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Dr. Burnett

CANADA MEDICAL JOURNAL

AND
Monthly Record
OF
MEDICAL AND SURGICAL SCIENCE.

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CANADA MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Case of Excision of the Tongue. By GEORGE E. FENWICK, M.D., Prof. Clinical Surgery, McGill University, reported by George Ross, A.M., M.D., House Surgeon, Montreal General Hospital.

William McDowell, *æt.* 59, was admitted into the Montreal General Hospital on the 17th November, 1869, suffering from cancer of the tongue.

Beneath the anterior third of the lower surface of the tongue is found a sort of fissure with edges which seem to overlap the parts beneath—about 1 inch in length, extending for that distance directly backwards from the edge of the frænum, and, when the organ is raised up, $\frac{1}{4}$ inch in width. By the side of and above this are three or four holes sufficiently large to admit a pea, exposing an unhealthy surface beneath. Along the floor of the fissure is a warty-looking growth, which projects forwards and has a carunculated surface, bright red in colour—in fact just the same here as the rest of the mucous membrane: no sloughy or foul appearance of any part of the sore. There has been no discharge from it at any time, nor any foul odour; the mass itself, as well as the edges, feel very hard and resisting: the hardness can be felt extending to at least the middle of the tongue itself—as far forwards as the frænum, and backwards as much as $\frac{1}{2}$ inch beyond the posterior extremity of the fissure, where it terminates by a well marked margin. The whole floor of the mouth on that side has the same hard feel and is nodulated, but is movable and free from adhesion to the periosteum of the lower jaw-bone. He suffers considerable pain of a distinctly lancinating character in the tumor, and shooting up through the ear and head. The pain only began last August, but lately has markedly increased; there is no enlargement of any of the lymphatic or secreting glands in the neighbourhood.

History.—Three years ago he noticed a small lump about the size of a pea on the under surface of the tongue on the right side, about the centre of the organ; this tumor has kept growing ever since, at first very slowly, since about August last, quite rapidly. He has always been a very temperate man and has enjoyed excellent health: knows of no instance of cancer of any kind in his family; has smoked, but not excessively, and not at all lately.

Operation.—On Saturday, 20th November, the patient having been fully anæsthetized, Dr. Fenwick proceeded to remove the tongue in the following manner. He was assisted by Dr. Drake, Prof. Clinical Medicine, McGill University, and there were also present the members of the Hospital medical staff.

An incision was made through the entire thickness of the lower lip in the mesian line, extending downwards as far as the Hyoid bone: the right lower central incisor was then extracted, and the jaw divided at the symphysis by a Hey's saw: the tongue was transfixed by a strong double cord, and drawn upwards by Dr. Drake. The attachments of all the central muscles of the right side to the jaw-bone were then cut through, and the mucous membrane of the floor of the mouth on the same side entirely detached from the bone, thus completely baring the mylo-hyoid muscle. The same was now done on the left side, except that the attachment of the genio-hyoid was left, and the separation of the mucous membrane was not quite to the same extent. By this time there was pretty free hæmorrhage from various divided branches, and whilst performing this last mentioned step of the operation the left lingual artery was divided and spouted freely, and had to be temporarily compressed. The chain of the *écraseur* was now passed fairly beneath the diseased mass, pressed back close to the epiglottis and then drawn tight; by this means the spouting lingual was quite controlled. The process of separation was then begun, 30 seconds being allowed between each click of the instrument. In 19½ minutes the entire structures had been cut through, and the tongue was withdrawn from the mouth by gentle traction on the transfixing cord. No hæmorrhage of any consequence followed, the slight bleeding which took place being readily checked by the application of ice for a few minutes. During the whole procedure he was perfectly insensible, the action having been begun by chloroform and continued by ether. Pulse at the close of the operation 80 per minute and full; two holes were now bored with a small brad-awl through the jaw-bone about the middle, near the edges of the division, and a pliable annealed iron wire having been passed through these, the two opposed surfaces were drawn closely and accurately together by twisting up the wire; two teeth on each side were also firmly

wired together. The incision through the integuments was fastened by eight interrupted wire sutures, and some strips of sticking plaster placed directly across the front of the chin and obliquely beneath the same after the manner of a four-tailed bandage, the better to hold the parts in apposition. He was put to bed and directed to have small pieces of ice put into the mouth frequently. The difficulty of swallowing was now very great; he would take a large quantity of fluid into the mouth at a time, and after a few violent efforts to swallow it, reject nearly, if not quite, the whole of it.—11 p.m. comfortable; no bleeding; has slept some; pulse 86.

21st Nov.—Slept well; no pain; pulse 85; has partaken freely of milk and beef-tea; some, but not great, difficulty of swallowing.

23rd Nov.—Doing well, taking fluid nourishment freely and in considerable quantity. Floor of mouth covered with yellowish-grey slough; some fetor from breath. *Ordered* mouth-wash of Acid Carbolic. 1 part, water, 60 parts, to be used frequently.

25th Nov.—Slough gradually cleaning and granulations appearing; a four-tailed bandage applied to steady the jaw.

27th Nov.—Removed all the stitches, the superficial wound having firmly closed; is allowed to get up and go about, feeling very well in health.

From this date the patient continued uniformly to improve until he left the Hospital on the

13th Dec., when his condition was as follows:—Stump of tongue almost entirely healed, only a small granulating surface, the size of a five cent piece, being left to close; the jaw has united well, but as yet not quite firmly; the line of the teeth quite perfect. He is in good spirits and in excellent health, with a good appetite; there is not a sign of enlargement about any of the maxillary glands. He goes to-day to his own home, a distance of 30 miles.

Further remarks by Dr. Fenwick.—June 20, 1870.—McDowell called upon me to-day, and I found the following to be his condition. The stump of tongue has entirely healed; there is firm union of the symphysis and his speech is quite intelligible. He can masticate freely and is in robust health; he has entirely lost the neuralgic affection of the side of the head from which he had not been free for several months previous to the operation. The lymphatic glands are unaffected. This is the condition in which my patient McDowell was on the 20th June, seven months after the operation. Since that I have heard of him through a friend, who called upon me on the 13th July instant. The report is still more favourable; he has improved in his speech,

so much so as to be able to pronounce words that before were spoken with difficulty; he sent me word that a small piece of bone had exfoliated, and with it a piece of wire, which, I presume, must be the wire suture that was used in bringing the divided surfaces of the symphysis together.

This is the third case in which I have excised the tongue for epithelioma; in the other two the operation as proposed by the late Mr. Nunnelly was adopted; in this, however, in consequence of the greater extent of the disease, as the floor of the mouth was engaged, I followed the suggestion of Mr. Christopher Heath in similar cases, and divided the inferior maxilla at the symphysis, as originated by the late Mr. Syme of Edinburgh.

Being interested in the literature of this operation, I have noticed that in several cases that have been operated on in the London hospitals where the *écraseur* was used, some difficulty was experienced in consequence of hæmorrhage following the severance of the diseased mass. In the three cases reported by me there has been no difficulty of this nature. This I account for from the fact that in my cases the vessels of the part were divided by the *écraseur* transversely, as my assistant on each occasion drew the organ forcibly out of the mouth, directing it upwards. In Regnoli's operation, which I regard as unsurgical, the tongue is drawn downwards, so that the vessels are crushed diagonally, and cannot retract as effectually within their sheath as if otherwise treated. Another objection to Regnoli's method is the severance of all the muscular attachments of the elevators of the os hyoides, and also the muscles antagonistic to the closure of the epiglottis, so that in one instance on record the surgeon had to pass a ligature through the epiglottis to prevent his patient becoming asphyxiated. In a case reported by Mr. Erichsen, where he performed Regnoli's operation, the patient had to be fed with a tube passed into the stomach, as there was perfect inability to swallow, a result which will not occur if the attachments of the muscles which raise the os hyoides in the act of swallowing, are preserved. It appears to me that it is of vital importance to preserve the attachment of these muscles and to avoid the chance of troublesome if not fatal hæmorrhage; the vessels, when the *écraseur* is used, should be divided transversely.

Montreal, Beaver Hall Terrace, }
July 26th, 1870. }

Case of Popliteal Aneurism successfully treated by Digital compression, under care of J. M. DRAKE, M.D., Professor of Clinical Medicine, McGill University. Reported by T. G. RODDICK, M.D., Assistant House Surgeon, Montreal General Hospital.

Edward Gould, æt. 33, for ten years a soldier, at present a marble cutter, was admitted on the 21st May, 1870, into the Montreal General Hospital suffering from Popliteal Aneurism.

He gives the following history of his ailment:—While engaged at his trade on the 27th April, or nearly five weeks before admission, and when in the act of stepping over some blocks of marble in the workshop his left leg slipped, and at the same time he distinctly felt a click under the left knee, which he then paid no further attention to. In about eight days, however, from the time of this trifling accident a slight pain commenced in the calf of the left leg, which increased until in the third week he was obliged to leave off work and seek medical advice.

When admitted the leg was œdematous and extremely painful. A tumour uniformly pulsating, of the size of a small hen's egg, could be distinctly felt in the popliteal space over the position of the popliteal artery. It could be handled without causing much uneasiness to the patient, though at times he suffered considerably from neuralgic pains in the leg and foot. The stethoscope elicited a well-marked and loud bruit. His countenance was very pale and anxious-looking, but in every other particular he appeared well-nourished, and in fact a strong, muscular man. He declared that until this trouble he had never been an invalid a single day.

Heart.—A well-marked double bruit was heard over the base of the heart and could be traced in the course of the aorta for some distance down the back. The heart did not appear to be much enlarged; and on applying the hand over the chest a well-marked diastolic thrill was felt. Increased and very forcible pulsation was observed in the course of the abdominal aorta, and on applying the stethoscope a loud systolic bruit could be heard, which was believed to have a different character and origin from that heard over the base of the heart. No enlargement of the aorta could be detected. Visible jerking pulsation was observed in all the superficial vesseis.

The pupil of the right eye was observed to be slightly contracted. The patient never suffered from syphilis.

Treatment.—It was decided to have recourse first to *instrumental compression*, so he was immediately placed on his left side, the knee slightly bent and resting on a pillow. Two of Carte's tourniquets

were adapted to the thigh, one about an inch below poupart's ligament, the other over the lower third of the femoral artery. A flannel bandage was applied to the leg as high as the knee, with a compress over the aneurismal sac. The tourniquets were employed alternately and shifted from place to place over the course of the artery as the patient complained of pain. He seldom could bear pressure in one place for a longer time than three hours, and often not an hour. Notwithstanding the greatest care and the most unceasing attention on the part of the surgeons in attendance, sloughs were constantly threatening to form from the pressure, and on the third day one tourniquet had to be dispensed with, and the other could be borne but lightly in one spot. As is recommended, the compression was never carried so far as to completely arrest the pulsation in the sac, but it was difficult to maintain an equable flow of blood on account of the œdematous condition of the limb. On the sixth day the second tourniquet had to be removed, and lead lotion applied to the bruised thigh, and in one place a poultice.

Nothing was done for the aneurism during the succeeding ten days, when Dr. Drake devised the plan of suspending a shot from the ceiling directly over the artery so that the patient himself, with the greatest ease, could control the vessel. This did admirably well while the patient was awake, but, of course, ceased to be effective when he slept, as it had to be kept constantly in position. The shot was removed on the seventh or eighth day, when it was decided to resort to *digital compression*.

The aneurism in the meantime had undoubtedly improved, being now firmer to the touch and not so easily compressed, showing that the walls had become considerably thickened by fibrinous deposit. The œdema in the limb had also by this time disappeared.

DIGITAL COMPRESSION.—On the 21st June, at the request of Dr. Drake, the following gentlemen, students of McGill Medical Faculty and at present attending the practice of the Montreal General Hospital, kindly volunteered their services in this trial of digital compression for the cure of aneurism, viz., Messrs. Morrison, Reid, Johnston, Locke, McConkey, Mathieson, Wright, Webb, McLaren, Duncan, Sutcliffe, Walton, Nelson and Gunsolus. It was arranged that they should attend in pairs to be relieved every two hours, and each man to exercise compression for fifteen minutes at a time. The work was begun at 6 p.m., Wednesday, June 21st, each Student being fully instructed as to how to proceed. The patient at times for the first thirty hours suffered most agonizing pain in the tumour and calf of the leg, and had to be given repeated opiates to keep him quiet. After this, however, the pain quickly subsided, and at 9 o'clock Friday morning the pulsation was

found to have entirely ceased, the compression being then in operation thirty-nine hours. It was continued on for thirteen hours longer, making in all fifty-two hours, when it was thought unnecessary to proceed further, a cure having evidently been effected. The most careful examination of the tumour failed to discover the slightest pulsation, though there is very little difference in its size from the first, but as dense and resisting to the feel as a fibrous tumour.

June 24th.—Patient rested well for the past two nights; can move the leg about with the greatest ease; knee, however, stiff and cannot be extended; no pain at any time; health improving; appetite good; thigh tender from the pressure; patient anxious to sit up.

July 1st.—Discharged from hospital, tumour apparently not decreasing in size; no pulsation; health and spirits of patient improving rapidly; ordered to use stimulating linaments and the cold douche to the knee, which continues stiff and slightly bent on the thigh.

July 17th.—Reported himself to-day; is rapidly gaining full use of the leg; looks greatly improved in health; is told that he may resume his work to-morrow.

Case of Acute Tetanus Treated by Hypodermic injection of Morphia.

Recovery. By G. L. MacKelcan, M.D., Hamilton, Ont.

I was called to see S. K., aged 19, at 9 p.m. March 12th, 1870 Found the patient with violent tonic spasms, recurring at intervals of a few minutes and bending the body backwards (opisthotonos) at one time and forwards at another (emprosthotonos). The spasms were so violent as to require three or four men to hold him, and even then he could not be prevented from striking against the walls and furniture. The seizure came on quite suddenly, as I was told, while he was sitting on a chair which leant against the wall. His arms went up and his legs stiffened, and he slid, as it were, from off the chair on the floor. He never lost consciousness at any time either before I saw him or afterwards. He complained, when I first saw him of the pain over the region of the ramus of the lower jaw. The patient had his thumb crushed between two heavy stones the day before, and he also complained of the pain in his thumb. Gave Pulv opii grs. iij and Æther Chlor. ʒj quaque horis.

11 p.m. Met Dr. Ridley in consultation, who was of the opinion that it was a case of acute tetanus as he saw him in some of the spasms.

13th, 8 a.m. Has slept from 1 a.m. till 7 a.m., except an occasional slight spasm. Was awaked by a spasm which threw him out of bed

on the floor, his head striking violently. Spasms not so frequent but well marked. Treatment the same.

11 a.m. The spasms of emprosthotonos with complete rigidity well marked and pretty severe. Injected $\frac{1}{3}$ gr. morphia hypodermically and applied ice to the spine.

5 p.m. My father, Dr. MacKelcan, saw the case with me and concurred in the diagnosis of acute tetanus. The spasms were very much less severe and less frequent, so much so that I did not think it necessary to inject again just then. He still complains of the pain in the jaw.

14th, 9 a.m. Spasms slight but still retaining their peculiar character. Injected $\frac{1}{4}$ gr morphia under the skin.

5 p.m. The spasms have ceased altogether, but there is an occasional twitch in the flexor muscles of the fore arm. To continue Æther Chloric.

15th. Convalescent, and there has been no return since.

Poisoning by Carbolic Acid, in a case of Acute Eczema, under care of Dr. Fraser, Professor of Institute of Medicine, McGill University. Reported by T. G. Roddick, M.D., Assistant House Surgeon, Montreal General Hospital.

Thomas Hobbs, æt. 80, was admitted into the Montreal General Hospital under care of Dr. Fraser, on the 18th April, 1870, suffering from Acute Eczema, intense in degree and affecting the whole cutaneous surface. The patient had been troubled with the disease for about five weeks previous to admission, and had been treated for scabies with the ordinary sulphur ointment. The arms, legs and trunk were literally covered with the disease, and it had invaded his scalp for a short distance behind. He was very feeble and indeed had to be assisted in and out of bed.

For the first three or four days after admission, he was ordered Ung. Zinci. to be applied over the diseased surface, twice a day, and in the interim a tepid bath. This plan of treatment had no marked effect on the disease, so on the fifth day the dresser was instructed to apply on lint an ointment containing one part of carbolic acid to four parts of lard; over the arms and thighs, and to cover the whole with oil silk. This application was faithfully made about four o'clock in the afternoon, and at half-past five the nurse reported that the old man was dying. When seen, as he was almost instantly, he was found to be in profound coma, with the pupils firmly contracted; breathing stertorous; pulse weak, quick, and flickering; whole surface of the body livid; extremities cold; large quantity of mucus in bronchial tubes; inability to swallow; pro-

found insensibility. The patients in the same ward had seen him half an hour before, crawl out of bed, and, after sitting on the chair a few moments, fall to the floor apparently in a faint. He was lifted to his bed and taken no further notice of till the nurse gave the alarm.

It was thought that the extensive application of carbolic acid would account for his condition. So accordingly the dressings were instantly thrown off and the part washed thoroughly with soap and water. At the same time sinapisms were applied to his chest and the calves of his legs, and blister to the nape of his neck; brandy was given as freely as it was possible, and a turpentine and castor oil enema. For the first hour his condition improved rapidly, but as soon as the stimulating effect of the brandy and sinapisms had passed off he seemed to lapse into his former condition. The symptoms varied in intensity from time to time, until about ten o'clock, when he vomited freely, and from that time rapidly regained his consciousness and fell almost immediately into a natural sleep.

The odour of carbolic acid in the vomited matters was distinctly perceptible, but unfortunately none of the secretions were tested.

When fully recovered the patient said that a very few minutes after the application of the ointment he experienced a peculiar burning pricking sensation over the whole body, and that although he had the greatest desire to micturate he could not pass a single drop of urine. He had no recollection of getting out of bed, and that he was in a faint when the patients found him on the floor there can be little doubt.

As to the disease it improved with marvellous rapidity, and although nothing was afterwards applied but cod liver oil, he was pronounced cured on the sixteenth day after admission, and has had no recurrence of the disease since.

Dr. Fraser in a few remarks to the students stated that the case is instructive in two respects: 1st. As regards the danger incurred by the extensive application of carbolic acid to the skin, when the cuticle is removed, as it always is in eczema, leaving the cutaneous absorbents and capillaries exposed, through which it is readily absorbed and produces its known depressing effects upon the circulation through the nervous system. These effects have also been occasionally observed to follow its injection into large abscesses. 2nd. As regards its efficiency as a therapeutical remedy in eczema, in which disease, however, judging from its effects in the present case, it should be employed with caution, or to portions only of the diseased surface at a time, and its effects closely watched.

The action of the acid on the urinary organs which has been observed by others was also pointed out, and so was the treatment which succeeded so well in combating its dangerous effects in the present instance.

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

Cases in Medicine and Surgery under the care of Dr. D. C. MacCallum.

CASE 1.—*Removal of Deep-seated Malignant Tumor of the Neck.*

Reported by Mr. JOHN H. MATHIESON.

Xavier Yenard, æt. 53, was admitted into the Montreal General Hospital on the 7th July, 1870, with a tumor on the right side of the neck, below and behind the angle of the lower jaw. He first noticed it about six months ago, since which time it has been steadily increasing, and is now about the size of a lemon. It is firm in consistence, irregular in outline, and quite movable.

July 8th.—The patient having been put under the influence of chloroform, Dr. MacCallum carried an incision, from a point on a level with the inferior lobe of the ear, vertically downwards for about five inches; a second at right angles to this, over the centre of the tumor, forwards for about two inches. He then reflected the flaps down to the sterno-mastoid muscle, beneath which, and extending forwards into the submaxillary triangle and backwards into the occipital, the tumor was situated. Lying over it was the external jugular vein and some of its branches, the spinal accessory nerve, and some branches of the cervical plexus. These structures were dissected off the surface of the tumor, a few fibres of the sterno-mastoid divided, and all drawn forwards over the tumor and retained there by a blunt hook. Having removed all the superficial attachments the tumor was then turned out from beneath the sterno-mastoid, and carefully separated from its deep attachments by the finger and the handle of the scalpel. While doing this respiration suddenly ceased and the pulsation at the wrist became extinct. Sylvester's ready method of artificial respiration was resorted to, and in a few minutes the suspended functions were restored. The remaining attachments were then separated, and the whole of the tumor removed.

The sheath of the common carotid artery and internal jugular vein was laid bare in removing the tumor, and the pulsation of the artery was visible. There was not an artery wounded. Whilst separating the deep attachments in the submaxillary region, a large vein was lacerated which bled freely. The bleeding was easily controlled by compressing the vein against the inferior maxilla. The wound was washed with carbolic acid lotion (one part up carbolic acid to thirty of water) till oozing ceased, and then the edges were brought together by metallic sutures. A

small compress was applied over the vein which had been lacerated, and the wound dressed with carbolic acid lotion.

The tumor weighed $\bar{3}$ ij and $\bar{3}$ v, and when examined microscopically was found to be composed entirely of large, granular, cancer cells. It had not yet involved any of the surrounding structures.

July 10th.—The dressings were changed, and some of the stitches taken out. No pus has formed. There is very little swelling and scarcely any inflammation. Dressed as before with carbolic acid.

July 11th.—The remaining stitches were removed; a drop or two of pus has formed at the point of union of the flaps.

It healed rapidly, and with the formation of very little, not more than a drachm, of pus altogether. On the 19th of July it was entirely healed and on the 21st of July he was discharged.

CASE 2.—*Pleuro-Pneumonia of the Upper Lobe of the Left Lung.* Reported by Mr. KENNETH GUNSOLUS.

Bridget Mullen, aged 15, was admitted on Friday, July 8th, suffering from great prostration and intensely laboured breathing, accompanied by high fever.

She states that she first felt unwell on Sunday, July 3rd, when she was seized with severe shivering. This was followed by weakness, fever, difficult breathing, and cough. She was attended by a physician of this city from that time to the present. Her present condition, July 9th, is as follows: Countenance has a dull and somewhat stupid expression; there is a circumscribed flush over the malar eminences; the tongue is coated and she complains of great thirst; skin is dry and hot, and the thermometer placed in the axilla indicates a temperature of 104° ; respirations quick and shallow—48 in the minute; pulse 120; cough frequent and unattended by expectoration. Percussion over the left infra-clavicular region elicits a sound of high pitch and of markedly hard quality, and there is unusual resistance felt by the percussing fingers—these conditions are most marked towards the lower part of this region. Over the same surface there is diffused blowing respiration with a dry crepitant r le at its boundaries. The blowing respiration is also very distinct in the lower scapular region of the left side. Throughout the remaining portion of this lung and the one of the right side, there are heard dry bronchial rhonchi. The voice is modified over the dull part, being quite bronchophonic, but there appears to be no alteration in the vocal fremitus.

Dr. MacCallum ordered two drachms of Liq. Ammon. Acetatis to be given every second hour, and ten grains of Pulv. Ipecac. Comp. at bed time. Turpentine stupes to be applied to the chest. Milk diet, with extras of beef tea, corn starch, and four ounces of wine daily.

July 10. Physical signs much the same, pulse 119, respirations 48, temperature of surface 104.

July 11. General symptoms aggravated, pulse 140, respirations 60, temperature 104 $\frac{3}{4}$; slightly delirious. In addition to the physical signs already observed, there is now a distinct friction sound heard over the left infra-clavicular region. Patient complains of great pain and breathing is accompanied with a moan. The supervention of pleurisy is attributed by Dr. MacCallum to the circumstance of the patient's bed being in such a position that she is exposed to a draft of air when the window is kept open for the purpose of ventilation. He ordered her immediate removal to a sheltered position. The Dover's powder at bed time to be stopped, the Liq. Ammon. Acetatis to be continued, and a powder containing ten grains of Hyd. c Cretâ with five grains of Pulv. Ipecac. Comp. to be given every fourth hour. The chest to be cupped.

July 12th. Condition much the same; still delirious; temperature 104°

July 13th. There is a great change for the better since yesterday, pulse 93, respirations 41, temperature 102°, no delirium. Last night she broke out into a profuse perspiration, which still continues. Nurse says she sleeps the greater part of the time. Powder altered to five grains of Hyd. c Cretâ and two grains of pulv. Ipecac. Comp.

July 15th. Continues to improve rapidly. Expression of countenance much more intelligent, pulse 112, respirations 30, temperature 100°. The dullness on percussion is much less, and there is less resistance. The friction sound and diffused blowing respiration have disappeared, and are now replaced by a redux crepitant râle.

July 16th. The perspirations continuing, the Liq. Ammon. Acetatis and the powders are ordered to be discontinued, and the patient placed on the following mixture: ℞ Ext. Senegsæ Fluid 3 iii, Tinct. Hyos. 3 iii, Vini Ipecac 3 i, Spt. Ammon. Arom. 3 iii, Aquæ ad ℥ vi. A tablespoonful to be given every fourth hour.

July 23rd. She is now convalescent. The pulse respiration ratio is natural and the temperature normal; the dullness has disappeared, and the natural respiratory murmur has returned, but it is weaker than that of the right side.

CASE 3.—*Intermittent Fever (Quotidian) treated with large doses of Quinine.* Reported by Mr. JNO. H. MATHIESON.

Anthony Nelson, a sailor, aged 23, was admitted into the Montreal General Hospital on the 5th July, 1870, complaining of fever and ague.

He is a stout, well built man, light complexion. Has previously been very healthy. He was on a trip to Oswego and while there was exposed for several hours during a wet and damp night. Shortly after this he complained of frequent slight chills, alternating with flushes of heat, recurring several times at irregular intervals during the day, and lasting from five to fifteen minutes. He also complained of languor, headache, nausea, and occasional vomiting.

On *July 1st* was seized with the first paroxysm—the cold stage lasted about an hour, and the subsequent stages of heat and sweating for several hours more. The paroxysm recurred daily without marked modification until his admission.

July 5th.—Pulse 72. Tongue coated with a creamy fur; bowels slightly constipated; urine abundant and pale, slightly acid; skin quite moist; pupils very much dilated; appears dull and languid. Respiration 21 and easy. The spleen is considerably enlarged. He had a paroxysm last night about 9 o'clock p. m. The cold stage lasted for about forty-five minutes; he shook so hard that he declared "he had to hold himself in his bed." The hot and sweating stages continued till about 5 a. m. He sweat very profusely and in the morning his woollen shirt was thoroughly saturated. He has slept nearly all the time since 5 a. m. till now (11 a. m.) and is quite well, excepting a dull, heavy sensation in his head. Ordered the following:

℞ Calomelanos gr. v.

Pulv Jalap gr. xx.

July 6th.—Pulse 75. He had a paroxysm last night beginning about 10 p. m., which lasted till between five and six in the morning. The duration of the different stages and the character the same as before. He did not get the powder till this morning, and it has not operated yet.

July 7th.—Paroxysm last night at 11 p. m. and continued till about 5 a. m. Examined the spleen again and found it a little larger. It extends chiefly forwards and upwards. The area of dullness 5 + 6 inches. Purged freely yesterday.

Ordered quiniæ sulph: gr. x to be given immediately after the paroxysm in the morning and to be repeated at noon and night.

July 8th.—Pulse 70. Pupils less dilated. Tongue cleaner. Paroxysm occurred last night about midnight. He has taken two doses (gr. xx) sulphate of quinine since the paroxysm this morning, a third dose to be given to-night.

July 9th.—Pulse 72. Tongue clean. Urine less abundant and still pale. Bowels are regular. He slept soundly last night and there was no return of the paroxysm. Was ordered quin sulph. gr. v. three times a day.

July 10th.—Much better. No return of the paroxysm. Got his clothes and is sitting up. Ordered quin sulph. gr. iij night and morning.

July 11th.—Examined blood with the microscope and found white corpuscles increased in number. Ordered quin sulph. gr. ij every four hours.

July 14th.—There has been no paroxysm since, his tongue is clean. Bowels regular. Spleen still enlarged. No symptoms of quinidism. He is somewhat weakened but pulse quite well.—*Discharged.*

CASE 4.—*Sciatica, treated by Muriate of Ammonia.* Reported by MR. JAMES T. S. WEBB.

Marianne Fitzgerald, widow, aged 61 years, mother of seven children, was admitted into the Montreal General Hospital, July 6th, 1870.

She says she never enjoyed very good health, always considered herself weak and feeble, and has for many years been liable to bilious attacks every few months.

About seven years ago she had a very severe and prolonged attack of facial neuralgia. She noticed that the pain was always most severe in the morning and became less so towards evening; she took at that time large doses of quinine immediately before the morning paroxysm came on but without much relief. Ever since that time she has been visited annually with a similar attack, and always at about the beginning of summer. Five years ago was ill with a swollen knee for which she was cupped and blistered.

She had a fall on the 23d of December last, and fractured her right femur, for which she was admitted into the Montreal General Hospital.

At the time of her present admission to hospital she presented a pale and sickly appearance, and her countenance was expressive of great anxiety and suffering. She complains of most excruciating pains along the course of the sciatic nerve, and can sleep neither day nor night. She is troubled with a peculiar sensation in the head which she describes as if two substances were rubbed together followed soon by a loud noise as if a pistol were fired off close to her ear. She is also suffering a great deal from giddiness and confusion of ideas and weak memory.

July 7th.—Dr. McCallum ordered her to take five minims of Fowler's solution three times daily, which she continued taking for seven days.

July 9th.—Pulse 98, very weak. Did not get any sleep last night; pain in the leg very bad; complains of great dizziness, flashes of light, &c.

July 10th.—Remains about the same as yesterday.

July 11th.—Pulse 100, very weak. Feels a little better to-day; did not sleep last night on account of the pain in the leg.

July 12th.—Slept well last night; pain in the leg less; feels better to-day; still complains of giddiness; appetite somewhat better.

July 14th.—Worse to-day; pain very bad; could not sleep last night on account of the severity of the pain.

Arsenic stopped.

Dr. McCallum ordered her to take fifteen grains of the muriate of ammonia every four hours.

Doing well, pain all gone; says pain entirely left her after taking the second dose of the medicine.

July 16th.—No pain; slept well last night; giddiness all gone; head feels well.

July 18th.—No return of pain; sleeps well every night; pulse improving.

July 26th.—No return of pain; sleeps well; is now going about hospital, quite cheerful; expression of countenance quite altered; says she feels better than for many years.

CORRESPONDENCE.

MEDICAL MATTERS IN HAMILTON, ONTARIO.

(From a Correspondent.)

MEDICAL AND SURGICAL SOCIETY.

The May meeting was held on the fourth of that month.

Dr. Macdonald introduced the subject of Puerpural Fever and Puerpural Peritonitis, by reading reports of several cases that had come under his notice in this city during the spring months.

The cases, with their history, were very instructive and led to an interesting discussion in which all present joined; but as it elicited nothing novel it is omitted. It is to be hoped that Dr. Macdonald's notes may appear in your journal, as they would no doubt, be very acceptable to your now numerous readers in Ontario, if the Dr. could only be induced to publish them.

The July meeting was held on the 6th July, 1870.

The president, Dr. Rosebrugh, in the chair.

Dr. Geo. MacKelcan read the notes of a case of Acute Tetanus, treated by hypodermic injection of morphia with recovery.

Dr. Malloch, made some remarks on a typical case of Acute Tetanus.

Dr. MacKelcan, sen., who saw the case, described it as one of well marked Tetanus.

Dr. Isaac Ryall was pleased to hear of a case of Acute Tetanus, being cured.

Dr. Rosebrugh and others said that as the case was a successful one it should be published. (*See original communications.*)

Dr. Malloch, related a case of embolism of the external iliac artery, producing mortification of the whole limb and death in a short time.

THE HAMILTON CITY HOSPITAL.

This useful institution, although its name might lead one to think that it was intended for Hamiltonians merely, really admits cases from all the surrounding country, and even from the United States. In the summer the number of patients is not so great as in the colder months, but the number under treatment at present is about forty, besides three or four puerperal cases. Although there is no regular "clinical instruction" at this Hospital, it affords to a few students opportunities of study second to none in Ontario, and even in obstetrics there would be no difficulty in getting their certificates of "having attended at least six cases of midwifery," a difficulty which seemed insurmountable even at Toronto, when it was discussed at the Canada Medical Association, and at the Medical Council here. We throw out this hint for the benefit of students who may think of spending a year with one or other of the medical men here, or who may intend joining our "summer school of medicine."

In our Hospital all the new remedies are introduced as soon as they can be procured. The bromides were extensively used and with marked benefit in delirium tremens, and epilepsy; but their place seems now to be taken by chloral (hydrate), and the benefit is very marked.

There are also surgical operations of considerable interest and importance performed at this institution. Thus to go no further back than last month, Dr. Mackintosh, one of the medical men in attendance, performed successfully median lithotomy, and tenotomy, and forcible extension of a knee joint, which had been bent at right angles for about eight years, both patients being now almost well.

Besides these cases in the Hospital there have been several very interesting cases in the city of functional nervous diseases cured by the use of chloral (hydrate) of some of which you will likely have more extended reports shortly.

Since writing the above, I have just heard of a case of hysterical paralysis of both legs having been cured very rapidly at the Hospital here by Dr. Mullin, assisted by Drs. A. R. Malloch and O'Reilly. The case had been mistaken by some medical men for disease of the spine, and the patient, a girl about 18 years of age, had not got out of

bed for eighteen months without assistance. It was at last decided by these gentlemen and others to try the effects of the cold *douche*. She was accordingly got out of bed and ordered to walk, and on refusing to do so was souced with a bucketful of iced water, a second and a third bucketful were necessary to complete the cure, and then the patient was able to walk across the ward several times, unassisted. She was made to dry herself well and put on her clothing, and on being visited in the afternoon by Dr. O'Reilly, and ordered to get out of bed, she did so pretty smartly.

A Bungle Case of Lithotomy.—Rumors have been rife here for some weeks back of a lithotomy case sadly mismanaged in a town not thirty miles from Hamilton. It would appear that a gentleman from a distance had placed himself under the care of a surgeon in the town referred to, who, with other two practitioners of the same town, determined to perform *median* lithotomy. The patient having been chloroformed and every thing in readiness, the operating surgeon introduced the knife, but after many ineffectual attempts and poking about in the wound for nearly three hours, they had to leave the case as it was. One can scarcely realize the patient's disappointment when he awoke and found that he had *not* been relieved. Two or three weeks after Dr. Beaumont was summoned from Toronto to complete the operation and succeeded in relieving the patient of four calculi of considerable size. Had these men ever performed the operation even on the dead subject?

ANALYSIS OF THE ONTARIO MEDICAL REGISTER.

It was stated at the Medical Council here, that there were about 1500 practitioners in Ontario. The register shows only 1177, so that there are thus over 400 men practising medicine in Ontario in defiance of all law, not much less than one-third of the whole. With these facts before us one is tempted to ask, "has our medical legislation been really of any use." And this question is still more forcible when we find a clause in the bill entitling to registration any person who was actually in practice prior to 1st January, 1850, and who shall have attended *one* course of lectures. It seems, however, that this premium to ignorance was only taken advantage of by four worthies, who, no doubt, are a great accession to the regular practitioners of Ontario. Wonder some midwives did not take advantage of the clause as they are certainly *persons*. Of the 1177 registered practitioners of medicine 93 are eclectics and only 55 homœopaths, 5 of the latter being non-residents, 3 being in the United States and 2 in Montreal.

There is also one non-resident "regular."

There are then in Ontario, resident—

Regulars	1028
Eclectics	93
Homœopaths	50
<hr/>	
Total.....	1171

The homœopaths are therefore to the regulars in the proportion of 1 to 20.6 and the eclectics of 1 to 11.5.

Take the population of Ontario as 1,393,089 this gives—

All resident, Registered practitioners	1 to	1,189.6	of population.
“ Regular	“	1 “	1,355.14 “
“ Eclectic	“	1 “	14,979.5 “
“ Homœopathic	“	1 “	27,861.78 “

It is, then, on account of these 143 men that all the legislative fuss has been made, and in order to give them legal rights and privileges that over 1000 regular practitioners have been insulted. But look at the injustice in another light. The homœopaths and eclectics form more than one-third of the whole council—whereas if they had their just proportion to that of the regular practitioners they should have only one-seventh. That is to say they have ten representatives at present, whereas their just proportion is only four—or two to each side.

How such manifest injustice to the regulars could have been allowed, without some of the leading medical men in Toronto, rousing the whole profession of Ontario to a sense of their wrongs is really marvellous. Of what use are our medical schools if they cannot protect the interests of their graduates?

It is to be hoped that some remedy will soon be found for this anomalous and unjust state of matters, and that when the opportunity offers, the regulars of Ontario will support it *en masse*.

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Surgery.

SEVERE CASE OF TETANUS CURED BY THE EXSECTION OF A NERVE.

BY GEORGE E. FOSTER, M.D.

Springfield Mass.

M. L., aged twenty-four; married, by birth an American, and by occupation a seamstress, bought a pair of shoes July 20th, 1869, and put them on; while walking, she felt a sharp substance pricking the skin of the anterior and inferior aspect of the right heel. She continued to

walk, but with pain, until she stepped from the curbstone to cross the street, when accidentally her whole weight was thrown on to the heel and something was driven into it which caused exquisite pain. She called a carriage which was passing, and rode to her residence. Upon removing the shoe, a shoe-nail was found driven into the heel, the end protruding. A shoemaker who lived near was called; he removed it with pinchers, and upon examination found it to be whole and one inch and a quarter in length. The pain subsided and the wound healed, leaving no trace of the injury. No more was thought of it until August 3d, 12 o'clock, when she awoke in the night with chills, stiffness of the limbs and slight twitching of the muscles of the arms. Chafing and hot drinks were resorted to by the family, but without changing the symptoms. At 3 a.m., the family physician was called; at that time, she had spasms of all the limbs, and well-marked trismus, mind clear, pulse full. He tried all the remedies that could be thought of, but she became worse very fast, and at 8 a.m. another physician was called, who pronounced the case hopeless. The doctor in charge was not willing to give up: they sent for me but being out of town I did not see her until 12 m. She was then very weak, spasms constant, trismus well marked, pulse 97 and very feeble, mind perfectly clear. All the known remedies were again tried, but with no better result. She could give no cause for the attack. The physician in attendance, while conversing, accidentally spoke of the accident three weeks before, and the family exhibited the nail, which was whole, but upon examination a slight spot of rust was found near the point. A subcutaneous injection of a solution of the sulphate of atropia was made over the posterior tibial nerve, but without relief. At 4.30 p.m., she being under the influence of ether, I cut down upon and with care removed about two lines of the internal plantar nerve; hot cataplasms of flaxseed, yeast and laudanum, were ordered to be applied once every hour and a half. Pulse one hour after the operation was 45 and fluttering, pupil of right eye fully dilated and of the left contracted, mind wandering. Passed a bad night (no spasms or trismus after the operation); wine whey was given both by the mouth and rectum every hour during the night.

Aug. 4th, 8 a.m.—Mind again clear, pulse 94 but weak, has gained strength, wound suppurating.

5th.—Pulse 85 and good. Beef-tea and wine whey still continued, with toast; wound suppurating freely.

6th.—Every symptom good—still quite weak

10th.—Ordered the wound to be kept open five days.

Jan. 12th, 1870.—She is as well as ever; no spasm of any kind since the operation.—*Boston Medical and Surgical Journal.*

PUNCTURE OF THE KNEE-JOINT IN THE TREATMENT OF SYNOVITIS.

Professor Fayre (*Indian Med. Gazette*), after treating five cases of synovitis, speaks with confidence of simple paracentesis of the joint in the treatment of inflammation, and as he believes it is capable of affording great and rapid relief from pain, as well as of expediting recovery, he has no hesitation in recommending it; but it must be borne in mind that the operation is to be performed with the greatest care, and that every precaution be taken to exclude the air.

NEW TREATMENT OF RICKETS.

Mr. Marsh, of Dublin, has employed forcible straightening of the bones in a case of rickets. The patient was put under chloroform, and the tibiæ, which were curved forwards, were forcibly straightened. The practice seems novel and promising.—*New York Medical Record*.

Medicine.

CHLORAL AS AN HYPNOTIC.

The Physicians and Surgeons of the Royal Infirmary, Edinburgh, after extensive trials with the hydrate of chloral, have arrived at the conclusion that it is a most important and valuable addition to our list of sedatives and hypnotics. It is, they consider, "perhaps the purest hypnotic and sedative we possess, its administration being followed, in most cases, by beneficial results, and comparatively rarely by injurious effects; also, that for these purposes it may be given with advantage in all cases where sleep is abnormally absent, and in diseases or injuries where any excitement or irritation of the nervous system exists. Its advantages as compared with other narcotics, such as opium, seems to be briefly as follows: 1. It is perhaps more speedy and more certain in its action and more prolonged in its effects; 2. It is less dangerous to children; 3. It is followed, as a rule, by no bad effects; the appetite is not impaired; the tongue is not furred; the excretions are not arrested.

"While in the majority of cases the results of chloral are satisfactory, the fact must not be concealed that, occasionally, unpleasant consequences follow its administration. In upwards of fifty observations, when forty grains were given—the progress of all of which we ourselves had an opportunity of following out—in no less than seven the patients were greatly excited, four of them, in addition, being wildly delirious shortly after taking the medicine. This temporary delirium, although somewhat alarming at the time, passed off in all cases in the course of two hours,

accompanied by the most profuse diaphoresis. In this number about a dozen were afflicted with headache more or less severe, which, however, was also transitory.

“Other observers in the Infirmary, after giving chloral largely, have not met with these distressing symptoms—at least, not to so great an extent.”—*British Med. Journal*, April 30, 1870.

Dr. J. HUGHES BENNETT states (*Practitioner*, May, 1870) that, in moderate doses, it produces natural sleep; that in a majority of cases it is not a narcotic but pure hypnotic, and that he has not witnessed from it the ill effects so common after the administration of opiates.

Dr. A. M. ADAMS speaks (*Glasgow Med. Journal*, May, 1870) in equally favourable terms of its value as an hypnotic. He says “as an hypnotic in affections of the head and nervous system, it dwarfs every other known remedy of its class, and fills a blank in medicine which has long been felt and deplored.”

THERAPEUTIC EFFECTS OF HYDRATE OF CHLORAL IN CEREBRAL DISEASES.

Dr. T. S. CLOUSTEN, Medical Superintendent of the Cumberland and Westmoreland Asylum, thus sums up his experience after having given the hydrate of chloral in forty cases of various forms of *insanity* :—

“1. It has proved a most safe and certain sleep-producer. It seems certain that by it we can compel sleep in any case.

“2. By means of this property, attacks of insanity may probably be warded off in some cases.

“3. Its action in abating and soothing excitement is more uncertain than its sleep-producing power, and lasts a shorter time than that of any signally powerful drug; but it is most valuable in certain cases, especially in some recent and curable ones, where formerly we should have been afraid to give opium. It has no directly curative action, but it evidently could be so employed as to tide over short attacks of insanity, and to prevent certain cases from being sent to lunatic asylums.

“4. Whether it does good or not, it never does harm. In this respect it is the very king of all narcotics.

“5. Its effect on the temperature of the body is variable in different cases, and in the same case at different times; but generally it is to reduce the temperature slightly, taking the average of a number of patients. It differs from opium in this respect, which raises the temperature; but the reduction caused by chloral is not nearly as great in maniacal excitement as that caused by alcohol in large doses.

" 6. It should be given to subdue brain excitement in doses beginning at twenty or thirty grains, repeated from three to five hours. To produce sleep in great excitement, from forty to sixty grains are required, the latter dose not failing in one per cent. of the cases."—*British Medical Journal*, May 7, 1870.

Dr. JOHN B. TUKE, Medical Superintendent of the Fife and Kinross District Asylum has employed chloral with good results in acute mania, asthenic insanity, the insomnia of melancholy, and in chronic cases of insanity in which violent outbursts of excitement occurs. "The advantages of chloral," he says over all other hypnotics with which I am acquainted are—

- " 1. That it is more uniformly certain in its action.
- " 2. That it has no depressing influence.
- " 3. That it does not cause constipation.
- " 4. That it does not produce nausea.
- " 5. That its effects are more lasting.

" I believe it to be the most valuable means of procuring sleep which has yet been introduced into the Pharmacopœia of the asylum physician."—*Lancet*, March 26, 1870.

Mr. SPENCER WELLS stated at a meeting of the Obstetrical Society of London, that in a case of furious maniacal excitement seen by him with Dr. Munro, one thirty-grain dose of chloral was followed by almost immediate calm and afterwards sleep.—*Lancet*, April 2, 1870.

Dr. PLAYFAIR also reported to the same society a case of threatened puerperal mania where the patient had become maniacal after a previous labour and after the present one exhibited the same symptoms which had preceded the previous attack, viz: restlessness, inability to sleep, etc.—Thirty grains of chloral given at bed time produced a long and quiet sleep, and the same dose was repeated every night for a week. Dr. P. has no doubt that this medicine kept off the threatened attack.

A case of puerperal mania was communicated to the Obstetrical Society of Edinburgh by Dr. THOMPSON, who stated that from his observation in that case he looked forward to chloral being of the greatest service in the acute stage of that disease.—*Edin. Med. Journal*, May, 1870.

Mr. R. G. HILL reports (*Med. Times and Gazette*, April 9, 1870) a case of acute mania in a female, in which the usual remedies were tried without benefit, when chloral was given with the happiest effects.

Much additional testimony has been adduced as to the value of the hydrate of chloral in *delirium tremens*. According to the experience the physicians of the Royal Infirmary, Edinburgh, chloral seems in the disease "to be almost a curative agent, as in most cases, notwithstanding

violent excitement or delirium, it produces a sound sleep, from which the patient frequently awakes sane and rational. In doses of forty or sixty grains, repeated every half hour three or four times, a deep and lengthened sleep generally ensues. Although there are several exceptions, many most interesting and remarkable cases might be cited to prove the general rule."—*British Medical Journal*, April 30, 1870.

Mr. MAUNDER has employed it successfully at the London Hospital, in a case of furious delirium tremens in a woman. A drachm dose was given and within half an hour she was fast asleep, all maniacal symptoms being abolished for the time. The dose was repeated with the effect of keeping her quiet, and at the date of the report she seemed quite rational.—*Brit. Med. Journal*, April 2, 1870.

Dr. GEORGE W. BALFOUR has been equally successful with chloral at the Royal Infirmary, Edinburgh. He relates six cases of delirium tremens successfully treated, and says that the cases in his wards "vary from the merely excited fidgety condition, known as the horrors, to the most exaggerated mania, often accompanied by repeated epileptiform convulsions. The cases given are amongst the severer ones treated; the milder ones succumbed more readily to the treatment, one dose being usually sufficient; the general result being to keep the wards almost empty, from the rapidity with which the patients are enabled to be discharged."

Dr. C. A. STIVERS reports (*Pacific Med. and Surg. Journal*, May, 1870) two cases of delirium tremens successfully treated with chloral in the San Francisco Hospital.

THERAPEUTIC NOTE ON CHLORAL.

By Sir J. Y. SIMPSON, Bart., M.D., D.C.L.

Several years ago, when discussing the past history and probable future advances of the *Materia Medica*, I took occasion, amongst other matters, to observe as follows :

"Our therapeutic means are most probably destined to have early and important additions made to them through other discoveries in chemistry particularly in modern organic chemistry. For there can be little doubt that some of these almost innumerable compounds which organic chemistry is daily adding to its stores will be found to be endowed with marked therapeutic properties, and that we may find in them most powerful and possibly concentrated forms of medicinal agents capable of fulfilling all our principal therapeutic indications—and perhaps with properties superior to the drugs at present used; as an antiperiodic, for example, even more certain than quinine, and yet without its occasional tendency to pro-

duce headache and nervous symptoms ; or a narcotic, as important as that most useful of all drugs—opium—and yet without either its direct constipating effects or its indirect tendency to excite subsequent nausea, vomiting, etc.”

Chloral $C^2 Ch^3 OH$, an artificial organic chemical compound, was discovered by Baron Liebig in 1832. Both in its fluid form and when solidified by the addition of a little water into hydrate of chloral, it has been known during the last thirty-seven years chiefly as a chemical curiosity. But lately Dr. Liebreich, of Berlin, has suggested hydrate of chloral as an hypnotic and anæsthetic remedy. I am indebted to the courtesy of Dr. Liebreich for sending me an early specimen of this new drug, and latterly I have used it to a considerable extent in practice. My impression is that, in introducing chloral, Dr. Liebreich has proposed a remedy which will yet prove of immense value in the practice of Medicine, Surgery, and Midwifery.

Hitherto I have principally employed it as an hypnotic and anodyne. In sufficient doses I have found it, as a general law, as sure a producer of sleep and soother of pain as opium or any of its preparations. It is usually swifter in the induction of its narcotism, more tranquil in its action, and more prolonged in its effects than opiates are when taken as hypnotics ; but above all, it seems, in a great measure, free from some of the minor drawbacks and disagreeable accompaniments produced by a full and large dose of opium. In this respect it appears to me to fulfil successfully the indications which I predicted in the extract above given, of being a narcotic as powerful, and indeed more powerful, than opium, “and yet without either its direct constipating effects, or its indirect tendency to excite subsequent nausea, vomiting, etc.” The sleep induced by a full dose of it steals on without any premonitory symptoms. It is usually deeper, and yet more quiet and calm, than that produced by opium ; and it does not leave subsequently the thirst, dry throat and tongue, disturbance of stomach and appetite, and languor of mind as well as body, which most persons unaccustomed to the use of opium commonly feel after a deep and narcotic dose of that drug.

Ever and anon cases are well known to occur in practice in which patients declare their inability to take opium in any form without suffering severely from nausea, faintness, restlessness, and other evil effects. In several such cases I have now used chloral as an hypnotic with perfect success. A patient here at present from New York assures me that the preparations of opium and other vegetable anodynes have always acted upon her as poisons, and without producing their usual hypnotic effects. “Such,” she writes me, “being my experience of anodynes, I was

unwilling, as you remember, to take chloral, and hoped nothing whatever from it. It was administered to me in two half-doses [thirty grains each]; the first dose, taken in the day-time, with light in the room and my people walking about, did not put me to sleep, but it soothed and calmed me completely. The second dose, given at night, was followed by nearly four hours of natural and refreshing sleep. I felt neither giddiness nor heaviness on waking, and neither then nor later did I experience any sensation of nausea as after other anodynes."

Two or three weeks ago I had under my care an old patient, a lady of great sensitiveness and intellectual power, from one of the midland counties of England. When last in Edinburgh she was the subject of a slight operation, and twice took a dose of chloral at night to induce rest. She slept under it quietly and refreshingly, far beyond her usual breakfast hour. Opium, henbane, and other anodynes had, when used, generally induced in her disturbed sleep, occasional sleep-talking, and sometimes somnambulism. A few days before coming on this last occasion to Edinburgh, she had a conversation with her mother regarding the kind of monument which they should erect over the grave of her father, who died two or three months since. That same day she had travelled up from Wales, felt ill, and had given to her a dose of henbane towards bedtime, with the hope of producing rest. In the middle of the night her husband was awoken by the ringing of his door-bell, a shower of small stones launched against his bedroom window, and the dog barking within. On rushing down and opening the door he found his wife, whom he believed to be in bed, standing outside. The henbane draught had produced a fit of sleepwalking. After her husband and she had fallen asleep she had risen, dressed herself in her day clothes over her night clothes, removing for that purpose her bonnet and muff out of their special receptacles, and, in the middle of a dark and wet night, had walked off to a distance of two miles. She awoke with her left hand holding her two gloves within her muff, and the right hand grasping the cold iron handle of the inner gate of the churchyard in which her father had recently been buried. After using the chloral she expressed to me great satisfaction at the idea that she had now a medicine which seemed to produce nothing but a tranquil sleep, quite different from the disturbing effects of the narcotics which she had previously taken; and two days ago I saw an order from England at the apothecary's for several doses to be forwarded to her.

Sometimes chloral produces its hypnotic effects when opium, from its long-continued use, has ceased to do so. To a patient who has had daily morphia injected subcutaneously for some years for neuralgia of the side

under the hands of different Practitioners, my assistant, Dr. Bell, gave at my request a drachm dose of chloral. Latterly a grain of morphia has been injected daily with the effect of relieving the pain, but without producing sleep. She swallowed the dose of chloral early in the afternoon, and was asked to lie down in bed. I saw her in a quarter of an hour afterwards deeply asleep; and the lifting of one eyelid to look at the dilated pupil did not awaken her. She awoke out of the slumber free from her neuralgia.

I am not aware of any special contraindications to the employment of chloral when used for somniferous purposes. Even in head and chest affections, where I should have been chary of having recourse to opium as an hypnotic, I have employed chloral with perfect success. The contraindications to opium offered by a tendency to constipation, etc., do not exist against chloral.

Like all other remedies in the Pharmacopœia, it will, no doubt, occasionally fail to produce its desired effect; but as seldom so, perhaps, as most of them. In a few instances the sleep induced by it has been dreamy and hysterical, particularly when the patient was not kept in a state of perfect quietude; but these are rare exceptions to the general rule.

In the present remarks I have spoken specially of the somniferous or hypnotic powers of chloral. I have used it for other purposes, but it is not my intention to dwell upon them at present. It will not fulfil all the many and almost endless indications for which opium is used in Medicine; but I have seen enough to convince me that it will prove a very valuable anodyne in some cases of neuralgia, hystericalgia, dysmenorrhœa, pleurodynia, etc., and in the pains attendant upon cancer and acute local inflammations. In some cases of irritable bladder and chronic cystitis I have found it give the patient much longer and more perfect rest than large doses of opium. In several instances it has seemed to me, when given in small and repeated doses, to soothe down both acute and chronic cough with remarkable effect; and I have known it to relieve asthma. Lately in a young lady whom I saw in consultation with Dr. Taylor, suffering under a severe attack of congestive bronchitis with some hæmoptysis, orthopnœa, a small dose (twenty grains) of chloral was given at night. "She speedily fell asleep," wrote Dr. Taylor to me the next day, "and slept soundly until 4 a.m., when she sat forward in bed and coughed, but appeared to be only half awake. When I called in the morning at 10.30 she was still enjoying a most placid slumber. As I contrast," Dr. Taylor adds, "the distressed and audible breathing of last night with the tranquil sleep and improved state of the patient to-day, I

cannot help concluding that chloral has a directly sedative effect on the whole respiratory surfaces."

Occasionally I have exhibited chloral in continuous small doses for one, two, or more weeks in succession, and apparently with most marked benefit, particularly in cases of chorea, threatened or incipient insanity, etc. A patient from Illinois, who, for several years, has always regularly suffered excruciating spasmodic pain in the left iliac region, attended with some discharge, for eight days before menstruation began (she has disease of the fundus uteri and left Fallopian tube), has, during the last two periods, kept at bay this old and formidable suffering by taking chloral night and morning during the threatenings of it. She strongly assures me that formerly she had used very large doses of opium and other anodynes without any such favorable effect. I have found the parturient uterus to go on contracting regularly and strongly when the patient was so deeply asleep under chloral as to be only very imperfectly wakened up with the expulsive efforts of labour.

It has been employed in continued fevers to induce sleep and quietude and reduce the pulse. Dr. Liebreich speaks of its utility in rheumatism, convulsive coughs, tetanus, acute mania, and delirium tremens, and as a sedative after Surgical operations.

The dose of chloral to an adult for an hypnotic which I have usually employed has varied from 50 to 60 grains; but 25 to 30 grains suffice in some patients. In a case of long-standing sleeplessness, and which had resisted great doses of opium, Indian hemp, etc., 120 grains failed to produce any effect. When used for anodyne and other medicinal purposes, a continuation of smaller doses—as 10 or 20 grains several times a day—is sufficient.

In administering chloral I have given it only by the mouth and by enema; almost always as a draught. It is somewhat acrid and pungent to most palates, and hence requires to be diluted well with water, and to have added to it a large quantity of syrup.

When it first came into use in this country the charge for a dose containing 1 drachm or 60 grains of chloral was as high as 3s. 6d.—an almost prohibitory price. A draught containing the same quantity is now sold by our druggists at Edinburgh for six pence; and doubtless it will become much cheaper when it becomes more employed.

INTUSSUSCEPTION IN AN INFANT CURED BY INFLATION OF THE BOWEL.

W. S., æt six months, admitted into Guy's Hospital March 28th, 1870. The child appeared in perfect health until yesterday afternoon about

four o'clock, when, whilst sucking a crust of bread, he suddenly screamed out, fainted, and became cold. The mother took him to a doctor, who gave him a powder, which made him very sick. He continued in great pain, and cried incessantly. At three o'clock this morning he passed a quantity of clotted blood per rectum, and this continued to run from him until he was admitted into the hospital at twelve o'clock. The last fecal evacuation took place at noon the previous day.

On admission, the child was seen to be well grown, but face pale, and had a generally collapsed appearance. On examining his abdomen, a lump was distinctly felt to the left and above the umbilicus, which hardened when pressed upon. On passing the finger up the rectum a round projection could be felt about four inches up, with a circular orifice in the centre. The finger, when withdrawn, was covered with blood. The case being clearly one of intussusception, Dr. Wilks ordered inflation of the bowel by means of a bellows. Chloroform was given, and an enema tube passed into the rectum, the other end being attached to the bellows. The attempt to inflate was at first unsuccessful, owing to the large size of the rectum; but by increasing the width of the tube by wrapping a strip of lint round it, the colon was well inflated, and then the lump gradually went back until it quite disappeared. A drop of opium was ordered in a drachm of dill-water, and the breast to be given sparingly.

On the following day, March 29th, no lump could be felt. The child had been sick several times, and nothing had passed per rectum. To repeat the medicine.

March 30th, child very irritable; apparently much tenderness over abdomen, especially towards the right side. Occasionally sick. Passed a little blood, but no feces.

31st, evidently better. Had a liquid evacuation with no blood, and sucks well.

April 1st, passed a natural motion, and altogether better.

2nd, child apparently well, and taken out by the mother, who was somewhat discontented at the operation performed on him, as she never could be made to realize the severity of the case.

He remained well until the 10th, when he was brought to the hospital, having had fresh bleeding, and the lump could again be felt. The mother would not allow the child to be again taken in for the purpose of a renewal of the method which had been before so successful, but took him away for the purpose of procuring some physic for him; and no more was heard of the case.

Dr. Wilks remarked that this was a good model case of intussusception and of the appropriate treatment. The nature of the involution was of

the usual kind—the ileum into the cæcum, and the subject a boy, as is most commonly the case. There was, however, one symptom which had not been hitherto remarked, viz., the collapse at the time of the occurrence of the passing in of the bowel. The sickness and constipation denoted intestinal obstruction, and the passage of blood, that this was caused by intussusceptio. This symptom was first clearly established as a characteristic sign of this accident, by Mr. Gorham, who wrote an excellent article on the subject in the Guy's Hospital Reports for the year 1838. If there had been any doubt as to the nature of the case, this would have been removed by the discovery of a tumour in the abdomen, which contracted on being handled, and by the fact of the rosebud-like projection to be felt in the rectum. This showed that the intussusceptio was very extensive. The treatment was then clear, and, in other cases, was completely successful. Dr. Wilks's wish was to keep the child in for some time, continue the opium, and feed him most sparingly. It was also discussed whether a pad over the abdomen might be efficacious in preventing a return of the intussusceptio.—*Lancet*, May 21, 1870.

THE PROXIMATE

CAUSE OF HÆMORRAHGE INTO THE BRAIN AND RETINA IN
CASES OF CHRONIC BRIGHT'S DISEASE.

BY GEORGE JOHNSON, M.D., PHYSICIAN TO KING'S COLLEGE HOSPITAL.

It is a well known fact that hæmorrhage into the brain and into the retina is a common accident in the advanced stages of chronic Bright's disease. The explanation which I have hitherto given of this occurrence has been the following. (*) The muscular walls of the minute arteries in most of the tissues, including those of the brain, are much hypertrophied. Hypertrophy of muscular tissue is a physiological result of its long continued over-action. Excessive contraction of the minute systemic arteries impedes the onward movement of the blood, and calls for increased efforts on the part of the heart to carry on the circulation. Hence, hypertrophy of the left ventricle. One obvious result of the struggle between the excessive cardiac propelling force and the excessive arterial resistance must be to cause increased strain and pressure upon the arterial walls, and so to increase the risk of hæmorrhage, consequent on rupture of one or more minute arteries. The small pin-head aneurisms of the minute arteries of the brain in some cases of cerebral hæmorrhage, indicate a giving way of the arterial walls under the strain to which they have been subjected, which must obviously render them very liable to rupture.

(*) See the British Medical Journal, April 16, 1870.

That this is the true account of some hæmorrhage into the brain, and into the eye in cases of Bright's disease, is extremely probable, but a case that has recently occurred under my care in the Hospital suggests a somewhat different explanation of some hæmorrhages. A man, 65 years of age, had left hemiplegia and chronic Bright's disease. After death a moderate-sized clot was found in the right optic thalamus. The kidneys were small and granular. The left ventricle of the heart was hypertrophied; the valves were healthy; the minute arteries, unfortunately, were examined in only two tissues—in the subcutaneous tissue and in the brain. The walls of the subcutaneous arteries were much hypertrophied, while those of the pia mater presented no appearance of hypertrophy; they were, so far as we could judge, of the normal thickness.

We have observed, in cases of chronic Bright's disease with hypertrophy of the left ventricle, that while, as a rule, the minute arteries in all the tissues examined—the kidneys, the pia mater, the subcutaneous tissue, the muscles, and the mucous membrane of the bowels—have their muscular walls hypertrophied, the hypertrophy of the arteries of different tissues in the same subject is sometimes unequal.

Now, it is manifest that when hypertrophy of the left ventricle has resulted from excessive resistance to the circulation occasioned by the contraction of the minute systemic arteries, if the arteries in any one tissue or organ contract and strengthen their walls in a less degree than those of other tissues, the capillaries of that tissue or organ will be subjected to more than the ordinary degree of pressure, and will in the same degree be more liable to rupture.

So it is probable that the cerebral hæmorrhage in the case to which I have just now referred may have resulted from rupture of the capillaries; and that the immediate cause of this rupture was the excessive pressure upon the cerebral capillaries, due to the fact that the propelling force of the hypertrophied left ventricle was not counterbalanced by an equivalent hypertrophy and consequent resisting power in the minute cerebral arteries.

The question to be determined is this—In cases of hæmorrhage into the brain or retina, associated with chronic Bright's disease and hypertrophy of the left ventricle, are the walls of the minute arteries of the brain and retina, as a rule, hypertrophied in an equal degree with the arteries in other tissues—for example, those of the subcutaneous and mucous tissues? Or is there little or no hypertrophy of the cerebral and retinal arteries? The absence of hypertrophy of the minute arteries in the eye and brain would indicate the probability that hæmorrhage has resulted from rupture of capillaries consequent on the excessive injecting

force of the hypertrophied left ventricle. It is obvious that, with equal hypertrophy of the left ventricle, the strain upon the capillaries will be in inverse proportion to the arterial resistance; also that the strain upon the arteries will bear a direct relation to the resistance offered by the partial closure of the minute arterial stopcocks. It is, of course, admitted that degeneration of the coats of the blood-vessels, whether capillaries or arteries, will render them liable to rupture even without undue strain upon their walls.

In order to work out the details of this interesting pathological problem, the co-operation of many independent observers is needed, and I very earnestly invite this co-operation.

ON THE USE OF RAW MEAT IN DIARRHŒA AND DYSPEPSIA.

BY ROBERT DRUIT, M.R.C.P., &c.

I learned the use of raw meat as a remedy for diarrhœa, from the late estimable Professor Trousseau, during a visit paid to his clinique at the Hôpital des Enfants Malades in 1851. Since that time I have had abundant opportunities of proving its efficacy, and although I know that it is largely used by some Physicians, it may not be unseasonable at the present time to call attention to it, and to encourage its more general use.

Let me begin with a few words on the mode of preparing it. The meat used may be either mutton or beef—say a tit-bit of the loin of mutton, or of the fillet or other tender part of beef. This must be submitted to a process either of pounding, or of scraping, so as to get the red soft muscular substance, as free as possible from all fat and fibre. The muscular substance so prepared forms a soft pink pulp, and even a good-sized piece of raw meat seems to yield wonderfully little by comparison with the parts that are rejected. It must be a pulp, giving no feeling of resistance when squeezed between the fingers.

The modes of administration are many. It may be given by itself, and this way is best in the case of young children. Very young infants may suck it from the end of their nurse's finger, and most of them take it greedily enough in this way. Children who are older, say from two to five, may swallow it if dusted over with white sugar. Older persons may take it conveniently if diffused through a little strong beef-tea. But there is another way for which I am indebted to a lady who has made very large use of this remedy in the case of her invalid daughters, and which is known amongst a pretty wide circle as a *jellied chop*. This consists in diffusing the meat pulp through a stiff meat jelly, and allowing it to cool in a shape. This is eaten like a spice, and is very nice to any one whose

prejudices are not aroused by the notion of rawness. Salt and other condiments may be added at discretion.

The cases in which raw meat has peculiar efficacy, are those in which other food passes undigested, and adds to the irritation of bowels in a state of diarrhœa. It seems to furnish the most efficient kind of nutriment with least inconvenience from bulk or other quality, and to be digested and absorbed with as little fœcal residuum as possible. Still there must be something more about it than this; for the liquid essence of beef will not take its place, neither will cooked meat.

First amongst the cases in which it is useful may be mentioned any acute cases of infantile diarrhœa, especially the infantile "cholera" of summer. No matter what medicines and what other kind of food may be used, I believe raw meat to be in itself both a remedy for the diarrhœa and a nutriment that may keep the child alive till the disease passes off.

Secondly, in the chronic diarrhœas of children, arising from scanty food, or what comes to the same thing, food which cannot be digested, and which consequently passes the bowels as a foreign offending substance; here the raw meat acts as food and medicine.

In the habitual diarrhœa associated with "marasmus"—that is, with the superficial ulceration of the intestinal mucous membrane, and enlarged mesenteric glands of strumous children—the raw meat, especially in the form of the "jellied chop," is of most especial service. It is curious to see in cases of this sort how absolutely the stomach sometimes refuses to act upon the food put into it, so that meat, milk, etc., may be recognized unaltered in the fœces. It is just in these cases that the raw meat shows itself susceptible of quick digestion in the stomach. The cases which the ancients called *lienteria*, or *intestinatorum lavitas*, and which were designated in England in the last century "lubricity of the intestines," in which stomach and bowels are so irritable that they pass on and eject the food before it has had time to be dissolved and absorbed—are equally benefited by the use of raw meat.

Lastly, there are the cases of the obstinate vomiting of pregnancy, whether attended with diarrhœa or not. This is a kind of case in which no remedy is unwelcome or superfluous. I cannot take to myself the credit of suggesting it, for the mother of a young pregnant lady who was in imminent danger of exhaustion from vomiting had witnessed the good effects of this food in the case of another daughter who died of ulceration of the intestines, and gave it of her own accord. But I can bear testimony to the fact that the raw meat was taken readily and kept down when almost every other food was loathed and vomited, and I consider the patient's safety largely due to it.

CLINICAL NOTES OF SKIN DISEASE.

By ERASMUS WILSON, F.R.S., F.R.C.S., Professor of Dermatology in
the Royal College of Surgeons, England.

Anæsthetic Properties of Carbolic Acid.

In the year 1868, I was consulted by a military officer, aged forty-four, for hypertrophy of the epithelium of the glans penis, and neighbouring fold of the prepuce. The end of the penis was perfectly flat; it had the appearance of being truncated and spread out; the most shallow groove separated the flattened glans from the broad, round border of the prepuce, and the whole of the flattened surface was coated over with a thick, horny, and in some places, warty layer of epithelium of extreme density and considerable thickness. The covering of the glans resembled a layer of horn, and partially constricted the meatus urinarius; that of the prepuce was like the structure of an old but very prominent wart, and bore evidence of being the product of elongated, as well as of enlarged papillæ.

The history of the case was as follows:—The patient had been the subject of herpes præputialis, repeated, as is usual with that complaint periodically; he was also, when these attacks took place, tormented with phymosis; and his surgeon, to remove the phymosis, performed the operation of circumcision. This happened in 1861, seven years previously to his coming under my care; and from the period of the operation up to the present time, irritation of that part had continued to prevail; the papillæ of the glans and inner surface of the stump of the prepuce had increased in size, and a thickening and condensation of the epithelium was the result. He had made many efforts to obtain a cure, and was almost in despair.

I proposed to him to remove the horny layer and obliterate the hypertrophous papillæ by means of a solution of equal parts of potassa fusa and water, and this I have succeeded in accomplishing almost completely. The application of the caustic was excessively painful, so that only a small portion of the growth could be operated on at a time; and at the end of a few days there was so much inflammation that it became imperative to desist for a week or more before resuming the use of the remedy. This circumstance, and the necessary pursuit of his military duties, have protracted the cure for nearly two years; but during that period he has been making sure, although slow progress, and bit by bit the extent of the disease has been diminished.

In the course of the treatment, I endeavoured to persuade him to apply the caustic himself, and supplied him with the material; but the attempt failed in consequence of the excruciating pain caused by its application. It was evident that some share of this extreme sensitiveness was due to the sensibility of the organ, and not a little to irritability induced by prolonged inflammation. This was our position one day recently: I had denuded the base of a large portion of the hypertrophous growth; but another application was necessary to reach the papillæ; and the patient's power of supporting any further pain was exhausted. There were reasons why chloroform could not be employed; local anæsthesia had, possibly from mismanagement, complicated the difficulty, and I was beginning to feel a little puzzled for the means of attaining my object, when it occurred to me to attempt to conquer the morbid irritability of the part by means of carbolic acid. It may be premised that in consequence of this dread of pain, I had left the application of the caustic to the patient himself, merely encouraging him to proceed, and pointing out the spots which he should principally attack; and when I suggested, after some minutes of agony, that he should touch the raw surface with carbolic acid, he shrunk from the proposal, having on several occasions used it before, and found it very painful. Nevertheless, the occasion was pressing, and he brushed the surface with carbolic acid, and was gratified by finding that he could do so without suffering. The carbolic acid exercised its usual effect of coagulating the albumen of the surface, and producing a white film; and after repeated applications the film had reached a considerable thickness. Now was the time for the renewal of the original caustic, and after some hesitation it was applied; but to the patient's astonishment and my own satisfaction with an almost painless result. The caustic which a few minutes before was utterly unendurable, could be used now, and with perfect freedom—almost without inconvenience. We followed up our discovery, and left very little of the surface for future operation.

This anæsthetic property of carbolic acid was not altogether new to me: but I had never before seen its power so strikingly manifested. I have used it often since, and always with the most satisfactory result; and I employ it at present, very commonly, previously to the application of caustic to lupus and epithelioma. It benumbs the surface, it dulls the excessive sensibility of the superficial nerves, and it thereby permits the caustic action of our remedies, with a great reduction in the amount of pain. It admits, I have no doubt, of more extensive application, and will, I have reason to believe, come into general use for a similar purpose.

—*Belfast Journal of Cutaneous Medicine.*

CHLORATE OF POTASS IN CHRONIC ULCER.

In the year 1866, a man, aged forty-nine, showed me some small ulcers upon one of his legs, which had been in existence for two years. They were six or eight in number, and the intervening skin was red and irritable from the presence of *ekzema squamosum*, probably induced by the use of poultices. The ulcers were deep, perforating the whole thickness of the corium, without granulations, and moistened with a colourless exudation. From the appearance of the sores, I was led to the belief that they were syphilitic, although I could obtain no satisfactory syphilitic history from the patient. Nevertheless, there were the ulcers, of two years standing, a great incumbrance to the patient, and he wanted to have them cured. I satisfied myself that they were no consequence of varicose disease, and no other explanation was apparent to me than the one I have named. His general health was moderately good; he was a little pale and flabby, the conjunctivæ were white, and there were obvious indications of a cachectic tendency.

My patient lived in the country, and this must serve as an explanation of the fact of the long interval between his visits, indeed he was generally relieved temporarily by the treatment I adopted, and as long as he remained moderately easy he delayed a journey to town, and only made it when impelled by necessity. Thus, although he may be said to have been nearly four years under my care, I have only seen him eleven times. On his first visit in June, 1866, impressed with the belief that the hidden cause of the disease was syphilitic cachexia, I prescribed five grains of iodide of potassium, with a drachm of fluid extract of sarsaparilla, twice in the day; one grain of the protioduret of mercury, with three of extract of conium at bedtime; and an ointment of oxide of zinc with carbolic acid, ten minims to the ounce.

In the same month of the following year (1867) he paid me a second visit. He had improved under the treatment I had prescribed at the time, but had now fallen back into his former state. This time I ordered for him nitro-muriatic acid with gentian internally, and the unguentum resinæ to dress the sores: but at the end of six weeks was obliged to resort again to the iodide of potassium: and at the latter end of November, put him through a regular course of the iodide of potassium, namely, increasing in dose every ten days, beginning with five grains twice a-day, and rising upwards to seven grains and a half three times a-day: moreover, the unguentum resinæ did not agree satisfactorily with the sores, and the oxide of zinc ointment with carbolic acid was resumed.

In 1868, he returned to me early in the year with the sores still

unhealed: he thought the ointment irritated the skin, and I substituted camphor for carbolic acid in the zinc ointment, and prescribed for him five grains of citrate of iron and quinine, twice daily. But in April, I again felt the necessity of resorting to the iodide of potassium. In September he pointed out to me four tubercles, apparently syphilomata, situated around the ankle; and as I was growing discontented with the powerlessness of the iodide, I gave him the perchloride of mercury with bark. But the perchloride seemed to have as little permanent influence as the previous remedy; and in November I again fell back upon a graduated course of the iodide of potassium.

It was observable that the longest intervals of benefit always followed the graduated course of iodide of potassium; that for a while it could be depended upon, but that sooner or later all the old symptoms returned. Thus at his last visit in November, I put him under a course of iodide of potassium, and he found no necessity for returning to me until August, 1869. He then informed me that the ulcers had healed over under the iodine course, and had remained healed for several months; but that they had now broken out afresh. And in this instance as he had been taking the iodide so recently, I had recourse to the solution of the perchloride of mercury with cinchona.

I had now come to consider my patient's case as one of some difficulty and no ordinary obstinacy; and, therefore, when he presented himself to me some two months later, in no degree improved, but rather worse than usual, I determined to vary my method of treatment and try the effect of the chlorate of potass, instead of the iodide of potassium. I had previously found the chlorate of potass valuable in other obstinate cases originating in syphilitic cachexia, and I had employed it also in cancerous cachexia with benefit: and the case before me seemed well adapted to test its capabilities. In the early part of November, 1869, therefore, I prescribed ten grains of the chlorate of potass twice daily; with the application to the ulcers, once in the day, of a solution of chlorate of potass in glycerine, of the strength of one drachm to the ounce. Four months later, namely on the last day of February, 1870, he again paid me a visit; this time, evidently, very much improved in health, and in good spirits: the leg, he said, was sound, and he felt better than he had ever done before. He stated that the local action of the chlorate of potass was very remarkable; he could see a change for the better every time he used it; that the foul appearance of the sore rapidly vanished, and that it filled up with firm granulation. At one time, he said, he had nine ulcers upon the leg, the largest about an inch in diameter, and all circular in figure, but they were now completely

healed, and more solidly than had been the case before. After five years of experience in this troublesome malady the opinion of the patient was not without its value; and he stated that the last treatment had produced a more decidedly favourable effect both on the sores and on his health in general, than any other he had undergone.—*Belfast Journal of Cutaneous Medicine.*

CLINICAL LECTURE.

Clinical Lecture on Latent Scarlatina followed by fatal Uræmia.—
By Charles Murchison, M.D., Physician to the Middlesex Hospital and Lecturer on Practice of Medicine.

Gentlemen.—The important practical lessons to be learnt from the case which to-day I bring under your notice will, I trust, be indelibly impressed upon your memory. We have just been witnessing the post-mortem examination of the body of William C—, aged twenty, a French polisher, who was admitted into the hospital on September 27th, 1869, and who, during life, presented all the symptoms in a typical manner of acute nephritis. About a fortnight before admission dropsical swelling had appeared in his legs, and his friends had noticed a puffy swelling of the face. The urine at the same time became scanty and high-coloured, and during the week prior to admission he had suffered from headache and occasional vomiting. Throughout the fortnight the bowels had not acted except after taking purgative medicine. At the time of admission there was considerable general anasarca; the face was puffy, pasty, and anæmic; but there was no evidence of fluid in the serous cavities. The pulse was 72, and the respiration 16; the physical signs of the heart and lungs were normal; tongue slightly furred, appetite good, but frequent retching of watery fluid; bowels freely open by medicine. Much headache; pupils large; little sleep, but mind clear. No pain nor tenderness in loins. Urine scanty, of sp. gr. 1018; deposited after boiling two-thirds (in volume) of albumen, and contained numerous blood corpuscles and renal epithelium cells. No desquamation of cuticle.

The proper treatment in any case presenting the symptoms now described is to relieve the kidneys by inducing free action of the skin and of bowels. Accordingly the patient had a warm bath and afterwards was kept warm in bed; half a drachm of compound jalap powder was given at once, and a draught containing two drachms of liq. acet. ammoniæ and a scruple of acetate of potash was ordered to be taken every four hours. On the following day the patient seemed better; there was moderate perspiration, but the bowels had acted only slightly. A drachm of compound jalap powder was now ordered. Through some negligence on the part of

the nurse, this powder was not given; but in the evening the bowels acted twice, and the patient was very improperly permitted on both occasions to traverse the whole length of the ward in going to the water-closet. After this he slept well till five next morning, when he passed some urine less smoky than before, but containing one-half of albumen. Shortly after this the nurse's attention was attracted by his breathing loud and stertorous, as if he were recovering from a fit. At 5.30 the jalap powder was given, but at 6, and again at 7, he had a fit of violent convulsions, with foaming at the mouth and lividity of the face. He regained consciousness after these fits and complained of intense headach. He had a warm bath after the second fit; but at 8 a.m. he had another fit, and after this he remained in a state of profound stupor and great restlessness, interrupted by a return of the convulsions about every half hour, until his death about 7 p.m. The pupils were mostly contracted but dilated during the convulsions. No urine was passed after 5 a.m. and the breath had a fetid ammoniacal odour, but there was profuse perspiration. A bladder of ice was kept applied to the head, and at my visit at 1 p.m., two drops of croton oil were given by the mouth, and the patient was bled from the arm to 14 oz. For about half an hour after the bleeding there seemed to be a slight improvement; the patient was less restless, his breathing was quieter, and his expression less heavy.

At the autopsy, the blood throughout the body was found to be black and fluid. The spleen was large, weighing 10 oz., and diffluent, like the spleen of typhus. The heart was healthy, and the lungs congested. The peritoneum contained 6 oz. of clear serum, the pericardium 2 oz., and each pleura about 4 oz. The brain presented nothing abnormal beyond considerable congestion and an ounce of clear serum at the base. Both kidneys were much enlarged, weighing together 15 oz.; their surfaces were smooth, and their capsules here and there slightly adherent. The cortex was much hypertrophied and generally pale and opaque, but the pyramids and the Malpighian bodies were intensely congested and dripped with blood on section. The uriniferous tubes were crammed with granular epithelium, and some of them contained extravasated blood. The bladder was empty.

Here, then, we had a typical case of acute nephritis proving fatal by suppression of urine and blood poisoning. The small quantity of urine voided immediately before the fits had probably been secreted some time before; none was secreted afterwards. The fact, however, that the case was a good illustration of acute nephritis was not the chief reason that induced me to make it the subject of this lecture. It is to the cause of

the attack that I wish particularly to direct your attention. Almost all of the cases of acute nephritis which you meet with in practice are referable to one of two causes, viz: 1, a chill, as from exposure to cold and wet; and, 2, some poison in the blood, and especially that of scarlet fever. With regard to a chill, you must remember that it is only under exceptional circumstances that it excites nephritis. Supposing twenty or thirty persons all exposed to the same cause of chill, nephritis would occur probably in only one; and it would be found that this person was of adult or more advanced life, and that he had either led an intemperate life or had previously given evidence of chronic disease of the kidneys. Our patient, however, was young; he had previously enjoyed good health, and been very steady and temperate. For these reasons, and knowing how usually prevalent scarlet fever is at this time, one of the first questions I put to the patient was whether he had recently recovered from scarlet fever; but both he and his friends denied all knowledge of his having suffered from it or of his having been exposed to it. It was only on cross-examination that we discovered that a month before admission, or a fortnight before the appearance of the dropsy, the cuticle had peeled off his hands, and that for this he consulted a surgeon, who prescribed an ointment. While this desquamation was going on he felt weak and out of sorts, and he went to Weymouth for four days. On his return his friends observed that he did not seem much the better for his holiday, and he first felt his throat a little sore; but, prior to this desquamation, he had not had sore throat nor eruption; and he had not given up work. It was further ascertained that, while this desquamation was going on, his three younger brothers and sisters were confined to bed for two or three days with sore-throat and fever, and his elder brother, although he had no sore throat, and did not give up work, also felt ill. No eruption was observed in any of the four. In the face of these facts, no one will dispute that the nephritis in our patient was determined by an attack of scarlet fever.

The practical lesson which I wish you to learn from this case is, never to neglect a mild case of scarlet fever. You will constantly be consulted in the case of children who, after a known exposure to scarlet fever, have the symptoms in so mild a form that they are scarcely thought to be ill. The practice is far too common of permitting such patients to be up and to go about as usual; and, indeed, in more developed cases of scarlet fever, the patient is often allowed to leave his bed much too soon. In numberless instances I have known this practice result in nephritis, some terminating fatally by uræmia, or by secondary pericarditis, pleuropneumonia, gastroenteritis, &c.; and at other times ending in chronic,

but permanent, degeneration of the kidneys. During the third and beginning of the fourth week of scarlet fever, the urine often contains albumen, and the kidneys are more or less congested. You would be astonished to find how much albumen may sometimes be present, without any dropsy or other symptom of renal disease. But if during this time the transpiration of the skin be checked from any cause, the congestion of the kidney may become converted into nephritis. It is a good rule, therefore, to keep every patient recovering from scarlet fever in bed or in a warm room for at least three weeks from the commencement of the attack, and not even then to permit a change if desquamation be going on, or if the urine contain albumen. The rule is sometimes difficult to enforce; but the present inconvenience of the practice ought to weigh for little against the possible dangers from this neglect. For nearly ten years this rule has been followed at the London Fever Hospital with this result, that nephritis as a sequel of scarlet fever has, during that time, been almost unknown there, except when it has occurred prior to the patient's admission.

Lastly, the neglect of slight cases of scarlet fever probably contributes much to the spread of the disease. Many observations have satisfied me that the attacks of sore throat, to which even adults (who may already have had scarlet fever) are liable after much exposure to scarlet fever, may be the means of propagating the disease; and you must bear in mind, what I have so often told you, that the most malignant attack of scarlet fever may be contracted from a person suffering from it in the mildest form. The nature and severity are determined by the constitution of the recipient rather than by any difference in the quality of the poison.—*Lancet*, May 21st, 1870.

CHLORAL AS A REMEDIAL AGENT IN WHOOPING-COUGH.

In the second number of the *Bulletin de Thérapeutique* for the present year, page 55, Dr. A. Ferrand details the particulars of three cases of the above disease which were treated successfully by chloral. The patients were children of one family, and were aged respectively four, eight and ten years. Other remedies having proved quite inefficacious, Dr. Ferrand resolved to make trial of this novel agent. He administered it simply in syrup, in the proportion of two grammes to 150, so that each tablespoonful represented about 26 centigrammes of chloral. Of this syrup he gave three tablespoonfuls, one before dinner, one after dinner, and one at bed-time. The effect was unexpected. A sound and refreshing sleep took the place of the three or four fits of coughing with vomiting, which had previously disturbed the little patients, and after a ten days' perseverance in the treatment in one case, 15 in a second, and 20 in a third, convalescence was re-established.

Canada Medical Journal.

MONTREAL, JULY, 1870.

With the present number, the *Canada Medical Journal* enters upon the seventh year of its existance. In taking a retrospective glance over the six years of our editorial labor, we find that we have received much encouragement from a large number of the Profession in every Province in the Dominion. Our pathway has, however, not been strewn with roses—on the contrary we have encountered many difficulties—which, had we not started out determined to succeed, might well have discouraged us. Where we anticipated a cordial reception and warm encouragement, we have been received with cold indifference; we have been styled sectional, when we have done everything in our power to prove that we desire to be the organ, not of any section, nor of any school, but of the entire Profession in the Dominion. We have embraced in our editorial staff, two gentlemen connected with schools, one in the Province of Quebec, the other in the Province of Ontario, while the general Profession is represented by three editors, one in each of the Provinces of Nova Scotia, New Brunswick and Quebec. This is diversity sufficient, we think, to secure for our journal the position we desire for it, that of an independent medical paper, willing to give praise when and wherever deserved, but still claiming the right to discuss, untrammelled, all the medical questions of the day. While doing so, we have tried to avoid anything like personality, and, as it has been in the past, so will it be in the future. No argument is ever strengthened by abuse. Our labour as editors, from the starting of this journal, has been and continues to be “a labour of love.” We do not receive any remuneration for our services. We have felt, and still feel strongly, the desirability of having established upon a permanent footing, in this Dominion, a medical journal, that will be deemed worthy of our young and rising country. We have endeavoured to do our part, but have many a time felt most woefully that we stood alone. We have not had that assistance in the matter of original papers that we could wish, and in this respect the Profession in Canada, has good reason to hold down its head for very shame. They have many opportunities, they have the talent, but they do not use it. Especially to blame in this respect are many of the physicians and surgeons of our various Hospitals and Charitable Ins-

tutions. Their very appointment implies a responsibility in this respect, that we regret to see so little thought of. They see patients in large numbers under circumstances favorable to observation. Above all others they have the opportunity of taking a comprehensive view of the science of Medicine and Surgery. The Profession have therefore a right to demand that those thus placed, shall not allow the various interesting and instructive cases which are constantly being admitted in our hospitals to go unrecorded. In this matter of original communications, we appeal to our subscribers for aid; they can do much to make our journal both interesting and instructive. Let each succeeding number of this volume prove the increasing interest they take in its success.

TO INTENDING SUBSCRIBERS AND CONTRIBUTORS.

With this number of the Journal, will be sent a blank form, which should be filled up by intending subscribers and returned to the publishers, Messrs. Dawson Bros., St. James street. We will send this number of the Journal to the address of every medical man throughout the Dominion, whose address we can obtain. We are desirous of extending our circulation, and in entering on the seventh volume of our journal, we have to thank those gentlemen who have from time to time seconded our labours by contributing to our pages. This is a practical and utilitarian age, and we doubt not that, had we been able to hold out some substantial inducement, there would have been no lack of material for our pages. This fact forces itself upon us, when we reflect that for six years we have struggled to keep up a literary existence and have barely succeeded. The Profession, perhaps are not aware that the editors of this journal have no pecuniary interest in the undertaking, and that the labour has been self imposed. The subscription list hitherto has been barely sufficient to pay the actual expenses of the journal, and in continuing the publication we do so solely and only that the Profession may be represented, and have a medium of communicating important and interesting facts. It has been and still is discouraging to find each month our editorial labour increased, and it does not speak well for the members of our profession that they systematically allow, month after month and year after year to go by without having contributed a single line out of the rich store-house of their common observation. It is a duty incumbent on all professional observers, to note and record their experience, those who do not do so are unable to fully appreciate the wonderful and marvelous operations of nature or else they are not fully alive to the duty they owe to their fellow men. Professional men should bear in mind that they are like other men, mortal, and that

if they have anything to contribute to the score of science, let it be done without delay: time is so uncertain that procrastination, that great thief, will, if indulged, place them amongst that numerous band who have been content to live their life through without ever having sought to benefit their fellow men by good and salutary advice. We write in no spirit of reproof, for that would be an impertinence in which we would be sorry to indulge, but we cannot close our eyes to the fact that great apathy does exist in our ranks, one which is not observed in other medical communities, who reckon their numbers by thousands. We have reason to hope that it is alone necessary to call the attention of the Profession generally to this subject to secure a hearty response.

THE CANADIAN MEDICAL ASSOCIATION.

The third annual meeting of this association will open at Gowan's Hall, in the City of Ottawa, on Wednesday, the 14th September next, and we hope that there will be a large attendance of medical men from every Province in the Dominion. It was with a view of having a more than usually large gathering that the city of Ottawa was selected for the place of meeting this year, it being centrally situated, and easy of access. Several matters of much importance to the profession will be brought forward, among which will be the report of the committee named at the last meeting, to prepare a bill having in view one uniform system of medical education and examination, to be submitted to the Dominion Parliament. We have reason to believe that this committee have not been idle, and that a draft of such a bill will be presented to the association. That it will give rise to considerable discussion, there can be no question, yet we sincerely trust that every member will approach that discussion, feeling that the future *status* of our profession depends much upon the decision at which the members of the association may arrive. The singular spectacle of finding homœopaths and eclectics, sitting at one Medical Board, can only be obliterated by having one Medical Council for the entire Dominion. Although our opinion on this matter, as expressed in numerous editorials that have appeared in this Journal, is still the same, we admit that circumstances are tending to one central Board, and that in the present condition of medical politics, it is the duty of every member of the association to lend his aid to the Dominion Bill which the committee may present, or at all events with such alterations as may seem necessary. It is in every way desirable that the members of the association, should go to the meeting prepared to discuss this question in all its bearings, and we would suggest to the committee, that it would be advisable if possible to have the draft of their proposed Bill printed and sent to every member, at least two weeks previous to the meeting.

The adoption of this course would save the association much valuable time.

Another subject of vital importance to the association is its financial condition, which, we regret to state, is not in that flourishing condition we would wish to see it. It is true that it is not largely in debt, yet that it is at all in debt is much to be regretted, and that it is not more so is due to the fact, that the publication committee have simply incurred the expense of printing the minutes of the last meeting, holding over the papers which were read and contributed. That they acted wisely in coming to such a decision, there can be no question, yet it is a cause of profound regret that they felt it to be necessary. All who were present at Toronto, and heard Professor Howard's able paper on the treatment of Pneumonia, anxiously looked for its appearance, as well as for the other papers contributed, among the proceedings of the association, and more than one have expressed their disappointment at simply receiving the dry details of the minutes. An investigation into the cause of this want of funds, reveals the fact there has been a far too lavish expenditure of money in advertising the meetings of the association. A lesson has, however, been taught the association, and we have good reason to believe that this year this item will be reduced perhaps more than one half.

We also hope that at the approaching meeting, no member will be allowed to take part in the proceedings until he has paid his subscription. At Toronto there was much confusion in this respect; one of the meetings, that held on the evening of the 9th September, being in some measure controlled by men who had been elected members during that day, and the previous one, but who had not then, and have not yet paid their subscription to the association. Indeed, we are informed by the present Treasurer that, eighty-four new members were elected at Toronto, and that fifty-three only have paid their subscription. We can scarcely say such a condition of things is creditable.

An advertisement to be found elsewhere gives the necessary information concerning the arrangements that have been made with the various Railroad and Steamboat Companies, for the carrying of members and delegates to the association.

JAMES SYME, F.R.S.E., D.C.L.

The name of Syme has been identified with British Surgery for over forty years; without doubt he occupied a foremost position amongst modern Surgeons. His natural endowments were such as to render him more than ordinarily successful in whatever he undertook. He was cool and collected, ever ready at resources, clear in judgment, and not biased

by whatever might be considered authoritative. Ever ready to act, and act on his own judgment, he possessed great originality, which was tempered by unusual sagacity. He has given to surgery many improvements in operative procedures which bear his name, and which have done more for suffering humanity than all the discoveries of modern times. How can we compare the lasting benefits derived by excisions of joints which he reintroduced into practice with the discovery of anesthetics, the one giving to the patient a permanently useful limb, the other equally beneficial, though of temporary good in saving shock to the nervous system and thereby seconding, as it were, the Surgeon's knife. Mr. Syme could not be called a showy operator. His operations were performed with care and deliberation, as he always kept in view the safety of his patient; but though deliberate and perhaps slow, his operations were characterised by quiet decision; on all occasions he seemed to have decided exactly what he intended to do, and in doing it there was neither hurry, nor unnecessary delay. Mr. Syme was fully alive to the importance, to the practical surgeon, of a careful study of anatomy. It appears that the collateral branches of Medical Science had for him no special interest. Nearly all his writings have reference to the nature and treatment of such diseases and accidents as are amenable and capable of benefit through the surgeon's knife, or by external mechanical contrivance. He fully knew his *forte* and followed it wisely. As a bed-side teacher he was unequalled; his diagnostic skill was at times almost miraculous and his explanations simple, graphic and to the point.

His powers of imparting knowledge were very considerable as he not only taught by speech but by example. Many of the best operators of the day owe to Mr. Syme suggestions received during their pupilage, which have been found invaluable in after life and which they freely acknowledge.

James Syme was born at Edinburgh on the 7th November, 1799. He was educated chiefly at the High School in that city, and as his father was in good circumstances he enjoyed the advantage of a private tutor. As a boy he had few associates and was especially fond of chemical experiments and anatomy. He at first selected the legal profession, but soon relinquished that vocation and commenced the study of medicine under the instruction of Dr. Barclay. Within the first year of his pupilage he discovered a new solvent for caoutchouc, by distillation from coal-tar. By means of this solvent he rendered a silk cloak water-proof, and also made flexible tubes of the same substance. He was advised by his friends to seek for a patent, but in those days all considerations of trade were regarded as inconsistent with the pursuit of a profession, and he wrote a letter to Dr. Thompson, editor of the *Annals of Philosophy*, describing the whole process. Subsequently Mr. Mackintosh of Glasgow, obtained

a patient for making water-proof cloth, using the same material as a solvent that had been described by Syme, some two years previously—Syme, shortly afterwards entered as a pupil at a private school of anatomy, opened by his cousin Mr. Liston. He very shortly accepted the post of Demonstrator of anatomy to the school.

In 1822, he obtained the Membership of the College of Surgeons of London; returning to Edinburgh he took Mr. Liston's place as private lecturer on anatomy. The following year he obtained the Fellowship of the College of Surgeons Edinburgh, and from that time forth set himself earnestly to work, having but one object in view, that of becoming a thorough practical Surgeon. In 1829, after failing to obtain an appointment in the Edinburgh Royal Infirmary, he established at his own expense a private hospital, as he knew that without a hospital no man could become a practical surgeon; one great inducement to this step was the fact that at that time his lectures on surgery were attended by a large class of students, this was more remarkable as competition was keen between himself and other surgeons of acknowledged eminence, who were lecturing on the same branch. His surgical lectures and clinical instruction was recognized by the College of Surgeons London. In 1833, he effected an arrangement with Mr. Russell, who held the chair of Clinical Surgery in the Edinburgh University; this was with consent of the University authorities, and he succeeded that gentleman as Clinical Professor. From this time he continued to teach Clinical Surgery in the University, and secured so high a reputation as a clinical teacher, that a requisition was made to him on the death of Mr. Liston, to remove to London, this offer he was induced to accept in 1848, and he received the appointment of Professor of Clinical Surgery in University College. This office he shortly afterwards resigned and returned to his former seat of learning, and again received the Clinical Chair in Edinburgh, which was still vacant. Here he continued his labours with unremitting energy up to within a few months of his death. In 1868 his judgment was clear and vigorous, and in bodily strength considering his age he was robust. He was able to make frequent journeys by rail between Edinburgh and London, as he was a prominent member of the Medical Council of Great Britain, and so clear was his intellect that his colleagues in the council had marked him out to be the successor to Dr. Burrows in the Presidential Chair.

Early in April 1869, he suffered an attack of partial paralysis, which obliged him to relinquish all public appointments. A second attack which he suffered from early in this year, was quickly followed by a third and fourth seizure which terminated in death, on the 26th June, 1870. His intellect remaining clear and unimpaired to the last. No *post mortem* examination was made.

Medical News.

HASTINGS MEDICAL ASSOCIATION.

The Annual Meeting of the Hastings Medical Association was held in the Marble Hall, Belleville, on Friday, June 17th. The Chair was taken at 10 a. m. sharp by the President, Dr. Boulter, M.P.P. There was quite a large attendance of Medical gentlemen of the County, and considerable business of interest was transacted.

The following gentlemen were elected Office-Bearers for the ensuing year:

Dr. R. Holden, President; Dr. H. W. Day, 1st Vice-President; Dr. Stewart, 2nd Vice-President; Dr. Oronhyatekha, re-elected Secretary and Treasurer.

The Association then adjourned to meet in special session on the first Saturday in July, and the Secretary was directed to issue a circular letter to all regular registered practitioners in the County directing their attention to the objects and aims of the Association.

VICTORIA UNIVERSITY, TORONTO. MEDICAL DEPARTMENT.

We regret to learn that Hon. Dr. Rolph, who has been for so many years Dean of the Medical Faculty of this University in Toronto, has been unable for some time to deliver his regular course of lectures. In view of his failing strength it has been thought necessary to relieve the venerable doctor in part of his duties as Dean. The College Board, which met on the 6th inst., has appointed as his assistant Dr. Canniff, whose name stands high in that branch to which he more particularly devotes himself. It is a great compliment to be appointed as the virtual successor of so eminent a teacher of medicine as Dr. Rolph, but the gentleman selected has fully entitled himself to recognition by his success in his profession.—*Toronto Leader*, July 9.

Committees are being formed in various parts of the United Kingdom, to secure subscriptions towards the erection of a Simpson memorial. In London the Duke of Sutherland is Chairman of the Committee—many of whom think the form the memorial should assume, ought to be the erection of an Hospital, well endowed, for the special treatment of female diseases.—Lady Simpson, the wife of the late Sir J. Y. Simpson is dead; she only survived her husband about six weeks.

DEATH OF SIR JAMES CLARK.

The Medical Profession throughout Canada will hear with deep regret of the death of Sir James Clark, K.C.B., Physician in ordinary to Her Majesty the Queen, which took place at his residence, Bagshot Park, on the 29th of June at the advanced age of 91 years. Dr. Clark had contributed several works on Climate and Consumption to Medical Literature, but his name was constantly before the public as the chief medical attendant of the Royal Family. The *Medical Times* says "he had a character of singular excellence and a career of uncommon usefulness. We believe that when the modest grave at Kensal-Green received the remains of James Clark on July 4th it closed over one of the best men who ever lived."

THE CHAIR OF MIDWIFERY IN THE UNIVERSITY OF EDINBURGH.

Dr. Alexander Simpson, a nephew of the late Sir James Simpson, has received the appointment of Professor of Midwifery in the University of Edinburgh. The election was closely contested Dr. Matthew Duncan lost the election by one vote only.

SWALLOWING OF INDIGESTIBLE SUBSTANCES.

Sir William Ferguson calls attention to the case of a sailor, aged 23, who was in Guy's Hospital in 1853, and who in the course of ten years swallowed at different times at least thirty-five knives. Some of these, or eroded portions, were occasionally vomited or passed per anum. He finally died from exhaustion and, on opening his body, forty different pieces of blades and handles were found in the abdomen.

TREATMENT OF ECZEMA.

Dr. Kent Spencer, of Bath, has found black wash useful as an application in eczema rubrum of the legs, mixed with a tenth part by measure of glycerine. Linen rags are soaked in this and laid on the parts and kept *in situ* by a bandage, but no oiled silk used. He renews the dressings twice daily, wetting them with warm water before removal. He has recently almost always been successful in such cases by this plan.