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THE PROVINCIAL MEDICAL JOURNAL.

W. B. SLAYTER, M.D., &c. }
E. FARRELL, M.D., } EDITORS.
R. W. McKEAGNEY, M.D., }

ARMY

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FACULTY OF MEDICINE.

Dalhousie College and University,

HALIFAX, N. S.

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MISSING

mortem appearances in any case of death from inhalation of Chloroform which may come under his notice, I venture to publish the following notes trusting that they may be of interest to the profession generally. In the first case there could be no doubt of death resulting from inhalation of Chloroform, in the second, Chloroform was partially and perhaps only in a slight degree the immediate cause of death. As the following notes will sufficiently explain the cases, I will not extend this article by making any remarks on them. To the Coroner Dr. Jennings before whom the inquisition was held I am indebted for leave to publish the notes of the 1st. Case.

C. H. A delicate man found dead in his bed, January 27th, 1868, with a bottle of Chloroform lying beside him. From the evidence at the inquest it appeared that he had been in the habit of inhaling Chloroform from time to time to relieve the paroxysms of asthma. He had been heard to say that the Chloroform relieved him and produced sleep but that it required several days to recover from the prostrating effects produced by it. During one day at Nassau he had inhaled $1\frac{1}{2}$ lbs. of Chloroform sitting in the open air. He had stated that he had inhaled 5 lbs. of Chloroform in a week; during the 5 or 6 weeks previous to his death he had tried to dispense with its use and only inhaled about 3 3/4 the night before he died, the night of his death he had taken a little over an ounce.

Post Mortem examination made by Dr. Wickwire. No rigidity of the muscles, no marks of violence, brain and its membranes greatly congested, no effusion between the brain and membranes, effusion into the ventricles very slight, substance of the cerebrum, cerebellum and medulla oblongata normal, pupils dilated.

Viscera of thorax. Adhesion of the pleurae to the lungs, right lung emphysematous and congested, containing tubercles and several cavities, left being more emphysematous than the right containing tubercles and two small cavities, pericardium adherent, heart externally, had marks of chronic adhesion, flabby and nearly collapsed, right side contained a small quantity of black blood, left side empty.

Abdominal viscera. Liver, right lobe very much enlarged and congested, left small; gall-bladder contained a small quantity of bile; stomach, spleen intestines and bladder in a healthy condition, kidneys and supra-renal capsules greatly congested.

Case 2—O. G. Aged 40, admitted into the Provincial and City Hospital under my care July 1st, 1868. States that fifteen years ago he injured the left knee by striking it

against a piece of wood, a great deal of inflammation of the joint followed. During the past ten years it has been considerably swollen, painful and very weak, about a month previous to admission it became so painful and tender that he has been unable to leave his bed, has been greatly troubled with profuse perspirations and diarrhoea. On examination the left leg and thigh were found to be œdematous the knee joint was greatly enlarged and very tender to the touch and a small fistulous opening was found on its inner side. A few days after admission he was placed under the influence of Chloroform and a probe passed down the fistula. No dead bone and no grating sensation on rubbing the ends of the bones together could be felt. On consultation with Drs. Almon, Black and Hattie it was decided to make a free incision through the cellular tissue over the inner side of the joint and allow the infiltrated serum to escape. This was done and the patient put to bed. No unfavourable symptoms from the chloroform were noticed.

July 22nd. After a consultation the patient was again placed on the operating table, Present Drs. Parker, Hattie, Black, Woodill and a number of students. Chloroform was administered in the usual way on a towel. In a few minutes the patient was fully under its influence, breathing good, pulse strong. I then amputated the limb about the middle third of the thigh, the arteries were tied without delay and about the usual quantity of blood was lost. Immediately the leg was off the Chloroform was discontinued, at that time the patient was breathing naturally and the pulse was very good. About three or four minutes after this, the teeth became firmly clenched, respirations stertorous and gasping, pulse very small and skin covered with a clammy perspiration; the jaws were immediately forced open and the tongue drawn forwards, artificial respiration stimulants and other remedies were applied but in vain. The patient died about ten minutes after the first alarming symptoms set in. On examining the diseased joint the synovial membrane was found to be converted into a gelatinous mass, the cartilage covering the inner condyle was perfectly sound, that covering the outer condyle, the heads of the tibia and fibula was completely destroyed and the bones roughened. Post Mortem examination about 30 hours after death. The heart substance valves and aorta were perfectly healthy, cavities quite empty. The lungs, stomach, spleen, intestines and kidneys were all healthy but quite pale from want of blood. The brain was quite pale and its blood-vessels empty.

ON SOME FORMS OF FUNCTIONAL
HEART DISEASE.

BY J. SOMERS, M.D.,
Physician to Halifax Dispensary.

(Concluded.)

I will endeavor to illustrate my subject, by quoting the following histories from my case book:—

Case I. J. McD., Oct. 27, presented the following symptoms,—anæmic, loss of appetite, prostration, with frequent attacks of dyspepsia, and excessive palpitations coming on at irregular intervals, usually at night after retiring to rest, on which occasions he would suddenly awake with a feeling of impending death, after which he would walk his room rather than return to bed, his pulse rapid and irregular, but not intermitting, heart sounds normal, its action irregular and the impulse weak.

He had been taking iron for some months without any signs of improvement. Finding his appetite impaired I gave him infus. of prunes ij 3, three times a day for a week. I chose the prunes in preference to the simple bitters, because it combines the qualities of a sedative or corrector of the heart's action, with that of a tonic superior to the ordinary bitters. After a time his appetite improving, he was able to take more nourishing food than he had been accustomed to, without disturbing the digestive function. The palpitations, &c., still continuing, I gave him *tr. ferr. chloridi* gtt , three times a day, from this time he continued to improve, his strength and color returned but the irregular action of the heart remained, it was more readily detected by listening to the heart than by the pulse, the latter having increased in volume and had nearly lost its jerky irregular beat, the systole was disturbed, there would be twenty or more rapid contractions a like number very much slower, and then an apparent loss or confusion of the systolic sound after which it would return as before. I now prescribed *strychnia* gr . $\frac{1}{2}$ three times a day with iron, and after continuing this treatment for six weeks the irregular action of the heart passed away gradually. This patient used tobacco and usually found his unpleasant symptoms increase after the use of the pipe, he was one of a class of persons who appear to be obnoxious to the use of this substance. I can assign no reason why such should be the case farther than, in practice we find some individuals who possess a peculiar idiosyncrasy which renders the use of tobacco injurious, and liable to produce in them various functional ailments.

Case II. C. W., says she has been losing her

health for some considerable time, but noticed that she has been getting very much weaker during the three months previous to consulting me, complains of shortness of breath and palpitation on making the slightest exertion. She appears robust, color good, has no appetite, menses regular, heart's action jerky and irregular almost impossible to fix the sounds, slight bellows murmur at the base, pulse weak, and interrupts every twenty or thirty beats, the treatment followed was the same, as in the former case, and the result was equally satisfactory.

The histories of the two cases given above are selected from among many of the same kind. I have introduced them as types of the affection under discussion, they may afford some useful hints regarding the treatment of this and other allied diseases.

It is the common practice to treat functional heart disease as well as simple anæmia, &c., with the preparations of iron.

Iron is believed to be the specific in such cases, this proposition may be looked upon as being correct but in entertaining it we may lose sight of the fact that in many instances the remedy is not absorbed, and is carried away with the evacuations without coming in contact with the blood, and we may go on administering it without deriving any benefit therefrom.

This may be instanced from the first case in which the patient had taken preparations of iron, for more than two months without any good result, on the contrary it sometimes caused disturbance of, and interfered with the digestive act, this I believe is not unusual; in my experience in the use of iron I have not seldom found it to be the case.

This non-assimilation of iron is doubtless, owing to impairment of the digestive apparatus, and we may obviate it by having recourse to a preliminary treatment with bitter tonics which will prepare the way for the assimilation of the more active remedy.

Another point worthy of notice is, that large doses of iron are not required, the quantity of this substance in healthy blood is not large and the amount to be supplied to it in its diseased state cannot be very large; if then we take into account the length of time which is required for an anæmic person, to add sufficient of this substance to his blood to bring it to a healthy state, we must conclude that the amount absorbed from each dose is very small in quantity.

Taking this as a rule we must conclude, that only a given quantity is assimilated at any one time, hence it is obvious that if a quantity be given greater than is required, the excess must be thrown off as useless, and its introduc-

tion may give rise to disturbance of the assimilative organs.

The last point to be noticed is the use of strychnia in the disease under discussion, it will be seen from the histories, that the irregular action of the heart continued after the otherwise apparent restoration to health, showing that the nervous affection remained notwithstanding the removal of what appeared to be its original cause, and those symptoms, were only removed, after the continued use of strychnia in small doses.

We may account for the action of this substance in the following way, prefacing our remarks by noticing some later physiological opinions regarding the nervous supply to the heart and its uses.

"It has been conjectured, that the heart in common with other organs has two sets of nerves, one to excite it to action, the other to control or arrest it.

It is supplied from the sympathetic system, which receives fibres from the special system, and it is likewise supplied by the pneumogastric nerve; if the sympathetic be galvanized the heart's action is greatly accelerated, if in like manner the pneumogastric its action is retarded.

The sympathetic therefore is supposed to stimulate the heart to increased action while on the other hand, the pneumogastric regulates this action." Now if we have disease interfering with the function of either set of nerves we will have disturbance of the rhythm of this organ "if for instance we destroy the sympathetic, the heart's action would be gradually retarded until it ceased to beat, on the other hand section of the pneumogastric would be followed by violent action of this organ, but without any regularity so that in a short time it would exhaust itself." Since we find in functional heart disease, that excessive palpitation is the most noticeable symptom we may conclude from the above theory, that the disturbance is owing to interference in some way with the functions of the pneumogastric, which interference gives its antagonistic nerve greater influence upon the organ, or by taking another view we may suppose it to be owing to an exalted sensibility of the sympathetic. Whichever view is taken, we can scarcely doubt that the action of the strychnia is due to its influence upon the spinal cord and medulla, and through these affecting the heart by the medium of its nervous supply.

It has been proved to us by experiments upon animals, that after death from strychnia the heart has lost its irritability, and it is supposed that its tonic effects upon this organ, is to retard and at last stop its action, it is like-

wise known that one of the poisonous effects of this substance is the gradual arrest of the circulation, and a tendency to stasis of blood in various parts of the body, this would go far to prove, that the milder physiological action of the remedy would be, that of a calmative, or, "as we say of digitalis," a tonic of the heart, this action may be owing to its effect upon the pneumogastric nerve, which by proving it as it were the balance of power, may enable it to neutralize the influence of the sympathetic, this I think would explain the opinions of some therapists who hold that strychnia is a sedative of the medulla oblongata.

Provincial Medical Journal.

HALIFAX, N. S., NOVEMBER, 1868.

ANATOMY IN THE HOUSE OF ASSEMBLY.

The recent action of our Local Legislature on the Bill introduced relating to the study of practical anatomy will excite some surprise in the minds of intelligent men. The large amount of opposition to the passage of the bill was unexpected. We are well aware that a great deal of prejudice exists against dissection, in the minds of many persons. In consequence, it was believed that the introduction of the bill here would give rise to considerable discussion and that it would meet with some opposition. But we were unprepared for the manifest injustice of refusing to allow the bill to go to committee, which would not have pledged the House to its passage but would have been merely an act of justice to the respectable body who asked for the law. The debate certainly showed, to say the least, a very small amount of knowledge of the question at issue; and, had the bill been sent to committee, persons would have been heard who could have easily pointed out why it was necessary, in fact, that it was absolutely indispensable to the existence of good surgeons among us. If the bill had gone to committee we have no doubt it would afterwards have passed the House, and the Local Parliament of Nova Scotia might not have presented us with a debate characterized by the grossest ignorance and an utter disregard of reason or com-

mon sense. We need only mention such arguments as:—"You should not cut up a body because it is a candidate for resurrection day," "dissection is a relic of the dark ages," "dissection is practised to satisfy the idle curiosity of medical students," to show that we are not using any stronger expressions than are deserved.

It is impossible that it can be believed that doctors desire to do any harm by having the law. It has been found necessary in all other countries. It is well known to all men that before a medical student can claim a degree, he must have dissected the human body; that before he can undertake to treat the diseases or injuries of any member or part of the human body, he must have carefully examined the structure of the part, studied its size, form and dimensions and viewed its relations to surrounding organs. Would any man think of employing a doctor for himself or his family, if he thought that practical anatomy had not formed part of his studies? No one would think of doing so. But we will speak no further of dissection as a part of the study of medical students, every one must see that they require it. The principal point upon which the majority of men have not clear ideas is the necessity of placing dissecting material, under proper restrictions, at the disposal of our surgeons. For the benefit of those whose minds are not clear upon the point we may here make the statement, in which we will be borne out by all medical men, that dissection is as necessary to the practising surgeon as a knowledge of drugs is to the physician. No formidable operation should be undertaken by a young surgeon, no matter how perfect may be his knowledge of anatomy unless, if circumstances permit, he has gone over the operation on the dead body, for no amount of reading will give the same knowledge of what is to come under the knife, as the actual section of the parts upon the dead subject immediately before the operation upon the living.—Even old surgeons, when they are about to perform any difficult operation, if they have not already performed it many times, almost always desire to do it first upon the dead body. Apart then entirely from the require-

ments of medical students, it is necessary that we should furnish our surgeons from time to time with such dissecting material as it may be necessary for them to use before doing any difficult surgical operation.

But what seemed the most weighty argument against the bill was that while Hon. Members believed that it might be necessary for students and might be useful to surgeons, yet they did not think we were far enough advanced in this country for medical colleges or practical anatomy bills. Here we have a purely Nova Scotian argument; reason indigenous to the soil. Old Nova Scotia, with a most paternal face, pats one on the back and says:—"Now my boy, we never thought of practical anatomy or medical colleges fifty years ago and we had very good doctors then; there Dr. ———, he kept a good drug store, he has had, and still has a very good practice, he is old now, like myself, but he is worth money; and if you are steady you are certain to do as well. He has been our family physician for twenty years; he attended my wife nineteen times on interesting family occasions; he brought Johnnie and Sis safely through the measles and scarlet fever; he lanced all the babies' gums, yet he never thought of dissecting a human body. Ugh! my blood runs cold at the thought. To be sure, there was something occurred about three years ago which was beyond his skill. On one of those family occasions of which I have spoken, my wife met with an accident on account of which she was obliged to go to Edinburgh to have an operation performed; then I was forced to go to London myself about a year ago to have a stone crushed. But then these great operations are beyond the ability of Nova Scotians, they were never done in my time, and I think it will be a long time before they can be performed here. For my part I can never see how you youngsters can expect to do more than your gray-haired sires have done." Such are the opinions of those who desire that we should never make an attempt to improve ourselves; who wonder at, and admire the growth and intellectual progress in other countries, but can never believe that the elements of improve-

ment or advancement exist in their own. These are the men who believe that we are not old enough or sufficiently advanced to require a practical anatomy bill.

Quite a good deal of sentimental bosh is usually indulged in by those who oppose dissection, about the horror of depriving a man of burial because he is poor. This kind of argument is generally used by those who do little or nothing for the poor or the suffering; to whom the inside of an hospital, prison or almshouse is an unknown region; who think nothing about relieving the suffering of disease and death, but hold up their hands in holy horror when it is proposed, without desecration, to make use of the dead body for the benefit of those who are still living. Let us look for a moment at this question reasonably. A very large number of persons care little what becomes of the body after death, provided that Divine mercy has permitted the immortal soul to be at peace with God. In fact, many persons would desire that their bodies could be made use of after death, if the use of them could add anything to the knowledge which has for its aim the relief of human suffering. Yet, after a death has occurred in a family, the relatives and friends of the departed feel that it is their duty to pay every mark of respect to the remains, not to honor the bone and muscle of which it is composed but in memory of the soul that once dwelt therein; for the body itself, decomposition and decay will take place whether it be used in the dissecting room, buried in the earth, sunk in the sea, or suspended in the air. It is then only out of respect to the feelings of relatives and friends that the body is not used for scientific purposes previous to interment. Now, suppose that the body immediately after interment was exhumed without the knowledge of the friends and made use of for scientific purposes and then re-interred. There is no wrong done; to the body itself it is impossible to do injury; and the feelings of the relations have not been in any way outraged. Under exactly the same circumstances is the unclaimed body of him who dies in an hospital or an almshouse; while living he was relieved of his pain and assiduously attended during

his illness by the doctor, who, with the minister of God, is his only friend and who receives no other reward than the blessings of the dying man; what possible harm is done if the body is dissected, being treated with care and respect by every true anatomist, and then regularly interred, (the law compels the interment); while knowledge is being imparted to those who will in their turn be called on to take care of the living sufferer.

One would suppose, to hear the morbid sentimentalisms of those opposed to the passage of a dissection bill, that doctors were a set of hard-hearted soulless rascals, whose principal duty was to sacrifice the feelings of the poor and friendless to their own selfish ends. Let us inform those would-be preservers of the rights of the poor, that medical men give more of their work to the poor without reward than any other class except clergymen. They give gratuitous services in all charitable institutions. In hospitals and dispensaries the work done by them would amount to thousands of dollars, if it were charged for at the usual rates. There are none who feel so kindly to the doctor or value his services more highly than the sick poor; and if some of our pseudo-philanthropists would make a visit to an hospital filled with some severe disease such as cholera or typhus fever and hear the many kindly "God bless you's" that follow the doctor on his daily rounds, they would hesitate before they would dare to accuse medical men of unkindness to the suffering poor.

The bill will, in all probability be presented at the next meeting of the Local House, and it may be well to state for the benefit of those who are uninformed upon the subject, that the Dominion Act which gives the bodies of those who die in penitentiaries for anatomical purposes, legalizes dissection. The bill presented to the late House only asked, that the intentions of this Act might be extended to our hospital and almshouse.

PRELIMINARY EDUCATION.

This subject of paramount importance is now claiming marked attention in the medical

centres of England and America, and as it is one that concerns the profession generally, a few remarks may not be amiss.

Until a recent date a young man felt confident, when he had received his diploma, that he could occupy a high social position, and that ordinary care on his part would preserve the place which had been so attained. But in those days the intending medical student considered it necessary to have an intimate acquaintance with the ordinary classical authors and a good general knowledge of English,—attainments which at that time were by no means common among the great number of the population. Hence he occupied a position of educational superiority which was always conceded by those in his vicinity, and with ordinary professional attainments and character took high rank with the aristocrats of his locality.

But of late years how marked the change. The spread of general education has been so great that on this continent every man may be well informed on all subjects except that of "Classics"; but has the standard of medical education kept pace with the preceding, and does the M. D. of the present day, from that fact, step into the place of his predecessor? We are sorry to have to answer both queries in the negative, and it is not too much to say that the Doctor of the period does not class any higher in literary attainments than the great majority of the middle classes by whom he is surrounded.

The British schools have always aimed at making a reasonable standard for general (preliminary) education, and since information has spread so much of late years, they are now attempting to raise the grade in equal ratio, so that the physician will still continue to rank higher in general learning than the majority of those with whom he associates.

The Canadian Universities have adopted the standard that prevails in Britain, and if the numerous colleges in the United States would unite in adopting a similar one, we would anticipate that before long Physicians will be able to claim a higher position *ad initium* than is now accorded them.

We fear, however, that it will take some time before our democratic neighbours will harmonize on this subject, although several of their first class institutions are agitating in this direction, and if the spirit of rivalry would only shew itself as much inclined to raise the general educational status as it now does in trying to collect the largest number of students, we would be certain of the result.

We desire to speak in the highest terms of the many first-class schools on the other side of the lines, and are personally acquainted with many of their students who possess the highest qualifications, both in professional and general attainments, but the fact cannot be ignored, that they do not demand any previous education from applicants who study medicine for the M. D. Degree, and as a result, many men otherwise deserving go up for honors, that are really not well educated even in the English language. It may be said that all their graduates have to write a "thesis" and any such errors would not pass inspection. Granted, but if a student writes his thesis it is not difficult for him to have it corrected before presentation. The fact can not be gainsaid that many students have not even a passable general education, and this condition will undoubtedly continue as long as there is no special requirement to the contrary. For we have met with too many lamentable instances of deficiency even among young men who were good students and would make, no doubt, good practitioners, and yet we think all will acknowledge that such deficiency in its members will militate against our status as an educated profession.

Hence it behoves every medical man to use his utmost endeavors to keep our standard always above mediocrity and we cannot do so in a more liberal spirit than is now essayed by the medical council of Great Britain. It may appear to some an unjust exercise of influence to impose more attainments on those who will study in the future than are now possessed by many who are in successful practice, but this will vanish when it is considered that no more is really required than has generally been enjoyed previously without requirement, and the knowledge that such is necessary will be suffi-

cient to induce our coming students to make preparations therefor.

Many in this country, who study medicine are not wealthy, though talented and some may conceive that regulations of this character will be a barrier to their entrance into our profession, but such has not been and will not be the fact. For the brightest lights that have illumed our science were men who in youth had no means other than intellect and through its aid they not only qualified themselves by proficiency in general attainments when there were few such facilities for so doing as are now to be found in every civilized centre, but also stand forth the most highly honored on this account. It is conceded that if these men had been admitted when inferior in general attainments they could never have risen to such a dazzling summit of excellence as they have attained. We have not time to mention names, but every medical biography teems with them.

Under any circumstances, any man who has the talent and perseverance will easily attain the standard when he knows that it is required, and that they do not do so now is because they see no necessity. Even the students see the need for a high grade of general (preliminary) education and though qualifying for the M. D. degree without it, there are but few who do not lay out to perfect themselves as soon as the great aim of their life is accomplished. But when once entered into general practice its active duties in most instances displace the best intentions, and we do not think we will ever attain the position once occupied by us unless stringent regulations are made and enforced at every first class institution of learning on both sides of the Atlantic. The European and Canadian schools are progressing in the right direction and it only remains for the Colleges of the United States to agree on some similar requirements and then to unwaveringly enforce their regulations.

This accomplished, we will undoubtedly in the course of a few years, honestly claim the title of a "learned profession," and the Doctor of that period will fill socially, as well as virtually, one of the first positions in whatever community he may reside.

Selections.

THE HISTORY OF EIGHT CASES OF PLACENTA PRÆVIA.

By T. GAILLARD THOMAS, M.D.

Professor of Obstetrics and the Diseases of Women and Children in the College of Physicians and Surgeons, New York.

No variety of abnormal labor requires at the hands of the obstetrician more careful consideration, mature judgment, and prompt action, than that which is complicated by unavoidable hæmorrhage. The placenta being attached so near the os-internum that the dilatation of this part necessarily involves its detachment, the very process by which the mother gives birth to her child, tends to destroy not only its, but her own, life. Fortunately placenta prævia is not of common occurrence. Many a practitioner will pursue his vocation for years without meeting with a case. Yet so serious are its results that although it occurs not often than once in five hundred cases, which is the proportion computed as correct by some authors, it exerts a marked influence upon the statistics of obstetrics. According to the calculation of Sir James Simpson, based upon the analysis of 399 cases, one third of the mothers and over one half of the children are supposed to have been lost. The reasons for this great mortality are probably the following:

1st. The dilatation of the cervix for the passage of the child unavoidably exposes both mother and infant to great danger from placental detachment and hæmorrhage.

2d. Repeated hæmorrhages occurring during the ninth month, as the os internum dilates under the influence of painless uterine contractions, which then occur, the woman at the time of labor is usually exsanguinated, exhausted, and depressed both physically and mentally.

3d. Profuse flooding generally occurring with the commencement of labor, the medical attendant is often not at hand, and reaches his patient only after a serious loss of blood has occurred.

The dangers attendant upon the condition develop themselves most markedly in the first stage of labor, and death not infrequently occurs before the os externum is dilated to a size not greater than a Spanish dollar. At this time surgical interference, if resorted to to accomplish delivery, often destroys the lives which it is intended to save. The hand forced too soon through a rigid os will often rupture its walls, while a delay without the adoption of the means capable of controlling hæmorrhage

will necessarily favor the occurrence of a fatal result.

On the other hand, should full dilatation of the os have taken place, and the patient be exhausted from sanguineous loss, the practice of rapid artificial delivery will not rarely be followed by fatal prostration.

There is no question, in my mind, of the fact, that when it becomes the recognized practice to resort to premature delivery as a prophylactic measure in these cases, the statistics which have been quoted will be very much improved upon. By resorting to this measure we should be dealing with a woman who is not exhausted by repeated hæmorrhages; the obstetrician would be in attendance at the commencement of the labor; and he would be able by hydrostatic pressure to control flooding, while the same pressure accomplished rapidly and certainly the first stage of labor.

When this step has not been deemed advisable or from any cause labor has absolutely set in complicated by unavoidable hæmorrhage, there are two plans by which we may endeavor to save the lives of mother and child.

1st. We may alter the state of affairs at the cervix so that dilatation may occur without hæmorrhage.

2d. We may hasten the delivery of the child so as to render a gradual dilatation of the cervix unnecessary.

The means at our command for accomplishing these indications may thus be tabulated and presented at a glance:

MEANS FOR PREVENTING HÆMORRHAGE WHILE THE OS DILATES.

1. Distension of cervix by bags of water.
2. Evacuation of liquor amnii.
3. Partial detachment of placenta.
4. Complete " " "
5. The tampon or colpeuryter.

MEANS FOR HASTENING DELIVERY OF CHILD.

1. Ergot.
2. Version.
3. Forceps.
4. Craniotomy.

The following cases will illustrate these remarks.

CASE 1.—Mrs. W—, aged 26, primipara, in good health, was suddenly taken with hæmorrhage three weeks before full term. She sent for me in great haste, but being occupied, I was unable to go to her, and she was seen for me by my friend, Dr. Reynolds. He discovered that she had lost a few ounces of blood, but that the flow had ceased. Three days afterwards she was again affected in the same way, the flow ceasing spontaneously. About a week after this she was taken during the night with a flow, which was so profuse as to result in partial syncope when she endeavored to walk across the room. I saw her early the

next morning, found her flowing slightly, and upon vaginal examination succeeded in touching the edge of the placenta through the os, which was dilated to the size of a ten cent piece. Later in the day, Drs. Metcalfe and Reynolds saw her and agreed in the propriety of premature delivery. In accordance with this consultation, at 7 p. m. I introduced into the cervix, with considerable difficulty and by the employment of some force, the smallest of Barnes's dilators. This in twenty minutes was followed by the next larger dilator, and in an hour by the largest. Dilatation was rapidly accomplished, but instead of removing the largest bag, I left it in the cervix until ten o'clock that night. Expulsive pains coming on at that time, I removed it, when the head rapidly engaged, and before morning Mrs. W. was safely delivered of a living girl. The placenta followed rapidly, and both mother and child did well.

Remarks.—In this case, although hæmorrhage continued slightly throughout the labor, it never amounted to a sufficient quantity to endanger the lives of either mother or child. The implantation of the placenta being lateral, cessation of the flow occurred as the head advanced and made firm pressure against the bleeding surface.

As to the fact of the case being one of placenta prævia there could be no doubt. The placenta was distinctly touched by Drs. Metcalfe, Reynolds, and myself; one lip of the cervix was disproportionately developed, and the placental murmur was much more distinct over the symphysis than near the fundus.

CASE 2.—Mrs. D., a lady over forty years of age, whose last pregnancy had been completed fourteen years previously, was placed under my care by Dr. Metcalfe. She was an excessively nervous and hysterical woman, but in good health. About three weeks before full term she was taken with hæmorrhages, which lasted for very short periods, recurred at intervals of four or five days, came on without assignable cause, and ceased without remedies. The cervix was not dilated, and no physical signs of placenta prævia could be detected either by vaginal touch or auscultation. Dr. Metcalfe saw her in consultation, and as all the rational signs of placenta prævia were present, and our patient was suffering from the repeated losses, and was becoming extremely nervous and apprehensive, we concluded to bring on premature delivery. Accordingly at 11 a. m. I introduced a large sponge tent into the cervix, and at 3 or 4 p. m. removed it, and succeeded in inserting Barnes's smallest dilator. At 9 that night the cervix was fully dilated at the expense of very slight hæmorrhage, and

Dr. Metcalfe then being present, I removed the bag, intending to leave the case to nature, provided no flow occurred. Previously during the evening, upon changing the bags, I had distinctly touched the head as the presenting part, but now to my surprise, I found that the bag impinging on this part had caused the child to revolve in the liquor amnii, and that the breech was now within the os.

We decided under these circumstances to deliver at once. The patient being put under the influence of ether, I drew down the legs and delivered a living female child. The placenta followed in fifteen minutes, and both patients did well, the child rapidly recovering from an injury to one of its legs received during delivery.

Remarks.—In this case the placenta was very nearly centrally attached. At one side of the os internum a space of only two fingers breadth was free. Through this digital examinations were made and the hand pushed to seize the feet. The first stage being accomplished by means of the hydrostatic dilators, no hæmorrhage attended it; but without this means having been employed it is highly probable that profuse and dangerous flooding would have occurred.

CASE 3.—Bridget B., an Irishwoman in the lowest walks of life, was under the care of two of my students. Whether any premonitory hæmorrhages had occurred I could not ascertain. When I saw her the os was nearly fully dilated, and although considerable blood had flowed, the woman, who was quite robust, did not appear to be suffering from the loss. The placenta could be distinctly felt, laterally attached, but not very near the cervix. Feeling confident that evacuation of the liquor amnii would result in compression of the placenta by the head to such an extent as to check hæmorrhage, I resorted to this plan, pre-liciting with some confidence that the child whose heart-beats could be heard would be delivered alive.

These anticipations were only in part fulfilled. The hæmorrhage was so much diminished that no further interference was necessary, but the child, which was delivered some hours afterward by the gentlemen in attendance, was still-born.

Remarks.—It appears to me that a better plan in this case would have been to have practised version. The os was dilated, the liquor amnii present, and woman strong. All things were favorable so far as she was concerned, and I do not doubt that by this operation we would have delivered a living child. This opinion I do not base upon my experience as to the fetal mortality after version,

but upon the fact that the pelvis was so capacious and the soft parts so relaxed as to have warranted the belief that such a result would have occurred.

The woman, I believe, recovered without accident.

CASE 4.—Mrs. L., a multipara, aged thirty-five years, was placed under my care by Dr. W. H. Van Buren. Although not yet advanced much beyond the seventh month of pregnancy, she had often-recurring attacks of hæmorrhage which behaved precisely like those of placenta prævia. The patient was intractable, fretful, and unreasonable to such a degree that I found much difficulty in examining very completely, and to this circumstance I in part attribute the fact that no physical signs of the condition could be detected. After attending her for a week I was suddenly called to her and found that she had lost so much blood as to be alarmingly prostrated. I at once introduced a Sims's speculum and applied a firm tampon of wet cotton. This was removed in twelve hours and replaced by another. Upon the removal of this, or rather some time before it, full doses of ergot were administered, and in a few hours a still-born child, with placenta and membranes, was cast off. The mother slowly recovered.

CASE 5.—I was sent for in great haste by Dr. J. B. Reynolds to see with him Mrs. B., a very thin, delicate, primiparous woman, who without premonitory hæmorrhage had been taken at the commencement of labor with alarming flooding. In his note Dr. Reynolds stated that he feared that the death of the patient would occur before my arrival unless I made great haste.

Upon my arrival I found the patient very pale, and almost pulseless. The os was dilatable, and hæmorrhage was going on actively. Upon consultation we agreed that forcible delivery in her prostrate condition would result in exhaustion and death, while the rigid and contracted state of the soft parts would offer little hope for saving the child. In preference to immediate delivery we anaesthetized the patient with ether, and I, introducing my whole hand into the vagina, slowly but completely dilated the cervical canal, ripping off a portion of the placenta at its lowest point of attachment. Stimulants were then freely given, with opiates. The head fortunately soon descended, and the patient was delivered by Dr. Reynolds in about three hours. We had told the patient's friends that the child would be still-born, but to his surprise Dr. Reynolds found in it traces of life. He tells me that he resorted to active means of resuscitation for half an hour before a distinct respira-

tory effort could be detected. At last, however, he succeeded in restoring it.

The mother made a very slow and tedious recovery.

Remarks.—In this case version could have been readily accomplished when I saw the patient, I feel satisfied, however, that it would have destroyed the life of the mother, and I doubt whether the child would have been saved by the operation. The exhaustion which would have attended gradual dilatation by the water bag or tampon would have been highly prejudicial, and I am impressed with the conviction that the plan which was followed was the best which could have been chosen.

CASE 6.—Dr. Metcalf requested me to see with him Mrs. D.R., of whom he gave me the following history. She was a multipara, in good health and in the eighth month of pregnancy. Without assignable cause she was affected by recurring hæmorrhages of considerable violence, for which she had been forced to use the tampon. Upon my seeing her, we agreed to employ the colpeurynter. Barnes's dilators not being then in use, and it excited violent efforts of the abdominal muscles without bringing on labor.

In four or five days the patient became so much exhausted that we were apprehensive as to the result. The os was half dilated, foetal hear. inaudible, and hæmorrhage recurring at intervals. The patient was anesthetized with ether, and Dr. Metcalf passed his hand slowly into the cervix and removed the entire placenta.

After this all flow ceased; the child was delivered in twenty-four hours, and the patient recovered without a bad symptom.

CASE 7.—I was called on by Dr. Charles F. Heywood to see Mrs. C., multipara, who during the first stage of labor was taken with a most alarming hæmorrhage. Upon examination I found the os three quarters dilated and quite dilatable, foetal heart audible, and woman not much prostrated but beginning to show the effects of the rapid flow. With the sanction of Dr. Heywood I at once proceeded to turn, an easy operation, as everything was favorable, and delivered a living child. Both patients did well.

CASE 8.—I was sent for by Dr. K. to see in consultation with him, Mrs. B., multipara, 37 years of age, who was in labor with her fourth child. Her husband, who came to seek me, told me as we went to his house that he had been in search of me two hours and a half, and that upon his starting out his wife was bleeding profusely. He likewise stated, that with her two previous labors she had lost a

great deal of blood, so that in the last her life had been considered in great danger.

Upon arriving at the bedside I found the patient excessively pallid, her surface cool and covered with perspiration, and the pulse weak but not very much accelerated. She complained of dizziness upon lifting the head from the mattress, and expressed herself as much exhausted. The uterus was not contracting with any force. Upon making a vaginal exploration I found the vagina distended by a large clot, upon the removal of which there was a free flow of blood. The os was fully, or nearly fully, dilated, bag of water ruptured, and a large piece of placenta could be felt in the cervical canal.

Version could have been performed very easily, and as immediate relief was absolutely demanded, it of course suggested itself as the most promising resource. But so completely exhausted was the patient that I felt very sure that the operation would destroy her life. For the child we had no hope in view of the great loss which had occurred. Rather than risk the draught upon her vital forces, which was necessary for such a procedure, I proposed the entire removal of the placenta, which would control the flow and give time for stimulation and nourishment before the delivery of the child. This being agreed to I introduced my left hand into the vagina, and carrying the thumb and two fingers into the uterus easily detached and removed the placenta. The hæmorrhage ceased at once with the exception of a slight oozing, and in four hours the uterus expelled the child. At this time the patient was taken with a profuse flow, which her physician informs me he found it impossible to control by any means, and in an hour and a quarter she died.

Remarks.—I have reflected a great deal over this unfortunate case, the result of which filled me with disappointment, as I was most sanguine for the mother's recovery upon my leaving her after the operation. I feel that were I called to a similar case now I should reason and act as I did then. Of version under the existing circumstances I have already fully expressed my opinion; all means calculated to act as mechanical hæmostatics, would have been too tardy and incomplete in their effects and too exhausting in their application, and the head was too high to be easily or surely reached by the forceps. The only other procedure which suggested itself to my mind was performance and very cautious extraction of the child, and this would have exposed the patient so much to exhaustion that I preferred the operation to which I so vainly resorted.—*American Journal of Obstetrics.*

CLINICAL LECTURE.

Part of a Clinical Lecture on the Use of the Iodide of Potassium in Tertiary Syphilis. By JAMES PAGET, F.R.S., &c. &c.

The case which I have read to you from Mr. Butcher's notes is very rare, in that it shows a failure of iodide of potassium in the treatment of tertiary syphilitic ulcers of the leg. The good effects of this treatment you have plenty of opportunities of seeing; and I have often pointed it out to you as an instance of the action of what may justly be called a specific remedy; that is, of one that acts against a disease surely, directly, and, in cases free from complication, almost irrespectively of such circumstances as rest, diet, and the like.

But there are some rules for the giving of iodide of potassium which I wish to commend to you. They are useful in whatever cases you may employ this medicine, but they are especially worth observing in cases of tertiary syphilis, whether evidenced by ulcers, or periostitis, or any other symptoms. The method in which you usually see me order the iodide is in what we call the *haustus potassii iodidi cum ammonia*, in which three grains of iodide of potassium and half a drachm of aromatic spirit of ammonia are given in two ounces of water three times a day. For the dressing of ulcers, the ointment of nitric oxide of mercury is used, spread on pieces of lint exactly big enough to put into the several sores. And in a very great majority of our cases this method is sufficient for the cure; that is, for so much of a cure as the iodide can effect; for however it may be given, it never, in any of the forms of tertiary syphilis, does more than cure the existing symptoms. It thus helps time and the natural processes of recovery in curing the disease, but it is not a complete cure for syphilis as, in some cases, mercury is. The doses of the iodide thus prescribed should be taken soon after meals. It is probable that the iodide becomes combined with starch directly after it gets into the stomach, when starch and free acid are generally present after meals. But this seems to do no harm, and an advantage of giving the medicine at these times is that it very rarely causes the feeling of sinking and depression which often follows when it is taken into an empty stomach. Perhaps, also, the ammonia helps to this end; or it may be useful by combining with any free iodine. Any how, I know that the formula we use is a good one; it may not be the best possible, but it is a very good one, and will suffice for the cure of the present symptoms in a very large

majority of the cases of tertiary syphilis that you will have to do with.

When this method of giving iodide of potassium fails, or is less quick in its influence, or in any way troublesome, there are several modes of helping it. Sometimes, but, I think, very rarely, the dose must be increased. Nine grains of iodide in the day seem insufficient in some cases; fifteen or thirty may suffice. I do not find reason for this increase more than once or twice a year; and a larger increase I have never yet prescribed. I do not say that much larger doses cannot be necessary, for some good observers say they are; but I have not yet had cases requiring them. Whatever doses you may generally prescribe, you will find it useful, and sometimes essential, to aid the action of iodide of potassium by curing whatever complicates the syphilis for which you give it. For syphilis in all its forms is a very miscible disease. You may find it mixed not only with common inflammation, but with gout or rheumatism, scrofula or tuberculosis, or, so far as I know, any other chronic constitutional disease whatever. And in every such case, it is proper to pay regard to the complication as well as to the syphilitic ulcers. If they come under care when they are acutely inflamed, it seems always a saving of time to give them a few days' rest and cleaning and poulticing, before using the iodide of potassium and the nitric-oxide ointment. In short, in all these cases of local complication, you should, if possible, reduce the specific disease to its simple typical form before giving the specific remedy. In like manner, when any form of syphilis is mixed with any other constitutional disease, you should try to cure them both at the same time; for the complication sometimes hinders the cure of the syphilis by disturbing or spoiling the action of its best remedies. It is, I think, through want of attention to this rule that the common doses of iodide are sometimes thought useless.

Tertiary syphilis is often very tenacious in its hold on the bones and joints of persons of gouty constitution; and there are some continental watering places that have gained a great repute for the cure of tertiary symptoms. The reason is, I believe, that the sensible physicians of those places give their patients not only the waters, but the appropriate doses of iodide of potassium or of mercury. And you will find that, in some of your patients, and, especially, in those of gouty constitution, the iodide will act better, and with much greater power, if, while taking it, the patient will drink daily a large quantity of water. Alkaline water may be the best; but plain water will often suffice, and the rule may be

that each dose of the iodide should be taken in from six to ten ounces of water, or some very weak liquid. I have seen so great good from this plan that I can readily believe that there was real utility in the plan of giving diet-drinks in large quantity, though I may suspect that the chief value of the drink was not in the herbs but in the water they were boiled in. None profit more by this method than the gouty syphilitic. But there are many more whose excretions seem habitually insufficient. They are fat or plethoric, coarse-skinned or muddy in complexion; they pass little urine, and seem to retain too much of the refuse of their food and tissues. For any of these, the water drinking may be very usefully prescribed with the iodide of potassium.

When either scrofula or tuberculosis is mixed with syphilis, the combination produces one of the worst forms of disease we ever have to deal with. And the worseness attains its worst when the mischief of an injudicious use of mercury is added. It is in these cases, and in these almost exclusively, that syphilis, not affecting internal organs, becomes dangerous to life; and commonly the danger is to be warded off only by attending at the same time to the syphilis and to the complications. So far as it is possible, the whole of the treatment advisable for scrofula or for tuberculosis must be combined with the treatment for syphilis. What this whole treatment should be, I need not now try to tell. Cod-liver oil, and bark and other tonics, fresh air and sea bathing, which are of comparatively little direct use against the syphilis itself, may greatly help its cure by curing its complications. Iron, too, is often useful; and there is a rule, I believe, of some value to be observed in giving it. The iodide of iron (at least that which is to be had in the *sympus ferri iodidi*) is not a remedy for syphilis as the iodide of potassium is; it seems comparatively useless. When you wish to give iron, give it in the citrate or potassium-tartrate, together with the iodide of potassium. In this manner I believe that you may get the good effects of both the medicines.

I think that if you will observe these rules about the modes of giving it, you will very rarely be disappointed in giving the iodide of potassium, in doses of two or three grains, for the cure of the symptoms of tertiary syphilis. If they should fail, you should try larger doses; and if they, too, fail, as in very rare instances they will, you must make the best choice you can between giving mercury or simply maintaining the best possible state of general health, so that the patient may bear the disease till he can live it down.—*Brit. Med. Journ.*, May 9, 1868.

IRON ROD PROJECTED THROUGH HEAD.—RECOVERY.—Dr. M. Jewett, of Middlebury, Ohio, records (*Western Journal of Medicine*, March, 1868,) the case of a Frenchman 27 years of age, who, while blasting coal, was struck by the blasting barrel, (a five-eighth inch gas pipe four feet long,) near the external angle of the superciliary ridge of the right side, and in its course it passed through the bone, fracturing the orbital plate through the right anterior lobe of the brain, lacerating the longitudinal sinus through the left middle lobe, and emerged at a point about an inch and a half above and behind the left ear. The rod lodged after entering about one-half its length, and was extracted by his companions, not without considerable difficulty and force, owing to a bend in a portion of the rod in the patient's skull. For several days he was almost entirely comatose. Cold was applied to his head; his bowels were kept open by large doses of podophyllum and calomel; the wound was kept open by frequent deep probings, and the head so placed as to favor drainage. Fragments of bone, coagulated blood, and broken up brain tissues, were freely discharged. About the twelfth day he began to show signs of consciousness, took nourishment, and at times seemed to comprehend what was said to him. He gradually improved after the third week, and in eight weeks from the time of receiving the injury, was able to leave his bed. There was at no time, any marked paralysis.

Physically he now seems as well as ever, is perfectly rational, and will reply correctly in monosyllables to questions, but is entirely unable to connect words. He succeeds best, when excited, in swearing in French. This difficulty shows that that portion of the brain controlling speech, was seriously and probably irreparably injured. Up to this date, January 24, 1868, over eight months from the injury, he shows no improvement in this particular. The amount of mental power is also much impaired.—*American Jour. of Medical Sciences*, July, 1868.

CLINICAL LECTURE.

Clinical Lecture on Facts Connected with the Duration and Diagnosis of Rheumatism.
By S. O. HABERSON, M. D., London,
Physician to Guy's Hospital. &c.

What is rheumatism? and what is the value of its statistics?

From the variabilities in our English climate, rheumatism is a disease of most frequent occurrence, and not only do instances continually arise in ordinary practice, but it is almost

the exception to find any person who has arrived at years of maturity who has not at one period or other suffered from rheumatic pain. Still, it is beyond the reach of our present knowledge to say precisely what rheumatism is, or to indicate the changes which take place in the organic chemistry of the system during its attack. Some affirm that peculiar metamorphoses induce a disordered condition of the fibroid tissues of the body, and that in some persons these changes are more easily excited than in others, constituting a "rheumatic diathesis." Others advance a step further, and assert that the production of lactic acid by perverted nutritive changes constitutes the proximate cause of rheumatism. Dr. Prout suggested that this acid was the organ of the rheumatic symptoms, and Mr. Simon and Dr. Richardson have demonstrated that if introduced into the system, as by injection, it will produce symptoms of cardiac inflammation resembling rheumatic endo- and peri-carditis; and the presence of acid perspiration, the excess of uric and sulphuric acids in the urine, have seemed to favour some such an hypothesis. But one symptom does not constitute rheumatism, for there is in this malady a disturbance of the whole organism, and not only the blood, and fibrous tissues, but the entire nervous system is involved in the morbid process.

It is not surprising that there is a remarkable difference in the severity and in the duration of rheumatism: and, in many instances, these peculiarities may be explained by constitutional complications. Both inherited and acquired morbid tendency thus greatly modify the course of rheumatic disease; one malady does not preclude the existence of another; these associations are often overlooked, they render an uniformity in treatment almost impossible, and they greatly diminish the value of statistical returns.

Some of these complications may be briefly dwelt upon, and they are of undoubted importance in every day practice.

1. Rheumatism occurring in strumous subjects.
2. Rheumatism after syphilis, without ordinary periostitis.
3. Rheumatism with, or directly after, gonorrhoea.
4. Rheumatism in persons of intemperate habits.
5. Rheumatism in advanced life.
6. Rheumatism with miasmatic poisoning.
7. Rheumatism accompanying zymotic disease.

1. The occurrence of rheumatism with struma is by no means an unusual event. It is not

only found amongst the poor, but even amongst those who are enabled to use every means of protection from exposure to cold, and from the inclemency of the weather. I might adduce many instances which have come under my care in the wards of Guy's Hospital. In some of these delicate patients, there is a greater tendency to persistent effusion and commencing caries of the knee-joint, and it was considered as of a rheumatic character, for several other joints had been affected in a transient manner at the commencement of the acute symptoms. Again, it has appeared to me that rheumatic effusions into the pleura are more difficult of absorption in strumous subjects; and it is probable that acute cardiac affections run a more rapid course.

In directing the treatment of rheumatism, a strumous diathesis should receive special consideration. Violent measures are badly tolerated, and the convalescence is thereby greatly retarded, even if irreparable mischief is not induced. Strumous subjects are most unfavourable for any depletory measures; and we cannot too strongly express our sentiments in reference to the free use of mercurial medicines. We have seen acute pericarditis come on during salivation, followed by great irritability of the heart; and the convalescence of patients affected with rheumatism, who have been treated with mercurial medicines so as to affect the system, is, we believe, slow and tedious.

Another fact well worthy of consideration, in reference to the effect produced by preparations of mercury, is that, when the valves of the heart have been thickened and contracted from old rheumatic disease, the relief arising from the increased activity of the abdominal glands by this medicine is often very marked; but, unless it be speedily withheld, the muscular fibre of the heart becomes enfeebled, and thereby dilatation is increased; and in some instances we have witnessed ulceration in an old damaged valve, which was possibly due to the same cause.

A favourite plan of treatment with some practitioners is the very free use of alkalis in acute rheumatism; but neither is this plan free from injurious effect, especially in strumous subjects. There are three conditions that we have thought attributable to, or, at least, greatly promoted by, this excessive administration of alkalis: 1, great anæmia; 2, excessive irritability of brain; and 3, irregular choreal movements. The alkalis, doubtless, enter the blood, and that perhaps more readily than any other medicine; and, when given in immoderate quantity, they change the blood constituents in a manifest degree. The second

condition of functional irritability of the brain is, perhaps, due to a similar cause. We are well aware that all these states may be quite independent of these remedies; but we believe that these conditions may arise from the improper use of remedial agents.

We do not mean to affirm that alkalies, when given so as to produce more free action of the kidneys and other glands, are not of service, nor that a free mercurial purgative is not also beneficial; but to administer ounce after ounce of alkaline remedy to neutralize so much lithic acid or lactic acid, because the perspiration and the urine are usually acid, is certainly neither physiological nor is its good result borne out by clinical experience.

Strumous subjects with rheumatism soon bear the preparations of steel with advantage, as the iodid of iron, the potash tartrate, &c.; and in some, especially chronic cases, cod-liver oil is of great value.

2. Periosteal disease is a common sequence of syphilis; and not only does the true periosteum become affected, but other fibroid tissues are implicated; pain is produced, and the patient is said to have rheumatism; but, besides this spurious rheumatism, persons who have been poisoned by syphilis are often the subjects of true rheumatic disease of the joints; the joints become red, swollen, and painful, and the malady presents all the characters of the simple ailment. We have, however, found that it subsides less easily, and is very apt to return on the slightest exposure to cold and wet.

In the treatment, alkalies are often of great value, especially the iodide of potassium; and, where there is diminished power, these alkaline remedies should be combined with quinine or with bark in one or other form.

3. Whilst some altogether deny the existence of gonorrhœal rheumatism, others regard it as a form of pyæmia; gonorrhœa is, unfortunately, so common a disease, that very many hospital patients are found with it; and in many instances only a short period elapses before the symptoms of rheumatism are developed, or they arise whilst the discharge continues. What, however, is the relation of the two ailments? Is their occurrence a mere coincidence? or does the pain in the joints arise from a poisoned condition of blood allied to suppurative fever? Instances have occurred in which acute suppurative articular disease of a fatal kind has happened, several joints being involved, for which no cause could be traced but the gonorrhœa then existent. Still, whilst numerous instances of gonorrhœa occur without any articular affection, or any recognizable rheumatism, the following instance

shows the manner in which the veins sometimes became involved. A patient, some years ago, was admitted under my care into Guy's Hospital for acute pneumonia on the right side. The symptoms were well marked; and, with saline treatment (bicarbonate of potash), he speedily convalesced, and was about to leave the hospital. Fatal symptoms, however, very unexpectedly came on; for, after a good night and partaking of his usual breakfast, even assisting to clear away the breakfast things, he told the nurse that he was faint; he sat down upon the edge of his bed, and in about half an hour he died. The lung was recovering, as we expected, and the pneumonic deposit in it had become nearly absorbed; but we found, what had previously not been ascertained, that he had recently suffered from acute gonorrhœa. The veins at the base of the bladder were filled with adherent fibrin, the iliac and femoral veins were in a similar state; and a clot separated from these veins had been carried to the right ventricle, and the action of the heart became so embarrassed as to cause speedy death. Rheumatism associated with gonorrhœa or gleet is, we believe, unusually persistent.

4. In persons of intemperate habits, whose vessels have become diseased and the viscera damaged, we have another cause for longer duration in an attack of rheumatism; but this obstinacy of character is still more manifest where—

5. The malady occurs at a period of life, when the vessels have become degenerated. Senile rheumatism has peculiarities, and one of them is greater persistency.

6. When persons who have resided in miasmatic districts become affected with rheumatism, there is a more marked periodicity in the symptoms: one day the skin being normal, the next clammy and perspiring, with rheumatic pains. We have witnessed, with enlarged spleen, sudden severe eruption on the skin, at first, in red blotches of roseola, and afterwards blebs, resembling rupia escharotica, showing that there was, at least, a peculiar cachexia, modifying the rheumatic affection.

7. Instances have been recorded, in which zymotic diseases, as typhus and typhoid, have been accompanied with rheumatism. I have never witnessed well marked instances of this kind; but there is nothing opposed to the known facts of disease, that an affection, having its origin in disordered metamorphic changes, should coexist with one arising from animal poison, as typhus. It must, however, be remembered, that some cases of pyæmia closely resemble typhus fever. A few months ago, a woman was under my care in the hospi-

tal for chronic rheumatism. She slowly convalesced, and was about to return home partially relieved. In the next bed was a severe case of typhus, and the rheumatic patient became alarmed, the tongue became dry and brown, the pulse small and very compressible; there were no maculae, and the temperature was not much increased. It was feared that she might sink from exhaustion; stimulants were given freely; she rallied in a few days, and left the hospital. It was doubtful whether the symptoms arose from nervous alarm, or whether the contagion of typhus had anything to do with the sudden prostration. If, then, there be such complications, and others that might be mentioned, statistics, unless compiled with more than ordinary care, must be exceedingly deceptive and of comparatively little value.

Again, whilst there are many characteristics of true rheumatic disease, few maladies are more easily mistaken, and there is no sign which is uniformly present. Pain is, perhaps, the most constant indication, with stiffness of one or other joint; but rheumatic pericarditis may, and often does exist, without any pain whatever. The same may be said in reference to febrile symptoms, to increase of temperature and to changes in the urine; none of these signs are pathognomonic.

Many maladies are designated rheumatic which have no connection with that disease.

1. Diseases of the spine are often said to commence with an attack of rheumatism; but it will generally be found that the pain in the course of the nerves or in the fibrous tissues arises from direct implication of the nerves or of their centres.

2. The same remark applies to pain produced by the pressure of cancerous, aneurismal, or other tumours. Thus cancerous disease of the lumbar glands is often mistaken for lumbago; so also the pain from aneurismal disease of the thoracic and abdominal aorta, when no pulsating tumour can be detected, is referred to rheumatism.

3. During the course of renal disease, abnormal irritation arises not only in the serous membranes, producing pericarditis, pleurisy, peritonitis, &c., but a similar change happens with the synovial membranes, and a form of disease is induced which simulates rheumatism.

4. In chronic poisoning by lead, vague pains in the fascia, as well as in the joints, have been designated "saturnine arthralgia."

5. We have already referred to periosteal disease as a source of fallacy in the diagnosis of rheumatism.

6. Shingles or herpes zoster may be found in the course both of the cerebral and spinal

nerves; and the severe pain which precedes the eruption of the vesicles, and which also follows their disappearance, closely simulates local rheumatism.

7. A more important disease, and one which is attended with fatal issue, is pyæmia. It closely resembles rheumatism; for, with rigor and febrile symptoms, there is fixed pain and swelling in the joints—first one, then another, being affected, though without subsidence of those parts first attacked. But, whilst there may be some similarity in the symptoms, the prognosis is widely different. The one is generally a curable disease; the other, a fatal one.

We might also refer to the severe pains in the back which precede some of the exanthems, as small pox; and to the general malaise of fever; but these could scarcely be mistaken for rheumatism. And, lastly, the symptoms described as arising from acute trichinous disease have some resemblance to rheumatism in the pain in the limbs. I have never seen an instance of a patient dying in consequence of this affection, although in numerous cases I have witnessed the trichina spiralis in the muscles after death.

It is an excellent rule, whenever there is local pain, to examine for a local cause; but it is often surprising to notice the strange maladies which are designated as rheumatic, at one part or other of their course, from the character of the pain; and, even when the disease is truly rheumatism, we attach but little value to statistics drawn up without reference to individual peculiarity. The natural result of this disregard of constitutional difference is to follow a routine plan in the remedies employed; in fact, treating the disease rather than the patient. We believe that rheumatism may be greatly relieved, or shortened in its course, by the proper use of means; and we strongly deprecate the treating of mere symptoms, as both injurious and unphysiological. But we would urge that each case be estimated in all its relations; and that a patient having severe rheumatism should not be at once dosed with calomel and opium, or with a certain number of drachms of saline medicine, irrespective of every other consideration.—*British Medical Journ.*, June 20, 1868.

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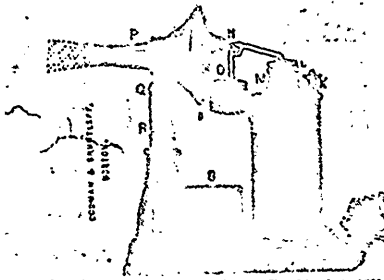


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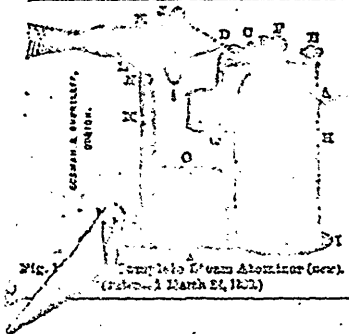


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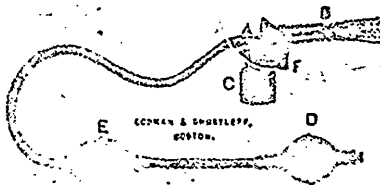


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