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THE CANADA LANCET :

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

Vol. VI. TORONTO, JANUARY, 1874. No. 5.

Original Communications.

A CASE OF LEAD POISONING.

BY WILLIAM C. CORSON, M.D., BRANTFORD.

(Physician to the Institution for the Blind.)

In presenting a case of lead poisoning, it is not claimed there is anything very extraordinary in its occurrence. We wish simply to remind our friends of the profession that cases of this kind are not necessarily confined to towns and cities, as is generally supposed, but that even in a thinly-settled rural district, as in the present instance, such an event may take place. The patient, of whom a brief account is here given, had been visited by other practitioners, none of whom professed to form a correct diagnosis. No blame can fairly be attached to these worthy and intelligent physicians. Happily cases of lead poisoning are not very frequent, even in the dense population of cities, and in country practice such an accident would rarely be suspected.

On the 23rd of January last, I was requested to see, in consultation, Mr. M., a farmer, aged 51, residing in the township of Harley. On entering the house, the number of neighbors and relations gathered there was evidence that the patient was considered in a most critical condition. His physician had spent the whole of the previous night with him, and had remained for my coming at noon. Upon examination, I found the patient with a normal temperature and a pulse rather slow and weak. His most prominent symptom, he informed me, was abdominal pain, for the relief of which fomentations were being applied, and morphia internally administered. There was no abdominal tenderness, and the pain was rather relieved than otherwise by firm pressure. The absence of any febrile movement in connection with other

symptoms, showed there was no inflammatory action. The pain was often paroxysmal, and at times very severe. His previous history, as given by himself, was, that for two years he had been failing in health and growing gradually weaker. Frequently he had been seized with a sensation of faintness and precordial uneasiness as of impending dissolution. Last autumn, his arms and hands, to use his own expression, began to feel "fagged and powerless." He had gradually lost his color, and at the time of my visit presented the sallow pallor of serious organic disease. There had also been vague wandering pains in his limbs, and his mental powers had failed considerably. His bowels had a tendency to constipation, which he strove constantly to overcome. This history, taken with his present symptoms, pointed it out as a case of colic, and colic depending upon the presence of lead in the system; and upon looking at his gums, there, as plain as a sign in the heavens, was the characteristic blue line of Burton; and the line was not blue either, or violet, but absolutely black and broad! The teeth were encrusted with tartar, which, by its combination with the lead, had produced the deep-colored line of the gums. The patient was given to understand the nature of his disease, and he was asked if he could explain how lead was received into his system. He could think of nothing, except that he had painted his own house two years previously. This seemed so plausible an explanation as to the source of lead, that the inquiry was pushed no farther. In talking the matter over, however, with his wife, and just as I was about to leave the house, he remembered *there was a lead pipe extending from the pump into the well of drinking water.* Here, then, was a solution of the mystery. This man had been for two years drinking water charged with a leaden salt, until his whole system was saturated with the metallic poison. It was then suggested that one of his daughters, lying ill in another room, might possibly be ailing from the same cause. A visit to her revealed the fact that she too, was suffering from the contamination of lead, though in a milder degree than her father. She had continued uneasy pains in the bowels, and the violet streak was quite distinct along the margin of the gums. Indeed it was noticed the whole family had not enjoyed good health for months previous, and the discovery of the cause was a most fortunate circumstance.

Of course we were able to make a cheerful prognosis, thereby relieving the minds of the patient and his friends. I may say, the intelligent young physician who had charge of the case, at once entered into my views as to the nature of the disease. Upon consultation as to the course of treatment, it was resolved to place the patient upon the use of iodide of potassium in combination with tincture of nux vomica, occasionally giving an aperient, and to employ anodynes to relieve him. The subsequent progress of the case was all that could be desired. The pain soon ceased, appetite and strength returned, and, in a word, the man made a most excellent recovery.

It is well known that lead and mercury, introduced into the system in sufficient quantities, unite with the tissues of the body, and in the case of lead, that the deposit takes place in the muscular structures, producing partial or complete palsy of certain muscles. We owe much to M. Melseu's who, by a series of chemical and clinical experiments, demonstrated that iodide of potassium was the true antidote to these mineral poisons, by forming a soluble iodide, whereby they become disengaged from the tissues, and are drained off by the kidneys. It is in this way, no doubt, that the iodide of potassium acts so beneficially in syphilitic affections after the use of mercury, and it is equally efficacious when the system becomes impregnated with lead. The use of strychnine and electricity as anti-paralytics, should not be undervalued in these cases, but they are only adjuvants, and secondary to any remedy which serves to eliminate the poison from the system.

There is one point in Mr. M.'s case of special interest, viz., the recurring paroxysms of faintness and fluttering, produced no doubt by the weak and faltering heart. In listening to the cardiac sounds of this man, the impulse was found to be feeble and the second sound indistinct. The influence of lead upon the heart has been established by such observers as Christison, Blake, Tanquerel and others. The heart is a muscular organ, and it is not surprising that lead should weaken the contractile force of that important organ, just as it may weaken or paralyze the extensors of the forearm, producing the "wrist drop" of lead palsy.

In every case of saturnine poisoning, the source of the lead should be carefully sought. Lead is so extensively used in the arts and manufactures,

that it exists all around us in protean as well as in subtle forms. The painter and the printer are not the only class exposed to its deleterious influence, but it is found in our wines, our sugar and tobacco, and bubbles to our lips from soda and beer fountains. A professional friend, to whom I mentioned this case, related an instance in which a delicate woman—a farmer's wife—suffered fearful lead colic, and had the violet streak of the gums, from using apple sauce kept in an earthen "crock," used all over our country, and glazed with lead. I remember the case of a woman, who consulted me about ten years ago, while practising in New York. She had lost the use of both hands, having had the "drop hand" of lead poisoning for years. Her husband kept a grocery, and I made the discovery that she was in the habit of taking the first glass of beer in the morning, from a beer fountain supplied through a leaden pipe. The muscles of the hand were wasted away from long disuse, and her helpless skeleton fingers rendered her an object of pity. In her case we gave the iodide of potassium in large doses, and she improved rapidly. The atrophied muscles began soon to develop, and in three months she had so far regained the use of her hands as to engage in her household duties. It was the proudest day of her life, she afterwards told me, when she could once more sew for her young family.

CHARLATANISM.

BY GEORGE GRENIER, M.D.

(Translated by THOMAS R. DUPUIS, M.D.)

Continued from our last.

As it is of the highest importance to correct such abuses as affect the public health in an injurious manner, we deemed it our duty to direct attention, in our last two numbers, to Charlatanism as one of the causes of real and continued mischief among our population.

The evil exists, and it behooves us to find a remedy for it; and we have already taken the first step in that direction, by calling attention to that class of pernicious persons—the Charlatans themselves—who speculate in human folly. But as it is not in our power to change the constitution of the human mind, and the reign of ignorance threatens

to be of long duration, it devolves on us to search out the most effectual means of suppressing the abuse referred to. On entering a little deeper into this question, we perceive that it involves so many points, important to the public in general, and to the profession in particular, that to treat of it properly in all its bearings, would demand more space and time than we are able to devote to it.

It would require us to take into consideration the means of elevating the standing of the medical profession in this country, the laws which regulate physic and pharmacy, the laws affecting the liberty of the press, and even the moral law itself, in their relation to it.

Notwithstanding this, we may take some notice of it, and we proceed by stating that charlatanism makes its inroads into our society under two principal forms. The first is by means of remedies, called, both in Canada and elsewhere, "patent medicines," with which the country is literally flooded, and which are for the most part pernicious drugs: and the second is by those persons, in the proper sense of the word charlatans, who sell their medicines and bestow their personal attendance on the sick. In our present state of society, the former of these is more difficult to suppress than the latter; nevertheless, both are susceptible of being modified.

Evils produced by the use of patent medicines, amongst the classes that allow themselves to be imposed upon by the startling announcements with which such medicines are set forth for the very purpose of deceiving public credulity, must be frequently met with in the course of practice by physicians of even the most limited powers of observation.

Persons who would think it derogatory to their characters to purchase medicines from a mountebank who launts himself on a public stage, are not at all backward in risking their lives, perhaps, on the faith in another equally as vile, who makes use of the press to resound the marvelous cures wrought by the virtue of his elixir!

Patent medicines are good, bad, or indifferent; and are, in either case, capable of producing incalculable evils.

If we take the first case, and allow that they are good in themselves, it cannot be supposed for a moment that, for this reason, they are applicable to a large majority of diseases, if the slightest refer-

ence is made to the organization of the human body, and the causes that disturb its functions. The universal remedy yet remains to be discovered.

Admitting still further that physicians know the composition of these preparations and even prescribe them in certain cases, and that they are recommended to the public for definite and specified affections only, they are, even then, capable of doing real harm, when persons wholly unacquainted with medicine are allowed to be the judges of the applications to be made of them. For the true physician, who properly comprehends the nature of his high calling, does not prescribe according to the name of a disease; but seeks to penetrate, as far as possible, into the intimate folds of the life of the individual; and it is, in making this research, that he discovers the most valuable indications of treatment.

Every one possesses his own peculiar life, and hence the modifiers of that life ought to vary accordingly. The same disease often requires in one person, remedies altogether different from what it does in another.

The causes of disease are not the same, and their characters are unlike: age, sex, and constitution modify their course, changes necessarily take place, complications arise, and the system of medication varies at different times—all of which are circumstances that impose upon the physician the duty of carefully studying each particular case—so that he may be able to generalize diseases, and individualize his patients to the fullest possible extent.

The physician who has devoted his life to the study of the different manifestations of even one disease, can sometimes hardly find the proper thread to guide him in his conscientious researches; and yet, the first adventurer that comes, has his pretensions to be able to judge of the indications of treatment admitted by the public, on account of his pompous and often lying advertisement.

Secondly, a great number of these patent medicines are in their nature injurious, over and above the injuries which they cause by the abuse which certain persons make of them. "We are not now speaking of those great "female remedies," the advertisements of which, we regret to see, still continue in the columns of French newspaper, after having been the object of reiterated denun-

ciations from conscientious physicians ; but we speak of a multitude of other preparations besides them, which, without being so dangerous to public morality, are the cause of a host of the chronic diseases to which our population is subject. There is not a medical man but has encountered in the course of his practice, cases of the nature referred to, amongst that class of persons who have ruined their constitutions by a prolonged use of these medicaments.

We are at the present time attending a young lady, who, by the recommendation of a midwife, took a certain kind of drastic pills that were advertised in the newspapers, during nearly the whole time of her pregnancy. Fortunately they were followed by no immediate accident ; but the gastric and intestinal mucous membrane were thereby irritated to such a degree, that a return to her former state of health is doubtful. And this is but one example among thousands that might be cited, were the observations of our professional brethren consulted.

Among the dangerous remedies, also, we may class the numberless narcotic preparations designed to quiet children, which though sold under different names, all produce similar effects by the opium they contain in greater or less quantities. These drugs are vended everywhere, by both grocers and druggists, and their consumption is immense. We know from reliable information, that one druggist alone in Montreal sold 30,000 bottles of one of these preparations in a single year !

Now if the extreme susceptibility of children to the action of opium, and the profound changes it produces in all the functions of their organism, are considered, we cannot be surprised that numerous diseases and even death, result from a prolonged administration, or from too large doses of this powerful remedy, when it is thus entrusted to inexperienced hands. Inquests upon children poisoned by the use of these narcotic preparations are very common in England ; and how many cases of this kind must escape the vigilance of the authorities ?

Thirdly, supposing these remedies to be indifferent (or neutral), that is, incapable of producing disease of themselves, they are still liable to become the cause of a great deal of evil, by inducing the sick to confide in their virtues until disease has become so deeply rooted in their systems,

that cure may be almost impossible. And such cases as these are frequent enough in practice.

The least of the evils produced by them is the occasional expenditure, by their unfortunate patrons, of a good round sum of money upon the treatment of a disease, which they might have got rid of for an insignificant trifle, had they at once consulted a physician.

* * * * *

Errors in the application of patent medicines are sufficiently frequent, and in most cases injurious to the individual's health. Hence it is our duty, as guardians of the public health, to warn the public of the dangers to which they expose themselves by trusting to these remedies ; for whether they are good, bad, or indifferent in themselves, they are all capable of producing injurious effects by being improperly applied.

We may remark still further, that most of these secret remedies are nothing but vile compounds, and owe their popularity to the ingenious ways in which they are advertised by every possible means. In this respect, the press, the mission of which ought to be to instruct and enlighten, is, for pecuniary considerations, made the instrument by whose agency any imposter may bring a dangerous remedy into public notoriety. And even the most immoral advertisements are not refused ; so that journals, otherwise respectable, contain descriptions of diseases, which any prudent father of a family would hesitate to place before the eyes of his children. It may be, that the proprietors of newspapers, etc., are ignorant of the pernicious consequences of these immoral advertisements, and follow, without reflection many times, the example given them by the press of the neighboring Republic. The evil exists, nevertheless, and is worthy of our most serious attention.

To reach this difficulty in an effective manner, the law should prohibit the advertising and sale of every secret remedy, whether it is without virtue, or whether it is injurious to the health and even dangerous to life, or whether it may be useful in relieving the sick. For, in the first two cases, it is the duty of the legislature to prevent charlatanism from imposing a tax upon credulity, and from occasioning fatal accidents ; and in the last, the good of society demands that it should promulgate every means useful in the art of healing, and favor its adoption.

Any physician who is conscious of the sublimity of his mission, and solicitous about his professional honor, will not keep secret a discovery that is useful to suffering humanity; on the contrary, he will be the more eager to make it known in proportion to his convictions of its greater importance. Those who pursue an opposite course of conduct, are, by the unanimous opinion of the medical corps, left to themselves, and regarded as outside of the pale of the profession; but fortunately, for our honor, such persons are rare amongst us. The code of etiquette adopted by the Canada Medical Association is very explicit on this point. After having declared it to be contrary to the dignity of the medical profession for medical men to have recourse to public notices, to circulars for attracting the attention of persons afflicted with any particular kind of disease, to offer publicly their services gratis to the poor, or to warrant cures; to publish their operations or cases in non-medical journals, to boast of their cures or their remedies, to produce certificates of cures, and, in fine, to resort to any of the means generally employed by charlatans. The code continues, Art. 1, sec. 4.

. . . . A physician degrades his professional character by obtaining a patent of invention for any remedy or surgical instrument whatsoever, and by prescribing a secret remedy, the knowledge of whose composition, or the exclusive right of which belongs to himself or others. . . . Equally reprehensible are physicians who give certificates attesting the efficacy of secret or patent medicines, or, in any other manner, favor their use.

In preventing the advertising and sale of all secret preparations, it may seem as though a wrong would be done to the inventors of appliances really useful, by taking from them the power to enjoy the advantages accruing from their labors. When, however, a physician is the inventor of a beneficial remedy, it is seldom that he has any objections to its being made known,—he does not wish to retain it a secret,—and more especially when he knows such conduct would be contrary to the liberality and benevolence that ought to distinguish a professional man. And it is certainly more seldom that a person, unacquainted with medicine, becomes the discoverer or inventor of any means of unquestionable utility in the healing art.

But to prevent the science of medicine from suffering in any case, by being deprived of useful

discoveries, there is nothing to hinder the adoption of a law similar to what regulates such matters in France. Studious to prevent charlatanism there, the law strictly prohibits the sale of all secret remedies, and traffic in them for medicinal purposes, all exhibitions of drugs and medicinal preparations upon stands or in stalls at fairs, markets, and other public places; all advertisements and printed handbills that set forth secret remedies under whatsoever name or title they may appear. Act of the 11th April, 1803, Art 32, 3 C. And by a decree of the 18th of August, 1810, permission could not be given to the originators of any remedy, either simple or compound, while they maintained the composition of it a secret. Any person who might discover a new remedy, and who desired to turn it to advantage, must deposit the recipe of its composition with the Minister of the Interior. The Minister then appointed a commission for the purpose of: 1st, examining its composition, and deciding whether its administration might, in certain cases, be dangerous and hurtful or not; 2nd, if the remedy was not dangerous in itself, whether it had produced, or whether it was still producing beneficial effects on mankind; 3rd, what price should be paid the inventor of a remedy adjudged to be useful, for the secret of its composition; proportioning the price: 1st, according to the merit of the discovery; 2nd, to the benefits which have arisen or which may be hoped for, from it in the relief of human suffering; 3rd, to the personal advantages which the inventor had received, or which he might expect to receive from it. In cases where the inventors were dissatisfied, a commission of revision was appointed. After this, the Minister of the Interior entered into an agreement with the inventors, and the secret was directly published.

Since the ordinance of the 20th December, 1820, establishing the Academy of Medicine, the examining of secret remedies has belonged to that learned body. In France, then, the inventor of a new remedy cannot legally gain personal advantages from it as a secret remedy. He can of course keep his secret, but it would be in his hands a property that brings him no return; and as the law prevents druggists as well as others from selling secret remedies, druggists have no advantages over others in this matter.

Should a person desire to reap the benefit of

any invention, he may in conformity with the decree of Aug. 18, 1810, propose to the Government to make over to them his secret by selling them his recipe. Then, after having had the opinion of the Academy, the Government may, if they judge proper, enter into an agreement with the party on the proposed terms; the formula is then published, and the remedy thus made public property, may thereafter be kept ready prepared by every druggist just as the preparations authorized by the Codex are.

But the inventor without selling his secret, according to a decree of the 3rd of May, 1850, may consent to its divulgence without pay. The formula is then submitted to the Academy of Medicine, and after its having been approved of by the Minister, it is published in the *Bulletin de l'Académie*, and thus made public property like any medicine described in the Codex.

In this case, of course, the inventor derives no pecuniary advantage from his invention, but he has the satisfaction of having bestowed a benefit upon mankind by making known to them a discovery which in his hands would have remained useless. It is usually the case, however, that care is taken to retain the exclusive proprietorship, either of the form, the color, or the wrapper of the medicine, or of some particular name or title, any of which may become private property, without constituting the medicine such; and thus by the force of circumstances it comes to pass that the advantages of its sale are almost exclusively retained.—*Briand and Chaudé*.

In France, then, according to the actual state of law and jurisprudence, every preparation not described in the Codex, or the formula of which has not been published by the Government, or in the *Bulletin* of the Academy of Medicine, is considered a secret remedy, and its advertisement and sale are prevented by severe penalties. And numbers of convictions are actually made. Moreover, by the law respecting patents of invention, pharmaceutical compounds or remedies of every kind, are held incapable of being patented.

M. Ph. Dupin, a law reporter, expresses himself as follows, in reference to this matter: "It is an admitted fact that there exists, unfortunately, an inveterate prejudice—a belief in the popular mind so deeply fixed that it cannot be uprooted—that the granting of a patent carries with it a guarantee

of utility and worth in the article patented,—that the Government has examined, adjudged, and approved of it, and that in consequence of this it recommends itself to the confidence of the citizens. This impression produces so many bad consequences when applied to matters affecting the public health, that to thus expose credulity to the mercy of charlatanism, or of those who generally take out patents of invention, would be a monstrous error."

As before stated, the adoption of a law similar to the above is very desirable for Canada. It would be no difficult matter to appoint commissioners, or to delegate to the College of Physicians and Surgeons the powers which are exercised by the Academy of Medicine in France. The United States, though considered emphatically the home of quackery, have taken the lead of us in this matter. The draft of a bill to prohibit by penalties the advertisements of abortionists, and others equally immoral, handbills, and indecent images, was recently submitted to the Legislature of the State of New York. *L'Union Médicale*, of France, commenting on the above, remarked, that the first step had been taken towards repressing those evils, and that this should lead their legislators still further. Roguery is practiced with such facility by means of medical advertisements that these should be suppressed like other crimes and immoralities by punishing their perpetrators.

If public opinion in Canada is not yet ready to accept a system of regulations as strict as the foregoing, it is proof that false ideas on this important subject still prevail. We ought to continue, notwithstanding, to agitate this question and to place it before the public in its true light, by showing them that the general good requires this sort of legislation. By this means we may at last give to public opinion, perhaps, a direction and force that will secure the much desired end.

(To be continued.)

DIABETES CURED BY THE EXCLUSIVE USE OF MEAT AND LACTIC ACID.—This is a newly recorded case of diabetes mellitus in which Professor Cantani's mode of treatment, as above, was perfectly well borne by the patient, and produced a rapid persistent cure. The treatment did not extend beyond seventeen days. The case is recorded in Fascicolo 5 of *Lo Sperimentale*, 1873.

CASES IN PRACTICE.

BY CHARLES M. SMITH, M.B., OWEN SOUND.

(Continued from our last.)

CASE 3. LOSS OF SIGHT FROM A GUN EXPLOSION ;
CORNEAL OPACITY OF RIGHT EYE ; PARALYSIS OF
THIRD NERVE AND HÆMORRHAGIC EFFUSIONS ON
LEFT SIDE ; OPERATION FOR ARTIFICIAL PUPIL ;
RECOVERY OF SIGHT IN BOTH EYES.

Was called on the 5th of October, 1870, to see David B——d who had been injured by the explosion of a gun. On reaching the place, which was about five miles distant from town, I found the patient bleeding profusely from a deep wound at the superior internal aspect of the orbit. A horizontal wound of one and a half inches extent laid bare the supra-ciliary ridge on the same side, the inferior margin lying reflexed over the eye. The pupil of the left eye was widely dilated and the anterior chamber partially filled with blood.

The right side of the face was severely burnt from the forehead to the angle of the mouth and black from the presence of the grains of gunpowder. The eye lashes were completely burnt off on the same side and the superior and outer half of the conjunctiva was abraded and blackened. The centre of the cornea was pierced by a large sized grain of powder. The man could see nothing, not even distinguish light.

I extracted seven small fragments of bone from the first mentioned wound which allowed the probe free entrance into the frontal sinus ; a splinter of the stock was also extracted from the same wound. The young man who had been with him said that the patient had himself jerked the portion of the lock from the same place before he fell to the ground. Three sutures of silver wire were employed to close the wound on the eye brow, and the hæmorrhage controlled from the first mentioned place by Tr. Ferri Perchlor. As much as possible of the powder was extracted and the parts covered with cotton wool saturated in carbolic oil.

As the man had been a heavy drinker the prognosis was extremely unfavorable. Before leaving the house I ordered cold water cloths to be kept constantly to the wounds on the left side ; and administered a mercurial purgative. During my sub-

sequent visits I found the right eye progressing favourably although it was with great difficulty that the eyelids were kept from adhering to the globe, as I had to trust to the faithfulness of the man's wife in passing a silver probe frequently between the abraded surfaces. Several times the fræna had to be divided with the knife ; fungous granulations also formed but were quickly removed by Argent. Nit. Fus. By the 1st of November the conjunctival and corneal surfaces were entirely healed, but vision was obscured from the opacity of the upper and outer three-fourths of the cornea.

On the left side the sutures were withdrawn on the fifth day and the wound healed favourably, but the cavity at the angle discharged large quantities of pus, although it had diminished considerably in circumference. The patient also complained greatly of neuralgic pains in the left eye, the conjunctiva of which was chemosed in its whole extent. The pain was relieved by the application of an atropia solution (grs. ii. ad ℥i.) to the eye, along with a blister to the temporal region.

As the patient was able to discover objects partially when the right pupil was dilated with atropine, I determined to form an artificial pupil, which was done by the operation of incision at the inferior aspect of the iris. The usual after-treatment was adopted and when the bandage was removed the patient had good vision excepting in the right lateral direction. By the end of November the wound on the left side had contracted to a sinus, the blood had disappeared from the anterior chamber, but the pupil still continued in a state of extreme dilatation and the eye could only be rotated outward by the external rectus on its vertical axis and slightly upwards and inwards by the sup. oblique, showing that the third nerve had been injured. On dilating the sinus with a spring ear speculum and admitting all the light that it was possible to get in the little cabin lighted only by one window, some dark coloured substance was noticed at the depth of about an inch. As considerable traction on this caused only severe pain and hæmorrhage, I desisted. Two days afterwards this had approached the surface sufficiently for me to be able to distinguish it as some foreign substance. By a little rotation combined with traction I succeeded in withdrawing a substance that, when washed, excited some surprise, for it was nothing less than a circular piece of felt ! When

flattened out from its thimble-like shape it was about an inch and a half in diameter.

I now called for the man's hat, which, after a little search, was found with a hole in the brim corresponding to the piece.

The *chapeau* was an old soft felt one, and had been worn with the brim drooping, so that the fragment of the lock had pierced it and carried the piece into the wound. After the removal of the foreign substance the wound healed up entirely, although vision only improved to a dim perception of light and objects brought within six inches of the face.

The man moved away from the neighbourhood shortly afterwards, and I received a letter from him in March stating that he had recovered the use of both eyes.

CASE 4. PELVIC CELLULITIS AND INFLAMMATORY ENGORGEMENT OF CERVIX UTERI; TREATMENT BY INCISION AND MEDICATED PESSARIES; RESOLUTION AND RECOVERY.

Was called while passing the house to see Mrs. C. F., who was said to be very ill. On seeing the patient, found that she was properly under the treatment of another physician, he having attended her in accouchement about five weeks previously. Merely asked the woman a few questions; found that she had had several rigors and complained of pain in the right iliac region; suspected inflammation of uterine appendages and recommended her husband to call her physician at once.

She was seen next day by the physician who made no examination, and said that nothing serious ailed the patient. Her husband called me on the 26th of July to see her, as she was getting no better.

History. Patient was delivered some five weeks previously by instruments, it being her first confinement. She had received a wound at the posterior fourchette which is not yet healed. She has suffered from pain in the back and thighs, especially the right, and also sharp cutting pains which she refers to the *bowels*.

Appetite has continued tolerable until within the last day or two, up to which time she has also been able to walk across the room, although unable to assume an erect posture. Has no pain in micturition or defecation; sweats profusely during sleep and is now unable to walk alone.

Present condition. Delicate looking, anæmic, tongue furred, thirst urgent, pulse 96 to 100, thready, urine high coloured. External examination detects no particular tenderness in the uterine region, but firm pressure in each iliac region causes pain; no abnormal dullness.

Internal examination reveals a hard swelling at the roof of the *cul de sac*, more marked on the right side, and when pressed upwards by the finger causing pain in the back; uterus almost immovable and substance of cervix very firm and thickened posteriorly; no discharge from the os which appears to be healthy. Ordered:

R—Potass. Bromid.	ʒv.
Ext. Sarsæ. Fl.	ʒvi.
Tr. Belladonnæ	ʒii.
Tr. Cinchon. co.	
Tr. Card. Co.	aa ʒiss.
Aq. ad	ʒviiij.

Sig.—ʒij ter in die.

R.—Pulv. Opii.	grs. ij.
Ext. Belladonnæ	gr. i.
Ext. Conii.	grs. v.
Cer. Flav.	gr. xij.
Adipis.	q. s.

Make into a firm pessary.

Sig.—Introduce one into the vagina each night.

Vagina to be syringed out three or four times daily with warm water.

July 28th.—Pulse improved, still complains of considerable pain. Bowels to be kept open by

R—Sodæ et Pot. Tart.	ʒij.
Sodæ Bicarb.	ʒj.—M.

Sig.—Ft. Pulv. i.

To be taken in the morning in a tumbler three-fourths full of water with a teaspoonful of sugar and ʒss of Succ. Lemon.

July 31st.—As pain still continued severe, ordered, Emp. Lyttæ, 6x6, to the sacrum, and Chloral Hydrat. ʒss.; Tinct. Hyosciami, ʒij.; Syr. Aurantii, ʒj.; Aqua, ʒiv.; a tablespoonful of the mixture to be taken at bedtime.

August 4.—Found relief from pain in the back after applying blister; still complains of the dull, aching pain in the "lower part of the bowels." Tenderness on internal examination seems increased; no abnormal heat of vagina.

Ordered stupes of hops to the hypogastric region and whiskey and egg mixture three or four times daily.

August 8th. Pulse 96, tongue clean, bowels

acting well, but patient complains of more pain in defæcation and micturition. Internal examination reveals the tumour still hard and somewhat lower down. She is exceedingly pleased with the effect of the chloral in giving her good sleep at night. Ordered quinine and acid mixture for the night sweats.

I introduced a curved bistoury along with the finger, and made four incisions in the posterior aspect of the cervix which was almost horizontal with the os; they bled freely for a few seconds.

August 11th.—Has been free from pain during the last two days, swelling more defined around the cervix, pulse gaining strength.

August 13th.—Still continues free from pain, is gaining strength, sleeps well, has a good appetite, induration disappearing on the right side.

August 31st.—Since last report has improved rapidly; has been out for a drive, the swelling has almost entirely disappeared; has had a couple of boils in each axilla and several styes, but is now free from them.

Cervix still somewhat indurated, patient is able to stand erect, but walking causes a bearing down pain.

September 18th.—Called at the office to day, feels well and hearty, but walking fatigues her, especially in the effort of going up stairs.

Medical Items and News.

MODIFICATION OF THE OPERATION FOR HARE-LIP BY SIR WILLIAM FERGUSSON.—On two successive Saturdays, Sir William Fergusson has recently demonstrated to the students of King's College a novel modification of the ordinary operation for hare-lip. The cases in which he carried out this plan were of the usual type, the fissure being, as in the majority of instances, on the left side; and in both it was considered advisable to take away the intermaxillary bone. This adds to the success of the operation, not only by removing an occasional obstacle to primary union, but because the teeth, which are subsequently developed from the projecting knob, are worse than useless, by reason of their deficient development and faulty position. Instead, however, of removing the portion of the bone readily with the knife or bone forceps, it had occurred to Sir William that it would be much better to operate subcutaneously, so to speak, by stripping off and retaining the mucous membrane; and accordingly this was done with perfect success, the

bone shelling out readily from its investment; not only will this procedure greatly accelerate the subsequent process of healing, but the advantage is obvious, of retaining a thick and firm mucous surface in preference to the more artificial substitute of cicatricial tissue.—*Brit. Med. Journal.*

CLINICAL THERMOMETRY.—Dr. Lawrie, who has recently conducted a rather extensive series of clinical thermometric observations in India, which are published in the *Indian Medical Gazette*, has arrived at the conclusion that, if accuracy of observation is aimed at in clinical thermometry, the unloaded rectum is the only place in which this can be attained satisfactorily and with certainty. To obtain an accurate observation in the axilla, necessitates keeping the thermometer in position, with numerous precautions, for fully fifteen minutes; and this is no less irksome to the patient than to the physician. In the rectum, five minutes are amply sufficient. Taking the temperature under the tongue, means, as a rule, taking the temperature of the cavity of the mouth; as patients, especially if very sick, cannot be depended on to keep the thermometer in the proper place. Moreover, unless people like to submit to sucking a thermometer, which has shortly before been in another person's mouth or armpit, a separate one must be kept for each patient. No objection can be made to placing an oiled thermometer for a few minutes in the rectum, except that it is indecent; but with regard to females, to whom alone this objection can apply, the indecency vanishes if the operation be entrusted to the nurse—the medical man taking the reading. Dr. Lawrie has never yet, in hospital or private practice, found any patient to object to it.—*Brit. Med. Journal.*

NEURALGIA OF THE TESTICLES.—In a number of the *Wiener Medizinische Press*, Dr. Lazarus investigates the condition called "painful testicle," "neuralgic testicle," &c., and sets down the following plan of treatment, which he states has been very successful: Sulphate of zinc internally (four grains of the solution of sulphate of zinc in seven ounces of water, a tablespoonful three times daily); and subcutaneous injections behind the scrotum (with the needle syringe) of a solution of ten grains of sulphate of zinc to two and a half or three drachms of water.

A STRANGE SUGGESTION.—The *St. Louis New Era* makes the following strange suggestion. We hardly think it will be carried into effect. It would be a fatal advertisement for some M.D.'s: "In marriage notices it is usual to give the name of the clergyman who performed the ceremony; and with usual propriety, in obituary notices, the name of the attending physician should be given."—*The Doctor*, Nov. 1, 1873.

Correspondence.

AN OBJECTION TO A CERTAIN PORTION
OF THE PROPOSED MEDICAL ACT.

(To the Editor of the Lancet.)

SIR,—In looking over the proposed amendments to the Ontario Medical Act, I find a provision to the effect that it shall be within the power of each Territorial Division to license midwives. This I wish to oppose most strenuously as being totally uncalled for in a country which is flooded with doctors who have been thoroughly trained, and are therefore much more competent to deal with these cases than a midwife. I contend that as we have spent some of the most valuable years of our lives in the study of what is said to be a "noble profession" as well as considerable money, that we should be protected most stringently against the meddling interference on the part of old women, and further this is to many of us country doctors a very remunerating part of our business, and we would not like to be made by Legislative measures to pay from \$2 to \$5 a year for the support of an act which takes money out of our pockets, by placing it within the power of others who have never spent a farthing, nor lost an hour for the sake of becoming properly educated, to attend cases of confinement.

Where I am located I have to contend with two of these old bodies and a quack, who I must say have been pretty successful in their attendance on such cases. They charge \$2 (while I have \$5) for their attendance, and they get about 60 cases a year, which would amount in my hands to a very decent living for my small family. No doubt all this would pass into my hands were it not for them, as I am the only doctor within reasonable reach. I of course get a reasonable share of the business to do. A great deal of protection from quackery I have had for the \$10 I paid four years ago! and now from \$2 to \$5 a year is demanded by the Amended Act, which has been narrowed at one point and widened at another. I would say contract it at every point that it may be uniform throughout.

I ask any right thinking man if it would be just to ourselves to quietly consent to be robbed in this manner and pay a yearly tax to see that it is well

done. I do not know that I should object so much to the passage of the clause alluded to if doctors were as scarce and as difficult to be obtained as they were years ago, that time has long gone by, and now a doctor can be got in an hour or less from almost any village numbering from 50 inhabitants upwards, hence my reason for dispensing with midwives, who have caused the death of many a woman, as did one lately, if I am not mistaken, at Yorkville.

I have written this article for publication in the *Lancet* at the request of a number of physicians in the neighbourhood, who feel on the subject as I have written, and with a hope that it may arouse others to give their views on this important question, and thus give the Medical Council to understand that the sooner such clauses are done away with the better, and that what we want is such legislation as will put down with a firm hand all forms of quackery.

You must not understand that we object to being taxed, far from it; but we want protection that is protection, then go ahead with your tax of two, five or even ten dollars a year if you wish, only do the right thing by us.

(Signed,)

A CORRESPONDENT.

TREATMENT OF FEVERS.

(To the Editor of the Lancet.)

SIR,—In perusing the correspondence in the *Lancet* I can scarcely resist the conclusion that some of the writers are infected with a *caecities scribendi*, or they would not wish to trouble the profession throughout the Province with a history of some slight "jar" with a professional neighbour who happens to disturb, for the time being, their equanimity. Happily, most of the writers have chosen subjects that are of vital importance in advancing the interests of medical science, the objectionable ones being the exception to the general rule.

Notwithstanding the advancement that has been made in medical lore in times past, there is much yet to learn in regard to the treatment of disease. Evidence of this may be found in the number of deaths that are so frequently occurring in all directions—even in the practice of the most success-

ful. The responsibilities attaching to the conservators of the public health are great, indeed; and every member of that useful body should lend his best energies in investigating the principles on which the science of medicine is based. The laws governing vital action should be more thoroughly investigated, and better understood. The question, whether *curative action* is brought about by the medicine we administer, or the power of the vital forces, in resisting the disease is yet to be decided. It is, now, an admitted fact with the leading minds in the profession, that the exhibition of medicines in Typhoid Fever is inimical to the interests of the patient. But a few years ago, to attempt to treat a patient without the prescribed medicines would have been considered highly censurable.

Sir William Gull, one of England's greatest physicians, delivered a lecture at Guy's Hospital on Typhoid Fever, on which occasion he said: "The origin of the disease is, somehow or another, connected with drainage. It has therefore been called the filth fever; hence, to get rid of the filth is to get rid of the fever. It seems as if this really is so, for Millbank prison was infected with Typhoid and Dysentery; but now the water supply has been changed and the drainage attended to, and these diseases have almost entirely disappeared." This eminent authority further explains that the disease is self-limited, or runs its course of 21 or 28 days, according to the constitution and condition of the patient; that the duty of the physician is to conserve the strength of the patient in order that he may go through this lengthened crisis; that the exhibition of medicines tends to exhaust the patient, and thus lessen the chances of recovery. This method of treatment was adopted a number of years ago in the treatment of measles with the happiest results.

The idea may be carried still further. If Typhoid is the result of "filth"—impurities taken into the vital domain—may it not result from impurities retained? and, as soon as the impurities are eliminated, the cause being removed, the fever should terminate. A question has come up in connection with the late Yellow Fever epidemic at Memphis, Tenn., that is pertinent. It is said to have been demonstrated, that if the temperature of the body is kept down to 98° Fh., the solid structures are not contaminated; and, the infection will be eliminated from the fluids in from 2 to 3 days,

after which a speedy recovery follows. The cases were treated hydro-therapeutically; sub-acid drinks were freely given, and no medicines were administered. If this should be demonstrated to be correct, in reference to the treatment of Yellow Fever, it should apply in the treatment of all inflammatory affections, and might, with some slight variations to suit the circumstances, apply in low fevers, such as Typhoid. The subject of fevers, and their treatment abounds with interest. This will be still further apparent when it is estimated that 17,000 die annually, in England alone, from Typhoid. I was much pleased with the communication of "Alpha" in the December number.

OMEGA.

To the Editor of the LANCET.

SIR,—Will you be so kind as to publish in the next number of the *Lancet* the recipes for those wonderful digitalis and squill combinations of Dr. Kerr that cure Scarlet Fever, Croup and Dysentery so speedily? for surely every doctor in the land ought to have them filled and at the head of his bed all the time. I presume he is a highly educated physician, and no doubt very successful in his practice; but I have grave doubts of his combinations, on their own merits, holding so strong a place in the treatment of those diseases as he considers them worthy. But let us see the recipes if you please.

I am sorry to see so much space occupied by letters on personal quarrels, that in no way interest members of the profession outside the locality of the combatants, and in some instances not even there. What grieves me most is the attitude of the *Lancet* on Alcoholic Medication and Temperance. Alcohol is lauded as the only drug that will cure Ephemeral Fever of Child-Bed, by Dr. Kerr, and in other articles this poison that destroys more health than all the doctors restore, is spoken of as the only remedy of any use, or at least without which all others would be useless or nearly so.

Science has demonstrated that alcohol is nothing but a goad, and cannot give power in any way, hence no one ought to prescribe it for weakness or exhaustion. Experience also proves the same thing to such men as Henry Munroe, M.D., F.R.S., Dr. Muzzy, Dr. Dods, Dr. Higginbottom, Dr. J. W. Beaumont, Dr. Edmunds, Lionel S. Beale, M.B.,

and many others equally noted; most of these say that alcohol *never* does good but always harm.

Now, when I see some third or fourth rate M. D. reporting a case and prescribing brandy for infants and females, to say nothing of men, in the face of all these authorities I feel that we ought not to say much against quackery, for the Profession is in a great measure responsible for the charlatanism of the age.

You ask for a more stringent license law. Is it not a fact that for two hundred years the law in all countries *regulating* the liquor traffic has been a standing failure? And from the very nature of the case will ever be. If you in the *Lancet* and the editor of every medical journal would *proscribe* alcohol instead of *prescribe* it, the proposal you call Utopian would ere long be practicable. Patients would rise from severe illness minus the appetite for the drink, and rise sooner and better.

I have treated many severe cases of inflammatory and febrile disease without alcohol in any form and with the very best results. I can unhesitatingly affirm that my experience for three years compels me to agree with Dr. John Higginbottom, who says that "if he ordered or allowed alcohol in any form, either as food or medicine, to a patient, he should certainly do so with a felonious intent." For the sake of science and humanity do not prescribe alcohol, for surely the former is ignored and the latter debased thereby.

HUMANITARIAN.

Salisbury, N. B., Dec. 11th, 1873.

[Dr. Kerr's recipe contains *four* officinal and *three* non-official ingredients.

Officinal.	{	Opium in powder, one ounce.*
		Stramonium (fol.) in powder, one ounce.
		Digitalis (fol.), in powder, or squills, $\frac{1}{2}$ ounce.
		Dulcamara (fol.), in powder, one ounce.
Non-official.	{	Sium Lineare (water parsnep) (fol.), in powder, one ounce.
		Cicuta Maculata (water hemlock) (fol.), in powder, one ounce.
		Conio-selinum Canadense† (hemlock parsley) (fol.), in powder, one ounce.

The whole to be made into a fine powder.

* For children opium is reduced to a half part.

DOSE.—For an adult the usual dose is about $6\frac{1}{2}$ grs.]—ED.

† See Gray's Manual, p. 154, and U. S. Dispensatory, p. 1576.

To the Editor of the LANCET.

SIR,—I have read three numbers of the LANCET with much pleasure and profit,—glad that there is enough spirit in Ontario to publish and maintain a medical journal; but I would very much like to see more contributions from the fraternity throughout the Dominion. Are we so insignificant and behind the times that we can not fill a country's journal with our own observations, ideas and researches. I am a Canadian, and a physician, and consequently feel interested in the status of the profession, particularly among you. If we are always to hear of the advantages of English hospitals, the M.R.C.S., &c., our own schools and colleges must suffer. Let us learn to feel proud of our own institutions, without feeling so honoured by titles procured from those abroad. The condition of our being dependent on a foreign power, makes us feel a want of confidence in our own ability.

Before we dare announce ourselves physicians in a town, we must either have an M.R.C.S., or some other distinction. It is time we shook ourselves free from such views. Although we are not independent,—having no ruler directly of our own—let us keep up a spirit that will characterize and strengthen us when we do arrive at that period.

Then, and not till then, will we feel an interest in everything, an interest which, to-day, would be but its shadow. Also, if we are to have Canada for Canadians, we can not do it by preferring United States' literature and science, or American school books for our youth. In a word, let us have a nationality of our own. I have not the views of De Cosmos concerning our becoming a partner in the "Greater Britain," but the views of Rev. Mr. Thornton, on independence,—delivered before the St. Andrews Society at Ottawa.

With all the advantages derived from our medical colleges, with the addition of training in European hospitals, where are our brethren? What have they done? Have they added to our medical literature? and why can they not get up a *Materia Medica*, Dispensatory, &c., works to characterize our country? As school boys, we had to study American school books; as medical students, American authors and reprints. In regard to the C.P. & S., Ont., what protection does it afford? I believe, with "Pro Bono Publico," it is a grand fizzle. His experience in procuring his registration

is simply that of hundreds who have had any business with the officials. Tardiness and haughtiness were prominent features. If they are to imitate, let them imitate the Americans in civility and promptness.

From what I learn from my Canadian newspapers and LANCET, quackery and patent medicines are at their zenith, and celebrated physicians are numerous. Tell me what is the object of the C.P. & S.? Is it to burden my confreres with a tax? to exact a thorough curriculum of study, and when through with the struggles of hope, to have the satisfaction that you can be harassed by humbugs? Impose a tax, restrictions or anything, but "snuff out quackery."

Quackery should be punished vigorously, and the sale of patent medicines restricted. Every man has heard of, and seen the evil consequences of the indiscriminate use of such medicines.

I can think of several whose lives are rendered burdensome by taking medicines, patent and otherwise, from unprincipled persons. Quackery is tolerated in Iowa. No law exists to prevent any one from practising, or collecting fees. The country is comparatively new yet, and laws for protection are prayed for. My predecessor in this town informed a gentleman of considerable attainments, that the "Epiglottis" was a *medicine* which was formerly used, and that the patient had the *acute ammonia fever*. I have practised medicine here for three years, contended against humbugs and patent medicines, and have found out that although my Canadian degree and license did not give me any lawful privileges, yet they bear an influence which strengthens every day.

Yours truly,

JAS. S. SPRAGUE, M.D.,
L.C.P. & S., Ont.

Dakotah City, Iowa, Dec. 16, 1873.

Selected Articles.

BLOODLESS OPERATIONS.

The bloodless method of operating appears to have become quite fashionable of late, and surgeons are endeavoring to extend it to every region of the body. Quite recently, a new application of an old principle has been introduced into England from Vienna by Sir Henry Thompson—namely,

the plan of removing tumors by gradual strangulation. It appears that when Sir Henry was in Vienna a few weeks ago he had many opportunities of seeing the practice of Professor Dittel, who has lately been performing gradual strangulation operations. By this means Professor Dittel has removed tumors of all kinds, the testicle, the mamma, and even amputated the thigh. The details of action may best be given by describing the operation performed by Sir Henry Thompson, at University College Hospital, on the 21st inst., for the removal of a diseased breast:

A piece of india-rubber cord, about the size of a No. 4 catheter, is passed through the eye of a large curved needle set in a handle. Through the same eye a stout piece of whipcord is passed. The breast is then gently drawn from the subjacent tissues, and the needle carrying the india-rubber and the whipcord ligature is made to transfix the base. When the point of the needle has emerged, the india-rubber band is cut in two and the needle withdrawn, leaving the whipcord uncut. Each of the two india-rubber bands is now made to encircle half the mamma, and then tied tightly as in the operation for *nævus*. The operation, which is quite bloodless, is now complete. The constant pressure of the india-rubber cords causes linear sloughing, and in nine or ten days the breast separates. It may be added that the whipcord is passed through with the india-rubber cord, as the latter sometimes breaks, even after two or three days, as in the present instance. Sometimes only one side of the breast is tied at the primary operation, the other half being left until the first has been completely cut through. It will be observed that no cutaneous incision in the skin was made; but Sir Henry remarked that, although he wished to perform this particular operation exactly according to the rule of Professor Dittel, he would in future prefer to make a slight groove in the skin in which the india-rubber ligature should lie.

Professor Dittel claims for his operation—which, he says, is especially adapted for fistula in ano—a great immunity from pyæmia, inasmuch as by the gradual ulcerative process smaller openings are left for the absorption of septic matter. But although it is perhaps premature to offer a decided opinion on the merits of the operation, it will at once be seen that the advantage thus gained is almost nullified by the presence of a large sloughing mass in contact with the vessels for many days, and in the larger operations even for weeks. Moreover, at least one case of pyæmia has followed this operation. Further, against the plan of dividing only half the breast or half a tumour at a time it may be urged that the chances of secondary hæmorrhage are increased by throwing the full force of the blood-current on to the vessels of the unligatured side, so that the blood may escape from the distal surface of the separation.

It may be interesting to our readers to be informed as to the incident which Professor Dittel asserts led him to think of the applicability of this operation for the removal of tumors. It seems that some months ago he was called to see a young girl who was suffering from severe nervous symptoms, and who was evidently dying. Next day, on making a post-mortem examination, he found that the rubber band of a hair-net which had been worn day and night for a month was deeply imbedded in the pericranial tissues, and had in one part cut through the walls of the skull and was pressing on the dura mater, which was in a state of acute inflammation. On inquiry it was ascertained that the girl had a cruel stepmother, who greatly objected to the loose and dishevelled looks of her daughter, and insisted, therefore, on the child wearing a net to keep the hair in place, with what effect our readers already know.

At some future period, when the case is more complete, we shall furnish full particulars of the subsequent progress and the result.—*The Lancet*.

ON THE DIAGNOSIS OF EARLY PREGNANCY.

BY ADOLPH RASCH, M.D.

The object of the paper was to draw attention to an important symptom of pregnancy of the first three months, of which until now no notice has been taken by French, English and German authors. After briefly reviewing the early symptoms as taught in handbooks, including the symptom on which Dr. Barnes laid stress before this Association, Dr. Rasch said that no opinion should be expressed in any case unless the uterus had been made out beyond doubt by the bimanual examination. The vaginal examination should always be made by *two* fingers, unless circumstances forbade it, as by so doing results much more accurate could be obtained. An enlargement found, the distinction had to be made between enlargement by hypertrophy, or by tumours, and enlargement by pregnancy. To solve this difficulty, the author has continued his investigation in a very large number of cases of which he kept notes for nearly two years, and enlarged experience has fully borne out what had helped him in making a few times a right diagnosis where other better men had failed. This important symptom was fluctuation. That it must be felt very early seemed to him, *a priori*, certain. For why should half an ounce or more of liquor amnii, enclosed under conditions very favourable for this purpose, not be felt fluctuating equally well as a few drops of pus in a panarium? The notes of several hundred cases satisfactorily answer the question. Fluctuation could be felt in some cases as early as the

seventh week of pregnancy; in most cases after the second month. With every following year the author had less difficulty in detecting this very important symptom. By adding to it the areolar signs of the mammae, we should be able in many cases to make an almost certain diagnosis. The author here mentioned another valuable symptom in early pregnancy which often directed attention to pregnancy—viz., the increased desire to pass urine, especially at night. It certainly ought to put the practitioner on his guard, and make him eschew the use of that valuable instrument for confining a diagnosis already made—the uterine sound—which, in fact, should never be used by those that could not dispense with it in making a diagnosis. The objection to fluctuation as a symptom of pregnancy might be that it could not be felt, or if felt, might be due to retention of other fluid than liquor amnii. Considering the great rarity of retained menses or other discharges, the mistakes would be rare, even if other symptoms did not help to make a distinction. But it would certainly be safer practice for a short time to suspect pregnancy, where it did not exist, than to do the reverse. To meet the other objection that fluctuation could not be felt so early, Dr. Rasch urged his hearers to try patiently, and assiduity would be rewarded. The best way to feel it was to introduce two fingers into the vagina, while the other hand steadied the womb through the abdominal walls, and alternately to manipulate the uterus with the two fingers. In some part of the uterus the fluctuation would be found often in one corner of the fundus, sometimes lower down. In most cases of early pregnancy, the author found the uterus anteverted, and then the manipulation was easier done than when the uterus was retroverted. The fluctuation was in the beginning mostly only felt by the fingers in the vagina, sometimes, too, by the outer hand at the same time. After three months, it would be mostly felt by outward manipulation alone, but we should never trust to that only. The catheter should always be introduced when accurate results were desired.—*Brit. Med. Journal*.

TEDIOUS LABOUR FROM DEBILITY, AND ITS TREATMENT.

BY HUGH MILLER, M.D., GLASGOW.

The remarks in this paper had reference solely to cases in which delay was due to enfeeblement or failure of the natural powers of the organs specially called into action during parturition. The writer held that the element of time should not be considered in the classification of labours, that it was unscientific to do so, and that uncomplicated labours should only be assumed to be unnatural

when the pains were no longer active, and the labour non-progressive. After considering the powers of expulsion in a healthy woman, the author referred to the forces at work which prevented a high standard of health from being maintained in city life, and said that, in proportion as it was wanting, labour was prolonged in many cases. Labour in cities was thus frequently tedious from constitutional debility, so that, even while it might be regular and its progress certain for a time, the pains either lingered or became arrested through exhaustion taking place before the labour was completed. When symptoms of acute fatigue set in, the pains were short and sharp, and they recurred more frequently. The general indications for treatment were to support the strength before labour set in, and during the first stage, and, as soon as the pains indicated debility, to deliver with the forceps. The timely application of the forceps was preferred to ergot, because it seemed more reasonable to assist a weakened organ by giving help from without, than by applying a stimulant to an already overworked one. This practice, instead of inducing flooding, helped to prevent it, through preserving the power of the uterus from becoming exhausted; it also prevented inflammatory diseases of the passages, and the death of the foetus. In his private practice, he found one case in every twenty six labours show symptoms of debility; and, since he had adopted the early application of the forceps, not one of the children so delivered was still-born.—*Brit. Med. Journal.*

ST. BARTHOLOMEW'S HOSPITAL.

NETHRIC ABSCESS OPENED FROM THE BACK.

(Under the care of Dr. SOUTHLY and Mr. THOS. SMITH.)

The patient in this case was a careworn-looking man, aged 54. For over ten years he had suffered from stricture of the urethra, for which tipping through the rectum had been performed some years ago. The patient for the last four or five years had neglected to pass the catheter, and had during that time suffered from great pain in the left renal region.

On admission into the hospital, on the 9th of August last, he suffered from occasional severe rigors, and had a constant severe pain in the left renal region, running down the left thigh as far as the knee. The pain was increased by extending the thigh, which was kept flexed on the abdomen, or by the act of defecation. The urine was thick, and contained from a quarter to a third of pus. A large fluctuating swelling was detected in the region of the left kidney. There was apparently no history of renal or vesical calculus. The case was, however, diagnosed by Dr. Southly and Mr. Smith as one of renal abscess, in which there was proba-

bly a calculus or clotted pus preventing free escape down the ureter into the bladder.

On Monday last, the 24th inst., Mr. Thomas Smith had the patient put under the influence of chloroform, and then made an incision in the left lumbar region, as for colotomy. After dividing the latissimus dorsi muscle, he passed a director through the matted tissues into the fluctuating swelling, and let out about a pint and a half of thick, dirty, fetid pus. The pus came away per saltum at each inspiratory act, and towards the end it was found to be much clotted. The cavity from which the pus came was so large that the finger could not be made to touch every side, but no calculus could be detected by digital examination.—*Ibid.*

THE TREATMENT OF POST PARTUM HÆMORRHAGE.

BY ROBERT BARNES, M.D.

Obstetric Physician to and Lecturer on Midwifery at St. Thomas's Hospital.

The choice between cold and styptics depends upon our appreciation of two entirely different physiological conditions. Styptics will act when cold will not. When the diastolic system is dead to irritation, when life is almost ebbing away, when no known power can compel the uterine muscle to contract and thus to close its bleeding vessels, styptics, which act chemically, will still seal up the mouths of those vessels and corrugate the inner surface of the uterus.

For want of experience, perhaps, of the most desperate forms of hæmorrhage, this fundamental distinction has not made sufficient impression upon some men. I frankly accept their assurance that they have never failed to control hæmorrhage by compression of the uterus or aorta, by ergot, or by cold. I hope they will equally accept my assurance that I have seen many cases where men of the highest ability and experience had failed to subdue hæmorrhage by these means, and where, at this juncture, the perchloride of iron has instantly rescued the patient from impending danger.

In my obstetric operations, I have insisted as forcibly as I could upon this classification of cases, because I think that upon it rests the justification for urging a new plan of treatment. So long as cold acts, use it; but when cold fails use iron, which will not fail. Each has its use; each must have its turn. I am afraid Dr. Mushet has not done me the honour to read my book. At p. 461, 2nd ed., is the following passage: "Cold is more effectual if applied internally. Levret was, I believe, the first who used ice in this way. Perfect, says Levret, 'hit upon a very odd and ingenious expedient; he introduced a piece of ice into the

uterus, which, being struck with a sudden chill, immediately contracted and put a stop to the hæmorrhage." A graphic clinical description of reflex action before the theory was known! Tyler Smith, to whom the theory and practice were alike known twenty-five years ago, advocated the injection of iced water; and, notwithstanding his early teaching and long experience, this keen observer and sagacious practitioner in the latter years of his life resorted to perchloride of iron.

I long used cold-water injections. At p. 472 of my book is the following passage: "At one time, it was my habit to wash out the uterus with iced water first. I now prefer not to do this. * * At the period when the perchloride is especially indicated, the exhaustion is generally so great that the injection of cold water is ill borne. I am inclined to think that, under the circumstances, the injection of cold water is more hazardous than the injection of perchloride of iron."

This leads us to the consideration of Dr. Mushet's statement that "he has no dread of cold-water injections; no compunctious fears of pyæmia or metritis, or irritant influence on the uterine tissues or sinuses, as he has never witnessed any injurious effect from their employment, which cannot be affirmed of the perchloride, *if we trust the evidence adduced at a former meeting of the Obstetrical Society.*" I have italicised the concluding sentence in order to point my assertion that the "evidence adduced" cannot be trusted. Few were there who *heard* the discussion referred to, but were satisfied that the positive evidence of good done by the perchloride far outweighed the doubtful evidence against it. A report of the proceedings of a learned society is often very like a newspaper report of a trial in a court of law. One must see and hear and know the witnesses in order to judge of the value of their evidence; and, even when we have formed a just estimate of evidence, we must be careful not to build a larger structure of deduction upon it than it will bear.

I will not contend that an injection of perchloride of iron may not be followed by pyæmia. But it is one thing to show that pyæmia has followed such injection, another to prove that the injection was the cause. But, let it be granted that the injection has caused pyæmia, is the remedy thereby absolutely condemned? Is no account to be taken of the numerous cases—for numerous they now are—in which life has been saved by it? Certainly, after severe hæmorrhage, under any treatment, or no treatment, the liability to pyæmia is great. That perchloride of iron adds sensibly to that liability is not proved: unless, indeed, we take the case of a woman who, but for the use of perchloride, must have died of hæmorrhage. If she have pyæmia, it may truly be said that, but for perchloride, which enabled her to survive the immediate peril of flooding, she would not have had pyæmia.

But pyæmia has often occurred after the use of cold water. Will it be said that the cold water caused pyæmia? I will not affirm that it did; but of the frequent sequence there can be no doubt. Scarcely a week passes without my having the opportunity of seeing some case of pyæmia after labour at term or abortion where iron had not been used. In some of these, experience justifies me in the belief that pyæmia would not have taken place had the iron injection been used in time to lessen the loss of blood, and thus to spare the conservative forces of the system.

I still feel justified in repeating the formula expressed at p. 474 of the work quoted:

"We have three stages of hæmorrhage to deal with. 1. There is hæmorrhage with active contractility of the uterus. Here the diastaltic function may be relied upon; excitants of contraction find their application. 2. There is the stage beyond the first, when contractility is seriously impaired, or even lost. Here excitants of contraction are useless; our reliance must be upon the direct application of styptics to the bleeding surface. 3. There is the stage beyond the first two, where not only contractility, but all vital force is spent, where no remedy holds out a hope unless it be transfusion; and even this will probably be too late."

The practical directions are as follows: Take a Higginson's syringe, to which is connected a uterine tube nine or ten inches long. Mix in a deep basin four ounces of the strong liquor ferri perchloridi of the *British Pharmacopœia* with twelve ounces of water; pump through the delivery-tube two or three times to expel the air; then pass the delivery-tube into the uterus, so that its end touch the fundus of the uterus; then pump gently and slowly; the styptic fluid will thus bathe the whole inner surface of the uterus.

Had I the smallest misgiving as to the value or general safety of the practice for which I am mainly responsible, I would, without hesitation, retract all I have said, and avow my error. I have not the vain ambition to set up a "curtus triumphalis" of iron. But knowing that lives dear to me, and lives dear to others, have been saved by it; and still believing that the benefits far outweigh the evils springing from it, I again commend the practice to those who have the courage to try a new remedy in desperate circumstances, and who fear to let a woman bleed to death relying too long upon means sanctioned by routine.

As I have said at the beginning, this momentous question must be decided by facts. From every quarter of the compass assurances flow in that lives have been saved by it. I earnestly appeal to every man who has had a fatal case of flooding after the use of perchloride of iron to publish as full an account of it as possible. At some future time I shall endeavor to sum up the evidence, giv-

ing faithfully the records of my own observations and reflections.

[Dr. Lombe Atthill bears testimony to the efficacy of the same remedy.—ED.] *

The treatment of post partum hæmorrhage, being altogether a distinct subject from the possibility of anticipating and averting its occurrence, was not considered in the papers recently published by Dr. Whittle and myself in this *Journal*. The question is, besides, so important, that, to do it justice, it should be treated of at length. I shall, therefore, in response to Mr. Moorman's appeal, merely state my own experience of the results of the use of the direct application of the solution of the perchloride of iron to the interior of the uterus, when used for the purpose of arresting post partum hæmorrhage.

Since I commenced the practice of injecting this styptic salt into the uterus in the class of cases under consideration, I have not had a fatal case of post partum hæmorrhage, while I believe I have saved several lives which were in great jeopardy. In one case only did death subsequently occur. The patient was a lady, a member of a highly strumous family, who herself, prior to the occurrence of labour, was in very bad health. Sudden and uncontrollable hæmorrhage set in immediately after the birth of the child. Not a moment was to be lost, or my patient would have been beyond the reach of medical aid. What the exact strength of the solution I employed may have been I know not, for it was made by guess. I injected about four ounces of it. The hæmorrhage was instantly arrested, and the patient did well for five days; then symptoms of pyæmia set in, and she finally died. I do not believe that her death was due to the injection of the perchloride; but I relate the case as it occurred. Of this I am sure—that she would have died in a few minutes from hæmorrhage, had it not been restrained by the action of the perchloride. I now always carry the perchloride of iron with me, and, if any excessive loss occurs, use it as directed by Dr. Barnes in his work on "Obstetric Operation." I believe the satisfactory results which I have met with are due to my using the solution promptly, and in not waiting till the patients were in a state of collapse. For the purpose of injecting it, I use a common syphon syringe, to which an ordinary vaginal flexible nozzle is attached. This should be carried fairly up to the fundus of the uterus. I generally find that four or five ounces of the solution are sufficient. As to the strength, Dr. Barnes recommends that four ounces of the strong liquor ferri perchloridi be added to twelve of cold water. I generally use it stronger—about two parts of water to one of the liquor. One precaution only is needed, namely, to take care that the tube is passed well into the uterus before any of the fluid is injected; otherwise

the vagina will be corrugated and the os uteri contracted from the effects of the iron, the styptic will not reach the interior of the uterus, and great difficulty will be experienced in any subsequent efforts to introduce the tube. The same reason, namely, the effect produced by the action of the styptic on the vagina and os uteri, renders the application of the iron by means of a sponge difficult and unsatisfactory.

In conclusion, I believe the injection of the perchloride of iron to be not only a justifiable, but, in general, a safe mode of treating severe cases of post partum hæmorrhage, and that it, or the use of some similar styptic, can alone be relied on in severe cases.

The great injury to which steel instruments are liable, when kept in a bag which also contains a solution of the perchloride of iron, has induced me to carry the salt in the solid form, the bottle containing it being enclosed in a box-wood case.—*Brit. Med. Journal*.

FÆCAL ACCUMULATION.—Mr. S., aged 60, had been more or less ill for two years, with gradually increasing distension of the abdomen, accompanied by some emaciation, loss of appetite, much flatus, and confined bowels. On examination, I detected an immense tumour filling the whole of the abdomen, except a small portion of the left lumbar region, where there was tympanitis. It passed upwards under the ribs, downwards into the pelvis, was perfectly smooth, very hard and quite immovable; over a small part, to the right of the umbilicus, was indistinct resonance; and somewhat below this, I felt a coil of small intestine between the tumour and abdominal wall, evidently filled with fecal matter. By firmly pressing the finger against the swelling, at different parts, I found that a slight indentation was made, though with difficulty. The superficial abdominal veins were much distended. The rectum was full of large hard lumps. My diagnosis was fecal accumulation to an extent I never saw nor heard of before. Large injections of warm water daily for three weeks, aided by small doses of belladonna and nux vomica, brought away a most astonishing quantity of fecal matter, and resulted in the total disappearance of the tumour, and the restoration of the patient to perfect health. I may add, that homœopathy had had a lengthened trial in this case. DR. COLE.—*Brit. Med. Journal*.

SEDATIVE POWER OF BROMIDE OF POTASSIUM.—A very striking example of this power has been published by Dr. Leriche in *L'Union Med.* of July 19th last. A man of thirty-five years had been suffering for some time from stricture of the sphincter ani. All kinds of applications were used, as opium, camphor, belladonna, baths, plugs, dilatation with the prepared sponge, &c., but to no pur-

pose. The pain on evacuation was excruciating, and the finger could not be made to pass the contracted sphincter. Dr. Leriche was then consulted, and advised the cessation of all local applications. Rest and a light vegetable diet were prescribed, and thereupon the patient experienced considerable relief. As the latter expressed much fear at the proposal of an operation, thirty grains of bromide of potassium were given *per diem*. This dose was gradually increased to eighty. In a month all the disagreeable symptoms had disappeared, and the exercise of the functions of the rectum occasioned no pain whatsoever. It is plain that the case was one of spasmodic contraction. It would be worth while in strangulated hernia to try large doses of bromide of potassium.

BRAIN-FORCE AND BLOOD-SUPPLY.

Dr. W. B. Carpenter has recently given two lectures on the functions of the brain, chiefly based upon the recent researches of Dr. Ferrier, reported in the last volume of the *West Riding Asylum Reports*. He drew particular attention to the intimate dependence of nerve-force upon an active blood-circulation; for which reason, the brain of man, although it weighs no more than one-fortieth part of the weight of the entire body, receives about one-fifth of the whole blood-supply. And of this fifth part, the greater portion goes to the grey cortical substance and to the ganglionic centres at the base. In ordinary, the nervous system resembles a moderately-charged galvanic battery, which is ready to send a current when the circuit is completed. When excessive blood supply exists, the tension of the battery is discharged spontaneously, as in tetanic convulsions; and when the blood-supply is lessened, the functions of the brain are diminished. Sleep is accompanied, if not induced, by reduction of the circulating blood-current through the brain; and total insensibility immediately follows complete stoppage of the blood-supply. When the intense faradic current of an induction-coil is applied, as in Dr. Ferrier's experiments, to the cortical substance of the brain, a visible afflux of blood to the stimulated part is in all cases produced; and to the excessive nervous tension thereby caused (resembling that of an over-charged Leyden jar), rather than to the direct stimulation of the nerve-substance itself, Dr. Carpenter attributes the discharges of nerve-force that produce the lately discovered movements in muscles. In support of this view, he cites the fact that time is required (especially when the electrodes are far apart) to call forth the action; also the fact that the action frequently continues after the stimulation has ceased. Application of the electrodes to parts of the cortical layer lying far apart causes general convulsions; whilst the excitement of one

convolution alone, or of part of a convolution, calls forth co-ordinated movements of particular groups of muscles, which may now be generally foretold by experimenters with unerring accuracy. Movements, however, are only produced when the anterior lobes or front parts of the middle lobes are stimulated; these being the parts of the cerebrum which are first discovered when the gradual development of the brain is traced upwards through the different races of inferior animals to man. No movements are elicited by application of the stimulus either to the posterior parts of the middle lobes of the cat or dog, or to the posterior lobes or forward prolongation of the anterior lobes of the monkey. The lecturer considers that these experiments still warrant the inference, sketched years ago upon other evidence by himself, that "the posterior lobes are the instruments of those higher cerebral operations resulting in ideas, which do not prompt to motion." Dr. Ferrier has found that the application of faradic electricity to the corpora striata calls forth almost universal muscular movement, especially, however, amongst the flexor muscles; that similar stimulation of the corpora quadrigemina produces violent contraction of the extensors; and that the cerebellum largely controls the movements of the eye-balls, by virtue of which power it probably exercises its special influence on the balancing movements of the body.—*Brit. Med. Journal*.

ESMARCH'S PROCEDURE FOR THE PREVENTION OF HÆMORRHAGE DURING SURGICAL OPERATIONS.

This method is being tried at most of the London hospitals, and is mentioned with strong approval by surgeons who have practised it. On the other hand, criticisms are not wanting, but these are mostly theoretical, and directed against detail; they do not attack the general principle. In fact, the essential advantage of the method—the prevention of hæmorrhage—has been sought by thoughtful surgeons for years past—notably by Mr. Hilton at Guy's Hospital. When about to perform amputation upon an anæmic subject, Mr. Hilton was wont to have the limb bandaged for some minutes beforehand with an ordinary calico bandage, from its extremity to the part at which the tourniquet was to be applied. He then kept the bandaged limb elevated until the commencement of the operation. This proceeding is of considerable advantage to the patient, though it does not render the tissues so thoroughly anæmic as when Esmarch's elastic bandage is properly applied. But, besides this primary object, the saving of the patient's blood, which Professor Esmarch's ingenuity has thus accomplished with a thoughtfulness

never hitherto attainable, certain secondary benefits are secured to the operator and the patient, which were referred to in the *Journal* last week (p. 488). The deep parts of the wound are not obscured by escaped blood. Hence the operator suffers no interruption from the application of the sponges; his view of the structures bordering upon the line of incision is as unimpeded as it ever is upon the *post mortem* table, and fewer assistants are required. In cases where it is necessary to distinguish healthy from diseased or dead tissues, as in operations for the removal of necrosed bone or of tumours, for the excision of joints, etc., the chief secondary advantages of the procedure are most apparent. An instance of the kind, as will be reported in another column, was mentioned by Mr. Edmund Owen, of St. Mary's Hospital, at the last meeting of the Harveian Society. The principal fears have not been realized, as far as present experience goes, though perhaps sufficient operations have not yet been performed to enable one to speak confidently upon this point. If any untoward symptom has been observed, it is, perhaps, a tendency to slough which has been suspected upon the part of the edges of the flaps in the cases of amputation. Certain modifications have been practised by English surgeons in the mode of application of the bandage and cord, to meet different contingencies. Of such adaptations, some are mentioned in the accompanying report of the cases in Guy's Hospital, in which this method of operating has been adopted.

GUY'S HOSPITAL.

Esmarch's method for the performance of bloodless operations has now (October 27th) been used twenty-four times. Nearly all the surgeons and assistant-surgeons have practised it since the first occasion of its employment during an excision of the knee-joint by Mr. Howse on September 16th. The 24 operations have been the following:—For necrosis, 12; amputations of the thigh, 3; amputations through the knee-joint, 2; amputation of the leg, 1; amputation of the arm, 1; excisions of the knee-joint, 2; excisions of the elbow-joint, 2; removal of exostosis from the first phalanx of the index-finger, 1. The following varieties in its use have been employed. In one case of secondary amputation through the thigh for compound comminuted fracture of tibia and fibula, no elastic bandage was applied lest septic materials might be driven into the general current of the blood, but the India-rubber cord was simply used instead of an ordinary tourniquet. In another case of similar injury, a small bandage was first applied from the knee downwards to the fracture, then the larger elastic bandage from the knee upwards in the usual way. Again, in the case of the exostosis already mentioned, Mr. Durham first bound separately the index-finger and thumb with a narrow elastic

bandage, and then included all the fingers and thumbs in the wider bandage, with which the limb was bound from the finger-tips up to the point at which the elastic cord was applied. At Guy's, an elastic cord or rope is substituted for the tourniquet, not the India-rubber tubing which is in general use.

In five of the seven amputations, the edges of the flaps have sloughed, one of the two which escaped the sloughing was the only one of the seven cases not amputated under the carbolic acid spray. For the removal of the necrosed bone and excision of the joints, the advantage of the method has been most evident, as it was also in the case of removal of the small exostosis, before alluded to, where the presence of blood would have much increased the difficulty of the operation.

We shall at an early date publish further particulars concerning this interesting subject. —*Brit. Med. Journal.*

CLINICAL LECTURE ON CHRONIC ALBUMINURIA.

BY PROF. AUSTIN FLINI, M.D.

GENTLEMEN: The topics which I shall present to you to-day embrace many features which are of much interest and importance, but which I shall be able to consider only in part. We have already considered acute desquamative nephritis, and now I wish to introduce for your consideration and study the different forms and manifestations of chronic disease of the kidneys. The existence of these affections is recognized by the changes which are manifested in the urine, and also by certain consequences resulting from renal disease. I wish to call your attention to certain points which will somewhat simplify and systematize your study, and I shall ask you to carefully read what has been written by some standard author or authors upon the different forms of chronic degenerative diseases of the kidneys, the effects which result from these different forms, and the circumstances which are involved in the differentiation, each from the others.

The most generally adopted classification of chronic diseases of the kidneys, or chronic Bright's disease, embraces four forms, namely: The large white kidney; the cirrhotic, or fibroid kidney; the fatty kidney, which some authors do not regard as a distinct form; and the amyloid, waxy, or lardaceous kidney. What effects do these different affections severally and collectively produce in the body?

These may be conveniently arranged in two classes: First, a diminished density of the blood due to a constant elimination of albumen in the urine. This undoubtedly is an important element

in the construction of the dropsy which is so constantly present in these affections; but I would not be understood as saying that the loss of albumen, and consequent reduction in density of the blood, is the sole cause of the dropsical manifestations.

The second class embraces effects which are due to the retention in the blood of excrementitious materials which should be eliminated from the system by the kidneys.

With the impoverished condition of the blood, which is in proportion to the loss of albumen, we have the dropsy, anæmia, and all those ulterior effects which arise from an anæmic condition; and with the second class, we have all the effects which arise from the morbid conditions of the blood caused by the retention of the excrementitious constituents of the urine.

The symptoms to which the latter of the two classes of effects give rise may be divided into the minor and grave symptoms. Among the minor symptoms are headache, nausea, and vomiting; looseness of the bowels; muscular cramps, etc. These are important symptoms, for the reason that they furnish evidence of a renal affection leading us to investigations which relate to the kidneys. More serious symptoms are those which denote inflammations, chiefly of the serous membranes; namely, peritonitis, pleuritis, and meningitis. Still graver symptoms are convulsions and coma. With this brief outline, I shall bring before you cases illustrative of chronic renal disease.

The first case is a girl *æt.* 18, a domestic. The countenance of this patient is quite typical. It is pallid, showing anæmia; and puffy, showing dropsy. There is a certain amount of anasarca present, not marked, but sufficient to show that the dropsy is diffused through the areolar tissue. A very reliable method of determining whether diffused dropsy is present or not, even in a very slight degree, is to make pressure over the sternum. If there be œdema, it can be recognized at that point. An important question to be decided now is, does the dropsy in the present case arise from an affection of the kidneys, or from an affection of the heart? It may be laid down as a general rule that, if there be much general dropsy, unaccompanied by difficulty in breathing, the dropsy can hardly arise from cardiac lesion. There is no evidence of heart-disease in this case. Examination of the urine gives a. s. g. 1018 acid; it contains considerable albumen, epithelial and granular casts and urates.

Let us now turn to the history of the case. Her family history is good. Patient is temperate; no evidence of specific disease. Two years ago—and this is a point of much interest—the patient had scarlet fever. It will be recollected that, while studying the acute form of Bright's disease, your attention was called to the fact that a great majority of the cases of albuminuria, or tubal nephritis, are cases in which the affection is a sequel of scarlet

fever. It was also remarked that the acute affection rarely terminates in a chronic condition. But it seems probable that the case before us is a chronic affection, and that it dates its commencement from the occurrence of the scarlet fever; in other words, that we have here a chronic affection of the kidney following an acute tubal nephritis. Since she had the scarlet fever her feet, face, and body have occasionally become puffy, and the amount of urine passed has been sometimes quite scanty. Her face has never regained its natural color, and her strength has been very much diminished. She dates her present sickness at four days before her admission into the hospital. While in a profuse perspiration she sat down in a current of cold air, and she was seized with slight chill, with severe pain in the left side and afterwards in the right side. Upon admission the pulse was frequent, the temperature raised, and the respirations rapid. To-day a physical examination of the chest reveals fluid in both pleural cavities. Now a question of interest is, is this hydrothorax dependent upon the renal disease, or is it a case of double pleurisy? I do not hesitate to say it is a case of double pleurisy. It is a case of double pleurisy which proceeds from renal disease, without much general dropsy. With but little general dropsy, and with no disease of the heart, it is out of all experience to have as much dropsical effusion within the chest as in this case. This case may therefore be regarded as an illustration of the occurrence of chronic affection of the kidney following acute tubal nephritis, and also an illustration of double pleurisy produced by renal disease. Her pleurisy has been treated by the application of dry cups to the chest; she had, in addition, ten grains of quinine once a day, and pills of iron, aloes, and strychnia.

The second case gives us the following history:

Mrs. —, *æt.* 33, English, and admitted to the hospital September 22d. Family history good. Patient was healthy until one year ago, when she began to suffer from attacks of dyspnoea without cough, which were probably asthmatic in character. Vomiting and œdema of lower extremities first occurred about six months ago. During the past two weeks she has suffered from some pain in the back, and her urine has been scanty and high-colored. The vision has always been good. Upon admission the patient presented an anæmic appearance, the breath was short, and the appetite poor. Examination of the urine gave s. g. 1010, albumen and casts. Physical examination of the chest negative.

Sept. 26th.—Under the influence of diuretics and tincture of iron the patient's urine became more abundant, but giving same results by chemical and microscopical examinations.

Oct. 28th.—The patient does not pass much urine; complains of pain in her back and shortness of breath.

Upon physical examination of the chest, the area of cardiac dulness is found to be very much increased, and with this there is a murmur with the first sound of the heart at the base. The patient now has pericarditis, with considerable effusion of serous fluid into the pericardial sac. There is considerable œdema of the lower extremities, and also considerable fluid in the abdominal cavity. Her face does not show any dropsy, and there is but slight indication of its diffusion by making pressure over the sternum. The question may arise here, is this a case of pericarditis, the inflammation giving rise to the effusion into the pericardial sac; or is it a case of hydrops-pericardium due to the chronic renal affection? There is a slight, but a sufficiently distinct friction murmur occasionally heard, and this sign, be it ever so slight, indicates pericarditis, with a single exception. Sometimes, when there is a pleurisy of the left side, the action of the heart causes the exterior of the pericardial sac to rub against the pleural surface, causing a friction murmur with the cardiac rhythm, and this is called a cardiac pleural friction murmur. If the murmur were of this kind, it should be heard at the left lateral portion of the pericardium. But the friction murmur is more to the right, nearer to the base; it is superficial in character, being a slight grazing sound.

Taking into account the existence of pericardial effusion, there can be no doubt that the murmur denotes pericarditis. Pleurisy can be excluded because an abrupt line of dulness denotes the boundaries of the distended pericardial sac, good resonance on percussion being found everywhere without these boundaries. A simple enlargement of the heart would not produce the dulness which is here found to extend above the base of the organ. The increased space of dulness in cardiac hypertrophy is downwards and to the left. This patient is not suffering much pain, nor is pain a constant symptom of pericarditis. Pain in this disease is sometimes extreme, and sometimes almost entirely wanting. We have, then, in this case another example of serous inflammation developed in the course of chronic renal disease, belonging among the grave secondary affections.

As regards the measures of treatment addressed to the pericarditis, in this case some soothing applications should be made to the præcordia; a light poultice, or the water dressing covered with oiled muslin, and an abundance of flannel. If the kidneys are found to respond to diuretics, these are indicated for a two-fold purpose, as follows: to eliminate urea, and to promote the absorption of the liquid in the pericardial sac. Rigid quietude is to be enforced. There is danger of sudden death by syncope on exertion in cases of pericardial effusion. The condition of the patient will not admit of the employment of the active hydragogues with a view to the absorption of the effused

liquid; but if the kidneys do not respond to diuretics, saline cathartics, or perhaps the pulvis purgans, may be advisable. The patient should be well nourished. Digitalis will be likely to be useful by increasing the power of the heart's action.

The third case illustrates a condition associated with, but probably not dependent upon, the renal disease.

The patient's name is Miss C---, æt. 22. She was admitted to the hospital on the 2d day of September. Family history good. Since last May she has had more or less œdema of the lower extremities. The dropsy extended up the limbs, appeared on the face, and then about the body. She has had occasional nausea and diarrhoea. Exercise gives rise to palpitation of the heart and want of breath. This patient has a pallid countenance, but this is not as marked as when first admitted. Examination of the urine at the time of admission gave a low specific gravity, with albumen and granular and epithelial casts; subsequently, hyaline casts were found.

September 5th, hydro-peritoneum made its appearance, which has continued and somewhat increased up to this date, Oct. 30th; and at the present time there is, as you see, considerable œdema of the lower extremities. No œdema of the face. The question arises in this case, is this hydro-peritoneum due entirely to the renal disease, or in part to some other cause? Although we have evidences of renal disease, I am quite sure that there is some other affection to account for the hydro-peritoneum. The hydro-peritoneum in renal disease sustains a relation to the dropsy in other parts of the body. But the general dropsy in this case is not an important feature, and this leads us to conclude that the hydro-peritoneum is due to some other disease than the renal disease. It is probably due to disease of the liver—but the expiration of my hour prevents further consideration of the case.—*Medical Record.*

TREATMENT OF SALIVATION BY ATROPIA.—The patient, a woman of sixty-eight years, had had two attacks of apoplexy followed by hemiplegia of the left side. On being admitted into Dr. Ebstein's wards (Breslau Hospital) profuse salivation was observed. According to the patient it had begun a month previously. Atropia was administered internally without any effect. On the dose being increased the quantity of saliva diminished. Atropia (the sulphate) was then injected hypodermically, and after seven minutes the salivation was stopped. On doubling the dose the secretion was arrested for twelve hours. Dr. Ebstein explains the action of the drug through its influence on the permanent irritation of the secretory fibres of the salivary glands.

ON RECENT THERAPEUTICS.

Professor Prosser James, M. D., in a lecture reported in the *Medical Press and Circular*, has the following summary:—

No greater shock to ancient prejudices could well have been given than the proposal to keep fever patients in cold baths for hours; but it has been done, and the improvement has been measured by the thermometer. By cold baths it is to be understood that the water is to be a little cooler than the body of the patient, not that the contrast is too violent or the shock great. Here it is singular to note that the system called hydropathy has, after all, a rational foundation, though the excess to which it has been carried by ignorant charlatans has been as injurious as it was unscientific. The rational use of cool water in febrile diseases has been fairly tried in the London Hospital, and it is to be hoped that the profession will not abandon it to pretenders. I may add that where, as too often happens in private practice, there are many obstacles to the employment of prolonged baths, similar results may be obtained by assiduously and regularly sponging the surface.

Recent observations also go to prove that quinine possesses a considerable power of reducing the temperature in pyrexia, and the discovery enables us to see why it is sometimes so useful a remedy, and to measure its effect.

Another agent which recent research tends to prove possesses like properties is alcohol. In all its forms this has long been employed as a stimulant, and it will, perhaps, require further investigation to convince many that their sensations mislead them when they fancy it warms them. As to the medical use of alcohol, we have seen it go through a complete cycle of change, a circumstance that might well persuade us that it has not always been rationally employed, and that may also suggest doubts whether we even yet understand and appreciate its properties. Physiological experiment is probably leading us to the true method of employing it, and its power of reducing the temperature is an objective fact that may shortly receive its true interpretation.

The next remedy I cite is electricity. Assuredly we have lately made great strides in applying electrical influences to the cure of disease. The galvano-cautery is in many cases taking the place of the knife or of the hot iron. The silent, painless continuous current is made to effect what was vainly hoped for from the more obvious and painful shocks. We remove pain, get rid of effusions, nay, disperse solids by the galvanic current. No greater triumph of treatment can be mentioned than that involved in the removal of tumors by electrolysis. On the discovery of the great power thus placed in our hands, I applied it at once in

cases of bronchocele, of large size, that had resisted all other treatment, and I am glad to be able to state that it was very successful.—*Med. and Surg. Reporter.*

A NEW OPERATION FOR ANEURISM.

At the time when the subject of aneurism is exciting a good deal of attention, the following history furnished by the *Philadelphia Medical Times* will be read with interest:—

“On Monday, October 13th, Dr. R. J. Levis performed, at the Pennsylvania Hospital, an operation so novel in its conception, so plausible in its theory, and, if it turn out successful, so important in its power of saving life, that it seems worthy of editorial notice. The case was one of subclavian aneurism, involving, it is believed at least to the extent of dilation, the innominate. Tying the artery has been thought by the surgeons who have examined the case to be of more than doubtful expediency, and Dr. Levis has carried out a procedure which he tells us has long been in his mind. As everyone knows, the late Charles H. Moore, surgeon to the Middlesex Hospital, conceived and put into execution the idea of introducing fine iron wire into aneurisms, to afford a nucleus about which clots should form. His practice has been followed in two cases, by Dr. Donville and Mr. Murray, both English surgeons. If we remember aright, in each of these instances the aorta was the artery involved, and the result was unfavourable.

“Dr. Levis's idea consists in the use of horse-hair, with the belief or expectation that it will offer sufficient obstacle to the blood current to cause coagulation, and at the same time, being animal in its nature and not apt to undergo rapid decomposition, like the catgut ligature, will cause no irritation and not give rise to suppuration.

“The horse-hair was introduced through a fine sharp needle canula, which was plunged into the sac. No difficulty was experienced in its introduction, and twenty-four feet nine inches of it were safely stowed away in the aneurism. In all probability this mass was driven in great part into the distal portion of the aneurism by the blood-current. Be this as it may, a marked diminution in the force of the pulsation of the aneurism and of the pulse of the wrist was at once induced. This has increased since the operation, the tumour has also gained greatly in solidity, the pain has lessened very much, and no unfavorable symptoms have resulted. As, on the other hand, the radial pulse and the aneurismal throb have never disappeared entirely, and as the dangers of suppuration of the sac are not yet past, it is too early to predict the result.—*The Doctor.*

ABDOMINAL SECTION FOR INTUSSUSCEPTION.

The paper on a "Case of Successful Abdominal Section for Intussusception of the Ileo-cæcal portion of the Intestines," by Mr. Jonathan Hutchinson, which was read before the members of the Medical and Chirurgical Society recently, opened up some questions in surgery on which the most diverse opinions are held, but the solution of which is of great practical importance. The report of the case, and a summary of the conclusions drawn therefrom, have already appeared in our columns; but the general merits of the case are sufficiently important to deserve further notice. Intussusception of the bowels is so rare, that it seldom falls to the lot of one man to see more than a few cases, but is at the same time so urgent when it does occur, that, unless the surgeon or physician is already *au courant* with the most advanced knowledge of treatment, the case may terminate fatally before he has determined the best mode of action. Hence the desirability of ascertaining the worth of any proposal which offers a safe and tolerably certain course. Although the recorded cases are widely scattered, a sufficiently large number may be found in surgical literature to furnish materials for something more than vague generalisations as to the diagnosis and the treatment of this affection. As it is, partly from the fact that few cases have come under the notice of any one man, and partly because the cases have fallen indifferently to physicians and surgeons, who naturally regard them from different stand points, no definite conclusions have been drawn from the cases hitherto met with, and, as a result of the imperfect impressions thus acquired, different authorities have formed different opinions as to the best mode of treatment. Sufficient care has not been taken to differentiate the numerous varieties of the affection. Practically, the cases may be divided into colic, ileo-cæcal, iliac, and jejunal, and for each of these a different treatment may be required. For instance, the inflation of air, which has been lauded by some and condemned as useless by others, is evidently unfitted for cases of intussusception of the small intestines, and even for the very rare form in which the ileum is extended through the ileo-cæcal valve, from the physical impossibility of forcing the air beyond the valve. Clearly, the only cases in which this treatment can be of any avail, are the colic or ileo-cæcal varieties, and even here it often fails.

Seeing, then, that there is a certain class of cases which cannot be cured by ordinary means, it becomes a question whether the operation of gastro-tomy does not present a fair prospect of success in some cases. It is true that numerous objections may be, and have been, urged against its perform-

ance, such as the serious nature of the operation, the frequent presence of peritonitis, with adhesions which would prevent the reduction of the bowel, and the clinical fact that some cases, which were apparently hopeless, recover either by spontaneous reduction or the separation of the invaginated portion. To this it has been replied, that the operation is not more dangerous than the disease for which it is performed, and that a large number of autopsies have established the fact that peritonitis is by no means so frequent as is imagined, and that reduction is often not attended with any degree of difficulty. Moreover, before an operation is decided upon, it is desirable that the nature and seat of the intussusception be carefully made out by examination through the abdominal walls and by the rectum, and, by estimating the severity of the symptoms, to ascertain the real conditions, and to determine whether adhesions are likely to be present or not. It is therefore necessary to distinguish between an incarcerated and a strangulated intussusception. In the latter an abdominal section would be an unjustifiable interference with the processes of nature, and would almost inevitably be attended with failure from the presence of firm adhesions. In the former variety, however, provided that all milder measures had failed, it seems that the operation holds forth the only hope of life, more especially if the case be of long duration, and be gradually increasing, as, in such cases, owing to the smaller degree of compression, adhesive inflammation is less likely to have occurred in the folds of the invagination. It is evident, therefore, that the operation is strictly elective, and cannot be indiscriminately applied in all cases or undertaken with precipitancy, but only after the fullest consideration of the conditions likely to influence for good or for evil the ultimate issues.

As Mr. Hutchinson's statements that peritonitis is rare, that the bowel may easily be withdrawn even when it looks black and gangrenous, and that in young children the disease when left to itself is almost always fatal, are somewhat at variance with the opinions of most surgical writers on the subject, we must wait for more data before allotting to the operation of abdominal section for intussusception of the intestines a settled and recognised place in practical surgery.—*Lancet*.

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SUBCUTANEOUS INJECTIONS. — Dr. Constantin Paul recommends glycerine as a dissolvent for subcutaneous injections. He considers it to be far superior to water, alcohol, etc.; it is neutral, can be kept easily, and is, of all liquids, the one which approaches the nearest to the composition of subcutaneous cellular tissue. Glycerine is, indeed, almost a normal substance for cellulo-adipose tissues.—*Lancet*.

ACTION OF VALERIAN IN DIABETES.—Dr. Bouchard, of La Charité Hospital, has been making a trial of valerian in diabetes. In diabetes without sugar the medicament did not seem to diminish the quantity of urine, but azoturia was obviously amended. The quantity of urea discharged in the twenty-four hours was much diminished; it decreased from forty-five grammes (about eleven drachms) to ten grammes (two drachms and a half). The same results were observed in diabetes mellitus. In these cases, when there existed azoturia together with glycosuria, the quantity of urea always diminished under the influence of valerian. In some cases there was less excretion of water and sugar; but these effects seemed uncertain. But decrease in the production of urea was invariable. Valerian therefore prevents de-nutrition, and may be considered a saving medicament (*medicament d'épargne*). Dr. Bouchard, in respect to this latter quality, quotes the customs of various Indian tribes, among whom the warriors, during a month previous to going out to fight, make use of valerian in every shape—in baths, in frictions, and internally. They ascribe to the substance the strength and courage which they feel in going through long marches, fatigue, and privation of food. This property of valerian has been observed in arsenic and bromide of potassium. Dr. Bouchard commenced with weak doses, which he gradually increased to one ounce of extract of valerian without noticing any inconvenience.

EXTRACTION OF RENAL CALCULUS MORE THAN A CENTURY AGO.—In a rather scarce book called "Mem., Maxims, and Memoirs, by William Wadd, Esq., F.L.S., Surgeon Extraordinary to the King, London, 1827," I find, on page 24, the following note or memorandum:—"Mr. Paul, a surgeon at Stroud, in Gloucestershire, lately extracted from the kidneys of a woman, by an incision through her back, a rough stone as large as a pigeon's egg, and made an entire cure. It is the first of the kind ever performed in this kingdom.—*Gen's Magazine*, Aug., 1733." This struck me as so extraordinary, and, in view of some recent cases and articles in your medical journals, so interesting, that I thought perhaps you might think it worth a place in your journal. Should you desire it, I might send you some other curious reminiscences from this same book.—POOLEY.—*N. Y. Rev.*, Oct. 15, '73.—*The Clinic*.

FOR CHAFING OF INFANTS.—Take of powdered starch two parts, white oxide of zinc one part. Make a fine, well mixed powder. Dust the abraded places with the powder, after proper cleansing.

Sir James Paget says the best wash for hardening the skin to prevent bed-sores, is one part of sweet spirits of nitre to three parts of water.

AN INSTRUMENT FOR THE REMOVAL OF RETAINED PLACENTA.

Dr. Adolph Rasch, at the last meeting of the British Medical Association [*Obstet. Jour. of Great Britain*, Oct., '73.] advocated mechanical procedures for removing the ovum in those cases of abortion in which ergot and cold failed to arrest the hæmorrhage, and the tampon has been given a fair trial without bringing away the contents of the uterus. In most cases this can be done by the fingers in the vagina, aided by outward fixation of the uterus. But still cases occur where the retained placenta can be touched but not brought down, and where prolonged and dangerous hæmorrhage makes a speedy removal imperative. The instruments contrived for that purpose seem to Dr. Rasch to all have the fault in common that the operator does not feel what he has hold of. His instrument is a sensitive forceps, one half of which consists of the index finger, the other half of a scoop, with a finely toothed bowl just large enough for the tip of the index finger, on which it is to be introduced through the os. The scoop is pushed up on the outer side of the placenta, the index finger guiding, and at last pressing the latter into the bowl. Three fingers of the same hand perform, by pressing the stem into the hollow of the hand, what is necessary to transform this single blade, or half forceps, into a complete one. Thus all danger of injuring the uterus is obviated, and a firm purchase of the placenta or membranes effected. After five years' trial Dr. Rasch warmly recommends his simple and cheap instrument.—*Northwestern Med. and Surg. Jour.*

SKIN DISEASES.—Dr. L. D. Buckley uses in skin diseases an alkaline solution of tar. The prescription is as follows:

R.	Picis liquidæ,	ʒij.
	Potassæ causticæ,	ʒj.
	Aquæ destillatæ.	ʒv.

M. ft. "*Liquor picis alkalinus*."

He adds:—"I have used this very extensively in the treatment of skin diseases, and with results highly satisfactory; and a number of my professional friends have employed it with advantage also."

SUGAR AND MAGNESIA AN ANTIDOTE TO ARSENIC.—The *Mouvement Medical* relates various experiments conducted by Mr. Carl, with the result of showing that sugar, mixed with magnesia, may serve as an antidote in cases of poisoning by arsenious acid, in which cases, too, the internal use of hydrated magnesia is most valuable.—*Lancet*, August 2, 1873.

DIAGNOSIS BETWEEN GENERAL PARESIS AND PROGRESSIVE LOCOMOTOR ATAXY.

BY W. H. O. SANKEY, M.D., LOND.; F.R.C.P.

(Lecturer on Mental Diseases at University College.)

I have formerly, when speaking of the diagnosis of general paresis (or general paralysis of the insane), satisfied myself with but a slight allusion to locomotor ataxy; believing that the phenomena were sufficiently distinct in character in each of these diseases to prevent any confusion between them, and such, indeed, is the case in a large majority of the examples met with.

The word ataxy literally means want of order, and, when applied to movements, it is called locomotor ataxy; a condition of such ataxy is met with in the insane occasionally as a symptom, and occurs as an accidental complication, just as we have also various other kinds of derangement of the nerve-function, as anæsthesia, convulsions, partial and local paralysis, &c. I think that in some of such cases the ataxy has been engrafted upon the mental disease; in others, perhaps the insanity has occurred in an ataxic individual. I had a patient whose ataxic symptoms were strongly marked, and could, I think, be traced to a cause occurring subsequently to the attack of insanity. The patient was taken with the usual symptoms of melancholia with suicidal propensities, and she succeeded in throwing herself out of her first floor window, she fell vertically upon her sacrum. Ataxic symptoms gradually appeared and increased, and she died about thirteen years after the commencement of the insanity. In a second case, the history, as gleaned several years after the events occurred, seemed to show a similar origin and course. But it is not so much perhaps these cases, with ataxy occurring symptomatically, which would put on the appearance of general paresis; but rather certain forms of the disease which have been variously named, but which is best known perhaps by its appellation of progressive locomotor ataxy.

I am fully disposed to believe that many cases of true locomotor ataxy have been considered to be general paresis. The diagnosis is easy enough when there are no cerebral symptoms; but, if any degree of mental disturbance existed in a case of ataxy, a mistake might be readily made. Some years ago, every case showing a degree of imbecility with impaired powers of locomotion, would have satisfied the diagnosis of general paresis, and such cases would have been sent into the asylum. The removal of many of these cases into the asylums has taken them from the observation of the general and hospital physician, and thus their frequency is not known to him; while the asylum physician, seeing chiefly another phase of the dis-

case, is less likely to recognise the true relationship of his cases with those described without mental disturbance. I have of late met with several cases of progressive locomotor ataxy which, at the first glance, might be easily taken for cases of paresis; and some of them, indeed, have been so diagnosed by very competent men. I feel it to be the more important, therefore, that I should point out the distinction between these two diseases; and the diagnosis is of some consequence, for the future progress and duration of them differs considerably. The expectation of life in general paresis is from two to five years, while some cases of ataxy extend over ten, fifteen, and twenty years.

To avoid repetition, I will, in what is to follow, use the word ataxy instead of progressive locomotor ataxy, and paresis instead of general paresis (or paralysis) of the insane.

As I have already said, in typical cases without any mental disturbance, ataxy would not resemble paresis at all. The peculiar form of delirium, on the other hand—the *delire des grandeurs*—would, by its presence, pretty nearly decide that the case was one of paresis; but the fact is that, in certain cases of paresis, and in a certain stage of that disease, this symptom is not well marked.

There is also much variation in the symptoms of the disease, progressive locomotor ataxy. I will therefore give you a sketch of the forms in which it is to be met with, following M. Topinard in his work on the subject. I must premise, however, that what he describes is the disease as found in general hospitals. Nevertheless, he says that cerebral disturbance existed in several cases, and impairment of memory in one-tenth of the whole; and this I believe to be below the mark of cases generally. Earlier writers insisted much on the presence of certain symptoms as essential to the diagnosis of ataxy, such as the inability of the patient to walk blindfold; and some considered that the case was not ataxy without this symptom. More recent writers give the disease a much wider range; and, indeed, they will tell you that that peculiar symptom is by no means a frequent one.

M. Topinard, in his work *L'Ataxie Locomotrice*, makes a summary of the phenomena observed in 150 collected cases. I will quote his description at length, by way of presenting you a contrast to the account given in a former lecture of general paresis. He arranges the whole of his cases in ten groups; and those who have seen much of ataxy will readily recognise most of these typical forms. In our clinical meetings I shall be able to show you several of them.

M. Topinard's arrangement is as follows:

First Type.—The patient is ataxic in the lower or upper extremities. He staggers, and is more awkward when he closes his eyes, and there is little more than this to be observed.

Second Type.—Besides the above phenomena,

the patient is not conscious of the movements he executes, or of the position of his extremities, and has some cutaneous anæsthesia.

Third Type.—The patient is ataxic more or less manifestly. In most cases there are pains in the back, a little numbness, some retention of urine, and more or less true paralysis, etc. But the symptoms are rigorously confined to the lower extremities.

Fourth Type.—The patient is plainly ataxic; besides which, he has in his lower extremities excruciating nerve-pain (likened to the pain of toothache), of which the commencement may be traced sometimes to several years back; then come numbness, dulness of sensibility limited to the lower limbs, loss of sexual appetite, and pelvic complications (as want of control over the rectum and bladder). In general, there is no lumbar pain nor paralysis beyond that which one might describe as muscular weakness.

Fifth Type.—The nerve-pain (pain like toothache) continues some years, constituting, as in the previous type, a first stage of the affection; then there are added ophthalmic phenomena (amaurosis, diplopia, etc.); then follow embarrassment in speech, and even slight deafness or hardness of hearing, either transient or persistent. Next come anaphrodisia, and at length pelvic complications, which make up a second period. The numbness, ataxy, cutaneous and muscular anæsthesia (both more or less marked) attack the lower extremities. The commencement of the disease is insidious, its course irregularly progressive, and its duration indefinite.

Sixth Type.—The phenomena are the same as above (type 5), with the exception that the symptoms, or at least the principal symptoms, which characterize the first period, disappear in the second stage; thus suppressing or considerably diminishing the severity of the early symptoms.

Seventh Type.—The course and progress are the same as in the above, except that the commencement of the case showed itself by cerebral or spinal symptoms of acute or subacute pain; the evolution of the disease continuing in other respects as in the two previous types.

Eighth Type.—The same phenomena as the above, except that the course of the disease is interrupted by cerebral and spinal complications.

Ninth Type.—The same course as in 5, 6, 7, 8, only a complete or incomplete paralysis is added.

Tenth Type.—Obeying the course laid out in type 5, the case runs a more rapid course, and terminates by an absolute paralysis. (*De l'Ataxie Locomotrice*, par Dr. Topinard, Paris, 1864).

Now, bearing in mind the phenomena as they present themselves to us in general paresis, and comparing them with the symptoms as given in M. Topinard's summary of locomotor ataxy, it would seem (I cannot in the present state of our know-

ledge use a stronger term) that the one set of phenomena began at one pole of the nerve-centres, and the other at the opposite; the phenomena of the one belong chiefly to the cerebral, and the other to the spinal, system. While the phenomena are thus polarized, they appear distinct, and the differences can be readily observed; but as the disease extends, the one, as it were, from below upwards, and the other from above downwards, the symptoms tend at the same time to assimilate or become of mixed character. There is, I think, in most cases of paresis at some stage a certain amount of ataxy or want of order; while on the other hand, in cases of ataxy there is some degree of paresis or want of power, and in not a few some mental imbecility, amnesia, stammering, and imperfect articulation, which give a case a kind of resemblance to one of paresis.

The history of the cases, however, will enable you to distinguish between these diseases, even at their most resembling period. In paresis, the mental symptoms are always present, and always precede the motor phenomena (if the motor symptoms ever precede the mental, as they are stated by some to do occasionally; it is certainly very exceptional). The first symptoms in paresis are chiefly cerebral; viz.: mental excitement, great garrulity, noisy hilarity, bragging, early violence of behaviour, and very usually some exhibition of libidinous conduct; and on the subsidence of excitement, the mind is found to be weak, and the motor phenomena gradually make their appearance.

On the other hand, in ataxy, to describe the case most likely to be confounded with paresis, the commencement is in the spinal functions. There is first an attack of pain of some remote part—of pain likened to the pain of toothache—occurring most frequently in the lower extremities, and dating several years back, considered at the time perhaps to be rheumatic; this pain is worse toward evening, or when the patient is not mentally occupied; it may improve or disappear for a time and return. Then follows a slight degree of numbness of the part; the patient feels as if he trod on wool; occasionally "pins and needles" attack the part; in fact, these phenomena which we have all experienced after sitting in an awkward position, when one's own leg has "gone to sleep." There is, as most of us know, want of feeling, want of recognition of the member, especially as to its size, and even its ownership, then atrocious pain and pins and needles. In the disease, on the subsidence of pain, the patients exhibit some awkwardness in gait; the ataxy or want of order in the movement is evident. These symptoms may extend over ten or twelve years with very little change. Except, perhaps, increasing awkwardness in gait, there is doubtless some numbness of the cutaneous surface in the course

of the disease; the phenomena appear to spread upwards by involving the functions of the nerves higher up; the erection of the penis, and soon afterwards the sexual appetite are lost, and the disease ascends; the expulsive power of the bladder and rectum become impaired. All this occurs while little change takes place in the mental functions; but in other cases the mind appears imbecile, the memory is affected, and there is distinct alteration in behaviour and conduct; but there are no lofty ideas, no excessive excitement and garrulity, and in no case have I met with paroxysms of violence or libidinous ideas.

The differences may better seen in a tabulated form.

Paresis.

Runs its course in a few years.

Commences with mental symptoms.

Is attended with libidinous ideas.

The motor symptoms are secondary in the order of time.

Is only rarely complicated with pelvic difficulties.

There often is great violence.

Atary.

Is much slower usually, and may last ten or even twenty years.

Commences with pain in a distal nerve.

Is attended with absence of sexual feeling.

The motor symptoms are the primary phenomena.

Pelvic symptoms are a prominent feature.

The mental phenomena are imbecility and impaired memory.

—*Brit. Med. Journal.*

CLINICAL LECTURE ON A CASE OF PLEURISY.

BY GEORGE JOHNSON, M.D.,

Physician to King's College Hospital.

T. L., aged 16, an errand boy, was admitted under my care on June 18th. On June 9th, he left off his waistcoat, and in consequence, got a chill. On the 12th, he first felt pain in the left side, of a dull aching character. The pain was increased by exertion and by a deep breath; and being unable to continue his work, he went home to bed. The pain continued; and he lost his appetite, and felt weak. On the 18th, when admitted into the hospital, the left side of the chest had a rounded form, the intercostal spaces bulged, and the ribs were nearly motionless. The left side measured 14½ inches, the right 14 inches. The heart was seen and felt beating to the right of the sternum. The whole left side was dull on percussion from base to apex. No respiratory sound was audible, except an indistinct and distant blowing near the spine. Vocal fremitus was absent. On the right side, there were normal resonance and puerile respirations. Respirations 34; pulse 120; temperature 101.4; urine normal. The boy had a pale, deli-

cate, and emaciated look, and a malar flush on the face. Here we obviously had to deal with a very copious liquid effusion into the left pleura; and, after watching the case for a few days, I determined, for reasons which I will presently explain, to have the liquid withdrawn.

On June 26th, the house surgeon, Mr. Duncan, introduced a fine canula through the ninth intercostal space in a line below the angle of the scapula, and drew off with an aspirator forty-one ounces of opalescent fluid. The wound was then closed, and no air admitted into the pleura. The admission of air into the pleura, if it do not increase the risk of suppuration within the cavity, certainly tends to compress the lung, and so to impede, if not entirely to prevent its expansion after the removal of the liquid. Within a few minutes after its removal, the liquid formed a firm gelatinous coagulum. The withdrawal of the liquid was attended with immediate relief to the breathing.

Two days afterwards, the left side of the chest had regained its normal form and size, and its movement was nearly as free as that of the right. From that time his progress towards recovery was continuous and rapid; the normal resonance and respiratory sounds gradually returned; and last note of him, on July 21st, just before he left the hospital, was to the effect the only remains of abnormal physical signs were some dulness on percussion and feeble respiration below the angle of the left scapula, the result, probal of false membranes over that part of the lung.

Now, I wish to point out to you that there are two conditions which greatly impede the absorption of the serous effusion of pleurisy. These are, 1, so copious an effusion of liquid as to distend the pleural cavity; 2, a thick layer of unorganized fibrin covering the surface of the pleura. A very copious liquid effusion impedes absorption, partly by obstructing the flow of blood through the compressed lung, thereby causing a general fulness of the systemic veins, including, of course, the bronchial veins; partly by directly compressing the subpleural veins, thus retarding the return of blood, and causing capillary engorgement beneath the pleura. When the pressure of liquid is sufficient to cause bulging of the intercostal spaces, such as occurred in this case, it is obvious that the intercostal venous circulation must be seriously impeded. The mechanical withdrawal of a sufficient amount of the liquid effusion to relieve tension of the cavity and remove pressure from the lung, and the veins beneath the pulmonary and the costal pleura, will usually be followed by a quickened absorption of the liquid which remains in the pleura. In like manner, when anasarcaous swelling of the legs has rendered the skin so tense as to impede the return of blood by the veins, and thus to favour the increase of the dropsical swelling, the discharge of some liquid through the skin is usu-

ally followed by the absorption of a further portion of the dropsical effusion, which entering the circulation, exerts a diuretic influence upon the kidney, and excites a copious flow of urine.

There is no difficulty in understanding that a thick layer of fibrin covering the surface of the pleura, and therefore interposed between the sub-pleural vessels and the liquid effusion, must greatly impede the absorption of the liquid. In some cases of pleurisy, with copious liquid effusion, the pleura has been covered by firm unorganized fibrin from a quarter to half an inch in thickness. Now I wish to show you that an exact knowledge of the mode in which a thick layer of fibrin is formed upon an inflamed pleura affords a powerful argument for early tapping in cases of pleurisy with copious liquid effusion. The explanation which I am about to give you applies to the formation of false membranes upon the pericardium and peritoneum, as well as upon the pleura. In the first stage of inflammation, the serous membrane is roughened by a thin layer of exuded lymph; in the next stage there is an effusion, more or less copious, of an albumino-fibrinous liquid. Then the subsequent thickening of the false membrane on the pleura occurs by successive deposits of fibrin from the liquid effusion upon the previously exuded and deposited lymph. The process is exactly analogous to that which occurs on the surface of an inflamed cardiac valve. The endocardium being roughened by a scanty exudation of lymph, there occurs a subsequent deposit of fibrin from the blood upon the damaged valve, and thus the so-called warty vegetations are formed. The fibrin coagulates and is deposited upon any part of the endocardium which has been roughened by inflammation, as it coagulates and concretes upon a wire or other foreign body introduced within the vessels of a living animal.

The liquid effusion of pleurisy may be looked upon as blood minus its red corpuscles. We have seen that the liquid drawn from our patient's chest quickly clotted into a gelatinous mass; and this coagulation, which occurs rapidly after the removal of the fluid from the chest, often takes place gradually within the chest, upon the roughened surface of the inflamed pleura. The explanation which I have given you of the process by which fibrin is deposited from the liquid effusion of pleurisy is in accordance with the fact that, while in cases of dry pleurisy the effused lymph is comparatively scanty, the very thick and firm false membranes occur only in association with a copious liquid effusion.

And now for the practical application of this pathological doctrine. It is obvious, that the longer the liquid effusion of pleurisy remains within the chest, the greater is the probability of a copious deposit of fibrin upon the roughened surface of the pleura, and the thicker this fibrinous deposit, the less is the probability that the liquid

will be absorbed. These considerations, then, suggest the expediency of early tapping in all cases of pleurisy with a copious liquid effusion; and I have no doubt that the timely performance of thoracentesis in the case of our patient greatly promoted his recovery. If the liquid had not been pumped out of the chest, it is probable that the pleura would have become coated over by successive layers of fibrin deposited upon its surface; the result would have been a tedious convalescence, and ultimately an incomplete recovery, with more or less contraction of the side, the lung being bound down, and its expansion prevented by a thick and firm false membrane over its surface.—*Brit. Med. Journal*, Oct. 25, 1873.

ERGOT IN EPISTAXIS.

Mr. C., aged 37, civil engineer, applied to me in the latter part of May on account of bleeding of the nose, recurring daily, and sometimes two or three times a day. The amount of blood lost each time was trifling, but the resulting annoyance was very great. The patient, naturally of rather a delicate organization, was performing an excessive amount of mental labor, and his health had suffered considerably in consequence. Digestion was slowly and imperfectly performed, and he was much annoyed with flatulence disturbing his rest at night. Direct and rhinoscopic examination showed no abnormal condition of the nasal mucous membrane, except that the portion covering the septum on the left side was for a part of its extent unduly red.

A variety of astringents were applied locally by means of both the brush and the syringe, and such general treatment was resorted to as the symptoms demanded. This course was followed persistently for two weeks, when the general health had somewhat improved, and the congested appearance of the nasal mucous membrane, as far as open to inspection, had disappeared. Still the hemorrhages recurred as frequently as ever, being often apparently provoked by the very applications intended to prevent them. I then prescribed the fluid extract of ergot, twenty drops to be taken three times a day. This was continued for ten days, with the effect of entirely restraining the bleeding from the time the first dose was taken. The medicine was then omitted, but in a few days the bleeding began anew. It was immediately arrested by a return to the medicine, and has not since returned, the drug being continued at gradually increasing intervals for nearly a month, when it was entirely discontinued.—*Dr. Smith, in the Medical Record.*

THE CANADA LANCET :

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. Johns, N.B.; J. M. BALDWIN, 805 Broadway, New York, and BALLIÈRE, TINDALL & COX, 20 King William street, Strand, London, England.

TORONTO, JANUARY 1, 1874.

PUBLIC HEALTH.

An Act entitled "An Act to amend the laws relating to public health," was passed in England on the 10th of August, 1872, the provisions of which may be briefly summarized thus: It enacts that from this date England shall be divided into districts, urban and rural. The Mayor, Aldermen and burgesses of a borough, the improvement commissioners of an improvement district, and the Local Board in a local government district, are to form the local sanitary authorities in urban districts, and the guardians of the union, with certain exceptions in the rural districts. It shall be the duty of every urban sanitary authority to appoint a medical officer of health, and of every rural sanitary authority to appoint a medical officer, an inspector of nuisances, and other necessary assistants. The one clause which seems to point that this legislation is anything more than permissive, is the 18th, which gives power to the inspectors of the Local Government Board to attend any meeting of the local boards, with powers similar to those of Poor Law Inspector under Poor Law Act.

On the probable results of such legislation a writer in the *British Quarterly Review* for July, 1873, thus speaks: "It may be more conducive both to the political and to the personal tranquility of the hour, to leave England, nominally divided into sanitary districts, to continue its wonted apathy in the presence of dangers that affect health, and that are disregarded because they are not actually visible; but we cannot conceive a responsibility more serious than that which is involved in such a neglect, now that the need of administrative action has been admitted. While the government fails to

ascertain the main laws of sanitary science, and of sanitary engineering, and to communicate to the country the experience which it has acquired, and to guide the several districts in the application of that knowledge, for every life that is lost by preventable disease, for every hour that is wasted in cases like those that have been cited (see paper quoted), the Minister of Public Health is responsible. It may not be a parliamentary responsibility, but it is one that will have to be encountered before a tribunal more searching than Parliament—the tribunal before which conscience pleads, and the verdict of which is recorded by posterity."

Mutatis Mutandis these remarks apply with equal force to the Dominion Government. "With the broadest margin for the independent action of the different local authorities, the discharge by the Government of the functions, which only a central authority can perform, is perfectly consistent. It is the duty of such an authority to define those great principles on which all sanitary engineering shall be conducted: to make clear the present state of definite knowledge attained by science, and to give asked or unasked, to every sanitary body, the normal plan by which its efforts should be guided. The central authority has the means, and alone has the means of acquiring the information which the country demands. It is its duty both to acquire and communicate it."

That there exists in this Canada of ours equal occasion for animadversion on the present perfunctory methods of providing against the spread of contagious diseases, of enforcing sanitary laws, and of registering births and deaths must be patent to all.

We require for successful operation uniformity of effort, and that uniformity enforced by the central or Dominion Government. We have had abundant evidence that the deliberations and action of city, municipal and village councils to meet the dangers often suddenly sprung upon them, have been but partial in their success; this failure in a great measure is attributable to faulty administrative arrangements. We consider it of the first importance that the laws regulating public health should be efficiently administered not only on account of the interests of the public, but also for the advancement of the most important of all sciences, *i. e.*, sanitary science.

The probability of the *amour propre* of gentlemen constituting existing boards being touched if

an *imperium in imperio* were established, should not for an instant weigh with the Cabinet of the Dominion when they have too good reason to know that the existing system is insufficient, and affording no satisfactory statistical results. It is not the want of pointing out what ought to be done in the exigency of small pox, infectious diseases generally, or paludal fevers, occurring in our midst that we have reason to complain of, under the present regime, but the want of arbitrary of military exactitude in enforcing the regulations they ordain. Any central board that might be appointed in Ottawa would probably consist of men in no particular the superiors of the members of our profession who have now seats at our local boards, but they would have the advantage of being removed from local influences, and of having supplied to them in the statistical reports of City, Town and Village Boards of Health the materials for forming a basis for future legislation.

No better illustration of the advantages accruing from rigidly enforced ordinances could perhaps be afforded than the following quotation from Guthrie on Diseases of the Peninsula: "The surgeon of a regiment learns the duty of a soldier in addition to that of a doctor, and a military surgeon ought to know the one just as well as the other. I remember a village on the great plain of the Guadiani, near Merida, in which three regiments were quartered in the sickly season of Autumn, when fevers prevail. Three rows of hillocks marked the last resting place of the dead on earth, and my attention was attracted by one row being much shorter than the other two. I found on enquiry that the regiments were very much of the same strength, and entirely under the same circumstances. The doctors were equally able; two were men entering rather on the middle period of life, the third was a very young man, and perhaps the worst doctor of the three, but the short row of tumuli belonged to him. I was very desirous of making this out, and after carefully visiting all the hospitals and quarters I ascertained the reason. He was the better soldier if not the best doctor. His hospitals were in better order, the material was more perfect, the labour bestowed on every part except in physic, was greater, and five per cent. at least of human life was the saving and the result. I never saw it otherwise."

We are instructed by universal experience that

without health man is unfit for a successful discharge of his duties; the causes of bad health result from infringement of the organic laws, from impure air and water supply, noxious inhalations from latrines, sewers and factories, from imperfectly drained land, etc., etc. The remedy for the former rests with the individual, for the latter Government is clearly responsible. That legislators ought to provide to the utmost of their power for the public health may be argued on the common principle that national prosperity and national health are intimately connected. The advocacy of the cause, may by political, and probably some medical *quid nuncs*, be considered quixotic, but it must eventually succeed because it contains the elements of truth and the battle of science like that of freedom

— "Once begun,
Bequeathed, like it, from sire to son,
Though baffled oft, is ever won."

INSANITY IN ITS RELATIONS TO CRIME.

We have just risen from the perusal of a very interesting monograph on "Insanity in its Relation to Crime," by Dr. Hammond of New York. The importance of this subject can scarcely be over-estimated, whether we regard it from the stand-point of science or social economy. The author treats it in a very clear and concise manner. The cases he has selected are from the jurisprudence of a foreign country, in order that there might be "entire absence of all disturbing factors." The cases chosen form the text and are followed by an interesting commentary. In each of the three cases referred to, the plea of insanity it was alleged in behalf of the accused. Each had been guilty of murder, which was proven. In one the plea of insanity was ignored by the jury and he was promptly executed. In the other it was partially entertained, and he was found guilty "with extenuating circumstances." In the third the theory of mental alienation was fully adopted by the jury and he was set at liberty. It would have been a difficult matter to show that any one of these was more responsible than another, and yet a very different verdict was given in each case. Such inconsistencies show the great need of a fixed and definite principle by which all juries should be governed. "The great object of pun-

ishment," the author remarks, "is chiefly the safety of society, and this is secured through punishment in two ways.

1st. By the effect which it has upon the offending individual in intimidating him, in causing him to suffer mental or physical pain as a sort of recompense which he owes to society for his crime; or in placing him in such a condition that it will be impossible for him for a limited period, or ever again, to break the laws.

2nd. By the example which is afforded to others who might feel inclined to commit crimes, but whose vicious inclinations are kept in check by the certainty or probability of the law taking hold of them should they pass the prescribed bounds."

In providing for its safety, society to a great extent, disregards the natural rights of individuals; safety for the property and lives of the majority is of paramount importance and therefore the offender is fined, incarcerated or put to death, according to the nature or extent of his crime. The one great object is to act upon others by the force of example and to deter them from similar crimes, and not so much for the purpose of avenging the violation of the law. It is a well-known fact that many of the insane possess great powers of self-control, and are quite capable of being influenced by the promise of rewards or punishments. Indeed many of the worst asylum patients, may be improved in their conduct, mind and character by being rewarded when they deserve commendation, and punished when they incur censure, and the same is true of the insane outside of the asylum. Give them to understand that they cannot commit a crime without punishment following it, and a power is brought to the aid of their wavering intellects; but if on the other hand, they gain the impression that they, being of unsound mind, are not responsible for what they do, they will make no effort to control their morbid impulses.

The knowledge that an act is right or wrong and contrary to law carries with it responsibility and the man must be held accountable whose acts and declarations prove him to be possessed of such knowledge. Ignorance of the law is no excuse; the safety of society demands that all should be acquainted with the laws of the land in which they live. The individual who has intelligence enough to know that firing off a loaded gun or a pistol at a fellow being or striking him over the head with an axe, are acts which may cause death, should be

held as strictly accountable for his actions as a sane person guilty of a like offence.

The existence of a delusion is regarded as evidence of insanity and this is often pleaded in defence, but the delusion to be a valid defence should be of such nature that if true it would excuse the crime. If an individual should entertain the delusion that some person was attempting to take his life and kills him in self-defence then the homicide would be excusable on the ground of insanity. Delusions which lead to deliberate and premeditated homicide should be punished with the extreme rigor of the law. Such treatment would produce a wholesome and salutary check upon crimes of this kind.

Emotional or temporary insanity is another plea that is often set up by shrewd lawyers to screen the guilty from just punishment, and one that is sometimes successful, although it is a violation of every principle of mental science and common sense. It is impossible for a person to be insane during the commission of a crime and sane immediately before and after. All such cases should be carefully investigated. The preceding and subsequent circumstances, as well as those attendant on the act should be carefully weighed, before determining the sanity or insanity of the individual.

Appropos of this subject is the case of Fox who was tried at Peterboro in November last for the murder of Mrs. Payne and the boy Doughty. The plea of insanity was urged on behalf of the prisoner. He was examined in regard to his state of mind by Drs. Kincaid and O'Sullivan of Peterboro, Dr. Bingham of Warsaw, and also by Dr. Workman, Superintendent of the Lunatic Asylum, Toronto, and Dr. Dickson, of the Rockwood Asylum. These gentlemen were all of opinion that he was simulating insanity, and that though somewhat eccentric in his manner, he knew perfectly well the nature and extent of the crime he had committed, and its consequences. Many of the facts brought out in evidence showed that he had command of his reasoning powers both before and subsequent to the commission of the crime. He was convicted of murder and suffered the extreme penalty of the law on the 22nd of December.

The following additional sums have been received in answer to our appeal in the November issue:—
Dr. Henderson, Arthur, \$2; Dr. Hillary, Aurora, \$1

TORONTO EYE AND EAR INFIRMARY.

The Sixth Annual Meeting of the subscribers to this Institution was held at the Infirmary, No. 21 Adelaide st. West, Tuesday evening the 23rd December.

From the report of the Directors we see that the Infirmary is increasing in usefulness from year to year. The date of the Annual Meeting having been changed from June to October, the Directors and Surgeons have brought down their report to October 1st, embracing a period of 16 months. During this period 510 cases were admitted, 87 as *intern* and 423 as *extern* patients.

This, we learn, is an increase of 151, or about 42 per cent. over the previous 16 months. There were 386 eye patients, 108 ear patients, and in 16 cases the disease was not registered.

The results of treatment are as follows: Diseases of the eye, cured, 130; improved, 150; relieved, 11; disease unknown, 95. Total, 386.

Diseases of the ear, cured, 35; improved, 46; relieved, 7; disease unknown, 20. Total, 108. Not registered, 16.

Classification of diseases of the eye: Eyelids, 83; lachrymal passages, 13; conjunctiva, 116; cornea and sclera, 109; iris and choroid, 14; retina and optic nerve, 16; vitreous body, 2; crystalline lens, 22; ocular muscles, 4; eyeball, 5; sympathetic diseases, 2. Total, 386.

Diseases of the ear: Ext. Meatus, 27; middle ear, 70; eustachian tube, 11. Total, 108. Not registered, 16.

There were 107 surgical operations performed; 27 of which were for cataract. The operation preferred by the surgeons for hard senile cataract is Liebreich's flap downwards, with a small iridectomy. Nine patients were operated upon by that method, and in two cases both eyes were so treated, giving eleven operations. There were no total failures. In one case a subsequent operation for occlusion of the pupil had to be resorted to. In another case the operation was successful, but the eye being amblyopic, vision was very little improved. In a third case (an old woman aged 82) the operation was successful, but a needle operation will be necessary to divide a slightly opaque capsule. In a fourth the result is given as simply "improved." In the remaining cases

more satisfactory results were obtained, the patients regained good vision and were able to read newspaper type with cataract spectacles.

The meeting was brought to a close by a hearty vote of thanks being tendered to A. T. McCord, Esq., President; to W. T. Mason, Esq., Secretary, and to Drs. Rosebrugh, Reeve and Coleman for their gratuitous services. At a subsequent meeting of the new Board of Directors the following appointments were made: Dr. Rosebrugh, Surgeon; Dr. Coleman, Assistant Surgeon; Drs. N. Agnew and W. H. Miller, Clinical Assistants.

FINANCES.—Bills, stating the amount due from each subscriber, will be enclosed in this number, and we hope our friends will not overlook them. The majority of our subscribers require only to be reminded regarding such matters, and many remit without any notice whatever; but there are others to whom we shall be under the necessity of appealing with considerable earnestness, if they still continue to disregard our claims. The demands of our paper-manufacturers, printers and binders are constantly pressing upon us, and must be met. We trust, therefore, that those of our subscribers who are in arrears, and especially those who have never yet contributed anything to the support of the LANCET, will remember us in this season of "compliments and happy greetings," and immediately remit the small amount due.

LEEDS AND GRENVILLE MEDICAL ASSOCIATION.—A meeting of the profession in the above counties was held at Brockville, on the 22nd ult., for the purpose of forming a Med. Association, and to take into consideration the proposed Amendment to the Medical Act. Dr. Morden was chosen President; Dr. Addison of Farmersville, and Dr. Wallace of Spencerville, 1st and 2nd Vice-Presidents; Dr. Elkington, Secretary, and Dr. J. E. Brouse, Treasurer. A General Committee was also appointed, consisting of Drs. Scott, Giles and Sparham, and the officers, who were to, be *ex-officio* members of said committee. Dr. Addison gave notice of the following resolution for next meeting.—That this Association disapproves of the annual taxation of the medical men of Ontario, as proposed in the Medical Bill, sub-section 4, section published in the October number of the *Lancet*.

WASHINGTON vs. TAYLOR.—At the last assizes in Walkerton an action for damages was brought by Dr. Washington against Dr. Taylor of Tara, for having publicly stated that he could prove "manslaughter" and "malpractice" in the treatment of a patient under Dr. W.'s care. (see Oct. No.) It was proved in court that Dr. Taylor did make these statements, but owing to some want of technicality in the indictment the judge (Justice Galt) declared a non-suit. A new trial has been applied for, which is expected to come before the Court of Queen's Bench, Toronto.

In reference to the above, we have received a long letter from Dr. Washington reaffirming the statements in his previous communication, and refuting the statements of Dr. Taylor in the last issue. Dr. Washington's statements are endorsed by the signatures of Mr. and Mrs. Matthew Hammond, guardians of the "child," who express their entire satisfaction with Dr. Washington's treatment of the case, Richard Hammond and others. We do not publish it however, as we think the profession has heard enough of this affair.

TREATMENT OF OBSTINATE FORMS OF EPILEPSY.

--Dr. McLane Hamilton in the *Medical Record* says that the three drugs which give the best results in the treatment of this disease are the bromide of sodium and potassium, ergot and belladonna. He gives the Bromide in 20 grain doses thrice daily, and if necessary, in the course of a week in doses of 30 and even 40 grs., until the toxic effect is produced. He considers the bromides more suitable to cases in which the attacks come on in the day time than in nocturnal epilepsy—belladonna and ergot are indicated in the *petit mal*. The hypodermic injection of the alkaloids seems to be the most efficacious mode of administration.

NEW SOURCE OF INDIA RUBBER.—It appears (*Canadian Pharmaceutical Journal*) that the common silkweed of Canada (*Asclepias Cornuti*) is to be turned to good account. The milky juice of this plant (sometimes called milkweed) contains a considerable quantity of caoutchouc, and a company has been formed in London, Ont., for the purpose of developing this new branch of manufacture. In some preliminary experiments which were made, it was found that the plant yielded about four per cent. of caoutchouc.

JUDGMENT REVERSED.—A correspondent writes us, in reference to our remarks in the Oct. No., in connection with the case of Dr. Patterson, to say that the American Eclectic University of Phila. whose charter was repealed by the Legislature in March, 1872, has had that judgment reversed by the Supreme Court of Pennsylvania. The Judge declared that the corporation was entitled to a trial in due course of law, to ascertain its breach of duty, before its charter could be taken away.

REMOVAL OF THE SPLEEN.—The *British Medical Journal* relates a case in which the spleen was successfully removed by Dr. Urbinato of Cesino. The incision was made in the median line, and was about 7 inches long. Ten ligatures were used, five superficial and five deep. They were brought out between the sutures. The operation lasted an hour. The spleen weighed 2½ lbs. The patient died of peritonitis three days after the operation.

In the price-list of H. J. Rose, published on our last page, we notice in the alterations for the present month that mercurial preparations have advanced considerably; and what is more affecting, quinine is still advancing. Iodine and its preparations are somewhat lower. He has a supply of cincho-quinine, if any of our friends would like to try the new preparation.

EXECUTIVE COMMITTEE.—A meeting of the Executive Committee of the Medical Council of Ontario was held on the 19th ult. They had under consideration, among other things, the Amendments to the Ontario Medical Act. It is proposed to incorporate them in the present Act, so as to consolidate and make it more convenient for reference.

APPOINTMENTS.—The following Coroners have been appointed in Ontario.—William Welland Dickson, of the town of Pembroke, Esq., M.D., to be an Associate Coroner within and for the county of Renfrew. Duncan James Pollock, of the village of Agincourt, Esq., M.D., to be an Associate Coroner within and for the county of York.

There is a good opening for a medical man in the thriving village of Manilla. See advertisement in another page.

DEATHS.

At Woodbridge, in the township of Vaughan, on Monday, Dec. 8th, John D'Evelyn, M.D., in the 39th year of his age.

In Montreal, on Monday, 22nd Dec., Dr. Smallwood, in the 66th year of his age.

In Hartford, Conn., on the 6th Oct., Adam C. Corson, M.D., (late of Lexington Ave., New York city) in the 34th year of his age.

Book Notices.

A MANUAL OF MIDWIFERY, including the Pathology of Pregnancy and the Puerperal state. By DR. KARL SCHROEDER. Translated from the third German edition by CHAS. H. CARTER, B. A., M.D., London. With twenty-six engravings on wood. 8vo. Pp. 388. New York: J. Appleton & Co. Toronto: Copp, Clark & Co.

The above work, which was issued about two years ago, has already passed through three editions, and is now translated into English. It has become the favorite text-book among German medical students owing to the clearness of its style and the reliable and practical nature of its teachings. It needs but a cursory inspection to see that it is really a work of merit; the fruit of earnest study and careful observation of the phenomenon of parturition. No words are wasted on idle discussions, or exploded theories, but everything is made subservient to what the author has in view, viz., the condensation of the most important principles of obstetrics within the smallest compass. It also contains the latest scientific researches on the subject. The author advises the use of chloroform in labor. He says:—"To effect parturition the contraction of the unstriped fibres of the uterus—which, indeed, cause the pain—are necessary, but by no means the perception of the pain, and there is, therefore, no reasonable ground why the chloroform should not be used. . . . A few whiffs of chloroform at the commencement of a pain easily suffice to suppress the loud expressions of pain; the woman is still conscious; she replies in a drowsy way to loud questions; the abdominal muscles act powerfully and yet the pain is suppressed. Anæsthesia not continued any further than this is never dangerous to the mother or the child."

AN INTRODUCTION TO PRACTICAL CHEMISTRY, INCLUDING ANALYSIS. By JOHN E. BOWMAN, F. C.S., Professor of Chemistry King's College, London, &c. Sixth American from the sixth English edition. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

The present edition has undergone some important changes. The course on quantitative analysis has been carefully revised, especially that part that refers to the examination of the precipitate produced by hydrosulphate of ammonia. Some additions have been made and more explicit directions given in regard to quantitative analysis, than in previous editions. Both the English and French system of weights and measures are given. This will be found very convenient to the analytical student. The work is also embellished with a large number of wood cuts. The explanations and experiments are made very simple and intelligible, and the work is well adapted to the use of beginners.

A TREATISE ON DISEASES OF THE EYE. By J. SOLBERG WELLS, F.R.C.S., Prof. of Ophthalmology, King's Coll., London. Second American from the 3rd English edition. Illustrated with 248 engravings, and 6 colored plates. Pp. 800. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

This work is already well known to the profession. The new edition has received numerous additions, including the most recent researches, and is very complete. The American editor (Dr. Hays) has also introduced selections from the text-types of Prof. Jaeger of Berlin and Dr. Snellen of Utrecht. Those subjects which are usually difficult to students have been entered into at length, and every effort has been made to render the work as practical and comprehensive as possible. Diagrams and plates have been used wherever they can be of service, and the explanations given are clear and explicit. It has been translated into the French and German languages, and is considered high authority by continental surgeons.

UNIVERSITY OF MICHIGAN VS. HOMŒOPATHY. —The controversy between this University and the Homœopaths of the State of Michigan, regarding the appointment of Homœopathic professors in the Medical department, has been finally settled adversely to the Homœopathists.