success. The late Dr. Graves used belladonna to relieve the cerebral congestion of typhus. It was that circumstance which induced me to employ it in the treatment of plethoric amenorrhœa. In anæmia the sympathetic system is in a state of tension, which is evidenced by the dilated pupil and diminished animal heat, and in such cases I generally administer small doses of opium before resorting to the ordinary remedies. Hemlock is beneficial when opium cannot be borne. It is probable that the good effects of hemlock in splenic tumors are owing to its effect on the innervation of the smaller vessels. Anæmia, like plethora, is not, I conceive, so much an alteration in the condition of the blood, as it is an alteration in the innervation of the blood vessels themselves. It is not my intention to touch on the local causes or treatment of amenorrhœa. I will not notice the subject further than to say that local conditions, as a rule, depend on constitutional causes, and that consequently (but especially in the unmarried) all means of a constitutional nature should be resorted to before local measures are adopted.

A CLINICAL LECTURE ON INTERNAL HÆMORRHOIDS.

DELIVERED AT CHARITY HOSPITAL,
BY ERSKINE MASON, M.D.,

ADJUNCT PROF. OF SURGERY, UNIVERSITY MEDICAL COLLEGE.

TO-DAY, gentlemen, I show you some cases of internal piles, and it is for the relief of these that you will be more frequently consulted than for those that are external, and which we studied the other day. Very much that I have told you about external piles you will find equally applicable to those that are internal. For instance, you will find that a majority of these tumors are chiefly composed of varicose hæmorrhoidal veins. That the causes which produce one also give rise to the other. That very many of the symptoms are common to both; and the means employed in the treatment of one is often as applicable to that of the other. Notwithstanding all this, you will learn that they often differ from the external variety in very many respects. First as to the locality of these growths. They are always found to arise above the sphincter, though often they are found to project below the anus, and if you are careless in your examination you may mistake them for the external variety. As you saw that the external tumors presented different appearances as to color, size, and consistency, so you will find to be the case with the class we are now studying.

These tumors, at times, are found to be arranged one above the other, as in rows, and if your exami-

nation be superficial, some may escape you; and the most certain way of avoiding this is always to have the patient take an enema of warm water, so as to force the piles down just before you operate, or else to resort to the over distention of the sphincter, an operation which I shall presently show you in a case of fissure. The size that some of these hæmorrhoids attain to is often very great. Here you see in this patient, a single tumor the size of a pigeon's egg; in other cases you will see several of these protruding through the bowel, and all equally large. At times they will be attached by broad bases to the side of the bowel, presenting a blue or purplish appearance. Again they may project along the side of the bowel, like distinct columns; their surfaces are usually smooth and glistening, and this class are chiefly composed of veins and infiltrated areolar tissue, covered over with mucous membrane. At times, however, an artery of some size is found in these tumors. Another variety you will often observe projecting from the anus (and you see it well shown in this man, who also has a tight stricture of the urethra, which, no doubt, is the cause of his piles). It is a tumor not at all blue, but of a bright florid appearance, soft to the feel, and always moist, and which, you will see, readily bleeds upon slight examination; and you notice that the blood which escapes is not at all venous in character, but of a bright arterial hue. Into such a tumor as this we have the capillaries entering largely. Higher up in the bowel, above what is termed the internal sphincter, you will meet at times tumors that are sessile, red like a strawberry, which readily bleed when touched, and which are composed chiefly of arteries. I might separate these growths, into still other classes, but I think this will suffice for all practical purposes, and you will remember them better than if the division was more minute, and then I have now the opportunity of illustrating just these varieties. There is, however, a condition of the bowel which is always spoken of under the term hæmorrhoid, though it consists of no tumor, but nevertheless gives rise at times to copious hæmorrhage, and is, I believe, allways associated with some distinct hæmorrhoidal growth. You will observe at times, in examining the bowel with the speculum, little vascular spots of the mucous membrane, the slightest touch of which will cause an oozing of bright arterial blood. Whether the mucous membrane covering these vessels which gives rise to the bleeding is simply changed in character, or whether it is broken, I have in several examinations been unable to determine. All these varieties you will often observe in the same patient, and some have regarded many of them as only changes occurring in the same original tumor, either from long continuance of the disease or as the result of some special form of treatment.

The cause of these internal growths is precisely that which we have seen give rise to the external variety, and therefore it is, you so often observe both classes of tumors in the same individual.

The symptoms that denote the existence of this class is in many respects also like those belonging to the external group. The first system which perhaps

attracts the patient's attention will be loss of blood while at stool, and for this it is that he often seeks your advice. This woman for example will tell you that she frequently loses large quantities of blood in this way. The amount which escapes in this manner varies from a mere tinge to many ounces, nor does it come away only at the time just mentioned. While walking or riding patients are often subjected to this hæmorrhage, which is very distressing; and I have known it to be so profuse as to cause faintness in a man that was otherwise strong and hearty. The amount that patients will tell you that they sometimes lose is very remarkable. This hæmorrhage, when it recurs frequently, will soon debilitate the strongest person, and induce a long train of symptoms. It is from this symptom these tumors derive their name—hæmorrhoids. When they have increased in size they give rise to tenesmus, bearing-down pains, weight in the bowel, and pains in the back and down the thighs; every one of those symptoms this man has given you. At first these tumors only protrude while at stool, and then return within the bowel, or else are returned by the patients themselves. After a while, the sphincter becoming relaxed through the pressure, they are constantly protruded, or, as the patient will tell you, their "piles are down." So many and so large are the tumours, as often seen while in this condition, that by their weight they have brought down some of the mucous membrane. Indeed such conditions have been taken for the prolapsus of the rectum. But be sure that you do not make that mistake, for prolapsus of the rectum is quite another thing. Only a short time ago a patient came to consult me for a prolapse of the bowel, and for which he was wearing an instrument "to keep the bowel in place." Upon examination, however, there was no sign of prolapsus, he was only suffering from hæmorrhoidal tumors, which at times came down and annoyed him. The instrument he was wearing only served to keep the tumors in a continual source of irritation.

At times these tumors when they are protruded, become grasped by the sphincter; this causes the lower portion of them to swell, and their return for a time impossible, unless proper assistance is at hand and as a result we may have a case of inflamed piles. So tightly are they constricted at times that a sloughing of the parts has taken place, and the patient has become cured through this accident. More frequently, however, it but leads to ulceration and sometimes to abscesses in the tumors, and a train of very painful symptoms, in which the neighboring organs, such as the uterus and the bladder sympathise. From the presence of these tumors defecation becomes not only painful, but often very difficult, and we will also find that there is a mucous, perhaps a purulent, discharge from the anus; that troublesome symptom of which we have spoken in connection with external piles, itching may be also present here, though the external growths be small. When these piles become inflamed, not only do we have local symptoms to combat, but we find also great constitutional disturbance, as high fever, furred tongue, frequent pulse, and great rest-

lessness. This condition will often continue for several days before your patient becomes relieved.

When internal piles are neglected, and have continued for a length of time, you will find the general condition of the person becomes affected. They are apt to become dyspeptic, despondent, bowels more and more constipated, and from constant losses of blood they become pale and haggard. Indeed, we have seen persons that at times are completely incapacitated from attending to their business; and, strange to say, that many will continue to remain great sufferers, and will resort to all kinds of nostrums rather than submit to an operation, which alone holds out any prospect of relief.

Our treatment consists in hygienic, medical, and surgical means, as in the external variety, and the two former means are alike in both. The aperients that are the most valuable are the salines, in combination with sulphur, though I have lately seen a pill of taraxacum and aloes act very kindly. I know aloes is regarded by many as deleterious in cases of hæmorrhoids. This fact has, however, been doubted by some, and Mr. Brodie in his surgical lectures states he has never seen the ill effects arise from this drug that is popularly ascribed to it. It may follow when large quantities of the drug is employed; but this will be found also true of many other cathartics. In the use of such medicines we never desire to produce violent cathartic action—merely to assist the bowels to regular action. Medical treatment will suffice but to palliate in the majority of these cases, or act as an adjuvant to the more radical means, when this affection has been of any long continuance. I know very well that there are hosts of persons suffering from internal piles who never resort to a surgical operation, and I may say are never even counselled to do so by their medical advisers, and yet for long intervals maintain themselves in comparative comfort, and free from very great annoyance. Yet, to accomplish this, great numbers are constantly watching themselves, and may be said to be constantly more or less under some sort of treatment, whereas a comparatively simple operation might suffice to give them more radical relief.

I take it that in those cases where patients are losing large quantities of blood, and in those where the growths are of long standing and constantly protrude, or where they cause great pain and become a troublesome impediment to defæcation, or are in any way a serious source of annoyance, and are affecting the general health—all such, other things being equal, viz., there being no disease present that would contra-indicate an operation—are suitable cases for medical interference. You, of course, would not think of operating upon a woman who is in the condition of the woman I have just shown you, she being pregnant; nor on this man, who is suffering from a tight urethral stricture; and yet both these patients have and are suffering from internal hæmorrhoids. In these instances we do all we can to palliate until after the exciting cause has been removed; then, if they are still the cause of trouble, your operation can be resorted to with every prospect of success. Should your patient be the

subject of a displaced uterus, or of some vesical trouble, in these instances as in every other, seek first the removal of the exciting cause before you resort to an operation.

The modes employed by surgeons for the removal of these tumors are nitric acid, actual cautery, ligature, and the *cérascur*; at least these are the modes adopted at the present day, though I believe the latter instrument is now very generally and very justly discarded in these affections. Some years ago these tumors we cut off with the scissors, and either left alone or else the wound touched with the hot iron, or the wound brought together by suture to promote speedy union. So serious and even fatal was the hæmorrhage resulting from such a course as this in many cases, that this mode of dealing with these internal growths is no longer employed. We will now consider these different appliances in the order I mentioned them. I believe it was due chiefly to Dr. Houston, of Dublin, for first bringing favorably to the notice of the profession nitric acid in the treatment of this affection. Since that time it has been highly extolled by many writers, and again severely deprecated by others, as not only of no avail, but actually very harmful. I think we may find a reason for both the opposing views not only in the manner in which it has been used, but to the class of tumors to which it has been applied. At first, no doubt, it was applied, and may be yet by some, indiscriminately; and as a result, failure is bound often to occur—and the remedy receives the blame, not the operator. If you wish, therefore, to see its favorable action, you must select your cases and apply it in a proper manner. Its use I think, should be confined solely to those vascular spots of mucous membrane which I have described as sometimes seen in connection with other tumors, and to the small, florid, sessile growths which so readily bleed upon the slightest touch. If you but confine its use to these cases, I feel sure you will meet with happy effects; while, if you apply it to the other tumors, you will often be disappointed. There is no objection to using this, at the same time you treat the larger growths by other means, as I have often done, and with the happiest result. The acid you use should be of the strongest kind, and the parts should be well brought down into view by the means I have described. Then dry the parts and touch them lightly with a piece of wood dipped in the acid, taking great care that no acid comes in contact with surrounding mucous membrane. You then oil the parts and return them; often one application will suffice, if the growth be extremely small, or you may have to repeat the operation after a little interval. The pain attendant upon this is often but slight, and of short duration as compared to other means; and with very nervous patients not so terrifying. The acid acts by the inflammation of the parts it produces, which closes the vessels, and, as a result, the tumor shrivels.

The next operation to which I call your attention is that by means of the actual cautery, and which I have frequently made use of in this hospital, and the application of which I shall now show you.

The use of the actual cautery in these affections is a very old one; but in more recent years it was re-introduced by the Dublin surgeons. Its great advocates among English surgeons are Mr. Henry Lee, of St George's Hospital, and Mr. Henry Smith, of King's College Hospital, and the operation is now chiefly done with the aid of a clamp, suggested by the latter gentleman. It is the instrument I now hold in my hand. The claims that have been advanced for this operation were that it is freer from danger than the other operations; recovery was more rapid, that it is less painful, and, I think, it has also been said to be free from hemorrhage. I must tell you, however, that cases have been reported, where not only complications have happened, but death also has followed from pyæmia. With respect to pain, I have seen patients complain severely for some time after its use; and as to hemorrhage, I have seen that follow in several cases, and where I have taken great pains, to follow the rules laid down for its use. Recovery, perhaps, may be more rapid than after the ligature, though my employment of it, perhaps, has not been frequent enough for me to speak authoritatively on this point. I regard it, however, very favorable in some cases; and not one to be treated with such scorn as a recent writer has seen fit to do. In our venerable ward we frequently have had women coming in suffering from hæmorrhoids, at the same time having chancreoids both of vulva and anus. Here the clamp and cautery I have almost always used, there being less danger of the resulting wound becoming inoculated than if the ligature or écraseur were employed. You apply the clamp and cautery thus: seizing a tumor with forceps or tenaculum, I drag it down, and grasp it around its base with a clamp and strongly compress it—the pressure may be maintained by means of this screw—then, with a pair of curved scissors, you clip off the pile a little distance from the clamp, so as to leave a stump over which an iron heated to a dull red heat is drawn. This is for the purpose of producing an eschar, and thus sealing the vessels; after which you slowly open the clamp to see if there be any hemorrhage. If bleeding occurs, another application of the iron is required. You must bear in mind that in the use of this means you should never try to hurry the operation by grasping more than one tumor at a time; if you do, you will be more liable to have hemorrhage.

I shall now show you the use of the ligature as applied to piles. This is used far more frequently than any other means, and is, I think, very justly regarded, almost universally, as not only the best, but as safe a mode of operating as we can employ. Mr. Allingham, in a recent work, has cited many hundred cases as having been operated upon in this way, both in private practice and in an hospital specially devoted to diseases of the rectum, in which the number of deaths following have been extremely few. Some have even gone as far as to assert that it may be used without the slightest risk of serious trouble. But I think I have often told you that no surgical operation, however slight, can be truly said to be absolutely free from danger in every case.

The ligature strongly recommends itself both from the facility of its application, the great safety, and the radical relief which so frequently follows. You will hear of some who are said to tie off piles without pain. In your practice you will find few patients, I think, who will not suffer more or less for a short time after this operation; though in this respect you will find great differences in individuals. In the use of the ligature you do not wish to use a large one; if it does not give rise to mere pain, it certainly is longer in coming away. A moderately fine, waxed, silk ligature, or what I like as well, is one of linen, such as I am about to use. I prefer this on account of its strength. You readily procure it at any of the sewing machine stores. Various methods have been recommended for its application, and some with respect to lessening pain. Bodenhamer, a writer on "Diseases of the Rectum," makes it a point never to draw down the tumor with the forceps, but simply applies the ligature around the tumor a little from its base, so as to avoid including the mucous membrane that lines the bowels. I have tried this, but have not found it so free from pain, as I was led to suppose might be the case when reading the description of his operation. In the ordinary operation you seize the tumor and drag it down, this gives you a clear view of the part you wish to ligate. You then surround the tumor with the ligature (and I do not think it necessary that the ligature should surround the pile *close* up to its attachment to the wall of the bowel). The ligature is now to be tied *tightly* with two knots. Cut off the ligature a little distance from the knot; and in some instances the tumor, a little beyond the ligature is cut off, and the parts returned into the bowel. The great benefit, I think, you derive from not tying your ligature *close* up to the base of the tumor and in not dragging them down too forcibly, is that by thus not including the coats of the intestine you thereby avoid a troublesome contraction of the bowels, which I have seen follow in a case where several tumors were thus ligated.

The method that Mr. Allingham has recently described as the one practised at St. Mark's Hospital, I have of late frequently performed, and regard it with great favor. It consists in separating the pile, with the scissors, from its attachments to the muscular and other tissues of the bowel beneath its mucous membrane. Your cut is carried up parallel to the wall of the bowel for a little distance—perhaps an inch or more—and the neck of the tumor, so to speak, is then ligated. In this way you tie little more than the vessels which form it; and there being less tissue for the ligature to separate, it comes away sooner. The vessels running parallel to your incision, you are not likely to wound them, and if you have any bleeding point, it is readily seen and should be tied at once. The wound you make being an incised one, readily heals. This operation I now proceed to show you. After this operation of the ligature your patient should be confined in bed for at least a week, and should not go about for some days further. The ligatures will usually come away from the fourth to the sixth day; and the bowels

employed. It may be given in doses as high as 3 i. t. i. d.

R. Bismuth subnitrat..... ʒ i.
Morphiæ sulph..... gr. i.
M.

Div. in pulv. No. xij.

S. One every four, six, or eight hours. p. r. n.

Sometimes benefit will be derived from the use of mineral waters. Water from the Rock Ridge limespring of Virginia is the *best* that can be employed. The water contains lime and iron, and is astringent and tonic. Of this ʒ ij. to ʒ iv. may be taken every three to six hours. It can be taken clear or with other water.

Oak Orchard water is regarded as very serviceable in the treatment of chronic enteric difficulties of any kind.

In the latter stages of the diarrhœa of phthisis, especially when the large intestines are the seat of ulcerations, *opium* is the chief remedy to be relied upon. When given to relieve pain, hypodermically or by suppositories, it is much less liable to disturb the stomach. Suppositories made of *gum opium* alone are much more efficient than when the opium is compounded with other substances.

Salicine, in ten-grain doses t. i. d., has something of a reputation in the treatment of diarrhœa of phthisis. The remedy may be given in divided doses, and administered more frequently if desirable.—*New York Med. Record.*

TREATMENT OF CEREBRO-SPINAL MENINGITIS.

Dr. Dowse, of the Central London Sick Asylum, after giving a good account of the etiology, symptoms, and post-mortem appearances of this disease, as it effects the base of the brain, observes that there is no disease requiring more constant watching or careful medical interference than this. He has seen an acute meningitis and myelitis treated with those drugs which produce congestion; for instance, opium and strychnine. Nothing can be more productive of harm than such treatment in the first or acute stage.

1. It has to be considered how to relieve the vessels of the cord, and to equalize the action of the vasomotor system of nerves. Nothing appears to be of greater service in effecting this than the ergot of rye, and belladonna. The former he has prescribed in decided doses, such as half a drachm of the powder every four hours; and the latter he has applied to the spine in the form of a belladonna paste, made by mixing the extract with one-third its weight of glycerine.

2. To check the reflex vomiting, small pieces of ice must be swallowed, not sucked, as the full effect of its sedative influence upon the stomach is thus obtained.

3. To relieve constipation, Dr. Dowse prefers the administration of a pill of the watery extract of aloes, for the reason that it acts upon the mucous membrane of the rectum and dilates the hemorrhoidal veins.

4. To relieve sleeplessness, both chloral and bromide of potassium have proved ineffectual, but what he found of most service was a suppository of eight grains of the extract of henbane, with four grains of the extract of conium.

5. One essential practical point must not be forgotten—namely, to keep the paralyzed bladder constantly free from urine. It is not sufficient to draw off the water night and morning, which is the course usually adopted, but a self-retaining catheter must be kept continually in the viscus.

6. In reference to diet, it ought to be both nutritive and stimulant from the first.

7. There is a stage in the treatment of this disease where quinine in large doses becomes of the most signal value—at that crisis when exhaustion appears imminent; the skin covered with sweat; temperature 102° to 105°; pulse small, weak, and over 120. But more especially is quinine invaluable when rigors supervene, when it never fails to have a good effect. It must, however, be given in ten or twenty grain doses; and, if the stomach cannot tolerate it, must be introduced into the system by the rectum.

8. The abstraction of blood in any manner is not advisable.—*Med. Times and Gaz.*

PURPERAL CONVALESCENCE.

Dr. WM. GOODELL, Clinical Professor of Diseases of Women in the University of Pennsylvania, contributes to the *Medical and Surgical Reporter* (Feb. 21, 1874) some special hints on puerperal convalescence, as follows:—

Let the physician see to it that his patient has a good getting up, as well from a miscarriage as a natural labour. Lactation should be encouraged, and the first day the diet should be generous. The canonical purge on the third day should be dispensed with: it weakens the body needlessly, and tends to promote the absorption of septic matter. Premature exertion must not be allowed. On the other hand, a recumbent posture ought not to be too rigorously enjoined. I feel persuaded that this tradition of the lying-in chamber does more harm than good, for nothing relaxes muscular fibre as a confinement in bed. In my experience, women feel stronger on the fifth day after labour than they do on the ninth or fourteenth, if kept in bed. Among the ancient Greeks, those models of physical strength and beauty, the women took a bath on the fifth day. That this was also a custom of the Romans is evident from a play of Plautus, entitled "Truculentus, or the Churl." Since labour is in general a strictly physiological process, there can be no sound reason why a woman should not sit up in bed, or even slip into a chair, whenever she feels so disposed. These are not idle phrases, but the conclusions of a long and well-sifted experience. Such movements excite the womb to contraction and empty it and the vagina of putrid lochia which may be incarcerated by a clot or by the swollen condition of the soft parts. When, therefore, the lochia are offensive, these upright positions should be insisted upon, as being, in fact,

better deodorants than any detergent vaginal injections. By equalizing the circulation and by increasing its force, they also tend to lessen the passive congestion of the womb as a whole, the engorgement of the placental site, and especially that blood-stasis kept up by the dorsal decubitus in its now thickened posterior wall, which is, in my opinion, a very common cause of posterior displacements.

The prolonged use of the obstetric binder is another factor in the production of female complaints. The binder may be used for the first four-and-twenty or forty-eight hours after labor; for it fills up the void left by the emptying of the womb; it gives a grateful feeling of support; it hinders the occurrence of a concealed hemorrhage, and presents a bar to the ingress of air into the uterine cavity. But when kept on simply for the purpose of preserving the shape, by paralyzing those abdominal muscles which it is intended to strengthen, it not only defeats the object so dear to the heart of every woman, but it weakens the retentive power of the abdomen. It also does harm by crowding the intestines upon the womb down into the pelvic cavity. Again, by forcing backward upon the vena cava and upon the pelvic veins so hard a body as the womb, making it, in fact, the pad of a tourniquet; it impedes the freedom of the circulation in that organ, and greatly impairs the process of involution. Pharaoh could have devised no surer way of overcoming the fruitful health of his Hebrew subjects, than by an edict enforcing the prolonged use of a tight obstetric binder.

The lochia must be watched. If, in the third week after delivery, they still linger on, the inference may safely be made either that the cervix is the seat of unhealed lacerations, or that the process of involution is interrupted; or that both conditions may coexist, for the former usually determines the latter. Astringent vaginal injections or suppositories will now prove to be important therapeutic agents. To this local treatment may be added a constitutional one of iron and quinia, the former according to previously given formulas, the latter in suitable doses, amounting in the twenty-four hours to from eight to twelve grains. Apart from its undisputed tonic properties, quinia firmly constricts uterine fibre, and, therefore, greatly aids the process of involution. Ergot and strychnia are also useful remedies to fall back on; wine or beer must not be forgotten. If, after the puerperal month, pains in the back, leucorrhœa, and other well-known symptoms indicate the presence of some uterine disorder, it is evident that involution has been retarded. The speculum must then be used, and the usual uterine applications made, beginning with the milder ones, for now, if ever, is the time by such means to treat the condition of subinvolution, or to cure other puerperal lesions. If a patient has previously suffered from uterine disease, she should, after delivery, be at once put on a treatment of ergot and quinia. By shortening the excursions of

uterine fibres in their alternate contractions and relaxations, these medicines proportionately lessen the diastolic engorgement of the womb. I am not sure but Credé's method of placental delivery, by supra-public expression, acts in an analogous manner. It certainly empties the womb of all clots and squeezes it down to its minimum capacity. Such a patient also needs the timely aid of the forceps. For it prevents that laxness of uterine fibre following a long and weary labour, and hence provokes a more complete involution. But for that matter, no lying-in woman should be allowed to linger on in the expulsive stage of labour, when her physician possesses the requisite skill to shorten it.

TREATMENT OF PUERPERAL CONVULSIONS.

Dr. T. MOORE MADDEN read before the Dublin Obstetrical Society (*Irish Hosp. Gaz.*, June 1, 1874) an elaborate paper on the etiology, prevention, and treatment of puerperal convulsions.

The treatment of puerperal convulsions, Dr. Madden said, must be considered in reference to the state of the patient in each case. Preventive treatment, in relieving the kidneys (cupping over loins, diluents, mild diuretics, especially colchicum), purifying the blood (saline aperients and diaphoretics), and soothing nervous irritability (bromide of potassium and belladonna), was most important. Cold affusion, a remedy recommended by Valescus in 1482, was stated to be one of the most effectual means of shortening the paroxysms. Venesection was of undoubted efficacy, and chloroform, although perhaps overrated, of unquestionable value in some cases. Chloral, opium, belladonna, and veratrum viride, as therapeutic agents in puerperal convulsions, were passed in review; but, it was pointed out that, the primary object in every case should be to deliver the patient as speedily as is consistent with her safety and with that of the child; and in those rare cases in which delivery cannot be effected by ordinary means, Dr. Moore Madden mentioned incision of the os; only, however, as the *ultima spes*. The paper concluded with a detailed report of eight cases of puerperal convulsions, four of which recovered, and four died.

In one of the latter, Dr. Madden had freely incised the os, and delivered the patient of a dead child.

In closing the debate which followed the reading of the paper, the President, Dr. EVORY KENNEDY, said that no matter how divergent the theories of the speakers might be as to the cause of the disease, he was gratified to find that there was unanimity as to the necessity of bleeding, a mode of treatment, as confirmed by experience, necessary to save human life. He, the President, in his lengthened experience, had never regretted having bled in a single case of convulsions. Chloroform he considered to be a valuable means for lessening irritability, and in allowing the treatment to be carried on at the same time. Dr. Madden's practice he considered sound, with the

exception of using the knife. It might perhaps, however, be occasionally requisite. Caution should be observed in practising forced deliveries in convulsions, as being dangerous to the mother. He had noticed, and wished particularly to draw attention to the fact, that headache was almost invariably a preliminary symptom in pregnant women who were the subject of eclampsia. Cold aspersion was, in his opinion, valuable in lessening the violence of the fit and in postponing the attack.

BROMIDE OF AMMONIUM IN EXCESSIVE MENSES.

The following suggestions are by Dr. J. K. Black, of Newark, Ohio, in the Cincinnati *Lancet and Observer*:

The rational mode of controlling certain excesses of the catamenia should be by aiming to remove the conditions upon which these excesses depend. Sometimes this may be from a more atony or relaxation of the vessels, sequela of inflammation or ulceration, or from an abnormal condition of the blood itself, but more frequently is a too frequent or an excessive flow of the menses due, especially in its inception, to a too great excitation of the vaso-motor nerves. Whenever this is the case, there is no remedy at all comparable with the bromide of ammonium in controlling the morbid condition. When, without any other obvious causes, the blood being properly organized, the uterine surface not in a state of chronic inflammation or ulceration, there is a too frequent or redundant flow of the menses, either fault will readily yield to the proper administration of this remedy. It appears to act by a direct influence upon the vaso-motor nerves of the generative system, whereby excitement and blood determination are lowered and lessened, and so to tend at once to the establishment of the normal standard.

I have so often tested the efficacy of this preparation in non-structural catamenial excesses, that I can speak with confidence of its remarkable powers. No more certainly do I anticipate the arrest of an attack of ague by the administration of quinine than do I anticipate the control of the forms of catamenial excess to which I have referred by the proper administration of the bromide of ammonium.

The other day I visited a young, unmarried lady who had, for years, been subject to protracted and excessive, though regular catamenial flows. Of late she had displayed serious indications of tubercular disease of the lungs, and, in treating her for this my attention was drawn to the old and exhaustive monthly flows. I am not aware that this excess had ever been mentioned to a previous medical attendant, or that any attempt had ever been made to control it. As the flow usually lasted from a week to ten days, and was quite profuse, it appeared very desirable that its duration and amount should be curtailed, in order to preserve the system, under its new danger, against such a source of exhaustion. Accordingly she was put under the bromide, as follows:—

℞. Bromid. ammon., ʒj.
Syr. aurantii,
Aque, aa ʒij. M.

* Sig.—A teaspoonful before tea and at bed-time, commencing ten days before expected period, and continue through it.

Under this treatment, her mother informed me that she had been a great deal better during the last two periods than had been the case for years.

In the administration of the remedy, an essential rule is, that its use shall precede the expected period by at least ten days. Its administration only during the crisis will do very little, if any good. The sedative influence of the remedy must precede and accompany the stage of ovarian and uterine vascular engorgement, which itself preceded the flow by several days.

Some writers have spoken quite favorably of the remedy in dysmenorrhea and menorrhagia, administered in the usual manner, that is, during the crisis only. Having been frequently called to see cases of these disorders during their progress, I have failed to observe any very satisfactory evidence of its controlling power while administered only during the emergency. But when administered according to the above directions, it has not only, almost without exception, lessened a regular monthly excess, but it has, in appropriate cases, in quite a number of instances which I can recall to memory, changed a two-week into a four-week crisis.

LANCING THE GUMS.

Dr. JAMES FINLAYSON, in a very elaborate and learned paper on *the Dangers of Dentition* (*Obstetrical Journal of Great Britain*, Dec. 1873, Jan. and Feb. 1874), states that the tendency of opinion at present seems to assent to Dr. West's dictum, that "the circumstances in which the use of the gum lancet is really indicated are comparatively few."* Rilliet and Barthez could only recall one case in which any real benefit resulted from the operation, and the best Trousseau could say of it was that the practice was useless. Even the most sceptical, however, seem to have encountered rare cases where convulsions ceased on the lancing of the gums; † such results are also obtained at times from other most unlikely remedies. It may here be stated that in his careful study of 102 cases of infantile convulsions, Dr. Gee could find no reason to believe that teething bore any part in the causation of the fits, and in none of the cases did it seem necessary to lance the gums. ‡

But it may be said, although the benefit may be very doubtful, why hesitate to give any child the chance of profiting in its peril or suffering by such a simple operation? It is very probable that this idea regulates the conduct of many in dealing with infantile disorders. Such a proceeding has very

* C. West, "The Diseases of Infancy and Childhood." 5th Ed. London, 1865. P. 555.

† A. Jacobi, M. D., "Dentition and its Derangements." New York, 1862. "I must confess that once or twice in my life, not oftener, I have observed the instant termination of an attack of convulsions after I lanced the gums." P. 171.

‡ S. Gee, "On the Convulsions in Children." St. Bartholomew's Hospital Reports. London, 1867. Vol. iii. p. 110.

properly been stigmatized as "nothing better than a piece of barbarous empiricism, which causes the infant much pain, and is useless or mischievous in a dozen instances for one in which it affords relief." It may, however, be well to consider shortly whether the absence of danger from lancing is so complete as it is usually represented. And here we may call in evidence the great modern upholder of the practice—Marshall Hall—himself. He was much too consistent an advocate of his own views to ignore the danger of such frequent tampering with the mouth and gums of an excitable infant as he had himself recommended, and he admitted this disturbance as a real and true objection to the use of the gum lancet. Such a course of treatment is indeed well calculated (as an American physician says) to "make your child your mortal foe." But this objection—no trivial one when fully considered—is not all. Local disasters have also happened. Passing by as doubtful any injurious influence on the ultimate growth of the teeth, suppuration and ulceration of the gums, and even gangrene, are admitted by its advocates to have been seen after this operation. Dangerous or fatal hemorrhage from lancing the gums, although not likely to be readily recorded, has been published in several cases. Even M. Baumes admits the danger from hemorrhage in incising the gums when much engorged; and he points out that the swallowing of the blood may conceal the extreme peril of the infant. Hamilton, although he had never seen a death from this cause, heard of one on evidence which he could not controvert. Dr. Churchill admits that bleeding from the wound has sometimes been excessive, requiring pressure, astringents, and caustics. Rilliet and Barthez have known it to require plugging. Dr. B. W. Richardson speaks of having "had two or three very painful lessons of this description," and mentions one death occurring to a country practitioner, and another accident with nearly fatal syncope in his own dispensary practice. Dr. Young, of Edinburgh, narrated a few years ago two deaths which occurred in his father's practice. Fatal hemorrhages have also been reported by Taynton, Anderson, Whitworth, Des Forges, and Nicol, and in only one of these cases was there supposed to be any special hemorrhagic tendency. Further scrutiny of these cases shows, as we might expect, that nearly all the deaths were reported under exceptional circumstances, so that many more disasters have doubtless occurred, and have been allowed to slip into oblivion. Without laying undue stress on these perils and calamities, occurring as they do amongst such an enormous number of operations, they may well be seriously considered *when the generalization of the treatment is contended for on the grounds of its absolutely innocuous character.*

ON SANTONINE, AS A CAUSE OF URTICARIA.

Dr. E. H. Sieveking, physician in ordinary to H. R. H. the Prince of Wales; physician to St. Mary's Hospital, etc., says in the *British Medical Journal*:

I recently prescribed for a little patient of four years old three grains of santonine with five of sugar, which were given to her with her tea; and the nurse was of opinion that she could not have taken the entire dose, as the cup was not emptied. Very soon afterward, vomiting, accompanied by a severe rash, described as urticaria, and covering the greater part of the body, set in. I saw her soon afterward, and found her somewhat prostrated by the attack, but otherwise presenting no unusual symptoms. As, on inquiry, it appeared that some error in diet had been committed, I was not disposed to attribute the effect to the santonine, and therefore ordered the dose to be repeated on the following day. Almost directly after taking the medicine (and this time, again, it is probable that only a portion was taken), a white wheal appeared on the nose, surrounded by an erythematous blush; and a similar eruption rapidly covered the body. Violent vomiting set in, but unaccompanied by abdominal or other pain, or by purging; and the entire face became swollen. This swelling attained such a height, that when I reached the house, within a quarter of an hour of the commencement of the symptoms, the child's face was disfigured to such an extent as to make her almost unrecognizable. The lips, from which some viscid saliva was still issuing, were swollen to an enormous size, glistening from the œdematous distention. The nose—at other times a delicate feature in a sweet little face—was enlarged to the size of a negro's and the eyes were almost closed by the same condition of the lids. The intellect was unimpaired; and there were no spasmodic or other symptoms referable to the cerebro-spinal centres. I at once placed the child in a warm bath, which soothed her; and within an hour the œdema and the rash had for the most part disappeared. No further bad result followed; but, on the contrary, although no vermifuge effect was noticed, the child's appetite and general condition were improved on the following day, after a night of sound sleep.

It naturally suggested itself that the power had not been properly made up; and that some ingredient, for or besides those ordered, might have been introduced. But an analysis, kindly made for me by Mr. Squire, satisfied me that there was no ground for this assumption, and that the result could be attributed solely to the santonine. The analogy presented by the symptoms occasionally resulting from the use of copaiba, the consumption of honey, of shrimps, of mussels, of strawberries, assist us but little in the explanation of the occurrence; but it seems clear that the effect resulted mainly from a peculiar irritation applied to the pneumogastric and sympathetic nerves. The vaso-motor nerves were evidently largely implicated; but I do not remember ever seeing an instance in which so large an effusion of serum took place with the same rapidity, or disappeared as quickly.

ON SOLUTIONS OF MORPHIA FOR HYPODERMIC INJECTION

Mr. C. T. VACHELL suggests (*Lancet*, Nov. 29, p. 797) the desirability of fixing a standard strength

for the solutions of morphia used for subcutaneous injection. To obtain a clear solution, without excess of acid, is not very speedily effected; and he thinks it would be a convenience to the practitioner to be able to purchase a carefully prepared solution of standard strength. Mr. Vachell proposes the following formula:—

Acetate of morphia . . . 1 drachm.
Distilled water 12 drachms.
Acetic acid As much as is sufficient.

He states that one-twelfth of a grain of acetate of morphia would be contained in a minimum of such a solution; the dose would, therefore, be from two to four minims. Some such formula, he thinks, might be inserted in the next edition of the *British Pharmacopœia*.

Dr. WHITE has since pointed out (*Lancet*, Dec. 20) that no allowance is made in the foregoing for the increase of bulk by the addition of the solid, and that a minim would contain not one-twelfth, but one-thirteenth. He says that he makes his solution as follows:—

Acetate of morphia 1 scruple.
Distilled water 140 minims.
Acetic acid, B. P. 5 minims.

Dissolve with gentle heat in a test tube. The solution measures exactly 160 minims, consequently 8 minims would contain one grain of acetate of morphia. As a standard solution he suggests one-half the strength of the above. The hydrochlorate is used by Mr. White (*Lancet*, Jan. 3) in the proportion of two grains to one drachm of hot water. This he has found to form a solution that does not deposit on cooling, and which he thinks preferable to solutions made up with free acids. In the discussion that has taken place the *British Pharmacopœia* solution of the acetate has also been recommended and objected to because of its bulkiness, and suggestions have been made for the use of a standard syringe as well as a standard solution.

Messrs. T. and H. SMITH (*Pharm. Journ.*, vol. iv., p. 436) state that, by using meconic acid instead of acetic acid, a neutral and stable solution of one in twelve, or much stronger, may be prepared. They consider that a neutral solution of meconate of morphia is pre-eminently adapted for hypodermic treatment.—*London Med. Record*, April 8, 1874.

A TEST FOR PUS.

Dr. Day, of Australia, has made some interesting observations on pus which we quote from the *Medical Times and Gazette*, London:

"In 1868," he observes, "I had the good fortune to discover a very delicate test for pus, and have since been in the almost daily habit of applying it in conjunction with other tests as aids to diagnosis. In this way I have learnt some very interesting facts regarding the properties of pus. For instance, I have found that healthy pus, when dried, becomes

chemically inactive, although when moistened with water it again resumes its chemical activity than pus derived from healthy persons, and that the pus from persons suffering from diseases allied to erysipelas possesses unusual activity, which it is capable of retaining for years.

"On this paper are two spots of pus which had been allowed to dry by exposure to the air. To one has been added the pus-test alone with, as you may see, a negative result, dry pus being devoid of chemical activity. To the other a drop of water is added and then a drop or two of pus-test, with the result, which always follows the application of this test to moist pus—namely, a bright-blue reaction.

"I mentioned just now that pus secreted by persons suffering from diseases allied to erysipelas is more active in its chemical properties than healthy pus. On this piece of glass is some pus taken from a large carbuncle on the neck of an elderly gentleman two years and three months ago. He was suffering from symptoms of blood-poisoning at the time. This pus, as you will see, although it has been freely exposed to the air during the whole time, and sometimes to great heat, still retains its power of acting chemically on the pus-test, and it does so even when dry, thus showing that it possesses greater chemical activity than ordinary pus.

"You will perceive that, in the explanation I have attempted regarding the influence of moist and dry air over the propagation of erysipelas and its allied diseases, I have assumed that when the chemical activity of pus is suspended its power to act as a poison on the system is also suspended.

"I will trespass on your time by bringing one other experiment under your notice, as it may help to explain the *modus operandi* of Prof. LISTER'S antiseptic treatment of wounds.

"I have found that carbolic acid possesses the property of entirely and permanently destroying the chemical activity of pus, whether derived from healthy or unhealthy persons. On this paper is some pus which had been moistened with water, to give it chemical activity. A few drops of watery solution of carbolic acid were then poured over it, and after a lapse of a quarter of an hour, the pus-test was applied, with as you may see, a perfectly negative result."

Dr. Day's pus-test is so simple in the mode of appliance, and apparently so certain in its revelations, that we have little doubt that it will soon come into daily use as an aid to diagnosis. He prepared his test-fluid by exposing a saturated alcoholic solution of guaiacum to the air until it has absorbed a sufficient quantity of oxygen to give it the property of turning green when placed in contact with iodide of potassium. On moistening the most minute quantity of pus with water, and pouring a drop or two of the test-fluid over it, a clear blue color is produced.

MEASLES.

Dr. W. B. Atkinson remarked that he had been recently treating a large number of cases of measles, and had also encountered a few cases of scarlet fever.

In this connection, he would call the attention of the members to the use of digitalis. He had been employing an infusion of a drachm of the powder to twelve tablespoonfuls of boiling water; dose, a teaspoonful every two or three hours, according to the age of the patient. He hoped the members would try it and report their results. He had never seen any of the so-called cumulative effect of this remedy. He had used it in this way for many years, and always with markedly good results in twenty-four to thirty-six hours. He had previously employed the various modes of treatment suggested from time to time, but had never experienced so much satisfaction from any other remedial means.

Dr. Buck said he was in the habit of using liquor ammon. acetat. and neutral mixture aa ζ ii, with a drachm of tincture of digitalis, a teaspoonful every two or three hours.

Dr. W. L. Atlee said that he was very much pleased with the remarks of Dr. Atkinson respecting the use of digitalis, as it confirmed his own experience. He had for many years been in the habit of using it in acute diseases, and in all cases of irritability of the heart. He preferred it to veratrum viride, as it is less liable to irritate the stomach, although he sometimes aids its action by administering small doses of the latter medicine at the same time. He had never seen an instance of its cumulative action.

Dr. Welch had recently met with a few cases of measles. He had quite lately treated three cases in the Municipal Hospital, which had been sent there as cases of smallpox. This mistake occurred in some twenty-five instances during the late epidemic. In regard to the treatment of scarlatina, he said that he had frequently heard the late Dr. Gebhard speak in very sanguine terms of the good results obtained by the use of digitalis. This always seemed to him very much like treating a single symptom of the disease, the rapidity of the heart's action. So far as this particular symptom is concerned he thought digitalis might be of service, but did not think it possessed any antidotal power over the poison of scarlatina.

Dr. Atkinson in reply said that he had come to regard digitalis as possessing some peculiar antidotal effect upon the poison of scarlatina. For this reason he preferred the powdered leaves in infusion. Of course he employed tonics, when demanded for the after-treatment. He uses this remedy in full doses until the pulse has come down to its normal rate; and then he reduces the dose or lengthens the interval, so as to keep the system under its influence.

Dr. Atlee asked Dr. Welch whether an eruption resembling measles did not sometimes precede the appearance of smallpox.

Dr. Welch in answer said the eruption of smallpox is frequently preceded by an eruption closely resembling measles. This usually fades out when the true eruption appears. Its presence is so frequently observed that it has received the name *roscola variolosa*.—proceeding Philadelphia County Medical Society.

TRACHEOTOMY.

Dr. M. O'Harra reported to the Philadelphia County Medical Society a case of successful tracheotomy, after which the following discussion ensued:

Dr. J. Solis Cohen stated that he had seen the case of Dr. O'Harra several times since the operation, and was in some doubt as to whether it were not a case of acute laryngitis of children, with submucous organizable effusion, resting his opinion on the absence of any evidence of membrane, the tenderness externally, the immediate recuperation after the operation, the impossibility of respiration without the tube for so long a time, and the swollen condition of the upper portion of the larynx which had prevented laryngoscopic inspection of the interior. He had no doubt as to the propriety of the operation, and believed that cases of simple inflammatory laryngitis were not relieved from suffocation by tracheotomy, because they were mistaken for croup, which many think impossible to overcome by the operation. Persons who have been unfortunate in their first few tracheotomies for croup were too apt to abandon the operation, yet several prominent tracheotomists had lost numbers of cases before they had succeeded in saving one, but still they persisted; and, as the result of the several hundred operations, their success had reached the average proportion. He had referred to the retention of the tube. In some undoubted case of croup there had been, for various reasons, an impossibility to breathe without the tube, though in most instances it could be removed from the fifth to the ninth day, and, exceptionally, much earlier.

The operation should be performed early, before the blood was poisoned by the retained carbonic acid; but cases had been saved at the last extremity. Continuous and increasing dyspnea with sub-thoracic inspiratory sinking-in, would, he believed, indicate the time for operation, provided these symptoms had existed two or three hours, or even only an hour, and remained insusceptible to the ordinary modes of relief. When the propriety of the operation suggested itself for the first time, there was little time to lose; too long a delay might compromise the result. He believed a great deal of success depended on the after-treatment. The patient, his disease, and for the first day or two his tube, particularly needed attention. He believed that the surgeon, or a competent and responsible medical representative, should stay by the patient the first night after the operation; and, in some cases, the second night also. Cases are sometimes lost by allowing the tube to become stopped up, and the patient dies in the very condition for the relief of which the operation was instituted. He was not prepared to assert that these patients would have lived if the after-attention had been everything that could be desired; but he did believe that they did not obtain a fair chance for their lives. With regard to the statistics on the subject, it was hard to get much satisfaction from them, except that cases were saved; and Dr. Cohen said that he was of the opinion of those who were satisfied with this fact, without inquiring as to the proportionate number saved. The published statistics of the Parisian hospitals, and of

many private operators who had reported their unsuccessful as well as their successful cases—now amounting to thousands—show a proportionate saving of one in from three to four cases. Individual records must be taken at their individual worth. He believed with Trousseau that, with proper care and attention, at least one-half of the cases suitable for operation ought to be saved in private practice.

Dr. O'Harra asked the question whether an anesthetic should be used.

Dr. Hodge remarked that while he employs anesthetics in almost every other operation in surgery, he does not use them in tracheotomy. When the trachea is first opened, there is, for a few moments, almost a cessation of respiration; and not unfrequently artificial respiration has to be resorted to. For this reason the child should be in the best possible condition to respond to the surgeon's efforts, and not unconscious from an anesthetic. The child does not suffer much pain, as the impeded respiration has long since lessened his sensibilities. Dr. Hodge recommends that a portion of two or three rings of the trachea be excised, as has been done in this city for a number of years by Professor Paucoast. In addition to this, Dr. H. employs a tracheal tube for a few days. When such a section of the trachea has been made, the tube is easily inserted without a director, may be removed without any danger of impairing respiration, and can easily be replaced. Dr. H. referred to one case of membranous croup, in which the child would have died if it had not been for this section. In a paroxysm of cough and apnea, with the tube in place, death was imminent; the tube was withdrawn and a mass of membranes discharged through the section which could scarcely be forced afterwards through the tube. Some have objected to the section of a segment of the trachea, that in after-years the scar, by contracting, would interfere with the respiration and the voice. Experience has shown that this does not result in the least degree. By the operation many lives may be saved which otherwise would be lost; and even when life is not saved, relief is given to the terrible dyspnea.

Dr. Hodge reported four cases of tracheotomy on account of membranous croup; and of these four, three lives were saved. He would recommend that the trachea be opened just beneath the isthmus of the thyroid gland, as high as possible without injury to the gland bloodvessels; that a segment of the trachea be excised, and that the patient be kept for a long time in a moist atmosphere at a temperature of 80° Fahr.—*Philadelphia Medical Times*, April 11, 1874.

TREATMENT OF ALCOHOLISM BY NUX VOMICA.

Dr. Luton has obtained excellent effects from the use of nux vomica in chronic alcoholism where the evil has not passed into the absolutely degenerative stage of tissue-change. In the tremors, and the cerebral, gastro-intestinal, and thoracic disorders of alcoholism he resorts with confidence to the use of extract or tincture of nux vomica in ordinary doses.—*Irish Hospital Gazette*.

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EDITOR:

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MEDICAL EDUCATION.

As the various medical schools will soon be in active operation, some thoughts have suggested themselves in regard to the subjects which are taught therein.

In this country where there is no division of medical practice into Medicine and Surgery, as it exists in England, the student is obliged to inform himself on all the subjects appertaining to both. This entails a vast amount of application, which, considering the time at his disposal, is almost, if not altogether, incompatible with the preservation of health, otherwise a mere smattering of each subject will be all that is obtained.

On reflection, we feel assured that, even with the most systematic disposition of his time, it is impossible that the student can acquire a tithe of what at present is required of him; and, therefore, a graduate on commencing his career is only possessed of a mass of crude ideas which takes years of doubt and anxiety to arrange in proper order. There may be some with such conspicuous abilities and retentive memories, who are able to master the difficulties before them, but the great majority can never attain to anything without persevering industry, and it is for these that all studies must be arranged. In the short space of four years the student will have opportunities, which for the majority will never recur, and therefore it is of the greatest importance that he should learn how to utilise them to the utmost, and that his time be not occupied with superfluous studies. At present medical students are overburdened with a great deal of unnecessary work and a great part of time is thus thrown away as regards the business of life. This has been our opinion ever since we commenced the study, and this opinion has been strengthened by the perusal of the expressions of many eminent men. We do not wish to lower medical studies or narrow the mind to mere professional detail, the benefits to be derived from a liberal and scientific education are not to be imputed, but we cannot see any practical.

benefit to be obtained by the medical student from a portion of his present studies. Of what use is Botany to a medical man that it should occupy the valuable time of the student? What more of *Materia Medica* does he require than to know the properties, therapeutical indications and doses of drugs? A mass of material is expounded which might have done for the days when medical practitioners compounded their own medicines or gathered their own simples. But what use are they now? We do not rely on our own observation as to the quality or kind of opium we order, but leave it to the druggist to supply. Prof. Huxley says in one of his addresses that the student might as well learn how to make surgical knives as to know how to make every drug that is employed, and we are not apothecaries that it is requisite to understand the difference between Alexandria, Tripoli or any other variety of senna. Let such matters be left to those whose special business it is, and confine ourselves to what is of more concern. How much more necessary is it for the student to be possessed of those details which seem to be considered trifles, as they are not practically taught; trifles which, in the aggregate, tend to perfection and often make or mar success. Few students on leaving college can apply a bandage evenly, pass a catheter or open an abscess. There is not one in twenty who has had any practical knowledge of such things. Such men, if conscientious, must begin practice with fear and anxiety for they cannot feel that confidence in themselves which will make them bold without being rash. We have known graduates who could not tell a scalpel from a bistoury, and as for vaccination or bleeding these seemed to be among the lost arts. Now, there is something radically wrong in thus ignoring these small practical details of our profession which would often save the young practitioner from much bungling before he finds them out for himself.

Let there be a preliminary year for all these extraneous subjects, if they are necessary, but they should not encroach on the period of his proper medical studies.

A reform in these matters is urgently needed and we are sure that most, if not all, medical practitioners will concur in this opinion. We consider the time is ripe for a discussion on the merits of some such change, and trust that it will receive some attention at the next meeting of the Canadian Medical Association. Shakespeare says:—There is a time and tide in the affairs of man, &c. We believe this

time has arrived for these old conservative ideas to be set aside, and that those studies descended to us from days gone by, and of no further practical use, should be relegated to their proper place. We live in an eminently practical as well as scientific age, and there is so much to be studied that it is not well to burden the mind of the student with matter he will be glad to forget so soon as he leaves college. We also look upon the present system of examinations as pernicious to the proper advancement of the student, and would recommend the mode as carried out in other departments of education. The yearly graduation from a lower to a higher class; as in Arts and Law. This is the only true course, for we might as well expect a child to study history before he has mastered the alphabet, as to expect a student of the first year to understand the principles of pathology before he is acquainted with the fundamental branches of medicine. We trust that sufficient has been said on the matter and that a word to the wise is sufficient. Let those who have influence to institute reform bestir themselves and not allow medicine to relapse into theory or routine and thus open the door for all sorts of quackeries. Place the graduate in such a position that the public, who judge by outward actions, can see that he is superior to a quack. For we have known a graduate who attained to high honours in his University, ousted from a country practice by a six months' graduate from the States who happened to be better informed on these minor details.

DEATH'S HIGHWAY.

An article with the above heading is published in the *Philadelphia Press*, which gives a curious account of Homœopathic Hospital treatment. A man fell from the fourth story of a building and sustained a compound comminuted fracture of the thigh, so that a piece of bone three inches long was found on the pavement. He was taken to the Homœopathic Hospital, the police having received orders from the Mayor to carry all accident cases to it. It appears that the visiting surgeon was absent from town and the resident physician, notwithstanding the severe nature of the injury, thought that it did not require immediate attention. Another doctor, who was not connected with the institution, saw him during the day and agreed that they could wait till the surgeon returned, but, at nine o'clock in the evening, twelve hours after the accident, the same doctor was again called in and amputated at the lower third. The patient sank rapidly and died

three hours after the operation. The verdict of the jury was,—death due to delay in medical treatment, and that the physicians in charge were in the highest degree censurable. Many cases of death from neglect and malpractice have come to light. A young girl was accidentally shot in the head, taken there and died. She was being buried on a certificate of "Hemorrhage of the Lungs" when the Coroner stepped in and had a *post mortem*. There was a bullet hole in the skull which had been plastered up with lime, and the bullet was found in the brain. In another case an elderly man was hit on the head with an axe. The reporter was told by the doctor in charge, "The man will die before morning; I can do nothing for him, and it would be only uselessly cruel to attempt saving him by dressing the wound. Within a week the man went out of hospital, having received only a scalp wound. We would feel sorry to meet with an accident in Philadelphia if that is the only attendance allowed in such cases.

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PRACTICAL PHYSIOLOGY.

It is with much pleasure that we are able to announce that the Medical Faculty of Bishop's College have established a chair of Practical Physiology, and thus introduced the subject into Canada. Should this action be followed by other Medical Colleges in this country, a most desirable benefit will be conferred on Medical Students. The establishment of this chair is one of the most important and most useful innovations in Medical teaching that has taken place for many years. No method of teaching can compare with practical demonstrations. Medicine, Surgery, Anatomy, Chemistry, are all taught practically as well as theoretically. Practical Physiology is quite as necessary to the physician as dissections are to the surgeon. Students who once see and understand the actual relations (physiologically) between the various nerves and organs, &c., demonstrated in the living animal, can never forget them.

The laboratory in connection with this chair, is quite distinct from the other laboratories of the College, and is most completely fitted up. Most of the apparatus have been specially prepared for it in England, France and Germany, and, we believe, are the only ones of the kind yet in Canada. Amongst them we noticed Czermach's rabbit support, Sanderson's Kymograph, Du Bois Raymond's induction apparatus and key,

electro-magnetic marking key, marking lever, moist chamber with electrodes, &c., König's vibrating pitchfork metronome, commutators, Foster's levers, Griffin's blower for artificial respiration besides a host of other apparatus.

The animals to be experimented upon are rabbits, cats, dogs, guinea-pigs, frogs and pigeons. We have been shown a large number of all these animals (except dogs) which are now in stock for use during the coming session. A vivarium is fitted up for the frogs, to keep them healthy and strong for class demonstration during the winter.

It is needless to say that no animals will be experimented upon until rendered insensible. For this purpose various agents will be used, according to the nature of the experiment. Chloroform, injection into the veins of Tr. Opii, solutions of Curare or Chloral.

The laboratory is under the charge of Dr. Wilkins Professor of Pathology, who has been appointed Lecturer on Practical Physiology.

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MORTALITY OF MONTREAL AND ENVIRONS.

The following communication based on the official bulletin for the month of July, has been tendered us:—Deaths, 767. Small-pox, 70, most of which occurred outside the city limits. This large number shows how systematically vaccination is neglected and how that neglect is fostered and encouraged by those who should know better. 55 being among children under five. Of 17 deaths from dysentery, 10 were infants. Diarrhœa, 94, 81 being infants. Infant cholera, 83. For practical purposes those might be all included under the heading of diarrhœa, and shows the high death-rate among the infant population during the hot season. The great proportion of the infantile mortality is in part due to the neglect of mothers in not sending for advice at the proper time. This is notably the case in the Eastern and Northern portions of the city. In most cases the physician is called to see the child die in order to obtain a certificate for burial. The report shews a lamentably high mortality; 46.48 deaths per 1000 contrast unfavorably with the death-rate of other cities. More accuracy is required in classification, this not being the fault of the Health Officers, but of those who made out the certificates. 74 deaths are put down to "Enfants Trouvés," this probably being the quota from the Grey Nunnery.

ANTI-VACCINATION.

We have received a report of the investigation into the alleged case of poisoning by vaccination, but, as the editorial in the last number gives an outline of what occurred, and the report is long, we are unable to find room for it. We understand that the anti-vaccinators are again rushing into print and are publishing another case with photographic illustrations. Even if poison had been introduced into the system of these children, it would no more disprove the value of vaccination than a death from chloroform would prove that it should not be used. We saw the last case and the spot had the appearance of an ulcer, such as is seen in unhealthy persons, and classified as indolent. Such we took it to be, and from our enquiries have no doubt that dirt had as much to do with its formation as anything. Cancer cells, Syphilis, and what not have been found by these would-be discoverers, and though they have succeeded in searing a few, better and more skillful evidence must be obtained before the general public will feel concerned.

LAVAL UNIVERSITY.

We are in receipt of the annual circular of the above. It forms quite an extensive pamphlet of 130 pages. The number of students who attended the classes in medicine, during the session 1873-4, was 89. 19 obtained the degree of M.B.

A Davenport newspaper speaks of a doctor in that city "looking with a deep meaning smile upon a large lot of green cucumbers in the market." On his way home he was observed to whisper confidentially to several undertakers.

It is related of Sir James Simpson, the celebrated English physician, that the Duchess of Buccleugh drove up to his door and sent her footman to tell him that she waited without. "Tell the duchess," he replied, "that Dr. Simpson is engaged with a washerwoman."

PERSONAL.

Dr. Robert McDonnell, F.R.S., of St. Stephen's Hospital, Dublin, was in the city for a few days during the first week of this month, being on his way to the Pacific Coast. In company with Dr. Hingston, he visited the Hotel Dieu and Montreal General Hospitals, expressing himself as being highly pleased with the visits. Dr. McD. is well known for his Physiological researches, and for his strong and able advocacy of Torsion as a means of arresting hæmorrhage.

Dr. Moffatt, of Quebec, terminated a somewhat long career on the 3rd of September, at the age of fifty-seven. Dr. M. was better known for his kind, genial bearing, and for his *bon-homme* than for brilliant talents or extensive acquirements. He was considered a safe and prudent practitioner, ever ready to receive advice from his confrères, which a modest estimate of his own abilities led him to think was of advantage to those entrusted to his care. Dr. M. is said to have amassed considerable wealth.

Dr. E. A. Duclos (M.D., Bishop's College, 1874,) has settled in St. Hyacinthe, Quebec, where he has a good prospect of success. He has been appointed medical attendant to the French Protestant Institute, situated at that place.

Dr. J. B. McConnell, of this city, has been elected to the Chair of Botany, in the medical faculty of Bishop's College, rendered vacant by the resignation of Dr. Tabb. Dr. McC. has diverted considerable time to this subject, having made it a speciality, and is in possession of a very large collection of Botanical specimens, which have been collected and arranged by himself, being the result of extended tours made for the purpose.

Dr. O. H. E. Clarke (M.D., McGill, 1870,) is in the possession of an extensive and lucrative practice at Cohoes, State of New York.

Dr. G. W. Peltier (M.D., Bishop's College, 1873,) has also settled in the same place.

Cohoes is a manufacturing town which is rapidly increasing in size, and contains about 20,000 inhabitants.

Dr. Wallace Clarke (M.D., McGill, 1871,) of Marquette, Lake Superior, was in Montreal the beginning of this month, being called here by the urgent sickness of his father.

Dr. Wilkins, Professor of Pathology in Bishop's College, has been appointed lecturer of Practical Physiology in the same institution.

Dr. G. E. Fenwick has returned from Scotland and resumed practice. Dr. F. had a very pleasant trip, and his numerous friends will be pleased to learn that his health is completely restored.

The introductory lecture at the opening of the fourth session of the Medical Faculty of Bishops College, will be delivered by Prof. Kennedy, Oct. 1st, 11 a.m. Friends of the college are invited to attend.

BIRTH.

ALEXANDER.—On the 7th inst., at Montreal, the wife of John R. Alexander, M.D., of a daughter.

DIED.

LOVEJOY.—On the 26th inst., at 636 Palace street, Jennie Augusta, beloved daughter of Dr. Geo. W. Lovejoy, aged 7 years, 4 months and 3 days.

At Quebec, on the 3rd of September, after a short illness, P. D. Moffatt, Esq., M.D., in the 57th year of his age.