Technical and Bibliographic Notes / Notes techniques et bibliographiques

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

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

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

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

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

THE
Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS AND PROPRIETORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S., England. | J. E. GRAHAM, M.D., L.R.C.P., London.
W. H. B. AIKINS, M.D., L.R.C.P., London.

SUBSCRIPTION, $3 PER ANNUM.

☞ Literary Communications may be addressed to any of the Editors. ☞ All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, NOVEMBER, 1884.

Original Communications.

THE ACTIONS AND USES OF NAPHTHALIN.

BY JAMES STEWART, M.D., L.R.C.S. & P. EDIN.,

Professor of Materia Medica and Therapeutics, McGill College, Montreal.

Read at the Montreal Meeting of the Canada Medical Association, August, 1884.

Naphthalin is one of the most recent additions to the already large group of antiseptic agents. It is one of the products of the distillation of coal. When pure it occurs in large, white, glossy crystals. It is, however, often sold in an amorphous condition, and having a greyish colour.

In this impure condition its antiseptic qualities appear to be little, if at all inferior to those possessed by the purest specimens; but as it often causes considerable irritation, it is well to employ the agent in its resublimed state. The odor of naphthalin is very penetrating, but not disagreeable.

ACTIONS.

I. *On Micro-Organisms.*—It is one of the most powerful agents that we possess in preventing the decomposition of organic fluids. Urine can be preserved for an almost indefinite length of time by the addition to it of even a small quantity. I was able to preserve eight ounces for three weeks by the addition of twenty grains.

There is no fluid more prone to undergo decomposition than the serum of milk when it is exposed to a warm atmosphere; if, however, the atmosphere is saturated with naphthalin, no micro-organisms will develop in the fluid.

If fresh pus taken from a recently-opened abscess be exposed to the air for a day or two, it teems with an innumerable number of bacteria and micrococci; but the addition of naphthalin, even in minute quantities, will prevent for weeks the formation of these micro-organisms.

An infusion of pancreas is probably more difficult to keep from undergoing decomposition than any other fluid. From an extensive series of experiments, Fischer, of Strasbourg has shown that naphthalin is even more efficacious than iodoform in effecting this.

Vegetable and animal parasites of all kinds are quickly killed by naphthalin.

II. *On Man and the Higher Animals.*—Animals compelled to breathe an atmosphere saturated with naphthalin for twenty-four hours are not visibly affected in any way.

Even when a strong ointment is well rubbed into the skin of the whole body of a dog the animal does not present any symptoms whatever.

When applied to the unbroken human skin it does not cause any irritation. When applied to a wound it seldom causes more than a sensation of slight and transient pricking. At times, however, it causes a sensation of decided smarting.

When applied to a wound in a state of putrefaction, it is surprising how soon it renders it antiseptic; even wounds of considerable depth are soon made sweet.

Its application to a wound does not prevent free discharge.

We know little or nothing about its internal actions or uses, and what, if any, changes it suffers in the organism.

It will no doubt prove a remedy of great value in cases of putrefactive gastric and intestinal catarrh.

That it is absorbed into the blood is proven by its being not uncommon to find the urine dark coloured after its free application to a wound, not unlike the colour produced by the local use of carbolic and salicylic acids. In the case of both the latter agents the change in the urine is of some significance, as being the commencement, at least when well marked, of a train of untoward effects; but in the case of naphthalin, although the urine becomes dark, it is a sign of no significance. It does not indicate any danger.

USES.

It is my intention here only to speak of its uses in the treatment of wounds and ulcers.

From a very considerable experience of its use as an antiseptic, I have been led to consider that in a certain class of cases it possesses advantages over all other antiseptic agents at present in use. These cases are septic chronic ulcers and septic burns, which show no tendency to heal.

The first case where I had the opportunity of testing its antiseptic properties was in a burn of the forearm, in a middle-aged woman, received eighteen months previously. The left forearm was the seat of two extensive and deep-seated ulcers, both in a septic condition. Naphthalin was applied to one, and iodoform to the other. Of the two ulcers, the one in the worse condition was purposely treated with the naphthalin. In the course of a week both sores showed signs of improvement, which soon became rapid; and in the case of the one treated by naphthalin complete, while the iodoform-treated one failed to make any advance after a time. When the dressing was changed to naphthalin the cicaterization rapidly advanced.

It is unnecessary to describe very similar results obtained in a number of other cases of slowly-healing ulcers as the result of burns, and in chronic indolent ulcers.

In all, nine cases have been treated, and in all the results were good.

For the treatment of the class of cases described, naphthalin is certainly superior to iodoform. Both agents appear to act equally well up to the time that the tissues become antiseptic, but afterwards their action is different. Iodoform, after this stage in the treatment is reached, appears frequently to do more harm than good; it makes the granulations flabby. Naphthalin, on the other hand, on account of its stimulating properties, promotes the healing of antiseptic wounds.

If, in the treatment of an ulcer, all that is required is an antiseptic action, then both agents act equally well; but if, in addition to an antiseptic action, a slightly stimulating one is required, which is frequently the case in ulcers in broken-down people, then naphthalin is to be preferred.

Naphthalin possesses another important advantage over iodoform, in its being a much cheaper agent.

Compared with carbolic acid, it is just as powerful, and probably less irritating. It is free from grave untoward effects. It, however, in common with iodoform, possesses the great disadvantage of being insoluble in water, and therefore useless for spray and irrigation purposes.

MODE OF APPLICATION.

Naphthalin can be applied either finely powdered or in the form of a gauze.

In treating cases of putrid ulcers, it is advisable to use it in the form of finely divided powder; and after the sore has become antiseptic, all that is necessary to do is to keep a few layers of the gauze applied until the healing process is completed.

Dr. Squibb has discontinued the manufacture of fluid extract of coca on account of the inferior quality of the coca in the market. He offers as a substitute, fluid extract of camellia (green tea), which produces the effects of coca in a greater degree. The dose is 20 to 30 minims.

REPORT OF COMMITTEE ON ETHICS, AT THE RECENT MEETING OF THE DOMINION MEDICAL ASSOCIATION.

DR. J. A. MULLIN, HAMILTON, CHAIRMAN.

The attention of this Committee has been directed to certain letters to the press by a member of this Association, who at the last meeting took occasion to deliver an address to the Medical Section, referring to the relations of medical men to one another and to the public. That gentleman prepared his address avowedly ignorant that the Association had adopted for the guidance of its members the code of the American Medical Association. It was very much regretted that the time of the members should have been consumed in listening to that address expressing views, to a great extent, at variance with the code which had been adopted by this Association and other medical associations in Canada and the United States, and it is still more to be regretted that, after having been informed of the existence of our code of ethics, that gentleman should have written a series of letters to the *Kingston Daily News* giving a synopsis of his remarks; in some parts reflecting unjustly upon the profession and in others advocating courses of action opposed to the rules which have been laid down for our guidance. It would be well for any member of our profession, before departing from rules that are recognized as equitable by this Association and all thoughtful members of the profession, to make himself well acquainted with those rules, and to consider how far his own judgment is to be depended upon, if in opposition to the united voice of the profession. If any member of this Association finds that his views of professional conduct do not agree with the code adopted by this Association, it is advisable for him to withdraw from our membership; for it is understood that a member of this Association is bound to conform in his professional conduct with its code.

It is not expected that the adoption of a code will secure completely the results to be desired; the fallibility of human nature may lead to a departure at times from the spirit of equity and justice which makes the code, but the violations of law do not form an argument against its existence, but they rather point to the wisdom of having a system to which we may refer as to an authority when occasion requires. While the members of our profession may be animated by a worthy spirit of rivalry in their daily life, it is very much to be deplored if it should be found that into our profession is brought the spirit of self-promotion which shows itself in other callings, often to a most unjustifiable extent. Self-laudation is the worst form of praise, and while a merchant may be allowed to display the excellent qualities of the goods he sells, it is for the members of the medical profession to be convinced that if any one has superior gifts, a discerning public will not be slow in finding it out. We have, therefore, to express regret and disapprobation at the notices which too often appear in the public prints, calling attention to important surgical operations that have been performed, and by whom, and to cases of severe illness in which the patient is making or failing to make progress under the care of some local light.

It has been thought advisable to call attention to this matter that the members of this Association may exert themselves to correct it; not that it is held that any who here assemble require to have their conduct corrected, although a recent notice in the *Canada Lancet* shows that members of our profession in high places are not free from blame. This notice in the *Lancet* refers more particularly to our confreres 'down by the sea," but the editor need not have departed from the province of Ontario to find too many examples of the same. In these days of telephonic communication the reporter need not be ubiquitous—a gentle ring will in a moment place him in the virtual presence of the surgeon who is rising or has risen into fame, and in less than a minute the material for a local notice of an accident, not forgetting the name of the able professional, is transferred to the receptive mind of the reporter. It is known that a town surgeon has been roused after midnight from the early moments of his first slumber to answer an enquiry respecting an accident that occurred in the day, and in his indignation he uttered a strong expression (which one of our judges says is not profane,)

that effectually prevented the return of the midnight disturber; but from the frequency of association of the names of certain members of the profession in the public press with various illnesses and accidents, it is probable that all surgeons are not in danger of having to appear to answer the charge of profanity either here or hereafter.

Under such circumstances what course shall be taken? It is not well to waste time at the telephone trying to show that the public should not be entertained with information respecting cases of accident or suffering that come under our care. It may be that the public has rights that should be respected, since the melancholy death of Garfield, if not before. It has been clear that the public does take a very great interest in the details of illnesses, the frequency of the pulse, the record of the temperature, the results of probings, as well as of medication; and if America as well as Europe may be properly interested in the case of one prominent man, there is probably no community that will not be interested in the cases of others though far removed from fame. It is hoped, however, that if in the futnre any shining mark is struck either in America or Europe, the agony may not be prolonged, and it is also to be hoped that after the grave has finlly closed upon the victim, it will not be necessary to have set before the public every day the views of many distinguished men upon the sanity of the assassin. To counteract the efforts to give the public such details, strong language on the part of medical men cannot be advised, for milder means will suffice. Let a request be made to suppress the name of the able professional, and the news of a surgical operation will not require four newspaper lines, and the account of ordinary operations, removal of fingers and toes, examinations by prominent medical men for injuries after accidents, when none have been received, will be diminished to microscopical proportions. If these indirect methods of professional advertising cannot be commended, what is to be said with respect to advertisements in regular form? In the code it is stated:

"That in the case of a physician, a surgeon "commencing the practice of his profession, or "removing to another locality, a simple announcement by an unobtrusive card in the "public press is unobjectionable."

This rule is one that has been generally adopted, and as to the time during which the card may be retained, there seems to be no special indication given. Probably it was thought that this may be left to each individual to limit for himself, for after a physician has paid for the advertisement for a time, and realized how little benefit results in directing patients to his residence, who would not otherwise have discovered it, he will be able to see that money laid out in this way does not bring usurious interest. If, however, it is allowable to insert such an unobtrusive card, may not an equally unobtrusive card be inserted to indicate that the physician or surgeon intends to devote his power to only a limited part of the professional field? As in the sister profession, A. B. places under his name "Chancery lawyer," may not the doctor state that his work is limited to the eye or ear, or throat or nose, or perhaps to all of these combined? It is probably within the knowledge of most members of the profession that from time to time in the past have appeared the cards of physicians and surgeons with announcements added in very small type (as if the advertiser was ashamed of it, or else intended that no one should read it), the words, "particular attention paid to the diseases of women," or "to affections of the heart and lungs," or "to the diseases of infancy," or "diseases of the skin;" indeed it is understood that one gentleman in the profession announced "particular attention devoted to eyes, ears, throat and nose, skin and women."

There have been incidents of a not very distant past—within the present month has been seen a card in capital type announcing, "Midwifery and diseases of women a specialty." Such cards illustrate the statement in the code that "it is derogatory to the dignity of the pro-"fession to resort to public advertisements or "private cards, or hand-bills inviting the atten-"tion of individuals affected with particular diseases." But can the same be said respecting another method? Has not the professional man the right to announce that he will only treat the diseases of certain parts of the system? It would seem reasonable to admit this, and let

us suppose he is free to announce that he intends to limit his practice to the eye, ear, throat, or nose. The question, however, follows: Has he a right to limit himself to a combination of any or all of these, and may that combination be extended so as to embrace the treatment of several other parts of the system. It is not difficult to see that by an enlargement of the area of limitation, the same end may be attained as is reached by the former method of directing attention to superior qualifications in treating certain forms of disease. There would seem a certain advantage in some members of the profession confining their attention to diseases of the eye and ear; whether practice in this sphere is incompatible with the work of a general practitioner need not here be discussed; it may be admitted that certain gentlemen have special qualifications for the treatment of these diseases, and that the profession and the public ought to know it. It is hoped, however, that this end will be attained with as little sacrifice as possible of those ideas which seem to conform best with the standard of honour that distinguishes professional men from quacks. If it is necessary that gentlemen so endorsed should occasionally visit other places than those in which they reside, it may be possible to let the profession and the public know of it otherwise than through the methods of K. & K. and others of the same species. This may be done without local notices in the newspapers, or emblazoned tablets that catch the eye in the principal hotels. Indeed, the tendency for professional advertising seems to grow in proportion as it is followed, and we find that by some who limit themselves to special fields, "particular attention" is paid to limited and superficial parts of those fields. The force of the current is apparent. Let us halt at the brink—for once embarked and lulled by self-interest, we may be drifted whither we should not sail. As regards special qualifications, we may be sure that if these are possessed, our fellow-practitioners will not be slow in discussing them; and the general public, for the most part, is able to recognize special ability long before the individual himself begins to suspect it. The truth of this is very apparent, and hence it would appear, as each member is obliged to obtain a general knowledge of the different branches of the profession, he should commence life as a general practitioner, and if through special fitness or devotion to any particular field he obtains prominence, it is by nature's slow process of evolution that he is differentiated into the limitations of specialism. After such a course there will be a diminished tendency for the mind reflecting constantly on one branch to regard all physiological and pathological processes as revolving around a cardiac, optical, or uterine centre.

The path may be a long one, and the end not reached by a bound, but the way to true success is seldom rapid—it is through labour and struggle. This truth must have been impressed upon the mind of Velpean, for not long before his death he said to those around him: "We must always labour, my friends." None of us are so great that we may not listen to his voice; none so humble that we may not follow—though, indeed, it be far off—in his footsteps, and be inspired by his dying words.

PUERPERAL SEPTICÆMIA.

(Report of a Case in Practice.)

BY J. CAMPBELL, M.D., C.M., L.R.C.P. EDIN., SEAFORTH, ONT.

Read at the Meeting of Canada Medical Association, August 26th, 1884.

Mr. President and Gentlemen,—In reporting the following case of puerperal septicæmia which lately occurred in my practice, I do not expect to throw any new light on a subject of which much has yet to be learned, and of which the descriptions in our text-books are so meagre and contradictory; but I hope to provoke a discussion, which, no doubt, considering the men who are present, will dispel much of the darkness and doubt which still enshrouds this difficult and important subject.

Having had four such cases in my own practice, and having seen one in that of a neighbouring practitioner—all of which resulted from the same cause—I had intended reporting them all as concisely as possible in this paper, but found that when one case was reported the article was long enough, and so resolved to postpone the reports of the others "until a more convenient season."

CASE I.—On the 5th of February last was called in haste to attend Mrs. S., aged 32, the

mother of three children, her husband saying that she was confined on the floor. Found her sitting in bed holding the child, evidently in a frantic state of mind; calmed her as best we could and removed the placenta, which we found in the vagina.

It seems that she had taken a dose of castor-oil, and when the tremendous pain came on—the only one she had—she thought that the medicine was going to operate, so the child was born while she was sitting on the chamber.

Visited her for four days, and found everything natural. In consequence of having been called to a case of diphtheria I then discontinued my visits. On the fifth day, while attending another obstetrical case—which, by the way, made a good recovery—was asked to go and see patient number one, the husband saying that she had been troubled with chills, fever and sweating for the last twenty-four hours.

Found the temperature 104, pulse 120; the woman very nervous and thirsty, but no swelling, pain or tenderness in the abdomen. She complained of frontal headache; the tongue was coated. She occasionally spoke incoherently, and was suffering from prostration. It was evident that an enemy had entered the camp. The question was, how shall we expel him. The case was a puzzling one. Upon digital examination, discovered a bi-lateral laceration of the cervix, and felt certain that we had found the gate through which the enemy had entered the citadel. Next day examined with speculum and sound to ascertain whether there were any supra-vaginal rents extending towards the broad ligaments or in any other directions; likewise if there were any shreds of membrane retained, which could be removed with the uterine forceps. Found no shreds, but proved beyond the shadow of a doubt that there was complete bi-lateral laceration of the cervix, with the lips of the wound presenting an everted and unhealthy appearance. We had now traced the effect back to the cause.

We gave opiates to quiet the system, and large doses of quinine to neutralize the poison and control the fever; while at the same time we used intra-uterine injections of carbolic lotion, with the object of minimizing the amount of poison which might be absorbed,—the nurse being instructed to wash out the vagina between times, to sponge the body with vinegar and water, to give her abundance of fresh air, and to prevent sympathizing and inquisitive old women of both sexes, who are so numerous in Ontario, from entering the house.

At the same time we supported the patient's strength with beef-tea, milk, raw eggs, and good liquid nourishment generally.

After about eight days of this treatment, and when we thought we had succeeded in expelling the enemy from the camp, she was suddenly attacked with severe pain in the inner side of the right knee, the pain extending down to the calf of the leg, and accompanied with an aggravation of all the febrile symptoms. My first impression was that our patient was in for multiple abscesses, and that we had now reached "the beginning of the end." The joint became swollen and puffy, and gradually the whole limb swelled up, constituting a well-marked case of phlegmasia dolens plus acute synovitis of the knee-joint. Wishing to settle the point—a very important one—as to whether we had pus in the synovial sac, we tested with a hypodermic syringe, and drew off a small quantity of somewhat flaky serum. We elevated the limb on pillows, with the knee in a partially flexed position; used at first hot fomentations, then poultices; afterwards small blisters for the leg, tincture of iodine and cotton wool for the knee, and finally bandaging, when the leg began to pit on pressure. The woman was completely helpless, the leg lying where placed, like a log, the pain still being referred principally to the knee. We used the intra-uterine injections with the fountain syringe until the discharge from the uterus ceased. We had her in our care for over three months. During all this time she was taking such tonics as fer. et. quin. cit., quin. sulph., syr. fer. iodid., and Scott's emulsion of cod-liver oil, with good nutritious diet combined with lactopeptine and abundance of fresh air. We had most trouble with the knee-joint, which remained in a semi-flexed condition long after all the symptoms of the phlegmasia dolens had passed away.

After she got out of bed and was able to walk through the house with the aid of a

crutch, she was still unable to bring down the heel. The tendons of the hamstring muscles were tense; the joint itself was somewhat enenlarged, and the natural markings were obliterated. The veins could be seen ramifying over the surface, and to the feet there was evident thickening of tissue. Her health was completely restored, and but for the knee she could attend to her household duties. Like a soldier who had gone through the wars, she had marks to prove that she had been, at least, in one severe engagement. We proposed to put her under an anæsthetic and straighten the limb, cutting the contracted tendons if necessary. She preferred, however, to delay; and it has happened all for the best, as she can now bring the heel easily to the ground and walk without the aid of a staff. She is at present able to do all her household work, and this is of some moment, as she is the wife of a labouring man.

If we had forcibly extended the limb at the time we proposed, it might have kindled up fresh inflammation, which might have blighted our hopes of future recovery.

We ordered oleate of mercury, to be rubbed well into the joint, and an indiarubber kneecap to be worn over it; and, at the same time, we advised her to persevere in passive motion and endeavour to bring down the heel as well as she could in walking. Moreover, a holiday of a few weeks in the country among her friends, at this time, was of great service.

Present Condition.—Examined the patient a few days ago. She can flex the knee well on the thigh, but cannot straighten it completely. The patella is somewhat adherent, but admits of some motion both laterally and vertically, which, I think, can be improved by occasionally moving it as directed. The enlarged veins are no longer seen on the surface, and the natural markings of the joint are beginning to appear again.

Remarks.—1. In reference to the disease, we believe it was a case of pure septicæmia, produced by laceration of the cervix, which latter was caused by the rapidity of the labour and the position which the patient occupied at the time the child was born.

2. The synovitis of the knee-joint and the phlegmasia dolens, we also believe, were both the result of the septic poison which had been absorbed through the raw surface produced by the wound in question.

The synovitis was, of course, out of the usual run of things; but, judging from the analogy which acute rheumatism presents, where we have a poison in the blood producing inflammation of the joints, we may reasonably hold that the inflammation in question was produced by the generally poisoned condition of the blood on this occasion. The phlegmasia dolens, which came on simultaneously with the synovitis, doubtless was caused by the septic poison producing coagula in the veins, thereby causing obstruction resulting in œdema, subsequent involvement of the lymphatics with pressure on the terminal branches of the nerves, complete loss of motor power, with all the train of symptoms which are so well known to exist in this disease, but of which the exact cause or causes, with their subsequent modifications and complications, are so little known.

3. Considering that we had three other cases of septicæmia within a few weeks, and saw one in the practice of a neighbour, all from the same cause, we would infer that laceration of the cervix is a more frequent cause of septicæmia than it gets credit for; hence, it would be well to take means to prevent the occurrence of this accident, in the first place, and make an early examination with speculum and sound for the purpose of diagnosing it when it has happened; in the second place, that the treatment might be early, appropriate and thorough.

4. To prevent laceration of the cervix in those rapid labours, the woman should be told to abstain from bearing down as much as she can; and it is recommended to press back the presenting part and support the cervix until it is fully dilated, so as to allow the head and after-coming shoulders to pass through without tearing it.

5. Finally, in reference to the treatment of this and our other cases, we might say they were all treated, with but slight modifications, in the same manner, with the exception of one, and in that case we used injections of bichloride of mercury, 1 to 1500, instead of the carbolic, and this was the only one that succumbed.

However, this was a case of instrumental labour in a primipera, who was troubled with albuminuria for some time previous to confinement, and whose kidneys never acted well after delivery, whose over-anxious but pious friends kept her mind in an almost constant state of perturbation in reference to her future, regardless of her present salvation—a case in which general peritonitis came on as a result of the septicæmia, and put a period to her earthly career on the sixth day after a noble "struggle for existence." We feel satisfied that all these causes, operating on a delicate constitution, combined to bring about the fatal result; and not the fact that we changed our lotion on this occasion, though we must confess that we still have a weakness for the carbolic as we have for an old coat, an old home, or an old and tried friend.

Selections.

VERY SMALL DOSES OF CALOMEL IN PNEUMONIA.

In the *Bulletin Général de Thérapeutique* of July 30th, Dr. Droux de Chapois extols the calomel treatment of pneumonia by very minute doses. He prescribes two milligrammes (about one-thirtieth of a grain) every hour for two days. After thus treating over 150 cases, he claims better results than by any of the methods of treatment most vaunted in the text-books. Thus used, the protochloride of mercury has the advantage of not being a weapon that cuts both ways; it produces no violent commotion in the system, but nevertheless exercises an incontestable resolutive influence over pulmonary hepatization. After twenty-four or, at most, forty-eight hours, a mild and unctuous moisture ensues over the whole integument; the tongue and mucous membrane of the mouth becomes moist, the oppression and heat diminish; sometimes a liquid stool after fifteen or twenty doses; finally the fever abates, and bronchial breathing gives place to the crepitant râle redux. It is not claimed that calomel thus given is a specific, but that when in spite of the administration of all the well-known remedies, in place of amendment the symptoms tend to become aggravated, the tongue dry, the skin hot and pungent, calomel given in minute doses every hour is followed in twenty-four or forty-eight hours, not by profuse sweating, as true sudorifics produce, but by a gentle stimulation of the skin and sebaceous glands, the liver, pancreas, salivary glands, muciparous glands of the alimentary canal and air passages, and the kidneys. After the first day, should the bowels be too loose, the dose is reduced to one milligramme, and if, as sometimes occurs, there should be slight intestinal colics, a little magnesia is given to rid the system of the calomel, when it has become saturated and the desired therapeutic end reached. R. Z.

A Pulmonary Cavity Healed by Injection of Nitrate of Silver.—In *El Siglio Medical* is recorded the case of a peasant of 26 years who contracted a pneumonia which passed into a chronic state and produced a purulent expectoration and an extreme emaciation. Dr. Maragliano determined the presence of a cavity at the base of the right lung. Judging all other medication to be useless he injected a gramme of nitrate of silver, dissolved in 25 grammes of distilled water. The pain was very acute for two hours, and then disappeared; the frequency of the pulse and the fever diminished. The expectoration increased for several days, but then diminished progressively and recovered its normal characteristics. One year later the cicatrization of the cavity was complete. A second case was similarly treated at Madrid, but with an unfavorable result.—*Journal de Medecine.*

At the recent meeting of the American Association for the Advancement of Science, Dr. Sternberg stated that he had repeated Koch's experiments on the inoculation of tubercle with results confirmatory of the German investigator. Inoculation of rabbits with inorganic matter, which Dr. Forman claimed would also produce tuberculosis, had not been successful in his hands.—*Medical Journal.*

Curability and Treatment of Locomotor Ataxy.—Among 300 cases which Eulenberg has been able to follow, he has found only three

cures. He believes, however, that the number might be increased were sufficient energy expended on the treatment. He holds that the curative action of silver is incontestable, but that it is often inert when given in the form of pill or powder. He recommends that it should be given subcutaneously, either as the albuminate, or as the hyposulphite.

℞ Chloride of silver.....10 centigr.
Hyposulphite of sodium..10 centigr.
Distilled water.....20 grammes. M

An injection is given daily in the dorsal region, of ten centigrammes to one gramme. There is generally a temporary disappearance of the pains, and when they reappear after two or three hours they are generally removable by a cold compress. Hypodermic injections of strychnine in doses of four to six milligrammes have, in several cases, been followed by a remarkable diminution of the motor and sensory disorders. Local refrigeration by means of ice or cold compresses along the vertebral column has had beneficial results. The degree of cold has been determined by the individual sensibility of the patient. With the nitrate of silver, the continuous current, and local cooling, he has in numerous cases improved the patient's condition.—*Jour. Amer. Med. Association.*

M. Dumontpallier, in an hysterical case during the somnambulistic period of hypnotism, by dividing into two parts by the interposition of a perpendicular opaque plane, produced a suggestion of gaiety to the right brain and a suggestion of sadness to the left brain. The sole influence was conveyed through the retina by the sight of a joyful and of a grotesque face. These suggestions persisted into the waking state, the countenance of the subject still reflecting the different sentiment.—*Le Prog. Med.*

TREATMENT OF NEURALGIA.

Dr. Garretson says:—In cases of the unexplainable neuralgias no single remedy has proved so useful as these pills. My prescription is as follows:

℞ Ferri sulphatis exsic.,
Potassii carbonatis, āā gr. ccl.;
Syr. acaciæ, q. s.—M.
Ft. pil. no. 100.

Sig.—Begin with three a day, and increase to six; take several hundred.

A remedy that not infrequently proves serviceable in paroxysmal neuralgia is Duquesnil's preparation of aconitia, in doses of gr. $\frac{1}{200}$, repeated each two hours until numbness is felt; but in this case it did no good.

Brown-Séquard's somewhat famous pill amounts generally to nothing: here it was tried faithfully by the patient on his own prescription.

A local application commonly of great use, is a combination devised by Dr. J. L. Ludlow:

℞ Atropinæ sulphatis, gr. ss;
Aconitinæ, gr. iss
Olei tiglii, gtt. ii;
Ung. petrolii, ʒii.—M.

—*Phil. Medical Times.*

CONGELATION IN SCIATICA.—M. Debove has achieved marvellous results in Sciatic neuralgia by the volatilisation of chloride of methyl. The liquid is contained in a siphon to which is adjusted a simple lead tube, which allows the jet of vapour to be directed to any desired point. In the first patient the sciatica immediately disappeared after a simple pulverisation along the painful nerve. Other cases have had slight returns of pain for which new applications were successfully made. The operation is not very painful and is much preferred to cauterisation. With ether M. Debove obtained no analogous result.—*L'Union Medical.* R. B. N.

ETHER AND OPIUM TREATMENT OF VARIOLA.

BY DR. TENNESON,
Physician to the St. Antoine Hospital.

Eighteen small-pox patients in our wards have been treated by the ether and opium method of M. Ducastel. Seven of these had discrete variola and were cured without suppuration and without accident. Eleven had coherent or confluent, variola: of these we give the following resume. (In five patients we tried opium alone, or ether alone; the result was as incomplete as the treatment.)

We omit the cases where the treatment was commenced too late, after the third day of the

eruption. We omit also cases of hæmorrhagic variola as the ether and opium treatment has the effect of aborting suppuration, and hæmorrhagic variola does not suppurate. One could foresee that the treatment would be useless in such cases, and experience confirms this view.

In eight out of the eleven cases the treatment was commenced on the third day of the eruption; in three on the second day. Ten of the cases are described as *coherent* (? semi-confluent), one is classed as confluent. In all, by the eighth day at the farthest, the eruption had dried up, either as papules or aborted miliary pustules. One case died on the twelfth day from adynamia, the temperature never exceeding 39°.

Ten of the cases had been vaccinated and one revaccinated.

One patient was pregnant eight and a half months, but had no threatenings of premature labour, the fœtal heart being heard when she was dismissed cured.

The ether-opium treatment, like all treatment, acts more or less promptly, more or less successfully in different individuals. In the most favorable cases the *buttons*, (pardon me the word) remain papular. At the summit of the papules a small miliary pustule develops, which dries in two or three days; the papules continue to progress without peripheral tumefaction, and persist some weeks after the cessation of fever; the patients then have a quite characteristic elephantiasis aspect, which alarms them greatly, but which always disappears. I have never observed this evolution in variolas which spontaneously abort; that is in varioloids. In others or in other regions no papules; the pustule enlarges without tumefaction of the skin to a horny lamella of the colour of *café au lait* more or less deep.

In others the places where the eruption is abundant swell uniformly, the pustules form a small honey-like crust; at the end of two or three days the swelling disappears and the crusts are dry.

The ether-opium treatment comprises—(1) A hypodermic of ether morning and evening; (2) fifteen or twenty centigrammes of extract of opium in the twenty-four hours. Officinal undiluted ether is used, a Pravaz syringeful (fifteen minims,) being injected night and morning into the subcutaneous tissue. Neither slough, abscess nor induration has ever followed. The needle should be washed in carbolic lotion, (one in twenty) and neither wiped nor oiled previous to insertion. The opium is given in two doses in pill form, ten centigrammes night and morning. The patients are given milk, broths, wine, and sometimes a little brandy. It is always in tonic, alimentary doses that we prescribe alcohol, varying in quantity according to individual requirements. We believe large antipyretic doses hurtful, lowering the vital powers much more than the fever. Apart from some details which are not essential to the ether opium treatment, we have thoroughly carried it out. Perhaps some who dispute its utility have not been placed in the same conditions. To test any treatment in any disease the natural history of that disease should have been watched. Before trying the ether-opium treatment, we watched during two years at the Tenon Hospital (not knowing how better to treat our patients) the natural course of variola. The facts summarized in this note have forcibly impressed us. We publish them in spite of their small number, desirous of making known what to us appears to be a real therapeutic advance.—*Bulletin Général de Thérapeutique.* R. Z.

SOME THERAPEUTIC USES OF LOBELIA.

In a recent communication to the Société de Thérapeutique, Dr. Fournier states that he has successfully used the tincture of *Lobelia inflata*, in doses of ℥ xv-xxx, in several cases of cardiac dyspnœa and in two cases of pulmonary congestion, and with good results in the third stage of phthisis. As lobelia alone is nauseating, it should be combined with polygala. Huchard uses the following formula, which is well borne by his patients:

℞ Potassii iodidi, ʒij:
Tinct. lobeliæ,
Tinct. polygalæ, āā fʒij;
Extract. opii, gr. iss;
Aquam destillatam ad fʒviij. M.

Dose, a tablespoonful morning and evening in chronic bronchitis and asthma.

M. C. Paul has used lobelia and iodide of potassium with success in catarrhal asthma, giving ℥xx of tincture of lobelia to gr. viii of iodide of potassium.—*Phil. Medical Times.*

RATIONAL TREATMENT OF TYPHOID FEVER.

BY DR. L. REAL.

In the *Union Médicale* of Sept. 28th, 1884, Dr. Réal claims some remarkable results for his treatment of severe cases of typhoid by large doses of subnitrate of bisnuth (15 to 30 grammes, about 225 to 450 grains a day). He does not regard it as in any way a specific, but uses it as an antiseptic in cases where putrid infection is to be feared from extensive intestinal ulceration, lymphangitis, and mesenteric adenitis, also infective nephritis, which in these cases is due rather to putrid absorption and lymphangitis, than to the primitive microbic infection.

Apropos of those diseases in which renal trouble always threatens, I say *en passant* that there is no condition more intolerant of a great many medicaments, and I may add even of aliments. So I have always considered as monstrous, the administration in typhoid of many powerful medicines, such as quinine salicylate of soda, carbolic acid, and blisters, etc. These medicines ill borne *when they are absorbed*, are positively injurious by favouring the occurrence of nephritis, or by aggravating it when it exists. It is the same with almost all aliments except milk. The only useful medicine, so to speak, I find in alcohol or chloral, which have succeeded very well with me by their favourable action on nuopiesis in causing comatose and ataxic symptoms to disappear. For instance, among other cases, in a young boy aged six years, apparently in a desperate state, a few fractional doses of chloral, largely diluted, suppressed uremic coma brought on apparently by moderate blistering for pulmonary engorgement.

To sum up, the antiseptic dressing of the intestine and its ulcers, by suppressing absorption and putrid intoxication, by greatly lessening or banishing the effects of lymphangitis or infectious nephritis, modifies very notably the aspect of the disease, and causes to disappear the most prominent symptoms of delirium, muscular weakness, pains and lymphanites of the abdomen, dryness of the mouth and throat.

Powdered charcoal acts well as an adjunct to the bismuth, but less effectually alone. The first day of the treatment I direct 10 grammes of bismuth in a lavement of a quart of starch; 20 to 25 grammes of the subnitrate are also given by the mouth as soon as possible, in three or four doses at intervals of half an hour or an hour.

The second, repeat the lavement and some quantity of bismuth by the mouth in three or four doses at equal intervals during the twenty-four hours. We can gradually diminish the daily dose when we find the feces disinfected and becoming less and less black, and part of white powder of bismuth unchanged, having not met with sufficient sulphurated hydrogen to decompose it. Generally, though the ulceration still persists the diarrhœa ceases. Should constipation occur, ten or fifteen grammes of sulphate of soda may be given occasionally by the mouth or rectum.

From 1862 to 1870, out of 19 cases I did not lose one in which this treatment was adopted. From 1870 to 1884, out of 62 cases I only lost two—one died from postpartum hæmorrhage after abortion; in the other the bismuth treatment was not adopted at the start and was imperfectly carried out afterwards, and intestinal lymphangitis with albuminuria caused death. R. Z.

AMYL NITRITE IN OPIUM-POISONING.—Drouet. The patient had taken two ounces of laudanum and presented the following symptoms: coma; slow and feeble pulse; respirations six per minute; algidity; cyanosis. Belladonna and other remedies failed. Inhalations of nitrite of amyl were followed by immediate improvement, and finally recovery.—*L'Union Médicale.* R.Z.

THE LINE OF THE HEART. — M. Luton *(L'Union Med. et Scientifique du Nordest)*, in view of the prevailing uncertainty of the data used for describing the mensuration of the heart, proposes what he calls the line of the heart. This line is found by taking the apex

of the heart *P*, and drawing two lines with a dermographic pencil, one *PX* horizontal, the other *PY* vertical; so that *PX* and *PY* will be perpendicular to one another. Draw a line *PB* bisecting the right angle *XPY*, and note the point *B* where the left border of the sternum intersects this line. *PB* is the line of the heart. Its dimensions give exactly the height of the left ventricle from its apex to the base. The point *B* corresponds to the aortic orifice, and around these two centres are grouped all the auditory symptoms which characterize insufficiency of the valves and constrictions of the orifice The line *PB* prolonged indefinitely would pass through the external extremity of the right clavicle, so that the line of the heart may also be found by drawing a line from the right acromic clavicular articulation to the apex of the heart, and noting the point *B* where this line crosses the left border of the sternum. R. B. N.

Nitrate of Silver in Strumous Adenitis.—Prof. Ferraris, who, since 1870, has obtained good results with nitrate of silver in the treatment of orchitis and in two cases of polyarthritis, determined to try its effects in adenitis of venereal and strumous origin. His treatment consists in applying every morning to the tumours an ointment composed of 2 grammes of nitrate of silver to 20 grammes of vaseline, and then covering them with wadding. Three to four applications generally suffice. The advantages he claims are diminution of pain, limitation of the inflammation to the glandular parenchyma, and modification of the ulcerative processes in the cavity of the abscess.—*Jour. de Méd. de Paris.* R. B. N.

In all forms of gout Dr. Granville has given the following formula with such success that he recommends its trial by others. He never gives colchicum.

℞ Ammonii chloridi, ʒiv;
Potassii chloratis, ʒii;
Glycerini, fʒxii;
Tincturæ iodini, fʒii;
Aquam ad fʒxii.—M.

Dose.—Two tablespoonfuls four to eight times daily.—*Lancet.—Phil. Med. Times.*

The Cost of Sickness.—I think, then, that we cannot escape from the reasons to believe that we lose in England and Wales, every year, in consequence of sickness, 20,000,000 weeks' work; or, say, as much work as 20,000,000 healthy people would do in a week.

The number is not easily grasped by the mind. It is equal to about one fortieth part of the work done in each year by the whole population between 15 and 65 years old. Or, try to think of it in money. Rather more than half of it is lost by those whom the registrar-general names the domestic, the agricultural, and the industrial classes. There are more than 7,500,000 in number, and they lose about 11,000,000 weeks; say, for easy reckoning, at £1 a week; and here is a loss of £11,000,000 sterling from what should be the annual wealth of the country. For the other classes, who are estimated as losing the other 9,000,000 weeks' work, it would be hard and unfair to make a guess in any known coin; for these include our great merchants, our judges and lawyers, and medical men, our statesmen, and chief legislators; they include our poets and writers of all kinds, musicians, painters, and philosophers; and our princes, who certainly do more for the wealth and welfare of the country than can be told in money.—*Sir James Paget, in Popular Science Monthly.*

Better to Wear Out than to Rust.—The late Prof. Samuel D. Gross, at a dinner given to him in Philadelphia on April 10th, 1879, said: "After fifty years of earnest work I find myself still in the harness; but although I have reached that age when most men, tired of the cares of life, seek repose in retirement and abandon themselves to the study of religion, or the claims of friendship, or the contemplation of philosophy, my conviction has always been that it is far better for a man to wear out than to rust out. Brain work, study, and persistent application have been a great comfort to me, as well as a great help; they have enhanced the enjoyment of daily life, and added largely to the pleasures of the lecture room and of authorship; indeed, they will always, I am sure, if wisely regulated, be conducive both to health and longevity. A man who abandons himself

to a life of inactivity, after having always been accustomed to work, is practically dead."—*Medical Journal.*

A PHYSIOLOGICAL CHECK TO POPULATION.

If we consider special cases of noted men, the great generals of the world, the commanding statesmen, the distinguished scientists, the celebrated authors,—all, in fact, who have become distinguished for superior mental ability—an almost universal result appears: they have either left no descendants, or their families were very small. And, for that matter, we need but to look at the evidences everywhere surrounding us. We think it will be found to be a general rule that persons constantly exercised in mental labor have few or no children; while the largest families belong to those who do not trouble themselves to think at all. There is abundant reason to believe, then, that such a physiological check to population really exists; and, in its operation, it is not difficult to perceive a rich promise for the future of the human race. For it is in no sense, in its superior phase, a starvation check. Nor does it need any of the violent repression of natural desires exercised in the prudential check. At first sight, it appears as if its tendency must be to constantly place the cultured at a disadvantage in numbers as compared with the dull and ignorant. But this disadvantage is more than counterbalanced by the progress of education and the brain-incitements of modern civilization. Thus, the class of brain-workers is being continuallly recruited, despite its lack of fecundity, and we can see indications of an immense future augmentation of this class of the population at the expense of the unthinking, and consequently of a new barrier to the progress of population, whose efficacy is now but beginning to appear.—*From "The Problem of Population," by Charles Morris, in Popular Science Monthly for September.*

TREATMENT OF ORCHITIS.—℞.—Acid carbolic, 9 grammes; alcohol, 1 gramme. ℳ.—Apply at intervals of a few seconds three or four times to the skin of the inguinal canal in the course of the painful cord. An intense sensation of burning follows, which may be relieved by cold applications. In acute orchitis with funiculitis, we repeat the carbolic applications in three or four days. This method, according to the author, reduces the duration of the disease to eight days, at the most, and a single application in some cases suffices to cure the orchitis.—*L'Union Médicale.* R. Z.

ON PREPUCE GRAFTING.

The surplus skin of the prepuce, from its supleness, thinness, and vascularity, appears to be peculiarly adapted for transplantation, so that I have found grafts from this source adhere when those from other parts have failed. And again, wounds whose granulations appeared coarse and ill-adapted for grafting have accepted prepuce grafts when I little anticipated a favourable result. About three years ago a case of acute cellulitis of the lower extremity, which came under my care, resulted in extensive loss of skin both in the thigh and leg. In this case when the granulations had assumed a healthy appearance, grafts from various sources were placed upon the wound, and I was then favourably impressed with the superiority of the prepuce skin. The coarse skin with dry cuticle upon it, which may be obtained from amputated fingers, is far less satisfactory, adhering with less certainty and growing with less rapidity. The time which may be allowed to elapse between the removal of the skin and its application in the form of small grafts to a wound I have not accurately determined, but it is probable it may be extended till signs of putrefaction begin to appear. I have not hurried to place those pieces of skin on the wound, and from half an hour to an hour may sometimes have passed before they were made use of. In no case have I placed them in hot water or made any provision for maintaining them at the temperature of the body. If the recipient for the grafts lived at a distance from the person yielding the skin, I believe the skin might be conveyed in a small glass bottle or wrapped in gutta-percha without loss of vitality for some hours.—*R. C. Lucas, F.R.C.S. The Lancet.*

HAMAMELIS IN VARICOSE VEINS. — Dr. Nicholls, in the Philadelphia *Medical Times*, reports four cases of varicose veins cured by ext. hamamelis. He gives one to two teaspoonfuls three or four times a day, and considers it almost a specific.

INTRA-UTERINE INJECTIONS. — Francis L. Haynes says, in the *American Journal of Obstetrics*:—It may not be out of place to mention that fainting during the injection of fluid into the womb is always (or almost always) preceded by tinnitus aurium. The physician can, therefore, avoid this accident by discontinuing the injection as soon as the "noise in the ears" is noticed.

"ENGLISH METHOD" OF PERINEAL PROTECTION.

As the result of many years' patient observation, experiment and discussion, a method of great efficiency has been developed, and is extensively practiced in Europe. For convenience of description, Carl Braun has designated it the "English Method." By Josef Spaeth and Gustav Braun it has been termed the Vienna Method, while Spiegelberg is of the opinion that the measure is of Teutonic origin. Charpentier, with characteristic patriotism, ascribes the procedure to Depaul. The important conclusion to be drawn from this diversity of opinion as to the origin of the method, is that the same general mode of prophylaxis of perineal tears is practiced in Austria, Germany, England and France. A universal proposition, in this connection, is not formulated. Schroeder, for example, adheres to the opinion expressed in the first edition of his book, that the kneeling posture, an exact imitation of the position assumed by the cow, is the physiological attitude of the parturient woman.

Certain French accoucheurs continue to follow the precepts of Louyse Bourgeois.

The object of perineal protection is to cause the neck to be the pole of the extension movement around the symphysis, and at the same time to retard the passage of the head, so that the elasticity of the perinæum is fully developed, the vaginal os completely dilated, and the anterior portion of the perinæum can retract over the face.

The left lateral position is most convenient for the patient and the accoucheur. The parturient woman lies upon her left side in such a manner that her head, approximated to the chest, is turned towards the left edge of the bed, while the pelvic extremity is directed to the right edge of the bed. The left lower extremity is extended, the right, with knee-joint semi-flexed, is separated from its fellow by a pillow, or better, an attendant. The accoucheur sits on the right edge of the bed, behind his patient, passes his left hand over her abdominal surface, between the thighs, and applies the palmar surface of his fingers to the advancing segment of the fœtal head, to control the rapidity of its passage, and cause the neck to engage under the sub-pubic surface, as the pole of the extension movement.

The right hand is placed upon the perinæum (only during a pain) in such a manner that the thumb is laid along the right *labium majus*, the index and other fingers rest behind the left *labium majus*, while the volar surface of the hand covers the distended perinæum. The edges of the *labia* and the anterior edge of the perinæum are uncovered. In the pause between contractions, the accoucheur remains passive. In the beginning of a contraction, no pressure is made upon the perinæum, and the head is allowed to advance as far as the circumference of the vulvar orifice and the distensibility of the perinæum will admit. When the acme of the contraction is reached, both hands assume their respective positions, and guard the further progress of the head.

When the pains become violent, the abdominal muscles contract powerfully, and the woman throws herself about restlessly, the accoucheur fixes the pelvis between his arms, —or better, between his left arm and thorax,— presses the advancing occiput backwards, that is, keeps up *flexion*, while the right hand assists the manœuvre, by pressure against the sinciput. By slow, frequent advances, the cephalic segment dilates the vulvar outlet, and develops the elasticity of the perineal structures. Little by little, the occiput and parietal protuberances pass beyond the plane of the

vaginal os and the fœtal neck is applied to the sub-pubic surface. Now is the time of greatest danger. The woman opens her mouth, cries out, and renders the auxiliary forces inoperative. In the pause, between two pains, the right hand, by moderate concentric pressure on the perinæum against the forehead, forces the head in the direction of the pubic arch, so that the child's chin is still approximated to the chest. In this manner, after the maximum dilatation of the vulvar os and development of the elasticity of the perineal structures, the fœtal head is caused to present with its smallest diameters and circumference. *Sub*-occipito-bregmatic, *sub*-occipito-frontal, and *sub*-occipito-mental diameters and circumference, dimensions approximating the smallest possible vertical measurements, are substituted for occipito-bregmatic, occipito-frontal, occipito-mental diameters and circumference.

It must be distinctly borne in mind, that, under certain definite conditions, the preservation of the female perinæum in an intact state, is an impossible task. Some of these conditions are acquired *atresiæ* and organic stenoses of the vaginal os. Under these circumstances, episiotomy, an operation defended by Eichelberg 1850, Scanzoni 1852, Ritgen,—is indicated.

The *constrictor cunni* is divided on either side of the *Labia majora*, in the direction of the ischiatic tuberosities, to the extent of four or five millimetres.—*Journal American Medical Association.*

REMOTE PUERPERAL HÆMORRHAGE.*

BY T. GAILLARD THOMAS, M.D.

Since I last attended a meeting of the society I have met with two cases which have suggested to my mind the considerations which form the basis for what I am about to say. I refer to a form of hæmorrhage which comes on three weeks or a month after labour, after the physician has ceased making his visits. Some years ago the late Dr. McClintock, of Dublin, wrote a paper on this subject, and called it "remote or delayed puerperal hæmorrhage," and Dr. Mundé has recently written an article bearing upon the same point, published in the "American Journal of Obstetrics." I have seen a good many of these cases, and the history of one which I will relate illustrates the experience that I have had with most of them.

In such a case the uterus may have contracted after labour, and everything gone on properly until the ninth day, when the physician has ceased to make his daily visits, but from that time the woman begins to lose blood steadily. If she makes an unusual effort, or if anything occurs in the family to cause considerable mental excitement, an exceedingly dangerous hæmorrhage may take place, which will require to be checked with the tampon. If sudden and profuse hæmorrhage does not occur, demanding the services of a physician immediately, a steady loss of blood in moderate amount may continue for a week or ten days, until the woman becomes very much exhausted.

The particular case of which I have had the history in mind in the foregoing remarks was that of a lady to whom I was called in consultation by a German physician of considerable experience. Ten months before, the patient had called at my office, and had given a somewhat peculiar history. She had been married several years, her husband was a vigorous, healthy man in every respect, and she a remarkably handsome and well-formed woman; and yet no intercourse had ever occurred. On examination, it was found that she was suffering from a very aggravated form of vaginismus. Her husband had exhausted all his efforts, and her mental state had become such that she could not entertain the thought of sexual intercourse. An operation was performed, at the end of a month the patient left the hospital, and just nine months later she was delivered of a child. About the end of the seventh month of gestation the veins leading from each labium majus became greatly enlarged, and the parts presented the appearance of a mass of earthworms of the size of one's fist. I had seen the condition in so marked a degree but once or twice before.

On the ninth day after delivery hæmorrhage occurred, and she sent for her physician, who

* Remarks made before the New York Obstetrical Society.

used all the ordinary means, including ergot, tannic acid, dilute sulphuric acid, etc., for stopping it, but without avail. The tampon, however, was not resorted to. About three weeks after her delivery the patient was seized with very profuse and violent hæmorrhage, which reduced her very much. It came on after she had got out of bed. When her physician reached her the hæmorrhage had ceased. Each time it had begun with the passage of a blood-clot. On this occasion I was consulted, and I visited the patient three days later—the next time that hæmorrhage occurred. I took with me a nurse and instruments for dilating the uterine canal and for removing the remains of membranes. Her physician, however, felt very positive that none of the membranes had been left in the uterus, and stated that he had examined the placenta very carefully, and that there was no interruption of its continuity whatever. But I felt equally positive that some of the placenta yet remained in the uterus.

When the patient had been placed on the table and the ether-cone had been applied over her mouth, she suddenly sprang up in a state of wild excitement, and could not be induced to continue the inhalation of the ether, it had affected her so badly when she was operated upon for vaginismus. All means of persuasion were futile, and her friends desired that she should be compelled to take the anæsthetic. But I objected to compulsion, because, under such circumstances, after delivery, I have seen most violent and uncontrollable mania developed. In one instance the mania continued three weeks, during which time the patient was very violent, and had to be watched constantly by a nurse. It is true, the mania seemed to be of an hysterical nature, but, nevertheless, it was very violent. I think we cannot be too careful as to doing that which is strongly opposed to the will of a puerperal woman. I would rather have run the risk of a violent hæmorrhage in this case than have forced the patient to take the ether. She was spoken to kindly and put back into bed, and I assured her husband that she would send for me again within twenty-four hours, to have the operation done.

I was sent for the next day. The patient was then etherized, the uterine canal was dilated, the curette was passed, and three pieces of placenta were removed, each as large as the last phalanx of one's index-finger. Very little hæmorrhage was excited by the operation, and I felt that in removing the pieces of placenta I had removed the cause of the hæmorrhage.

The points I wish to make are these. The case was an interesting one: 1, with regard to the vaginismus; 2, with reference to the condition of the veins of the vulva; 3, with reference to the great danger of giving ether during a state of maniacal excitement; 4, with reference to what I believe to be the usual cause of delayed puerperal hæmorrhage and the proper means for its cure.

With regard to the statement, so often made, that the placenta has been examined carefully and found entire, it usually amounts to nothing. In the first place, we know that the physician commonly looks at the after-birth hastily and in a careless manner. Besides, I believe that little pieces may be broken off and remain behind, which no man could recognize from an examination of the placenta, though he examined it with the utmost care. As in this case, so in all others of delayed puerperal hæmorrhage that I have met with, it has been due to retained placenta or membranes. Dr. M'Clintock mentioned a case in his practice which, I believe, proved fatal. I have met with some which very nearly proved fatal, and doubtless some of those present have encountered similar cases.—*N. Y. Med. Journal.*

INCONTINENCE OF URINE IN CHILDREN.

Of medicines which diminish irritability, belladonna takes the first place; but it is important to be aware that this remedy, to be effectual, must be given in full doses. Children have a very remarkable tolerance for belladonna, and will often take it in surprising quantities before any of the physiological effects of the drug can be produced. In obstinate cases of enuresis the medicine should be pushed so as to produce dilatation of the pupils with slight dryness of the throat. In children of four or five years of age, it is best to begin with twenty-five or thirty

drops of the tincture of belladonna, given three times in the day, and to increase the dose by five drops every second or third day, of course watching the effect. Ergot is another remedy which is often very successful. For a child of the same age twenty drops of the fluid extract may be given several times in the day.

Bromide of potassium, benzoic acid (dose, five to ten grains) and benzoate of ammonia, digitalis, borax, cantharides, camphor, and chloral have all been recommended as specifics in this complaint. Sometimes a combination of several drugs seems to be more effectual than one given alone. I have lately cured a little girl, aged four years, who had resisted all other treatment, with the following draught given three times in the day:—

℞ Tinct. Belladon..... ʒi.
Potas. Brom..... gr. x.
Infus. Digitalis..... ʒii.
Aquam ad..... ʒss.
℥ Ft. haustus.

When the incontinence continues in the day as well as at night, strychina should be combined with the sedative so as to give tone to the feeble sphincter. In these cases, too, cauterization of the neck of the bladder, with a strong solution of the nitrate of silver (℈ i.-ʒi. to the ounce of water), has been found successful.—*Eustace Smith's Work on Disease in Children.*

THE USE OF CORROSIVE SUBLIMATE IN MIDWIFERY.

Dr. M. Hofmeier, of the Royal University Gynecological Clinic, Berlin, says:—

Continued attention is still devoted to the question whether *corrosive sublimate*, as hitherto employed and largely recommended, is quite harmless in its application to *obstetrics*, or under what conditions the danger in its use may possibly be increased. Owing to the manifold advantages in the employment of the sublimate over that of carbolic acid, the question is indeed of the greatest practical importance. In my last report I mentioned an indubitable case of sublimate poisoning at our clinic and a similar one by Stadtfeldt, which latter has since then been patho-anatomically confirmed in a communication by Dahl (Copenhagen). Another case of this class, fortunately terminating favourably, has since been reported by Stenger, of Mannheim; and I am able at present to give the histories of two additional cases from our clinic which may perhaps throw some light on the circumstances under which the danger of this agent is augmented.

The first case was that of a primipara, aged 25, who had been long in labour and showed some symptoms of fever during the delivery. The soft parts were very unyielding, requiring some slight incisions, and the patient was delivered with forceps. There being some atony, hot injections of 1 : 1000 sublimate solution were given.

During the first days of the puerperium, the patient presented some very peculiar symptoms: general depression, then a comatose state, together with a certain hyperœsthesia of the whole body, subnormal temperature, and offensive diarrhea. About the fourth or fifth day these symptoms abated; the patient had some puerperal abscesses for which she continued under treatment for some time at her house. Albumen was present in the urine a considerable time, from the first day on.

The second case was that of an eclamptic primipara, aged 25; the eclampsia on the whole ran a benign course; the patient was delivered by forceps without material difficulty. After delivery, there was some degree of uterine atony, for which was given a hot irrigation with about three litres of a 1 : 1000 sublimate solution. The hemorrhage ceased, and the patient soon recovered consciousness. On the days succeeding delivery, there appeared, besides general depression, great hyperœsthesia, subnormal temperature, profuse fetid diarrhea. The patient became somewhat somnolent, and death ensued on the fourth day. The autopsy again showed the most extraordinary alterations in the intestinal mucosa which was enormously swollen and partly gangrenous as far as the transition into the ileum, but especially so in the rectum. The kidneys showed marked changes, although calcareous deposits, as in Stadtfeldt's case, could not be found.

If we ask ourselves the question why, with conditions otherwise nearly alike, in the one case the intoxication was overcome, and not in

the other, it seems that in the latter case the pre-existing kidney disease had materially affected the condition for the worse. Owing to the intense influence on the kidneys in poisoning by bichloride of mercury, it appears to be exceedingly dangerous to employ corrosive sublimate in patients whose kidneys are not absolutely sound. At any rate, in Schroeder's clinic the use of the sublimate has been strictly eschewed in cases of such complication.

These cases were also of great value in determining the clinical symptoms: aside from great general prostration, reduction of the cutaneous temperature, hyperæsthesia, general restlessness, and profuse, partly bloody diarrhea. Certainly, these observations admonish us to be doubly careful.—*American Journal of Obstetrics.*

A CASE OF EXTRAPERITONEAL RUPTURE OF THE PARTURIENT UTERUS.

Mrs. C., aged 39, was taken in labour with her tenth child on Nov. 30th, 1883, at 8 o'clock p.m.

I saw her first about one hour later. Examination disclosed breech presentation with feet down close to the buttocks, back to the R. acetabulum. Temp. not taken, pulse 100 to 110 and small. The pains were regular between five and ten minutes apart, but, as the patient described them, of a peculiar lancinating character.

Her sufferings were apparently so great that the use of chloroform was commenced and continued until after delivery, which was accomplished with the blunt hook early on Dec. 1st.

There was no hemorrhage—the placenta following the head immediately. She rested well until early on Dec. 2nd, when symptoms of peritonitis supervened, and death ensued on the morning of the 3rd.

Post-mortem showed a transverse rupture of the cervical portion of the uterus on the right side, above the vagino-uterine junction, about two inches in length and a large hemorrhage in the cellular tissue of that side extending into the iliac region beneath the peritoneum which only covered the upper half of the uterus.

There was no blood in the abdominal cavity and the peritoneum was not torn. Near the fundus the uterus was thick and firm, but in the cervical region and near the os internum the thickness was from one-quarter to one-half that above, and the tissues were softened.

The noteworthy points of the case were the extreme rapidity and smallness of the pulse, 100 to 120 and more, from almost the beginning of labour; the apparent serenity, and towards the last the length of the pains with their regularity and inefficiency.—*Dr. Goodfellow, in American Journal of Obstetrics.*

AFFINITY OF CHLOROFORM FOR STRYCHNIA.—The following prescription was prepared for a lady:—R.—Liquor strychniæ, ʒij; spirits chloroformi, ʒiii; aq. ad., ʒiss. ℔—Sig., ʒi three times a day. On taking the final dose the patient was seized with spasmodic contractions of the feet and legs. These symptoms soon passed off, but caused much alarm at the time. On examining the bottle which had contained the medicine, a drop or two of water was seen remaining, and beneath this a globule of chloroform, which proved to be highly charged with strychnia, the insoluble chloroform having abstracted the strychnia from its solution. This teaches the propriety of giving strychnia when combined with spts. chloroform, in a state of greater dilution than that ordered above.

INCOMES OF ENGLISH PHYSICIANS.—Of English doctors, Radcliffe made over $35,000 a year in the height of his fame; Mead, $25,000; Baillie, $45,000; Sir H. Halford, $55,000; and Sir B. Brodie, $85,000 in the year but one before his retirement, the largest income known. Radcliffe once received $8,000 as a special fee for visiting Lord Albermarle at Namur; Granville $5,000 and his travelling expenses for a visit to St. Petersburg; and recently Sir W. Gull $5,000 each for two visits to Pau, and $7,500 for travelling to Perthshire and remaining a week with a patient. But the fee of fees was that received by Dr. Dinesdale in 1768 for inoculating the Empress Catherine and her son at St. Petersburg—viz.: $60,000 paid down, a pension of $2,500 for life, and the dignity of a baron.—*Gaillard's.*

THE
Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

To SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

We regret to learn that, from some cause unknown to us, copies of the Journal have lately gone astray. Any of our subscribers who have not received it regularly, may obtain the missing numbers on application to Dr. Aikins, by post-card or otherwise.

TORONTO, NOVEMBER, 1884.

THE QUEBEC LUNATIC ASYLUMS.

Dr. Hack Tuke pnblishes in the last number of the *Canada Medical and Surgical Journal* an account of his recent visit to the Long Point and Beauport Asylums. Although we had frequently heard of the gross mismanagement of these institutions, we were not prepared for anything so utterly horrible as the description given by Dr. Tuke.

If the publication of this letter does not arouse public sentiment throughout the whole Province of Quebec, then we must conclude that the majority of the population are lower in the scale of civilization than we had supposed them to be.

What a contrast is presented by the history of the London Asylum, so ably managed by Dr. Bucke. In that institution no mechanical restraint or seclusion has been practised for the past fifteen months, and no drug has been administered to keep the patient quiet. It has not been found necessary to resort to chloral, morphia, or hyoscyamia. Only two patients have been fed by the tube, and these but twice since restraint was done away with.

In 1880, two hundred of the inmates attended service in the chapel. Now four hundred are found willing to be present. Fighting, swearing, and obscene language are infrequent. Dr. Bucke, in 1870, reported in favour of restraint, and thought it would be impossible to do without it; but greater experience has convinced him that the views he then held were incorrect.

His success is due to the gaining of the patients' confidence by the attendants. If an attendant cannot get the respect and confidence of patients, a second and a third is tried until the right man is found.

INFANTILE ATROPHY.

Infantile atrophy is one of the most common causes of death in young infants. It is produced by simple starvation—the nourishment may be administered, and consumed with avidity, but it is not assimilated—the babe continues to waste, and finally dies. Mothers do not, as a rule, understand the cause of marasmus, and, consequently, endeavour to overcome it with greater varieties and quantities of food. The doctor, when called in, too often relies on medicine to check the prominent symptoms, while neglecting correct directions concerning diet.

It is well to remember that this is a curable complaint; but the cure must of necessity result chiefly from proper feeding. Among the artificially fed, one of the greatest difficulties is the digestion of the heavy curd of cow's milk. Eustace Smith, in his recent work, recommends a mixture of barley water with the milk. He thinks this acts beneficially by separating the particles of curd. Isinglass or baked flour may be used for the same purpose. It is found very difficult in some cases, by any of these methods, to enable the stomach to digest this caseine.

In order to overcome the difficulty, Prof. Pfeiffer has advised us to peptonize the milk, to which reference is made in an article which appeared lately in the *N. Y. Med. Record.* By this process the caseine is physiologically changed into peptones, which are readily soluble; *i.e.*, it is wholly or partially digested, and is no longer a source of irritation to the feeble stomach. The milk is peptonized by means of an extract of pancreas. Completely peptonized milk has a bitter taste which is somewhat objectionable, especially to some patients. It is better, on this account, not to finish the process, but leave it partially peptonized, in which condition it is quite palatable. This leaves some work for the digestive apparatus to perform,

which is in itself an advantage, because it is not well to monopolize all its functions. Our rule should be, in fact, simply to assist the natural process of digestion so far as required, and no more.

Dr. J. Lewis Smith, of New York, has used for some time, at the Foundling Hospital of that city, an extract of pancreas, prepared by Fairchild Bros. & Foster, with very satisfactory results. His remarks on this subject appeared in our September issue.

The article in the *N. Y. Record*, before alluded to, concludes with the following remarks: Cow's milk is the best substitute for human milk. The former is apt to disagree with the infant on account of definite chemical, physical, and physiological differences, that have been accurately ascertained, and have now been largely overcome. Let ordinary cow's milk be diluted with water, that has recently been boiled to destroy all germs, until its percentage of albuminoids has been reduced to the proper amount. Next, add to it enough cream to make up the fat, and some sugar of milk. Then peptonize it with reliable extract of pancreas, for the alteration of the caseine, and there is produced the best physiological imitation of mother's milk. The peculiar vital or maternal properties of human milk must always elude analysis, but to this limit we have well-nigh reached. Science, as always, stops before the mystery of vitality.

OUR MEDICAL SCHOOLS IN TORONTO.

The opening exercises in the medical schools excited more than the usual amount of interest. In the Toronto School of Medicine the address was delivered by Dr. George Wright, and was certainly a model of what an opening lecture should be. After congratulating the students in their choice of a profession, he proceeded to give them some advice. In the first place, he strongly urged them to take a full four-years' course. He thought it unwise to endeavour to attend too many lectures during the first year; it was like attempting to put brick on the top storey of a house before the foundation was laid. The aim of the Toronto School of Medicine was to give a thoroughly sound medical education, and they were determined, therefore, to discourage anything like a rapid and superficial course. It would be true to its old traditions in always endeavouring to raise the standard of medical education. He strongly advised the students to methodically pursue their study. Steady and continuous work during a whole session would accomplish a great deal

On behalf of the Faculty he extended a hearty welcome to the new students, and wished them all success.

Dr. Workman, being loudly called for, made a few remarks. He said that on occasions of this kind he liked to see a little hilarity among the students, but hoped at the same time they would have all the ballast that would be required. He quite agreed with Dr. George Wright, and hoped his words of advice would be remembered by the students.

Dr. Richardson referred to the necessity of a four years' course, and a perfect system in their method of studying. He also spoke of the necessity for neatness and cleanliness in the study of Practical Anatomy, and said that their dissecting tables should be kept in such order that they might be used as their dining tables. He believed that we were on the eve of great discoveries in medicine, and hoped the time would come when we should know a remedy for every ailment.

The classes in the school are larger than in any former year.

The opening lecture in Trinity Medical School was given by Dr. Geikie, the Dean of the Faculty. In the first part of the address the speaker gave a short history of the progress of medicine from the earliest ages. He explained the old theories of disease, and showed the great advancement which had been made in this branch of science by eminent physicians who had long since passed away. He then went on to say that hard study and perseverance were absolutely necessary to success in the medical profession, and warned those students who entered the profession with the expectation of leading an easy life, that they had better desist, or they would certainly be disappointed. He also gave some good advice to first year students, not to idle away the first session, as is too often done by those who think that they will have plenty of time during the course to get through the work. A few remarks were

then made on the importance of their shunning evil company, and vice of all sorts. Their calling was a very responsible one, and they needed all their time in preparing for it. The lecture was delivered before a large audience, and the prospects of the school are as bright as in former years

In the Women's Medical College the opening lecture was given by Dr. A. H. Wright in the theatre of the Toronto General Hospital. After the address, the Treasurer read the financial report, which gave evidence of the prosperous state of the school.

The clinical instruction at the hospital will be given upon the same plan as last year. In medicine and surgery lectures will be given in the theatre every day. Outdoor clinics and bedside visits will be continued with regularity. The special departments of Opthalmology, Otology, Gynæcology, and Dermatology, will receive due attention. In the first two subjects four clinics a week will be given; in the third, two clinics; and in the last mentiond, one clinic a week. Students will also be required to write histories of cases, and will receive special instructions in the method of making post-mortems.

THE DANGERS OF BICYCLE RIDING.

When the bicycle was first introduced, some feared its use might produce bad effects, such as diseases of the prostate gland. Since that time cycling has become very common, but comparatively little attention has been paid to it in a professional way during recent years.

Dr. Strahan, of Northampton, England, in an article which appeared in the *Lancet*, Sept. 20th, refers to some grave dangers connected with its immoderate use. Obscure nervous complaints are, he thinks, sometimes produced by the continuous jarring—the succession of shocks conveyed to the spinal column in bicycle riding. A more serious source of danger, however, arises from the amount of pressure brought to bear on the perineum of growing boys, affecting directly the prostate, the muscles of the bulb, etc., and indirectly the whole generative system. In ordinary easy riding the weight of the body comes principally on the tuberosities of the ischium, but on making great exertions in fast travelling or hill-climbing the weight comes chiefly on the perineum. Dr. Strahan thinks this must cause irritation and congestion of the prostate and surrounding parts, and ultimately early impotence.

DR. WILLIAM OSLER.

We are pleased to see in our American exchanges prominent notice given to the removal of Dr. Osler from Montreal to Philadelphia.

Dr. Osler was duly elected to the Chair of Clinical Medicine in the University of Pennsylvania, on the 7th of October, and commenced work in his new field, Oct. 13th.

On the evening of October 9th he was entertained at a complimentary dinner, given by the Medical Profession of Montreal, in the Windsor Hotel, at which there was a large attendance. Dr. R. P. Howard acted as chairman, and Dr. T. A. Rodger occupied the vice-chair.

Dr. Howard, in proposing the toast of the evening, "Our Guest," referred to Dr. Osler's very successful career in Montreal, and his deserved popularity throughout Canada, while he regretted his departure, but assured him he would carry with him the best wishes of his numerous friends for his success and happiness in his new sphere.

Dr. Osler expressed his deep regrets that circumstances had arisen which caused his removal from Montreal. He referred particularly to three friends who had exercised a great influence for good in his life, viz., the Rev. W. A. Johnson, formerly of Trinity School, Port Hope, Dr. Bovell, of the Toronto School of Medicine; and Dr. Howard, of McGill College, Montreal. He had been teaching ten years in McGill, and during that time had devoted himself especially to the scientific aspect of the profession. His intercourse with his professional brethren had always been of the most pleasant character, and his residence among them would always be remembered by him with pleasure.

Dr. Osler takes the place of Dr. Pepper, who was lately transferred to the Chair of Practice of Medicine, and, in addition to Pepper, his colleagues will include the well-known names of Penrose, Agnew, Goodell, Tyson, Horatio C.

Wood, Ashurst, and Duhring. The Medical department of the University of Pennsylvania, which is now 119 years old, is second to no medical teaching institution on the Continent, and we sincerely congratulate Dr. Osler in his connection with such a school. At the same we join heartily with his medical friends, who include the great body of the profession in the Dominion, in wishing him the highest success and the greatest happiness during his stay in the fine old city of Philadelphia.

It is a commendable sign of the times that on this continent men of ability and industry in scientific pursuits are being called to fill positions in Universities at a distance: that neither geographical nor political boundaries prevent their interchange. This spirit will, in our opinion, act beneficially in many ways. The colleges will thus secure the best men possible, and young men will be encouraged to a greater extent to make the study of scientific medicine their principal aim and object in life.

THE RELATIONSHIP OF LUPUS TO TUBERCULOSIS.

At the recent International Medical Congress a very interesting discussion took place on this point. Prof. Doutrelepont, of Bonn, read a paper in which he stated his belief that lupus was really a tuberculosis of the skin.

Prof. Kaposi took an opposite view. He had seen 1,200 cases of lupus during twenty years, and had never seen any connection between the two diseases. He was of opinion that tuberculosis of the skin, of which he had seen twelve cases, was an entirely different affection from lupus. The prevailing opinion, however, appeared to have been that, although lupus and tuberculosis were not identical diseases, there still existed a very intimate relationship between them.

DEATH OF MRS. FULTON, TORONTO.

We have to announce, with deep regret, the death of Mrs. Fulton, wife of the Editor of the *Canada Lancet*, which occurred at her home on Tuesday, October 28th. She had been affected with mitral disease for some time, and her condition for some weeks had been a source of great anxiety to her husband and family.

ALLEGED MALPRACTICE.

COLE *vs.* MITCHELL.

At the recent Assizes in Chatham, an action for damages was brought against Dr. Mitchell, of Wallaceburg for alleged malpractice in the treatment of a fracture of the leg. The tibia was fractured in February of 1883, and the leg was put up in a fracture box for twelve days, and then dressed in plaster of paris. Firm union followed with deformity, but in the opinion of the twelve medical witnesses, this deformity was the result of a fracture occurring nine years before. The names of the physicians called were—Dr. Brown, of London; Drs. Holmes, McKeough, and Siveright, of Chatham, for the plaintiff Cole: Drs. Arnott, Edwards, and Smith, of London; Drs. Bray, Tye, Flemming, and Richardson, of Chatham; and Dr. Stewart, of Wallaceburg, for the defendant. After a consultation of the doctors, the suit was withdrawn.

We congratulate Dr. Mitchell on the result, and are pleased to learn there was no ground for action. The great matter for regret is that the suit was instigated by a professional brother. Such a creature should be boycotted by the members of a profession which makes at least some pretense to respectability.

THE COUNCIL'S MATRICULATION EXAMINATIONS.

For some years the Ontario Medical Council have accepted the Intermediate High School Examination, with Latin, for matriculation. The Intermediate has been abolished by the government with the understanding, so far as the Council is concerned, that the examination for third class certificates, with Latin, will be accepted.

We had supposed that this would make no material change, but there appears to be a difference of opinion about the matter, and some of our High School Teachers say the third-Class Examination, including its fifteen subjects, is not at all suitable for medical students. If such be the case the Council should consider the advisability of making a change.

We may say, however, that those who have already passed the ordinary intermediate will be allowed to register by the Council on passing in Latin at the regular examination in July.

WILLIAM H. VANDERBILT.

The profession throughout this Continent will gratefully remember Mr. Vanderbilt's gift to the College of Physicians and Surgeons, New York.

The fact that the college was to receive such a donation was previously known to but one member of the faculty. Prof. John C. Dalton arose at the faculty meeting and said,—"Gentlemen, I have a little surprise for you this evening, and it is one I know you will receive gracefully. I have a cheque in my pocket for $500,000 that has been sent to me for a building fund for the college by Mr. William H. Vanderbilt."

The members at first scarcely realized the magnificence of the gift, but afterwards manifested their joy and gratitude by spontaneous and hearty cheering.

Mr. Vanderbilt could scarcely have invested his money in any other way with the same prospect of doing good.

It will, in the first place, be a direct benefit to the School. Those who in future intend making medicine their profession will gratefully remember Mr. Vanderbilt's generosity, as it will enable them to procure a better education. It will benefit the public, as their medical men will be better trained and more thoroughly equipped to treat disease.

New York city will, by this act, be made the medical centre of the United States.

It is to be hoped that wealthy men in this city will be stimulated by Mr. Vanderbilt's example. Last year, the sum of $100,000 was given to McGill College in Montreal. Why could not Toronto follow the example set by Montreal, when it is conceded on all sides that medicine can only be properly taught in endowed colleges? Why should our medical schools here be allowed to struggle against adverse circumstances, and to keep up an uneven competition with schools handsomely endowed?

The annual dinner of the Toronto School of Medicine will be held on the evening of the 12th at the Rossin House. The chair will be occupied by Dr. Bascom; 1st vice-chairman, J. M. Forster; 2nd vice-chairman, W. B. Thistle; secretary, H. J. Hamilton.

MALPRACTICE CASE—McLURE *VS.* GRANT.

This case, which was tried at the recent Assizes, terminated unfortunately for Dr. Grant. The jury gave damages at $850, together with the costs of the suit. The plaintiff McLure received a severe injury to the foot and leg, produced by a kick. It was subsequently shown that there were fractures of tibia and fibula, and astragalus. The latter injury could only have been produced by great violence. The surgeon bandaged the limb and placed it in a fracture box. Some days afterward evidence of gangrene of the foot appeared, and Dr. Savage was called in. A line of demarcation formed and the foot was amputated. On account of disease and suppuration of the bones of the ankle-joint, a second amputation was made some two or three months after the first. The plaintiff claimed that the mortification of the foot was the result of the tightness of the bandage. It was, however, to our minds clearly shown by the defence that the gangrene could not have been produced by the bandage, as it did not come on for eight or nine days after it was applied. It was also shown that the severity of the injury was sufficient to produce the unfortunate results. The jury, with their usual wisdom displayed in such cases, thought differently, hence the verdict.

This is an example of how easily a surgeon can get into difficulty by not asking for a consultation early in the treatment of severe injuries. If Dr. Grant had called in two or three of his brother practitioners the day after the injury, he would in all probability have been saved all further trouble and annoyance.

ONTARIO BOARD OF HEALTH LIBRARY.

The Board of Health have decided to form a library after the plan of the International Health Exhibition Library, which contains a large collection of books composed entirely of voluntary contributions.

Through the kindness of Dr. Covernton we had an opportunity of looking over the catalogue of the International Library, and were

surprised at finding such a large number of valuable works obtained within so short a time.

We hope our Provincial Board will have similar success.

Correspondence.

To the Editors of the PRACTITIONER.

Gentlemen,—In your last issue I noticed that your Winnipeg correspondent makes a very sensible suggestion, namely, "That there should be either a Dominion Board of Examiners, or an amicable agreement between the present Councils, so that a license from one shall be valid in all the provinces." In this province (B.C.) we have not yet organized a council, although much needed. The present Medical Act in existence here is inadequate and unjust to Canadian and British graduates. What we want is, as suggested, an Examining Board for the Dominion, thus placing all the provinces on the same footing.

It may be that at the next sitting of our Local Legislature an Act will be passed similar to those existing in the Eastern provinces. On the system of retaliation which is going on there, we will have to do likewise to prevent others practicing except licensed by our own Board.

By having, as proposed, a Dominion Board of Examiners, a great expense, trouble and prejudice would be done away with, and at the same time place the younger provinces on the same footing with the old, the standard of examination being uniform. Hoping that these suggestions may take more of a reality,

Yours, &c., G. L. M.

Victoria, B.C. Sept. 19, 1884.

Hospital Notes.

TORONTO GENERAL HOSPITAL.

DISSECTING ANEURISM OF THE THORACIC AORTA.

(We are indebted to Dr. J. M. Cochrane for the report of this case.)

J. C——, admitted to hospital June 14th. The patient, an old man of about 60, on being admitted appeared to be suffering from great oppression in breathing, and complained of an indefinite pain in the back.

The pulse was very weak and slow, the radial being with difficulty counted; the heart sounds very confused, but no distinct murmur could be ascertained with either of the sounds, which seemed to be distant and muffled.

Percussion and auscultation caused so much pain to the patient, and signs of imminent collapse coming on, a somewhat hasty and provisional diagnosis of pneumonia, with pleurisy on the affected side, was made.

It was also ascertained that the heart was much enlarged, and was probably oppressed with copious effusion into the pericardium.

Measures to relieve these symptoms were at once taken—the whole chest being enveloped in a poultice, and cautious doses of diaphoretic and sedative remedies were given. These afforded a good deal of relief, but there was no permanent improvement, and the patient gradually sank, and death occurred about forty hours after admittance to the hospital.

A post-mortem was made a few hours after death.

Internal appearances:

Right Lung.—Generally healthy, but in the apex and in the lower margins some œdema was found; there was some effusion into the pleural cavity, and the lung substance seemed to have been compressed towards the back part of the chest.

Left Lung.—The substance of this lung was almost solid, the bulk being very much reduced. It had been pressed into the upper and back part of the pleural cavity, and was in some parts attached to the walls by old inflammatory adhesions.

Heart.—The pericardium was distended with serous effusion, the heart was much enlarged and fatty, the walls were hypertrophied, and in their substance patches of calcareous deposit were noticed.

The valves, especially those of the aorta, were thickened and calcified, rendering closure incomplete. In the arch, plates of deposit were found on the inner surface. At the commencement of the descending portion of the arch on its outer aspect complete dissection of the coats had occurred for about six inches of its extent; openings through the inner and the outer coats at points not corresponding were seen; they

were irregular, the inner one being more defined, the outer one indicating considerable distension before rupture of the outer coat.

The entire left pleural cavity, with the exception of the part occupied by the compressed lung, was filled with blood which had escaped through the ruptured aneurism. The blood was liquid, or partially clotted; but the posterior chest wall was covered with firm fibrinous deposit, adherent to the pleura, and there were also some ante-mortem clots adhering to other parts of the walls of the cavity.

The aorta was atheromatous throughout, and at its bifurcation several plates, forming almost a complete ring of calcific deposit, were found in the walls of the vessel.

Brain and spinal column not examined; other organs normal.

Combining the post-mortem appearances with the symptoms during life, which were noted, but not fully accounted for, there is reason to suppose that the aneurism had existed for some little time, that its outer coat may have been ruptured soon after the patient came into the hospital, or even before; and that the entire left pleural cavity virtually corresponded to the aneurismal cavity, on the walls of which fibrinous plates had soon begun to form.

This large mass of blood diverted from the general circulation would account for the very feeble pulse; while the indefiniteness of the sounds of the heart, which must have been obscured by the insufficiency of its valves and the aneurismal murmur combined, is readily understood.

The case was not under observation long enough for a more definite diagnosis, and only the prominent symptoms of the case received treatment.

The students of the Women's Medical College took seats in the operating theatre for the first time on the 21st of October. They were welcomed by Drs. George Wright and O'Reilly, and the following day by Drs. Barrett and Thorburn.

A Chinese physician has been permitted to register in New York to practice among his countrymen.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

THURSDAY, Sept. 25th.

The chair was taken by the President, Dr. Reeve.

Prof. Osler, of Montreal, was present, and, invited by the President, took a chair on the dais. This evening having been set apart for the exhibition of pathological specimens, Dr. Osler was first called upon to present one to the Society. It was an example of cysticerus in the brain of a pig, which he had obtained when last in Berlin. A discussion followed, in which Drs. Johnson, Duncan, and Bryce took part.

CEREBRAL TUMOUR.

Dr. Ross presented the brain of a child. The history of the case was read before this Society last April, and published in the June number of the *Practitioner*. The subsequent history is as follows:—On July 21st, in consultation with Dr. Rosebrugh, the optic discs were again examined and found choked; patient had very peculiar, staggering gait; intelligence unimpaired; head carried somewhat to the left side. She was again seen on the 25th at the office, having come unattended. On August 2nd, Dr. Ross was sent for in a hurry, and though he was at the patient's house in five minutes, she was dead. She had been walking around, and was suddenly seized with a convulsion; was lifted to a sofa, took a few long sighs and expired. The autopsy was made the following day. The meningeal vessels were found to be congested. There was evidence of chronic basic meningitis; a nodular deposit was found in the right lobe of the cerebellum.

MECKEL'S DIVERTICULUM.

Dr. Oldright then presented a specimen. He was called upon four days ago to attend Mrs. —— in confinement. He had attended her about sixteen months ago, when she had borne a male child which had hypospadias, and only lived a few weeks. Her only other son had also had slight hypospadias, and there appears to be a hereditary tendency to that type of faulty development.

As soon as the child—which is the subject of the present history—was born, the doctor no-

ticed that the cord was thickened. It seemed very similar to one exhibited by him before this Society a year or so ago, in which there had merely been thickening of the gelatinous substance. He ligated the cord at two points, distant respectively about two and four inches from the body, and divided between them. On dividing he turned out a dark substance, which in the dim light seemed to be a clot of blood. On examining the plane of section he found he had cut across a cavity, the wall of which had a mucous lining, and which at the time he thought was a cyst in the substance of the cord. On the following day he was informed that the infant had passed nothing from the bowels. A dose of thin oil was ordered. Early on the following morning a message came that there was still no passage, and that there was much uneasiness and vomiting. An enema and another dose of oil were ordered. It should have been mentioned that there had been an escape of a bloody fluid from the stump of the cord. Visiting the child during the morning, the doctor found the abdomen tympanitic, and noticed a few bubbles of gas escape from the centre of the cut surface of the stump. It now occurred to him that what had been divided had been a prolongation of the intestine into the cord. He cut the ligature and a quantity of flatus and meconium escaped.

He had kept the portion of ligated cord—the distil portion—on the first night on account of its peculiarity. He now showed it. The piece of intestine cut off, about the size of a twenty-five cent piece, was embedded in the centre of the cut surface, and it was found to be attached to the gelatinous substance by connective tissue. The doctor reported that the corresponding portion in the proximal end was similarly attached. He promised to report again as to the progress of the case. (See page 355).

URINARY CALCULUS.

Dr. Burns then showed a calculus weighing three and a-half ounces which he had removed from a patient in the hospital by the supra-pubic operation.

Its dimensions were as follows: smallest diameter, one and three-quarter inches; largest, two and three-quarter inches; smallest circumference, five inches; largest, six and three-quarter inches.

The patient was a man of about 21 years, and had suffered from irritable bladder, hæmaturia, etc., for about two years. The pressure of the calculus had not been defined until a few months before admission to the hospital, to which place he was sent from the country for treatment.

When admitted the patient was greatly exhausted.

In reply to members of the Society, Dr. Burns said that he selected the supra-pubic operation because measurement of the stone led him to believe that it was too large for extraction by the lateral incision, and that although it could be seized in the jaws of the ithotrite it could not be crushed, as it was beyond the scale of the instrument.

In reply to the President, Dr. Burns stated, (1) that the case ended fatally less than eight hours after the operation; (2) that there was considerable hæmorrhage; (3) that there was no free portion of the bladder, uncovered by peritoneum, visible above the pubes; and (4) that in a similar case again occurring, he doubted the advisableness of interfering; but that if interference were urged few difficulties, possibly, might be encountered by incision into the bladder through the rectum. The calculus was phosphatic, and was broken up in the presence of the Society. It was very friable, and was found to contain a flattened nucleus of *pitch* about the size of a cent in circumference and a quarter of an inch thick. The nucleus was examined by Mr. Thomas Hayes, who reported that it had not the character of vulcanite or gutta percha, but answered to all the tests for some form of asphaltum or roofing-pitch.

Dr. Temple then presented a specimen of blighted ovum, and Dr. Nevitt a scirrhous cancer of the breast, removed by him at the House of Providence, after which the President showed a laryngoscopic mirror illuminated by electricity.

The meeting then adjourned to the next room and partook of the President's hospitality, Prof. Osler, of Montreal, being the guest of the evening.

TABES DORSALIS.

At the next meeting, held October 2nd, Dr. McPhedran read a paper on Preataxic Tabes Dorsalis, discussing most of the important symptoms in detail and giving a short *resumè* of the various theories held as to the nature of the disease.

SOCIETY'S ROOMS, Oct. 9th.

The President in the chair.

Dr. Bell, of Berkeley Street, was duly elected to membership.

WOUND OF THE CORNEA. TRICHIASIS.

Dr. Reeve presented two cases. The first had received a vertical incised wound of the inner third of the cornea of the left eye extending into the ciliary region of the sclera above and below, which was followed by inflammation and blindness from closed pupil. In five weeks after receipt of injury sympathetic ophthalmia became developed in the right eye, resulting in complete loss of sight in it. Iridectomy has been done twice in the left eye, and as the result of the second operation 18 months after injury, the patient now has fair sight in this the eye that was originally injured. The second case, one of trichiasis was treated by exposing the tarso-orbital fascia in each eyelid and securing adhesion of the skin to it, thus causing eversion of the lids, undue traction inwards being corrected by a horizontal cut through the conjunctiva and tarsal cartilage about a line and a half from the free margin; no skin was sacrificed.

CEREBRAL CYST.

Dr. Machell then showed a cyst the size of a small goose egg removed from the left middle lobe of the cerebrum, and read notes of the history of the case—a woman who had been a martyr to neuralgia for years. When she came under the doctor's care in July last, the neuralgia was paroxysmal, occurring in the evenings of alternate days; pain intense, and located chiefly in the supra-orbital, temporal and malar regions, supposed to be due to malarial poisoning; but quinine had no effect on it though increased in dose from 10 to 60 grs. daily. In about ten days the paroxysms became daily and affected chiefly the cervico-occipital region, which was tender to pressure; a few days later they occurred at irregular times and often in the day. It was now noticed that she omitted a word occasionally, and shortly afterwards two or three words would be omitted and later a short sentence. Early in September, instead of the paroxysms of pain she had periods of partial unconsciousness, in which she moved her hands about aimlessly, turning from side to side of the bed and moaning gently; this would last one to five minutes, and occur five or six times a day. In one of these the left eye became completely congested, pupils dilated and tears streamed down her cheek; pulse fell to 36; after recovering, pulse went up to 70 or 80 and pupil became normal. The eyes were examined by Dr. Reeve and double optic neuritis found to be present. This left no doubt as to the existence of a cyst or tumour in the brain. Aphasia became more marked, no paralysis of the arms or legs till a few hours before death, no convulsions. *Post mortem* revealed a cyst with gelatinous contents near base of brain; around cyst wall there was a layer of semi-fluid substance, probably broken-down brain tissue.

Dr. Cameron then reported a case of small tumour of the crus cerebri in a young girl who died at the hospital.

In the absence of Dr. Oldright, Dr. McPhedran showed for him the intestines from the infant whose case he reported two weeks ago. Meckel's Diverticulum was found as a large sac 2 x 5 inches communicating above with the ileum, and terminating in the umbilical cord in a *cul de sac* the end of which was cut off when the cord was cut, from the umbilicus the ileum was rudimentary and about four inches long. The cæcum and large bowel were about the size of a goose quill, but patent throughout, as it all could be inflated; vermiform appendix well formed, the child had lived seven days, took but little nourishment most of which was regurgitated.

RUPTURED UTERUS.

Dr. McPhedran showed for Dr. Wagner a ruptured uterus from a woman aged 34. It was the sixth labour, and occurred as the head was entering the brim, the os being well dilated

and membranes ruptured. The labour presented till this time nothing worthy of note. Delivery was effected by turning. The head becoming fixed at the brim decapitation was resorted to, after which the head had to be perforated before delivery could be effected; the uterus contracted fairly, and no hæmorrhage took place on the removal of the placenta. There was great pain and prostration. The woman lived three days. *Post mortem* examination: There was found general peritonitis, sufficient blood had escaped into the peritoneal cavity to coat all the contents with a dark grumous mixture of blood and lymph. The uterus was torn from cervix up behind the right broad ligament to one inch and a half from the fundus. In the discussion that followed it seemed to be the unanimous opinion that abdominal section should be done in cases of this nature.

HURON MEDICAL ASSOCIATION MEETING.

TUESDAY, Oct. 7th, 1884.

Dr. Campbell, of Seaforth, presented a case of empyema on which he had operated, first by aspiration, and after by free incision, on a boy of fifteen years, removing on the 29th May six pints of sweet pus, and on the 12th June, owing to the distressing dyspnœa, with the assistance of Dr. Elliott, made an incision three inches in length below the angle of the scapula of the left side, and evacuated eight pints of fœtid pus. The after treatment was antiseptic locally, and syrup ferri iod. and Scott's emulsion constitutionally. The boy is recovering. Dr. C. also reported a case of puerperal eclampsia at eight months. Labour was induced and delivery by forceps. Convulsions increased in frequency and violence until one-fourth of a grain of pilocarpin was injected the second time. Recovery.

Drs. Gunn & Elliott presented a case of cirrhosis of the liver in a man sixty-three years of age. He vomited about two quarts of blood about two months ago, and has not been well since. The question of cirrhosis was discussed, some thinking that there might be cancer of the stomach. The spleen on percussion appeared enlarged, and there was an eczematous eruption covering the chest and face. They also showed a case of peculiar nervous hiccough connected with absence of menstruation, which has been in progress about four months, in three of which considerable vomiting was present. The hiccough is constant except when sleeping, and amounts to from sixty to one hundred hiccoughs per minute.

Dr. Williams presented a case of blindness of both eyes from congestive amaurosis. The left eye became blind three years ago, and in the last week the other eye became blind in about three days.

Dr. Nichol, Bayfield, read a very interesting report of a fatal case of traumatic tetanus, produced by a gunshot wound of the thigh. The charge of shot remained in the wound after three weeks, when Dr. N. first saw him, and tetanus had been present four days without treatment. The probe passed its whole length, and a counter opening was made to facilitate discharge. Any manipulation of the wound at once produced a spasm. He died on the eighth day after Dr. N. saw him, twelve days after the tetanus began, and thirty-three days after the accident. Chloral hydrate appeared to be the only remedy that controlled the spasms. The question arose whether the charge of shot could not have been extracted and the irritating cause removed and life saved. At the *post mortem* the charge was found a little beyond where the probe had reached, and a little perseverance in the early part of the difficulty might have found and extracted the shot.

Dr. Worthington showed a case of compound fracture of the third metacarpal bone of the right hand, produced by a dull adz, the finger being shortened one-fourth of an inch. A method of extension was devised and the wound was treated with boracic acid gauze. It united by first intention. Some specimens of ulceration were shown after typhoid fever, and a peculiar case of eczematous inflammation of the leg of long standing. The meeting was of more than usual interest, and occupied the afternoon.

A. W.

Typhoid fever is reported to be on the increase in Paris. The Seine is in a foul condition, smelling like an open sewer.

Book Notices.

Madness and Crime. By CLARK BELL, Esq. Reprinted from the *Medico-Legal Journal.*

Monthly Health Bulletin of Ontario. For month of August.

Branchial Cysts of the Neck. By N. SENN, M.D. Reprinted from *Jour. American Medical Association.*

The Medical Chronicle. Vol. I., No. 1. A Monthly Record of the Progress of the Medical Science. Edited by JAMES NIVEN, M.A., M.B., and W. J. SINCLAIR, M.A., M.D. Manchester: J. E. Cornish.

On the Development of Physiological Chemistry and its Significance for Medicine. By Prof. FELIX HOPPE-SEYLER. Translated by T. Wesley Mills, M.A., M.D., Montreal. Reprinted from *New York Medical Journal.*

Genital Reflexes the Result of an Abnormal Physical Condition known as Phymosis. By T. GRISWOLD COMSTOCK, M.A., M.D., St. Louis, Mo. Reprinted from the *New York Times.* Written for a work now in process of preparation by Dr. Edmonds, of St. Louis.

Transactions of the American Otological Society. Seventeenth Annual Meeting. Vol. III., Part 3. Published by the Society. Copies may be had from the secretary, Dr. F. B. Vermyne, 98 Spring Street, New Bedford, Mass. The papers and discussions of this society indicate that its members maintain their wonted activity.

Lal. A Novel. By WILLIAM A. HAMMMOND, M.D. Published by Appleton & Co., 1, 3, & 5 Bond Street, New York.

This is Dr. Hammond's first novel, and is descriptive of Western life. One cannot but recognise the ability of the author in many parts of the book, and is surprised that such intellectual power should be wasted in the production of a novel of this class.

The Ear: Its Anatomy, Physiology, and Diseases. By CHARLES H. BURNETT, A.M., M.D., Philadelphia. Second Edition, revised, enlarged, and re-written. Henry C. Lea's Son & Co. Philadelphia, 1884.

The first edition of this work, issued seven years ago, was without a superior as a practical treatise for advanced students and practitioners; and the one now appearing, as embodying the results of Dr. Burnett's own enlarged experience and that of many co-workers, cannot fail to enhance the reputation of the accomplished author. The publishers have brought out the book in excellent style.

Hooper's Physician's Vade Mecum: A Manual of the Principles and Practice of Physic, with an Outline of General Pathology, Therapeutics, and Hygiene. Tenth edition. Revised by WILLIAM AUGUSTUS GUY, M.B., Cantab., F.R.S., Fellow of the Royal College of Physicians, &c., &c., and JOHN HARLEY, M.D., London, Fellow of the Royal College of Physicians. Vol. II. William Wood & Co., 56 and 58 Lafayette Place, New York.

This is the June number of Wood's Library, and the second volume of Hooper's Vade Mecum. The two volumes make a very complete, condensed, yet comprehensive work, which would be a valuable addition to the library of every physician. "Many original observations and practical remarks, embodying the results of Dr. Harley's experience, are contained in the text of the second part."

Visions of Fancy. A poetical work by N. M. BASKETT, M.D., dedicated to Dr. A. E. Gore, of Paris, Mo., and to the medical profession. Published by the Commercial Printing Company of St. Louis.

There are many bright poems in this little work. If Dr. Baskett is correct, the medical student, though a soaring soul, has not a happy lot.

"Derided, spit upon and shunned, he stands
The world's Pariah; and to desert lands
Of bad society by custom driven,
Longing for social joys, he wanders unforgiven,
The scorn of some, a terror unto many,
Shunned by the great, and never cheered by any."

. . . "In him the youthful heart
Beats strong with youthful passions; but the art
Which brings concealment from an act of guile
Is never his. The accomplished wretch may smile
A pious smile, and do a devilish deed;
But candor is the student's, and doth lead
Him in the path of honor."

An Introduction to Pathology and Morbid Anatomy. By T. HENRY GREEN, M.D., London. Fifth American, from the sixth revised and enlarged English edition. Henry C. Lea & Co., Philadelphia.

Each new edition of this deservedly popular work contains so much fresh matter, that the book can now scarcely be called an introduction to pathology.

An account of all the more recent discoveries is given, so that the work really contains all that the average student needs to learn on this branch of medical science.

The chapter on parasites is especially valuable in this age, when recent researches in bacteriology have produced such wonderful results.

Green's Pathology is certainly one of the best students' text-books in the English language.

A Manual of Diseases of the Throat and Nose—including the Pharynx, Larynx, Trachea, Œsophagus, Nose and Naso-Pharynx. By MORELL MACKENZIE, M.D., Lond. Consulting Physician to the Hospital for Diseases of the Throat; corresponding member of the Imperial Royal Society of Physicians of Vienna, &c., vol. ii. Diseases of the Œsophagus, Nose, and Naso-Pharynx. New York: Wm. Wood, 56 & 58 Lafayette Place, 1884.

Dr. Morell Mackenzie's reputation is established, and what he has written has received the sanction of the profession. His works have been translated into French and German, and he is considered an authority in his special department by the leading continental teachers. This work, the August number of Wood's Library, was commenced twelve years ago, and almost every page has been revised and re-written many times. It is clear and scholarly.

A Text-Book of Pathological Anatomy and Pathogenesis. By ERNST ZIEGLER. Translated and edited for English students, by DONALD MACALISTER, M.A., M.B. Part II. Special Pathological Anatomy Sections, I–VIII. William Wood & Co., New York.

This, the September volume of Wood's library, is certainly quite up to the high standard which has hitherto been maintained by this celebrated publishing house. When the work was first issued in Germany, it rapidly found favor with both teachers and students of pathology. It is only occasionally that even celebrated men write a thoroughly useful and reliable book for students, a book which while it contains all that is necessary, is not so large as to be hindersome. Prof. Ziegler seems to have been successful in accomplishing such a work.

The translation is an excellent one, and the work is confidently recommended to all who wish an exhaustive and readable book on pathology, and one thoroughly up to the times.

The National Dispensatory containing the Natural History, Chemistry, Pharmacy, Actions, and Uses of Medicines. By ALFRED STILLE, M.D., L.L.D., Professor Emeritus of Medicine and Clinical Medicine in the University of Pennsylvania, and JOHN M. MAISCH Phar. D., Professor *Materia Medica* and Botany in the Philadelphia College of Pharmacy. Third Edition. Philadelphia: Henry C. Lea's Son & Co. Toronto: Vannevar & Co.

This book embodies, as its authors claim, the Pharmacopœias of the four chief civilized nations —the United States, Great Britain, Germany, and France, and is wonderfully complete and correct in all its details. Some idea of the great labours in connection with this new edition may be gathered from the fact that the general index contains 3,700, and the index of therapeutics 1,600 more references than that of the second edition. We are unable, in the space at our disposal, to convey any adequate idea of the excellence of the work, which is entirely beyond criticism, and have only to say that every medical man in the country should possess it.

The Popular Science Monthly. November, 1884. New York: D. Appleton & Co.

Contains the usual variety of articles from well known and able scientists. The article by Dr. W. A. Hammond on "The Relations between the Mind and the Nervous System;" "What is Electricity?" by Professor John Tow-bridge; and a further instalment of the interesting papers on "The Chemistry of Cookery," by W. Mattien Williams, will chiefly attract the medical reader. Mr. Williams article may be profitably read at this season by those interested in our winter soup kitchens for the poor. S. W. Powell's article on "Drowning the Torrent in Vegetation," endorses the statements of Mr. R. W. Phipps in his Report on

Forestry to the Ontario Government, and shows by the experience of the old world how necessary it is for us to take time by the forelock in re-foresting our land, could we avoid the disastrous results of de-foresting, so severely felt by the people of the continent of Europe. Among other papers are "Origin of Synthetic Philosophy" by Herbert Spencer; "German Testimony on the Classics Question;" "Oil Supply of the world." etc., etc.

The Alpine Winter Cure, with Notes on Davos Platz, Wiesen St. Moritz, and the Maloja. By A. T. Tucker Wise, M.D., L.R.C.P., M.R.C.S. Published by Balliere, Tindall and Cox, London.

The author has succeeded in making a very readable and attractive book, and one which will no doubt be of great value to physicians in Great Britain. On this continent we have so many excellent winter resorts that it is not necessary to send patients across the Atlantic. In the first two or three chapters a very good description of the various places mentioned in the title is given, as well as how best to reach them from England. The advantages of these high altitudes as a winter resort consist in the pure air, cold, which within certain limits acts as a tonic, greater absorption of oxygen by the system, the presence of ozone in the atmosphere, and, finally, freedom from dust. The bright sunlight has also a beneficial effect. The drawbacks are also given, viz., defective sanitation—imperfect methods of heating and ventilation in the dwelling-houses. The author describes the "fölin" wind—a moist, southerly ærial current, which resembles very much the Chinook winds in the neighbourhood of Calgary, in the North-West Territory. This wind has a very depressing effect on some constitutions. The author is of opinion that cases should not be removed from warm climates to high latitudes. He also gives the following conditions as contra-indicating a residence in these places:

(1.) Diseases of the heart and large vessels.
(2.) Tendency to articular rheumatism.
(3.) Kidney diseases (during the winter.)
(4.) Acute inflammation of throat or larynx.
(5.) Some disease of the bladder and prostate.
(6.) Persons somewhat advanced in years should not visit the mountains unless the circulatory system is sound.

Personal.

Dr. J. T. Bell has commenced practice in this city.

Dr. H. Wilberforce Aikins has returned from England.

Dr. A. L. Brown (Toronto, 1883,) has settled in Otterville.

Dr. Hunt, of Williamstown, will soon leave for Europe to spend a few months among the Continental hospitals.

Dr. William Allison, of Bowmanville, will again be a candidate for the Ontario Medical Council.

Dr. F. R. Eccles, of London, recently performed several ovariotomies with most gratifying results in every case.

Dr. Koch declined an invitation to Leipsic University as successor to the late Professor Cohnheim.

Mr. Lawson Tait delivered his first clinical lecture, in September, to an Albany audience. It is said he did very well for a *beginner*.

Dr. Carson has been appointed Lecturer on Botany in the Woman's Medical College of Toronto.

Dr. W. H. B. Aikins has been elected President of the Toronto School of Medicine Medical Society.

Dr. Griffin, of Hamilton, was married last week at the Centenary Church to Miss Carrie, daughter of Lyman Moore, Esq. Dr. Griffin and his bride will please accept our hearty congratulations.

Thomas McKenzie, B.A., late Fellow, University College, has been appointed Lecturer on Botany and Zoology in the Toronto School of Medicine in the place of Mr. H. Montgomery, who is now in Dakota.

Three hundred and thirty-two students have up to the present registered their names with the Medical Superintendent; of these about 120 are freshmen.

Miscellaneous.

Dr. Oliver Wendel Holmes is in his 76th year.

Messrs. J. A. Carveth & Co. have opened a medical book-store in the Arcade. They have a full list of the latest editions and publications.

In London, a man fell in a drunken fit and broke his neck. The jury found out that his grandfather had died of a broken neck, and brought in as their verdict, "Died by the hereditary visitation of God."—*Lancet and Clinic.*

The Columbus *Medical Journal* prints among its advertisements the following notice as a gentle reminder to its subscribers, that journalistic anæmia is only prevented by the practical support of the profession:—"*Cholera or no cholera,* you must give us one dose of your greenbacks to prevent an attack for the amount due on your subscription. 'Remember that an ounce of prevention is better than a pound of cure.'"

Conversation in the Office of a Lady Practitioner.—Lady Patient—"Doctor, I came to see if you would attend me in my coming trouble." "Certainly; when do you expect to be confined?" "On the 5th of January." The doctor turned to her obstetric list and found that she was previously engaged for that date, for she replied: "I am sorry, very sorry that I cannot: that is the day I expect to be confined myself."

Miryachit—Inconvenience of a Disease of Imitation.—The complaint is a dangerous one. There is a new disease, called in Russia "Miryachit," and in Java "Lata." The person affected by this disease is compelled to imitate anything he sees or hears. A doctor, dining with a friend, had just explained to him the nature of the disease, when the host, pushing forward a bottle of the best "Encore," said: "Try that, doctor, it's ten years old." The doctor mixed a stiff glass, and, about half emptying it, smacked his lips, remarking, "Tip-top, sir." Suddenly, Barney, an Irish butler, who had been present during the doctor's explanation, seized the bottle, and filling a tumbler, emptied it at a gulp, and smacking his lips, shouted, "Tip-top, sir." "What the deuce do you mean by that!" shouted the infuriated host. "Begorra, sir," replied Barney, humbly, "Shure, I'm afeard I'm efflicted wud the latha."—*British Medical Journal.*

THE MODERN *VIA AD ASTRA.*

A MEDICAL FABLE.

Once upon a time a poor but humane physician was riding along a road which led by a dark forest, when he saw by the wayside a sick and miserable dog which had lain down to die. Moved with pity he got down from his carriage, picked up the poor animal tenderly, and gave it some food and drink. Suddenly the dog vanished, and he saw standing before him a beautiful fairy.

"You have saved me from a miserable doom by your compassion," she said. "Command now anything you wish and it shall be yours."

The astonished physician replied, "I am a poor man. I should like to be rich."

The fairy waved her wand, and extended to him a piece of paper and a bottle filled with a dark-coloured fluid. "Here," she said, "is a prescription for an Infallible Compound Hair-Restorer. It will never fail, and it has been indorsed by all the leading clergymen on both continents. The world is yours! Do you wish more?"

"I am a quiet man," replied the doctor, 'and little known. I should like to be famous."

"You shall be more; you shall be immortal." Waving her wand again, she presented to him a small, dark, and curiously shaped instrument. "See," she exclaimed, "it is a new and 'Unquestionably Perfect Pessary.' It radically restores every malposition. Your name is blown into the side. Generations of suffering women and successful doctors will read and bless you. I have tried it myself," she added, blushing a little, and vanished.—*Boston Medical and Surgical Journal.*