

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

CANADA

MEDICAL & SURGICAL JOURNAL

APRIL, 1881.

Original Communications.

VALEDICTORY ADDRESS TO THE GRADUATING CLASS.

By R. P. HOWARD, M.D., L.R.C.P., Lond., &c.
Professor Practice of Medicine, McGill University.

GENTLEMEN GRADUATES IN MEDICINE,—It is my agreeable duty to give expression to the final words which the Medical Faculty of this University wish to say to you after a four years' relationship of teacher and pupil. Would that I were capable of saying something worthy of them and of you. And first let me congratulate you upon having this day attained the just reward of your diligence and application—the degree in Medicine of this University. What it represents of work in the lecture-room, in the dissecting-room, in the laboratory, in the wards of the hospitals, and in your own chambers, is known best to yourselves and to your teachers. In the pleasure you are now deriving from a retrospect of the work you have done as undergraduates, your teachers heartily participate, and are glad publicly to testify to the character as well as to the amount of the work performed. Need I remind you that notwithstanding the testamur of your *Alma Mater* just given as to your fitness to practise the medical art, your studies are not completed—they are only well begun. I admit that the medical graduate of the present day has a more general and extensive acquaintance with the several departments of knowledge that appertain to medical science than his predecessors of 20 or 30 years ago. Nevertheless, he has but laid

the foundation, and must continue to place upon it bricks or stones in the shape of new facts and ideas, and cement them firmly with the mortar of reflection and experience. When practitioners cease to be students, they usually begin to fall out of the line of march, and they cannot hope to occupy the front ranks.

Do you ask what studies are we to pursue? First, practical ones, as contained in nature's book. Hitherto your teachers have been interpreters of nature for you. In future, you must converse with her and translate her language, and study her features for yourselves. Let every patient you see in the private chamber or in the hospital ward be a subject of the closest study. Test the teachings of your masters on living specimens of disease, and if exact and patient in your investigations, you will frequently confirm those teachings, many times refute them, and more frequently enlarge them. But, remember, nature is a jealous and coy maiden. If you would find out her secrets and gain her confidence, you must be devoted as well as constant suitors. No sacrifice of time or money, or pleasure or personal comfort must be considered too great in her service.

In recording what you have observed in nature's book, be painstaking, accurate, and truthful. Neither exaggerate nor extenuate. It is to be feared that many gross errors and numerous obstacles to the advance of the science and practice of medicine have arisen from careless and imperfect observation and untruthful recording of facts. Beware of supporting a pet theory by biassed observation. Study, also, the *writings* of authorities in medical and its collateral sciences. Lay aside mere text-books and read for yourselves the originals, whence the often heterogeneous and not unfrequently incongruous aggregations of facts and opinions contained in such books have been taken. The works of Sydenham, John Hunter, Alison, Paget, Billroth and Bright, of Latham, Stokes, Simon, Jaccoud, Niemeyer, and Charcot, and treatises upon special subjects, may now replace your *vade-mecums* and text-books. These and others of their class should now be carefully read. In the earlier years of your career you will have ample time for reading. Do it systematically—observe some plan. Mark out special subjects for serious study.

Endeavour to enlarge your knowledge of general pathology and of those departments of medical science which you may have had but little opportunity of becoming acquainted with at college.

Read, also, some of the leading periodicals regularly. In no other way can you hope to keep nearly abreast of the knowledge of the day. So numerous and so industrious are the workers in the medical and other sciences in our time, that new facts and opinions are being daily announced, and the newest book upon any subject scarcely contains the latest contributions to that subject. Study, also, *living men*—masters in the science or art of medicine. Such of you as can afford to visit the celebrated schools of Europe should do so. Sufficiently informed as you now are to be cognizant of what you most need to further fit you for the great work of your lives, you cannot fail to profit much from mental contact and intercourse with the great teachers and practitioners to be found in the centres of learning in Europe. Apart from the higher estimate of the nobility of our calling and of the capabilities of our art—apart from the aspirations that must arise and the resolutions that must be enkindled within you by the daily example and instruction of such men, the opportunities afforded at these renowned centres of studying special departments of practical medicine under highly qualified experts cannot be over-estimated. It is a privilege, moreover, not to be lightly esteemed, to study disease or its treatment under a Jenner, a Paget, a Lister, a Hutchinson, a Wilks, a Jaccoud, a Péan, a Charcot, a Virchow, a Cohnheim, a Traube, a Frerichs. Whatever your motives may have been in selecting the practice of medicine as your life employment, you are to be congratulated on having the good fortune to join the medical profession at the present time. The investigating spirit of the age is as active in medical as in any other department of science, and she never had as many able and earnest votaries in her ranks endeavouring to solve the when, the why, and the how of physiological and pathological life, and the prevention and cure of disease. And this unceasing searching after light has been eminently successful in contributing new and valuable facts, and often quite unexpected revelations in most of the branches of medical science

and art. Now this increasing mental activity, manifested in a disregard for authority, in a questioning of generally accepted opinions, and in a seeking after more light and more reliable evidence, is accompanied too generally by an unfortunate desire to publish and propagate new opinions or supposed discoveries in science and art before they have become established facts; and while many valuable additions to actual knowledge, and many suggestions that bear good fruit are thus made, the serious responsibility is, at the same time, laid upon medical men, not alone of acquainting themselves with the new views and the alleged discoveries, but of finding the true among the new, and of refuting the false which may also be harmful.

But, gentlemen, there are other responsibilities assumed by you to-day in receiving the degree of M.D. of this University and becoming members of the medical profession, and of some of them permit me to speak. Your *Alma Mater* this day introduces you to the world as her sons; she entrusts her reputation to your keeping, and she will be largely judged of by the qualifications and deportment of her alumni. It will rest with you, in common with her other children, to extend her influence, maintain her prestige, nay, increase her reputation. She glories, not in her chartered privileges, her buildings and material appliances, but in her graduates—the memories and work of those gone, the character, acquirements and useful career of those living. You bear her name, render it more than ever esteemed by your attainments, your self-respect, your gentlemanly conduct and your large-mindedness.

Of your responsibilities to the State and to society, time will not allow much to be said. As loyal citizens, it is your duty to use your influence in procuring the enactment of laws that shall protect the lives and property of your fellow-subjects. But as *physicians*, it is your special province to force upon the attention of the people and their representatives the imperious necessity of careful legislation in the interests of State medicine, and especially of Sanitary Science. Use your influence with the representatives and people of your respective neighbourhoods to have established in our Dominion a Board of Health for each Province

and a Central Board at Ottawa. If the medical men who have seats in the Federal and Provincial Legislatures would earnestly ventilate and advocate in the Commons and the Senate questions of vital statistics, registration of diseases, central and provincial boards of health, etc., we should very soon have them carried. Public health must yet constitute an important department of State, when peoples and governments realize that the prevention of disease is at least as important a duty of government as the protection of property. As members of society, endeavour to play your part in a manner worthy of the body to which you belong. Take a personal interest in the important questions and movements of the day, whether political or social, religious or secular. You are citizens as well as physicians. It is very creditable to the medical men of Canada that it cannot be said of them, as it has lately been of their brethren in the mother country, that by not offering themselves for parliament they “exhibit great narrowness of mind and want of sympathy with general, social and political questions.” In our country many medical men are found devoting their time and abilities to legislation in the Senate and Commons of the Dominion and of its several Provinces. The Lieutenant-Governor of Quebec, the President of the Council of the same Province, the Minister of Railways in the Federal Government, are all physicians. Whether discharging the duties of members of parliament, if such shall be the lot of any of you, or the not less useful functions of physicians, bear constantly in mind that you are members of a profession *primarily* devoted to the *treatment* of disease, but which, in harmony with its genius, charges itself with the duty of informing society how to *prevent* and *guard against* disease.

To the *profession*, of which you have this day become members, you have many responsibilities, only some of which can be alluded to now. Medicine is one of the learned professions, and certainly, when one recalls the many departments of natural science comprised in its curriculum, it truly deserves the title. Set out in your career, then, with the determination to be versed in knowledge—general as well as medical. It is also called a *liberal* profession—that is, its members are required to avoid

whatever is mean or low, and conduct themselves as gentlemen, to be generous in their services and gifts, to avoid narrow-mindedness and allow of freedom of opinion, to be catholic in the discharge of professional duties irrespective of religion, rank or race. It is your duty, also, to co-operate with others in guarding the interests and maintaining the reputation of the profession. Become active, working members of the city or district medical societies, and attend as often as you can the annual meetings of the Provincial and the Dominion Medical Associations. A regular attendance at such meetings for mutual instruction will tend to maintain your interest in the science as well as the practice of medicine—will stimulate your industry and promote a taste for the accurate observation and careful recording of the cases daily entrusted to your care. In a sparsely-peopled new country such reunions of men belonging to a profession, the practical duties of which consume so much time that but little is left for reading, afford important opportunities of learning what is being done in the great centres of the world, the various members contributing according to their ability to the common stock. It has been said that “the *formative* factor of our time is the *continual, complete and perfect intermingling of thought.*” No doubt this is true. And in those professions or communities where this factor does not exist, intellectual progress is not made, and arrested growth, degeneracy and death of mind are inevitable. But do not confine your attention to purely professional subjects—(the “*idola specûs*” must prove a stumbling-block.) Enlarge your general knowledge; cultivate literary tastes; store your minds with the thoughts and principles of the great writers of the past and present—they will supply food to strengthen you when weary, counsel and hope when perplexed, motives and courage when desponding, and distraction or amusement when anxious and worried. Music, art, literature, the modern languages—all that is included in the word “culture”—should receive your earnest attention. The reputation of your profession demands it, and your own success in life will very largely depend upon its possession.

In your relations with your colleagues, be honourable, chari-

table, and friendly. Be modest in proclaiming your own abilities and successes, and careful of the reputation of your brethren. Affect no superior knowledge of the medical art. When succeeding a professional brother in the care of a patient, make no unkind, much less unfair, remarks or insinuations respecting his management of the case. He is not present to defend himself, and his reputation must be sacred while in your keeping. When assisting at a consultation in an obscure or difficult case, take pains to learn all its features and history, and loyally afford all the assistance you can, and thereby discharge the responsibility you have assumed in joining the consultation. Emulate, but do not envy, your successful rivals; and whatever reputation you win, let it be by fair and open competition. Be not one of those

“ Who hopes (his neighbour's worth deprest)
Pre-eminence himself; and covets hence,
For his own greatness that another fall.

And what shall be said of your responsibilities to your *patients*? What do they entrust you with? Their personal and family secrets, the reputation and happiness of themselves and those whom they hold dear, their bodily ailments, their mental anxieties and cares, their health, their lives! What other class of men share such confidence—hold so great a trust? The whole man—soul and body—is frequently under the care of the physician. “ Who stands so close to the needs of man as you will, to whom in their very direct needs *all* will cling; to whose voice sick hearts will listen as if it were the very voice of God declaring judgment or mercy; the very skirts of whose garments, if only a *heart* beats beneath them, faint hands will be raised to touch? Closest to the very sources of the life of the human soul you will stand; it is the physician's place.”—(*Hinton*.) Endeavour to realize those responsibilities. Betray not the confidence imposed in you. Spare no pains to enlarge by close observation and diligent study and constant practice your knowledge of the science and art of medicine. In no other way can you perform your daily professional duties with a good conscience—yet upon no other condition ought you to continue to take charge of the health and lives of your fellow-men. Take a sincere interest in the

sufferings and anxieties of your patients, cultivate gentleness of manner, geniality of spirit, and a sympathizing heart in the discharge of your professional offices. Kind words, cheerful looks, a hopeful, self-reliant bearing, may do more good than any medicine. Be a minister of love, not of fear; console and alleviate when you cannot cure or save. It is not necessary to suggest to gentlemen the strictest reticence respecting the private affairs and the personal and family secrets of their patients. But it will greatly increase the respect and confidence of your friends in you, if you make it a rule not to speak of their maladies, or of their impatience or want of fortitude in sickness, to other persons. Avoid all gossiping about your clients' ailments. A reverent mind speaks not lightly of sacred things. What more sacred than human suffering? Fail not to respect it.

Such are some of your responsibilities, gentlemen, and if I speak not of those you are under to the "Great Physician," it is not that I esteem them of less obligation or importance, but that the occasion is not opportune, nor could I expect you to consider my remarks on such a subject of *ex cathedra* authority. May you all realize Augustine's confession: "Fecisti nos ad Te, Domine, et inquietum est cor nostrum, donec requiescat in Te."

Gentlemen, I have spoken chiefly of your responsibilities, and it is for this reason—that in a due recognition and a faithful discharge of them your future success mainly lies. Set out in your career with a firm resolve to fulfil those responsibilities. Then, although it may not be in your power to command success, it will be to deserve it. Self-respect is a better thing than mere success. Not by violent assaults, nor yet by manœuvring, will you win in the battle of professional life, but by indomitable pluck, by skilful use of your arms, and by steady heroism which will defy all odds. And of this battle be assured. We, your heretofore teachers, now your brothers-in-arms, will be deeply interested spectators. Proud of your achievements, we will condole with you in your occasional defeats, and be always ready to rally to your aid when the fortunes of war threaten you.

Finally, companions-in-arms, may you in the autumn of your lives enjoy the respect and material reward earned by an upright

and honourable career—may you have the inward consciousness of duty faithfully discharged—and may your work, when near its end, receive the approbation of God.

A VISIT TO THE LAZARETTO, A LEPPER INFIRMARY AT TRACADIE, NEW BRUNSWICK.

BY W. H. THORNTON, B.A.

(Read before the McGill Medical Society.)

During last July I was in the neighbourhood of Chatham, and having heard of the existence of leprosy at Tracadie, determined to visit that place. The village of Tracadie is situated on the shore of the Gulf of St. Lawrence, just north of the estuary of the Miramichi, and about fifty-six miles from Chatham. It lies between the two Tracadie rivers which flow into the Gulf close to it; a large quantity of lumber is annually brought down them. The land gradually rises from the shore, thus forming drainage and preventing swamps. The soil, too, is of a sandy character, and being rich, supports good crops, though much neglected. The people are Acadians; they seem well-made, healthy, and have a well-to-do look. As far as I could make out, they seemed much better off than the average of the French-Canadians, more especially those that live by fishing. Tracadie lies in the centre of the leprous district, which may be roughly described as that peninsula bounded on the north by the Bay Chaleur, on the south by the Miramichi river, and on the east by the Gulf of St. Lawrence.

The lazaretto is situated on a point, and thus partly isolated. It is a long, low, story-and-a-half building. The nuns' quarters are at one end. They take care of the lepers, and have complete charge, since there is no doctor attached to the lazaretto, nor even any in Tracadie, the nearest being at Chatham. The rest of the building is devoted to the lepers, the men being below and the women up-stairs. The men's quarters consist of two rooms, each about 30 feet square and 10 feet high, one room serving as a dormitory, the other as a living room. The women's rooms are above these, but being in the attics, are not quite so large. The whole place was scrupulously clean. The lazaretto was

supported by the Provincial Government, but I believe it has this year been handed over to the Dominion Government.

The lazaretto was first built in 1844 on Sheldrake Island, in the Miramichi, and as the disease was then believed to be contagious, the commissioners were empowered to separate the lepers and confine them in the lazaretto. This regulation gave rise to great discontent. The lazaretto was burnt down some time between the years 1848-9, and rebuilt at Tracadie in 1849.

There were at the time of my visit eight women and seven men in the lazaretto; but before proceeding to describe the cases, I would like to apologise beforehand for what will be a very imperfect report, owing principally to three causes—the great reluctance of the patients to being examined, the short time at my disposal, and the fact that most being French, the questions and answers had to be interpreted for me by one of the nuns. The following are short accounts of some of the cases:—

Charles Como, 19 years old, of medium height, fairly well formed, but slight. The Comos are a well-known leprous family. He has been two years in the hospital, but was in a bad state when admitted. He is a very repulsive-looking object, the skin of his face being swollen, soft, puffy, intersected by innumerable fine wrinkles, resembling, but on an exaggerated scale, the skin on the back of the hand, and of a curious dusky-brown colour, the tint somewhat resembling that of a bronze cent, though not so dark. This brown and puffy state of the skin extends to the roots of the hair. His nose is partly destroyed, the lip having almost completely disappeared, but the alæ are not so much destroyed, exposing the anterior nares; the bridge is much flattened. His lips are thick, swollen and protruded. On the face and lips are numerous rounded tubercles about the size of a pea; they move freely with the skin, and are moderately firm; they have not a sharply-defined outline, but shade into the surrounding tissue. The nuns stated that these tubercles frequently break, rarely, however, spontaneously, but usually from some slight scratch, and after discharging a watery fluid, heal readily. His eyebrows were gone, and he was unable to shut his eyes. His tongue was raw and swollen, and he breathed noisily and spoke

hoarsely, the tone of his voice resembling that of a person suffering from ulceration of larynx. His hands presented the same appearance as his face, being brown, puffy, and covered with tubercles; the palms, however, had a scabby and glazed look. The second and third fingers of the left hand diverge, but are not bent; the third and fourth fingers of the right hand are bent, and there was a crack at the joint of the fourth. He feels a little with his hands.

Paschal Ovis, 21 years old, a fine, strong, well-made man, with blue eyes and brown hair, and a heavy beard and moustache. He is of leprous descent on both sides. His face and hands are bronzed and puffy, like the preceding case, but the appearances are not so marked. There are no tubercles present. The dark skin extends almost to the roots of the hair, where the skin is natural, the line of demarkation being sharp. The tongue is a little red at the tip, and he complains of his throat being sore. His hands are hot, and on the palms the skin seems dry. His fingers are tapering, with well-formed nails. The skin of his arm is natural, with the exception of a few small, ill-defined spots.

Elize Magrau, 28 years old, a dwarf, not being over 4 feet 3 inches in height, with a huge head and dark hair. Her grandmother was a leper. Her face and hands have the same brown and puffy look, and there are many tubercles on her face. The brown skin extends some distance into the scalp, but it seems to make no difference to the hair, which is abundant. Her eyebrows are gone and the eyes are suffused; lips prominent; tongue raw; breathing loud, voice harsh and husky. Her hands (and feet also they told me) were covered with tubercles; the nails short and brittle. She is able to distinguish between hot and cold bodies. I pinched her hand, and she did not seem to mind. The nuns stated that in these bronze-skinned cases the throat seemed much affected, and the least thing seemed to choke them.

Lucile Sognée, aged 26, hair and eyes dark, complexion red and florid, of medium height, and looks to be healthy. Her mother was a noted case; her fingers dropped off, but the nuns stated the disease was stayed, and that she is at present alive and in fair health. Her mother's brother and father's sister were lepers

also. Her father, she stated, died of rheumatism. About 12 years ago she noticed a pain in her arm and fingers, and since then her fingers have gradually become crooked. She has been eleven years in the hospital. The fingers of her right hand are greatly flexed at the second joint—that is, the one between the first and second phalanx—and they cannot be straightened. The skin of the first finger has grown down at the flexure of the joint in such a way as to form a band that prevents the finger being straightened. The left hand is not in so bad a state. She is able to move the third and fourth fingers, and to straighten the thumb. There is an open and indolent-looking crack at the flexure of the second joint of the first finger. The granulations did not look unhealthy, only a little indolent. The nuns told me that occasionally a crack forming at the flexure of a joint extends round the joint, and the finger drops off. There were scores of old cracks at all the flexures of the finger joints, and especially across the palms of both hands. The fingers were swollen, and the skin over the joints was thickened. At various places over the hands are the marks of old healed sores, appearing as raised and hardened collosities, rather resembling healed rowing blisters. Her nails were short, thin and broken down, and there were unhealed sores about them. The feet also were affected, the toes being crooked. The nuns stated that some time before, she had had sores on the soles of her feet, from which pieces of bone came away. Both hands and feet alike are anæsthetic. She has repeatedly put them into boiling water, and on the hot stove without knowing it, and has thus received severe burns. She seemed to know when I touched her hand, and even which finger I touched, though this might have been from motion being communicated up the arm; and when I pinched the back of her hand as hard as I could, she did not feel pain from it, or only to a very slight degree. She is unable to shut her eyes completely; the lower lid, which is slightly everted, does not seem to rise to join the upper. The gap thus left is much larger to the inner than to the outer end. When she has to shut her eyes, she turns the eye-ball up, exposing the whole of the eye. The right corner of her mouth is drawn down; the teeth are well-formed. Chest flat.

Judith Arsencau, a large, stout woman, aged about 57 years, has been affected over 25 years. Her fingers and toes are contracted, and the corner of her mouth is drawn down. She is unable to pronounce the P and M, the case resembling that of Lucile Sognée. This case, which I was unfortunately unable to examine, is a very interesting one, the disease lasting over a much longer period than is at all usual. Few lepers attain such an age.

Such is the account of some of the lepers I saw. These cases fall into one of two well-marked groups, which, for convenience of description, I propose calling *Deforming* and *Pigmentary Leprosy*.

The following are the symptoms of the Deforming variety, of which Lucile Sognée is a type: Marked and profound anæsthesia, deformity which in all the cases was limited to flexure and ultimate stiffening of the fingers and toes at the second joint only, the formation of cracks at the flexures of the finger-joints and across the palms, and, later on, mutilation.

The Pigmentary variety, of which Charles Como, Elise Magrau, and Paschal Ovis are good examples: Here the skin of the face, hands and feet are uniformly of a bronze colour, soft, swollen, puffy, and studded with many swellings or tubercles. The mucous membrane of the mouth and throat are affected. Anæsthesia does not seem to be such a marked symptom.

I can say very little about the course of the disease, and what little I can say is gathered from the nuns' statements. During the course of the disease an eruption of small red spots appears, which spots are slightly raised, and remain out for a variable time and then disappear. Before these spots appear, the lepers complain of feeling sick and feverish, with pains in their limbs. These attacks usually last about three or four weeks, and re-occur two or three times during the year, especially in fall and winter. The course of the disease is seemingly from bad to worse; their fingers and toes drop off; occasionally they become blind. The pigmentation, which is at first confined to face, hands and feet, becomes general; their hair and beard falls out. The nuns told me the average duration of life after the first appear-

ance of the disease was from eight to nine years. They rarely die in less than five years, and the greatest prolongation of life was that in the case of Judith Arseneau, now about twenty-five years a leper. I have endeavoured to check this statement. In the first place, of the lepers at present in the lazaretto, one has been ill two years; one, three years; two, four years; one, twelve years; one, thirteen years; and one, twenty-five years—giving an average of nine years illness each; but if we omit Judith Arseneau, whose case is exceptional, the average duration of illness is about six and a half years, which would agree very well with the statement made. Of twenty cases published by Dr. Bayard, the average duration of illness at times observed was about five years. The cases comprised one of ten and another of sixteen years standing. Again, the nuns told me they had been in charge of the lazaretto for twelve years, and the average number of lepers varied from 20 to 24 at first, 25 being the largest number, but that latterly there had only been from fifteen to twenty. During this time there had been fifty-three deaths, which would point to an average duration of life of about five years. This is rather under the nuns' estimate, but since it is probable that the lepers do not come into the lazaretto immediately upon the first manifestation of the diseases, and should we on that account add one or two years to this average, it will bring it fully near the nuns' estimate. The nuns thought that those that were attacked young died sooner than those that were attacked later in life; and that those that had eruptions on their skin live longer than those that had not. The nuns told me there were three modes of death. Generally the lepers died of "consumption." They coughed much, spat up a good deal, and gradually became weak, lost flesh, and wasted away. I inquired if they ever spat blood, and they said not. The pigmented lepers might "choke," and die suddenly; or, lastly, a leper previously in moderate health, might suddenly vomit up a large quantity of matter and die almost immediately.

The lepers receive hardly any treatment. The nuns told me they had tried quinine, arsenic, mercury, iron, and iodides, all of which gave excellent results at first, but after a time had

about as much effect as so much cold water. They gave them chloral when they could not sleep and when they were in pain, and also cough mixtures and gargles. The lazaretto has a nice little, well furnished dispensary. Their diet is the ordinary diet of the country. In summer they get fresh and salt fish, and salt meat; in winter, fresh meat, with potatoes, bread and tea. They are usually in better health in summer. Hebra states that while there is no remedy which has the least specific effect on leprosy, much may be done by judicious treatment. He declares that early removal of the leper from the leprous district to some healthy place is the first and most important thing to be done. He recommends a comfortable dwelling, nourishing diet, tonics, chalybeates, bitters if the appetite is at fault, baths, a due amount of exercise, fit clothing, and suitable local treatment to any ulcers present. He forbids any medicines except those that improve nutrition and digestion, and those used to relieve any prominent symptoms, viz., narcotics, salines, &c. Under this treatment he says the disease often undergoes a change for the better, assumes a milder form, progresses less rapidly, or even when treated early, may perhaps become cured.

According to Dr. Bayard of St. John, N.B., who visited Tracadie in 1849, and whose report can be found in the *Lancet* of that year, the disease first appeared here about 1825, in the person of Ursule, daughter of Anselm and Mary Landré. Ursule was at that time in her forty-third year, and survived nine years. Shortly after, her sisters Isabel and Frances were attacked. Ursule was one of a family of nineteen; the rest of the family were healthy, though some had leprous children. The disease repeatedly appeared among Anselm Landré's descendants. Dr. Bayard saw Mary Landré; she was then over eighty years old and in good health, without the slightest appearance of leprosy. She came to Tracadie from Quebec when she was twelve years old, and knew nothing of her family history. Anselm was dead, but Dr. Bayard saw his brother Remi, who said his father came from St. Malo, in Normandy, a place where leprosy used to exist.

The causes of leprosy are very obscure. It is generally admitted to be an hereditary disease, the disease itself not being

directly transmitted like syphilis, but, like phthisis, a leprous diathesis, constitutional predisposition to the disease is inherited. Although leprosy at first sight seems to be independent of climate, occurring indiscriminately in hot and cold, moist and dry districts, yet, on looking more closely into the matter, it does seem to be developed, or certainly greatly modified, by local condition, for occasionally healthy persons, without any leprous taint, have become lepers after long residence in a leprous district; and, again, lepers leaving their homes have often had their disease much improved, and occasionally even brought to a stand-still, presumably from change of residence.

It is now generally thought that leprosy is not contagious. Let us see how these causes apply to the case of leprosy at Tracadie. The disease, as it now exists, is certainly of strongly hereditary character. All the cases I examined had a well-marked family history of leprosy, though the parents themselves were not necessarily lepers. A leprous child might have healthy parents, and leprous parents might beget healthy children, who might, so far as I could learn, always remain so. Dr. Bayard's cases show the same well-marked family history. Dr. Bayard maintained that leprosy at Tracadie originated in a supposed taint in the children of Anselm Landré. He is unable to say whether Landré had a hereditary taint; he bases all his theory in the fact that Landré came from a place where leprosy formerly existed. Furthermore, Dr. Bayard makes no attempt to trace back all the lepers to a common ancestor. However, I should think a genealogical tree would be a very difficult thing to construct at Tracadie, it being a wise child that knows its own father. But he contents himself by saying that leprosy is confined to a few families who are much intermarried. It is, however, probable that there may have been several people in the settlement who, coming from the same place in France, may have had the same dormant taint. Altogether, there seem many difficulties in adopting a strictly hereditary theory of the origin of this outbreak. The case seems to be not proven. But I do not see that the local causes theory offers a much more plausible solution of the difficulty. Tracadie is hardly the place one would expect leprosy

to develop in *de novo*, as it is well situated, the water is good, the soil fertile, there are no extensive swamps or marshes near it, the people seem very well-to-do for French-Canadians, and the place has an air of prosperity about it. Some maintain that leprosy is induced by a fish diet. If this is the case, why does not leprosy, instead of being confined to such a favoured place as Tracadie, occur all round the shores of the Gulf, where, in many places, the people live almost exclusively on fish, having no farms, and are so wretchedly poor they can hardly keep body and soul together? Altogether, the origin is very obscure, unless we could suppose that some particular leprosy-producing Bacillus is located at Tracadie. Probably the likeliest explanation may be as follows: The disease may depend on some dormant taint which existed not only in Anselm Landré, but probably also in some other heads of families coming from infected districts in France, which taint has been developed and brought into life by the necessary local circumstances, whatever they may be. Further, leprosy does not seem to be contagious. Leprous husbands, even with open sores about their mouths and genitals, have lived with their wives without infecting them, and *vice versa*. Children have been born and nursed in the lazaretto without taking it; and, lastly, the nuns have been for the last twelve years in charge of the lazaretto, and not one of them has been infected. I may mention that though there is a considerable English-speaking population scattered throughout the district, not one has been the subject of the disease, with the doubtful exception of a well-known prostitute, in whom the disease might very well have been syphilis.

I was unable to get at any definite history of the existence of scrofula or tubercle among the leprous families. As regards the age at which leprosy makes its first appearance, the following are the ages at which it appeared in seven of my cases: 9, 13, 14, 19, 20, 22 and 30; but of Dr. Bayard's twenty-one cases, three were attacked between 6 and 10, three between 11 and 15, three between 16 and 20, one between 21 and 25, five between 26 and 30, four between 31 and 30, and two over 50. Leprosy seems to be a disease of puberty and early adult life.

LONDON LETTER—JOTTINGS ON GYNÆCOLOGY.

BY T. W. MILLS, M.D.

The women's out-patient *clinique* at the London Hospital numbers from 40 to 60 patients, and is held twice a week by Dr. Herman; and out of the total attendance each day, there are always a large number of new cases, which are invariably seen by the physician himself, many of the others, requiring no special treatment on each occasion, being attended to in a more routine way by a junior assistant. Severe cases, and those requiring operative procedure, are admitted into the wards, where, I understand, operative gynæcology may be witnessed in considerable perfection; but as I have no intention myself of joining the ranks of that late-born but aggressive specialty—Gynæcology—I have contented myself with observing the investigation and treatment of cases as they have presented in a routine way in the out-patient department, where, however, an amount of care and accuracy has been shown sufficient to illustrate a very important matter—that is, how much can be diagnosed and treated successfully by the ordinary practitioner who will but exercise the necessary patience and care. As these notes are not written for the great and profoundly learned in gynæcology, but for the general practitioner, it may be desirable that the method of interrogation and examination—in short, of investigation of female diseases—be detailed as it is carried out at the London Hospital, where, I have some reason to believe, it is more carefully done than at the special Women's Hospital at Soho Square, where they suffer through a plethora of material. The physician in charge has a book in which notes are kept of *every* case; one patient is admitted at a time, and being seated beside the practitioner's desk, has a series of routine questions put to her. Perhaps it will be instructive to give these interrogations in full. What is the matter? After she has told her story briefly, suppose it be a case suggestive of dysmenorrhœa, such a list as the following succeeds: How old are you? Married or single? How many children have you had? (if married.) The age of the youngest? Any miscarriages? Any trouble before mar-

riage? Is it worse or better since? Have you any pain? Stand up and put your hand upon the seat of pain. When does the pain begin—before you are unwell, or when? How long does it last? When is it worst? Does it hurt you to make water? Can you hold your water? How often do you require to pass it? Are the bowels regular? Have you any pain at stool? How long does the pain last? Do you ever lose blood at stool? Are you regular at your monthly times? Do you lose much or little? Do you ever pass clots or bits of membrane? Do you ever lose any in the intervals of the monthly periods? Have you pain at any other periods except the monthly times? Do you feel well in the intervals? What do you complain of then? Now, be it observed, some such set of routine questions are put in every case, so that the erring function or organ must be caught in this mesh of interrogation. After this cross-examination, the patient is sent into an adjoining room for examination. Here she is got ready by a nurse, and placed upon a chair so constructed that it can, in an instant, be converted into a couch.

Instruments.—The indispensable sound is of course at hand and used freely, but not recklessly, as I think I have seen it used elsewhere, and while such use may have somewhat advanced the knowledge of an ignorant and groping practitioner, it has given unnecessary pain to the patient and aggravated a sensitive disease. Ferguson's cylindrical glass speculum is used, but only on occasions, however. Sims' duck-bill also comes into occasional use; but in by far the greater number of instances, Dr. Herman prefers the use of Barnes' instrument, which seems to answer admirably. But in this, as in every other department, half the battle depends on the practitioner getting familiar with some one instrument, and using that instrument well—at least such is the better plan at first.

Method of Examination, &c.—The patient is invariably examined in the *dorsal*, as well as the *lateral*, decubitus, and as invariably *bimanually*. Two different plasmas are at hand to choose from for anointing the examining finger, one containing carbolic acid. The external genitals, &c., are first examined; then there is digital bimanual examination, followed in most

cases by the use of the speculum, and frequently that of the sound. During such examination the patient is frequently closely interrogated in regard to tender spots or areas, and it is not always easy to elicit accurate replies. Now, after carefully watching this mode of procedure for some time, I am prepared to say that if faithfully carried out by any man who knows one thing from another to begin with, there will be few cases of incorrect or missed diagnosis; and that the man who carefully reads some clear work on the subject, even though he know little to begin with, and follows out some such *systematic* method, will soon experience the gratification of knowing what is really the matter with some patients who have consulted many physicians, and are "no better, but rather worse" therefor; and what is more, will have the higher pleasure of relieving women whose lives have been doubly burthensome from conditions within them as well as around them. In this respect, certainly, gynæcological practice has great reward. "Diseases of Women," by Dr. Galabin, is a small, clearly-written and cheap work much used in England at the present time.

But in this department, as in all others, it is absolutely essential for the student, be he of one year's experience or of twenty, to know what is *normal* and what is not. It seems to me, Mr. Editor, that it is a sadly weak point in all medical teaching of the present day that there is no *special* teaching to make students acquainted with the normal in each department. He begins by forming his ideas of man's organs from a dissecting-room *cadaver* and ends by setting out to examine a diseased uterus, with his knowledge of that organ as gained, perhaps, by his examinations at the bed-side of a woman in labour. I have myself known a practitioner of twenty years standing attempt to replace, per rectum, what he diagnosed as a retroflexion, and who vainly pushed at the os and cervix (*sic*), supposing he was dealing with the fundus. Could such a case have happened to a man who knew *per tactum* the normal uterus? Other like cases, though less extreme, might be referred to, and, perchance, we could take a leaf from our own books that might cause some blushing revelations, so let us draw the mantle of charity over our short-

comings, and resolve to be both wiser and more careful in the future. Briefly as to the rest, a few *points* on diagnosis and treatment. The distinction (and distinctions are growing much finer with the great advances in this department) between *Perimetritis* and *Parametritis* is now clearly drawn; but all authorities do not yet recognize that peculiar affection termed “Spasmodic dysmenorrhœa.” It is difficult often to account for the pain; there may be no sanguineous flow at the time of its occurrence; no flexion; no stenosis; it seems, in fact, to be a sort of colic of the uterus. As will be inferred, it is all important in dysmenorrhœa to ascertain all about *pain*. In the cases that I have seen of ovarian dysmenorrhœa, there have been severe pain and frequently hysterical symptoms. Blisters and close attention to the condition of the bowels, with the administration of bromide of potassium, are effective.

Constipation.—It is truly astonishing the extent to which this condition proves a source of misery to women. Patients present themselves with a great variety of symptoms, one case often differing a good deal from another; yet all the symptoms subside when the bowels are kept open. Cases of dysmenorrhœa present themselves that seem traceable to no other cause.

Prolapsed Ovary.—The two great causes of prolonged pain after defecation are fissure of the anus and prolapsed ovary. The latter is invariably highly sensitive to touch, and in one case that I had an opportunity to examine was as large as an egg; it formed a well-defined swelling to the left of the body of the uterus, as felt per vaginam.

Pelvic Hæmatocele.—Among the numerous cases of this serious affection presenting themselves from time to time, the history almost invariably was to this effect: The woman, when exerting herself, felt something give way; she felt the shock so much that she was obliged to go at once to bed, and has felt very poorly since. The patient has a blanched appearance, and upon examination, the uterus is found *fixed*, and a distinct swelling can be felt behind it.

Retroflexion seems to be the most frequent displacement for which patients apply for relief. In the *unmarried* it seldom

gives rise to any symptoms ; at the same time, one of the most troublesome cases that I have seen here occurred in a young woman. The congestion occurring in retroflexion is due to pressure on the utero-sacral ligament, through which the veins from the uterus pass. It is asserted that there is little or no venous congestion when this ligament is absent. It is also stated that there are no symptoms of congestion in anteflexions. This may be one reason why one sees fewer such cases at the hospitals than of the opposite displacement. Judging by the cases seen at this *clinique*, and they have been pretty numerous, both pain and the so-called cancerous cachexia are often absent in *malignant* disease of the uterus ; hæmorrhage seems often to occur in inverse proportion to the pain. Does it prevent pain ? The treatment practised is amputation of the diseased os when the case is not far advanced. Dr. Herman states that Chian turpentine in his hand has proved useless.

A few cases of metrorrhagia have been seen, in which fright seemed to be the direct cause.

Erythema has occurred in one or two cases of amenorrhœa, at the period when the menses should appear.

There are cases of recurring abortion when even yet no special cause can be assigned. It is stated that Tinct. Ferri Perchlor. and Pot. Chlorate are of value. It will be interesting to the mass of practitioners to know that a man of such vast experience as the obstetric physician of the great London Hospital gives ergot to women pregnant, when there is hæmorrhage, without any fear of exciting labour pains. He asserts, in fact, with confidence, that ergot cannot *induce* labour pains.

Pessaries.—I cannot close this communication better, Mr. Editor, than by giving the results of the use of pessaries in this extensive *clinique*. Practically, only three kinds are used—Hodge's, which is made of hard rubber or of metal ; the rubber ring (steel spring covered with rubber) ; and the cradle pessary of Graily Hewitt. In almost all cases of retroflexion a Hodge's is used. It acts upon the lever principle, the walls of the vagina affording supports for its arms, and *not* by pushing up the uterus. Hence it is most important to have one of the *proper size and*

perfectly adjusted. I can give unqualified testimony to its value when these conditions are observed. But in cases in which the body or fundus of the uterus is tender, the rubber ring must be substituted, in at least some cases. The ring should be the *largest* that can be worn comfortably. This form of instrument is also useful in prolapsed ovary. The cradle pessary is used almost invariably for cases of anteversion.

Precautions.—Those wearing a pessary are cautioned to return as soon as they feel any discomfort; and in all cases to report themselves once a month. But few cases of ulceration have occurred, even when the patients have delayed their return. When a rubber instrument is worn, syringing is enjoined; it is not necessary if the pessary be of metal. As there is a suspicion of a good deal of “romancing” just now in regard to gynæcology, I have tried to write that only whereof I know.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE
MONTREAL GENERAL HOSPITAL.

SURGICAL CASES UNDER THE CARE OF DR. RODDICK.

Calculus Vesicæ—Lithotomy—Recovery.—(Reported by Mr.
H. A. HIGGINSON.)

N. D., aged 29, was admitted October 5th, 1880. No family history bearing on the case. Patient has been passing blood and pus at times since he was three years old. Has been troubled for years with dragging sensations in the abdomen, at the end of penis, in the scrotum, and down the inside of thighs. Micturition has been attended with difficulty and pain, and he was often obliged to stoop or sit down in order to complete the act. For years he has been obliged to make water every two or three hours, and has always felt as if some urine still remained in the bladder. He never noticed much gravel in the urine, but constant muco-purulent deposit. The patient is well nourished and muscular, with normal heart and lungs.

Oct. 6th.—Lateral lithotomy was performed to-day without difficulty or accident, and a calculus removed the size and shape

of an almond, weighing nearly three drachms, and composed of lithic acid. During the extraction the stone was broken into three parts, but these were readily removed. A gum elastic catheter of large size was placed in the wound, to be left there for eight hours, as the fat of the part appeared to block the opening, and, besides, there was unusual spasm about the deeper parts of the wound. An hour before the operation the temperature was, from some cause, two degrees above normal, so that it was thought advisable to administer an antipyretic dose (20 grains) of quinine immediately after the operation, with a view to anticipating further trouble. *7th.*—Passed a restless night; voided bloody urine per urethram as well as by the wound; temperature at noon $103 \frac{3}{5}^{\circ}$; nothing about the wound to indicate trouble; ordered five minims of tincture aconite every two hours. *8th.*—Much better to-day; slept well; temp. 100° ; wound looks healthy, and urine, slightly tinged with blood, flows freely through it. *10th.*—Continues to do well; small quantity of healthy urine begins to flow through the urethra; wound patent, healthy; temperature normal. Urine has ceased to flow through the wound; patient allowed up, and will leave for his home in two or three days.

Case of Subcoracoid Dislocation of Shoulder—Reduction after three weeks.—(Reported by Mr. REYNOLDS.)

J. McK., æt. 30, a plumber, tall and well developed, fell from a ladder three weeks before admission (Nov. 10th, 1880), striking a porch in the fall. After the accident the arm was much swollen, with a sensation of numbness all down the inside of the arm and in the ring and little fingers. The character of the injury remained unrecognized.

On examination, the following points are made out: Marked prominence of right acromion process; marked flattening of shoulder; fullness beneath the clavicle, and under the coracoid process can be felt the rounded head of the humerus; patient cannot place his right hand on the opposite shoulder; cannot bring his elbow close to the side; cannot raise the arm from the side; keeps the forearm in a position half-way between pro-

nation and supination; numbness along the inner side of the arm and forearm, and in the ring and little fingers.

Nov. 11th.—Under ether, a clove hitch being applied to the upper arm, reduction was accomplished by the heel-in-axilla-method, two strong students assisting. Broad strips of adhesive plaster were used to keep the head of the bone in position, and the arm was retained by a four-tailed bandage.

Nov. 16th.—The arm was taken down to-day, and it was found that he could place his hand on the opposite shoulder, and that the arm was capable of considerable motion, although the muscles of the shoulder and neck are still stiff and painful.

20th.—Discharged with the caution to keep the arm in the sling for ten days longer.

Case of so-called "Railway Spine"—(Reported by Mr. SHUFELT.)

G. B., æt. 45, carpenter; last February a collision occurred while travelling on railway car; was thrown on his back and struck head against car as he was at the time in the act of passing from one car to the other; seems to have been in a very stupid condition, as he remembers nothing until he found himself standing in the snow with the other passengers, some moments having elapsed since the accident; had to remain standing in the cold, felt chilly and stiff, and some difficulty in breathing. He kept walking about to remove this stiff feeling; walked home from station, but with difficulty, taking half-an-hour to walk a quarter of a mile. On reaching home, felt stiff, could not undress himself, was rubbed, and went to bed. Next morning felt pretty well, and remained in fair condition for a month, but his legs all the time felt shaky and cold, and would start involuntarily, and he had very little power in his right hand. After this his head began to ache; could not remember things distinctly; was easily confused; irritable and alarmed without just cause; would often, for instance, imagine that the house was on fire; could not read, as the words seemed to run together; had frequent flashes of light, and often saw showers of stars; had great pain in the back of the neck; could not turn his head without pain; had, and still has, difficulty in breathing when he falls over on his

back at night; always prefers to lie on the sides. Complains of a bloating of the bowels immediately after the accident, and which has since continued to some extent. Says that sometimes he would pass a large quantity of water, and then, again, very little, often having pain at the end of the act. There has been from the first almost complete loss of virile power; has both diurnal and nocturnal emissions without erection; tactile sensibility very much impaired at first.

At present he is found to walk with a straddling, unsteady gait, walking in a very uncertain fashion, moving the spine as little as possible; drags the left foot a little more than the right; has a sensation as if there was rubber in his boots; complains of crawling sensations in the legs; has painful spots over the spine, chiefly about the 7th cervical, 4th dorsal, and 3rd lumbar vertebræ. When asked to pick up anything, he bends the knees and hips to save the back. Heart's action somewhat labored and slow, but no abnormal sound. Lungs normal. Patellar reflex more marked in right than left leg; sensation alike in both. Eyes presbyopic; visual trouble due to this; nothing specially abnormal. Dr. Buller thinks the pain and weariness are caused by the overstrain in using them without suitable glasses; the twitching present is probably caused by smoking.

The patient was ordered counter irritation to the spine by means of the linimentum iodi, and iodide of potash with small doses of the bichloride of mercury internally, but owing to some pressing engagement, was obliged to leave for his home in less than a fortnight after admission.

Fracture of Spine—Recovery—Case illustrates value of Extension.—(Reported by Mr. HARVIE.)

J. W., æt. 45, sailor; has always been a healthy man; has been a hard drinker for over 30 years; has had *delirium tremens* several times; never had any venereal disease. Patient came into the hospital Nov. 8th, suffering from an injury to the spine, received at sea on the 18th October, just after leaving Sydney, C.B. He fell a distance of ten feet backwards, striking his back against the link of a chain. He was so stunned

at the time that he was unable to move, and had to be carried to his bunk. This was about 9:30 p.m. He suffered all night, nothing being done ; got up next morning, but found he could not walk from intense pain in back and inability to use the left leg ; it was also very rigid ; right leg was somewhat stiff, with feeling of numbness, but could throw it about at will. They were scarce of men on the ship, and he was put at the wheel ; he was carried to the wheel in his turn for six days. He then gave out altogether, and was confined closely to bed. Urine troubled him considerably, coming away involuntarily at times, and sometimes it was retained for a long interval, often 24 hours, and then would suddenly rush out. This was accompanied by considerable scalding pain ; also lost some blood during micturition for about five days. He never had any difficulty during defecation ; he had slight diarrhoea for about a week ; stools never passed involuntarily ; had no gastric symptoms ; had an intense headache, and felt a sensation of giddiness (vertigo), and was drowsy ; pain in the back was very severe ; thinks constantly ; moving about irritated it considerably. Ship got into Montreal eleven days ago. During all this time (about three weeks) nothing was done for him.

Admission to the Hospital.—Patient strong, muscular, well-developed man. On examination find a distinct depression, corresponding to the 2nd lumbar vertebra, as though the spinous process was wanting ; very tender on pressure. This, he says, is the spot where the injury was received. No abrasion or ecchymosis can be seen. There is constant pain at the seat of injury, and pains somewhat lancinating in character, radiating up the spine. No pain in his legs at all ; left leg very rigid ; sensation very much impaired ; also certain amount of motor paralysis ; right leg moves freely, but sensation increased (hyperæsthesia) ; left buttock is more full and round than the right ; the glutei muscles seem to be relaxed. On walking, he does not plant the left foot down flat, does not allow the heel to touch the ground ; walks altogether on the ball of the foot ; stiffness very marked ; right leg very good ; sensation of left leg much impaired, and continues so up

nearly to a level with the injury; marked hyperæsthesia in corresponding parts on right side; twitchings are frequent on left side. Temperature—left leg, 99° F.; right leg, 97° F.; left leg also considerably smaller than right; from his own account, they were equal in size and strength before the accident. Was placed in bed, lying over a bridge; hips elevated and shoulders and legs low, so as to extend the spine as much as possible; ice-bag applied over injury; his urine was drawn off, as he had not passed any for 24 hours.

Nov. 10th.—Patient seems better to-day; has been in bed continually since he came in, with hips elevated, and ice-bag applied; sensation is better, and movement in left leg more free, but still considerable amount of stiffness and impaired sensation; does not walk so stiff; general condition very fair; bowels regular; has perfect control of urine; none passing involuntarily; temperature normal; pulse normal. *11th.*—Continues to improve; can use left leg better to-day; twitchings are gone; slight hyperæsthesia of right leg; urine normal. *13th.*—Things going along very well; has no pain as he lies in bed; sensation becoming very good, and good motion; no twitchings; bowels inclined to be constipated; urine normal; temperature normal; pulse 84. *16th.*—Changed position to-day, and is now lying on back, with head and shoulders raised; can move left leg almost as well as right, except some stiffness at knee; sensation is probably very slightly impaired below the knee; does not suffer any pain; rests well at night, eats well, and altogether everything is in a very satisfactory condition. *18th.*—Continues to improve; feels much stronger; was ordered linimentum iodi application to back. Measurements—same on both sides above the ankle, 8 inches; middle of calf, left leg, 12 in.; right, 13 in.; around the knee, left, 13½ in.; right, 14¼ in.; middle of thigh, left, 16½ in.; right, 17½ in.; thigh high up, left, 20 in.; right, 21½ in. Says when had *delirium tremens* that he found his left side always useless, with a feeling of numbness and tingling for a few days; when attempted to walk would drag the left leg after him. *21st.*—Patient was allowed up yesterday; can walk well; does not

show any signs of stiffness ; feels that strength of left leg is improving rapidly, but on testing is found much weaker ; can now bend his back and look over his shoulder ; can pick an article off the floor, but says it causes some darting pain at seat of injury ; was ordered some Glasgow liniment for application to leg every day, and also told to use friction night and morning ; health good ; appetite unimpaired ; sleeps well ; bowels regular ; urine normal. *23rd.*—Patient has picked up wonderfully since he has been out of bed ; continues to improve in walking ; left leg still continues weak, but sensation and power of movement are perfect ; there is considerable pain at seat of injury on deep pressure, but when no great exertion is made does not find any inconvenience ; spirits good ; general health could not be better ; altogether, since he came into the hospital he has done remarkably well. *24th.*—Patient discharged to-day ; was anxious to get to his home ; condition very satisfactory.

Reviews and Notices of Books.

A Text-Book of Human Physiology, designed for the use of Practitioners and Students of Medicine.—By AUSTIN FLINT, JR., M.D., Professor of Physiology and Physiological Anatomy in the Bellevue Hospital Medical College, Fellow of the New York Academy of Medicine, &c. Illustrated by three lithographic plates and 318 woodcuts. Third edition, revised and corrected. New York : D. Appleton & Co. Montreal : Dawson Bros.

It is only necessary to inform our readers of the issue of a third edition of this standard work. It is fast becoming one of the most generally used as a text-book. It is a complete condensation of the author's original and extensive five-volume treatise on physiology. For the general reader, of course, this contained a great many matters of historical interest only, or discussion upon details which could be eliminated without in any way impairing its usefulness to him. In the original introduction we are told that the author has "aimed at teaching systematically and with uniform emphasis what students of medicine are ex-

pected to learn in physiology, and avoiding elaborate discussions of subjects not directly connected with practical medicine, surgery, and obstetrics." This object, it will be admitted by any one acquainted with Prof. Flint's work, has been fully carried out, and the consequence is that everywhere this treatise is held in the highest estimation as one of the best practical expositions of the general facts of physiology which has ever been presented to the profession either in America or in England. This third edition, though following so rapidly upon the second, is not a mere reprint, for it contains several very important alterations and additions. Thus the writer has adopted the views of Bowman, lately confirmed by the experiments of Heidenhain and others, with regard to the function of the Malpighian bodies of the kidney. The section upon Animal Heat has been entirely re-written. A short description is given of the central convolutions, with a new diagram, and quite a number of minor corrections are made, so as to bring all the statements into accord with the results of the most modern investigations. For students, it is admirably suited, containing all the requisites, whilst not being too excursive for one with limited time at command. For practitioners it is equally good, for but few subjects can be sought for but will be found treated of at greater or less length as their actual importance may demand. It is therefore highly recommended to all.

A Treatise on Albuminuria.—By W. H. DICKINSON, F.R.C.P., Physician to St. George's Hospital, Senior Physician to the Hospital for Sick Children, &c. Second edition. New York: Wm. Wood & Co. Montreal: Dawson Bros.

The enterprising firm of Wm. Wood & Co. are continuing the good work of bringing out a yearly quota of additions to their "Medical Library." The above constitutes the first volume of the series for 1881. The color and stamping of the bindings have been changed from those of previous years, presenting a very neat and even handsome appearance. A wonderful improvement has been made since the issue of the first series two years ago. The type, paper, binding and general execution are all

now very much superior to what was found in their predecessors, and, considering the very low figure at which they are published, one is surprised that such good work can be given for so little money.

The treatise of Dr. Dickinson is well known, and it deals so thoroughly and in such a practical manner with the every-day subject of albuminuria, that it should be in the hands of every practitioner. All the forms of Bright's disease are considered, as well as the occurrence of albuminuria from a variety of causes, apart from organic disease of the kidneys themselves. A large number of woodcuts and several very handsome colored lithographic plates have been introduced with very good effect.

A Treatise on the Materia Medica and Therapeutics of the Skin.—By HENRY G. PIFFARD, A.M., M.D., Professor of Dermatology, Medical Department of the University of the City of New York, Surgeon to the Charity Hospital, &c. New York: Wm. Wood & Co. Montreal: Dawson Bros.

There are such a multitude of remedies which are, or have been, recommended for use in cutaneous disease, that often there is rather an *embarras de richesses* than too limited a number to select from. A hand-book, therefore, compiled by an experienced dermatologist which will detail for us the various drugs and procedures capable of being so employed and try to make it understood in just which cases these are suitable or not, cannot fail to be found of very general value. That is what has been done by the author in the work before us. It is composed of two parts. In the first are detailed in alphabetical order, just as in a pharmacopœia, all the drugs which are used in dermatological practice—and on all the more important, the writer's own experience and views are specially detailed. In the second part, all skin affections are arranged alphabetically, and the best method of treating each one is given in full. The arrangement is very simple, as any particular drug or any special disease can be referred to in a moment. The whole is supplemented by an ample formulary, selected from the writings of the foremost authors, and containing useful prescriptions for all the various

form of skin diseases—those troublesome maladies which are so often the bane of the general practitioner.

A Manual of Diseases of the Eye and Ear for the use of Students and Practitioners.—By W. F. MITTENDORF, M.D., Surgeon to the New York Eye and Ear Infirmary, Ophthalmic Surgeon to Bellevue Hospital Out-door Department, &c., &c. Fully illustrated with colored lithographs and woodcuts. New York: G. P. Putnam's Sons. Montreal: Dawson Bros.

This is a compact manual of 430 pages. It is intended for the elementary study of the diseases of those special organs, and does not therefore enter into any competition with the more extensive and exhaustive treatises which are so well known. It has evidently been compiled with great care, and does not appear to omit anything which is of general importance as regards either diagnosis or treatment. For a work of this kind, also, it possesses some peculiar features which must increase its value to the general practitioner. It contains 38 beautifully-executed colored lithographic plates, taken from the famous works of Liebreich and Wells, to illustrate the diseases of the external parts of the eye, and the changes presented in disorders of the retina and other parts of the fundus; also eight similar drawings after Politzer of the membrana tympani and its various pathological conditions. The manual of Dr. Mittendorf can be highly recommended for students and for general use by physicians.

Hand-book of Systematic Urinary Analysis, Chemical and Microscopical, for the use of Physicians, Medical Students and clinical assistants.—By FRANK M. DEEMS, M.D., Laboratory Instructor in the Medical Department of the University of New York, &c. New York: The Industrial Publication Company.

This manual presents a plan for the systematic examination of liquid urine, urinary deposits, and calculi. It is compiled with the intention of supplying a concise guide, which, from its small compass and tabulated arrangement, renders it admirably

adapted for use, both as a bed-side reference book and a work-table companion. The author is well known as one who has had for several years a very extended experience as a teacher of this important branch of physical diagnosis, and he has compiled a manual which will serve to lessen the difficulties in the way of the beginner, and save valuable time to the busy practitioner. The arrangement of the matter, and the small though clear type in which it is printed, has enabled the author to compress a great deal into a very small compass, so that, while serving all the purposes of an analytical table, it is really a good deal more, although it is not, of course, to be supposed that this brochure can take the place of larger books.

Diagnosis and Treatment of Ear Diseases.—By ALBERT H. BUEK, M.D., Aural Surgeon to the New York Eye and Ear Infirmary, Instructor in Otology in the College of Physicians and Surgeons of the City of New York. New York: Wm. Wood & Co. Montreal: Dawson Bros.

The above is an excellent number of "Wood's Medical Library." It well deserves a place there, as it is a valuable text-book of a class of diseases which it is of great importance for the general practitioner to be moderately familiar with; not that those in general practice can be expected to cope so satisfactorily as the specialist with difficult or obscure affections connected with the hearing apparatus, but, as these disorders are so very common, it behoves every physician to know enough of them, in the first place, to recognize and to conduct the treatment of the simpler kinds of ear disease; and, in the next place, to be able to recognize conditions which are prone to give rise to serious derangements of these parts, and which thus require more skilled management than he is likely to possess. These latter, of course, when possible, he would then transfer to some colleague possessing the requisite special skill. The work is not a simple exposition of the established facts and modes of treatment of the various ear diseases, but contains throughout the results of the personal experiences and investigations of the author. It begins with some preliminary chapters on the

physiology of the organs of hearing, and then carefully describes the affections of the various portions of the auditory apparatus *seriatim*. From a careful perusal of some of the sections, we can speak of the clear and lucid manner in which the different matters of diagnosis are placed before the reader, and the logical manner in which they are treated. It can be recommended with confidence as a good text-book for students and a reliable manual for practitioners.

The *Popular Science Monthly*, published by D. Appleton & Co., has the following contents: Political Heads, by H. Spencer; The Black Races of Oceanica (illustrated), by Dr. R. Verneau; Out-door Life, by Dr. Oswald; History of Chronology, by Prof. Burns; Notes on a Doctor's Liability, by O. E. Lyman; Origin and Structure of Volcanic Cones (illustrated), by Johnston-Lavis, F.G.S.; Man and the Vertebrate Series, by Charles Morris; The Relative Hardiness of Plants, by S. Parsons, Jr.; The Purification of Sewer-Waters; Mr. Frank Buckland, by Spencer Walpole; The Felicity of Naturalists; Plantation Folk-lore, by Prof. Crane; An Ancient Scientist; Sketch of Michel Chasles (with portrait); with Notes, Popular Miscellany, and Literary Notices.

Books and Pamphlets Received.

Aids to Diagnosis.—Part I., Semeiology. By J. Milner Fothergill, M.R.C.P., L. Part II., Physical. By J. C. Thorowgood, M.D., M.R.C.P. New York: G. P. Putnam's Sons.

The Heart and its Function Health Primer. New York: D. Appleton & Co.
Syphilis and Marriage.—By Alfred Fournier. Translated by P. Alfred Morrow, M.D. New York: D. Appleton & Co.

Aphorisms in Fractures.—By R. O. Cowling, A.M., M.D.

The Hygiene and Treatment of Cutarrh.—By Thos. F. Rumbold, M.D. St. Louis: Geo. O. Rumbold & Co.

The Relations of Goutte to Pregnancy and Derangements of the Generative Organs of Women.—By Edward W. Jenks, M.D., LL.D.

Anæmia in Infancy and Early Childhood.—By A. Jacobi, M.D. New York: G. P. Putnam's Sons. (Reprint.)

Lectures upon Diseases of the Rectum and the Surgery of the Lower Bowel.—By W. H. Van Buren, M.D., LL.D. New York: D. Appleton & Co.

An Elementary Treatise on Practical Chemistry and Qualitative Analysis, specially adapted for use in the laboratories of Colleges and Schools and by beginners.—By Frank Clowes, D.Sc., London. Philadelphia: Henry C. Lea's Son & Co.

A Treatise on the Principles and Practice of Medicine, designed for the use of Practitioners and Students of Medicine.—By Austin Flint, M.D. Fifth edition. Philadelphia: Henry C. Lea's Son & Co.

A Guide to the Clinical Examination of Patients and the Diagnosis of Disease.—By Richard Hageu, M.D., Privat Docent to the University of Leipsic. Translated by G. E. Gramm, M.D. Boericke and Tafel, Philadelphia and New York.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Typhoid Fever in Children.—The treatment of typhoid fever in children differs essentially from the treatment instituted for the adult. No dependence can be placed on active medication, or on any special remedy; a series of indications exist, however, which must receive proper attention. These may be summed up in the phrase, sustain the vital forces; excite or calm the nervous system according to the state of the patient; seek to recall the cutaneous functions. During the first days the use, in abundance, of mild emollient drinks, is plainly indicated. Acidulated drinks are to be preferred, as they are refreshing and most agreeable to take. This will suffice, at first, but after four or five days the administration of alcoholic preparations may be commenced. Alcohol, as you all know, acts as an excitant in certain doses; but, on the other hand, it is a well established fact that in disease, accompanied by high fever, it lowers the temperature and sustains the rapidly failing vital forces. The form under which alcohol is administered matters little; brandy, rum, or Madeira wine may be indifferently employed, proper attention being, of course, paid to the dose administered.

During the first period of the malady the child is, as a rule, constipated; but the scene soon changes, intestinal hypersecretion supervenes, and diarrhœa, accompanied in some cases by violent colic. In such cases emollient fomentations should be

applied over the abdomen, and enemata administered, containing two three drops of laudanum, for a child from five to seven years of age. After two or three days of such treatment, and often sooner, the abdominal pains will become less intense and the meteorism less marked. Every three days a small dose of some mineral purgative water may be given, not with the object of purging the little patient, but in order to clean out, as it were, the digestive tube. Every day enemata of water, containing, if desired, some antiseptic substance, may be administered. In order to excite cutaneous secretion, the whole body should be sponged with lukewarm water containing a little aromatic vinegar. Cold baths should not be employed in the treatment of infantile diseases; moderately warm baths give equally good results, without presenting the dangers of immersion in cold water. The patient should, if possible, be moved from one room to another, morning and evening. The object of this practice is to prevent the prolonged sojourn of the infant in a room where the air is poisoned by the excretions and exhalations engendered during the course of the disease. The most absolute silence and a darkened room, free from inopportune visitors, will prove of benefit. The diet should be very mild, milk and broths being the staple articles used for the alimentation of the patient.

To sum up, the treatment of ordinary typhoid fever, running its course without notable complications, should consist in directly sustaining the forces by a milk diet, with broths and alcoholic preparations; and indirectly by diminishing the intestinal secretions and combating the active principle of the disease by wash-out the digestive tube, by frequent change of air, etc.

TREATMENT OF COMPLICATIONS.

1. *Abdominal Symptoms.*—When abdominal symptoms are spoken of, super-purgation and intense abdominal pains are generally understood. The absorbents and mild astringents should be employed in such cases; as much as ten grams of creta preparata per diem may be administered in a mucilaginous julep, or four grams of subnitrate of bismuth in sweetened water. Enemata of starch, containing four or five drops of tinct. opii,

may be administered ; the dose of opium being gradually but cautiously increased. In conjunction with this treatment emollient poultices should be applied over the abdomen, but the diarrhoea may possibly not be arrested for four or five days.

2. *Thoracic Symptoms*.—The most frequent are generalized bronchitis and congestions of both lungs. Emetics should, in general, be avoided. Ipecacuanha, senega, and the preparations of antimony should not be employed. All these medicaments would but depress the vital forces of the patient, if they did not even destroy him. Dry cups may be applied over the chest, morning and evening ; this is a simple, but powerful, means of revulsion always at the disposal of the physician. Insist on the alcoholic preparations, which you may prescribe in the dose of twenty or thirty grams per diem, adding, if necessary, a small quantity of extract of quinquina. If dyspnoea should become very urgent, a flying blister should, without hesitation, be applied on the chest, and should be left about three or four hours in situ, but never more than five or six. Thus applied, it will suffice to produce irritation of the skin ; after its removal a large warm cataplasm may be applied, to aid in bringing about the serous effusion under the epidermis. We should not deprive ourselves of an agent of great power, particularly in children, in the dread of producing an eschar ; it is true that this accident happens more frequently in typhoid fever and in cachectic conditions of the system, but its occurrence may always be prevented by removing sufficiently soon the blistering agent.

3. *Cerebral Symptoms*.—These are the symptoms against which therapeutic agents have least power. If the child presents symptoms of great cerebral excitation, chloral may be administered in the dose of one or two grams, or an enema, containing one gram of chloral, one gram of camphor, and the yolk of an egg, may be prescribed. Bromide of potassium should be given only as a last resource, and never for more than two days, consecutively.

4. *Hæmorrhage*.—Intestinal hæmorrhage during the course of typhoid fever is rare in children ; epistaxis is of more frequent occurrence. There is one simple mode of arresting

hæmorrhage from the nose, which generally proves efficacious. Agaric is cut in long strips, about half an inch in width ; these are introduced as deeply as possible, until the nostril is filled ; then another is applied transversely across the external opening, and the whole is kept in place by a roller passed around the head. Sometimes it is necessary to saturate the agaric in tincture of ferri perchloridi. Plugging the posterior nares with the aid of Belloc's instrument should be avoided ; it is very difficult of accomplishment on account of the restlessness of the child ; it induces nausea and gives no better results than the other method. When hæmorrhage from the intestine occurs, administer two drops of tr. ferri perchlor. every half hour or every second hour. If this does not suffice, give cold drinks, place compresses wrung out of cold water on the abdomen ; internally give pounded ice, which, when mixed up with pulverized sugar, is taken without repugnance.

5. *Accidents through Compression.*—Redness and eschars are induced on the parts which support the weight of the body ; they appear oftenest on the sacrum. An attempt should be made to prevent these accidents ; the pelvis of the child should be supported on an air pillow about two-thirds filled ; the parts should be sponged with an effusion of oak leaves, or with some other astringent preparation.

We will conclude with a brief mention of the treatment appropriate to grave forms of typhoid fever. In *ataxo-adyamic* forms, characterized by delirium with prostration, a blister should be immediately applied to the back of the neck ; and when the first has become dry a second may be applied in the same place.

Finally, in *adyamic* forms, in those accompanied by much prostration, tonics and substances acting as stimulants to the nervous system, must be insisted on. If necessary, the patient may be plunged into a cold bath ; a few seconds' immersion produces remarkable excitation ; but this is a means which should be employed only after having in vain tried all the others.—*M. Jules Simon in Philadelphia Med. & Surg. Reporter.*

Ulcerative Endocarditis.—At a meeting of the New York Pathological Society, held January 26th, 1881, Dr. Osler read a paper descriptive of ulcerative endocarditis, in which he said that this disease had received but little attention: that usually three classes of cases are included under this name which should be entirely distinct—1st, Primary ulcerative endocarditis occurring spontaneously; 2nd, Where it occurs secondary to injury or inflammation or necrosis; 3rd, Where it occurs with chronic valvular disease. He then related the clinical history of some cases he had met with, and exhibited specimens of the vegetations found upon the heart in this disease. The conclusions he derived from his study of this disease were—1st, That primary ulcerative endocarditis does not occur with acute rheumatism as generally supposed; 2nd, It does occur frequently with pneumonia, especially of the primary lobar form. Of the 57 cases he had analyzed, 28 had occurred with pneumonia. A third point of clinical interest in these cases is the presence of meningitis, probably embolic in origin. He had found meningitis in 13 of the 57 cases analyzed. Aortic aneurism was also not infrequently found. As regards intimate pathology, ulcerative endocarditis is a micrococcus: that is, it depends for its development on the presence of micrococci. The relation of these organisms to the disease is not definitely known. (They are not simply granular debris, as thought by some observers, but are isolated living particles. They do not invest the blood in any considerable number. How they get to the valves is not so important to determine as whether they are responsible for the disease, ulcerative endocarditis.

Dr. Clark, in behalf of the Society, thanked Dr. Osler for his able and interesting paper. Alluding to micrococci, spoken of in the paper, Dr. Clark said he did not see how these organisms gained entrance to the body; that if they entered the venous circulation they must first pass through the right heart, while, in fact, the left heart was the one usually involved in the disease. Virchow had shown that substances not capable of solution produced only stagnation of particular portions of the blood. That in regard to septic power, it was well known that septic influences

in ulcers away from the air were not often developed. Are these outgrowths able to be produced by these micrococci is a question that has not been satisfactorily answered. Since they could not be cultivated, was it not possible that these ulcerations were really some form of fibrin. He had treated these granulations with ether and acids, and found that they were not dissolved by acids or alkalies. Would this be true if they were simply vegetations? In reply to a question by Dr. Clark, Prof. Osler said that it was true that the bodies in question resisted the action of reagents, while vegetable micrococci did not; it was also very evident that they did not produce the characteristic features of septic endocarditis. He believed that micrococci were only concomitant circumstances, not the causes of the disease in which they were found.

In reply to an inquiry from the President, Prof. Osler said that infectious and diphtheritic endocarditis were the same. Dr. Peabody said that he thought it was apparent to all who had examined many cadavers that bacteria are many of them developed subsequent to death. The experiments of Wood and Formad had shown that bacteria were not present in the blood of diphtheritic rabbits during life, but were found in great numbers after death.—*N. Y. Med. Gazette.*

The Local Origin of Cancer.—Jonathan Hutchinson, F.R.C.S., in *Med. Times & Gazette*, says:—

“I have tabulated upwards of 110 cases of cancer of the lip occurring in hospitals, and find among them 106 men and four women, while of the four latter, two had adopted the habit of smoking and in one other the diagnosis of the disease was doubtful. In cancer of the penis, occurring as it usually does in the subjects of congenital phimosis, who have been negligent as to cleanliness; in cancer of the tongue or cheek, induced by the long-continued irritation of a broken tooth; in cancer occurring in the old cicatrices of burns which have been irritated; in melanosis supervening upon congenital moles which have been scratched: and in the not infrequent transformation of an old syphilitic ulcer upon the tongue or os uteri into one of a malign-

nant nature. We have instances of cancer induced locally by different forms of local irritation. In the case of a gentleman, the greater part of whose tongue I removed for epithelial cancer about three years ago, and who died two years later of return of the disease in the glands of the neck, there was the history of a syphilitic sore of several years' previous duration. The diagnosis as to its original character had been made by two medical men of great sagacity, and it was borne out by a history of syphilis, and by the fact that on other parts of the organ syphilitic white-margined patches were still present. In a case of carcinoma of the cervix uteri which I saw some years since, Dr. Oldham (with whom I saw it, and who had previously attended the lady) assured me that the sore had originally been an ulcer of syphilitic origin; that he had several times seen malignant disease supervene in cases of malignant character. In 1848 I well recollect being much interested in a case under Mr. Paget's care in St. Bartholemew's, in which a man with stricture of the urethra had numerous fistulæ in his scrotum and perineum, and in whom cancer of undoubted type developed itself about the orifice of one of the anterior fistulæ. Let no one reply that most of these instances exemplify only the connection between *epithelioma* and local irritation, and there is an essential difference between that disease and true cancer. Epithelial cancer is as true a cancer as is the scirrhus form, differing mainly in that it occurs in parts which usually are easily accessible to the surgeon. Epithelial cancer is, as a general rule, quite as rapid in its progress to a fatal event as is scirrhus. Few cancers end, as a rule, more quickly than those of the tongue. Those of the female genitals are also often very rapid. Those of the lip and skin generally, if we date, not from the first appearance of a warty induration, but from the time when that wart began to ulcerate and took on a *bonâ fide* cancerous character, spread, when not interfered with, very rapidly—more rapidly, for example, than scirrhus of the breast. A strong argument in favor of the local origin of cancer is that when it commences in a part which can be watched, it may be seen that the first effects of irritation are not the production of a cancer, but simply of an irritable sore or warty in-

duration. On the lip and upon the scrotum all gradations may be observed between indurated and inflamed tubercles containing no positive elements of cancer, and the genuine epithelioma. Many so-called 'cancers of the lip' are even at the time of their removal doubtfully cancerous, being just in the transition stage between common inflammation and malignancy. Often a wart on the scrotum of a sweep, or a crack on the lip of a smoker, will remain as such for years before it assumes the features of true cancer."

Clergymen and Physicians.—The following terse presentation of the relations of the members of the learned professions from the pen of an eminent writer, esteemed by ministers and doctors alike, will, doubtless, interest our professional readers:—"Perhaps no laymen have given the clergy more trouble than the doctors. The old reproach against physicians, that where there are three of them together there were two atheists, had a real significance, but not that intended by the sharp-tongued ecclesiastic who first uttered it. Undoubtedly there is a strong tendency in the pursuits of the medical profession to produce disbelief in that figment of tradition and diseased human imagination which has been installed in the seat of divinity by the priesthood of cruel and ignorant ages. It is impossible, or at least very difficult for a physician who has seen the perpetual efforts of Nature (whose diary is the book he reads the oftenest), to heal wounds, to expel poisons, to do the best that can be done under the given conditions, it is very difficult for him to believe in a world where wounds cannot heal, where opiates cannot give a respite from pain, where sleep never comes with its sweet oblivion of suffering, where the art of torture is the only science cultivated and the capacity for being tormented is the only faculty which remains to the children of that same Father who cares for the falling sparrow. The Deity has often been pictured as Moloch, and the physician has, no doubt, repudiated him as a monstrosity. On the other hand, the physician has often been renowned for piety as well as for his peculiarly professional virtue

of charity, led upward by what he sees to the source of all the daily marvels wrought before his own eyes. So it was that Galen gave utterance to the psalm of praise which the sweet singer of Israel need not have been ashamed of; and if this 'heathen' could be lifted into such a strain of devotion we need not be surprised to find so many devout Christian worshippers among the crowds of medical 'atheists.' No two professions should come into such intimate and cordial relations as those to which belong the healers of the body and the healers of the mind. There can be no more fatal mistake than that which brings them into hostile attitudes with reference to each other, both having in view the welfare of their fellow creatures. There are patients who never tell their physicians the grief which lies at the bottom of their ailments, whom a wise and experienced clergyman will surprise into a confession, which is a more potent anodyne than all the drowsy syrups of the East. And on the other hand, there are many nervous and over-sensitive natures whose best confessor would be a sagacious and wholesome-minded physician. It does not seem as if any theological student was really prepared for his practical duties until he had learned something of the effects of bodily derangements, and, above all, had become familiar with the gamut of mental discord in the wards of an insane asylum. It is a very thoughtless thing to say that the physician stands to the divine in the same light as the divine stands to the physician, so far as each may attempt to handle subjects belonging especially to the other profession. Many physicians know a great deal more about religious matters than they do about medicine. They have read the Bible ten times as much as they have read any medical author. They often hear much better preaching than the average minister, for he hears himself chiefly, and they hear abler men, and a variety of them. The professions should be cordial allies, but the church-going, Bible-reading physician ought to know a great deal more of theology than the clergyman can be expected to know of medicine. To say, as has been said not long since, that a young divinity student is as competent to deal with the latter as an old physician is to meddle with the former, suggests the

idea that wisdom is not an heirloom in the family of the one who says it."—*Oliver Wendell Holmes in the North American Review.*

The Uses of Tar-Water in Obstetrical AND GYNÆCOLOGICAL PRACTICE.—Dr. J. F. Allen, of Augusta, Ga., furnishes the *Atlanta Med. & Surg. Journal* of October, 1880, an article upon this subject, and claims for Dr. L. A. Dugas of Georgia the credit of its general introduction into Southern surgical practice. Its antipyogenic properties have attracted considerable attention. It is made according to the United States Dispensatory by adding one pint of wood tar to four pints of cold water, mixing thoroughly and shaking frequently during twenty-four hours, and then filtering the infusion. Internally administered, tar-water is stimulative and diuretic in its action, and locally applied it is slightly astringent, unirritating and alterative; it is antiseptic and disinfectant, and hence antipyogenic; for, by destroying the putrefactive germs, it prevents or restrains the process of suppuration. It is especially useful in puerperal-septic diseases. It is a perfect antiseptic and disinfectant, while its odor is pleasant, or such as not to offend the most fastidious. The oily and resinous principles which it contains exert a healing action upon the genital lesions, and suppuration is prevented. The ease with which it can be obtained, and its great cheapness, places it within the reach of the poorest people. It is to be used as a vaginal wash three times a day during the lying-in period, and cloths used to protect the vulva and receive the discharges should be moistened with it. It may also be employed, should occasion demand, as a wash for the uterine cavity. The value of tar-water as a local application in the treatment of certain diseases of the vulva, vagina and bladder, and as an antiseptic and disinfectant, after operations in gynæcological surgery, is no less marked. In the horrible itching due to so many different causes, we have in tar-water a valuable remedial agent. Its use in such cases as a vaginal injection and lotion to the vulva neutralizes and renders innocuous the irritating discharges, and by its sedative and alterative action it restrains or stops the morbid process. When the pruritis is due to skin diseases, the benefit

derived from the use of tar-water is apparent from its recognized curative value in the treatment of these affections in other parts of the body. After operations in gynecological surgery, it has been found to be equal to carbolic acid in solution as an antiseptic and disinfectant, while its greater virtue as an antipyogenic makes it more efficacious in preventing suppuration — *Va. Med. Monthly*.

Treatment of Ozæna.—The *Lancet*, January 1st, says: "In several cases of chronic inflammation of the nasal and pharyngeal cavities, giving rise to offensive discharge, Dr. Poore has found decided benefit result from the use of a stimulant and antiseptic snuff having the following formula: bicarbonate of soda, nitrate of bismuth, of each one drachm; disulphate of quinine, ten grains; iodoform, five grains. This snuff has the effect of stopping the fetor and greatly diminishing the amount of discharge from the nostrils. It is liable, as are all snuffs when used for similar conditions, to cake in the nostrils, and it is therefore necessary to thoroughly wash out the nostrils once a day. This may be done by means of a nasal douche, or the patient may easily be taught to snuff a lotion up the nose and allow it to run out of the mouth. A teaspoonful of glycerole of borax dissolved in a wineglass of tepid water forms an excellent wash for the nose, and with a little instruction patients learn how to wash out their nasal and pharyngeal cavities without the aid either of syringe or douche apparatus. In cases where the ozæna is of a simple kind, not due to caries or necrosis of bone, but rather to a sluggish, inflammatory action occurring in a scrofulous subject, considerable benefit is often derived from the administration of the sulphide of calcium in doses of half a grain (in pill), taken three times a day. It is often necessary to cleanse the nasal and pharyngeal cavities with a brush inserted through the anterior nares, and also behind the soft palate, so as to reach the summit of the pharynx. The brush may be moistened with glycerole of tannin, and after the cavities have been cleansed, a little dry iodoform may be passed into the cavities on the top of the brush."

Adhesion of the Placenta.—Dr. A. Cummings Air, in the *London Lancet*, says:—I have met with several cases of morbidly adherent placenta during the last 14 years, and am inclined to believe that the diagnostic problem may be solved with almost absolute certainty, although, from my experience being limited to so short a time, I would desire to write with all becoming modesty. The diagnosis is, I think, to be founded upon two symptoms, one of which is mentioned by Dr. Churchill, the other by Dr. Barnes, viz., that at some period of pregnancy, generally between the third and fifth months, a fixed pain, generally of a dull, aching character, is felt over some part of the uterus; and this is converted into a severe dragging pain when the patient attempts to turn over to lie on the side opposite to the placental site; so much so, that patients with an adherent placenta will never (as far as my experience goes) voluntarily lie on that side. This pain I believe to be of the same nature as that mentioned by Dr. Barnes as being experienced when the cord is drawn upon, and is due to the dragging on the cord by the child when, from gravitation, it sinks through the liquor amnii. Theoretically it may be objected to this explanation that usually the cord is sufficiently long to prevent any such dragging, but I think it will generally be found that when the cord is long it is twisted around the neck or limbs of the child, and produces the same effect as a short cord would. No history of this dragging pain on the patient's turning to the opposite side to the placental insertion will be obtained when the retention of the after-birth is merely due either to the inertia of a wearied uterus or irregular contraction. If there is hæmorrhage in either of these cases, one would be justified in trying the effect of cold, compression, etc., before introducing the hand; but in cases of true placental adhesion, trying these and similar means leads to dangerous loss of precious time.

Tracheotomy in one Movement.—M. de St. Germain has performed 227 tracheotomies without a single grave accident due to the operation. He is opposed to the successive incision of the different layers of tissue over the trachea by

the slow method. This is his method of procedure: He places the child on a table, its shoulders resting on a hard cushion and the head firmly held by an assistant; with his left hand he firmly grasps the larynx, seizing it as if to draw it away from the vertebral column; a straight bistoury with a narrow blade is then plunged into the crico-thyroid membrane, the direction of the cut being guided by looking at the sternum. The depth of the incision is to be about 15 millimetres. Next, with a sawing, not with a pressing motion, the cricoid cartilage is divided, and similarly two or three rings of cartilage, and at the same time the isthmus of the thyroid gland and the skin are cut. In withdrawing the instrument the incision is prolonged downward for several millimetres, thus making a little canal into the skin, to facilitate the flow of liquids. The edges are now separated by a suitable dilator, and the canula at once inserted. He has never seen serious hæmorrhage occur in this operation.—*Gazette des Hôpitaux*, Jan. 15, 1881.—*N. Y. Med. Record*.

Leprosy in the Sandwich Islands.—

The *British Medical Journal* informs us that, according to the report of the Board of Health of Honolulu, the Leper Hospital, on the island of Molokai, contained 684 patients on March 31st, 1880, three being children of lepers, and under one year of age. There were 424 males and 260 females. The greater portion of the lepers are treated as out-patients, and it is stated that a large number remain mixed with the people in the several islands. The average mortality among the lepers in the establishment at Molokai has been nearly 58 per 1,000 *per annum*. Dr. N. B. Emerson, physician to the establishment, states that, on the approach of damp and chilly weather in November, there is a general aggravation of symptoms in leprosy persons, with fresh eruptions, attended with chill and fever, closely resembling intermittent. Dr. Emerson concludes that, while much may be done to palliate, no curative means have yet been found in this disease. He is convinced that the disease is contagious, and states that, though first introduced into the Sandwich Islands about 1856, there are now thousands of lepers, and the disease is still rapidly increasing among the native population.

Salicylic Acid in Diphtheria.—Dr. Frank Kenyon, of Scipio, N.Y., presented his views upon this subject at the last annual meeting of the Central New York Medical Association. The properties of salicylic acid which render it specially adapted to the treatment of diphtheria, are:—

1. Its safety of administration, and its general diffusibility through the system.
2. Its antiseptic and antizymotic properties.
3. Its antipyretic effect.
4. Its local action on the affected mucous membrane.

Salicylic acid may be introduced into the system in large quantities without danger of injury to the patient. The well-known antiseptic properties of this drug outside of the body may well lead us to believe that it has at least a measure of the same property when taken internally. The local action of salicylic acid in diphtheria is two-fold: 1. It acts as a local disinfectant, correcting the factor, and checking the growth of the diphtheritic pellicle. 2. It acts as a local stimulant, increasing the secretion of the mucous membrane, and thus favoring the exfoliation of the diphtheritic growth by re-establishing the secretion beneath it and forcibly tearing it loose. This local action is best obtained by frequent small doses, though the antipyretic effect is more apparent when large doses are given. I believe that frequent repetition of small doses is by far the most beneficial locally. My favorite prescription is as follows: \mathcal{R} salicylic acid gr. xx, alcohol \mathfrak{z} j, sulphate of zinc gr. x, glycerine \mathfrak{z} iv, hot water \mathfrak{z} iv, tincture of chloride of iron gtt. ij. *M.* This makes a wine-colored mixture, pleasant to the taste, so that children readily take it. Of this I give to adults a teaspoonful every hour, and alternate with it the following: \mathcal{R} salicylic acid \mathfrak{z} j, alcohol \mathfrak{z} ij, syrup \mathfrak{z} ij. *M. S.* A teaspoonful every hour. To children I give one-half or one-quarter of these doses, according to the age. I always let the patient swallow the medicine; 1. To secure the antipyretic effect of the acid, and 2, because the saliva and bits of detached membrane are swallowed, and the stomach also requires to be disinfected, to prevent the continual reabsorption of the virulent material. And it seems to me that local applications and gargles are inadequate for the accomplishment of the needed ends, and, the sooner the medical

mind is disinfected of the idea that swabs and gargles are essential in the treatment of diphtheritic sorethroat, the better it will be for the patients.—*N. Y. Medical Journal*.

Excision of a portion of the Stomach AND DUODENUM.—In the *Wiener Med. Wochenschrift*, of February 5th, the following case is reported by Professor Billroth. The previous week, a woman was brought to him having unmistakable symptoms of pyloric cancer. The patient, who was forty-three years and mother of eight children still living, was attacked, apparently somewhat suddenly, with vomiting, in October, 1880. All the symptoms of pyloric cancer soon developed themselves; and Dr. Billroth determined, with her consent, to operate, as she felt herself sinking under the increasing exhaustion and inability to retain food. The tumor lay on the upper side of the stomach and somewhat to the right; it seemed to be as large as a moderate sized apple. A transverse incision, about eight centimeters (three inches and one-fifth) in length, was made over it through the wall of the abdomen. The tumor was difficult to disengage, on account of its size; it presented itself as a partly knotty, partly infiltrated cancer, covering the pylorus and rather more than a third of the under part of the stomach. Dr. Billroth loosened the adhesions to the omentum and the transverse colon, separated carefully the great and lesser omentum, and tied all the blood-vessels before cutting them through; the loss of blood was very slight. He then made an incision through the stomach one centimetre beyond the infiltrated part, at first in a backward direction only, and afterwards through the duodenum. Six sutures were then passed through the lips of the wound, the threads being left untied and only used to keep the lips of the wound in position. He then made a further oblique incision into the stomach from within and above in an outward and downward direction, keeping always one centimeter from the infiltrated part of the wall of the stomach, and then closed the oblique wound, from below upwards, until an aperture was left just of sufficient size to fix the opening of the duodenum. The separation of the tumor from the duodenum was completed by means of an incision

parallel to that in the stomach, and always at a distance of a centimeter from the infiltrated part. The duodenum was then introduced into the opening of the stomach which had been left. Altogether about 50 sutures were made with Czerny's carbolized silk. The wound was washed with diluted carbolic acid, and a few additional sutures inserted at weak points, the whole replaced in the abdominal cavity, and the abdominal wound closed and bandaged. The operation lasted an hour and a half. No weakness, vomiting, or pain followed the operation. During the succeeding twenty-four hours the patient took only ice by mouth, and nutritive injections of wine; on the following day, a tablespoonful of sour milk every half hour. The patient, a very intelligent woman felt very well, and slept most of the night by help of a small injection of morphia. The piece excised was fourteen centimeters (about five and a half inches) in length along the greater curvature of the stomach. Only a quill could, with difficulty, be passed through the pylorus. The shape of the stomach is not much altered by the operation, but somewhat reduced in size. Sir H. Thompson, to whom we are indebted for the above, has received a note from Dr. Billroth, dated February 5th, the seventh day after the operation, in which he writes, "The sutures have been removed; the wound is healing without any reaction; the general condition of the patient is good; she takes broth and egg, coffee, tea, and cocoa."—*British Med. Journal*.

Treatment of Pain by Mechanical VIBRATIONS.—The action of metallic applications—metallotherapy—of which we have heard so much in the last few years, was best explained on the theory of vibrations by Vigouroux, who proceeded to experiment upon the effect of sonorous vibrations, which he thought might have a direct mechanical effect on the sensory nerves (*London Lancet*.) By the aid of a large tuning-fork and sounding-board he caused hemianæsthesia to disappear, and provoked contractions in hysterical subjects at la Salpêtrière as rapidly as with the magnet or electricity. The pains of an ataxic were subdued when his legs were brought under the influence of these sound-waves. M. Boudet of Paris

then thought that this might be applied locally over a nerve, the sonorous being changed to mechanical vibrations by means of a small button attached to the resonator and applied over the nerve. He, therefore, contrived a small apparatus consisting of an electrically-mounted tuning-fork, the vibrations of which were transmitted to a rod which could be easily applied over a nerve. In a healthy man this mechanical excitation produced rapid local analgesia, often anæsthesia, the maximum effect being produced by application over a nerve which could be compressed on a bony surface. When placed against the skull its walls vibrate in harmony with the tuning-fork; and a sensation of approaching vertigo, often followed by a desire for sleep, is produced. An attack of migraine can be cut short by the application. Neuralgia—especially of the fifth, where the nerves issue from bony canals—disappears after a few minutes' application of the instrument to the nerve at such points; but in the case of deeper-seated nerves, much protected by soft parts, it is more difficult to get good results. The writer suggests this treatment for the pains of ataxics and syphilitics. He thinks there is no limit to its application, and suggests that perhaps cranial vibrations may induce cerebral and thus general anæsthesia. Its mechanical action is comprehensible when we see how simple friction of the skin may soothe very acute pain. He does not regard the number of vibrations as important. This, however, is, we believe, a point on which Dr. Mortimer Granville lays great stress.

Sudden Death in Pleuritic Affections.

—Dr. Leichtenstern (*Deutsches Archiv für Clin Medicin.*, Band iv, 4 Heft) discusses a number of cases recorded in medical literature, of pleuritic patients in whom severe syncope and sudden death have occurred, with the view of explaining the causes; and he arrives at the following conclusions. Sudden death or severe attacks of syncope in cases of pleuritic effusion have sometimes their origin in embola of the pulmonary arteries. In other cases, no pulmonary embola exist, but voluminous and far-extending thrombi in the right auricle and ventricle, and in the superior vena cava. The generally prevailing view that

left-sided effusion has a greater effect in disturbing the circulation than effusion on the right side, is incorrect. On the contrary, extensive exudation on the right side causes greater disturbance of the circulation by pressure on the large vessels, and on the right auricle and ventricle than does considerable effusion on the left side. And the opinion that causes of sudden death and severe syncope are more frequent in left than in right exudation, is contradicted by statistics. Of 52 cases, in 31 the exudation was on the right side, and in 21 on the left. Cases of sudden death, apoplectic attacks in pleuritic effusion, sometimes arise from embolism of an artery of the brain, or its consequences. In a great number of sudden deaths with pleuritic exudation, we are not yet in a position to explain the cause. The fatty degeneration of the muscles of the heart, the anæmia of the brain, and the œdema of the lung, do not suffice for an explanation. To anæmia of the brain as a cause, those cases only can be assigned in which the raising of the sick person from the horizontal position has been followed by severe syncope ending in death. Various causes which sometimes quite interrupt or impede the flow of blood to the left heart, such as a severe paroxysm of coughing, vomiting, lifting heavy burdens, may give rise to a sudden fatal anæmia of the left heart, and secondarily of the brain. The anæmia of the lungs or brain found in many cases is only of secondary importance. It frequently happens, after thoracentesis by aspiration, that an anæmia is induced in the partially distended lung; and this may lead to death by asphyxia. In sudden death, during or immediately or a short time after thoracentesis by aspiration, the cause is anæmia either of the heart or of the brain. In cases in which severe syncope and sudden death are observed during the irrigation of the pleural cavity, the cause is either direct mechanical concussion of the easily exhausted heart by the stream of water thrown in, or shock. The washing out of large empyemic cavities with strong solutions of carbolic acid may cause severe collapse, and perhaps death, due to the rapid absorption of large quantities of the acid.—*Phil. Med. & Surg. Reporter.*

CANADA

Medical and Surgical Journal.

MONTREAL, APRIL, 1881.

McGILL UNIVERSITY—MEETING OF CONVOCATION.

The annual meeting for conferring of degrees in the Faculty of Medicine was held in the William Molson Hall on Thursday afternoon, 31st ult., the room being crowded with students, old McGill men, and friends of the University.

Dr. Osler read the following list of honors in the Faculty of Medicine:—

The total number of students enregistered in this Faculty during the past year was 168, of whom there were from Ontario, 79; Quebec, 48; Nova Scotia, 5; Manitoba, 1; New Brunswick, 9; P. E. Island, 5; Newfoundland, 1; West Indies, 1; United States, 19.

The following gentlemen, 36 in number, have passed their primary examination on the following subjects: Anatomy, Practical Anatomy, Chemistry, Practical Chemistry, Materia Medica and Pharmacy, Institutes of Medicine and Botany or Zoology. Their names and residences are as follows:

Allen, Clarence E., East Farnham, Q	Gardner, J. J., Beanbarnois, Q
Bangs, Edson C., Faribault, Minn	Grant, James A., B.A., Ottawa, O
Bonesteel, S. A., Columbus, Neb	Gray, James, Brucefield, O
Bowser, James C., Kingston, N.B	Hanvey, Chas. B. H., Cleveland, O
Brown, C. O., Lawrenceville, Q	Hopkins, Joseph A., Cookshire, Q
Cameron, C. E., Montreal, Q	Harrison, J. H., Moulinette, Q
Cameron, J. W., Montreal, Q	Howard, R. J. B., B.A., Montreal, Q
Cattenach, A. M., Dalhousie Mills, O	Jack, W. D. B., B.A., Fredericton, N.B
Clarke, H. J., Pembina, Dakota	Kelly, P. N., Rochester, Minn
Consins, W. C., Ottawa, O	Lathern, John S., Yarmouth, N.S
Derby, W. J., North Plantagenet, O	Loring, J. B., Sherbrooke, Q
Dearden, George A., Richmond, Q	McCorkill, Robert K., Montreal, Q

Musgrove, W. J., West Winchester, O	Rutherford, C., M.A., Waddington, N.Y
Muckey, Floyd S., Medford, Minn	Scott, W. McE., Winnepeg, Man
O'Brien, T. Pierce, Worcester, Mass	Sihler, George A., Simcoc, O
Page, T. A., Brockville, O	Smith, E. W., B.A., New Haven, Conn
Peaps, Allen P., Osnabruck Centre, O	Stewart, Andrew, Howick, Q
Rutledge, And. J., Bayfield, O	Thompson, W. E., Harbor Grace, Nfld

The following gentlemen, 38 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from the University. These exercises consist in examinations, both written and oral, on the following subjects: Principles and Practice of Surgery, Theory and Practice of Medicine, Obstetrics and Diseases of Women and Children, Medical Jurisprudence and Hygiene; and also Clinical Examinations in Medicine and Surgery conducted at the bedside in the Hospital:

Bonesteel, S. A., Columbus, Neb	Macdonald, R. T., Montreal, Q
Brown, T. L., Ottawa, O	McGannon, E. A., Prescott, O
Cameron, Paul, Lancaster, O	McKenzie, Kenneth, Richmond, Q
Carson, J. H. Port Hope, O	Mewburn, F. H., Drummondville, O
Cormack, W., Guelph, O	Moore, W., Owen Sound, O
Feader, H. C., Iroquois, O	Perks, W. C., Port Hope, O
Fraser, H. D., Pembroke, O	Reynolds, T. W., Brockville, O.
Fielde, E. C., Prescott, O	Rogers, E. J., Peterboro', O
Grey, W. L., Pembroke, O.	Ross, James, B.A., Dewittville, Q
Gordon, C. M., Ottawa, O	Ross, J. W., Winthrop, O
Harvie, J. B., Ottawa, O	Serviss, T. W., Iroquois, O
Heyd, H. E., Brantford, O	Shanks, J. C., Huntingdon, Q
Higginson, H. A., L'Original, O	Shufelt, W. A., Bronze, Q
Houston, D. W., Belleville, O	Smith, E. H., Montreal, Q
Hunt, J. J., London, O	Stephen, W., Montreal, Q
Josephs, G. E., Pembroke, O	Struthers, A. D., Philipsburg, Q
Lang, W. A., St. Mary's, O	Trueman, J. E., B.A., Woodstock, N B
Laurin, E. J., Montreal, Q	Wagner, G. C., Dickinson's Land'g, O
Lunam, Henry, B.A., Wakefield, Q	Williams, J., London, O

Of the above-named gentlemen, W. Cormack is under age. He has, however, passed all the examinations, and fulfilled all the requirements necessary for graduation, and only awaits his majority to receive his degree.

Mr. H. A. Higginson, of L'Original, has been taken ill since the examination, and is consequently unable to present himself.

Messrs. James Ross, E. J. Laurin, K. McKenzie, and A. D. Struthers, natives of the Province of Quebec, have fulfilled all

the requirements for graduation, but await the completion of four years from the date of passing the matriculation before receiving the degree.

The following have passed in Hygiene :

E. C. Bangs,	Edmund Christie,	A. J. Rutledge,
C. O. Browne,	W. T. Duncan,	C. Rucherford, M.A.,
J. W. Cameron,	W. H. Drummond,	Alex. Shaw,
Lorne Campbell,	C. B. Hanvey,	H. W. Thornton, B.A.
A. M. Cattenach,	R. J. B. Howard, B.A.,	W. E. Thompson.

The following have passed in Medical Jurisprudence :

E C Bangs,	R Dawson, B A,	J M McLean,
C O Brown,	W T Duncan,	T Pierce O'Brien,
J W Cameron,	J A Grant, B A,	Henry O'Keefe,
A M Cattenach,	Hugh Gale,	H V Ogden, B A,
E. Christie,	B F W Hurdman,	W Prendergast,
Lorae Campbell,	C B Hanvey,	A P Poaps
W H Drummond,	R H Klock,	Alex Shaw,
	W H Thornton, B A.	

The following have passed in Anatomy :

W G Henry,	O Martel,	W R Ross,
J R Johnson,	J C Meahan,	E S Wood.
J W McLean,	J C S Phippen,	

The following have passed in Practical Anatomy :

W G Henry,	J C Meahan,	E S Wood.
O Martel,	J R Johnson,	

The following have passed in Chemistry :

J Bennett, B A,	J J Maher,	L D Ross,
W G Henry,	O Martel,	W K Ross,
J R Johnson,	J C Meahan,	J M Scott,
J W McLean,	James Park,	G R Sheriff,
A McLeod,	J C S Phippen,	W A Smith,
	S F Wilson.	

The following have passed in Institutes of Medicine (Physiology and Pathology) :

W A Drummond,	J J Maher,	W K Ross,
W G Henry,	James Park,	L D Ross,
J W McLean,	J C S Phippen,	W A Smith.

The following have passed in Materia Medica :

J Bennett,	O Martel,	L D Ross.
J J Maher,	J C Meahan,	

The following have passed in Botany :

CLASS I.—G A Graham and E Gooding, (equal—prize), F D Walker, W K Ross, D A Cameron, J A Duncan and E W Smith (equal), S E Brown, W Porteous, E J Elderkin, T B Davies, W G Johnston, J C S Phippen, James L Addison, W G Henry, Isaac M McLean, W S Renner, J R McInerney, T O'Brien, J. Menzies, H E Smyth, N J McDonald.

CLASS II.—J McKenzie, J C Sharp, W W Doherty, William Bell, A W Haldinard, J H Jolieffe, J H Landor, A McNeil, J G Hutchison.

CLASS III.—J W McLean, H W Allen, C H Johnson, J H B Allan, J P St Germain, J A Barrett, G H Duncan, William H Klock, W Nelson, E H Smith, W P Bunnell.

MEDALS, PRIZES AND HONOURS.

The Holmes Gold Medal for the best examination in the primary and final branches was awarded to James Ross, B.A., Dewittville, Q.

The prize for the best final examination was awarded to John W. Ross, of Winthrop, Ont. The gold medallist is not permitted to compete for this prize.

The prize for the best primary examination was awarded to R. J. B. Howard, B.A., of Montreal.

The Sutherland Gold Medal was awarded to C. E. Cameron, of Montreal.

The following gentlemen, arranged in the order of merit, deserve honourable mention : In the final examination, Messrs. Perks, Heyd, Laurin, Josephs, Grey, Shufelt and Rogers ; in the primary examination, C. E. Cameron, W. L. Lathern, W. McE. Scott, and J. Gardner.

PROFESSORS' PRIZES.

Botany.—First prize, G. A. Graham, of Hamilton, Ont., and E. Gooding, of Barbadoes, W. I., equal. For the best collection of plants, J. C. McKee, of Port Colborne, Ont.

Practical Anatomy.—Demonstrator's prize, awarded to C. E. Cameron, of Montreal.

Dr. K. McKenzie then read the valedictory address, and Prof. R. P. Howard delivered the address to the graduating class on the part of the Faculty. (*See page 513.*)

TYPHUS FEVER.—An outbreak of typhus fever is reported in New York. The cases all told are quite numerous—as many as 40 new ones having occurred during one week. The disease originated in a crowded and unwholesome lodging-house, which was once a church formerly occupied by a congregation of negroes. It had been for many years deserted, and is now in a very dilapidated condition. Two or three years ago it was fitted up as a lodging-house for tramps and other impecunious members of the community. Beds are furnished them for a few cents each night, those entirely without money giving a quantum of work in lieu thereof. Throughout the winter this place had been crowded to its utmost capacity. The present is the most serious outbreak of typhus that has occurred in New York for quite a number of years, and the Board of Health are said to be using every means at their disposal to prevent the spread of the disease. All last year there were but two cases reported, and nine has been the highest number in any one week for the last ten years. These facts should be a warning to other places, for it will be remembered by many in this city that the same virulent and highly contagious disorder broke out spontaneously in the House of Refuge here some years ago, but was fortunately prevented from spreading by the adoption of very active hygienic measures. The moral, of course, is, that sanitary officials everywhere should give special attention to such places as these where noisome overcrowding of the poor is likely to occur, and anticipate similar occurrences by the enforcement of such measures of ventilation, &c., as will assuredly prevent the development of typhus-poison. By the way, in this New York case, as in so many other instances, we hear nothing of the original importation of the first cases; and, if typhus-poison can thus originate spontaneously in a filthy humanity-poisoned atmosphere, why may not typhoid-poison be similarly generated in decomposing excreta?

CONTAGIOUS DISEASES OF ANIMALS.—Our American friends do not appear to be particularly fortunate in their selection of individuals to entrust with the supervision of the immense interests involved in the live-stock trade of their country. It is not

long since a lesson was taught them from Canada with reference to the contagious pleuro-pneumonia of cattle, and although the so-called hog-cholera has been the means of losing millions of dollars to the Western producers, yet anything like good scientific investigation of that disease is even yet wanting. The Agricultural Department have had appropriations amounting to \$25,000 voted for the prosecution of enquiries relative to these diseases, and have recently caused the publication of a report on "contagious diseases of domesticated animals." This report is thus disparagingly noticed by the *New York Medical Record*: "As regards original or scientific work it is almost absolutely deficient. The pathological experiments and speculations are crude and ridiculous, and are generally but puny elaborations of the views of certain imaginative European experimentalists. The report is gorgeous with many colored lithographs that have absolutely no value except to impress the minds of Congressmen." It is matter for regret that better results should not have been obtained in a matter of such great importance to the whole of this continent as well as to medical science in general.

BELLEVUE MEDICAL COLLEGE.—At the beginning of the past session the Bellevue Hospital Medical College announced that, for the future, a three years' course would be compulsory for graduation. This was claimed to be a great progressive move in the interests of the better education of medical students in New York. But, alas! for good intentions; a recent announcement from the Faculty declares that the new arrangement has been abandoned, and, as heretofore, two years only is demanded. The cause of the regression has, of course, been the falling off in the number of students and the consequent depletion of the College treasury. It is strange that the Bellevue teachers should have followed such a vacillating policy. Surely they must have anticipated a loss of many students during the first years following such a change, and they should have been prepared to meet it. At any rate, the action this strong and popular school has felt compelled to take, apparently from motives of self-preservation, is in every way to be regretted. It will for a long time

stand in the way of similar progressive efforts being made by other teaching bodies in America, efforts which, it is to be hoped will ultimately prevail in securing everywhere a curriculum of proper length.

FIGHTING THE ENEMY.—An old paper containing an account of the life of Hannah Moore has the following choice description by Langhorne of an illness by which he was assailed:—

“I do not,” he says, “intend in this letter to write about anybody or anything but myself; it is probable, therefore, that the apologies you very likely expect you will find in my history.

“I am at present of no small importance in my own estimation, being just risen from the dead, a citizen of no mean city! The truth is, that for two months past I have been incapable of enjoying, and almost of attending to any one earthly thing; totally depressed, sunk down, and buried beneath a complication of rheumatic, scorbutic, nervous, and bilious complaints. These rebellious powers, like the Americans on their continent, carried every thing before them in a very *unconstitutional* manner indeed. At last matters came to a crisis. General Bile was appointed commander-in-chief, and led the whole forces of Rheumatism Bay, Scurvy Island, and Nervous Province, into the very centre and heart of my dominions, and drew up his army in form of battle. I drew up my whole force in the following order:—First battalion, a body of Emetic Tartars, under the command of General Ipecacuanha. These fought with uncommon bravery for one whole day and a night, made prodigious havoc of the Biliary forces and took their general prisoner. A truce was proclaimed for twenty-four hours; when, it appearing that a large body of the Biliaries had secreted themselves in the lower parts of the country, I despatched the second battalion, consisting of foreign troops, chiefly of the provinces of Senna, Tamarind, and Crim Tartary, under the command of sub-brigadier-general Cathartic. These brave soldiers behaved with great courage and gallantry, defeated the Biliaries in fifteen pitched battles, and at last totally drove them out of the country. The above two battles lasted five days and five nights. The engagement was at first so hot that victory was doubtful. It was, indeed, a dreadful and a bloody combat, and I certainly can never forget it. On the sixth day a few of the nervous regiments were seen struggling, but being pursued by Colonel Cordial with the Jalap light-horse, they threw down their arms. The troops of Scurvy Island concealed themselves in the woods and other inaccessible places. Thus, my dear madam, have I given you a circumstantial account of a most desperate and dangerous contest I maintained for my all. What were the battles of Bunker's Hill and Long Island compared to this? In my estimation, certainly nothing. I am now *wondrous* well.”

Medical Items.

OBITUARY.—The profession has learnt with regret of the death of Dr. Wm. Mostyn, of Almonte, Ont. The deceased gentleman was crossing from Appleton in a skiff when the boat upset, and he was drowned before assistance could be rendered. Dr. Mostyn was a man much respected in his own locality, and held many positions of respectability. He was an ex-M.P.P., and served several years on the Ontario Medical Council. His death makes a vacancy in that body.

PROVINCIAL MEDICAL BOARD.—The semi-annual meeting of the Board of Governors (Provincial Medical Board) of the College of Physicians and Surgeons of the Province of Quebec will be held on Wednesday, the 11th May next, at 10 a.m., in the Laval University, Montreal. Candidates for examination or for license must send their papers (including certificate of admission to the study of medicine), also the fee for the license, \$20, at least ten days previous to the meeting, to either of the Secretaries, Dr. A. G. Belcau, Quebec, or Dr. F. W. Campbell, Montreal.

PRELIMINARY EXAMINATION.—The examination for admission to the study of medicine will be held on Thursday, the 5th May next, at 10 o'clock a.m., in the city of Montreal, at the Laval University. Certificates and the examination fee, \$10, must be remitted at least ten days previously to one of the Secretaries.

THE INTERNATIONAL MEDICAL CONGRESS AT LONDON.—The arrangements for this Congress have now been quite fully matured. Sir James Paget is to deliver the inaugural address on Wednesday morning, August 3rd. The following mornings will be devoted to the business of the sections, while the afternoons (except Saturday) will be occupied by the general meetings of the Congress, at which four addresses will be delivered by distinguished men of four nationalities. Three gentlemen have already promised to deliver these addresses: Professor Huxley, probably on "The Connection of General Science and

Medicine ;" Professor Volkmann, of Halle, on "Modern Surgery ;" and Dr. Billings, of Washington, on "Medical Literature." The fourth address, to be given by a distinguished Frenchman, has, as yet, not been finally arranged. Amended programmes have been compiled and bound with the rules of the Congress into a pamphlet. This is printed in three languages, and can be had by any medical man on application to the Secretary-General. It is certain that there will be a thousand medical men present, and probably twice that number. There will be two large receptions given to the members, besides a dinner which the Lord Mayor will give in the Mansion House.

LONGUE POINTE ASYLUM.—"All the arrangements here seem to be of the most approved kind for securing the health of the inmates which are confined there, and for developing and fostering symptoms of returning sanity." The above is from the presentment of the Grand Jury. Do they include in the "arrangements for developing and fostering returning sanity" the furnishing of *skilled* medical advice? (To many this would appear the first essential.) And if so, are they satisfied that the inmates at Longue Pointe enjoy this advantage?

UNIVERSITY DINNER.—The McGill University dinner is announced to take place at the Windsor Hotel on April 29th. It is expected that Hon. Ed. Blake and many other distinguished guests will be present. The last occasion of this kind was eminently successful in promoting that *entente* which is its main object, and as the present gathering promises to be very enjoyable, we would advise all who can to attend.

THE BELLEUVE HOSPITAL MEDICAL COLLEGE WEAKENS.—We have received, with regret, a circular from the Faculty of the Bellevue Hospital Medical College, New York, of which the following is an extract :

"The experience of the session of 1880-81 has led the Faculty reluctantly to the conclusion that to persist in the requirement of attendance during three courses will be to incur a risk, as regards the interests of the College, which they do not feel justified in assuming; and the purpose of this announcement is to state that, after the present session of 1880-81,

attendance during a third session will be optional, and not obligatory. This College, like most American medical colleges, is self-sustaining; and the special provisions for instruction, which have been and will continue to be maintained, call for a large expenditure of money, as well as of time and labor. With an undiminished desire to continue the requirement of three sessions, and with not less willingness than heretofore to make whatever personal sacrifices may be necessary, the Faculty feel obliged, by a proper regard for the prosperity and usefulness of the college, to return to the requirements for graduation which were in force prior to the session of 1880-81."

We have observed that there has been less "push" in Bellevue in the last few years; less advertising, diminished announcements, etc.; and this, no doubt, in part explains the failure. It is lamentable, for all that.—*Phil. Med. & Surg. Reporter*.

ABATTOIRS.—The Abattoir Company is about to begin operations in Montreal. The citizens are to be congratulated upon the consequent removal of an immense number of reeking foci of disease in the shape of private slaughter-houses.

SCIENTIFIC AFFECTION.—A French chemist is said to have condensed the body of his deceased wife into the space of an ordinary seal, and had her highly polished and set in a ring. He made a nice income by betting with lapidaries and others that they could not tell the material of the seal in three guesses, and, after pocketing the money, would burst into tears and say, "It is my dear, dear wife."

THE SIAMESE TWINS OUTDONE.—An Italian couple, Tocci by name, are at present exhibiting at Vienna a most remarkable specimen of their progeny, a pair of twins named Jacob and Baptiste. These boys are grown together from the sixth rib downward, have but one abdomen, and two feet. The upper part of the body is completely developed in each; their intellectual faculties are of a normal character. Each child thinks, speaks, sleeps, eats and drinks independently of the other. This independence goes so far as to admit of an indisposition of the one without in the least affecting the other. They are over three years old, in perfect health, and seemingly in excellent spirits.

—Dr. Imrie, House Surgeon of the Montreal General Hospital, has now quite recovered from the severe and painful poison-wound recently received in the performance of his duties. It has, unfortunately, produced a considerable degree of ankylosis of the wrist-joint and stiffness of some of the fingers. He is about to take a sea-voyage for the restoration of his health.

—Mr. Holden, in his recent Hunterian oration, told the following story, which illustrates the state of anatomy in Europe before the reformation brought about by Vesalius and Fallopius. The physicians in attendance on the Margrave of Baden Durlach disputed among themselves as to the position of his heart in his thorax, one of them contending with Galen that it lay in the middle, the rest being bold enough to affirm that it was on his left side. As this unfortunate doubt assumed the aspect of a serious practical difficulty, when it came to determining the precise spot on which should be applied the plaster which was destined to relieve the sufferings of the Margrave, it was decided to appeal to nature. A pig was therefore brought into the royal chamber, and opened in the presence of the sick man. The position of the heart was demonstrated to him: if in a pig, therefore in a prince. His highness gave way before this argument, and the plaster was placed accordingly; while the physician, who still had the temerity to defend himself by drawing an anatomical distinction between man and pig, was dismissed from the court.

—Prof. Billroth recently excised about six inches of the greater curvature of the stomach, including the pylorus, for infiltrating carcinoma. A week after the operation, the patient was doing well, and was able to take coffee, tea and other light nourishment.

—In Germany an attempt has been made to keep the followers of the homœopathic school from dispensing their own medicines, the plea alleged being infringement of the rights of the regularly-licensed pharmacists; but when specimens of the suspected pellets of sugar were submitted to chemical investigation, the report returned was, no medicine found; and the

authorities, acting upon this suggestion, ruled out the case, saying they had no power under the existing law to try pedlars of confectionery.—*Ex.*

—“Nine-tenths of the world employ a doctor to give them physic. Unmixed advice has a doubtful market value.” It is a fact. Hygienic medicine is all very good in its way, but it is certainly more profitable for the doctor to open a man’s bowels than to throw up his window, and to give him a sole-stirring emetic rather than to shut down on his whiskey.—*Ex.*

—A little boy, three years old, was left in charge of his infant brother, a red-hot stove being in the room. The mother returned in a few moments, and found the boy brandishing a red-hot poker, with which he had marked the baby’s face and then thrust it into the infant’s mouth to stop its crying; it is needless to add that the baby died.

—It is dangerous to take potassium chlorate *ad libitum*. A death, caused by swallowing a quantity of this drug, by a patient for whom it had been prescribed as a constituent of a gargle, is reported from New York.

—We beg to call the attention of our readers to the advertisement of *Marks’* Surgical Chair. Any physician who is about furnishing his office cannot do better than write to Henry Morgan & Co., the general agents, and secure one of these chairs at once. For convenience, lightness, strength and the ease with which alterations can be made, we know of no chair which is its superior. Price lists and illustrated catalogues can be had on application to the agents at Montreal.

TROMMER EXTRACT OF MALT CO.—I enclose herewith my analysis of your Extract of Malt:—

Malt Sugar, 45.1; Dextrine, Hop-bitter, Extractive Matter, 23.6;
 Albuminous Matter (Diastase), 2.469. Ash—Phosphates, 1.712;
 Alkalies, .377. Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been generally received by the profession, I find it to substantially agree with this article.

Yours truly,

SILAS H. DOUGLAS,

Prof. of Analytical and Applied Chemistry.