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## Original Communications.

CANADA MEDICAL ASSOCIATION.

FIRST DAY.

MONTREAL, 12th September, 1877.

The tenth annual meeting of the Canada Medical Association was held this day in the Windsor Hotel, Montreal, when were present Drs. Hingston, President; Robillard, Treasurer; David, General Secretary; Osler, Parker, Botsford, Fenwick, Wilkins, Zimmerman, Canniff, Workman, Playter, Reed, Fulton, Sweetland, Grant, Russel (Quebec,) Worthington, Atherton, Hornibrooke, Bascom, Michaud, Gibson, Coleman, Mullins, Wheeler, G. W. Campbell, F. W. Campbell, Gardner, Buller, Chevalier, Schmidt, Ross (Montreal,) Bell, Larocque, Roddick, McCallum, Howard, Reddy, Reeve, and others.

The PRESIDENT opened the meeting at 10.30. The minutes of the last day's proceedings of last year's meeting at Toronto were read and confirmed.

On behalf of the Committee of Arrangements, Dr. OSLER reported the list of papers to be read, and that the credentials of Dr. Kimball, Lowell; Dr. Wing, Boston; and Dr. Brodie, Detroit, Delegates from the American Medical Association; Dr. Adams, Island Pond, Delegate from the Maine Medical Society; Drs. Ridley and Covernton, Hamilton Medical and Surgical Society, and Dr. Ecroyd, Union Medical Association of Wellington and Grey, were all correct.

The PRESIDENT welcomed the presence of these gentlemen at the meeting, and requested them to accept seats on the platform, as was also Dr. Workman and others.

The following gentlemen having been duly proposed and seconded, were severally elected permanent members:

Dr. Charles Covernton, Simcoc; Dr. A. Proudfoot, Montreal; Dr. E. Berthelot, Montreal; Dr. L. O. Thayer, Montreal; Dr. Richard MacDonald, Montreal; Dr. O. C. Edwards, Montreal; Dr. C. J. Morse, Montreal; Dr. R. A. Kennedy, Montreal; Dr. A. Alt, Toronto; Dr. Whitford, Ottawa; Dr. J. B. McConnell, Montreal; Dr. George Armstrong, Montreal; Dr. W. F. Coleman, St. John, N.B.; Dr. R. Levi, Inverness; Dr. J. Perrigo, Montreal; Dr. J. L. Leprohon, Montreal; Dr. A. Johnston, Yorkville, Ont.; Dr. Molson, Montreal; Dr. Wm.

McDonald, Montreal; Dr. J. W. Burgess, London, Ont.

On the motion of Dr. ROBILLARD, seconded by Dr. DAVID, Dr. Pean, surgeon in chief of the Paris Hospital (France), was elected an Honorary member.

Letters of regret at not being able to attend the meeting were read by the GENERAL SECRETARY from Dr. J. T. Steeves of St. John, N.B., and Dr. Daniel Clark of Toronto.

The GENERAL SECRETARY submitted a Report from Dr. Jennings of Halifax on the climate of Nova Scotia, which was referred to the Committee on Climatology.

The PRESIDENT then delivered his address.

Dr. PARKER, seconded by Dr. G. W. CAMPBELL, moved a vote of thanks to the President for his able and comprehensive address, hoping it would not pass away without producing the good results intended. Dr. Parker hoped it would be published, or at least such portions of it as Dr. Hingston should deem desirable. This motion was carried by acclamation.

Dr. GEORGE ROSS, Chairman of the Committee on Medicine, read the report:—

Dr. R. P. HOWARD, Chairman of the Committee on Medical Education and Literature, made report:—*See transactions.*

No reports were received from the Committees on Surgery, Obstetrics, or Therapeutics and New Remedies.

It was then moved by Dr. R. P. HOWARD, seconded by Dr. GRANT: That the Association resolve itself into two sections, one of Medicine and one of Surgery, and that these sections meet at two o'clock on each day for the reading and discussion of the different papers, which motion was carried, and Dr. Parker was named Chairman of that of Medicine, with Dr. George Ross as Secretary; and Dr. Canniff, Chairman of that of Surgery, with Dr. McConnell as Secretary.

Dr. GRANT moved, seconded by Dr. GIBSON, that the following members compose the Nominating Committee: Drs. Workman, Canniff, Fulton, Sweetland, Fenwick, Worthington, Osler, F. W. Campbell, Rottot, Parker and Botsford, which was carried, and the meeting adjourned for an hour—lunch being served in the Hotel.

After adjournment Dr. WILKINS exhibited his beautiful and extensive apparatus on Practical Physiology and Histology.

Dr. OSLER exhibited microscopes and other apparatus.

Dr. RODDICK exhibited and explained a full and complete set of Lister's antiseptic apparatus.

A. H. DAVID, M.D.,  
*General Secretary.*

The Sections opened at 2.15 p.m.

In the Medical Section Dr. R. P. HOWARD read a paper on TRICUSPID STENOSIS, which was discussed by Dr. Hornibrooke, and others, and a vote of thanks, on the motion of Dr. WORTHINGTON, seconded by Dr. MICHAUD, was unanimously passed to Dr. Howard for his very learned and able paper.

Dr. FULTON read an interesting paper on the TREATMENT OF EMPYEMA, by tapping and the introduction of the drainage tube and the injection of tincture iodine and carbolic acid.

An animated discussion followed, in which Drs. Parker, Howard, Fuller, Hornibrooke and Ross took part. The thanks of the Section were cordially voted Dr. Fulton.

Dr. HORNIBROOKE read a paper entitled PLEA OF INSANITY. Drs. Botsford, Workman and Mullin discussed Dr. Hornibrooke's paper, and the result was that the subject was considered a matter for the Dominion Government.

A vote of thanks to Dr. Hornibrooke was moved by Dr. BOTSFORD, seconded by Dr. WORKMAN, and unanimously carried.

On motion it was resolved that all the papers read in this Section this afternoon be referred to the Publication Committee as worthy of being published in the transactions of the Association.

The Section then adjourned.

(Signed,) GEO. ROSS, M.D.,  
*Secretary.*

In the Surgical Section :

Dr. ALT read a paper on EPITHELIOMA OF THE EYE, which was discussed by Drs. Buller, Coleman and Proudfoot, and after a vote of thanks to Dr. Alt, the paper was recommended for publication by the Committee.

Dr. ROBILLARD next read a paper on GASTROTOMY and OVARIOTOMY, exhibiting and explaining a complete set of instruments used in these operations which he had brought out with him from Paris, and also a Thermo-Cauter of Dr. Paquélon, for which a cordial vote of thanks was tendered to Dr. Robillard. Dr. Kimball of

Lowell made several observations on ovariectomy, and complimented Dr. Robillard on his lucid explanations of every step of the operation. Drs. Hingston, Thayer and Trenholme also spoke on the operation of ovariectomy.

Dr. REEVE read a paper on NASAL POLYPUS, which was ably discussed, and a vote of thanks passed to Dr. Reeve.

On motion the Section then adjourned.

(Signed,) J. B. MCCONNELL, M.D.,  
*Secretary.*

SECOND DAY.

SEPTEMBER 13TH, 1877.

The following members being present : Drs. Hingston, Workman, Hornibrooke, Sweetland, Canniff, Osler, Bessey, Thayer, Bascom, C. Covernton, T. S. Covernton, Reddy, Larocque, Leprohon, Gardner, Parker, Fulton, Robillard, Fenwick, Proudfoot, Molson, Mullin, Gibson, Atherton, Worthington, Fuller, Zimmerman, G. W. Campbell, Howard, F. W. Campbell, Schmidt, David, Cline, W. McDonald, and others.

The President took the chair at 10.30.

The minutes of yesterday's meeting were read and confirmed.

Drs. Parker, Grant, Botsford and Brodie of Detroit, Adams of Island Pond, and Workman were requested to take seats on the platform.

The following gentlemen having been proposed and seconded were elected permanent members : Dr. Lamarche, Montreal ; Dr. Park, Montreal ; Dr. Buller, Hamilton ; Dr. A. B. Ward, Montreal.

On motion of Dr. FENWICK, seconded by Dr. ROBILLARD, Dr. J. R. Cormac of Paris, France, was elected an honorary member, and Dr. Botenurst, editor of the *France Medical*, elected as corresponding member of the Association.

Letters of regret at not being able to be present at this meeting were read from Hon. Dr. Ross, Quebec ; Harrington, St. John, N.B., and Rosebrugh, Hamilton, the latter informing the Association that he would have the paper he had intended reading published, and a copy sent to each member of the Association.

The SECRETARY then read a letter from the Hamilton Medical and Surgical Society, kindly inviting the Association to hold its next year's session in Hamilton.

Dr. WORKMAN called attention to accounts for the yearly subscription not being sent to members, as he knew some who paid for six years at last year's meet-

ing, and would recommend that accounts be sent to every member yearly. This was considered right, and the Treasurer and General Secretary were requested to attend to it.

Dr. CANNIFF, seconded by Dr. LEPROHON, moved that this Association reiterates the opinion expressed at last year's meeting in Toronto, "That a committee be appointed to prepare a memorial to present to the Dominion Government, relating to the subjects of Vital Statistics and Public Hygiene," and that the following gentlemen compose this committee: Drs. Hodder, Hingston, Workman, D. Clarke, Playter and the mover and seconder, which motion was agreed to.

Dr. FULTON, as Chairman of the Committee on Therapeutics and New Medicines, then read the report.

Dr. THAYER, seconded by Dr. LAROCQUE, gave notice that he would move at the next meeting of the Association, "That application be made to the Local Governments to keep three or four heifers in a convenient place, for the purpose of supplying medical men with vaccine virus derived directly from the cow."

Dr. OSLER, as Chairman, laid the report of the Committee on Neurology on the table.

On motion the report of the Nominating Committee was deferred until 4.30 p. m.

Dr. BORSFORD reported verbally for the Committee on Climatology.

The Right Hon. Lyon Playfair, C.B., &c., &c., M.P. for the University of Edinburgh, having entered the room, was introduced to the meeting by the President, and requested to take a seat on the platform, and on the motion of Dr. Hingston, Dr. Playfair was by acclamation elected an Honorary member of the Association. Dr. Playfair made a graceful acknowledgment of the honor paid him.

Dr. Taylor, of Edinburgh, was also requested to take a seat on the platform.

Drs. PARKER, WORKMAN, BESSEY and GRANT spoke on the subject of Dr. Botsford's remarks about Vital Statistics, the latter stating he thought the Dominion Government would do all in its power.

Dr. WORKMAN read a paper on Crime and Insanity, which was to have been read in the Medical Section yesterday, but by request was read in General Session.

Dr. MULLIN made a few observations, when it was moved by Dr. HORNIBROOKE, seconded by Dr. PARKER, "That in the opinion of this Association it is desirable in all criminal trials when medical opinion sug-

gests the possibility of mental unsoundness, the accused should be placed under the supervision of experts for a sufficient time to enable them to determine whether he was insane or not at the time the crime was committed."

Dr. PARKER earnestly supported this motion.

Dr. BRODIE, of Detroit, also addressed the meeting on the subject, and concluded by saying in his State, Michigan, capital punishment had been superseded by imprisonment for life.

Dr. F. W. CAMPBELL also spoke on the matter, when Dr. Hornibrooke's motion was put to the meeting and carried unanimously.

Dr. R. P. HOWARD made a few observations on the question, and gave notice that he would move the following at the next meeting: "That it is in the interest of justice that when anti-mortem examinations are to be made, experts familiar with such scientific works should be employed by the Crown when procurable."

The meeting then adjourned.

A. H. DAVID, M.D.,  
General Secretary.

The Sections met at 2 p. m., and at 4.30 p. m. the General Session resumed business, the President being in the chair.

The minutes of the morning's meeting were read and confirmed.

Dr. Lachapelle, of Montreal, was elected a permanent member.

Dr. PARKER, as Chairman of the Medical Section, reported that a paper on Addison's Disease had been read by Dr. George Ross, which was discussed by Drs. Parker, Zimmerman, Howard and Hornibrooke.

A paper by Dr. Workman on the use of large doses of acetate of lead in *post partum* and other hemorrhages, which was followed by an interesting discussion in which Drs. Mullin, Howard, David, Reddy and others took part.

A case of progressive pernicious anemia by Drs. Bell and Osler, and Dr. Larocque began his papers on Vital Statistics, but was obliged to stop owing to a message from the President asking the Section to join the general meeting. It was consequently resolved that the following papers be considered as read and handed to the Committee on Publication: Dr. Larocque, Vital Statistics; Dr. Playter, Economical Aspects of Public Sanitation; Dr. Proudfoot, Case of Supposed Gummy Tumor of Brain.

In the absence of Dr. Canniff, Chairman, Dr. McCONNELL read the report of the Surgical Section.

Dr. TRENHOLME read a paper on Vesico Vaginal Fistula, which was discussed by Drs. Hingston, Fenwick, Godfrey, Grant, and a vote of thanks was proposed and carried to Dr. Trenholme for his paper.

Dr. FENWICK next read a paper on Excision of the Knee, which was discussed by Drs. Grant, Atherton and Canniff, and a vote of thanks was cordially passed to Dr. Fenwick for his instructive paper.

Dr. BULLER then read a paper on Embolism of the Central Artery of the Retina, which on motion was referred to the Committee on Publication with a vote of thanks to Dr. Buller for his very able paper.

As the time of the lecture was up, Dr. REEVES asked to lay his paper on Optical Defects on the table, and on motion it was referred to the Committee on Publication.

Dr. Canniff's paper on Various Wounds and their Treatment, was also referred to the same Committee.

Dr. REEVES placed before the Section a specimen of epithelioma of the eye with explanatory notes.

A vote of thanks was then passed to Dr. Canniff for the able manner in which he had conducted the business of the Section.

Dr. PARKER called the attention of the meeting to the number of valuable papers that had been offered at this meeting, for which there was not time to have read, and moved, seconded by Dr. WORKMAN, "That it be suggested to the Committee of Arrangements that for the future the session be of three days if necessary," which motion was carried unanimously.

Dr. OSLER, on behalf of the Nominating Committee, reported the following gentlemen as the officers for the following year: Dr. Joseph Workman, of Toronto, as President; Dr. David, of Montreal, as General Secretary; Dr. Robillard, of Montreal, as Treasurer; Dr. McDonald, of Hamilton, as Vice-President for Ontario; Dr. Worthington, of Sherbrooke, as Vice-President for Quebec; Dr. Cowie, of Halifax, as Vice-President for Nova Scotia; Dr. McLaren, of St. John, as Vice-President for New Brunswick; Dr. Sweetland, of Ottawa, as local Secretary for Ontario; Dr. F. W. Campbell, of Montreal, as Local Secretary for Quebec; Dr. John Black, of Halifax, Local Secretary for Nova Scotia; Dr. Atherton, of Fredericton, Local Secretary for New Brunswick.

#### COMMITTEES.

*On Publication.*—Drs. David, Robillard, F. W. Campbell, Howard and Osler.

*On Medicine.*—Drs. Mullin, Hamilton; Ross, Montreal, and Lamarche, Montreal.

*On Surgery.*—Drs. Malloch, Hamilton; Grasset, Toronto, and Farrell, Halifax.

*On Obstetrics.*—Drs. Rosebrugh, Hamilton; N. Ogden, Toronto, and Trenholme, Montreal.

*On Therapeutics, New Remedies, and Medical Jurisprudence.*—Drs. J. G. Kennedy, Toronto; A. H. Kollmyer, Montreal, and Woodhill, Halifax.

*On Necrology.*—Drs. Riddle, Toronto; Lachapelle, Montreal, and Burgess, London.

*On Medical Education and Literature.*—Drs. Ridley, Hamilton; Michaud, Kamouraska, and Howard, Montreal.

*On Climatology.*—Drs. Playter, Toronto; Larocque, Montreal; Jennings, Halifax, and Lachapelle, Montreal.

The following gentlemen having been proposed and seconded were duly elected permanent members: Dr. Cowie, of Halifax; Dr. Kollmyer, of Montreal.

The following gentlemen were appointed delegates to the American Medical Association:—

Drs. Botsford, Trenholme and Hornibrooke, it being understood that if any other members wished to attend, the President could add them to the list.

Dr. BELL gave notice that he would move at the next meeting to change or amend the By-Laws so that officers of the Association might be elected for each of the provinces of the Dominion, existing or then existing, such as Manitoba, British Columbia, &c., &c.

The election of the officers for the current year was then proceeded with, and those recommended by the Nominating Committee were all unanimously elected.

Dr. OSLER called the attention of the meeting to the necessity of having the proceedings of the annual meetings published, and kindly offered to raise a subscription among the members for that purpose as the funds of the Association were so small that it could not be done in any other way than by subscription; this having been done, a good fund was at once subscribed for the purpose.

Drs. Dugdale and Lamarche were named to examine the Treasurer's books and papers.

On motion, the same sum as last year was voted to the General Secretary for his services.

Dr. Wright not being present at the meeting, his notice of motion to alter the By-Laws was laid over.

The GENERAL SECRETARY then read a letter from the Hamilton Medical and Surgical Society inviting the Association to hold its next annual meeting in the City of Hamilton, which invitation was cordially received, and on motion it was unanimously resolved, "That the meeting next year be held in the City of Hamilton."

Dr PARKER moved, seconded by Dr. DAVID, "That the By-law on the time of meeting be suspended so that the meeting at Hamilton be held on the second Wednesday of September, 1878," which motion was unanimously carried.

Dr. MULLIN thanked the Association for having accepted the invitation of the Hamilton Medical Association, and assured the members they would receive a hearty and cordial welcome.

The following gentlemen were named as the Committee of Arrangements, with power to add to their number: Drs. McDonald, Mullin, Malloch, Ridley, McElchan.

It was moved by Dr. PARKER, seconded by Dr. F. W. CAMPBELL, that the thanks of the Association be given "To the Syndicate of the Windsor Hotel for the admirable facilities afforded the Association for its place of meeting, and for the readiness with which its co-operation was afforded," which motion was cordially agreed to.

On motion, a vote of thanks was also passed to the Grand Trunk Railway Co., the Intercolonial and the Great Western R. R. Co.'s, and to the Richelieu and Ontario Navigation Company for their kindness in granting reduced rates of fare to members.

Drs. DUGDALE and LAMARCHE reported having carefully examined the Treasurer's books and papers, and found all correct, The amount received for the past year being \$221.33; amount expended, \$195.68, leaving a balance in hand of \$25.65.

Dr. REEVE, seconded by Dr. ZIMMERMAN, then moved a vote of thanks to the members of the profession in Montreal for their courtesy and hospitality to the members from other places, which motion was carried by acclamation.

Dr. BELL, seconded by Dr. OSLER, moved a vote of thanks to the Committee of Arrangements for their great labors and the perfect success of them, which was also carried by acclamation.

On the motion of Dr. ZIMMERMAN, seconded by Dr. MULLIN, the President vacated the chair, and Dr. Workman was requested to take it, when Dr. ZIMMERMAN moved, seconded by Dr. MULLIN, "That the sincere feelings of the Association be tendered Dr. Hingston for his affable and courteous bearing while presiding, which calls for our most sincere thanks."

A cordial vote of thanks was passed to Drs. Brodie, Kimball, Wing and Adams, for the honour they had done the Association in being present

throughout the Session. Dr. Brodie, of Detroit, returned thanks in a few well chosen words.

A cordial vote of thanks was also passed to Drs. Wilkins, Osler and Roddick for having displayed their valuable and interesting apparatus.

The Session then adjourned.

A. H. DAVID, M.D.,

*General Secretary Canada Medical Association.*

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.  
AUGUST 4TH. 1877.

The President, Dr. Fenwick, occupied the chair.

Dr. BELL exhibited a patient of his who had fractured his thigh in the middle third about 12 weeks ago. The fracture had been treated with extension by weights, without any splints, simply with sand-bags to maintain the bone in position. After four weeks of such treatment a glue bandage was applied and the patient was allowed out of bed. The results had been most excellent, the limb was measured at the meeting and only  $\frac{1}{2}$  an inch shortening found.

Dr. F. W. CAMPBELL remarked that recently a resolution had been passed by the American Medical Association to the effect that no fracture of the thigh under any treatment united without some shortening. If such results as were got in this case can be attained by such simple means, then not only an important change but an improvement was made in surgical proceeding.

Dr. FENWICK quoted the testimony of Frank Hamilton of New York, that shortening to a greater or less extent always followed a fracture of the shaft of the fanner. Dr. Bell had tried the treatment which he described after a suggestion from Dr. Baeh of Albany, a graduate of McGill, communicated by himself to Dr. Bell.

Dr. PROUDFOOT remarked that when he was House Surgeon of the City Hospital, Boston, six years ago, fractures of the thigh had been treated by extension with co-aptation splints merely.

Dr. FINNIE then read a paper on "Sulphur and Sulphurous Acid in the treatment of Diphtheria." It was generally believed now that the diphtheritic membrane was fungoid in character. It had occurred to him that anything which killed this fungoid would arrest the disease—sulphur was such a remedy. The present epidemic had prevailed from November of 1876 to the present time. Till January, he had been using tr. ferri. mur. and acid carbolio locally, and quinine and iron inter-

nally, with nourishing diet and stimulants when indicated, with little success. In January he began using the sulphur treatment. The treatment consisted in burning sulphur in the room for one or two minutes every two hours, giving sulphur grs. x. every two hours internally, and applying sulphurous acid locally. He cited a very severe and hopeless case which he had been treating in the old method; he began the sulphur treatment, and in 16 hours there was marked improvement and the patient recovered. The sulphur sometimes produced a relaxed state of the bowels in from 12 to 24 hours when it was necessary to lessen the dose. He had at that time treated 16 cases by that method, 11 under 10 years of age, 3 from 12 to 15 years and the rest adults, and since January he had treated two more cases in the same way, without a fatal case, and among them some had been very severe. He was satisfied of the great superiority of this treatment above all others, and strongly urged his confrères to give it a trial.

Dr. REDDY did not endorse all that Dr. Finnie said. He had tried the sulphur treatment, but combined it with the use of ammonia and iron internally.

Dr. F. W. CAMPBELL asked what was the effect on the membrane? He had seen the membrane re-produced after peeling off, and the symptoms reappear. There was a great difference in the severity of cases, a great many cases of inflammation of the tonsils with exudation of lymph were mistaken for diphtheria. In true diphtheria the membrane was dark brown and leathery, and there was enlargement of the submaxillary glands.

Dr. CLINE gave the statistics of the results of the treatment of diphtheria in the Montreal General Hospital. Out of twenty-seven cases there has been eight deaths, giving a mortality of 29 per cent. These cases had been treated on the old plan, ammonia and iron and sometimes chloral of potash internally, and locally disinfectant gargles and washes of carbolic acid, etc., with the exception of three or four cases which had been treated by the sulphur method. The ages of the fatal cases were two, 2 years, two, 3 years and the rest 1, 10, 6, and 24.

Dr. ROSS remarked that all the cases treated in the hospital were of a severe type, mild cases were not generally sent to hospital. It was necessary to have some idea of the severity of the cases reported in order to form any opinion as to the result of different modes of treatment. He asked if any local application of heat or cold had been used. He had lately been using ice internally and externally, and preferred

it to heat. It appeared to check the swelling of the glands.

Dr. OSLER at the Boston Medical Club had heard a paper read on the treatment of diphtheria. A great number of specifics had been advocated by different men, all of whom had reported a large number of cases attended with extraordinary success under their special mode of treatment. One man had reported 100 cases without a death.

Dr. FENWICK did not think that all cases of true diphtheria were attended with enlargement of the glands. Had seen very severe cases without such enlargement. Admitted that it was present in the majority of severe cases. The membrane was leathery, greyish, and about  $\frac{1}{8}$  inch thick.

Dr. FINNIE admitted the difficulty sometimes of distinguishing tonsillitis from diphtheria, yet was confident that none of his cases were cases of tonsillitis. Cited one case in which he was enabled to disprove diphtheria by the presence of a diphtheritic membrane on an abraded surface on the ear. He had used ice, but given it up on account of the discomfort its use generally produced. The local disease was not always proportionate to the severity of the general symptoms. The epidemic had been of a severe type, and out of 38 cases which he had some were very severe. Had great confidence in the sulphur treatment.

A vote of thanks to Dr. Finnie was moved by Dr. REDDY and seconded by Dr. CAMPBELL.

Dr. FENWICK made a proposition for the entertainment by the Medico-Chirurgical Society of the members of the Canada Medical Association, which was to meet in Montreal next month. It was decided to postpone the consideration of the proposition till next meeting.

August 31st, 1877.

The President, Dr. Fenwick, in the chair.

Dr. CLINE read a paper on an endemic of typhus fever in Montreal. It was a report of eleven cases of fever sent to the Montreal General Hospital from the Protestant House of Refuge last winter, in the beginning of the present year. The first cases were looked upon as typhoid, presenting anomalous symptoms, particularly in the eruption, as typhus is not a fever of this country. Some of these cases which proved fatal were found at the autopsies not to be typhoid. The undoubted character of another case, a full report of which was given, recalled to mind the previous cases, and led to further inquiries as to their origin. The cases were traced to an old woman who entered the

House of Refuge ill with fever. Beyond this case, no trace could be found. The condition of the night refuge in the Protestant House of Refuge last winter was described. The place was in a basement wanting ventilation and light, and so crowded that each person had 88 cubic feet of space. These were the conditions to propagate if not originate typhus fever.

Dr. H. HOWARD mentioned a case of an insane man who had been sent to the asylum at Longue Point from the House of Refuge, who died of typhus fever. The picture of typhus represented in the case described by the reader of the paper was exactly that of the cases which he had seen in Ireland. He remarked that the fact, that cases of fever in mud hovels in Ireland that lay in the damp ground recovered, while cases in rich dwellings proved fatal had suggested the use of the wet sheet, and also of the treatment in tents.

Dr. F. W. CAMPBELL remarked that in 1860-61 he had seen many cases of typhus in Dublin and Glasgow. Stated that sporadic cases had occurred in Montreal before this endemic. In 1867 he with Dr. Reddy had seen a genuine case of maculated typhus on the corner of St. George and Craig Streets which terminated fatally. Montreal was to be congratulated as having escaped an epidemic of typhus last winter.

Dr. ROSS believed that such isolated cases had not occurred since the epidemic of ship fever in '47 and '48. He could not accept Dr. Campbell's diagnosis of his case as correct without a *post mortem* examination. He and Dr. Girdwood were appointed a committee by the Medical Board of the General Hospital to enquire into the origin of these cases, and had failed to trace it beyond Jane Bennett. Work had been going on at the outlet of the Lachine Canal where the victims of the ship fever in '47 and '48 had been buried, and it had been suggested that this place was the origin of the infection. He thought that this was improbable from the length of time that had elapsed. He thought that the theory of origination *de novo* was more plausible.

Dr. KENNEDY.—As to the treatment by large doses of quinine. Was it used in all the cases? Was it beneficial? In the case reported, a temperature chart of which was shown, it did not appear to have had the effect of lowering the temperature.

Dr. H. HOWARD.—Dr. Jacob, in the *Dublin Medical Journal* 25 years ago, reported an instance in which a graveyard in which typhus fever cases had been buried 50 years before was disturbed and typhus fever broke out.

Dr. FULLER thought it remarkable that the men working at the Canal works were not infected.

Dr. ROSS replied that it had been supposed that some of the workmen might have been infected and typhus not diagnosed, and thus the woman Jane Bennett, perhaps, exposed to it, had caught the fever and brought it to the House of Refuge.

Dr. FENWICK remarked that John Sinnett, the case reported by Dr. Cline, had been working on the canal. He cited an instance of an outbreak of small-pox in the Indian Village of Lorette after the disturbance of a graveyard in which cases of small-pox had been buried 100 years before. He thought the occurrence of such instances was an argument for consideration.

Dr. TRENHOLME objected to Dr. Cline saying that typhus fever never occurred in Montreal unless imported. As it must have originated at some time, why not originate *de novo* here if certain conditions existed?

Dr. KOLLMYER said that he remembered an epidemic in 1852, when several students and medical men contracted the disease.

Dr. FENWICK said that isolated cases had occurred for a few years after the epidemic of 1847 and '48.

Dr. McCONNELL, visiting physician of the House of Refuge, said that Jane Bennett had come into that institution ill with the fever. In the cases which he had sent to the hospital, the high temperatures, nervous symptoms, and absence of abdominal symptoms had led him to suspect typhus fever.

Dr. NELSON remarked that the planks of broken up coffins from the excavations of the canal were carried off by women and children for firewood, protests against which had been frequently in the newspapers at the time.

Dr. CLINE replied to Dr. Kennedy's question with regard to the quinine treatment that it had been used in all the cases, that it always effected a temporary reduction of temperature and reminded him of a note in his report of a fall of the temperature from  $106\frac{1}{2}^{\circ}$  nearly  $4^{\circ}$  after 40 grains of quinine in two doses within one hour. In reply to Dr. Trenholme, said that he would adhere to the statement that the fever must have been imported, even as far back as 1847, until it was proved that it could originate *de novo*.

A vote of thanks to the reader of this paper was moved by Dr. TRENHOLME, seconded by Dr. H. HOWARD.

Dr. F. W. CAMPBELL made allusion to an article recently in the *British Medical Journal* on whooping cough, in which was remarked that an ulcer under the tongue on the frænum was almost invariably pre-



sent and was diagnostic. Since reading this he had observed it in many cases. Dr. Fuller had seen a case with him.

Dr. FULLER thought the cause of it was friction of the frænum on the teeth during spasms.

Dr. ROSS narrated an interesting case of diphtheria which occurred in his practice. The lady had been confined three months ago, and nine days after confinement complained of pain in vulva with a disagreeable discharge, and great swelling of the parts. On examination he found diphtheria. The case was very severe, there was great constitutional depression following it, and paralysis in one leg preceded by numbness in both legs and both hands, and albuminuria. There had been no diphtheria in the house or neighbourhood.

Dr. Fuller related some circumstances connected with a case which Dr. Ross had reported a few weeks ago to the Society, the case of a man on whom he had operated for fistula in ano and had sent to hospital because the wound became diphtheritic. Dr. Ross had said that he did not think it was diphtheritic. The man after being operated on went to the house of a neighbour where there was a child dead from diphtheria. The wound became diphtheritic, and a child of the patient's contracted pharyngeal diphtheria and died.

Dr. Ross said that he had said that he did not think it was diphtheritic, but had changed his opinion since.

Dr. Fuller also stated that he had used the same director which he had used in this case shortly afterwards in another surgical case, and in two or three days the wound became diphtheritic. Another case was that of a wounded foot in a child which became diphtheritic after its mother returned from laying out the body of a friend's child that had died of diphtheria.

Dr. FENWICK had seen external diphtheria frequently. Several times after tracheotomy for laryngeal diphtheria the wound took on the same action. He had had a case of pharyngeal diphtheria in a woman in which on the fifth or sixth day of the attack the vulva and urethra became diphtheritic. She had a retention of urine, and he had to remove the membrane in order to introduce a catheter.

J. D. CLINE, B.A., M.D.,

*Secretary.*

*To the Editor of the Canada Medical Record.*

MANCHESTER, August 10th, 1877.

DEAR MR. EDITOR,—The fifty-fifth session of the British Medical Association was brought to a close this afternoon. This is admitted on all hands

to have been one of the largest and most successful meetings yet held by the Association. The number of members who registered was upwards of a thousand, and of non-members something over one hundred. The arrangements made by the Manchester men for the accommodation of their visitors were as near perfection as can well be imagined. There were two reception rooms provided, one at the Concert Hall in the heart of the city, and one at Owen's College, about a mile away, where also the sectional meetings were held. In these rooms clerks attended regularly to answer inquiries, and assist in referring applicants to the proper authority. Reading and writing rooms were also provided for the use of members, and supplied with the daily papers, guide books, and writing materials. Post, telegraph, and cab offices were attached to the reception rooms, and arrangements were made for the care of parcels, letters, &c. A spacious refreshment room was erected behind the main building of Owen's College, where luncheon was supplied daily from one to three, at a fixed charge of half a crown. In the various lecture rooms of the Medical School were exhibited pathological preparations, physiological apparatus, microscopes, surgical instruments, new drugs, new articles of diet, photographs, drawings, charts, and a host of appliances having a greater or less professional bearing.

The first day (Tuesday) of the meeting was taken up with the addresses of the outgoing president and the President-Elect, and the Annual Report of the Council. The last President, Dr. De Bartholomé, of Sheffield, makes an excellent chairman, and seems to have had the universal esteem of the Association. He has the happy faculty, also, of keeping his audience in good humour at the same time that he commands their respect. He is a short man, inclined to be corpulent, with a large head, a dark piercing eye, and determined look, a man that the great Napoleon would have chosen to command. His successor, Dr. Eason Wilkinson, of Manchester, is his very counterpart, a jolly, easy-going, corpulent old Englishman, one who would rather run than fight any day. He appears, however, to be highly respected by the profession generally, and as a physician holds first rank in his own city. His address, which, no doubt, will be published in the journal of the Association, had reference almost entirely to local matters, and would have little interest for the majority of his hearers. I believe it is an understood thing that the President shall encroach as little as possible in his address on the work delegated to the Orators and several Sectional

Presidents, so that he must of necessity confine his remarks to a rather contracted area. It was the general opinion that, on the whole, Dr. Wilkinson acquitted himself well under the circumstances.

By eleven o'clock on Wednesday forenoon the spacious Chemistry Lecture Room of the College was crowded in every part by members anxious to hear what "that clever little fellow Roberts," as he was generally styled, would have to say in his address in Medicine. A treat was expected, and I am sure no one was disappointed, excepting it be the *de novo* theorists, who, of course, received no comfort from the address, but on the contrary carried away some very hard nuts to crack. William Roberts, M.D., F.R.S., Professor of Clinical Medicine, Owen's College, and Physician to the Manchester Royal Infirmary, is best known to the profession as the author of an excellent treatise on Renal Diseases. In his general appearance there is nothing remarkable, and in his manner he is quiet and unpretending. He has a very large consulting practice in Manchester, and so high are his services rated, and so widely has his reputation spread, that he not unfrequently visits professionally the great metropolis. What can exceed the feeling of triumph and self-satisfaction that must possess the mind of the provincial physician or surgeon, when speeding to London to assist the Jenners and Pagets out of their difficulties? Sir William Jenner, in moving the vote of thanks to Dr. Roberts for his able address, spoke of him with pride as an old disciple of his own, and chose to instance this as an illustration of the pupil outscholaring the master. This was probably the greatest compliment that could be paid to any man of our day, and no doubt Roberts feels that in receiving this he has been amply repaid for all the hard work he has evidently done.

The addresses in Surgery by Mr. Spencer Wells yesterday and in Obstetrics by Dr. Barnes to-day were also well attended. These will be fully reported in the *British Medical Journal*, and in fact all the leading English periodicals, so that further comment is unnecessary. They were both able in their way, but not to be compared as intellectual efforts with that of Roberts.

Last evening the annual dinner of the Association was held in the hall of the Assize Court, the tickets being limited to four hundred. On the right of the President sat the Bishop of Manchester, and on his left the Mayor, Abel Heywood, Esq. The room was handsomely decorated with flags and festoons of evergreens and flowers, while two military bands, stationed at either end of the room, played alternately during

the dinner. Altogether it was a magnificent display. Many of the speeches were excellent. The Bishop certainly bore of the palm among the non-medicals. He is a vigorous looking man with a very fine presence and a powerful voice, so that he could be heard with the greatest distinctness throughout the length and breadth of the hall, which unfortunately was not the case with the great majority of the speakers. Dr. Matthew Duncan of Edinburgh proposed the toast to the orators of the Association, and Sir W. Jenner responded, both in able speeches. Gairdner of Glasgow, gave the House of Commons and the members for Manchester. Mr. Birley, M.P., and Mr. Charley, M.P., responded. They agreed that the Government had not paid that attention to sanitary matters which had been promised at the polls, and one of them was constrained to apologize for having aided with the anti-vivisectionists.

The sectional meetings have all been well attended. It would be absurd even to attempt to enumerate the various papers that were read or criticise the discussions that took place. On Wednesday, Professor Charcot of Paris gave a demonstration on microscopical preparations, illustrating alterations in the osseous system in locomotor ataxy, lesions of the spinal cord in progressive muscular atrophy and infantile paralysis, preparations relating to the different forms of cirrhosis of the liver, and others showing the tubercular nature of acute lobar, or so-called caseous broncho-pneumonia. These elicited considerable interest in the Medical section.

In the Psychological section I listened yesterday to a discussion on the treatment of habitual drunkards, the outcome of which were the following resolutions, which I think you might, as a journalist, take more extended notice of, as the matter, you must admit, is a most vital one, and does not receive that attention from our profession which it merits:—

"That it is the opinion of the Psychological Section of the British Medical Association that legislative action is imperatively necessary for the treatment of habitual drunkards, and that this object would be best effected by the establishment of distinct institutions for their treatment.

"That it is the opinion of this meeting that the establishment of Reformatory Institutions for the confinement of drunken offenders during lengthened periods ought to be urged upon the Government."

The subject of Hospital Out-door Relief was brought up in the Public Health Section, and the following proposition adopted:—

"That it be recommended to the general meeting

that a committee be appointed with full authority to procure such changes in the administration of Out-patient Relief at Hospitals as they may find necessary, and that the working of the present system of Provident Dispensaries in Manchester be carefully investigated and reported upon."

The various manufactories, warehouses, and places in and about Manchester have been thrown open for inspection to members attending the Association. The staff of the Royal Infirmary, St. Mary's Hospital, Children's Hospital, &c., have attended daily from 9 to 11 a. m. to receive visitors, and point out any cases of interest in the wards. A number of excursions have been arranged for to-morrow. For instance the High Sheriff of Cheshire has kindly offered to entertain at his seat, Henbury Park, any members who may desire to visit Macclesfield; the medical men of Lancaster will be glad to entertain fifty members of the Association, and show them over the places of interest in that famous old town; the proprietor of the Northwich Salt Mines has offered to receive thirty-five members to luncheon, and afterwards accompany them through his mine, which will be illuminated for the occasion, and so on. Altogether the Committee of Arrangements deserve the greatest praise for the manner in which they have gone their part.

Yours truly,

T. G. R.

## Progress of Medical Science.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC OF THOMAS M. MARKOE, M.D., PROFESSOR OF SURGERY, MAY 28TH, 1877.

### INGROWING TOE NAIL (So-called).

What is commonly denominated ingrowing toe nail, is in reality, nothing of the kind. In these cases you will find that the nail is all right. What then is the matter? The young woman now before you presents a very useful case, because it affords an example of an affection which is so common; and I take more interest in explaining cases of this kind than in the most elaborate and difficult operation, because you are liable to meet them every day in your practice. This matter of so-called ingrowing toe nail, I am sorry to say is, as a rule, entirely misunderstood, and improperly treated. The nail grows into the matrix, which is simply an involution of the skin, and a continuation of periosteum; and a portion of the nail lying in the groove of the matrix is smooth and rounded, and terminates in layers of epidermis. Through these layers a part of the nutrition of the nail goes on.

Here is an instance in which the tissues have become swollen and highly inflamed, and protrude over the nail. What is the explanation of this state of affairs? A tight boot has been worn, which presses the matrix forcibly against the nail. This occasions tenderness, and in order to relieve it, the edge of the nail is cut. This procedure results in the formation of granulations, and now the nail begins to plunge right into these granulations. Then the scissors are inserted, notwithstanding the severe pain thus occasioned, and more of the nail cut away. A fatal mistake. The surface becomes ulcerated and granulating, because, instead of the normal bulbous extremity of the nail, you now have a sharp, ragged edge pressing into the inflamed tissues. It is rough, harsh and irritating, instead of being smooth and rounded. If you have ever compared the beautiful and symmetrical sting of a bee with the rough and uneven point of even the finest cambric needle, under the microscope, you will understand exactly the difference to which I refer. The needle seems as clumsy as a crowbar.

Now as to the treatment. Our friend here must wear a loose shoe, in the first place. This is a *sine qua non*. Then the maltreated nail must be allowed to grow and regain its proper shape. While this is going on she will suffer considerable pain, but this will be her penance for having done wrong. By the end of six months the nail will probably have regained its normal outline. If much inflammatory action should continue while this is going on a slippery elm poultice may be applied from time to time. When the granulations become exuberant, a little pinch of dried alum will be found to be very effective in reducing them. Some persons suffering from this affection find great relief in the daily use of alum. The chances are, however, that our patient will become dissatisfied in waiting so long for a cure to result, and that she will once more resort to the fatal scissors, but we can at least give her fair warning of the long course of suffering which by so doing she will bring upon herself.

### TREATMENT OF RINGWORM.

Dr. Robert J. Lee, Senior Assistant Physician to the Hospital for Sick Children, Great Ormond Street, London, in *British Medical Journal* says:

"There are numerous agents which seem to have more or less active influence in the treatment of ringworm; some being advocated by some practitioners as superior to others, while these again have their own supporters. The spores of the trichophyton appear to resemble the microspores lately examined by Prof. Tyn-dall in their obstinate resistance to destruction; and the successful treatment of cases of tinea tonsurans clearly depends on determining whether it is possible to destroy these spores, or whe-

ther, by preventing their germination for a certain period, the disease practically cures itself. The observation of some troublesome cases of ringworm which had been under various kinds of treatment without much benefit, suggested a plan of treatment which excluded the possibility of destroying the trichophyton spores, and only had for its object the arrest of proliferation of the germs. The question of the destruction of microspores is one which perhaps does not present itself as quite a different question from the prevention of their development. An example will illustrate what is meant. If we take a solution containing bacteria, such, for instance, as that in which bladders are prepared for museum purposes, the odor of which is singularly powerful, and add to it a certain quantity of carbolic acid solution of the strength of 1 in 40, we shall find that the active living organisms which exist in the former will be instantly destroyed and the odor removed. If we do the same thing with a solution of salicylic acid of full strength (water absorbs only about 1 in 400) the organisms are not destroyed and the odor is not removed; that is to say, salicylic acid will not destroy well-developed bacteria. But salicylic acid will prevent them from developing, as is proved by the fact that we may preserve animal or vegetable matter from decomposition by treating it with solution of the acid. We thus see the importance of distinguishing between agents which destroy bacteria and microspores, and those which simply prevent their development; and there is no doubt that those who have been studying this most interesting subject by clinical, microscopical, or physical methods are well aware of the importance of ascertaining the conditions which favor or arrest the development of different species of germs; clearly a stage in the inquiry beyond that of the extent to which the germs may be destroyed by various agents.

"As it is well known that some of the remedies used for ringworm are less liable to produce inflammation of the skin than others, it is most desirable to give a preference to the former, the production of inflammatory changes seeming rather to retard than promote the action of a remedy. On this principle I have, during the last twelve months, used carbolic acid, the most certain agent for the prevention of the development as well as for the destruction of microspores, with decidedly better results than were observed when iodine, tincture of the sesquichloride of iron, or any other agents had been employed, including Goa powder, which has lately been recommended as superior to most others. There is one important point which must be attended to under any circumstances; and this is, the necessity of much more frequent application of any remedy than is usually considered requisite, for the reason that most species of microspores require only a few hours to advance

from one stage of development to another, and that, in order to prevent any increase in the number of the spores, though we may not be able to destroy them, it is absolutely necessary to apply the remedy at intervals of not less than six hours. The best preparation for this purpose is a combination of sulphur and olive-oil in equal parts, to which carbolic acid in the proportion of two grains to the drachm is added. To prevent the contact of the fingers of the person who applies it, and who is liable, without caution, to take hold of a child by the neck or shoulders, and thus produce the disease on other parts, a small sponge or brush should be used. This must be done every four or six hours, the head being washed with Castile soap and warm water night and morning before the application of the carbolized oil. If a stronger solution of the acid be used, as, for instance, in the proportion of 1 to 10, it will be found that a certain amount of inflammation is produced, and the frequent application of such a mixture cannot long be pursued. After making various experiments of this kind, I have found the preparation given above most satisfactory, and believe that the treatment of ringworm with carbolized sulphur oil may be recommended as superior to any other in common use.

"As a matter of experiment, there is no doubt as to the fact that no agent with which we are acquainted is to be compared to carbolic acid for the destruction of organic life without destruction of organic matter, and that no agent is so useful in treating parasitic diseases of the skin, from the fact that in proportion to its destructive action on the organisms which produce them, it is the least injurious to the cutaneous issue.

"Attention to details is of such importance in the treatment of tinea tonsurans, that it is necessary to add to the above directions the remark that the hair should be cut close with scissors, and that the oil should be rubbed into the skin for a few minutes. The treatment should be continued for at least a fortnight after the disease has apparently been cured. Either of the following prescriptions may be used. The first has the advantage of not becoming thick or dry from evaporation, while the second is cleaner and cheaper:

"R Sulphuris precipitati..... } aa ʒj;  
Zinci oxidī..... }  
Olei olivæ..... fl. ʒj;  
Acidi carbolicī..... gr. xvj.

"R Sulphuris precipitati..... } aa ʒij;  
Zinc oxidī..... }  
Glycerini..... } aa fl. ʒiij;  
Aquæ..... }  
Acidi carbolicī..... gr. xvj."

BARON MUNCHAUSEN, JR., ON NERVE-STRETCHING.

We copy the following from the July number of the Pacific Medical and Surgical Journal:

A correspondent of the Canada Medical Journal, writing from Edinburgh under the signature T. G. R., and giving an account of Lister's operations in the infirmary, describes a case of nerve-stretching for sciatica of five years' standing which had resisted all ordinary treatment, "such as the application of Corrigan's hammer, acupuncture, hypodermic injections, blistering, purging, etc." "The symptoms were mainly great pain, feeling of numbness and loss of power in the limb. In the operation the directions laid down by Nussbaum were carried out, viz., after exposing the nerve immediately below the gluteal fold, powerful traction was made on it, first from below, then from above, and lastly at right angles to the body—with such force in the latter direction as to raise the body of the patient off the table." The relief was instantaneous so that on the day following there was no pain, but considerable power in the limb. Think of a human being suspended in the air by the sciatic nerve, like a calf in the shambles by its hamstring! It beats the "drawing plaster" that we heard of when a student, which was so powerful as to draw a man to his bed up three flights of stairs.

THE HYPOPHOSPHITES IN PHTHISIS.

In the *British Medical Journal*, Dr. J. C. Thorowgood gives the following illustrations of the use of the hypophosphites of soda and lime: In the year 1863 I first began to employ these salts, and since I have learned more exactly to understand the nature of pneumonic phthisis and catarrhal pneumonia, I have been able more clearly to recognize the cases in which the hypophosphites come in as valuable remedial agents. Contrasted with many other remedies, such as mineral acids, quinine, and steel, the hypophosphites appear to much advantage, and may certainly stand side by side with cod-liver oil in the anti-phthisical powers. As to steel, I believe it often does more harm than good, and tends to promote the increase of temperature which may herald the development of true tuberculosis in the lung.

CASE 1.—James R. E. was an out-patient at the Victoria Park Hospital, May 9th, 1867. He was a pale, thin young man; had been ill, with more or less cough for the last five years. He dated his illness from a sudden spitting of blood. The left side of his chest was flattened with impaired percussion resonance and abundant crepitant râles in inspiration. The right side of the chest was resonant; expiration was prolonged. Cod liver oil always made him sick. On the previous day he brought up blood. He was ordered to take five grains of hypophosphite of soda in camphor-water three times daily. May 16th the medicine agreed well, and he felt much better. On May 23rd the cough was much bet-

ter. Pulse 104. There was a cooing sound with expiration in the right lung. The left side was dull at the upper part, and here a dry creaking was replacing the crepitant râle. He was ordered to take five grains of hypophosphite of lime in place of the soda salt. On May 30th he was much amended; there was very little sputum now. On June 13th he felt himself well, though respiration was not normal in the left lung. He could now take some cod liver oil, and, at his own desire, left to go to his home in Wales.

CASE 2.—Benjamin D., a laborer, aged about 35, from Acton, was seen on June 27th, 1867. He had had a bad cough since March, with frequent spitting of blood. Pulse 104, feeble. The bowels were inclined to diarrhoea. The tongue was clammy. His breath was very short. Both sides of the chest were somewhat flattened. The respiratory sound was generally weak. Crepitant râles, to a slight extent, were heard over the left upper third. The liver was enlarged and tender. Cod-liver oil, he said, "always ran through him." He was ordered to take five grains of hypophosphite of lime with ten minims of saccharated solution of lime in effusion of calumba three times daily. He took this till August 8th, when he was discharged, stating that he could now walk a long distance without fatigue; his cough also was "nothing worth speaking of." Dry, creaking noises could be heard still at the upper part of the left lung.

Dr. Thorowgood adds several other cases equally striking.

EPILEPTIC ATTACKS PREVENTED BY THE HYPODERMIC INJECTION OF APOMORPHIA.

E. Vallender (*Berliner Klin. Wochens.*, April, 2, 1877, p. 185) has employed apomorphia in the following cases with favorable results. A young country girl, 20 years of age, was suddenly attacked by epilepsy, which soon became so severe that the invasions followed each other almost continuously, day and night, for weeks at a time. Sometimes ten to fifteen occurred in twenty-four hours. The aura which always preceded the attacks consisted in a feeling of heat in the gastric region, with considerable pain. The feeling spread to other portions of the body, the attack coming on after a few minutes, with cries, loss of consciousness, and clonic spasms. When the patient came under Dr. V.'s care a hypodermic injection of apomorphia solution (containing four milligrammes—one-sixteenth grain—of the alkaloid) was administered at the beginning of the aura, which checked the attack so far that simply syncope ensued. Subsequently two milligrammes only of apomorphia were injected, in order to avoid the production of vomiting. In a few weeks the number of the attacks was greatly diminished, as well as their severity. When the administration of the apomorphia was sus-

pended, however, the attacks recurred. Finally, after some months' treatment, the patient was discharged not having had an attack for eight weeks. Several other patients were treated by Dr. Vallender in a similar manner with equal success, and he feels great confidence in the efficacy of the remedy. The fact that the aura in the case mentioned began in the gastric region would seem to point to implication of the vagus, and would account, perhaps, for the especially good effect of apomorphia. In other cases, however, where the aura had its origin in other localities, apomorphia worked equally well. One thing is requisite in the use of this remedy, and that is prompt application when the aura is first felt. When for any reason the hypodermic injection cannot be promptly made, or when the aura comes too close to the attack to give time for the injection, of course this treatment cannot be expected to succeed.

#### TREATMENT OF EXCESSIVE SWEATING.

In a discussion on anhidrotics, before the College of Physicians of Ireland, Dr. Hayden stated these were medical agents capable of arresting or controlling morbid perspiration. Anhidrotics were most frequently demanded in the advanced stages of pulmonary phthisis—those, namely, of softening and excavation. If the perspiration occur during sleep and toward morning, it is most effectually controlled by five grains of Dover's powder, given once or twice in the course of the night. If the perspiration be due to excessive coughing, the inhalation of ten to twenty minims of chloroform, or a full dose of chlorodyne and liquor morphiæ (ten minims of each) is the best remedy. Tepid sponging of the face, neck, chest, and hands, with equal parts of toilet vinegar and water at bedtime, is useful and agreeable. Cold or tepid drinks and sucking ice are aids in checking perspiration. The night dress should be put on hot. Belladonna (extract, half a grain; or tincture, thirty minims, at bedtime) checks in some degree the night sweats of phthisis. Oxide of zinc in combination with Dover's powder seems inferior to the latter given alone. In one case, profuse and obstinate sweating in convalescence from enteric fever was checked by insisting on the patient leaving his bed and sitting up. For sweating of the hands, feet, and axillæ, in those otherwise healthy, frequent washing and sponging with "tan-yard liquor" (*i. e.*, a strong, cold infusion of oak bark) is very efficacious. Perspiration may be checked directly by means of topical astringents or by cold, but these means are of only temporary efficacy, and induce active reaction of the sweat-glands. Inhibition of blood supply to these glands through the vaso-motor nerve-system, as exemplified in Bernard's experiments of galvanizing the sympathetic nerve of the submaxillary gland, constitutes the scientific plan of treating general hidrosis. The medicinal agents by which this may be accomplished are anhidrotics in the true sense of the word. It is a question of much

interest whether, following the clue afforded by Bernard, physicians may not find in electricity an agent still more potent than medicine in the treatment of hidrosis. It would seem that cold liquids introduced into the stomach, being rapidly absorbed, act as anhidrotics by cooling the blood, whilst external heat acts as a peripheral irritant of the vaso-motor centre, whence, by inhibition of the cutaneous vessels, the functional activity of the sweat-glands is restrained or suspended.

Dr. Finny had used dilute sulphuric acid and liquor ferri perchloridi in phthisical sweating; also three-grain doses of Dover's powder and sulphate of atropia (one-eightieth of a grain for a dose). He mixed half a grain of the sulphate with sugar of milk, and divided the mass into forty pills. He bore witness to the value of atropia in the treatment of local sweating, and referred to a case of bromo-hyperhidrosis of the feet, reported by Dr. Grimshaw, (*Irish Hospital Gazette*, 1872, p. 52) as being cured by atropia. It had not, however, in his (Dr. Finny's) experience, checked the sweating in enteric fever.

Dr. MacSwiney had been taught to use the diluted mineral acids with bitter infusions, acetate of lead, and belladonna, as anhidrotics. Sponging the body with warm diluted vinegar was very efficacious. Having regard to the correlation of diarrhœa and perspiration in phthisis, he did not think it desirable to use energetic and continuous means of arresting diaphoresis in the third stage of the disease.

The chairman said that remedies like cod liver oil, which improved the condition of the system, often checked perspiration in a remarkable manner. Evening drinks should be forbidden, as far as possible. Cotton worn next the skin and tepid sponging were useful. A powerful nervine like strychnia would lessen perspiration; but such remedies lost their effect after a time.

#### PROTECTION AGAINST FLIES—FOR DOCTORS' HORSES.

R. Linseed oil .....	ʒ iij;
Carbolic-acid crystals....	ʒ ij;
Glycerine.....	ʒ jss.

Dissolve the glycerine and add the oil. Apply daily to legs, mane, tail, face, neck, and flanks; and the flies are driven off, much to the delight of the horses. The above excellent formula was made for me by Dr. Barnum, the druggist, Fourth Street, and has proven most satisfactory. L. P. Y., JR.—*Louisville Med. News.*

#### THE HYGIENE OF PHTHISICAL PATIENTS.

The unlimited use of fresh air is by far the chief desideratum for a consumptive. This is a point the value of which has to be repeated continually to consumptives. If we could make a patient in the city breathe pure country air several hours every day; if, besides, we could put him under proper hygienic conditions, free

from mental cares, we could sometimes save valuable lives, or at least retard the progress of the disease. In speaking about night air, the contamination of the air by accumulation of carbonic acid in closed rooms is already mentioned. But an equally deadly enemy of the consumptive is the dust in its finest forms, which is always in a room, even if kept scrupulously clean with all the windows open. To convince ourselves of the great quantity of this finest dust, it is not sufficient to look at a ray of the sun shining into a room, but it is necessary to darken the room completely except a very small opening, and I doubt if many can be found who would approach the ray of light with their mouth open without disgust. The same experiment can be made with strong electric light. The time a patient is spending in a room is lost, and worst than lost. I mentioned here only dust as contaminating the air in a room; but there are a good many other injurious elements in our dwellings helping to deteriorate the air; as, for instance, the decrease of oxygen, the excrements of respiration (carbonic acid and aqueous vapor), the excrements of perspiration, the products of illumination, the formation of carbonic oxide (results of gaslights, stoves), accidental vapors (tobacco smoke, kitchen vapor, etc.), the warming into motion of the whole conglomerate—each enough to drive a consumptive out of doors, who is in earnest to do the best he can for his health.

*Exercise* is another essential for phthisical patients, especially as it assists to overcome the deficient expansion of the chest and to bring air into parts of the lungs which were more or less inactive. To achieve this end ordinary walking is not sufficient, but the patient must take deep inspirations, stop when his breath shortens, fully recover it, then go on until the breath shortens again, never allowing himself to become even partially "blown." In this connection, it may be permitted me to say a few words about the manner of breathing, which I extract from Niemeyer's *Atmiatry*, and to which too little attention is paid as yet. We pay much and often painful attention to our food-diet, but how many are there who observe a respiratory-diet, which is equally if not more important than the first. One of the reasons of this neglect is the secrecy with which respiration takes place. Many acts are necessary for nourishment—the procuring of food, its preparation, mastication, digestion; the excrements are disagreeable to our senses; nothing of all this with the respiration. We breathe unconsciously, and if the air becomes bad in consequence of accumulation of respiratory excrements, it does not become perceptible to our senses. We distinguish three modes of breathing: shoulder respiration, the most important; costal respiration, depending upon the elasticity of the ribs; abdominal respiration, the most extensive, as the

descent of the diaphragm sets about three fourths of the lung into activity. The apices are the least ventilated parts of the lungs, as the shoulder respiration requires a certain position of the body and a certain amount of labor—unlike abdominal respiration, which is possible in all positions. Besides a proper position some few more points interfere with full shoulder respiration: the scapula with its appendices, the extremities, rests like a roof on the top of the lung, and has to be raised by will in order to comply with the object in view. The apices have not those supplementary spaces at the side and the base of the lung suited to receive the inflated parts. Further, the bronchus of the upper lobe does not directly descend, as in the lower lobe, but runs upward in a curved direction and divides very early into a multitude of bronchial tubes, so that the inspiratory stream of air has to run around many curves and corners till it reaches its destination—the alveoli. The apices of the lung are, therefore, best adapted to serve as a reservoir of residual air, which stagnates and is seldom and imperfectly renewed—a fact which plays an important part in the etiology of the primary seat of the disease, which, as well known, is in the majority of cases the apices. Full breathing is as essential to the lungs as eating to the stomach, and we delight to see the new-born child exert it to the fullest extent during the act of crying. All nomadic tribes are naturally full breathers, while we are accustomed to a sitting life, and only occasionally, when bent over too long in one position, erect ourselves and take involuntarily a deep, full breath. Artificial positions assist in setting certain parts of the lung into activity, and ought to be recommended, after careful selection, to the patient. For the sake of illustration, examples of two positions may be mentioned: if we desire a patient to breathe more with one side, for instance, the left, lower the right shoulder, let the right arm hang down, and raise the left arm and breathe deep. To promote shoulder respiration let an attendant compress the false ribs of the patient, and have him cross his hands over his head and breathe deep.

*The use of cold water* in its different applications ought not to be neglected in the treatment of invalids, as the skin is inactive and prone to perspiration. Cultivation of the skin counteracts the disposition to catching cold, and cold and cold water applications act very favorably against an accompanying fever.

The relief of unpleasant or dangerous symptoms, especially careful observation of the functions of digestion and assimilation, are of course to be kept constantly in view. — *W. Gleitsmann, in N. O. Med. and Surg. Journal.*

## A NEW REMEDY FOR BURNS AND SCALDS.

There is no end to specifics for burns and scalds, but most of them prove to be at best mere palliatives. The latest one that we have seen, however, comes with an indorsement of a remarkable character. The discoverer gives a practical illustration of its efficacy by scalding himself severely before many witnesses, and trusting to the new remedy for relief. At a recent meeting of the Massachusetts Dental Society in Salem, Dr. S. F. Waters, of this city, stated that the application of bicarbonate of soda, which is the simple cooking soda, to be found in all households, or other alkalies in a neutral form, would cause instantaneous cessation of pain from the severest burns or scalds, and that in all cases of mere superficial burning the treatment would effect a cure in the course of a few hours. To demonstrate the truth of this assertion, the doctor dipped a sponge into boiling water and squeezed it over his right wrist, the water flowing almost completely around the arm, and nearly encircling it with a severe scald something like two inches in width. Not content with this, he dipped the sponge a second time, and pressed it closely on the under side of his wrist for thirty seconds. He then applied bicarbonate of soda to the scalded surface, and laid over it a wet cloth, and the intense pain was banished as if by magic. On the next day after this severe test, the scald, with the exception of the part purposely made most severe, was practically healed, only a slight discoloration of the skin showing where the scalding water had flowed—this, too, without a second application of the soda. The flesh on the under side of the wrist had been cooked down to the sweat-glands, and the scald was one which ordinarily would have caused an open and painful wound of long duration. The only treatment of this, however, after the first application of the soda, was to keep the part moist with a wet cloth, and no pain was experienced, and it was but a few days before this severe wound was seen to be rapidly healing.—*Boston Journal of Chemistry*, Aug., 1877.

## USEFUL PRESCRIPTIONS.

By J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children in Bellevue Hospital Medical College, etc., New York.

Several years ago, Dr. Horace Green, then having withdrawn from general practice and devoting his attention to the specialty with which his name was associated in this country and in Europe, contributed to one of the New York medical journals a series of papers bearing some such title as the above. To me, then embarking in the profession, these papers seemed very valuable, and I copied from them prescriptions which, more or less modified, I have continued to use with good results till the present time.

It has been said, that, if the diagnosis is clear, the physician, if he have the knowledge which

he should possess of the therapeutic effects and doses of the articles in the materia medica, knows at once what to prescribe; but, according to my experience, it requires years of practice to enable the physician to prescribe with the best selection and the best combination of medicines, in a large proportion of the cases which he is called upon to treat. Having these views, and thinking to aid the younger members of the profession, I am induced to send, for publication, the following prescriptions, all of which have been sufficiently employed, either in family practice or in the institutions of New York, with which I have an official connection, to enable me to recommend them with confidence in their efficiency.

*Indigestion.*—Indigestion, though often accompanied by an unpleasant sensation of dulness or weight in the epigastrium, by heart-burn, water-brash, eructations of gas, etc., commonly has no serious anatomical cause, and results from functional derangements which are easily rectified if the proper remedies are employed. But, from difficulties attending the examination of the stomach, the exact pathological state in most cases of indigestion cannot be readily ascertained; so that physicians are compelled to prescribe without that full and clear diagnosis, which they are able to make in most other diseases.

The following treatment has, in my practice, probably relieved nine-tenths of those cases of dyspepsia, which were not due to organic disease:

℞. Bismuthi subcarbonatis. . . . . ʒ ij.

Pepsini (vel Lactopeptini). ʒ iss. Misce.

Divide in crustulas, No. xij. Signe:—Take one wafer before each meal, and twenty drops of the following in wine or water after each meal:

℞. Tincturæ nucis vomicæ,

Acidi muriatic; (dilut.)... .aa ʒj. Misce.

In cases attended by constipation and eructation of gas, the following will be found useful:

℞. Pulveris carbon. ligni,

Magnes. calcinat.....aa ʒj.

Pulveris rhei..... ʒ ij. ad ʒ ss. Misce.

S. Take half a teaspoonful to one teaspoonful in simple syrup or any convenient vehicle, three times daily. Of course, whatever the medicines employed, proper directions should be given in regard to the diet of dyspeptics.

*Constipation.*—In habitual constipation of the adult, in which the use of fruits and the most laxative articles of food often has little effect in producing evacuations, the following pill will be found very efficient, while its purgative effect is not severe, and is commonly without pain:

℞. Ext. belladonnæ.....gr. iij.

Ext. nucis vomic..... gr. vj.

Podophyllin.....gr. vj—ix.

Ext. aloes.....gr. xvij. Misce.



Divide in pilulas No. xvij. S. Take one when required.

The habitual constipation of infants is a common and troublesome complaint. It can sometimes be remedied when a wet nurse is employed, by the change from one nurse to another, and often by giving a little oatmeal one or more times daily. It is better to employ enemata of water, or water with sweet oil and molasses for habitual use, than to employ even the mildest preparations of those purgative drugs which are in ordinary use, and which produce catharsis by their stimulating or irritating effect upon the surface of the intestines, since the irritation which they cause is apt to impair the function of the gastro-intestinal mucous membrane; or the intestines may become so accustomed to them, that it will be found necessary to increase the dose in order to obtain the desired result.

The treatment which I am at present employing for a decidedly strumous child, aged 4 years, in the New York Foundling Asylum, indicates the manner in which, in my opinion, the habitual constipation of young children can be best overcome. When I commenced attending in this institution in May of the present year, I was informed that this child, who had scrofulous inflammation of one of the joints, and a greatly enlarged and pendulous abdomen, from a lack of tonicity and action in the muscular fibres, seldom had a stool without the use of a cathartic or a clyster. The circumference of the body, measured over the umbilicus, was twenty-three inches, and the abdomen was soft and painless on pressure. The following prescription was ordered:

R. Syr. calcis lactophosphat...1 part.  
Olei morrhue.....2 parts. Misc.

S. Give two teaspoonfuls three times daily. Rub the entire abdominal surface three times daily with cod liver oil, making the inunction gently but firmly with the extended fingers.

From the day on which this treatment commenced the abdominal protuberance began to subside, and stools have occurred regularly without further aid. In the ordinary habitual constipation of young children, I think that the muscular coat of the intestines needs stimulating to produce more active peristaltic, and vermicular movements, and I know no safer and better way to produce this than by kneading and rubbing, just as we make the uterine fibres contract in parturient women. It insures more thorough manipulation if the nurse is directed to apply some kind of oil or other medicament.

Having on different occasions noticed a laxative effect from the syrup of the lactophosphate of lime and cod liver oil, either given in the proportion stated above, or half and half, employed to improve the general nutrition, in

the treatment of the diathetic diseases, I now usually order the two in a mixture, to be given three times daily in connection with the rubbing, for the habitual constipation of children. The syrup of the lactophosphate of lime is not official, unless recently, but is found in the shops, each drachm containing two grains of the salt. It is pleasant to the taste, being a little tart, from the presence of free lactic acid, and, I am informed also, of dilute muriatic acid, which is added to insure better preservation. If a more active laxative is occasionally required, I prefer the following:

R. Sodæ phosphatis..... 3 j.  
Syr. calcis lactophosphatis. ʒ iiss. Misc.

Give one teaspoonful, more or less according to the age, as often as may be required. The two phosphatic salts, if properly prepared, dissolve without precipitation, and form a mixture, which is readily taken by the patient.

*Infantile Diarrhœa.*—The hot season is approaching, during which the diarrhœa of infants is the most common and fatal malady of the cities. It is very important, in order to its successful treatment, that its cause be removed so far as possible; for by the continued operation of the cause, the diarrhœa is obviously more stubborn and persistent. Therefore, proper directions should be given in reference to the hygienic management of the patients, and especially as concerns the diet.

The treatment of this disease by small doses of calomel, combined with Dover's powder, has been very generally and properly discarded in New York. The more intelligent physicians prescribe opium and bismuth, with or without pepsine or lactopeptine, and sometimes in combination with chalk. The following prescriptions have been largely and successfully employed in the New York Infant Asylum, and in private practice:

R. Tinct. opii..... gtt. xvj.  
Bismuth. subnitrat..... ʒ ij.  
Syr. simplic..... ʒ ss.  
Mistur. cretæ ..... ʒ iiss. Misc.

Give one teaspoonful every three hours to a child of one year.

R. Tinct. opii... ..... gtt. xvj.  
Bismuth. subnitrat..... ʒ ij.  
Pepsini (vel Lactopeptini). ʒ iss.  
Syr. zingiberis,  
Aq. menth peperit ..... aa ʒ i.

To be administered in the same dose as the foregoing. In severe cases the dose may be given for a time every two or two and a half hours.

Vomiting is often a prominent symptom in this malady. It sometimes commences before the diarrhœa, and often continues after the latter ceases. It may be controlled by the above prescriptions, and often, also, by lime water given in an equal quantity of milk, to

which, double or treble as many drops of Bourbon whiskey or brandy are added as the infant is months old. A few drops of chloroform, in cold water, will also sometimes control the vomiting. Carbolic acid, given in doses of  $\frac{1}{16}$ th to  $\frac{1}{8}$  of a drop has been recommended by writers for the nausea, but I have not observed any decided benefit from its use in the majority of instances in which I have had an opportunity to witness its effects. But there is another remedy which I can recommend, which is seldom used for this purpose, and the dose of which is so small, that most physicians will probably think it inert, namely:  $\frac{1}{16}$  to  $\frac{1}{8}$  of a drop of tincture of ipecacuanha, given to the infant in a teaspoonful of cold water, every hour or second hour, till the nausea ceases.

The reports of its use in two of the institutions of New York have been favorable. A physician of New York, exact in his observations, and cautious in his statements, has informed me that he recently relieved vomiting in an adult, when other remedies had failed, by one drop doses of the same medicine.

The "summer complaint" of infants is, in most instances, an enterocolitis, the inflammatory lesions being especially marked in the descending colon, while the gastric mucous surface, even in those cases in which nausea is a prominent symptom, usually shows no anatomical change apparent to the naked eye. In certain cases, in which the diarrhoea is not sufficiently controlled by medicines administered by the mouth, injections of  $\frac{1}{16}$  to  $\frac{1}{8}$ th of a grain of nitrate of silver in each ounce of mucilage, will be found useful.

*Uses of Cinchona and Quinine.*—There are few articles in the materia medica which physicians would part with more reluctantly than quinine, and of late years its use has largely increased. It is not only given in more diseases than formerly, but in greater doses. It is now prescribed as an apyretic, in many of those maladies in which veratrum viride and aconite were formerly employed, since, while in large doses it reduces the pulse and temperature, it does not depress like those agents. It is now commonly prescribed in this city (New York) in severe pneumonia, child-bed fever, etc., so that from twenty to forty or fifty grains are given, in twenty-four hours, in five to fifteen grain doses, taking the place of the depressing apyretics formerly used, and apparently aiding materially in arresting the disease. This increased demand increases the price of the drug, so that the poor often feel the expense of it too burdensome, if the sickness be of considerable duration. If the price is still farther advanced quinine will be placed beyond the reach of many families, except in diseases of short duration. Therefore, it seems to me, the duty of physicians to prescribe other and cheaper medicines when they will answer nearly or quite

as well, reserving the quinine for graver cases, and cases in which no adequate substitute can be prescribed. In some of the New York hospitals and dispensaries sulphate of cinchonia is dispensed in place of quinine, being given in the same manner and in doses one third larger. It has been found an efficient substitute for quinine in the treatment of malarial diseases, neuralgias, etc.

Twenty years ago, when I was one of the physicians to the Northwestern Dispensary, the apothecary introduced a mixture, which the whole medical board prescribed, and which seemed to us preferable, in many cases, to quinine, while it was less unpleasant to the taste, and was comparatively inexpensive. Of late years I recognize the same medicine as a popular nostrum, having the name, "Indian cholagogue." It will be seen from its composition, and experience shows, that it is an efficient substitute for quinine, as a tonic and in the treatment of malarial and neuralgic diseases. By adding a teaspoonful of it to a certain number of teaspoonfuls of water, it can be readily administered to young children.

R. Quinæ sulphat..... ʒ ij.  
 Pulv. cinchonæ . . . . . ʒ iv.  
 Tinet. sanguinar. sat. . . . . ʒ iv.  
 Syr. simplic..... ʒ j.  
 Strychniæ..... gr. iij.  
 Acid sulphur. aromat... ʒ ij.  
 Spts. vini..... ʒ ij.  
 Aq. puræ . . . . . ʒ ij.  
 Ol. gaulther.  
 Ol. menth. piperit. .... aa ʒ j. Misc.

One difficulty in the employment of the sulphate of quinia and cinchonia, is their extreme bitterness. This property sometimes prevents the proper employment of these salts, especially for children. No vehicle with which I am acquainted, so well conceals their bitterness, without impairing their efficacy, as the following, which is prepared by one of the leading pharmaceutical firms of New York, who have given it the name elixir adjuvans. The sulphate, whether of quinia or cinchonia, is suspended in it, no acid being employed. I have obtained, indirectly from one of the firm, the formula for this elixir.

R. Cort. auraut..... ʒ ij.  
 Pulv. semin. corinad.,  
 Pulv. semin. carui..... aa ʒ j.  
 Pulv. cort. pruni Virginian. ʒ iv.  
 Pulv. radicis glycyrrhiz..... ʒ vj.  
 Menstrum:—Alcohol..... part j.  
 Aquæ..... parts iiss.  
 Percolat..... five pints.  
 Adde:—Syr. simplic,  
 Aquæ ..... aa O iiss.

Three grains of the sulphate or under, may be prescribed in each teaspoonful of this elixir, and five grains in each dessertspoonful.—*Virginia Medical Journal.*

## ALCOHOL IN INCIPIENT MENTAL DISEASE.

The current of medical opinion throughout the world is setting strongly against the use of alcohol either in health or in disease. It is coming to be generally admitted that the cases requiring it are rare and exceptional, and that the number of these is likely to be diminished rather than increased, with advancing knowledge and experience. Incipient mental disease is one of these exceptions, according to Dr. J. C. Bucknill, one of the highest living authorities on the treatment of insanity in all its varied forms. Alcohol has certainly been a prolific cause of insanity, and it is not impossible that it may be of some limited service, in the hands of the judicious physician, in the prevention of mental derangement. The following extracts from a recent lecture by Dr. Bucknill, before the Medico-Psychological Association, will interest even those whom they do not convince:—

"I may venture to indicate what I think to be a real aspect of drink in relation to insanity, namely, the casual relation between the occasional use of alcohol, and the prevention or postponement of mental disease.

"With men of such wide experience as my present audience, a few considerations will probably suffice to gain me many suffrages in favour of this novel and, I fear, startling proposition; but let us bear in mind many of the commoner moral and physical causes of insanity, the prevailing bodily conditions of the incipient disease, and the necessities of the treatment, and we must, I think, see and admit that this stimulant-narcotic, in such general use, must have a vast and varying influence upon the organisms of men, which is not likely to be invariably pernicious, and which may well be sometimes beneficial and conservative of the mental health.

"Consider the great part which grief and anxiety, worry and overstrain play in the production of insanity, the depressing effects of poverty and the failing struggle for existence, of misery in all its forms, and then consider to how great an extent the use of alcohol oftentimes tends to make the burden of life bearable, if not by stimulating the powers, at least by deadening the sensibilities of men; and I think you will agree with me that, by the occasional help of strong drink, a man may sometimes be able to weather that point of wretchedness upon which his sanity would otherwise have been wrecked. The observation of life forbids us to doubt that 'wine, that maketh glad the heart of man,' according to Holy Writ, doth sometimes blunt the keen edge of misery, so that the wretch is not 'cut to the brain,' like King Lear. Alcohol, in its physiological action, is *atriptic* retarding the disintegration of the tissues, especially of the nerve tissue; and, when the brain is wearing itself into madness alcohol, at the right time and in the right dose, does, without doubt, sometimes check the ebb-tide of reason. Perhaps, a few timely doses of opium might have the same or a better result, if the people of this country were in the habit of resorting to opium to dull their misery and assuage their pain; and in China, opium, although the source

of infinite mischief, is also, no doubt, a precious boon to the miserable who may use it aright, either by happy chance or wise direction.

"Alcohol, moreover, is not only a narcotic, which may 'knit up the raveled sleeve of care;' it is also, according to Anstie, Lauder Brunton, and all good authorities, a food, and as such it plays an important part in the therapeutics of insanity. I have myself no doubt that a moderate use of fermented drink is useful in the treatment of mental disease, not only that a cure, when possible, may be attained, *cito, certo, et jucunde*, but that, in incurable cases, the bodily health may be improved and the mental misery alleviated."—*Boston Journal of Chemistry, Aug., 1877.*

## TREATMENT OF HEADACHE.

A recent lecture by Professor A. Smith, of the Bellevue Hospital Medical College, San Francisco, contains some valuable suggestions on the treatment of various forms of that Protean malady, headache. He says:—

A headache, when due to nervous disturbance, such as occurs in hysterical or excitable subjects, if associated with plethora, often yields to a saline cathartic. The most agreeable is the solution of citrate of magnesia, and should be given on an empty stomach. In addition, it is well to give one of the bromides combined with valerian. The following prescription I frequently use:—

Sodi bromidi..... 3 vj.  
Elix. valer. amm..... 3 iv. M.  
Sig. 3 i. every hour until relieved.

If such nervous headache be associated with anæmia, after relieving the immediate attack with the bromide and valerian prescription, give iron, and give it for weeks, until there is a decided improvement in the patient's condition. Always give the iron after meals. In these anæmic cases it is often advisable to stimulate the heart's action. For this purpose I have found the following useful:—

Amm. muriat..... ʒ ss.  
Tinct. actææ racemos..... ʒ iij.  
Aquæ..... ʒ iij. M.

Sig. ʒ ij. after meals in a wineglass of water.

It is important to attend to the general health of the patient. Remove all causes of excitement, encourage exercise in the open air; let the food be simple but nutritious; let the sleeping-room be large and well ventilated; in short, let the patient be surrounded by the best possible hygienic influences. These general remarks will apply to almost all forms of headache. I usually recognize two forms of sick-headache (so-called), the one neuralgic in character, as hemicrania and trifacial neuralgia, the other a dyspeptic headache. In the neuralgic variety the pain in the head precedes the nausea, while in the dyspeptic variety the pain in the head succeeds the dyspeptic symptoms. In the neuralgic, vomiting does not relieve the pain, while in the dyspeptic an emetic or laxative often removes the pain in the

head by removing the cause. In addition to the treatment given in a previous lecture for neuralgic headache, which often occurs at intervals of a few days, or a week or two, sometimes coming on at sunrise and disappearing at sunset, I have good results from the use of guarana, or *Paullinia sorbilis*, as it is sometimes called. I give it usually in powder, 15 grains every 15 minutes, until six doses have been taken. It is best given in a little sweetened water; and if six doses do not relieve, do not continue it; it will probably not relieve. It is well to give these powders in any headache (not malarial) of long standing and prone to return at certain intervals.

Dyspepsia is a frequent cause of headache.

If there is indigestible food in the stomach, and it has been there some time, give an emetic, as mustard and warm water, or sulphate zinc gr. xv., and remove it. If there is evidence of indigestible food in the alimentary canal beyond the stomach, give gr. xx. of rhubarb and magnesia each, and remove it from the bowels. If the headache be frontal, and the pain is located immediately over the eyes, give dilute nitro-muriatic acid in ten-drop doses, well diluted, after meals. If the pain is located about the roots of the hair, give an alkali before meals, as gr. xx. bicarbonate of soda or magnesia. The dyspeptic headache oftentimes is not confined to these regions, but spreads over the entire head. In such cases I combine an acid with an alkali, and add to these *nux vomica*, as in the following prescription:—

Sod. bicarb..... ʒ iiss.  
 Ac. nitro-mur. dil..... ʒ ij.  
 Tinct. nuc. vom..... ʒ iiss.  
 Syr. aurant. cort..... ʒ vj.  
 Aquæ, q. s. ad..... ʒ vj. M.  
 Sig. ʒ ss. after meals in a wineglass of water.

If there be gastric pain, a mild counter-irritant, as a mustard plaster to the epigastrium, will often relieve the pain in the head as well as the pain in the stomach. If flatulenc be a troublesome symptom, give the following:—

Bismuth subcarb..... ʒ iiss.  
 Tinct. nucis vom..... ʒ iiss.  
 Tinc. card. co..... ʒ iv.  
 Spts. lav. comp. q. s. ad..... ʒ iv. M.  
 Sig. ʒ ij. before meals in a wineglass of water.

If there be constipation, the following pill may be given, one in the morning:—

Aloes pulv..... ʒ ss.  
 Ext. nuc. vom..... gr. v.  
 Ext. belladonnæ..... gr. iv. M.  
 Div. in pil. No. xv.

In some forms of headache associated with stomach indigestion I have found small doses often repeated of tinct. *nux vomica* effectual. I give a single drop every fifteen minutes, and continue this two or three hours if necessary. In other cases, where the headache comes on soon after a meal and seems to depend on delaying stomach digestion, large doses of pepsin are effectual. Give a half drachm

saccharated pepsin in a wineglass of sherry wine, t. i. d., and let it be taken during meals.

Cerebral congestion as a cause of headache may be divided into two varieties, active and passive. These claim almost directly opposite plans of treatment. In the active variety the patient should be kept in a darkened room, perfectly quiet, cold and evaporating lotions applied to the head. A saline cathartic may be given, and the following prescription:—

Sodii bromidi..... ʒ iiss.  
 Fl. ext. ergot..... ʒ iiss.  
 Syr. zinzib..... ʒ ss.  
 Aq. aurant. flor. q. s. ad..... ʒ iv. M.  
 Sig. ʒ ss. q. 2 h.

If the skin be hot and dry, and the pulse full and rapid, give Fleming's tinct. *aconit. rad. gtt. ii. q. 2 h.*, until the heart's action is sensibly diminished. Sometimes a hot mustard foot-bath will give relief.

The passive congestive variety demands a different mode of treatment. In many cases this variety is found associated with cardiac disease, and most frequently where there is predominant dilation. Hypertrophy gives rise to the active variety. Improve the condition of the blood by the use of iron, quinine, bitter tonics, alcoholic stimulants, good food, and stimulate the heart's action by the use of the following:—

Tinct. digitalis..... ʒ iij.  
 Spts. amm. aromat..... ʒ vj.  
 Spts. lavand. co..... ʒ iij.  
 Syr. simp. q. s. ad..... ʒ iij. M.  
 Sig. ʒ i. q. 4. h.

—*Boston Journal of Chemistry, Aug., 1877.*

SANTONIN.

In a short article on the use of this drug (*Med. Times and Gaz.*, July 7, 1877) Mr. E. Marlett Boddy says there is no doubt that santonin is, for many reasons, by far the most efficient anthelmintic which can possibly be administered to children, and its combination with calomel he has found to be most advantageous in every respect. Santonin, like every other therapeutic agent, requires care in its administration; and if it is allowed to remain in the system it acts deleteriously, like certain cumulative medicines. This pernicious after-action one of course seeks as much as possible to obviate, and the only way to do so as regards santonin is to combine it with some purgative, such as calomel, which carries it off.

According to Falek of Marburg, if santonin is allowed to remain in the system we get a substance called xanthopsin, into which santonin is supposed to be transformed under certain circumstances which at present are not well ascertained. This xanthopsin is excreted by the urine, giving it a remarkable yellow colour, causing a similitude to that secretion passed in jaundice, and its presence there is easily detected by caustic alkalies, which redden the urine. No doubt it is this xanthopsin which gives rise to those dangerous symptoms that

have been so largely dilated on of late, and which many attribute to santonin only, forgetting or ignoring the presence of xanthopsin; and this mischievous action Mr. Boddy has found from experience to be entirely counteracted, or rather prevented by administering calomel at the same time.

He says: I generally administer santonin combined with calomel, or I give it preceded and then followed by that drug; but one plan is as good as the other. The results of so giving this anthelmintic in either of these two modes have been most happy, and I have very seldom found it necessary to repeat the dose, for such treatment is thorough and consequently precludes the necessity of repetition.

I myself have never had a case where convulsions or retention of urine have originated from santonin; in fact, I have never seen any untoward symptom resulting from it in any way whatever, which I attribute to my combining it with calomel, or preceding and following it up by that purgative.

My experience has convinced me that nothing of a deleterious tendency can possibly accrue from santonin if it is combined with calomel, for by so doing we do not allow sufficient time to elapse for the xanthopsin to act on the system, for when the santonin has done its work the calomel removes it. The latter drug is a more searching purgative than castor oil; being likewise a cholagogue, it causes a greater secretion of bile, which, as my readers know, is the natural purgative. Giving the santonin in one of these two methods afore-mentioned will entirely prevent all dangerous symptoms arising; there will be no convulsions and no retention of urine; nor will that secretion appear like that found in jaundice, for this one simple reason: the santonin, when it has done its work, is eliminated from the system by the calomel, and consequently the poisoned xanthopsin has not sufficient time to form. Perhaps this substance is the cause of patients seeing objects either yellow or green in colour.

#### THE ARREST OF PHTHISIS BY SPECIAL EXERCISE.

In order to meet the request of various medical men, in different parts of the country, to describe the mechanism of my plan of treatment, I would say that the mechanical treatment for clearing the lungs and the re-establishment of vesicular respiration consists of three different exercises, which follow each other as the strength of the patient permits. 1. The patient is placed in an erect position, with both arms extended, horizontally, on the level with the shoulders. In this position he advances toward a corner of a room, when the hands are placed flat upon the wall, the body is moved slowly forward into the angle, the hands gliding upon the wall. The arms must not be bent, and the spine must be held erect. The actual contact of the patient's face with the corner is hardly ever accomplished on the first attempt; however, he is urged to get as close as possible. He is then told to bend his elbow-joints, and to pull himself slowly back again by the power

of the pectoral muscles; the hands to remain on the spot where they were. This exercise stretches the chest very much across the clavicles. Patients are told to do this from six to twelve times per day. Muscular pain across the chest is the next consequence. In about a month the patient should have gained sufficient strength to begin the exercise No. 2. This consists in the same movement, with the body in a horizontal position. The patient lets the body slowly sink toward the floor, as far as his strength permits. The hands rest upon two chairs, placed at a distance of four to five feet, and secured. The whole weight of the body rests upon his two hands and his toes. He having approached the floor as near as he can, is then told to pull himself up again as slowly as he sank. This is a very difficult exercise, and makes the muscles tremble; involuntary deep inspirations follow it immediately. In about three to five months the third and last exercise is commenced. The patient is placed in the middle of a room in an erect position. One arm is lifted at the time, as in exercise No. 1. This horizontally stretched-out arm is reversed in a circle around its axis as if nobody was in the way. Of course, when the arm comes in front of the chest, the spine has to be bent backward so as to make room for the arm to revolve. This exercise is very difficult, and affects every muscle in the body. In all these exercises the knees must never be bent, the epigastric region not allowed to incline forward, and the respiration not interrupted at any moment. The last exercise gives the finishing touch to the lungs, and a patient advanced to do it is considered an absolutely curable case. The first is generally dropped as soon as No. 2 is learned. These exercises should raise the pulse momentarily about ten beats and no more; it must return to its previous height after a few minutes of rest. Although a healthy man can not do these exercises well on the first attempt, consumptives learn to do them with the greatest ease and comfort. The purpose is to clear the bronchi and alveoli of phlegm, so as to induce the meshes of the elastic tissue to open and shut again; in other words, recreate respiration in the diseased portions.—*C. Both, M. D., in New York Medical Record.*

#### A NEW METHOD OF TREATING NASAL CATARRH.

Dr. Arthur Hartmann, of Berlin, reports a new method of treating acute and chronic nasal catarrh, which he has found of great service. This treatment is of importance to the aurist, because middle-ear troubles are not infrequently caused by nasal catarrh. The author discovered that inflation with air, during the act of swallowing, not only mitigated the ear troubles, the deafness and roaring sounds, but also relieved the frontal distension and fullness of the head. The air is simply forced into the nose with a rubber balloon, after Politzer's method for the ear. In order to ascertain the effect of compressed air, in expressing fluids from the nose, the author made a number of experiments on dead bodies. He

filled the cavities about the nose with fluids, and observed that when air was forced in the fluids were forced out. The author hereupon reports a number of cases in which the unpleasant symptoms of nasal catarrh were completely relieved in this way. To remove the crusts of ozena, he uses a brush fastened at right angles to the end of a thin flexible wire, an apparatus such as is used for cleansing tobacco pipes. The tenacious secretion is entangled upon the brush and removed. The nose is then washed out with water, and air is forced in after the manner described. —*Deutsch. Med. Wochenschr., Cincinnati Lancet.*

#### THE TREATMENT OF WHOOPING COUGH.

*Translated and abstracted from "Paris Medical," June 28th, 1877, by W. DOUGLAS HEMMING, M.R.C.S., author of "Aids to Forensic Medicine," &c., &c.*

Dr. Archambault has lately given some clinical lectures on whooping cough, at the Hospital for sick children, in Paris. He divides the disease into two phases or periods, each of which has its special treatment. 1. The catarrhal period. 2. The convulsive period. These two periods are united one with the other, and if the affection begins with a bronchitis with oppression and abundant rales, the whooping cough will be more serious than if the reverse be the case. If this period be diminished, the second will also be equally lessened and the disease will be less serious. 1. During the catarrhal period the treatment prescribed is that of ordinary bronchitis. The patient should be kept in a warm room, in winter at a temperature of 60° to 63°. If there is fever, keeping in bed should be enforced. At the same time emollient cough mixtures may be given, as, for instance, a julep containing white oxide of antimony with cherry laural water.

The chest must be carefully auscultated. If the secretion blocks up the small bronchial tubes, if there is oppression, emetics should be given. Of all these, ipecacuanha is the most preferable.

Ipecacuanha has, in fact, very great advantage as a remedy for children. It produces perspiration, brings down the fever, and produces no intestinal derangement. In the most tender age, that is to say, in the first six months of life, it may be given in the form of syrup. After the fifth or sixth month the following preparation may be used,—R. syrup of ipecacuanha 50 grammes (1½ ozs.); powder of ipecacuanha 30 grammes (1 oz.). A dessert spoonful every five minutes till vomiting is produced. From one to two years of age the dose of the powder may be raised from 5 to 15 grains.

As an emetic, Trousseau conceived the idea of using sulphate of copper. For a very young infant he prescribed,—R. sulphate of copper 1½ grains; syrup 1 oz. A dessert spoonful every five minutes till vomiting is produced. At a more advanced age the dose of sulphate of copper may be raised to 6 grains. This emetic is very sure, and occasions no diarrhoea. It may be had recourse to in cases where ipecacuanha has no effect.

When the cough is very hard, an emetic will not

be found sufficient, a calmative must be used as well.

How long should confinement to bed or to the room be maintained? As long as possible, contrary to the advice of Trousseau, Rillet, and Barthez, who have advised the patients to go out all the time. In Germany the patients are kept in bed as long as the disease lasts; this is also the advice of Dr. Archambault.

2 During the spasmodic period the first thing to do is to make the patient sit during a fit of coughing. If he remains in bed on the back there is risk of choking. The patient should stoop forward to facilitate the discharge of the mucus. If there is not sufficient expulsive power, the finger or a handkerchief may be passed into the mouth, to draw out the thready mucus, which cannot be got rid of. The principal anti-spasmodics are:

1. *Oxide of zinc.*—This is a good remedy; it may be given in doses of 2 to 3 grains during the first six months; and the dose may be raised to 16 or 18 grains above two years. It may be given as a julep aromatised with laural water. A dose every three hours.

2. *Hydrocyanic acid.* In England this acid is much employed either officinal or diluted. In France it is feared. In a small child half a drop of the officinal acid may be given every four hours. This may be pushed, according to age and tolerance of the drug, to a drop, and even to 5 or 6 drops in a julep to be taken in the 24 hours. This remedy gives sudden relief, and from this event advantages may be drawn. It must not be forgotten, however, that it is dangerous. As the preparation quickly alters it must be frequently renewed.

3. *Musk* is a very good remedy, and is not dangerous.

4. *Cochineal* passes for a good remedy in whooping cough. The following is a formula for a draught containing it: R. cochineal powder 7½ to 15 grains; carbonate of potash; syrup and water to 4 ounces. Three or four teaspoonfuls of this may be given in the day.

5. *Belladonna* has been given as a specific in whooping cough, but it does not cure it. The remedy may be given in various forms. The syrup is a good preparation. It may be prescribed thus,—R. extract of belladonna 1½ grains; syrup 1 ounce. A teaspoonful every four hours. It may also be given in pilules. The tincture is a good form for administration. Two drops every four or five hours in a suitable vehicle.

6. *Atropine* may be prepared in a solution of  $\frac{1}{10}$  of a grain of the sulphate in 150 grains of water. Under six months old  $\frac{1}{2}$  a drop of this solution must be given. Atropine is an excellent sedative, but its use requires great caution. At the same time that one prescribes anti-spasmodics, one must not neglect the catarrhal element. The chest must be constantly looked to and emetics had recourse to when the bronchi require to be relieved. We must not be afraid of causing a child to be sick, if necessary,

once or twice a day. The evening is a good time to give an emetic. The chest being relieved, a good night is secured.—*London Hospital Gazette, July 31, 1877.*

WHY SHOULD WE SUPPORT THE PERINEUM DURING LABOUR AT ALL, AND PARTICULARLY IN PRIMIPARÆ?

THE above is the title of a paper by Dr. E. B. Turnipseed, in the *Richmond and Louisville Journal*. Dr. Turnipseed states as his conviction, *very nearly all the resistance to the exit of the head of a child is from the transversi perinei and constrictor vaginae muscles*. The head forced down, forms a *cul-de-sac* in their neighborhood. He thus describes his method of aiding delivery:—

“I avoid tedious labour, and its frequently terrible results, simply by passing two or more fingers of the right hand into the anus, applying them firmly against the superior wall of the rectum, and pressing with great force perpendicularly upward, and if the head has already formed the *cul-de-sac*, diagonally backward and upward. Should these efforts not move the head of the child, I place two or more fingers of the left hand within the vulva, at the fourchette, pressing them between the head of the child, and the above cited parts, and using a lever force by forcing the head downward in the direction of the raphi of the perineum, and I have more than once heard the popping noise produced by the sudden movement of the head from the *cul-de-sac*, and it was at once delivered. If the head of the child should prove too large to pass, without injuring the soft parts, after fully testing the mode recommended by me, I do not hesitate to use the forceps, compressing and lifting the head perpendicularly, until the vulva is passed, thus going through the same mechanism as heretofore stated, when using the hands alone. During a practice of some twenty years, I have only one case to report of laceration.”

THE TREATMENT OF SMALL-POX BY SALICYLIC ACID.

MR. ENGLEDEU PRIDEAUX, late Resident Medical Officer, Derby Small-pox Hospital, writes favourably of this drug in the *Med. Examiner*. He thinks it fulfils all the required indications, as it is a powerful antiseptic, and is very fatal to all the lowest forms of life; it passes into the blood materially unchanged, probably in the form of the neutral salts of soda and potash, and appears in the urine in the form of salicylic acid, and may be detected by the addition of a few drops of tinct. and ferri perchloridi, which produces a characteristic violet colour. When pure it may be given in large doses, as much as half an ounce in twenty-four hours; when given in these large doses it is apt to produce a marked depression, but this he finds is obviated by giving small doses of carbonate of ammonia. He gives it in solution with carbonate of ammonia and bicarbonate of soda in the proportion of five grains of each of these to twenty grains of the

acid. This mixture is most pleasant to the taste and perfectly unirritating to the intestinal canal, and in some sixty or seventy cases he has never known it to produce sickness. This is in reality giving salicylate of soda and ammonia no salicylic acid.

At the Small-pox Hospital, Derby, he reports having treated twenty-nine cases of small-pox with salicylic acid, or rather with the salicylates, all of which recovered, and all with the most marked results, both as to the progress of the disease and the subsequent pitting.—*The Doctor, London, July, 1877.*

AN ERROR IN THE PHARMACOPŒIA.

We believe the last issue of *The British Pharmacopœia* has been as carefully edited, and that it is as free of errors as a book can well be. A rather important mistake, however, occurs at page 180, and as it embraces the difference between ounces and drachms, we draw attention to it in order that our readers may alter it in their own copies of the work. Liquor arsenicalis is printed thus:—“Take of Arsenious acid, in powder } of each 80 grains.  
Carbonate of potash..... }  
Compound tincture of lavender.... 5 fluid drachms.  
Distilled water..... ..... a sufficiency.”

The 5 fluid drachms of comp. tinc. lav. should read 5 fluid ounces.—*Dublin Medical Press.*

DR. GRIFFITH recommends the following application to the ulcerations in the severe and very painful sore-throat of scarlatina: chloral, five grains; glycerine, twenty-five grains. After this has been applied with a brush the pain is much diminished, and the patient can swallow medicine or food without the severe pain which the action caused before.—*New York Med. Jour.*

CONSOLATION FROM STATISTICS.

“And it is really true that I shall recover?” asked a patient of his doctor. “Infallibly,” answered the man of medicine, taking from his pocket a paper full of figures. “Here, look at the statistics of your case; you will find that one per cent. of those attacked with your malady are cured.” “Well?” said the sick man, in a dissatisfied manner. “Well, you are the hundredth person with this disease that I have had under my care, and the first ninety-nine are all dead.”

PRESERVATION OF A FAVORITE MINISTER.

A minister was called to see a man who was very ill. After finishing his visit, as he was leaving the house, he said to the man's wife, “My good woman, do you not go to any church at all?” “Oh yes, sir, we go to the Barony Kirk.” “Then why in the world did you send for me? Why didn't you send for Dr. Macleod?” “Na, na, sir, deed no; we wadna risk him. Do ye no ken it's a dangerous case o' typhus?”

# THE CANADA MEDICAL RECORD

## A Monthly Journal of Medicine and Surgery.

EDITOR:

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

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MONTREAL, SEPTEMBER, 1877.

### THE CANADA MEDICAL ASSOCIATION.

We can hardly realize that it is ten years since the organization of this Association in the good old city of Quebec, and yet such is the fact. On the 12th and 13th of this month, its tenth annual meeting was held in the Ladies Ordinary of the magnificent new Windsor Hotel, in this city, and although we are unable to chronicle a very large gathering, yet the attendance was good, and the general impression at its close was that the tenth meeting had been the most successful of all. As will be seen from the official report which we publish in another column, the meeting was highly honored by having on its platform so distinguished a man as the Right Hon. Sir Lyon Playfair, C.B., and M.P. for Edinburgh University. His address in acknowledgment of his election as an honorary member of our Association was couched in language, and contained sentiments which were pleasant to those who heard them. The delegates from the American Medical Association mustered in force, and were seated on the platform, and received a most cordial welcome. Dr. Kimball of Lowell, Dr. Wing of Boston, and Dr. Brodie of Detroit, have left behind them many pleasant memories of their visit, and take back to their homes the warm wishes of the many friends they made while here. We need not refer to the details of the meeting, as they will be found in another portion of the *Record*. We would, however, say that most, if not all, the papers read were of great value, and it is therefore with no ordinary pleasure that we announce that the Publication Committee have been able so to arrange matters that within a couple of months the whole proceedings will be issued in the form of *Transactions*. To us it has always been a matter of regret that the financial condition of the Association did not hitherto warrant the publication of the "*Transactions*," and that it is now impossible ever to get a permanent record of the first nine years of the Association's existence. The extent of this loss we cannot appreciate now, perhaps never will, but there will come a day when this loss will be mourned over,

and the apathy and indifference which caused it will be condemned. In the action which the Publication Committee have taken with reference to the issue of the transactions, they are sustained by the guarantees of a large number of the members of the Association, and when the volume is issued we trust every member will take a copy. This action of the Publication Committee prevents our doing more than publish an abstract of the proceedings, as the various papers must first see light in the *Transactions*.

The election to the presidential chair of Dr. Joseph Workman of Toronto was unanimous, and it was fitting that a man who stands so high in his department of medical science should receive with so hearty a good-will the highest gift in the hands of the profession of the Dominion to bestow. The retiring President, Dr. Hingston, filled the chair during the Sessions of the Association with dignity, and his address, which we hope to publish ere long, was received with much approbation.

During the Sessions of the Association there were on side tables in the room, exhibitions of instruments, &c., from F. Gross, in Montreal. A variety of pharmaceutical preparations were also exhibited by various firms. Messrs. Kenneth Campbell & Co., of Montreal, a firm whose reputation as first class chemists is known throughout the Dominion, made an excellent exhibit. They had a number of very beautiful Elixirs of their own manufacture on exhibition, at prices very low compared with other manufacturers. They also showed some specimens of Norway Cod Liver Oil, which were remarkably free from any disagreeable odor, and was bland and not unpleasant to the taste.

John Wyeth & Brother, of Philadelphia, also had an excellent exhibition of their new Dyalised Iron, which is being largely used by our Montreal Physicians. They also exhibited a variety of Elixirs, and some beautiful Compressed Tablets of Chlorate of Potash. The latter is an elegant method of prescribing this Salt.

W. H. Scheffelein & Co., of New York, exhibited some beautiful specimens of Soluble Pills and Granules, which were greatly admired by the members of the Association. This firm has made arrangements with Messrs. Lyman, Clare & Co. to keep a supply of their specialties on hand. We intend writing further at some future time, when we hope to be able to write from experience.

We had almost forgotten to say that lunch was



provided each day in the basement of the hotel for the members of the Association.

On the evening of the first day Dr. and Mrs. Hingston had an "At Home," which was very largely attended, and on the evening of the second day the Association was tendered a magnificent dinner at the City Club, by the Medical Profession of Montreal. The Chair was occupied by Dr. Hingston, the Vice-Chair by Dr. Francis W. Campbell, while Dr. R. P. Howard and Dr. E. Robillard acted as Croupiers. A very pleasant evening was passed, not the least interesting part of which was the reply of the Right Hon. Sir Lyon Playfair, C.B., to the toast of "Our Guests."

We would add just a word more, and it is to commend this Association to the Profession of the Dominion. Attend its next meeting at Hamilton all who can, enrol yourself as a member, and we are certain you will feel amply repaid for the small sum it will cost.

**SUITS FOR FEES.**—The Fellows of the Royal College of Physicians of London never sue their patients for medical services.

#### COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

The Board of Governors of this College met in the Laval University, Quebec, on the 26th and 27th of September. The attendance was large. The new by-laws were passed and ordered to be submitted to the Governor for approval. A tariff for the town, and one for the country, was adopted. The following gentlemen were appointed Censors to attend the examinations for degrees at Universities. *Laval University.*—Drs. Marsden and Wells, of Quebec. *McGill University.*—Hon. Dr. Church of Aylmer, and Dr. Mignault of Actonvale. *Bishop's University.*—Dr. Gibson of Dunham, and the Hon. Dr. Paquet of Berthier. *Montreal Medical School* (Victoria College).—Dr. Angus C. Macdonnell of Montreal, and Dr. F. Painchaud, sen, of Varennes.

We regret to have to announce the sudden death of our valued friend Dr. J. D. Cline, House Surgeon of the Montreal General Hospital, from an attack of diphtheria. The sad event took place early on the morning of the 29th of September.

**FALLING OUT OF HAIR.**—Prof. Erasmus Wilson, in cases of defluvium capillorum, prescribes a lotion composed of strong liquor ammonia, almond oil, and

chloroform, of each one part diluted with five parts of spirits of wine or spirits of rosemary, and made pleasant as to fragrancy by the addition of a drachm of the essential oil of lemons. This should be dabbed upon the scalp after thorough friction with the hair brush. No doubt there are cases in which this lotion must be used with caution, or largely diluted. In cases of alopecia he recommends frictions with a liniment composed of equal parts of the liniments of camphor, ammonia, chloroform, and aconite, to be well rubbed into the bare places daily.

#### BRITISH MEDICAL ASSOCIATION.

This Association met in Manchester, at Owen's College, on the 7th, 8th, 9th and 10th of August. This was the third time the Congress met in that city,—in 1836, in 1854, and this year. On the first occasion the Association numbered 600 members, on the second, 2,000, and this year it numbered over 7,000. The gathering was one of much interest, Dr. Roberts giving the address on Medicine; Dr. Spencer Wells, that on Surgery, and Dr. Barnes, on Obstetrics.

#### PERSONAL.

Dr. F. LeM. Grassett, of Toronto, has been elected a Fellow of the Royal College of Surgeons, Edinburgh, also a Fellow of the Obstetrical Society of the same city.

The Canadian Journal of Medical Science, for August, says, it is reported that a Medical School is to be started in Ottawa.

Dr. Fulton, Editor of the *Canada Lancet*, has been elected to the Senate of Toronto University, as the Trinity School representative.

#### ELIXIR OF THE PHOSPHATES AND CALISAYA.

The Elixir Ferri et Calcis Phosph. Co., prepared by Dr. Wheeler, of Montreal, is a reliable and elegantly prepared combination; we know its composition, and have used it extensively in practice, with much satisfaction.

#### BIRTH.

At Cumberland, Ont., on the 13th July, the wife of Dr. James Ferguson, of a son.

#### DIED.

At Kingston, Ont., on the 4th July, H. A. Betts, M.D., aged 68 years.

In Montreal, on the 29th September, of diphtheria, J. D. Cline, B.A., M.D., House Surgeon, Montreal General Hospital.