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# CANADA

# MEDICAL & SURGICAL JOURNAL

MAY, 1880.

Original Communications.

## PNEUMONIA COMPLICATED WITH PAROTITIS.

*Fourteen days' illness—Fatal termination.*

BY E. GRAVES KITTSOON, M.D., L.R.C.P., LONDON.

*(Attending Physician of the Hamilton City Hospital and Vice-President of the Hamilton Medical and Surgical Society.)*

Chas. G., æt. 25 years, English, letter-carrier.—Fairly healthy till lately, when, owing to the exposure consequent on his occupation as a letter-carrier, he caught a cold which he neglected. Never had any severe previous illness or injury, except while quite young, when he was kicked in the left breast by a colt. This, however, had left no apparent ill-effects. He is medium height, sallow, not heavily built. On the afternoon of February 21st he was taken sick, and during the following twelve hours he had a severe rigor, accompanied by some cough and pain in the right side below the nipple.

Feb'y 23rd, 9 p.m.—I was called in to see him, and found him as follows: Face of a rather livid hue, except over the malar bones, where there was the flush usual in pneumonia. Perspiring rather freely. Cough frequent, and followed by expectoration of a rusty color. Pain in both sides of chest. On percussion, the chest was hyper-resonant in front, and on auscultation the normal vesicular murmur was lost on account of the loudness and harshness of the bronchial respiration. Heart sounds normal, but cardiac dulness diminished. Pos-

teriorly, both bases dull up to lower angle of scapulæ, and on the left side the fine crepitant râle heard after a cough and a deep inspiration. On the right side nothing but tubular breathing heard over entire lower lobe. Complains somewhat of nausea. Tongue furred. Bowels opened this morning. Urine scanty, high-coloured, and with a copious deposit on cooling of a brick-red colour. P. 93, R. 42, T. 103°.8 in the axilla. To the hand the sense of heat of the chest is most pungent. **R** Ammon. Carb., grs. v., Ext. Senegæ fld.  $\mathfrak{m}$  v., Ext. Verat. Virid. fld.  $\mathfrak{m}$ . iij., Liq. Ammon. Acet.  $\mathfrak{z}$ i. aquæ ad  $\mathfrak{z}$ ss.; every 3 hours. 24th.—Complains that owing to the disagreeable taste of the **R** ordered last evening, he is unable to take it. I ordered him, however, to continue it for 12 hours longer. He had no sleep last night, but was quite free from delirium. Condition in other respects unaltered. P. 104, R. 36, T. 104°.7 F. 10.30 a.m.—T. 100°.8 F. 9 p.m.—This last temperature was taken by the nurse, and there may have been some mistake in it, as she was not accustomed to taking temperatures. In consequence of his intense dislike for the **R** which I had been giving him for the past 24 hours, I changed it this evening to the following: **R** Liq. Ammon. Acet.  $\mathfrak{z}$ i., Tinct. Opii. Camph.  $\mathfrak{z}$ ss., fld. Ext. Verat. Virid.  $\mathfrak{m}$  iij., aquæ  $\mathfrak{z}$ iv; every three hours. Also, **R** Tinct. Opii.  $\mathfrak{z}$ ss. at bed-time to produce sleep. The turpentine stupes to be continued to the chest for the pain if required. 25th, 11 a.m.—General condition seems not changed. Tongue browner. Had a good night's rest. Continue **R**. P. 96, R. 44, T. 103°.9 F. 9 p.m.—T. 102°.5 F. At 2 p.m. was called to see him, as he had been vomiting freely and had an attack of Epistaxis. He seemed easier, but weak. 26th, 11 a.m.—P. 88, R. 41, T. 103°.6 F. The dull note over left base posteriorly seems less, and the crepitant râles are of a coarser character. 9 p.m.—T. 102°.1 F. **R** Hydrat. Chloral  $\mathfrak{z}$ i. at bed-time in place of Tr. Opii. 27th, 9 a.m.—P. 93, R. 48, T. 103°.8 F. Passed a very poor night, delirious most of the time, and seems weaker to-day, which in part at all events is due to sleeplessness. **R** Tinct. Opii.  $\mathfrak{z}$ ss. Syrup Limonis  $\mathfrak{z}$ i.

aquæ  $\mathfrak{z}$ iv. ; at bed-time. 28th, 11 a.m.—P. 106, R. 46, T.  $103^{\circ} 5$  F.  $\mathfrak{R}$  Tinct. Aconiti (Flem.)  $\mathfrak{m}$  iij. fld. Ext. Verat. Virid.  $\mathfrak{m}$  iiiss. fld. Ext. Scuegæ  $\mathfrak{m}$  v. Vin Ipecac  $\mathfrak{m}$  x. Liq. Ammon. Acet.  $\mathfrak{z}$ i. aquæ Camph.  $\mathfrak{z}$ iv. ; every 3 hours.

March 1st, 11 a.m.—P. 70, R. 28, T.  $103^{\circ} .1$  F. Has apparently been improving in strength during last few days, and for last 48 hours has had  $\mathfrak{z}$ iv. of brandy every 3 hours, and, since beginning of illness, all of the beef tea and milk he can possibly take. Appears to be in very good spirits. Has slept well every night, owing to Tinct. Opii  $\mathfrak{z}$ ss at bed-time. Has also had some oysters several times. 10 p.m.—This evening, on paying him the usual visit, my attention was drawn to a swelling in the region of the left parotid gland, which, on examination, was found to be a hard, irregular swelling, involving that gland and extending about 2 inches in width and  $2\frac{1}{2}$  inches in length. He was unable to open the mouth wide enough to protrude the tongue. The tumour is tender on pressure, but not painful. Teeth and lips are coated with sordes. The little of the tongue which could be seen was dry, brown and cracked. The physical condition of the left lung has very much improved, but the right still remains in the same condition, with large coarse, soft râles on both inspiration and expiration. The expectoration for a couple of days past has been of a viscid, tenacious, semi-purulent character, and in large quantity. There is reduplication of the 2nd sound at the apex. Has not had any chill in last 24 hours. The bowels remain costive, and the urine scanty, thick and high-coloured. P. 93, R. 30, T.  $102^{\circ} .6$  F. Hot hops and flannels to the parotid gland. 2nd, 11 a.m.—P. 96, R. 31, T.  $103^{\circ} .7$  F. Parotid swelling increasing and painful. Expectoration difficult, except after taking some brandy. Repeat Calomel, grs. v.  $\mathfrak{R}$  Cinchonid. Sulph.  $\mathfrak{z}$ i ; at bed-time. 11 p.m.—P. 108, R. 36, T.  $103^{\circ} .7$  F. Has been sleeping quietly for two hours since taking Cinchonidia. Is evidently lower and weaker than at any previous visit. Is quite conscious, but does not see any one.  $\mathfrak{R}$  Brandy  $\mathfrak{z}$ iv. ; every  $\frac{1}{2}$  hour. 3rd, 11.30 a.m.—P. 132, R. 46, T.  $104^{\circ} .5$  F. A consultation was held this day. The

patient seeming worse, and from the nature of the complication, my prognosis was decidedly unfavourable. The friends thereupon transferred the case to the consultee, who did not look upon it as at all so serious. I was therefore deprived of the opportunity of watching to the close a case in which I had taken much interest. My worst fears were realized, however, for the patient died on the 7th inst., four days after my last visit.

In these four days, of which I have no record of my own, I am informed that the patient the following day (March 4th) vomited and passed by the bowels a large quantity of purulent-looking substance which was very offensive; that the highest range of temperature was 104° Fah.; that the tumour never got any smaller or softer; that the cough remained as when I left; that he was unable to expectorate; that he was delirious every night; and that a rash of a very peculiar character, resembling typhoid rash, but general over entire body, and only partly disappearing on pressure, was observed on the day he died. There was no autopsy.

*Remarks.*—Of this complication in pneumonia, viz., parotitis, *Juergensen* (*Zeimssen's Cyclopædia*, vol. v., pp. 122-3,) says:—"I have never seen this complication; in the reports of the Vienna Hospital it is only mentioned six times out of 5,738 cases, a little more than one per thousand. The Basle reports do not mention it at all, nor does Hess. Grisolle speaks of it as a fortunately rare event; the patients most apt to be attacked are said to be those beyond sixty years of age. According to Grisolle, the parotid gland on only one side is usually attacked, but then in its whole extent. The inflammation progresses rapidly, and terminates generally in suppuration, or even in gangrene, for there is usually a diffuse infiltration of pus. For this reason the complication is always a serious one."

*Wilson Fox* (*Reynold's System of Medicine*, vol. iii, p. 658,) makes the following remarks concerning this complication:—"Parotitis is a rare complication, but it is one whose appearance seriously increases the gravity of the prognosis. Most of the cases of pneumonia in which it occurs prove fatal. Grisolle

states that its progress is very rapid, and that it tends to pass into suppuration or gangrene. In the former case, the pus may burrow deeply among the muscles of the neck, or may even open into the external ear. The pus is, however, usually infiltrated, so that but little escapes on incision. It appears to be most common in advanced life. The only case in which I have met with it was in a girl, aged fourteen."

There seem to be a few points of interest about this case. The treatment adopted was giving a combination of ammon. carb. with senega, and veratrum viride. Hitherto, in common with several of my confrères in this city, I have almost invariably treated a pneumonia for some days, at the outset, with this combination; and the results have been very satisfactory. It may be objected that the "expectant" treatment would have been equally successful, but I must say that I prefer the above combination. As a rule, it lowers the temperature, lessens the number of respirations, and brings down the number of the cardiac pulsations, while at the same time it increases their strength. In this case, however, my hopes were disappointed in two out of three of these objects; for the temperature remained between  $102^{\circ}.5$  and  $104^{\circ}$  F., and the respirations averaged nearly 39. The pulse was, in the meantime, brought down at one time to 63 (with a respiration of 33), and averaged  $93\frac{1}{2}$ . The pulse respiration ratio, therefore, 1 to 2.4, which is decidedly too high.

I am unable to assign any cause for the sudden outset of the parotid inflammation, unless it be a part of the general blood poisoning caused by so severe an attack of pneumonia. That the lung in this case was in the condition of purulent infiltration I have no doubt; the large evacuation by the bowels and by vomiting of a purulent-looking substance (though not proved to be pus), was, I think, owing to the fact that the patient was unable to spit out the matter coughed up, owing partly to intense weakness, and partly to the parotid swelling; he, therefore, swallowed it; and some passed per anum, and some by vomiting.

The rash which came on late in the course of the disease I

was unable to find out the character of, whether it had the characters of petechiæ or was a simple rash, resembling sudamina. I incline to the former opinion, because of the impoverished condition of the blood at this late stage of the disease. There were no other evidences, besides the parotitis, of any local inflammation; and I am not of the opinion that it was due to embolism. There were no symptoms of any cardiac trouble at any time, except the slight accentuation of the second sound, which could be explained on other grounds. At least, no such symptoms presented themselves during the period of my attendance. It is a matter of great regret to me that I was not in attendance during the entire illness, as in that case the notes would be very much more satisfactory.

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### CHRONIC PYÆMIA, FOLLOWING URETHRAL DILATATION.

By T. W. MILLS, M.A., M.D.,

Resident Physician, Hamilton City Hospital.

G. D., æt. 52; a blacksmith, stoutly made, was admitted to hospital November 21, 1879, for alcoholism. In a few days he regained his general health; but special attention was directed to a most unusual condition of the genito-urinary organs. The patient admitted that he had been a hard drinker for years, but was very chary as to any confessions of having been the subject of venereal disease. On being closely questioned, he stated that for several years he "had trouble with his water;" but that never till of late had he suffered from positive retention. A year ago almost he had his penis frozen, and the organ had sloughed off near the root—not more than an inch remaining; while the under surface of this stump was puckered and drawn downwards, so that the opening of the urethra actually appeared at the junction of the penis with the scrotum below; the opening was difficult to find, and would admit only a very small catheter. Once the opening was passed, the urethral canal was comparatively natural till the usual site of stricture was reached, when the greatest difficulty was experienced in passing any

sized catheter ; and from this point till the bladder was reached a series of strictures very close together were encountered. However, it was determined to attempt dilatation of the passage with a view of overcoming the unpleasantness produced by the urine trickling over the scrotum, instead of issuing in a sufficiently strong stream to clear this stricture. Accordingly from time to time such instruments as could be passed beyond the artificial meatus were passed inward into the bladder. It was noticed that considerable irritation followed these efforts, which seemed to increase till there was unquestionable "urethral fever" after every passage of the instrument. It was customary to retain the catheter *in situ* for such length of time as the patient could tolerate it. This, generally, was not longer than one hour. The result of these measures was some, but by no means very complete, enlargement of the urethral tube at the site of the stricture.

On the 20th of January, 1880, it was necessary to discharge the patient for a serious breach of discipline ; but as the case grew more serious after a few days (January 27th), he was re-admitted. He was then feverish, prostrated, and complained of pain and tenderness over the right scapula. He stated that slight tenderness had been felt in this region, though he had not mentioned it, before his dismissal.

The following notes of the case will give an idea of its progress :—

February 10th.—Scapular area red, tender, painful—œdematous. Hot fomentations applied. Kept in bed.

February 11th.—Dr. Malloch, the Visiting Surgeon for the month, under whose care the patient was, cut down, and with the assistance of a director which was moved round somewhat freely, pus was reached, though it was not evacuated without considerable difficulty, from the nature of the stricture and its deep location. Hot fomentations continued.

This abscess discharged for several days a large quantity of pus. Patient has a cough.

February 28th.—An abscess has formed in lower nates and was opened to-day, and a large discharge of pus followed.



March 4th.—Scapular abscess discharges but little ; openings shewed a tendency to heal. Patient very much prostrated ; prognosis is grave ; he has daily sweats and hectic ; cough, with muco-purulent expectoration, continues. Moist râles and dullness at lower base. Appetite poor ; sleeps but little.

Another abscess threatens to form over lower hip ; redness extends as high as crest of ilium. Given instead of the cinchonidæ sulph., which he has been taking from the first in 6 grain doses every four hours :— $\mathfrak{m}$  viij Tr. Ferri Mur., and Cinch. Sulph. grs. iij ; every four hours. To have 4 oz. whiskey per diem. The diet is abundant and nutritious.

March 9th.—Abscess opened about two inches below the crest of the ilium. The pus spurted up in a large jet to the height of about two feet. Like that from the other abscesses it was very foul, thick, and of most unhealthy appearance. From this date the patient began to improve rapidly.

April 8th.—All the wounds healed ; no cough or expectoration ; appetite and general health good.

Temperature.—Throughout it varied between  $103^{\circ}$ , which was the *maximum*, and the *norme*, which was reached on the 21st February. It remained normal after the 13th of March. The fever-heat was, however, very fluctuating.

The pulse was not correspondingly rapid, ranging from 72 to 94 per minute.

*Remarks.*—In our hospital we have had several instances of rise of temperature and general febrile disturbance lasting for from 24 to 48 hours, after passage of the catheter in cases of stricture ; but Pyæmia, I would venture to think, must be a very rare sequence. In the case now under consideration, there was neither history nor other evidence to give any other clue to the cause of the rapid formation of a series of abscesses in different parts, including perhaps one or more in the lungs. Certain it is that the patient came near losing his life, and it required the most vigorous treatment to keep him from reaching that chamber, where often so sad but so true a tale is told, where diagnoses are confirmed, perchance exposed.

## A CASE OF TEMPORARY DIABETES INSIPIDUS— FROM MENTAL CAUSES ?

BY JOHN REDDY, M.D., L.R.C.S.I., &c.,  
Physician to the Montreal General Hospital, &c.

*(Read before the Medico-Chirurgical Society of Montreal.)*

Benjamin, J., printer, aged 42, fairly nourished, well proportioned and of athletic build, weighing 151 lbs., consulted me on the 16th February, 1880.

He stated that about seven weeks previously he noticed that his appetite was not as good as usual, and that he gradually felt great thirst, which caused him much daily inconvenience by obliging him while working at his trade to have a good supply of cold water always near hand. He noticed, too, that he was constantly forced to empty his bladder. For the first two weeks this occurred chiefly in the day time. He estimated that he drank about three quarts of water, and voided about the same quantity of urine, daily during the above period. At the end of this time he felt his sleep much disturbed by a constant craving for cold water, having to drink a large tumbler full about every half hour. He frequently drank a pailful of water during the night, and passed about the same quantity of urine. On account of his personal inconvenience and loss of rest, he was obliged to desist from his work.

His face is dark and healthy looking, tongue clean, temperature normal. He never had syphilis, and has led a regular life. For several weeks, prior to this attack, he frequently drank several glasses of beer during the day. He frequently suffers from dull pain in his temples and eyeballs, unattended by sickness of stomach. He is not constipated. It is at night that he is most troubled with the pain he complains of in his head. He attributes his present state to mental anxiety, caused by the reverses of fortune. Some months prior to this attack he weighed 176 lbs., but lately found that it had diminished to 151 lbs. His lungs, heart and other organs seem quite normal. His eyesight has not been good for some years past, and his left eye particularly—this, he thinks, has become much aggravated since his

present illness commenced. He has also occasional attacks of despondency. His family history is good.

Examination of Urine; Urine almost colorless, re-action neutral; no smell; specific gravity 1004; no albumen present; nor sugar. (Fehling's test used.)

Microscopical examination showed nothing abnormal.

*Treatment.*—Ordered Fluid Extract of Ergot, Fluid Extract of Valerian, of each 40 minims. in an ounce of sweetened water, three times daily, about an hour after meals. To abstain as much as possible from drinking cold water.

*26th Feb.*—Called to-day, stating that he felt much better, that he noticed that he was not so much disturbed at night, his thirst was less and he also urinated less. He gave up taking his mixture two days ago, as he thought it sickened him.

I have had three cases of Diabetes Mellitus within the last few years, where the quantity of urine passed amounted to several pints in the twenty-four hours, and found that giving  $\frac{1}{4}$  grain doses of the sulphide of calcium three times a day diminished the urinary flow to about a quart in the twenty-four hours (even for a considerable period while the remedy was used). But here, owing to the cause of the complaint, I thought that phosphorus would be more suitable. I therefore gave him to-day a prescription containing  $\frac{1}{10}$  gr. of phosphide of zinc and  $\frac{1}{4}$  gr. of ext. nux. vomic. in pill—one to be taken three times a day.

*March 4th.*—Feels very much better and stronger; has only suffered twice lately from headache, but the pain was not severe. The thirst is very much less, and his sleep has quite improved, as he hardly requires to urinate during the night. He now passes less than two quarts in the twenty-four hours. He feels so much improved that he is thinking of resuming his work; he attributes the benefit which he has received to use of the pills I ordered him, as he began to improve the very day he commenced them.

*6th.*—Called to-day. Still improving; he brought a specimen of his urine taken from what he had passed during the last 24 hours. The specific gravity still the same (1004), and the other characters the same.

30th.—Visited me to-day quite well and able to attend to his duties. His urine has a little more color, but the specific gravity remains at 1004, although the thirst and urinary flow have nearly reached the normal standard. He has not taken the phosphide of zinc and nux. vomica pills for over ten days.

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### Reviews and Notices of Books.

*A System of Medicine.* Edited by J. RUSSELL R. EYNOLDS, M.D., F.R.S., F.R.C.P., Lond., Fellow of University College, London, &c., &c. With numerous additions and illustrations by HENRY HARTSHORNE, A.M., M.D., Fellow of the College of Physicians of Philadelphia, &c. In three volumes. Vol. II.: Diseases of the Respiratory and Circulatory Systems. Philadelphia: Henry C. Lea.

We have already, in connection with Vol. I., noticed the appearance of this magnificent work and alluded to its general plan and arrangement. This, therefore, it is unnecessary to repeat. Vol. II. consists of 925 pages and is divided into two parts—Diseases of the Respiratory System and Diseases of the Circulatory System. The article on affections of the Larynx is written by Dr. Morell McKenzie, and a special section is devoted to Croup by Mr. Squire. The diseases of the Lungs are divided into the usual chapters, which are written by the following well known authors:—Sir William Jenner, Drs. Hyde Salter, Hughes Bennett, Wilson Fox, Bastian, Hewitt, Roberts and Anstie. The second part, upon the disorders of the heart and vessels, is equally full and complete, and is the work of writers whose names are intimately associated with this subject. Each of the structures of the heart is afforded sufficient space for detailed description of its derangements. The division also includes extensive delineations of the diseases of both arteries and veins. To these have been added a chapter on mediastinal tumors, by Douglas Powell; and one on hemophilia—a new one—by Dr. Hartshorne. Amongst the writers are the following:—Drs. Peacock, Gibson, Gardner, Gowers, Bristowe and Reynolds.

The illustrations in this volume are nearly all original, are well executed, and aid very much in following the descriptions of the text.

Space does not permit of more lengthened notice of this comprehensive work. Fortunately, the original edition is so well known that it is only requisite to draw attention to the present publication in such an improved form to cause it to be widely sought after.

*The Therapeutics of Gynecology and Obstetrics*; comprising the medical, dietetic, and hygienic treatment of diseases of women, as set forth by distinguished contemporary specialists. Edited by WM. B. ATKINSON, A.M., M.D., author of "Hints in Obstetric Procedure," physician to the department of diseases of women, Howard Hospital, &c. Philadelphia: D. G. Brinton.

This is a third volume which has been added to the series of "Modern Therapeutics," the first two of which were edited by the late Dr. Geo. H. Napheys. The latter, one medical, the other surgical, have proved themselves of great benefit to the profession generally. There is no special branch of medicine in which a work of this kind is more called for than in gynecology and obstetrics. It is quite impossible for a physician in active practice to follow the rapid advance in therapeutic methods which has been made in this department of late years. The arrangement here adopted seems admirably suited to the end in view. The various diseases and derangements of the uterus and its appendages, as well as the puerperal diseases, are systematically enumerated—then, in each case, headed by the name of the principal authority, is given each of the various distinctive methods or special plans of treatment. In a great number of instances, references are given to current literature or authors' works, to substantiate the statements made. This is associated with numerous formulæ, such as have been found most useful. At the end of each article is found what is called a résumé of remedies, in which is given alphabetically a complete list of all the drugs recommended for the preceding complaint;

an asterisk being made to indicate those to which the preference should be given. It is impossible to conceive of a better plan for rapidly finding out all the methods of treating any given case than that here made use of. Having carefully looked over several of the chapters on some of the most important subjects, we have no hesitation in saying that they appear to be most complete; and we believe that but very few omissions will be found of anything which is of any real importance with reference to the medicinal treatment and other management of all gynecological and obstetrical cases.

*The Student's Guide to Diseases of the Eye.*—By EDWARD NETTLESHIP, F.R.C.S., Ophthalmic Surgeon to St. Thomas's Hospital, with eighty-nine illustrations. 8vo., pp. 368. Philadelphia: Henry C. Lea.

This condensed manual of eye affections will no doubt prove very acceptable. It is written by one who has had an immense field for observation in connection with the eye department of St. Thomas' Hospital, and who bears an excellent reputation as a scientific man in his own special branch. It differs also in arrangement from most books bearing the same or a similar title. It is divided into three parts. Part I. treats of the means of diagnosis, including discussion of the leading symptoms of derangements in the eye, the external examination, and a good practical chapter upon the ophthalmoscope and focal or oblique illumination. Part II. is called the Clinical Division, and treats in detail the affections of the various structures connected with the eyes and their appendages. The chapters in this section, which we have examined, commend themselves for their accuracy and the clearness of the description. Part III. treats of diseases of the eye in relation to general diseases. It is unnecessary to say that this is a subject which every advanced student of medicine must take an interest in. Its importance is fully recognized by the writer, who has here ably brought together all the main well-ascertained facts bearing on the subject.

For general information for students and for the ready refer-

ence of general practitioners, we can cordially recommend this excellent little treatise.

*Lectures on the Diseases of the Nervous System*; delivered at La Salpêtrière. By J. M. CHARCOT, Professor to the Faculty of Medicine of Paris; Physician to La Salpêtrière; Member of the Academy of Medicine and of the Clinical Society of London, &c., &c. Translated from the second edition. By GEORGE SIGERSON, M.D., M. Ch. Licentiate of the King and Queen's College of Physicians; Fellow of the Linnean Society of London, &c. With illustrations. Philadelphia: Henry C. Lea.

The name of Charcot has of late years become a household word in medicine, and is always associated with the greatest and most recent advances in our knowledge of the functions and the disorders of the nervous system. A wonderfully close and most enthusiastic observer of disease, his opportunities have been of immense extent as chief of the clinique at the great hospital of La Salpêtrière, which contains, probably, a greater number and a larger variety of nervous complaints than any other hospital in the world. The great teacher possesses, moreover, the invaluable gift of clear, sharp, and forcible description and explanation. The consequence is that we have, in the clinical lectures now before us, an accurate account of a large number of examples of some of the most important neurotic affections, with the lessons drawn therefrom, by a great master of the subject. It is almost needless to say that they are replete with instruction and worthy of careful perusal by every medical man.

*Clinical Lectures on the Diseases of Women*.—Delivered in St. Bartholomew's Hospital. By J. MATTHEWS DUNCAN, M.D., LL.D., F.R.S.E., &c. Philadelphia: Henry C. Lea.

This is an unpretentious book of small dimensions, but probably of value in inverse proportion to its size. It consists of a series of disconnected clinical lectures on gynecological

cases, most of which have been published in the *Medical Times* and *Gazette* and the *Medical Examiner*. Several of them, we are informed by the author, are reported *verbatim*, having been taken down by a short-hand writer, and all bear plain evidence of having been prepared for a practical class. They are entirely devoid of the literary and historical details of the systematic treatises, and embody, in a concise manner, the writer's teachings on the subjects treated of. These are sufficiently numerous—there are XIX. lectures—and embrace a few of the rarer and more interesting conditions, such as are but seldom met with except by those of extended experience but the majority are the diseases of every-day practice, and therefore all the more important.

These lectures should be read by every one who practises and studies the diseases of women.

*A Treatise on the Science and Practice of Midwifery.*—By W. S. PLAYFAIR, M.D., F.R.C.P., Physician-Accoucheur to H.I. and R.H. the Duchess of Edinburgh, Professor of Obstetric Medicine in King's College, Consulting Physician to the General Lying-in Hospital, President of the Obstetrical Society of London, &c., &c. Third American edition. Revised and corrected by the author. With notes and additions by Robert P. Harris, M.D. With two plates and one hundred and eighty-three illustrations. Philadelphia: Henry C. Lea.

We observe with pleasure the appearance of this third edition of Dr. Playfair's midwifery. It is a work which is so well known and appreciated as one of the standard authorities on all matters connected with the obstetric act that further commendation would only be superfluous. It is one of the text-books freely recommended by teachers of midwifery both in England and America. It will therefore continue to be received as a reliable instructor and guide. It only requires to be said that the notes and additions made by Dr. Harris have been introduced in order that the reader may have the benefit of any recent suggestions and improvements likely to be serviceable.



They are not numerous, but are found where their absence would be noticeable, and certainly add to the value of the book.

*Brain-work and Over-work.*—By Dr. H. C. WOOD, Clinical Professor of Nervous Diseases in the University of Pennsylvania, Member of the National Academy of Science. Philadelphia: Presley Blakiston.

The above is the title of another number of the series of American Health Primers. It treats of a subject well worthy of being introduced to popular notice. In this age of hurry, excitement and constant emulation, it is well that there should be diffused as generally as possible a knowledge of the ill-effects sure to be induced by undue or too-prolonged strain upon the brain and nervous system. The important matters of work, rest, recreation and sleep are discussed, and the natural laws by which they are governed pointed out; and it is shown how, with unerring certainty, violation of these is followed by consequences more or less serious in proportion to the deviation from the dictates of reason and experience.

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### Books and Pamphlets Received.

*The Student's Manual of Venereal Diseases:* being the University lectures delivered at Charity Hospital, B.I., during the winter session of 1879-80. By T. R. Sturgis, M.D., Clinical Lecturer on Venereal Diseases in the Medical Department of the University of the City of New York. New York: G. P. Putnam's Sons.

*A Practical Hand-book of Medical Chemistry, applied to Clinical research and the detection of poisons.* Partly based on "Bowman's Medical Chemistry." By William H. Greene, M.D., Demonstrator of Chemistry in the Medical Department of the University of Pennsylvania, &c. Philadelphia: Henry C. Lea's Son & Co.

*The Principles and Practice of Gynecology.* By Thos. Addis Emmet, M.D., Surgeon to the Woman's Hospital of the State of New York, &c. Second edition, thoroughly revised; with one hundred and thirty-three illustrations. Philadelphia: Henry C. Lea.

*The Problems of Insanity.* A paper read before the N. Y. Medico-Legal Society. By George M. Beard, A.M., M.D.

*Muscle-beating, or Active and Passive Home Gymnastics for Healthy and Unhealthy People.* By C. Klemm, manager of the Gymnastic Institution in Riga. With illustrations. New York: M. L. Holbrook & Co.

*A Text-book of Physiology.* By M. Foster, M.A., M.D., F.R.S., Prælector in Physiology and Fellow of Trinity College, Cambridge. From the third and revised English edition. With notes and additions by Edward T. Reichert, M.D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. Philadelphia: Henry C. Lea's Son & Co

## Proceedings of Societies.

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The ordinary meeting was held March 19th. In the absence of the President and Vice-President, Dr. Hy. Howard was elected to take the chair.

Dr. Osler exhibited:—1st. Tumor of the thyroid. 2nd. Dermoid cyst. 3rd. Two cases adherent pericardium—endocarditis—incompetency of the valves. 4th. Mitral stenosis. 5th. Cancerous ovarian tumor, involving both ovaries.

Dr. Kennedy stated that the patient, from whom this heart and ovarian cyst were removed, *post-mortem*, was about 19 years of age, and had been in service. She was first seen on the 4th of February, suffering from severe cardiac disease, a loud double murmur existing. Owing to extreme dyspnoea and tenderness of the chest, a prolonged examination was inadmissible. The heart labored with extreme violence. The difficulty of breathing was so great that, at this time, was of opinion that she could last but a few hours. There was a history of an acute attack of rheumatism at the age of 14 years, which lasted a very long while. Two weeks prior to her illness, a sister had died of puerperal convulsions, and, on the girl visiting her, she had to tramp for some distance through very deep snow, which was the apparent cause of her last illness. At the time she came under treatment menstruation, which had been slight, had just ceased. For the first few days there was a slight improvement in her condition, a severe substernal pain then manifested itself, and auscultation discovered, besides the valvular murmur, a friction sound synchronous with the heart's action, and,

as the *post-mortem* revealed, due to extra-cardial extension, involving the surface of the adjoining portion of the right lung. This pain was very much relieved by the application of a fly blister. About February 12th, an extensive attack of urticaria set in, and, on examining the abdomen, there was discovered a tumor, rising out of the pelvis in the median line, which, from its shape, exactly resembled the gravid uterus at the fifth month. Pregnancy was suspected, but this the patient denied; and, as there was no reason, owing the patient's state, to make a particular examination as to its true nature, none was made, there being no hope of recovery. The *post-mortem* revealed it to be ovarian, as shown in the specimen. Her condition remained about the same until the 18th, when advantage was taken of a slight improvement in her breathing to have her conveyed into hospital, where she died on the second day after entrance.

Dr. Ross read a paper on a case of Diabetes insipidus in connection with cancer of the liver.

Dr. Hy. Howard read a paper on chronic dementia, in which he took the ground that it was impossible in a case of consecutive chronic dementia to have priapism.

Dr. Osler remarked that he did not see any good physiological grounds for supposing that the individual mentioned in the report was necessarily incapable of having an erection, as this act was, in a measure, independent of the brain, and, as shown by Goltz, could be excited reflexly in animals whose spinal cords were cut in the dorsal regions. The erector centre is believed to be situated in the lumbar cord. Physiologists very generally believe that there is no satisfactory evidence of the connection of the cerebellum with the sexual functions; indeed, the experiments of Eckhard go to show that the central stimuli exciting the act of erection pass not along the cerebellar peduncles, but down the crura cerebri, *i.e.*, they proceed from the cerebrum.

Dr. F. W. Campbell stated that he had under his care, for the past year and a half, a case of dementia, due to softening of the brain, and which had, in its early stage, been seen by Dr. Howard. This patient had for months past been so bad as to

pass his faces involuntary, and yet during that time he had frequent satisfactory intercourse with his wife—whom, in fact, he had impregnated.

Dr. Hy. Howard, in defending his paper, said:—"In reply to Dr. Osler's remarks, I can very well understand that a man may be paralyzed in the lower extremities from disease or injury of the lumbar portion of the spinal cord, and yet be capable of cohabitation; for a man suffering from general paralysis can have an erection of the penis, and for the simple reason that in neither case does it follow that there *must* be disease of the cerebellum, as there is in consecutive chronic dementia. I say the lower portion of the spinal cord may suffer from disease, and no injury result to the nervi-erigentes, for its connection with the cerebellum is not through the spinal cord, but by means of the splanchnic, or great sympathetic, and its ganglia, at least according to such physiologists as Eulenberg, Guttman, and Lövan—no mean authorities.

I therefore maintain that, when the cerebellum is diseased, as we find it is in chronic dementia, it being what we might call the *entity* of the nervi-erigentes, the consequence will be impotency, at least in so far that it would be impossible to have an erection of the penis. And this fact is fully borne out by my own experience.

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The ordinary meeting was held April 9th, the President in the chair.

Dr. Osler exhibited:—1st. Aneurismal dilatation of the arch of the aorta. The patient had been under Dr. Ross' care, who gave a short account of the clinical facts:—

The patient was a strongly built man, of 38 years, who had had both syphilis and rheumatism. The symptoms from which he had suffered were severe neuralgia of the right side of the neck, the pain shooting up behind the ear and down to the shoulder; a gradually increasing hoarseness of voice; troublesome cough, and occasionally an attack of marked dyspnoea. He was treated in the General Hospital. An ovoid, very strongly pulsating, tumor was found, rising above the right

sterno-clavicular joint. He was seen by several members of the staff, and the unanimous opinion held was that it was situated in the innominate artery. Dr. Ross had shared the same opinion, but thought that, probably, the arch was also somewhat involved. One reason for thinking so was the strong pulsation communicated through the trachea on making upward traction thereon. It was interesting to find that such conditions might occasionally be observed in an aneurism springing wholly from the aorta itself.

The President remarked that the specimen exhibited by Dr. Osler, for Dr. McConnell, with the clinical facts noticed by Dr. Ross while the patient was under his observation, suggest several interesting observations:—1st. This aneurism of the arch presented the physical signs of an innominate, rather than of an aortic aneurism; and it would not have been possible to have avoided mistake, owing to a pouch of the aneurismal sac projecting exactly up in the course and alongside of the innominate artery, and to an absence of distinctive signs of dilatation of the arch itself. 2nd. A surgeon could not have been blamed had he ligated the *arteria innominata* or the carotid under the impression that the aneurism was innominate. 3rd. This is an additional instance to the many others which have occurred here within the past few years of the occurrence of thoracic aneurism in persons the subjects of syphilis. It can hardly be alleged that the rheumatic fever which the patient had suffered was the cause of the disease, as in that case it would have to be contended that the rheumatism had skipped over the part it usually attacks, the valves, and had invaded the aortic walls, which it rarely, if ever, does. On the other hand syphilis has a special tendency to induce disease of arterial walls. 4th. The absence of hypertrophy of the left ventricle in this muscular man suggests the idea that the aneurism probably ran a rapid course, and that sufficient time was not afforded for the development of marked hypertrophy. Lastly, the co-existence of evidence of compression of the trachea by the tumor with attacks of dyspnoea, and the support thus afforded Dr. Bristowe's views on that point.

The second specimen was one of congenital deficiency of the

rectum, upon which Dr. Fenwick had operated. An incision was first made where the anus should have been, but the open bowel could not be reached in that way. An incision was then made in the groin, and the bowel opened and the edges stitched. The case, however, proved fatal on the following day.

Dr. Richard MacDonnell exhibited to the Society an occipito-atloid ankylosis.

Dr. Fenwick then read a paper on the removal of a tumor in the vicinity of the thyroid gland, a portion of the right lobe being partly involved.

A vote of thanks to Dr. Fenwick was moved by Dr. F. W. Campbell, seconded by Dr. Hy. Howard.

Dr. Cameron stated to the Society his wish to bring before the consideration of the members, the subject of the communicability of typhoid fever by a portion of the milk supply of Montreal, expressing also the fact that Mr. McEachran would, if agreeable, give a paper on the transmissibility of tuberculosis from animals to man. It was decided that these subjects should be presented to the next meeting.

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### Extracts from British and Foreign Journals.

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

**The Materia Medica of Antiseptic Surgery.**—In an interesting lecture published in the *American Practitioner* (March, 1880), Dr. JOHN CUIENE, Surgeon to the Edinburg Royal Infirmary, gives the following description of the armamentarium used by Mr. Lister in his practice of antiseptic surgery.

The best form of carbolic acid to employ is the absolute phenol of Messrs. Bowdler and Bickerdike Church, Lancashire. Its advantages are that it has no objectionable odour, is readily soluble, and does not irritate the operator's skin; while the more crude and impure forms met with are occasionally so disagreeable and harsh that some of the German surgeons anoint their hands with vaseline before beginning work, in order to obviate this inconvenience.

Among the various preparations of carbolic acid we may first take up the solutions. There are two watery solutions—strong and weak. The strong consists of one part of acid crystals in twenty parts of water. It is used for washing and purifying the skin and instruments; for soaking sponges, drainage-tubes, and horse-hair; and for the steam spray. The weak, which is half the strength of the strong—one part of the crystals in forty parts of water—is required for washing the sponges during an operation, for soaking the “deep dressing,” and for dressing generally. These lotions should be filtered after making, and had better be kept in large, blue, glass-stoppered jars carefully labeled.

An alcoholic solution of the strength of one part of the acid in five of spirit of wine is employed for cleansing wounds seen a few hours after injury, and specially for those cases in which dirt and foreign matter have obtained access to the tissues.

There are two oily solutions. The weak—one part of crystals in twenty of olive oil—is used for purifying and lubricating urethral bougies, sounds, and catheters immediately previous to their introduction; the strong—of one part in ten—for applying to exposed dead bone in situations where we cannot at once remove it, but have to leave it for some time *in situ*; for example, in necrosis of the flat bones of the skull-cap. In such cases a piece of lint soaked in the oil is laid on the bare bone, and covered with a piece of gutta-percha tissue.

Antiseptic gauze is prepared by charging unbleached muslin of open texture with the following mixture (New Formula, 1879): crystallized carbolic acid, one part; common resin, four parts; solid paraffin, four parts. This last prevents adhesiveness. Paraffin does not blend at all with carbolic acid in the cold, and therefore simply dilutes the mixture of carbolic acid and resin, without interfering in the least with the tenacity with which the resin holds the acid. The acid is only given off in sufficient quantity when the gauze is moist and at the temperature of the human body.

To charge the gauze, the paraffin and resin are first melted together in a water bath, after which the acid is added, and all

are stirred together. We have now to diffuse this equably through the cotton cloth ; and this requires, first, that the cotton be at a higher temperature than the melting-point of the mixture ; and secondly, that it be subjected to pressure after receiving it. The gauze is therefore heated in a trough, and as layer after layer is turned over the hot mixture is squirted on by means of a large metal syringe furnished with a series of perforations at the end. Finally, a large heated block is allowed to descend, which accurately fills the trough and subjects its contents to pressure. The quantity of fluid mixture employed should be somewhat less in weight than the amount of gauze.

The prepared gauze is used for the large superficial dressing ; in loose pieces for padding and dressing irregular surfaces ; for bandages ; and also when wet, wrung out of one-to-forty aqueous solution, for the " deep dressing."

Mackintosh consists of thin cotton cloth having a layer of India-rubber waterproofing on one side. This should be evenly applied and continuous, so that the material is quite impervious. There must be no pin-holes in it.

Protective is made of oiled silk, coated on both sides with a thin layer of copal varnish, which renders the silk impervious to the carbolic lotion. Over this again a fine layer of carbolized dextrin is laid, which allows the one-to-forty lotion, into which the protective is dipped immediately before use, to wet, and so thoroughly purify the surface. The protective is neither aseptic nor yet antiseptic ; hence the necessity of making it so before application. Its action is thus purely negative. It keeps the edges of the wound clean, moist, and free from the irritating action of the antiseptic employed, which, owing to the copal varnish, cannot penetrate to the wound ; allows discharge to escape readily from under it into the dressing ; does not adhere, and so is easily removed when necessary.

Carbolized catgut is thus prepared : To twenty parts of carbolic acid crystals add two parts of water, and to this again add one hundred parts of olive oil. Place this mixture in a flask, and in this put several skeins of catgut. These should be kept, by means of a few glass marbles or rods, above the level of the



watery deposit which occurs. Seal the flask hermetically, and set them aside in a cool place. The gut must not be used until five or six months after this, and the longer it has been prepared the better.

Carbolized silk is prepared by immersing a reel of silk in melted beeswax containing about one-tenth part of carbolic acid. The silk is drawn through a dry cloth as it leaves the hot fluid, to remove the superfluous wax.

All these various requisites should be kept by themselves apart from all other dressings—the gauze in a tin box; the silk in a stoppered glass jar; sponges, drainage-tubes, and horse-hair in wide-mouthed jars of one-to-twenty lotion; and the gut in its oil.

The various forms of steam sprays employed are constructed on the principle of Adams's steam inhaler. The boiler should be strong, dome-shaped, and furnished with a safety-valve. It is filled by an aperture situated at the lower level of the dome, so that in filling, this space is left clear for steam alone. It is a disadvantage when the boiler is filled at the very summit; and in hospitals sufficient care is often not exercised, the steam dome is encroached upon, and a jet of boiling water is thus thrown out in place of spray. The steam-pipe, provided with a stop-cock and ball joint, passes forward from the top of the dome and ends in a fine point, through which the steam rushes with great force. United to the under surface of the steam point, at an angle of forty-two degrees, we have the carbolic point continuous with the upper extremity of the India-rubber tube which leads up from the reservoir of one-to-twenty lotion. As the steam rushes out over the carbolic point it creates a vacuum, and the lotion thus sucked up is driven off in a fine cloud of vapour which covers an area large enough for any ordinary operation, and which is quite respirable, not wetting, and effective at a distance of at least four feet.

On arriving at a patient's house we fill the spray with boiling water up to the base of the dome; never above this; and so we avoid the danger, as I have remarked, of having the upper point blocked by particles of dust carried along in the jet of

water, which would ensue were the boiler overfilled. We light the lamp, noting that the wick is in good order and that there is a sufficiency of spirit. We judge that steam is up if it escapes with great force and if it has a distinctly blue colour, when we shut off all carbolic acid, which may readily be done by compressing the carbolic tube with the fingers, and so seeing steam alone. One has also the peculiar rushing sound, the smell and taste of the spray to guide him in ascertaining if all is in working order. A small filter, formed of a piece of sponge, inserted into the lower extremity of the carbolic tube, and secured in position by means of a gauze cap, will prevent the lower point from getting choked with dirt, which, falling into the open jar of acid, may be sucked up, and so cause trouble. Should the spray cease working, we may unscrew the points and affix the reserve pair found in the hollow handle, the wound being meanwhile protected by a "guard" consisting of a rag or piece of gauze soaked in lotion. In this way operative procedure is not hindered, and the defaulting points may be seen to and cleaned out with a horse-hair or fine silver wire at a more fitting time. This is an accident which hardly ever occurs in private practice.

The other antiseptics employed are—

A solution of chloride of zinc (forty grains to the ounce of distilled water), introduced by the late Campbell de Morgan. It is chiefly used to brush over the cut lips of incisions and wounds in regions which we cannot hope to keep aseptic, as in excision of the upper jaw or lateral lithotomy. We may leave our dressing of strips of lint soaked in this solution *in situ* for forty-eight hours, so potent is this salt; and in this way, thanks to its searching character and non-volatility, the pain and unrest of dressing is avoided, and a dangerous period, during which blood-poisoning from absorption might take place, is tided over. Considerable smarting and pain ensue after application, and this continues for a varying period, according to the temperament of the patient. The use of chloride of zinc for purifying ulcers will be referred to shortly.

Boracic, or rather boric acid, is used as lotion, lint and ointment. It is non-volatile, very unirritating—in fact the least so

of all antiseptics—but is not at all searching. It may prevent, it can hardly eradicate putrefaction. The lotion of one part of the crystals in thirty parts of water is coloured red with litmus, and thus at a glance we may distinguish it from other lotions. It is used for moistening the boric lint and for washing sores.

The lint is prepared by soaking ordinary surgeon's lint in a boiling saturated solution of boric acid, coloured red with litmus. It is allowed to cool, the lint is hung up to dry, and the remaining fluid poured off and used as boric lotion. The lint is of a pink hue, and glitters with the soft, flat micaceous crystals. In a similar manner we may charge bibulous paper or the paper lint introduced by Messrs. Wyeth, of Philadelphia. We moisten the boric lint with boric lotion before application, and this for the same reason as we also soak the deep dressing of gauze or the protective in carbolic lotion. The surface of the material may be covered with germs of all kinds, because the antiseptic is not acting. We destroy these organisms by our active lotion, and as the aseptic discharge finds its way afterward into the dressing, it dissolves and sets free quite enough of the stored up agent to render itself also antiseptic.

Boric ointment may be prepared by rubbing up one part of finely levigated boric acid in five parts of vaseline. It acts as a sort of antiseptic protective, and is specially useful in the treatment of wounds in the face, where it allows the discharge to escape, keeps the wound sweet, and never adheres.

An emulsion of salicylic acid in one-to-forty carbolic lotion was introduced by Mr. Lister for the purpose of checking the chemical changes which may take place under dressings which have been left unchanged for some time. These changes, due to a chemical action between the gauze and the discharges under it, the sweat, etc., give rise sometimes to a troublesome irritation and eruption, formerly dubbed *eczema carbolicum*. A very little salicylic cream, smeared on the surface of the protective or deep dressing, effectually disposes of this.

**A Foetus in Adipocere.**—Of the many brilliant and rare operations that Billroth has performed this winter, one

or two especially deserve more than passing notice. The first was the removal of the fruit of an extra uterine pregnancy, which, as the result showed, had been converted into a perfect adipocere, while still retaining quite distinctly the outline of every part and feature. The woman, a multipara, had, two years before the operation, presented symptoms which induced the physicians in charge to diagnose an extra uterine-pregnancy, a diagnosis confirmed by Prof. Braun, of the obstetric department at this university. Not satisfied with either of these answers, she left Vienna, and was not again heard from until recently, when she presented herself at the surgical clinic and demanded to have the tumor removed, as the sense of weight, pain and disturbances of digestion from which she suffered had made her life a burden; in addition she had had repeated attacks of peritonitis. As she persisted in this demand, despite a most unfavorable prognosis, the operation was finally decided upon, and a confirmation of the previous diagnosis, made two years before, was the result. As is easily imagined, the adhesions of the sac containing the degenerated foetus to surrounding viscera were very extensive, and quite a number of ligatures had to be applied; the hemorrhage was slight and quickly controlled, and the sac removed in toto. It was composed of dense fibrous tissue, doubtless the result of an inflammation, and upon its inner surface contained an abundance of cholesterin crystals, with a thin coating of the same yellowish, fatty material into which the foetus had become converted. Of the foetus itself, the soft parts had all undergone this change, and many of the bones, particularly at their epiphyses, were similarly affected. The woman had no fever, and did very well after the operation. The foetus, very well preserved, had, to judge from its size, evidently reached maturity before its death and subsequent degeneration; probably had it remained longer in the abdominal cavity it would have become infiltrated with calcareous salts and resulted in the formation of a perfect so-called stone child, or lithopædion. The rarity of such cases of extra uterine-pregnancy in and of themselves, the history of the subsequent operation and the conditions there found attach to

this case quite a peculiar interest. The patient has been doing very well up to date.—*Corr. Cincinnati Lancet and Clinic.*

### **Nerve-stretching in Tabes Dorsalis.**—

Dr. Langenbuch, of Berlin, reports a case in which nerve-stretching relieved completely the shooting pains of tabes dorsalis, and at the same time exerted a remarkable influence on the other symptoms of the disease. The patient, a merchant, forty years of age, had suffered several months from the affection, all the characteristic symptoms of which were well marked. The pains were very intense, and were but slightly relieved by sedatives. The left sciatic nerve was operated on first, as the pains were most severe on that side. When the nerve was laid bare, it was found to be somewhat swollen and of a reddish color; it was forcibly stretched, and the wound was then closed with sutures and dressed antiseptically. When the patient recovered from the narcosis, he stated that the pain had entirely ceased in the parts supplied by the stretched nerve. The motor and sensory paralysis resulting from the operation disappeared in a few days, but the pains did not return. The wound was healed, and twelve days after the first operation both the crural nerve and the right sciatic were stretched in one séance. The three wounds healed in a few days under antiseptic dressings. The effects of the second operation were similar to those of the first. All the pains ceased immediately and permanently, and the paralysis of motion and sensation lasted only a few days. When the patient made his first attempts at walking after the operation, he declared that he was again able to tell what there was under his feet. He rapidly gained the power of walking, and it was then unexpectedly discovered that the ataxic symptoms had also completely disappeared. As soon as he was able to walk tolerably well, he left the hospital, but soon afterward entered another hospital. Dr. Langenbuch sought him out there, and found him free from all ataxic symptoms and disturbances of sensation in the legs. He was able to walk about without a stick, and complained only of weakness and pains in the arms. Dr. Langenbuch thinks that in this case the primary

seat of the disease was in the peripheral nerves. He believes that a rigid adherence to the antiseptic treatment is of the greatest importance in these operations on the nerves.—*Berliner klin. Wochen.*, No. 48, 1879.

**A Portion of the Pants a Nucleus for Stone in the Bladder.**—Dr. Otis presented a specimen of stone, with the following history: Eight weeks before, a man from Newark presented himself at the clinic of Dr. Otis with the history of a deep, close stricture, said to be caused by a blow on the perineum. The patient stated that he was skylarking in a bar-room and was pushed against a broken wooden settee in such a manner that he straddled a wooden peg, which wounded his perineum. He suffered a good deal of pain in consequence; subsequently went home and had some retention of urine. A surgeon was sent for, who drew off a small quantity of urine mixed with blood. The patient passed his urine next day without difficulty, and had no special trouble for six months, when he began to suffer from frequent urination with attendant cystitis. These symptoms were supposed to be due to stricture. The patient passed through several hands, and finally came under the care of a physician who brought him to the clinic. On examination by Dr. Otis no stricture was found, but the large steel instrument which was passed into the bladder struck a stone. The latter was found to be of unusual shape. A large, broad, flat surface was felt, and the shape of the stone forbade its removal by crushing. It was accordingly determined to operate by median lithotomy. On putting the finger through the wound into the bladder a flattened stone was encountered, upon the surface of which were mammillated points about the size of a small marble. The size of this mass was two inches in length by one in breadth. It was crushed by the forceps and removed in two pieces. The stone was then found to contain a piece of woollen cloth two inches long and one inch wide. In a separate fragment of the calculous mass another piece of the same cloth was imbedded. The stone weighed in all 360 grains. Dr. Otis stated that he had in his experience a similar case.

A man fell upon the upright handle of a pitchfork and also drove a small portion of his pants into his bladder, which formed the nucleus of a stone half an inch square.—*New York Medical Record*.

**Diagnosis of Abscess of the Liver by Symptoms of Cerebral Hyperæmia.**—Under this remarkable caption, Dr. J. Marion Sims writes as follows, in the *Southern Practitioner*:—Dr. Hammond's attention was first drawn specially to this subject, a few years ago, by a patient of his (with spinal paralysis) falling out of bed and striking the right side against a wooden bucket. After a while the patient complained of some gastric derangement and pain occasionally in the right shoulder. But the most marked symptom was hypochondria. There was no decided pain in the liver, and no enlargement of the organ. Dr. Hammond thought he detected slight fluctuation, but was by no means certain of it. However, he determined to aspirate the liver. He did so, and evacuated fifteen ounces and a half of pus.

The general health and mental condition of the patient at once improved and remained well after this, suffering only from paralysis.

In April, 1876, Dr. Hammond saw another case where he was led to believe there was abscess of the liver, not because there were any local evidences of it, but because of the mental and moral condition of the patient. There was no pain in the liver; no enlargement of the hepatic region; no tenderness on pressure, and he was not sure there was fluctuation. Knowing that aspiration properly performed was a harmless operation, he did it on the 16th of August, 1876, and removed eight and a half ounces of pus. The mental symptoms disappeared at once, and his patient was permanently restored to health.

From this time, Dr. Hammond began to associate abscess of the liver with hyperæmia of the brain, depression of spirits, hypochondria, insomnia, and unpleasant dreams, with occasional gastric derangement. Guided by brain symptoms alone, Dr. Hammond has repeatedly aspirated the liver, where there were

no physical signs of disease, and evacuated pus. But, in the majority of cases, he has detected the presence of pus by palpation—in some, where there was no seeming enlargement of the organ, and no pain on pressure.

Some writers have severely criticized Dr. Hammond's views on this subject; and I am sorry to say a few have doubted the correctness of his reports.

Dr. Hammond has aspirated the liver for abscess twenty-six times within the last two years. In fifteen cases he evacuated abscesses, and effected cures. In eleven cases the operation was unsuccessful, but attended with no ill effects whatever.

Dr. Hammond passes the aspirating needle through the intercostal space between the eighth and ninth ribs, at a point about an inch in advance of a line drawn from the axilla to the pelvis. In very nervous subjects, he administers an anaesthetic. In very many he deadens the sensibility of the skin by the application of ice and salt. Everything being ready for operation, he pulls the skin up for an inch over the point to be punctured, so as to make a valvular opening; and then thrusts the needle, previously antisepticised with carbolic oil, into the substance of the liver, from the depth of one and a half to two and a half inches. If, at the depth of two and a half inches, matter does not appear, then there is no abscess in the right lobe of the liver.

Abscesses exist sometimes in the left lobe of the liver, but far more-frequently in the right.

**Treatment of Phthisis with Inhalations of Benzoate of Sodium.**—In September of last year, Dr. Krocak reported fifteen cases of phthisis that were treated with inhalations of benzoate of soda in the Innsbruck Hospital, with the most astonishing success. Three of the patients had been admitted to the hospital in a, so to speak, moribund condition, but they were discharged, cured, after only a few weeks' treatment. Such wonderful success naturally led to repeated trials of the remedy in other places, and the *Berliner klin. Wochen.*, for Dec. 8, 1879, contains papers giving



the results of two observers. Dr. Guttmann, of Berlin, has employed the inhalations in thirty-one cases of phthisis, most of them far advanced and with large cavities. He has used a 5 per cent. solution, and made the patients inhale from 5 to 50 grammes of the salt daily, or from 100 to 1,000 grammes of the solution. The trials were continued from one to three weeks. The conclusion deduced from these cases was that the benzoate of soda has absolutely no curative and even no beneficial action on phthisis. The fever was not reduced, nor was it even influenced in its variations by the treatment. The emaciation and the night-sweats, when present, were likewise not benefited in the least. During the inhalations the patients coughed and expectorated freely, and were correspondingly relieved for a short time afterward, but in no case were the cough and expectoration permanently relieved. On the other hand, the inhalations frequently caused nausea and vomiting, and in one case, at the autopsy, a general, recent capillary hyperæmia of the gastric mucous membrane was found. In two cases the inhalations were followed by hæmoptysis. Nine of the thirty-one patients died, and at the autopsies nothing was found to indicate that a process of resolution had begun in any of the affected portions of the lungs.

Dr. Wenzel, of Berlin, gave the inhalations of benzoate of soda a thorough trial in ten cases of phthisis, five of which were in an advanced and five in an early stage of the disease. The results, like those of Dr. Guttmann, were entirely negative. The phthisical process was not influenced in the least by the treatment, either in the mild or the severe cases, and it could not even be said that the symptoms were temporarily relieved by it. Four of the five bad cases died while still under treatment, and the remaining patient was rapidly sinking. In one of the mild cases the lung began to break down and a cavity formed during the treatment. The benzoate of soda exerted no influence at all on the fever in any of the cases.

**Benzoates in the Treatment of Tuberculosis.**—Prof. Klebs, of Prague, thus expresses the present

status of his results as to the effects of the benzoates of soda and magnesia in the treatment of tuberculosis in the following statements:—

1. The tuberculous miliary eruptions can, by the internal administration of the benzoates, especially of the benzoate of magnesia, be brought to a standstill and to resorption, even in such cases in which further septic infection or marasmus in a high degree have induced a steady advance of the disease. The author maintains that positive proof of this fact is furnished by anatomical investigations, especially of the larynx and kidneys, while the proof on the part of the lungs and intestines, though not demonstrable with the same kind of evidence, is rendered in the highest degree probable.

2. Where the apices of the lungs have not been affected too long, even though attended with high or hectic fever, and with hemorrhages of the lungs, the inhalation alone of the benzoate of soda, or the insufflation and simultaneous internal administration of the benzoate of magnesia, will bring about a permanent reduction of the fever, cessation of the catarrhal manifestations, and increase of the body weight to a considerable degree. As in these cases a previous internal administration of quinine had not affected the fever or checked the steady decrease in the body-weight, the good effects of the benzoates were put beyond dispute.

3. There is a certain number of cases affected to the same degree, which resist the influence of this treatment. And there are cases which cannot be ascribed to the advanced marasmus. It is probable that there is in these cases continuous destruction of lung tissue, as from obstinate catarrhal and pneumonic processes extending from destructible cavities. Sometimes we may, in even these cases, break the fever by very large doses of the benzoate of magnesia (one to the thousand of the body weight) after salicylic acid had produced only temporary effects, and had then to be ceased on account of the intolerance of the stomach.

In very obstinate catarrhal conditions depending upon, or extending from cavities, catarrhs which are continually recurring

are pyretic, or are sometimes unattended with fever, we get the best results, after failure with all expectorant remedies (from the use of which there is never any permanent effects), from pilocarpin. And in these cases the decoction of guiac may be used with advantage. These two agents were used with great efficacy by Max Schuller in animals artificially infected with tuberculosis.

5. If cavities be thoroughly purified by this treatment, so that the sputum no longer shows micrococci, the improvement remains permanent. It is true that light febrile and catarrhal conditions are wont to recur from time to time; but do not involve any loss of the body-weight.

6. Finally, there are cases enough in which extensive infiltration of the lungs, great cavities, widespread cheesy infiltration of the lymph glands, advanced intestinal and laryngeal tuberculosis render every treatment nil. In these cases the cavities must be entered directly and relieved of their contents, as all experience shows that the infection, especially the septic infection, proceeds from the contents of the cavities.

7. It is very remarkable that of twelve cases which ended fatally, under the above-mentioned treatment, there was never a trace of amyloid degeneration, and this in face of the fact that there was profuse suppuration and extreme marasmus.

If then Klebs will not and cannot claim to have discovered a cure for tuberculosis, as people only, but physicians never say, surely no man of science would ever use such an expression, he still maintains that *with this method first used by him, a great number of cases can be brought to a standstill, and to ultimate, absolute, permanent cure.* At least this is true of a number of his cases, in which the good result has remained for from three to four years. It is certainly essential that every relapse, every catarrh, every complication shall be subjected to immediate, energetic, antimykotic treatment. But it is just here that the negligence or indolence of patients so often bring to nought the painstaking care of the conscientious physician.—*Cincinnati Lancet and Clinic.*

**Dressing for Colles' Fracture.**—This consists of a simple roller from half to three-quarters of an inch in diameter and two inches long. This is to be carefully placed under the ulna, abutting against the pisiform bone and slowly displacing the thumb. Then a strip of adhesive plaster of the same width is drawn with as much force as it will bear around the wrist and pinned to prevent relaxation. The band of plastered cloth is carefully adjusted so that the distal edge is brought around on a line with the end of the radius. It is manifest that this bandage will grasp the broken fragment, and hold it to the end of the ulna. The rule of loose dressing at first is distinctly violated for a purpose. I repeat that I draw it as firmly as I can, often breaking the plaster cloth. The dressing is entirely complete by the use of a sling which must not be more than three inches wide. This must be placed over the roller, which is both compress and splint. The hand is brought down and allowed to hang naturally. Thus its weight and that of the forearm is used to press the ulna upward into its proper place.

If all this is successfully accomplished, the broken fragments of the radius are easily kept in place.

The full length of the arm is maintained if the ulna does not fall down, and the tendons that run over the back of the wrist are so closely parallel as to make the best possible splint. I do not continue so gross a violation of the primary rule in dressing fractures, as to retain the bandage in its tight condition; but, after six hours, cut it by thrusting one blade of a pair of scissors under it on the back of the wrist, dividing it completely. The few hours of such retention seem to be sufficient. The meagreness of the appliance have startled some who have attempted its use. But any addition that I have made has injured it. I find there is a strong disposition on the part of the patient to lift up the hand with the sound one. With unintelligent patients this is often troublesome, and a splint of iron, thin, such as hoop iron, bent so as to come over the back of the wrist and hand, and bound upon the forearm, but not upon the hand, will guard against this error. I am careful not to bind the hand to it, for I desire the constant action of gravity. The position can

be maintained, even in the recumbent posture. The slight motion in the joint which will necessarily be produced by allowing it to hang freely, prevents the stiffness that is so often a very serious inconvenience after the treatment of this fracture.—*Dr. Moore in N. Y. Medical Record.*

**Alkalies in Anæmia.**—The therapeutics of anæmia are frequently unsatisfactory, and the causes are by no means few in which the ferruginous tonics are applied assiduously and persistently without beneficial results. Ordinarily iron, in one of the hundred odd preparations which are at the disposal of the practitioner, in connection with a generous diet, will succeed in increasing the number of red blood corpuscles and in restoring color to the waxy countenance and the colorless lips. Indeed, the physician is, as a rule, justifiable in predicting relief. Occasionally, however, cases are met which indefinitely defy all efforts at their relief, and both physician and patient become disheartened and discouraged. These are those in which it is impossible to trace the trouble to any particular cause. A paper by W. Nicholson, M.D., of Greenwich, England, published in the *Practitioner* for January, throws considerable light on these obscure cases.

Dr. Nicholson traces the cause of anæmia in many cases to the liver; he in fact regards hepatic anæmia as the commonest form, and intimates that if the liver be interrogated it will be found to be the *fons et origo mali* in the majority of otherwise inexplicable cases. In anæmia, as in all other diseases, it is not sufficient to prescribe for symptoms, nor to confine oneself to a particular medicine, simply because it has proven of service in a certain proportion of cases. Cullen, Sydenham and Gregory were deceived in their therapeutics, and is it too much to suspect the possibility of error in more modern days? Dr. Nicholson, in his prefatory remarks, very aptly shows the inconsistency of those who, failing in one line of treatment, or with one remedy or set of remedies, still tenaciously cling to it, refusing to adopt a new line or a new remedy. There being no infallible guide to therapeutics, experience must determine the use of the agents.

In discussing the alkalies, reference is made only to potash and soda, and the point made that they are not so like in their action on the system as is usually supposed. Soda, according to the text books, acts more on the liver, and potash on the kidneys. Potash acts on the glands, but soda has no corresponding action; or, expressed differently, soda is but a local antacid, whereas potash is, in addition, a general remedy. Whereas both are depressing when continued any length of time, soda is the least so. Dr. Nicholson combats the usually received views as to the different action of soda and potash. Potash increases the volume of urine to such a small amount that few practitioners prescribe it for that purpose. It has, however, a marked effect in clearing the urine of pigments, and this action Dr. Nicholson shows is owing rather to its action on the liver than on the kidneys. The doctrine that alkalies are depressants is also denied, and the fallacy of the reasons for the assumption that they are such pointed out.

The indications for alkalies in anæmia are not necessarily those which are commonly supposed to demand their use, viz., the furred tongue, loss of appetite, acid eructations, flatulence, heartburn, &c., pointing to trouble in the digestive tract. There are conditions in which alkalies are beneficial and curative where none of these symptoms are present.

“Perhaps the best known indication that is not local are the abnormal urinary sediments whose formation is prevented by alkalies. I say this is a well-known indication for an alkali, although there may be no symptoms of anything wrong with the digestive tract; it is the same often with gouty pains; so, too, with many cases of eczema and other skin eruptions. In all these cases we may conclude that there is something wrong in the digestive tract, but it may not be shown by any local symptoms; this is caused by a disorder of the liver, which is not directly connected with digestion so much as it is with the blood. Another indication for the alkalies, lies in the fact that in many cases we have no antidote or agent for a direct attack on the disease, and so we must rest satisfied simply by assisting nature, leaving her to effect a cure. With this view may we

give the alkalies, to improve the tone of the digestive system, increasing the appetite, aiding the liver to work, promoting the flow of bile, and clearing the blood and urine from lithates, or other sediments and impurities. Alkalies are not classed with tonics, but I regard them as tonic. By tone I mean a state of health, and if we can improve the unhealthy state of the gastro-enteric tract by alkalies, and assist towards a return of appetite and so on to a state of general health, then most assuredly the alkalies are tonic, and I think there is little doubt that the alkalies, more than any other remedy, can restore the digestive tract to a state of health, while iron, instead of giving tone is apt to disorder the digestive tract."

These views are important, and are worthy of being put to the test.—*Therapeutic Gazette.*

**Salicylate of Potash.**—This salt is very strongly recommended in Rheumatism by Dr. Donnelly in the *N. Y. Medical Record*. His prescription is as follows:—

R.—Acid Salycilic .....	ʒiii.
Potass. Bicarbon.....	ʒvi.
Aquæ .....	ʒii.

Sig. A teaspoonful every three hours. He says:—"The rapidity of action of this combination is remarkable. Its absorption seems to be immediate; the patient will speak of the speedy relief he experiences; the blood is restored to its natural alkalinity, as seen by the diminished acidity of the perspiration and urine; the brick-dust sediment in the latter disappears, the pain and swelling soon subside, and the metastatic character of the disease is lost. Judging from the effects in a dozen cases, it is no over-estimate to say that salicylate of potash is as thoroughly abortive of acute rheumatism as quinine is of intermittent fever." It is quite possible that this alkaline salt has some advantages over the soda salt which has been so commonly employed, and at any rate is well worthy of a trial.

CANADA

## Medical and Surgical Journal.

MONTREAL, MAY, 1880.

### COUNTRY DOCTORS.

The following we take *in extenso* from the "Annals of the Anatomical and Surgical Society" of Brooklyn, N.Y. The remarks made are such as will be found always *apropos*, but particularly so at the present season, when so many, fresh from the colleges, are determining where to begin life:—

"A long period of time has elapsed since any medical man was known to quote a line from the Eclogues or Georgics of Virgil. In fact, it would seem to be a precept of the materia medica that pastoral themes and professional thrift are incompatibles; and apparently the Aesculapius of to-day dares not even think of the gentle Tityrus, least he should himself become, too, *patulae recubans sub tegmine fagi*. But what if he did? It is the agrophobia, and not the spreading beech, which is baneful to an enthusiastic man. The youthful graduate packs his trunk on the morning after commencement day, and betakes himself reluctantly to the railway station. He is envious of such of his classmates as can afford to settle in the metropolis and await the tide of professional fortune. For them the fates have decreed an opportunity to keep up their studies and build up their reputations; for him there is no future excepting the rust and dust, the abundant toil and scanty remuneration, the obscurity and desuetude of a country practice. He cannot remain in the city to starve, therefore he must go to the country; but he believes that in so doing he goes into a sterile exile, a Siberia where no good fortune is possible—except, perchance, to make one's escape.

"This view of the matter is as mischievous as it is fallacious.



It must necessarily work injury to the individual practitioner, to his patients, and to the profession at large. Of course a man who does not expect to study is not likely to study. If the mental pabulum which he can extract from the old wives' lore of the village in which he functionates is all that he demands for himself, it is doubtless all that he will get. But the old wives are not to blame for this. The fault is in the man himself; or in the purpose and expectation with which he enters upon the career that falls to his lot. True, the metropolis affords advantages and opportunities which the village does not furnish; it also imposes hinderances and limitations which are not encountered in the village. The converse is also true. And to the student who has learned the knack of withdrawing into his sanctum, it is comparatively unimportant whether he be surrounded by the bustle of the town or the gossip of the country. The town is critical; the country is fecund; that is all.

"The country doctor complains that he is deprived of the stimulus of fellowship; but he is mistaken. The post office will keep him closely *en rapport* with his peers, whatever the intellectual rank to which he may attain. Whittier at Amesbury lives in a community of poets; with Tennyson at breakfast, Longfellow at dinner, and Holmes lending the sparkle of champagne to his tea-table. So will the country doctor enjoy the real fellowship that he earns. He complains that he is cut off from attending upon the great clinics of the metropolis. Yes, but every case that comes before him is a clinic, if he will but turn it to account. He has but to keep up the scientific habit and purpose of life, and all that he does will have the character and productiveness of scientific work.

"The wide domain of experimental science is probably as accessible to the country doctor as to his urban *confrère*. A laboratory can be established anywhere, and it is from the laboratory that modern science expects to obtain her most important data. Edison's laboratory stands in a metropolis of Jersey mud; Virchow built his reputation in a remote townlet; Mayer, of whom Tyndall says, "as seer and generalizer, Mayer, in my opinion, stands first," was all his life a country doctor; and no

man who can obtain control of a garret or a shanty should permit himself to complain that he lacks a *poi sto* from which to move the universe.

“Moreover, aids and guides to private study are vastly more abundant and accessible than in the days of Mayer or the youth of Virchow. To the students of anatomy, the books of Gray and Huxley, a scalpel and the cadaver of an animal, will furnish material for any amount of research. For histology, Rutherford's little book and a microscope will open the way to a life-long career. For experimental therapeutics, what could be more favorable than Ott's monograph, and the plenitude of organic life which is to be found only in the country? If the country doctor would be a chemist, let him start his laboratory, and Morfit's “Manipulations” will tell him all that he lacks; if botany is his choice, a microscope and Sach's book will give him an excellent start; or if he cares to join the great army of physiologists, he will find all that he needs in Sanderson's handbook for the physiological laboratory.

“But the country doctor complains that he has no time. True enough, perhaps; neither has the city doctor. Only the great workers have time for work.”

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### MONTREAL GENERAL HOSPITAL.

The election of a medical officer to our General Hospital has always excited considerable public interest, and very naturally, seeing that the individual so elected has thereby committed to him a very important public trust. This trust involves, in the first place, the medical care and supervision of the sick poor who may be placed under his charge; and, in the next place, it necessarily involves more or less of the teaching of students. What we wish to contend for is, that the Governors in making a selection should keep before them *both* these functions of the Hospital Physician or Surgeon. This Hospital is attended by from 150 to 200 students in the course of each year. It is in its wards, and (in many cases) there only, that they have the opportunity of learning the practical part of their profession. It is, therefore, of the utmost importance that ample practical

instruction should be given to those who form our quota of the physicians and surgeons of the country. Of course, some of the medical officers teach systematically in connection with the University, but it is by no means to be considered that students are to learn from them alone. On the contrary, every attending physician (indoor or outdoor) gives more or less clinical instruction to those who are present to observe his practice. To do this, of course, takes a considerable amount of time. It is certain, therefore, that work of this kind will be best performed by comparatively young men whose other professional duties do not engross too large a share of their time, and who have shown themselves eager and zealous in the pursuit of scientific knowledge. What is wanted is young hardworking men, men who will gladly devote time to the study and careful examination of their Hospital patients, and who, whilst performing this work, will be willing to give all possible assistance to the Hospital students who are engrossed in the same studies as themselves. It is a great mistake to suppose that clinical teaching goes on only in the wards. In fact, all students are advised by those who understand the best course to pursue, to begin with diligent attendance at the outdoor department. Therefore, in deciding between candidates for this department, the consideration of the probable capabilities and usefulness of each individual, as regards instruction of students in some branch of medicine, ought certainly to receive its due share of weight. The great importance of Hospitals as teaching schools should never be lost sight of. How could the great metropolitan Hospitals maintain their reputation except by the most careful selection for appointments of those who give promise of becoming studious observers and good teachers?

On this point some statements recently put forth by a writer in the evening papers, seem singularly mistaken. The assertion is made that the custom in Great Britain has been to appoint to Hospital vacancies men who have proven themselves the most successful practitioners in their localities, and that these men from their acquired reputation bring credit to the Hospital which thus honors them. Whilst, as a matter of fact, it is no-

torious that the junior assistant physicians and surgeons of London and other cities are almost invariably found to be men with hardly any practice at all, but who have come into notice from their energy in applying themselves to professional work of all sorts. It is *after* they have worked hard at their Hospital duties, for perhaps many years, that they become known to the public as possessed of marked skill and ability, or great experience in some special branch, and *then* their reputation begins. They are naturally promoted, as vacancies occur, and subsequently add to the renown of their Hospital by the extended reputation they may themselves have attained. Many of the best-known workers and writers have never succeeded in practice at all. We all know of marked exceptions to the above general rules, such as the removal of Lister to King's College, for example, but they do not bear on the subject under discussion.

### A LEGAL QUESTION.

CIRCUIT COURT, MONTREAL.

HEISE *and vir* vs. McBEAN *and vir*.

This was an action by a midwife to recover for professional services. Her account was as follows:—Professional services from Dec., 1877, to Dec., 1878, \$25; accouchement, Dec., 1878, \$20. The defendant's husband paid the \$20, but objected to the first item. The plaintiff sued for the \$25.

The defendant pleaded that the plaintiff had no right to perform such service, not being a licensed and regular physician or surgeon, and could not therefore recover anything beyond the fee for accouchement, which had been paid. For the plaintiff, it was proved that defendant had been at plaintiff's house during the year, as also that defendant had offered \$12.50 to settle the matter.

Dr. Hingston, in his evidence, said that the plaintiff was entitled to perform such services, that the word midwifery should be taken in a liberal sense, and that midwives were entitled to render services and give advice during pregnancy, and, indeed, before, for he considered that they were entitled to render any services and give any advice in relation to placing or maintaining the female organs in a fit condition for conception or successful gestation.

For the defence, Drs. Lachapelle and Dagenais said that the plaintiff was not entitled to perform any service beyond the accouchement; midwives being merely admitted to the practice of midwifery, *à la pratique des accouchements*.

The Judge, C. Caron, J., held that the word midwifery should be taken in a liberal sense, as explained by Dr. Hingston, and, considering that some

service had been rendered and \$12.50 offered by defendant's husband, gave judgment for that amount and costs.

The above, from the recent sitting of the Circuit Court, contains matter of interest to the profession. The judgment ordered payment of fees for medical services altogether apart from the attendance upon the accouchement. The defendant admitted the fact of certain of these services, but disputed the amount. This, in the case of *legal* debt, would be a valid acknowledgment of such debt to the amount tendered: but the whole question here is, was this a *legal* debt? The plaintiff is a licensed midwife—*i. e.*, she has the authority of the Provincial Board to practise midwifery. The common interpretation of this is, that such person is permitted by law to attend, for suitable remuneration, women in their confinements, and to perform subsequently such services as may be required of them until health is regained. The ordinary care of the new-born child also falls within their province. Beyond this, it is not generally considered that the functions of a midwife extend. In the present case, it is averred that, the patient never having been pregnant, "some obstruction was removed from the womb," and other treatment through a speculum followed up. Some time after, pregnancy ensued, and the bill of charges is sent in for visits and examinations. It is quite plain that if this is to be generally admitted, then every midwife is not a midwife only, but is a gynecologist. It will be observed that one of the medical witnesses gave it as his opinion that a midwife was at liberty to perform, and claim fees for, all services tending to ensure successful conception, or in any way connected therewith. Then, are we to believe that she is legally permitted to operate for atresia of the vagina, or stricture of the cervical canal, or lacerated perineum? We find it difficult to understand why the learned judge should have decided as he did, in the face of the most positive evidence to the contrary, by two members of the present Provincial Board.

If midwives have such legal rights, we would ask, Where is the tariff fixing remuneration for their services? There is such

a list of charges for medical practitioners. Are the midwives to value their attendance at similar rates, or how?

As this is the first time, so far as we know, that this subject has been brought into public notice, and since there seems some misunderstanding as to the definition of the duties and privileges of the licensed midwife, we hope that the Provincial Board will enact regulations to make the matter clearly understood. They have full power by law so to do.

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NEW HOSPITAL.—We learn from *L'Union Médicale* that the Medical Faculty of Laval University have made arrangements for opening, next month, a new hospital, to be called that of Notre Dame. It is to be general and non-sectarian. The building is that formerly occupied as the Donegana Hotel, and is well located for the purpose intended. The nursing will be given by the *Sœurs Grises*, and the members of the Faculty will form the staff of attending physicians. Private wards will be thrown open to all the physicians of the city.

THE AMERICAN MEDICAL ASSOCIATION.—The 31st annual meeting of the American Medical Association will be held in New York, commencing June 1st, 1880. Members of the Canadian Medical Association who may desire to attend can receive credentials on application to Dr. David of Montreal, General Secretary.

APPOINTMENTS.—Charles Sheard, M.D., M.R.C.S., Eng., has been appointed to the chair of Normal and Pathological Histology, and also lecturer on Botany in Trinity College, Toronto. Dr. G. S. Ryerson has been appointed lecturer on diseases of the eye, ear and throat in the same institution.

MONTREAL GENERAL HOSPITAL.—The term of office of Dr. James Bell, House Surgeon, having expired on the 1st instant, he has commenced practice in this city. Dr. Bell has proved himself a very efficient officer, and carries with him the best wishes of the entire medical staff for his future success. He is succeeded by Dr. Imrie, who has been assistant for the past

year. The latter post will be filled at the annual meeting of Governors to be held in a few days.

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### Medical Items.

FRENCH HOSPITALS.—Nothing can be more distressing to any one who comes from a really well managed hospital and really good surgery than to see the shocking sights which are every day to be observed in the French hospitals. The nursing is for the most part nominal. The Sisters of Mercy are administrators and not nurses. They are untrained. They are selected by religious communities from all classes of people, and their object in attending at the hospitals is as much religion as nursing. They serve the breakfast, look after the linen, sit a great deal in their own rooms, give two or three hours a day to the retreat in what is called the chapel of the community; and they are as far from reaching our idea of what the ward-sister should be as the French surgeons are from attaining the modern standard of what a surgeon should be. I have seen in one ward four cases of bedsores which were not known to the sister or the physician, for the patients had never been turned over for days. The patients who come into a French hospital may be seen lying there for weeks with the dirt and filth crusted on their limbs; for it is not the rule to give them baths on entering.—*Paris Cor. Louisville News.*

ANCIENT HINDOO WIT.—The number of the *Transactions of the Odontological Society of Great Britain* for March contains a photograph of a curious Hindoo bas-relief, representing a group of monkeys engaged in extracting a man's tooth. The unfortunate individual is bound, and the tooth is held in the grasp of a very primitive looking extracting instrument (resembling somewhat the large claw of a crustacean), to which a small elephant is attached by means of tackles. The piece of sculpture was found in a ruined temple near Allahabad, known as the Stupa of Bharbut, and was more than 2,000 years old, the temple having been built about the year 200 B.C.

**PERTINENT.**—Mr. John Wood, of London, asks: 1. How, if bacteria are so very terrible, nine hundred and ninety-nine cases of wounds out of a thousand do well; 2. How a patient can die by pyemia or septicemia, self-poisoned, without external wound at all, the source of infection being a deep-seated abscess far removed from contact with the air; 3. How bacteria can exist in abscesses originating inwardly, and yet no blood-poisoning ensue; 4. How wounds of the face-cavities heal so quickly and so well, though bacteria in numbers were found in the fur on the tongue and the mucus on the surfaces of these cavities.

**OLEO-MARGARINE.**—From an average of 100,000 pounds of fresh caul fat received daily, from 40,000 to 50,000 pounds of butter are produced—equivalent to the yield of nearly as many thousand milch cows. From 20 to 25 pounds of beef oil suitable for butter-making is obtainable from each of the 12,000 beeves killed every week for the requirements of New York and the adjoining cities, an annual addition to the food supply of this port of not less than 12,000,000 pounds of pure food, having a dietetic as well as a commercial value of from 15 to 20 cents a pound. The possible annual gain to the whole country from Mr. Mège's discovery runs high among the millions.—*Scientific American*.

**VIVISECTION IN GERMANY.**—Richard Wagner, the musician, has written an open letter against vivisection. He tells physiologists to "look into the eyes" of the animals they torture, and he is sure they will drop their instruments.

Professor Zollner, of Leipsic, has expressed his belief that vivisectionists are to a large extent responsible for "Nihilism in religion and morality;" and he counsels them, instead of continuing their evil practices, to study "animal magnetism." Notwithstanding these authoritative utterances, the German public are not, apparently, inclined to call for the kind of legislation which has been adopted in England. At a meeting held in Leipsic last month, Herr von Weber denounced the medical profession as guilty of great cruelty. In these days, he declared, doctors regarded their patients rather as "materials for experiments" than as persons to be helped, so that hospitals had been virtually transformed into laboratories. The only effect, however, of the orator's indignant eloquence was that three cheers were almost unanimously given for a distinguished physician against whom he directed his most violent attacks.



—The annual examination of the Pharmaceutical Association of the Province of Quebec was held in this city at the Lecture Rooms of the Montreal College of Pharmacy, Lagauchetiere street, on the 27th and 28th ultimo. The following gentlemen passed the major examination and were registered as Licentiates of Pharmacy: W. A. Farwell, J. R. Parkin, J. G. Walton and J. C. Sutherland. One failed to obtain the required number of points and was rejected. The following passed the minor and were registered as Certified Clerks: R. Carriere, Alexis Robert, E. Ranson and C. F. Baillarge. Three candidates in this class were referred back for further study. Messrs. Gray, Mercer, Manson, Ambrosse, Jackson and Martel officiated as examiners. The next examination takes place in Laval University, Quebec, on the 7th and 8th of June.

—At a meeting held on May 7th, the Montreal College of Pharmacy was fully organized under the new Act of Incorporation with the following gentlemen on the Committee of Management: John Kerry, Henry Lyman, Henry R. Gray, W. A. Dyer, H. F. Jackson, J. D. L. Ambrosse, Alexander Manson and Rock Dugal.

**MEDICAL EDUCATION FOR WOMEN.**—The management of the Royal College of Physicians and Surgeons at Kingston propose to hold a summer session for female students of medicine, commencing in April. It is said that already twenty ladies have signified their intention to take the course.—*Canada Lancet*.

**PERSONAL.**—Dr. G. S. Ryerson, L.R.C.P.&S., Ed., late assistant and acting house surgeon Royal Ophthalmic Hospital, Moorfields, London, and Central Throat and Ear Hospital, has commenced the special practice of the eye, ear and throat in Toronto. He has been abroad for four years, and brings with him the highest recommendations from eminent specialists in England and the Continent.

**DEATH OF DR. C. H. H. SAYRE.**—We regret to learn of the untimely death of this promising young surgeon of New York. He was the eldest son of the well-known Dr. Lewis A. Sayre, and was but 30 years of age at the time of his death. This was brought about by a fall down a deep area, whereby he sustained a most severe compound comminuted fracture of the left thigh.