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THE
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EDITOR :

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Progress of Medical Science.

ON EXTERNAL HÆMORRHOIDS.

A CLINICAL LECTURE DELIVERED AT CHARITY HOSPITAL, N. Y.

By ERSKINE MASON, M.D.

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New York.*

The affection of the rectum to which I shall call your attention to-day, no doubt is the most frequent disease to which this organ is subject, and one which you will constantly meet in daily practice. I allude to hæmorrhoids, or, as they are commonly spoken of, piles. In clinical lectures such as these it will not be my intention to give you a minute description of these affections in all their phases; but I shall touch slightly on some of these points in order that you may better comprehend the nature of the cases that are presented to you, dwelling, however, chiefly upon the more practical points in reference to their surgical treatment. Before presenting to you these patients who are suffering from hæmorrhoids, I must tell you first that all are agreed in dividing piles into two classes—external and internal—and that these tumors are often very different as to their minute anatomy, as well as location, symptoms and indications with respect to treatment. While following this common division of hæmorrhoidal tumors, you must also know that cases present themselves where it may often be difficult to say to which class they belonged, if indeed they could be placed exclusively in either. I am well aware that some authors have laid down rules for your guidance in this respect; but I fear that in your practice you will find many exceptions, which may be of service perhaps only in proving a rule. While these two varieties are very commonly met with in the same individual, you are often to see them separate and distinct. More frequently you will observe external hæmorrhoids unassociated with internal, than internal without the presence also of external. Indeed it would be a rare case, were it of any duration, to find the internal variety devoid of some external growth.

Now, where are we to look for these different varieties of this affection? External hæmorrhoids are those which are seen just at the verge of the anus, and for the most part form just at the lower border of the sphincter, and project outside the verge of the anus. Internal, those that form above the sphincter, and remain either in this locality, hidden from casual observation; or from various causes they too may project outside the external sphincter. Bear in mind it is the situation in which these tumors first arise, not the locality in which the eye may at first perceive them, that places them under one classification or the other. This being the case, are there any reasons why they should

arise just at these situations, and not within that portion of the bowel which is surrounded by the circular muscular band which we call the sphincter? The solution of this question, I think, was given by Mr. Brodie, and is to be found in this fact: the hæmorrhoid veins, which is the part chiefly involved in this affection, run on the inside of the sphincter, and while this muscle preserves its tone, dilatation of these vessels is not permitted. It will be only in old standing cases, I think, that a varicose condition of these vessels will here be found.

Before speaking of the causes that give rise to hæmorrhoids, it is perhaps better to consider the nature of these tumors. Though I shall tell you presently that we classify these growths as to their appearances and pathological tendencies, as well as the locality in which they arise, we may say that no matter whether they be called external or internal hæmorrhoids, they are made up chiefly of a varicose condition of the hæmorrhoidal veins, though sooner or later other elements enter into their formation, such as capillaries, arteries, products of inflammation and integument, according to the particular kind of tumor which we meet with. And here it may be well to unenumerate a few of the appearances these tumors present, and the respective characters of each.

First, as to those which are spoken of as external hæmorrhoids. If you examine the anus of a patient with this form of trouble, as for example in the case of this man before you you will find around the verge of his anus several tumors varying in size from that of a large pea to those of the size of a Lima bean, and in many instances these may be of a much larger growth. Their bases are large, and by separating the sides of the anus, either by the fingers or speculum, you will observe that they run up the sides of the bowel somewhat like pillars. The extent they ascend will vary much in different cases. Some of these tumors are seen to be quite distinct from others, while, again, others merge into one another. The color of these growths is of a bluish appearance at their most dependent portion, a little more of a purple color above, and they may be covered by both mucous membrane and the thin integument which surrounds the anus. This will present to you a fair case of what is known as external piles. In other instances, as with this patient, you will also observe surrounding and hanging from the anus several tags of thickened hypertrophied integument. Some would place these patients in two separate classes of external piles; but I think that this is a useless refinement, regarding, as I do, that these patients exhibit but two stages of what is known as external hæmorrhoids. For let a patient who suffers from varicose external hæmorrhoidal veins neglect himself, then hypertrophies of the integument surrounding the anus will sooner or later be developed. This variety of hæmor-

rhoids which I have just shown you, is what patients will sometimes speak to you of as blind piles, because they are not so liable to bleed as a class, which we will presently consider.

Let us now examine these tumors as to their anatomical nature, and we find this will vary according as they are examined just after their formation or after some interval has elapsed, and they have undergone pathological changes. At first they consist solely of an enlarged varicose hæmorrhoidal vein. After a time, if neglected and they become the seat of frequent inflammation, we will find that lymph has been poured out in the areolar tissue around these veins, and as a result the size of the growth has increased, and the vein may be so compressed as greatly to diminish its calibre, and at times entirely to obliterate it, so you may find nothing but infiltrated tissue and hypertrophied integument, such as you see in the patient before you. Again, these veins may rupture, extravasating blood into the areolar tissue, giving rise to a tumor in which you will find no vein entering into its formation—Merely coagulated blood. This condition if properly cared for, will often disappear by absorption; yet if constantly subjected to irritation, we shall find that as a result these hypertrophies, or tags of integument, which we so often see about the verge of the anus, will likewise be formed.

With this affection, as with all others, we will meet with them in different conditions. When subjected to little or no irritation, patients will often disregard them, they perhaps giving rise to little or no inconvenience. When attacked by inflammation the case will be very different, and the appearance of the parts will be different from those we have described. You will then observe:

The tumors very much swollen, of a reddish hue; the mucous membrane somewhat prolapsed, or rather everted and œdematous, and the parts extremely painful to the touch, and the neighboring organs, such as the uterus and bladder, at fault, through what we term sympathy, and to so great an extent that often these latter organs are regarded as the ones diseased, while the true source of trouble is neglected. How common is this affection, you will soon discover when you commence to practise, if you already are not aware of it. You will examine very few patients who have reached the middle period of life without finding some trace of hæmorrhoids, should you seek for them. Yet in a large portion the affection may be so slight as never to have given any great inconvenience.

Now, what are the causes that will give rise to so frequent a trouble? The list might be made a very numerous one; but it can be condensed into this—anything that will offer an impediment to the venous circulation of the pelvic organs will sooner or later cause hæmorrhoids. Thus you observe it in connection with

pregnancy, enlargement of the uterus from any cause, displacements of that organ; affections of the bladder, prostate, or urethra; constipation; the abuse of drastic cathartics, or the irritation of the anus from prolonged riding in the saddle, or the use of improper substances for detergent purposes. A very common cause you will find to be want of proper exercise; hence its frequency in those of sedentary habits, as well as in those whose occupation keeps them standing for many consecutive hours.

The symptoms which announce the presence of external hæmorrhoids are various. It may be only the presence of the tumor which the person detects, or a sense of uneasiness in walking or sitting down; uneasy sensation while defecating; the presence perhaps of a little blood; a sense of weight or bearing down, or perhaps itching about the anus, and this is a symptom which in some patients is most annoying. In some it occurs chiefly after they have retired to bed, while others are often annoyed by it through the day.

In the management of this affection, you will find a great many remedies—so called. In very many of your cases you can relieve, if not entirely cure, your patients, by properly seeking for the exciting cause of the trouble in each individual case, and then subjecting your patient to the proper treatment for that. If it be due, for example to stricture of the urethra, relieve the stricture and the hæmorrhoids will soon cease from troubling. Do not imagine for an instant that every patient who labors from hæmorrhoids must be subjected to an operation before he can be relieved from his trouble. Not at all; though in very many instances I grant you that nothing short of an operation will offer any promise of permanent relief, and in these instances all the remedies that patients apply of their own accord, and which physicians often advise, tend but too often to perpetuate the trouble.

For the treatment of an ordinary case of external piles, when they are not inflamed, a little care on the part of your patient in avoiding those causes which so frequently give rise to them, viz., constipation, the use of stimulating drinks and highly seasoned food, with frequent ablutions, and if it be the first intimation of hæmorrhoidal difficulty, under such a plan of treatment the tumors may altogether disappear.

Under the head of remedies, I should place the free use of cold water, used both externally and as an enema. As an enema I believe you will find it most efficacious when used in the morning, just before the bowels are moved. When constipation is the habit of your patient, you may resort to saline aperients, such as potass bitart, the different preparations of magnesia and sulphur. If you combine several of these remedies in your prescription, and give it in desert spoonfuls in a tumbler of water be

fore breakfast, you will often find that they will act very pleasantly. Indeed with some a glass of cold water, taken the first thing upon rising, will often be all-sufficient to cause a regular movement. Avoid all drastic cathartics, and make your patient abstain from all stimulants, either in food or drink. With some the free use of mineral waters, as Kissingen, Vichy, or Pullna, will be found useful. The confections of senna, sulphur, and black pepper, either separately or in combination, are also useful and agreeable remedies to many. A dessert-spoonful of these is usually given in the morning. Few patients will come to you but have made use of local applications, and these, for the most part will have been astringent ointments, and perhaps the most commonly employed is the gall ointment, with or without the combination of opium. That these are at times serviceable, I do not deny; but that in many instances they are harmful, is equally true. For my part, gentlemen, I am not partial to applying our remedies in this way. It is a dirty mode at the best, and I only resort to it in exceptional cases. Where we have bleeding it may be well to use persulphate of iron in this way, and the strength that is used may be from a scruple to two drachms to the ounce of cerate. So, too, where there is much itching, the red or white precipitate applied around the anus at night may be found serviceable. Where it becomes advisable to resort to topical applications, you may often accomplish your object by the use of lotions, and certainly it will be found both a more cleanly and agreeable method. Among these local applications you will find a solution of tannin, or any mineral astringent, as the sulphate of zinc, either in water or glycerine, serviceable; and you will find equal parts of the liquor plumbi diacet, dil, and the liquor ammonia acet. a useful wash, when acute inflammation is subsiding. When your patient is suffering acutely from inflamed external piles, you may relieve him by the application of a few leeches around the verge of the bowel, by the application of poultices, or in some instances what will be found preferable, the application of ice the ice should be placed either in a bladder or bottle. In this way you may use it without keeping the person or bedclothes wet. Opium and belladonna suppositories may also be required to relieve the pain. In these cases you must not neglect to inquire in reference to the bladder, for in many instances this organ may be but partially if at all emptied, your patient's agony being increased by retention, which will require the catheter for its relief. Under this head arises the question, shall we operate while the piles are in an acute state of inflammation? It is somewhat difficult to give you set rules for your guidance in all these cases, as they will be found to differ materially. The older surgeons unhesitatingly forbid operating upon inflamed piles, fearing that pyæmia would result; while

more modern writes rather advocate operating at once. Until you have become more familiar with the disease, and are better prepared to discern different shades of this inflamed condition, I think it would be better, if not safer, for you to abstain from operating till after the acute stage has passed. When, however, you find a blue tumor projecting below the verge of the anus, and this is hard and tender to the touch, and for a day or two has given great annoyance, you may incise this, squeeze out a clot, and then apply a piece of lint dipped in some astringent wash, and you will thus at once relieve your patient.

The subject of itching piles deserves more than the mere references which I made to it a moment ago, for it often is one of the most distressing symptoms to which our attention is called. The remedies that have been suggested for its relief are perhaps as numerous as those for the purpose of "curing piles." I have alluded to the white and red precipitates. Citrine ointment, drachm to the ounce, and the use of sulphurous acid diluted with equal parts of water. This latter is an extremely valuable remedy, especially where we find an eczematous condition of the verge of the anus, which is often due to the presence of a parasitic plant; and for the knowledge of its use I am indebted to Dr. Van Buren. Yet in spite of all these applications I have seen many cases where nothing succeeded short of the removal of the hæmorrhoids by surgical means.

In spite of all your medical treatment and care you will often find that nothing short of the removal of these hæmorrhoids will suffice. And though you may have carried a patient pleasantly through an attack of inflamed piles, and a long interval elapse without his suffering any inconvenience from hæmorrhoidal tumors, he is almost sure, sooner or later, to have a return of the trouble, and these attacks often will grow more frequent till operative interference is resorted to. You may move these external growths by various means such as the ligature, actual cautery and scissors; the various modes of applying these you will see me do upon these patients. My preference here is for the ligature and scissors. If the tumor be a large one, you may pass the curved needle, armed with a double ligature, through the base of the tumor, and then you may tie the base of the tumor on either side; if small it will be all sufficient to use a single ligature. On this subject I shall have more to say to you when I come to speak of the treatment of internal piles. Where the tumors are partially surrounded by integuments, be sure to nick this with your scissors and sink your ligature well down into the groove you there make; for if you include integument in your ligature you but cause your patient much unnecessary pain. Those pendulous masses of hypertrophied skin you can best remove with the scissors; the

hemorrhage will not amount to much, and should it become necessary to resort to means for its control, the parts are always accessible. Yet see that it has been checked before you leave your patient. In removal of these growths do not be too free with your scissors and encroach upon the verge of the anus, else as a result you may find, after the parts have healed, you have left your patient in a worse condition than before, by giving him a troublesome stricture of the anus. When you operate upon external piles, be sure you examine if the internal form of this trouble does not also exist; for if it does, and you neglect these, your operation will prove of but little avail.—*New York Medical Record*, Aug. 1, 1872.

CHOLERA INFANTUM.

BY HARVEY L. BYRD, M.D.,

Professor of Diseases of Women and Children in the College of Physicians and Surgeons of Baltimore, Md.

This terrible scourge of infancy and childhood is carrying large numbers of the young and tender ones of this community to their long homes, and such is the extent of its ravages that it might be said with propriety of language to prevail at this time as an epidemic in our midst.

Baltimore, hygienically considered, is probably the equal in all, or at least very many, respects to her most favored sister-cities; but, while this is the case, the hand of the destroyer occasionally falls heavily upon her, and she is then called upon to mourn the loss of those she cannot rescue from the embrace of death. Since the event of summer the mortality has been considerable among infants and children one to three and four years old, but it is chiefly within the last three weeks that our mortuary tables exhibit a fearfully large proportion of death from cholera infantum. Within this period there has been not only a steady but an alarming increase in the death-statistics from this generally intractable and fatal malady. After resorting to the remedies most in vogue in the treatment of *summer-complaint*, such as calomel in minute and moderately large doses, alone and in combination with Dover's powder, chalk, charcoal, etc., bismuth, magnesia, pepsin, tannic and gallic acids, acetate of lead, alum, nitrate of silver, creasote, pyroligneous acid, laudanum, etc., etc., alone and in various combinations and mixtures, with indifferent or unsatisfactory results, even when strict attention was given to diet, fresh air, bathing, stimulants when called for, etc., it was finally decided to adopt a plan of treatment with special reference to an alterative action on the blood; at the same time giving strict attention to the skin with a view to the elimination of the poison, as far as might be, by this organ.

Accordingly, with the leading object in view, namely, an appeal to the blood primarily, sulphite of sodium and aromatic sulphuric acid were prescribed internally, and tepid or cold alkaline baths, according to indications, ordered externally, to which whiskey or brandy was added when required.

One grain of the sulphite, with four drops of paregoric, was given in gum-water every two hours, to a child one year old, and the dose doubled for a child two years old, increasing or lessening it according to age and the anodyne effects of the paregoric, thus:

℞ Sulphite of sodium, grs. xvi;
Pulv. g. acac., grs. xii;
Tinct. op. camph., fʒi;
Water, ℥ij.—M.

Sig.—One teaspoonful every two hours, to a child one year old, shaking the phial before using. One drop of elixir vitriol in three spoonfuls of iced water was given, three times a day, to a child one year old, and the dose increased one drop for each year and lessened to one-fourth or one-half drop when below one year of age. A tepid or cold bath, rendered alkaline with an ounce or more of carbonate of sodium, potassium, or common salt, was used morning and night. In addition to the foregoing remedies, aromatic cataplasms were ordered, and kept applied over the entire stomach and abdomen. Cow's milk and farinaceous articles of food not to be allowed, and scraped or finely-chopped beef, or lamb, raw or but partially cooked, or essence of beef (to which a small portion of brandy is to be added when required by the feebleness or prostration of the patient), used as much as practicable as nourishment. Wine-why allowed freely in the second stage of the disease, when it agrees with the patient. Infants were allowed the mother's milk, or that of a healthy wet-nurse, and fifteen to twenty drops of lime-water three or four times a day when the milk disagreed. This plan of treatment has been pursued for the past two weeks, with complete success. In a small proportion of cases, quinine, in appropriate doses, was also administered when a tendency to periodicity was observed.

Several of our confrères have been advised of this plan of treating cholera infantum as it exists in this city, and are satisfied with the results. It is proper to state that all the cases of the disease that have been treated thus far by the writer have been among the well-to-do and better classes of the community. Long experience in the treatment of epidemics of various kinds, particularly those of yellow fever, cholera, cholera infantum, etc., has satisfied your contributor that no single plan of treatment, however successful at one time, can be relied upon in all epidemics of the same kind, nor during the same epidemic in all cases; but he feels, nevertheless, that the demands of humanity and duty to a common profession conspire to prompt this communication to the readers of the *Medical Times*, so that such use of the remedies may be made in their cases as they may think proper or expedient in the future.

The course of treatment above detailed having thus far met the reasonable expectations of all the parties interested, it is devoutly to be hoped that no such modification or important change in the character of the prevailing epidemic may take place during its continuance as may render it less efficacious or successful in the future that it has proven

up to the present. On a subsequent occasion the writer may venture to give publicity to views and opinions he now entertains on the causes and pathology of this indigenous and fearfully destructive enemy of the Caucasian race, as found in the larger cities of this continent.—*Philadelphia Med. Times.*

BALTIMORE, July 9, 1874.

INHALATIONS IN ASTHMA.

R Ætheris sulph., pts. 30;
Acid. benzoic., " 15;
Bals. Peruvian., " 8;

or, according to another formula,

R Ætheris sulph., pts. 2;
Sp. terebinthinæ, " 15;
Acid. benzoic., " 15;
Bals. Peruvian., " 8,

Place the mixture in a vessel having a large opening; the warmth of the hand is sufficient to volatilize the materials, and inhalations may be used four or more times a day as occasion demands.

FOR PAINFUL HEMORRHOIDS.

R Ext. hyoscyam.,
Pulv. saffron, $\text{v} \bar{3}$ ijss;
Plumbi acetat., $\bar{3}$ i;
Glycerole of starch, $\bar{3}$ i.—M.

ULCERATION OF THE NOSE IN SCROFULOUS CHILDREN.

M. Galezinsky is accustomed to treat ulcerations of the cutaneous surface generally in these cases by dusting them with calomel, with appropriate internal treatment. When similar ulcerations form in the nares, he recommends similar applications, or occasionally the following ointment:

R Hydrag. ox. rub., gr. iv;
Camphoræ pulv., gr. iss;
Axungie $\bar{3}$ i.—M.

CHLORAL IN CANCER.

At a recent meeting of the Société Thérapeutique, the efficacy of chloral in cancer was pointed out by Dr. C. Paul, who had used it in the shape of suppositories containing fifteen grains. Introduced into the vagina, they had produced sleep during the whole night, in cases where considerable doses of morphia had no anodyne effect, while the nature of the secretions, and especially their fetor, were favorably modified. Dr. Martineau mentioned a case of recurring cancer of the breast, which had almost reached the thoracic walls and the lung. Pledgets of lint, steeped in a solution of chloral, were introduced. Three days after, the surface had assumed a healthy hue and was granulating kindly, the fetor had vanished, and the hemorrhage stopped. Cancer of the uterus had likewise improved, so far as the plan and fetor were concerned, under similar treatment.—*New York Medical Record.*

SOME POINTS IN THE TREATMENT OF CHILDREN'S DISEASES. (a.)

By J. MILNER FOTHERGILL, M.D., EDIN.,

Member of the Royal College of Physicians of London.

(a) Read before the Medical Society of London, March 16, 1874.

We are all familiar with the fact that the treatment of disease in children presents points of difficulty demanding special acquired knowledge for their solution, which knowledge can only be attained by careful observant experience, and by the attentive consideration of numerous cases. Such then being the case, it may not be altogether out of place to review here some points to which the speaker's experience has strongly attracted his attention, and on which, therefore, he has something to say that may fitly open and direct the discussion about to follow and to which this paper is but an introduction.

In the first place we must recognise the fact that the period of life now under discussion is that of growth, when nutrition is active, and tissue development is progressive. In consequence of this rapid growth, a child requires at frequent intervals supplies of easily digestible food, even in health. In disease, when the powers of the system are being tested, this question of feeding assumes a momentous importance. The food must be such that the digestive powers of the child, enfeebled during the actual prevalence of acute affections, can assimilate it. If such assimilation be impracticable, the food, instead of going to the aid of the patient's powers, remains a burden, entailing so much effort for its removal. The administration of so much food, by coaxing or otherwise, is not the equivalent of so much actually digested. The question of how much will probably be actually assimilated must guide us in our line of dietic treatment. When convalescence is once well established, the digestive powers of children are something stupendous.

The nervous system of children is very susceptible, especially to depressant remedies, and in acute and febrile affections the stage when such remedies are desirable is but a brief one, quickly passes into a stage where mineral acids are the safest refrigerants and tonics. Frequently a small quantity of suitable food will lower the temperature, and beneficially affect the febrile condition—a fact which must often have struck close observers.

While we cannot recognise too distinctly the importance of nutrition and support in the treatment of sickness in children, we must not forget the fact that there exists in the minds of mothers and nurses very frequently, if not indeed generally, a strong feeling that nutritive food or drink will increase the inflammation, or add to the fever. Hundreds of children have perished, the victims of this ill-founded apprehension. They have died down from inanition in the too-careful avoidance of the risk of increasing the inflammation. Vain fear! fraught with mischief; it has still to be combated. There is no better test of a medical man's capacity to treat disease than his power to foresee that in one or two

days the forces of the system will be severely tried by the acute affection, and so take his measures accordingly. Especially is this so in that terrible test of the capacity for endurance and of the amount of resistive power in a child—namely, bronchitis. The faculty of foreseeing that in one or two days the vital powers will be strained to the utmost leads to the adoption of timely measures to meet the hour of need. If the supporting measures are delayed till the time of trial is actually present they are too late to be of service. The impending adynomy must be foreseen and provided against in time, just as a sailor avoids a promontory on a lee shore, if the attempt has to be crowned with success. To convince the mother and nurse that failure of the powers is to be apprehended, and so to be provided against, to induce them to see it, and to convert them into willing allies to meet and avert the danger, is perhaps a petty diplomatic triumph enough; but its impression is not easily effaced, and the remembrance of it clings tenaciously if that looming adynomy becomes actually present, and the child rounds the point by a hair's breadth.

Beef-tea, freshly made, milk sheathed by an alkali, and even wine, are often called for in the treatment of acute disease, much oftener and earlier on in the case than many suppose. Especially may wine be advantageously administered when the powers are flagging, and the tendency to sinking is marked. Its skilful use at a critical point often makes all the difference possible in the result.

On this point, however, it may be well to dwell a moment. The present habitual recourse to stimulants has penetrated into the treatment of sick children, and is fraught with evil. The anxious mother gives her ailing child port wine or stout, as indeed she would give it anything that she thought would do it good, and too frequently in liberal quantities. She thinks, indeed, that such agents do her child good; she evokes manifestations of force which she mistakes for evidences of vital energy, and is gratified accordingly. In childhood especially is the system engaged in storing up force, accumulating a fund of body force ever afterwards available for emergencies, and which we can draw upon by stimulants in the hour of need. By a system of alcoholic stimulation the force that ought to be stored up is called out, and a vast portion of the growing capital expended. When disease comes, the reserve fund which should and would have carried the child successfully through the trial, is found wanting; it has been spent in producing valueless manifestations of force, in useless and fictitious appearances of energy, which are not the evidences of superabundance of physiological capital, but are simply loans on the body-bank. Such over-stimulated children yield unresistingly before the approach of severe acute disease; their powers have been undermined, sapped by an erroneous, indeed, vicious system of feeding. The plan is simply pernicious in most cases, and it is a matter for grave question whether the digestive powers of children are ever assisted by the addition of stimulants to their food. On the other hand, in the course of acute disease

it is often of the utmost importance to weather a danger-point, and for this end we may advantageously borrow some of the reserve force of the system by a stimulant. Especially can this be done in children who are properly fed and reared, whose powers are of normal tone, and unexhausted by previous stimulation.

An excellent illustration of the good effects of well-directed stimulation is furnished by the following case. Some years ago I was attending a boy of eleven for a low form of enteritis. The remedial measures adopted just succeeded in bringing matters to a standstill; but it was mere arrest. A little wine was ordered on the morning visit, which made all the difference; in the evening matters had taken a favourable turn, and everything was as desirable as could be hoped for, except the tongue was not cleaning. The inclination to give a few grains of calomel was with much difficulty ultimately resisted, and the powder was counter-ordered. Next morning the tongue was nearly clean, there had been two fairly copious motions during the night, and the condition was one of well-marked improvement. Had those few grains of calomel been administered, the results would have been attributed to the calomel, and the effects of the wine would have been mis-interpreted. As it was, the case was suggestive, and accordingly remembered. In pointing the lesson to be learnt, this case is perhaps more instructive than those of more critical states calling for stimulants, but where the effect is not so distinctly and unmistakably apparent.

In feeding sick children there are two points which call for more attention than is usually awarded to them. The first is the condition of acute indigestion in a convalescent child. Many and many a time does a rise of temperature, a return of fever, mark the administration of unsuitable food, or even of perfectly proper food in excess, when the mother and nurse regard it as evidence of cold caught, and charge themselves with some neglect. An emetic and a purgative, the old empirical measures of our forefathers, soon give relief. I strongly recommend those who have much to do with disease in children to be on their guard as to the confounding of a rise of temperature due to indigestion, or rapidly accumulating bile, with the feverishness of a cold, the more so as the diagnosis materially affects the treatment adopted.

Another point is the not uncommon condition of increasing marasmus in a child co-existent with a ravenous appetite. It is common after acute disease. The child eats incessantly, and yet wastes, dwindling visibly away. This matter was brought prominently before my notice in an outbreak of measles which occurred at Leeds during the time of my connection with the public dispensary of that town. When the measles were gone and the convalescence was commenced, the children in many cases ate voraciously and thrived in inverse proportion. It soon became obvious that there was much more food consumed than was digested, and that in fact the more the child ate the worse it was actually nourished. In one or two cases, where the

parents could be induced to limit the allowance of food, the children recovered. I happened to casually mention this matter to Mr. Johnstone Corrie, one of the acutest observers of that town, and he told me that he had found it desirable to pursue a like plan. In return, he drew my attention to a similar condition often found in cases of mucro-enteritis. Here the vascular and sensitive lining of the intestinal canal reflects the sensation of hunger in an intensified and exaggerated form; the food imperfectly digested is practically valueless for the purposes of nutrition, and the more the child eats the hungrier it grows, and the sooner it sinks from inanition. It is not the amount of food consumed that we have to regard, it is the amount digested and assimilated.

This leads us to the question of diarrhœa in children—a condition often misunderstood and consequently improperly treated. Often it is a leintery—a good old-fashioned word which we can scarcely yet dispense with—that is, a passing through the intestines of food scarcely changed in-character by digestion, so slight the latter. This condition is as often the consequence of a radically vicious system of diet as of serious tubercular disease. Milk, administered alone, or with some alkali, Seltzer, Vichy, or lime-water, according to the indications of each case, is often sufficient to institute a better state of matters; if the ailment has become more obdurate from the force of habit, myrrh and bismuth, in powder, night and morning, will be found to form a capital remedial combination.

Much, indeed, of the diarrhœa of childhood is due directly to the effects of improper food, and the annual death-rate from neglect and ignorance in this respect is very serious; I have seen a well-meaning mother feeding her child, when suffering from diarrhœa, upon herring—a plan which, it is needless to say, soon removed the child from the sphere of such dietetic experimentation.

The bowels, rendered irritable and highly susceptible to the presence of undigested food by the inflammatory condition of their mucous lining, pass on as quickly as may be the irritant material. What else, indeed, can they do with it but eject it? Commonly is such natural and beneficial diarrhœa interpreted into disease by an officious mother, and astringents and diarrhœa mixtures poured into the unhappy child until a natural process is arrested, and inflammation, often of a fatal character, is instituted by the food being so locked up in the bowels. A dose of castor-oil under such circumstances is a famous curative agent, especially if it be followed by an altered and improved diet. At other times a diarrhœa with green, spinach-like stools, is the outcome of over-suckling, or of a mother's milk no longer being sufficient for the needs of the child. Such diarrhœa is very common among the children of the poor, and is best treated by proper diet, cod-liver-oil, and an alkaline preparation of iron.

So much for the derangements of the primæ viæ, of such immense importance to the child.

Another matter to which I wish to draw your attention is that of congenital syphilis. There is much

unanimity as to the necessity for the administration of mercurials in the treatment of inherited syphilis during the earliest periods of the infant's independent existence, much more unanimity, indeed, than there is about its utility in the treatment of acquired syphilis. But are we entitled to assume that congenital syphilis evaporates, or is cast out by the specific exanthemata of early infantile life? Are not its effects apparent on the permanent teeth, as Mr. Hutchinson has pointed out? Congenital syphilis is not a ghoul which hangs round a child's pre-dental existence; it is an inheritance which modifies the organism, for years, certainly. No one for a moment doubts this; and yet how little do we permit such consciousness to direct our actual practice? Struck with the effects of mercury upon the syphilitic rashes of infancy, impressed by the effects induced by syphilis upon the permanent teeth, the synthesis was unavoidable that the syphilitic virus had not lost its power even during the second dentition, and consequently, that anti syphilitic mercurial treatment might yet be indicated. Experience soon justified the hypothesis, and in many chronic conditions, especially anæmic states, the addition of mercurials to the ordinary remedies soon demonstrated the presence of the syphilitic diathetic element by the rapid improvement which followed, and was inaugurated by the change. There can exist no doubt on the mind of any unprejudiced observer but that the presence in the blood of certain matters, called blood-poisons, induces anæmia; whether by breaking down the existing blood, or interfering with blood formation, it is impossible to say. The fact, however, remains. All of us, in the treatment of atonic gout, of malarial neuralgia, of lead-poisoning, add the specifics, potash, quinine, and iodide of potassium to our chalybeates, in the consciousness that they are here true hæmatics, and that they aid in blood formation by striking at the poison which underlies the anæmia. Our common experience has taught us that the chalybeate must be accompanied by the proper specific in order that the desired impression may be made upon anæmia, and our further experience but strengthens the conviction. The addition of a quantity of the liq. hyd. bichlor. to the muriate of iron in conditions of anæmia in the subjects of congenital syphilis is commonly followed by such distinct improvement that the conviction of the connection of the two is simply unavoidable. It has appeared to me that such youthful subjects are more liable to become anæmic than are children not so tainted; neither is it difficult to conceive that it should be so, or even why it should be so, when we remember the tendency for such blood-poisons to affect the blood itself. It would further appear that the force of the poison is variously distributed: at one time a skin eruption manifests its effect upon the cutaneous system; at another time an anæmic state reveals its effect upon the circulatory fluid itself. It may be gravely questioned whether it is desirable that we should continue to limit our specific treatment to the pre-dental period of a child's existence, instead of extending it to the completion

of the second dentition; or even if it be proper to fix any limit other than the necessities and indications for treatment of each individual case.

Finally we are all familiar with the excessive formation of acid, especially uric, in the system of the strumous. The sour perspiration, the acid secretions, especially seen in the destruction of the teeth caused by the acid secretions flowing into the mouth, the acid urine, with its grains of uric acid, all unite to point to a condition where there is either imperfect oxidation or faulty assimilation, often both combined. Older writers, as Brändish, Brodie, and Lugol, found out empirically the value of alkalies in the treatment of the maladies of scrofulous children, and especially the value of potash. The alkaline plan of treatment gave great relief to the symptoms, without, however, exercising any direct influence over the diathesis, as Logul observes. Its beneficial action we can comprehend from what has just gone before: it neutralises the excessive acidity, whether due to lactic or uric acid, and so relieves the system from the effects of the excessive acidity at least. It is useful not only as a temporary means of relief, but is even indicated in moderate quantities as a permanent addition to the dietary, and as an habitual corrective of the excess of acid formed in the faulty organism. Alkalies may be agreeably added to the ordinary food in the form of alkaline mineral waters, Seltzer, Vichy, or Carlsbad, either with milk or alone, as a beverage, or, in older children, along with vegetable bitters.

In regard to the causation of the excessive formation of acid in the organism, it seems probable that it has its origin mainly in an imperfect oxidation together with a faulty assimilation. We are all familiar with the effects produced in such cases by sending them away to the seaside to breathe the pure air wafted from the surface of the ocean, where the pining child usually quickly improves in health and nutrition. In most cases the improvement in the respired air and the larger supply of free oxygen are followed by the happiest results. Where exercise is forbidden by some local affection of a joint, the child is benefitted by being kept for hours out in the open air every day. Such was the experience of the empirical past. Lugol found that strumous children were always improved in harvest, when they were much out in the open air gleanings; and Baudeloque found that in the Hopital des Enfants Malades, there was always an increase in the amount of strumous ophthalmia when the weather was such as to cause the children to remain indoors. This is in full agreement with the recent observations of Voigt and others as to the storing-up of oxygen in the system, and the important part played by such stored-up oxygen in the maintenance of the integrity and the functional activity of the system. But the imperfect oxidation is only a part of the question. An equally important factor is the imperfect action of the nutritive and assimilative processes; this is very clearly put by Dr. Broadbent, who says: "When, therefore, we examine the excretions for the products of combustion, and thence draw conclusions as to the completeness of the process, it

must be remembered that the more or less perfect oxidation may depend upon the more or less perfect antecedent nutrition, and not merely on the supply of oxygen or any immediate influence on destructive metamorphosis. Thus, the uric acid which forms urinary excretion of birds whose habits are active and temperature high, and whose blood is highly oxygenated, cannot arise from insufficient supply of oxygen, but must depend on some peculiarity in their tissues; so also in man uric acid may be the effect of defective nutrition or primary assimilation, and not merely of imperfect metamorphosis or oxidation. The clinical history of the so-called uric acid diathesis supports this view, and shows that the remedy in many cases must be sought not in the promotion of oxidation but in modification of the nutritive processes."

From this view it is impossible to dissent, and it is highly probable that in persons who are strumous much of the food converted by digestion into peptones never becomes tissue nor is utilized for structural purposes; but may be at once partially oxidised and being thus unfitted for the purpose of histogenesis it at once passes onwards in retrograde metamorphosis. It is also possible that there may be a splitting-up of sugar into lactic acid in excess of the oxidising power of the respired air, and that these two combined have much to do with the production of these conditions of excessive acidity which are so common in the strumous. The practical outcome of all this is that in the treatment of the ailments of strumous children it is not only necessary to procure more perfect oxidation, and with it the removal of the excessive amount of acid, or to aid that process by neutralisation of the acid, but also to combine with these procedures measures for the improvement of the nutritive and assimilative processes in order to ensure success: and for this last end tonics, readily digestible food, and especially cod-liver oil, are suitable. The treatment, indeed, to be successful, must be as complex as is the condition with which we have to deal or which we are essaying to remedy.—*Dublin Medical Press.*

THE DIARRHŒA OF CHILDREN.

The following observations by Dr. S. HENRY DESSAN are contributed to the *Southern Medical Record*:—

In cases of simple diarrhœa occurring in teething children, where there is no fever present, and absence of pain on pressure over the abdomen, where the stools are more frequent, thinner and copious than usual, when the cause is presumed to be nothing more than the highly irritable state of the nervous system, the effect of the transitional process of teething, and reflecting its action on the alimentary canal, if the gums should be found swollen, red and tender, they would be lanced; but since my term of service at the dispensary, I have never found occasion to lance a gum. I generally, in such cases, administer a sedative, such as the bromide of potassium, in doses of two to four grs. every three hours,

and insist upon careful attention to the diet of the child. If an astringent is found necessary, I give

R. Mist. cretæ, fl ʒj;
Tr. catechu
Tr. opii camph., ââ gtts. iv;

every three hours. When the patient has acquired a mixed dietary and presents the same symptoms of simple diarrhœa as before mentioned, the cause being due to eating improper food, if seen shortly after the commencement of the attack,

R. Ol. ricini
Syr. rhei arom, ââ fl ʒ ss;
Sodæ bicarb., grs. ij; M

is ordered to be taken every half hour until the bowels have been freely evacuated, and afterwards to be taken twice or three times daily. This mixture is similar to the Chaussier mixture, with the exception of the soda, which is added as an antacid. Stillé, in his work on *Materia Medica*, remarks of the ol. ricini, that it is peculiarly adapted to the diarrhœas of children, from causes as at present under consideration; because, while it impresses the general system very slightly, it has a sensitive influence upon the bowels themselves.

In cases of simple diarrhœa occurring in children who have completed the first dentition, where there appears to be a lack of tone in the digestive organs, and where the stools present the condition of hientery, a tonic of quinae sulph. and tr. ferri chlorid. is given, together with eight to ten grs. of pepsin, taken with the food at meal time. Pepsin is also given in those cases of simple diarrhœa, in growing children, where the stools are large, watery, frothy and of fetid odor.

Where simple diarrhœa is met with in strumous children, I administer the following:—

R. Ol. morrhue ʒ ij
Syr. prun. virg.,
Liq. calcis, ââ ʒ i M

S. One or two teaspoonfulls after each meal.

The lime water acts as an emulsifier, and the wild cherry renders the oil more tolerant to the stomach, and at the same time serves to disguise its taste. I have always found the oil to be easily digested after continuing its use for several days, and the looseness of the bowels to gradually disappear without further treatment. When change of temperature, commonly termed cold, is the cause of the diarrhœa, by some writers styled *intestinal catarrh*,

R. Tr. opii camph., gtts. iv;
Ext. ipecac. fl. gtts. ¼ M

given in a teaspoonful of equal parts of syrup and water, is prescribed for infants, and larger doses for older children. The castor oil mixture answers fully as well in such cases, and is more frequently given than the first-mentioned combination.

I now come to the consideration and treatment of that variety of the Intestinal Disorders of Children that is by far the most frequently met with by the profession, in any portion of this country. It is the *summer complaint*, by some confounded with cholera

infantum, but which I, following the able distinction made by our American authorities, Meigs and Pepper, will term enterocolitis, or inflammatory diarrhœa of children.

When this form of diarrhœa presents itself to my notice, appearing in a child undergoing dentition, where the evacuations are frequent and present the familiar green or chopped-spinach appearance (which, according to such high authority as Chambers, is due to nothing more nor less than blood which has undergone transformation), and also containing mucus and undigested curd, all more or less certain indications of inflammatory destruction; and when, moreover, during the first days of the complaint, it is attended with marked fever and tenderness upon pressure over the abdomen, and more especially in the region of the iliac fossæ, I at once place the little sufferer upon a genuinæ antiphlogistic treatment, consisting of

R. Liq. ammon. acet., or
Liq. potass. cit., gtts. xx;
Tr. opii camph., gtts. iv-x;
Ext. ipecac, fl. gtts. ¼-½.

given in a teaspoonful of anisette water. I order the diet to be carefully regulated, the breast to be given not oftener than every three hours, and if there be much vomiting, teaspoonful doses of toast water, containing ice to be given. In cases where vomiting appears as the principal symptom, I am in the habit of giving the following:

R. Hydrarg. chlor mit., gr. j;
Sacch. albæ, gr. xv. M

Et in chart No xvj. div. One to be given every two hours.

When the disease has progressed for several days, until the febrile symptoms have subsided, or where such changes appear in the evacuations, as before remarked, following a previous simple diarrhœa, I employ the following powder:—

R. Pulv. rhei, gr. vj;
Pulv. ipecac. co., grs. x;
Sodæ bicarb., grs. xij M

Et in chart No. xij. div. One to be given every three hours to a child under one year of age.

I also sometimes use the following, for the same age:—

R. Vin. ipecac. gtts. ij;
Tr. calombæ, gtts. xx;
Mist. saline, and ʒ ij. M

To be given every three hours.

The mist. saline is made by adding lemon juice in sufficient quantity to neutralize twenty grains of carbonate potassa dissolved in fl. ʒi. water. (The composition of the prescription is due to Pavy.) In addition to drugs and attention to diet, I generally recommend a hot bath to be given twice daily, and the baby to be wrapped in a blanket, after being dried, so as to invite free perspiration. Plenty of fresh air is advised, which is especially necessary in a large city like New York.

When this variety of diarrhœa presents itself in

children over a year old, and in those under that age also where there are streaks of unaltered blood in the stools, I use the following :—

R. Bismuth subnit.,	ʒj.	
Pulv. ipceac. co.,	gr. xx.	
Pulv. zinzib.,	grs. iiii.	M

Et in chart No. xij. dir. One to be given every three or four hours.

The bismuth also serves to quiet the stomach where there is much irritability present. When the stools contain undigested matter, I give, in addition to the above, eight to ten grains of pepsin three times daily.

Where the disease has lasted for several months, and has assumed all the features of a chronic diarrhoea, whether the patient has completed dentition or not, I give the cod liver oil mixture before mentioned, in the proportion of fl. ʒ iiii ss. to fl. ʒ ss. of the syrup ferri iodid., a teaspoonful of which is to be given three times daily. It acts in the same beautiful and pleasing manner as in the simple diarrhoea of strumous children. Indeed, there is an analogy between the two affections, as in both the mesenteric glands are enlarged, and these, no doubt, are important factors in the chronicity of the disease. I have sometimes advised the raw beef diet to be used in chronic diarrhoea, but it has been more from wishing to vary my practice than from any want of confidence in the cod liver oil and syrup of the iodide of iron.

INFANT DIET.

By A. JACOBI, M.D., Clinical Professor of Diseases of Children, College of Physicians and Surgeons, New York.

Of the Nursing Infant: "But a much more frequent occurrence (than the increase in the normal percentage of salts) is too large a percentage of casein in mothers' milk. * * Casein will be curdled in hard masses, or will pass into the intestines in the same condition, and be evacuated almost unchanged, or covered, perhaps, with bile, a little viscid mucus, sometimes, even, with a streak of blood. * * The indications are either preventive or curative. The increase of casein is frequently accompanied by a diminution of sugar, and the neutrality may be replaced by a faint acidity; and the effect is constipation. * * I remove it (the constipation) in many instances, by simply adding a moderate amount of sugar to the normal food. * * One or two scruples of loaf-sugar are dissolved in one or two teaspoonfuls or more of tepid water, and given to the baby just before nursing. * * The next indication is, to prevent the too sudden effect of the gastric juice upon the surplus casein, and keep it from coagulating in hard masses. * * Instead of the sugar-water mentioned above, I give the baby each time before it is put to the breast, a tablespoonful or more, according to age, of strained and well-sweetened oatmeal, for reasons, and prepared in a manner, I shall designate hereafter. * * For this plan, also, which has been serviceable in many cases where the former simple one would not

suffice, I claim good theoretical reasons, and the result of various, and, I believe, unbiased observation of a long number of years. * * The third indication is curative, and refers to the correction of the excess of acid of any origin that may exist in the digestive organs. * * The main concomitant symptoms of acidity are either constipation or diarrhoea, the principal alkalis in question, preparations of potassa, soda, lime or magnesia. * * Wherever neutralization is required in a case of constipation, we should resort to magnesia, soda, or potassa; whenever we have to deal with a diarrhoea, carbonate of magnesia would be indicated. Whenever no decided indication was to be followed, we might select either of soda or potassa, the bicarbonate or the carbonate; the latter, however, when given in large doses, is too poisonous and less digestible than the former." (pp. 11-14.)

"*Artificial feeding* Cannot be successful without milk. * * * Where the choice is given, therefore, cow's milk ought to be preferred. * * There is in cow's milk less sugar, less of free alkali, less butter, but more and more coagulable, casein. * * Practically, when a relative deficiency of sugar in cow's milk is to be supplied, loaf sugar always answers the purpose. * * It is advisable to add an alkaline salt, (the carbonate or bicarbonate of potassa or soda) to the cow's milk, and best at once when the milk is put aside for the infant's use. * * Thus I add one or two grains of either of the salts to every meal of the new-born, besides a small quantity of common salt—chloride of sodium—and a larger dose in proportion to age. * * Cow's milk ought to be cooked at once, in order to keep it as long as possible from turning sour, and ought to be preserved in a cool place, if not in an ice-box. * * Next in order; is the question how to prevent the great coagulability of the casein of cow's milk; I add, instead of water, a substance, which, by its physical consistency and cohesion, is apt to hold milk in suspension. Thus I mix, say, quite thin and transparent mucilage with (boiled and skimmed) milk, and add the desirable quantity of sugar and salt, or soda. * * Looking for a substance which, while fulfilling that object, is absolutely indifferent, from a chemical and physiological point of view, it is gum-arabic. * * An indifferent substance of this sort may be all that is desired for very young infants; * * The selection of articles of food, which are, at the same time, of a mucilaginous consistency, and nutrient, is perhaps, not so difficult as it appears to be. * * Barley and oat meal are the two substances that I mostly employ. * * A teaspoonful of either is boiled in from three to six ounces of water with some salt [a pinch] for twelve to fifteen minutes, the decoction to be quite thin for very young infants, thicker for later months, and then strained through a linen cloth. Infants of four to six months are to have equal parts of this decoction, which ought to be made fresh for every meal; and (boiled and skimmed) cow's milk and sugar is to be added. * * The desire of parents to procure the milk of one special cow for their infants, I believe to be based upon a mistake. * * I have always

advised the plan of giving the average milk of a farm, and have never been sorry for the results, in all parts of the city." (pp. 14-31.)

GENERAL RULES.

1. *About Nursing Babies.*—"Overfeeding does more harm than anything else. Nurse a baby of a month or two every two or three hours.

"Nurse a baby of six months and over, five times in twenty-four hours, and no more. When a baby gets thirsty in the meantime, give it a drink of water. *No sugar.* In hot weather (but in the hottest days only), mix a few drops of whiskey with either water or food, the whiskey not to exceed a teaspoonful in twenty-four hours.

2. *About Feeding Babies.*—"Boil a teaspoonful of powdered barley (grind it in a coffee grinder) and a gill of water, with a little [a pinch] salt, for fifteen minutes, strain it, and mix with it half as much boiled milk, and a lump of white (loaf) sugar. Give it luke-warm through a nursing bottle.

"Keep bottle and mouth-piece in a bowl of water when not in use.

"Babies of five or six months: half barley water and half boiled milk, with salt and white sugar. Older babies, more milk in proportion.

"When babies are very costive, use oatmeal instead of barley. [Add from three to six grains of bicarbonate of soda to each evening meal, for a few nights.] Cook and strain.

"When your breast-milk is half enough, change off between breast milk and food.

"In hot summer weather, try the food with a small strip of blue litmus paper. If the blue paper turns red, either make a fresh mess, or add a small pinch of baking-soda to the food.

"Babies of ten or twelve months may have a crust of bread and a piece of rare beef to suck.

"No child under two years ought to eat at your table. Give no candies; in fact, nothing that is not contained in these rules, without the doctor's order.

About Summer Complaint.—"It comes from over-feeding, and hot and foul air; never from teething. Keep doors and windows open. Wash your children with cool water at least twice a day, and oftener in the very hot season.

"When babies vomit and purge, give nothing to eat or drink for four or six hours, but all the fresh air you can. After that time you give a few drops of whiskey in a teaspoonful of ice-water every ten minutes, but not more until the doctor comes. When there is vomiting and purging, give no milk.

"Give no laudanum, no paregoric, no soothing syrup, no teas."

A GUIDE TO THE EXAMINATION OF URINE.

(Continued from our last.)

PUS.

Pus is frequently present in the urine, and produces a thick sediment at the bottom of the urine glass. The urine readily becomes alkaline, and rapidly

decomposes after being passed. It is permanently turbid; that is, the turbidity is unaffected by heat.

Under the microscope, the deposit shows numerous pus corpuscles, round colourless bodies, not varying much in size, having granular contents, and nuclei varying from 1 to 4 in number; if acted on by acetic acid, the nuclei become much more distinct. If the urine has been long passed, the pus corpuscles undergo changes which render them incapable of being recognised.

The urine of course contains albumen, and in proportion to the amount of pus present. If the quantity of albumen exceed that which should be given by the pus present in the urine, evidence of kidney disease, as casts of tubes, should at once be looked for.

The deposit from urine containing pus is rendered viscid and gelatinous by the addition of about half its quantity of liquor potassæ; it becomes ropy and cannot be dropped from one vessel to the other; urine containing mucus, on the other hand, becomes more fluid and limpid by the addition of caustic alkali.

Pus occurs in the urine in the following diseases:

Leucorrhœa in the female.

Gonorrhœa or Gleet in the male.

Pyelitis, from any cause.

Cystitis.

Any abscess bursting into any part of the urinary tract.

Leucorrhœa is an exceedingly frequent cause of the presence of a slight amount of albumen in the urine of woman; if it be necessary to exclude this origin, the urine must be obtained by means of the catheter.

BLOOD.

Blood is not at all unfrequently found in the urine, and it may be derived from any part of the urinary-renal tract. If derived from the kidneys, the blood will be completely diffused through the urine, and give it a peculiar smoky appearance, absolutely diagnostic. If the hæmorrhage from the kidney be great, however, the urine will have a bright red colour, like blood.

The deposit at the bottom of the urine glass shows under the microscope the circular discs, familiar to every one as the red corpuscles of the blood. Their peculiar colour will prevent the student mistaking them for any other deposit; they may, however, in a urine of low specific gravity, become swollen, and at last burst from endosmosis; in those of high specific gravity, they will often become contracted, shrivelled, and distorted, from exosmosis.

The urine will, of course, contain albumen in proportion to the quantity of blood present, which may be so great that the urine will solidify on the application of heat. The urine very readily becomes alkaline, and care must be taken to restore the acid reaction with acetic acid, before testing for albumen.

Clinical Import. The presence of blood, or of blood corpuscles, in the urine is a sure sign of the

existence of hæmorrhage from the kidney or the urinary passages. It may result from

A. *Disease of the Kidney.*

Acute Bright's Disease.

Congestion of Kidney.

Cancer of Kidney.

External Injury.

Tubercle (*very rare.*)

B. *Disease of Pelvis and Ureter.*

Calculus in Pelvis and Ureter.

Parasite, as *Bilharzia hæmatobia.*

Cancer.

Tubercle (*very rare.*)

C. *Disease of the Bladder.*

Calculus.

Cancerous or Villous Growths.

Congestion of Mucous Membrane.

D. *Disease of Urethra.*

Congestion, as in Gonorrhœa.

Tearing of the Mucous Membrane from Mechanical Injury.

E. *Constitutional.*

Purpura and Scurvy.

Hæmorrhaphilia.

The Acute Specific Diseases, (*rarely, in malignant cases.*)

F. In female, Uterine Discharges, as menstruation, &c.

As a general rule, if the blood be completely mixed with the urine, the hæmorrhage is from the kidneys; if the urine first passed be clear, and that at the end of micturition become bloody, or if even pure blood be passed, the hæmorrhage is from the bladder or prostate; while if the first portion of the urine be bloody, and the last drops clear, the hæmorrhage is from the urethra.

MUCUS AND EPITHELIUM.

Mucus is a constant constituent of every urine, and if healthy urine be allowed to remain at rest for an hour, a light cloud will be found to have settled at the bottom of the urine glass; on microscopical examination, it will be found to consist of mucous corpuscles, and epithelium scales detached from the surfaces over the urine has passed.

The Urethra and bladder give up a roundish or oval epithelium cell to the urine. In the urine of the female, especially in cases of leucorrhœa, the epithelium cells of the vagina are very numerous, and they exactly resemble the squamous epithelium of the mouth. Under irritation, the mucous membrane of the pelvis and ureter will produce cells, caudate, spindle-shaped, and irregular, exactly similar to those formerly regarded as diagnostic of cancer. From this circumstance it is impossible to speak positively of the existence of cancer cells in the urine.

Desquamation of the tubular epithelium of the kidney occurs only in disease; the cells, as seen in the urine, are slightly swollen, and acquire a more

spheroidal, and less distinctly polygonal, shape, apparently from the imbibition of fluid, and the removal of pressure. The cells are frequently granular, and contain fat drops, or are contracted, withered up, and shrivelled.

Clinical Import. See Section on Renal Casts.

RENAL CASTS.

In Bright's disease, and in congestion of the kidney, there are formed in the uriniferous tubules, lengthened cylinders which are discharged with the urine, and form the deposit known as "casts." Those found in the urine are probably chiefly formed in the straight uriniferous tubes; and the view of their origin which has found most favour in this country, is that the casts are formed by the escape of blood into the tubes of the kidney, and coagulation of the fibrin, which thus becomes moulded to the shape of the tube into which it has been extravasated. It is probable that many of the hyaline casts are formed in this way; but the balance of evidence at the present day is in favour of the epithelial and granular casts being produced by a desquamation and degeneration of the renal epithelium.

When the urine contains casts in great quantity, they can scarcely be overlooked, if the urine be allowed to settle for a few hours in a tall cylindrical glass, the whole of the supernatant fluid poured off, and the last drops which flow from the lip of the glass put under the microscope and examined. If there are but a few casts present, other plans may be adopted; the urine may be acidulated with a little acetic acid, and thus the uric acid precipitated, with which the casts will be carried down as well; or the urine may be filtered, and the casts searched for on the filter paper; or if the specific gravity be high, the urine may be diluted with distilled water, set aside for an hour, and the deposit then examined. With a little experience, the student will soon become familiar with the appearance of casts, and will at once be able to distinguish them from foreign bodies in the urine. They are never broader than 6, or less than 2, red blood corpuscles in diameter; but they vary considerably in length, never, however, exceeding the $\frac{1}{50}$ th of an inch. The same cast does not vary greatly in its diameter, and never becomes twisted on itself, as a cotton fibre does.

The foreign bodies, most liable to be mistaken for renal casts, are cotton fibres, hair, and pieces of deal.

Cotton fibres have a very irregular outline, and are much broader at one part than at another; they are often twisted, and of great length, which will distinguish them from casts. Their structure is often striped in a longitudinal direction.

Hair can often be distinguished from renal casts by its colour alone; and if this be not very apparent, by its possessing a cortical and medullary structure; and by its length being greater than that of any cast.

Fibres of Deal, which have their origin in the furniture, &c., of the apartment, may perhaps be mistaken for renal casts. They are at once recognised

by the presence of the large round wood-cells which characterise the order Conifereæ.

Casts may be conveniently divided, according to their appearance under the microscope, into three kinds, the epithelial cast, the granular cast, and the hyaline cast.

The epithelial cast. This cylinder consists of a mass of epithelial cells derived from the tubules of the kidney; the cells may become granular and acquire a dark appearance by transmitted light. The cast is usually wide, never very narrow.

The granular cast. This is a solid cylinder having a granular appearance, which may be limited to a few dark points in the substance of the cast, or be so intense as to give the cast an almost black appearance. In this kind of cast may often be found epithelial cells, blood corpuscles, red or white, pus corpuscles, crystals of uric acid, urates, and especially oxalate of lime. The fatty cast is a variety of the granular, produced by the running together into globules of fat of the granules of olein.

The hyaline cast. This cast is usually very transparent, and the outline is often so indistinct that a little iodine or magenta must be added to the urine before it can be detected, or a diaphragm with a narrow opening must be used. They show indistinct markings on their surface, or a few granules and nuclei. There are two kinds, the wide and the narrow; the latter are sometimes of great length.

In observing casts, notice must be taken of the action of acids upon them, or their contents. It is thought that when the cylinders resist the solvent action of hydrochloric acid to any great degree, that the inflammation of the kidney is correspondingly intense. The granules on the cast, if formed of protein, will disappear, when acted on by acetic acid; but if of olein, they are rendered more distinct. The width of the cylinder is of some importance, as it is supposed that very broad casts are formed in tubules completely stripped of their epithelium, and that the prognosis is more grave when these wide casts show on their sides no nuclei, or attempt at reformation of epithelium. From the recent observations on the varying diameters of the uriniferous tubes, the importance of the breadth of the cast becomes less.

Clinical Import. The presence of casts in the urine is a sure sign of disease of the kidney, but not, however, necessarily of permanent disease of the kidney. They are present in many acute diseases, accompanied by albumen in the urine. But if they are found for several weeks together, after all pyrexia has subsided, permanent disease of the kidney may be inferred. Casts are constantly present in the urine in all cases of congestion of the kidney, and of acute or chronic Bright's disease. But no certain information as to the nature of the disease existing in the kidney, *e. g.* whether lardaceous or fatty, can be obtained from the character of the casts, since all forms of Bright's disease terminate in fatty changes. Some assistance may, however, be derived from the appearance of the casts in forming a judgment of the acute or chronic character, or a prognosis, of the disease. If, for example, there be found in the urine

epithelial casts which have undergone little, or no, granular change, and casts studded with red blood corpuscles, together with a large quantity of epithelium from the tubules of the kidney, having a natural or only slightly cloudy appearance, there can be little doubt that the patient is suffering from an acute attack of Bright's disease: while if the casts be chiefly fatty, or intensely granular, and the epithelium be small in amount, and the cells withered and contracted, or containing globules of olein, it will be more than probable that the case is one of chronic Bright's disease.

Since little reliance can be placed on the characters of the casts as an aid to special diagnosis, some of the leading characters of the renal derivatives in the chief forms of kidney affection have been subjoined.

Congestion of the kidney. The casts are chiefly hyaline, seldom showing any marks of fatty change. Very rarely are blood or epithelial casts discovered.

Acute Bright's Disease. At the commencement, the urine deposits a sediment which consists of blood-corpuscles, narrow hyaline casts, and casts covered with blood-corpuscles, the 'bloodcasts' of some authors. In the next stage, the amount of blood present is not so great, but, a great desquamation of the renal tubules taking place, renal epithelium and epithelial casts are found in great numbers; the epithelium has undergone very little, if any, granular change; hyaline casts are observed together with epithelial. In the next stage, the changes in the epithelium may be almost daily observed; at first they become granular, cloudy in appearance, which alteration, the sequel of the catarrh, often proceeds to fatty degeneration, and the epithelial cells then contain large fat drops, while the epithelial casts undergo similar change, and become distinctly granular and even fatty.

If the patient recover, the casts and epithelium gradually disappear from the urine, but if the case become chronic, the renal derivatives show the characters described in the next paragraph.

Chronic Bright's Disease. Numerous forms of casts are met with; the hyaline, both narrow and wide forms; the larger are often beset with granules dissolved on addition of acetic acid; the granular, whose surface is often covered with fatty or shrivelled-up epithelium cells; fat drops may stud the cylinder. Epithelial casts are rare, except in febrile exacerbations, when the renal derivatives found in acute Bright's disease are present, together with granular and fatty casts, evidence of the previous alteration of the kidney.

Lardaceous or Albuminoid Kidney. The urinary deposit contains hyaline casts, which are often accompanied by pus corpuscles. Atrophied epithelial cells, becoming fatty in the later stages of the disease, are almost invariably present.

FUNGI.

Many kinds of fungi grow in the urine after it has been voided for some time, and when the ammoniacal decomposition has begun are (*a*) *vibriones*, which may be seen in almost every albuminous urine which

has been passed a little time; they are known by their linear form and incessant motion; (b) the *penicillium glaucum*, the fungus which forms 'mildew,' and which often appears when the acid fermentation has begun; (c) the yeast fungus, *torula cerivisiae*, which was considered by Dr. Hassall to be diagnostic of diabetes.

Sarcinae are apparently formed in the urine before it is voided: they are square bodies, divided into secondary squares, which number 4, 16, 64, &c., and are similar to the *sarcinae* found in the vomited matters of persons suffering from stenosis of the pylorus.

Kiestein is a whitish pellicle formed on the surface of the urine of pregnant women, when allowed to remain at rest for a few days. It appears to consist chiefly of the mould fungus, globules of fat, and crystals of phosphates. It was formerly regarded as a sign of pregnancy; but it occurs in the urine of persons who are not pregnant, and it is not always present in pregnancy.

SPERMATIZOEA.

These little bodies are present in the urine of males first passed after an emission of semen. A few pass away in the urine, probably, without venereal excitement, especially when the person is continent. In the urine of females, they are almost positive proof of sexual intercourse.

The seminal secretion forms a glairy white deposit at the bottom of the urine glass. When examined with the microscope, (for which a high power, magnifying 400 or 500 diameters, is best, although a power of 250 will identify them), spermatozoa show the characteristic oval head or body, often somewhat pear-shaped, and long delicate tail, two or three times the length of the head.

In the urine no movement is ever shewn by these bodies.—*Flint on the Urine.*

DIET AND THE DIGESTIBILITY OF FOOD,

(Continued.)

From the Medical and Surgical Guide.

Puddings.—Pastry ought to be light, well cooked, but not what is called rich or greasy. Hard puddings lie like a stone on the stomach of most people. Beef steak puddings and meat pies ought never to be taken by those having weak digestion.

Little fancy cakes eat much shorter if put while hot into a hot jar instead of being allowed to cool according to the usual custom.

Cakes, puddings, &c., are much better if the currants, sugar, and flour used are made hot before being mixed together.

Oatmeal.—Oats are best when grown in a cold climate, and they seem to agree with the inhabitants as a substantial article of diet. Oatmeal is chiefly valuable in the form of gruel, as it soothes the stomach, is nutritive, and easy of digestion. A little oatmeal mixed with water is an excellent drink when abstemiousness is necessary. As a light supper, nothing is more fitting than gruel for the delicate. In inflammatory affections, when proper to change from toast and water, nearly half a cupful of gruel

may be given every two or three hours. But there are some persons with whom oatmeal never agrees. Gruel for the sick ought always to be boiled one hour. When it will sit comfortably on the stomach of a child, oatmeal gradually stirred into boiling water, and eaten with milk, forms an excellent breakfast, not so liable to produce costiveness as bread and milk.

Barley.—Bread made of the meal of barley is not easily digested, but, from its flavour, is liked by those accustomed to it. Pearl barley is a great addition in the concoction of broth; and as barley-water will often suit where oatmeal gruel disagrees, mixed with milk it is an excellent diet for the sick. It should always be made fresh, and boiled three hours.

Rye Bread acts as a laxative; but the disease to which this grain is subject will sometimes render the whole population where it is used dangerously ill, and be productive of most afflicting diseases.

Rice, from its large proportion of starch, is most excellent for the sick and those of defective digestion; it forms an excellent substitute for vegetables when found productive of flatulency; its tastelessness renders it easily flavoured and palatable. It ought to be well cooked, the grain much swelled, but not broken; by not stirring it in the process of boiling it does not, what the cooks call, "set on." Ground rice is more readily cooked than when whole. It is a good and economical food for families.

Maize requires a taste to be acquired for it, and then it is preferred to wheaten bread. Mixed with wheaten flour, or as puddings or porridge, it is, as regards digestion, about the same as ordinary flour.

Pea Meal is very nutritious, but often indigestible; from the flavour it gives to soup, it is highly relished, and especially used for that purpose on board ship; it is also said to act most beneficially with sailors as a preventive to scurvy. In the north it is often made into bread, although the bread made from it is heavy and not easily digested.

Asparagus is prescribed in Spain as a powerful diuretic. The less fibrous vegetables are, the more easily they are digested, yet they contain but very slight proportion of nutritious principle; in this class there may be named artichoke, sea-kale, vegetable marrow, celery, the flower of the cauliflower, and young French or kidney beans. Vegetables ought to be thoroughly cooked, and the water in which they have been boiled well drained from them before use. French and kidney beans, when old, contain a great deal of nourishment, and are a good substitute for more flatulent vegetables. Sea-kale and asparagus were at one time insignificant marine plants. The wild briar is the parent of the rose; the sloe, of plums, peaches, apricots, and nectarines; the crab, of apples of all kinds; the corn; the improvement of grass.

Potatoes.—The best potatoes do not contain a fourth of the nutritive matter of wheaten flour. They are chiefly valuable to dilute food that con-

tains a large proportion of albuminous matter. If man were to feed exclusively on animal food, a vast train of evils would arise; and therefore, by partaking of it moderately, while he supplies the stomach with a sufficiency for the exercise of its functions, by some such article of diet as potatoes he keeps up a proper balance, tending to a healthy state of body. Potatoes ought always to be fully ripe and well cooked, and not eaten with a "hard heart." The manner of cookery, as to boiled, roasted, or baked, is of no importance. It is said, if boiled with their "jackets" on they are more nourishing, but, if peeled before boiling, more easily digested.

Spinach, when tender and fresh, is easily digested. It acts as a stimulant to the stomach and bowels, and is gently laxative in many instances.

Turnips ought to be young, otherwise they are apt to be slow of digestion, and annoy the digestive powers.

Cabbages and Greens, if young and quite fresh, are wholesome, but if even a day old they frequently ferment and produce wind and acidity during digestion, which occupies some time. The less fibrous they are the better.

Carrots and Parsnips are nutritious, but rather difficult of digestion with some persons.

Green Peas are best when young. When old they are highly nutritious, but do not agree with those who have bad digestion.

Broad and Windsor Beans ought only to be eaten by those who have out-door exercise.

Dried Peas and Beans are very nutritive, but slow of digestion.

Watercress and Garden Mustard stimulates the stomach and promotes appetite.

Lettuce, if found easy of digestion, with a little salt, is suitable to the stomach, and may be eaten as in the north, with sugar and vinegar, or as dressed on the continent, with vinegar, mustard, and oil. It is best when young and quickly grown, as its narcotic principle is not so great as when old, and its fibres being tender, digestion is more easy.

Celery ought to be eaten when young and tender, and is more easily digested when boiled.

Radishes are only good when young and scraped.

Leeks and Onions do not agree with weak stomachs; they are valuable in cold and humid atmospheres, and where the diet is meagre, as on the Continent, and among labourers whose wages do not afford a nourishing diet. They are conducive to health. A little parsley takes off the disagreeable odour of the breath arising from their being eaten.

Cucumbers.—Persons having a bad digestion ought never to eat this watery and cooling vegetable. Vinegar and salt and pepper are condiments that should always be used with it.

The French convert vegetables of all kinds into wholesome and nutritious soups, which, by the addition of a little spice and flavouring, have become favourite dishes with all classes.

Sugar is highly nutritious, adding to the fatty tissue of the body, but it is not easy of digestion.

Honey seldom agrees with the stomach; it ought not to be quite freed from the wax of the comb, when used as an article of diet; it is generally laxative.

Treacle, though like most highly saccharine bodies, irritating to the digestive system, is preferable to sugar, and at the same time has laxative properties.

Olive Oil, like butter, is slow of digestion; from continental nations eating less frequently than we do, and consequently there being many hours for the digestion of food, it may be found useful in giving employment to the stomach.

Vinegar is apt to derange the functions of digestion; yet where the food is of an oily nature, or not fresh, it aids digestion, and prevents bad effects; this is especially the case on a voyage where salt meat is often eaten.

Salt is imperatively required with our food, but ought to be taken with due regard to moderation.

Spices are stimulants to digestion; but if used to excess, tend to weaken and impair the action of the stomach.

Pickles are often valuable as stimulants and preventives of putrefaction; but when indulged in as mere provocatives to the appetite, too often cause the passage of food before digestion has been completed.

Tea exercises a peculiar influence over the nervous system, hence tea is employed as a drink by those who wish to remain watching or studying at night. Strong green tea, taken in large quantities, acts upon some as a narcotic, but weak tea rarely disagrees with the invalid, and is admissible and refreshing in a variety of diseases, especially those of a feverish or inflammatory tendency.

A grain or two of carbonate of soda put into the tea-pot with the tea, will greatly aid in extracting its strength and flavour. The water must boil before it is poured on to the tea, and only a small quantity should be poured on at first.

Coffee is a tonic and stimulating beverage of a wholesome character, but not so good for the invalid as tea; this is used as an anti-narcotic by those who study at night and is given largely to patients after poisoning by opium and other powerful narcotics.

Chocolate is very nourishing, but, on account of the oil which enters into its composition, it is difficult of digestion, and apt to disagree with delicate persons.

Cocoa is less oily, and being a mild astringent, is adapted to persons with relaxed bowels.

Fermented Liquors, such as ale, porter and beer commonly known as fermented decoctions of malt and hops, deserve a slight notice. Beer differs from wine in containing less spirit, and more nutritive matter; therefore, when used in moderation, it may be considered wholesome, proving a refreshing drink,

and an agreeable and valuable stimulus and support to those who have to undergo much bodily fatigue.

Wine.—It cannot be denied that more perfect health is maintained without than with the use of this liquid; nevertheless, a moderate enjoyment of wine is not injurious to those who take open air exercise.

Ardent Spirits.—The injurious effects of spirits we beg most emphatically to impress upon the reader, as in warm climates, and in most countries visited by a voyager or emigrant, he meets only with newly-manufactured spirits, which prove most baneful to the English constitution, producing a long train of diseases. The most immediate consequences are felt in the bowels, dysentery being prevalent, and often fatal to those who give way to the degrading bestiality of over-indulgence in Australia. The incautious use of ardent spirits may produce evil consequences to others, not habitual drunkards. Of the havoc created by the new rum of the United States, all have read, and lamented over the weakness and depravity of human nature. Insanity is another disease that those who indulge in spirituous liquors are liable to. Dram-drinkers suffer from liver complaint, loss of appetite, and fatal disease of the stomach; they become thin, wasted and emaciated. Emigrants, by indulging in ardent spirits, bring upon themselves ruin in body, mind, and fortune. Dr. Prout says that, "with regard to the use of *stimulating* fluids during meals, it may be laid down as a rule, that the stomach, requiring their aid to enable it to do its duty, is in a state of disease, or certainly not a *natural* state; for the moment such fluids enter the stomach only slightly debilitated, they act as ferments, and are not only converted into acids themselves, but dispose everything else to undergo similar changes," thus accounting for diarrhoea, dysentery, &c. The same eminent physician observes, with regard to the use of tobacco that he considers it most deleterious in its effects upon the organs of digestion and nourishment.—*Journey of Discovery.*

HYDRATE OF CHLORAL IN THE TREATMENT OF PERTUSSIS.

By James Bordley, M.D., of Centreville, Maryland.

Having employed hydrate of chloral with such uniform success in almost the whole train of nervous disorders, I was led some years ago to try its efficacy in whooping-cough (as a palliative), hoping to gain thereby partial control of the neurotic element of the disease; feeling assured from the generally received opinion of its pathology, that the remedy would prove at least a good substitute for many, if not all, of the ordinary and usual antispasmodics so freely exhibited in this affection; and, from the peculiar spasmodic and nervous character of the disease, I was struck with the marked indications for its use. I therefore began its employment at once, and so fully did it perform what was anticipated from it, and such satisfactory results did it yield, that I have since used it in every case under my care.

But not until I read the report of cases by P. Brynberg Porter, in the *New York Medical Journal* for August, 1873, did I appreciate the full value of the drug. Before, I had not anticipated from its use other than palliative effects, and, fearful of pushing it too far, had only derived results proportional to the doses used, which were comparatively small. I had from the first noticed the control that the treatment had over the frequency of the paroxysms, and the lessened severity of the spasmodic action, and the general alleviation of most of the symptoms in this troublesome affection. The nature of the cases so treated not being of an aggravated type, I was therefore partially misled, and did not assign to the medicine its full value, for I attributed the mildness and short duration of the attacks partly to the type of the then prevailing disease, so that I really ascribed to the remedy but half its claim to the favourable result of my cases.

But, as before stated, after carefully reading and comparing Dr. Porter's report of cases, I was satisfied of the curative powers of the drug, and saw at once why my treatment had failed to yield me the complete results claimed by him.

Emboldened by his success, I was induced to augment the dose, and push the medicine to its full effects, and so well was I gratified with the results, that I hesitate not in asserting my conviction based thereupon, viz., that Dr. Porter's experience with hydrate of chloral was not accidental, or the result of coincident, nor attributable to the mild nature of the epidemic, but due to the immediate influence of the medicine. And although I do not claim for it the title of a specific in whooping cough, I do place it among the directly curative remedies, all of which have failed, and will fail, in some cases, however employed, which failures, however, do not in the least invalidate the claim to the position these drugs occupy in therapeutics.

The number of cases tried by me as advised by Dr. P. has been limited, but enough I think to establish—with other reported cases—the opinion I have advanced respecting the value of the medicine.

As is generally the experience of the physician, I have seen no cases in their initial state; so am unprepared to testify from personal knowledge upon its merits as an abortive agent, yet judging from its marked influence over well-developed cases, I fully anticipate from its earlier employment even happier results, especially if employed before that part of the nervous system which operates in the production of this disorder receives a more intense poisoning, developing the full train of symptoms. I would state to those who may have tried this treatment unsuccessfully, that, to procure the best results from its administration, it must be exhibited in full doses; and my experience has demonstrated to my entire satisfaction the wonderful tolerance of the drug, in all pertussis cases, even in the very young.

The dose of course must be regulated by the age

of the patient and the severity of the attack, and care always taken to observe the peculiar susceptibility in each individual case, as some children are much more susceptible to its action than others, as much so as is the case with opium and its preparations.

The course followed to my own satisfaction is to commence with a half grain for a child one year old, and increase a half grain for each additional year, and repeat every three or four hours. After noting the effect of the dose, to increase it from a half to one grain each day, according to the severity of the attack, and the peculiar tolerance of the medicine. Yet in some cases this plan may be deviated from with benefit, and the increase may be much greater and more rapid, but in the majority of cases I have found the above plan satisfactory. Of course it is necessary to watch the effect of the article (as it always is in the use of potent drugs), and, when decided symptoms of hypnosis are manifested, to suspend its use until the subsidence of such symptoms, then to begin it again in diminished quantity, to be increased as before.

I have found the "compound syrup of sarsaparilla" a good vehicle for its administration, as it masks the taste and destroys the pungency of the chloral more effectually than anything else I have tried. Some of the stimulant expectorants will prove valuable adjuvants.

I hope other practitioners who have not given this treatment a trial will do so, and all who may or have done so will report the result, that we may have more data upon the question.—*Philadelphia Medical Times*.

WHEN AND HOW TO USE MERCURY IN SYPHILIS.

The *Lancet* for Jan. 17 and 31 contains a highly interesting paper read before the Hunterian Society, Jan. 8, 1874, on this subject, by JONATHAN HUTCHISON, Sen. Surgeon to the London Hospital.

The following are the author's conclusions:—

"That mercury is probably a true vital antidote against the syphilitic virus, and that it is capable of bringing about a real cure.

That, in practice, a good many cases are really cured by mercury; the cure being proved by the restoration to good health, and, in some cases, by renewed susceptibility to contagion.

That the probability of cure depends upon the stage of development attained by the disease when the remedy is resorted to, and upon the perseverance with which it is used.

That, in order to secure the antidotal efficacy of mercury against syphilis, it is desirable to introduce a considerable quantity into the system, and to protract its use over a very long time.

That ptyalism and other evidences of the physiological action of mercury, so far from being beneficial, are, if possible, to be carefully avoided, since they prevent the sufficiently prolonged use of the remedy.

That in cases in which the patient shows an idiosyncrasy peculiarly susceptible to the mercury,

the indication is to reduce the dose rather than to omit the drug.

That it is impossible to begin the administration of mercury too soon, and that it should be resorted to without loss of time in all cases in which a chancre shows a tendency to indurate.

That many cases of indurated chancre, treated early by mercury, never show any of the characteristic symptoms of the secondary stage.

That in other cases of mercurial cure of the chancre, in which yet secondary symptoms do occur, they are usually milder than if allowed to develop without specific treatment.

That, when mercury does not wholly abrogate the secondary stage, it exhibits a remarkable power in delaying it.

That delayed outbreaks of secondary syphilis are to be regarded rather as proof that the administration had not been sufficiently persevering than that the remedy was not efficient.

That it is probable that the risk of tertiary symptoms is in ratio with the severity and prolonged duration of the secondary stage.

That there are some grounds for believing that the tertiary symptoms of syphilis are both less frequent and less severe in those who have been efficiently treated by mercury than in others.

That mercury, cautiously given, does not, in a great majority of instances, do any injury to the general health, and that its local inconveniences may usually be prevented.

That the doctrine of the real antidotal character of mercury, in respect to syphilis, ought to lead to much more prolonged administration of it, with the hope of destroying utterly all lingering germs of the malady.

That most collected statistics as to the duration of treatment and freedom from relapse are misleading and worse than useless, because usually the treatment was far too short to be effectual.

That it has not yet been proved that there are any special forms of syphilitic disease in which mercury, ought to be avoided, although, as a general rule, it is acknowledged that it must be used with more caution in all forms which are attended by ulceration than in others.

That iodide of potassium possesses little or no efficacy against either the primary or secondary form of syphilis.

That the efficacy of mercury is often most signally proved in cases which have utterly resisted the action of iodide of potassium.

That it does not much matter whether mercury is given by the mouth, by inunction, or by the vapour bath, provided that, which ever method be selected, care be taken to avoid salivation, purging, etc.

That the doses usually resorted to for internal administration are, for the most part, too large, and thus often necessitate a premature discontinuance of the remedy.

That if one method of administration does not proceed satisfactorily, another should be tried; and that in no case of difficulty should the vapour bath be forgotten."

NOTES OF A CLINICAL LECTURE ON MALADIES PRODUCED BY BOOTS AND SHOES.

Delivered by SIR JAMES PAGET, at St. Bartholomew's Hospital, on June 8th, 1874.

In every case in which the foot is deformed through wearing an ill-fitting boot, foot affections, such as bunions and corns, always appear, and they may also occur to persons who have well-made feet.

There is no distinct definition between bunions and corns.

Bunion is an enlarged and diseased bursa, and is commonly seated over the metatarso-phalangeal joint of the great toe in cases where the toe is everted by the wearing of boots that are too small for the feet. A bunion may be formed not only in that place, but any part of the foot which is subjected to friction and pressure may become the seat of a morbidly-formed bursa. Over it a corn is frequently produced. A bursa may be regarded as a natural structure, developed to ward off pressure and protect the joint beneath, and for that reason it is enlarged; but it soon passes that degree of healthy character, and becomes the seat of morbid changes. These changes are—

I.—*Simple inflammation*.—A day's hard walking will cause inflammation, with increased secretion of synovial fluid, repeated attacks of inflammation tending to fill it more and more.

II.—*Gouty inflammation*.—In this case you may have difficulty in deciding whether it is gout or not. It looks like gout, and yet there is evidently an inflamed bunion. The disease is simply gout, with a bunion as a starting point.

III.—*Excessive hardness and thickening of walls of a bursa*.—The fibrous tissues around become generally hardened, thickened, and matted together. This is a consequence of repeated attacks of inflammation.

IV.—*Suppuration* not unfrequently takes place. It is a most painful affection, the pain being felt not only at the seat of disease, but in some cases up the limb as well. The integuments swell, and frequently there is lymphatic swelling, with enlargement of the glands.

V.—The bursa that has suppurated may discharge spontaneously through an *exceedingly small* orifice, and through this orifice a continual discharge may go on for years. Not unfrequently, if a *small* probe can be passed through the opening, the bursa will be found to communicate with the joint, especially in cases where great thinning of the ligamentous structures has taken place between the bursa and the joint. If this communication occurs in young persons, acute inflammation, with destruction of the joint, will follow. Not so in old persons, for they can tolerate it; but, although acute inflammation does not set in, the joint is spoiled through the loss of its cartilage.

Treatment.—(1.) Abolition of cause, viz., the ill-fitting boot, for bursæ never become diseased

of themselves. The main point is that the inner line of the great toe should be in the same straight line with the inner border of the heel. It is not necessary for the boot to be very large, only well-fitting; for boots that are too large will give rise to as many corns as those that are too small. The sole of the boot should be broad, and the boot itself not lined with any material that will not yield, such as canvas, for the foot is not an organ of unvarying size. (2.) To cure the bunion, by special protection for the bunion itself by means of plasters, made of isinglass and felt of various thicknesses and shapes, to prevent the pressure of the boot. They should be placed *behind* the bunion—never on it. If placed in front, they tend to press the toe still further from the straight line. The ordinary corn-plasters sold in shops are exactly the pattern they should *not* be. The fashion you should have should be more after the pattern of a half-moon, simply serving to lift up the boot. (3.) If a bunion be acutely inflamed, it should be treated like any other active inflammation—by rest, poultices, cold or alkaline lotions, leeches, &c. (4.) Give alkalies, colchicum, &c., if the inflammation be of a gouty character. (5.) If the bunion is thickened from repeated attacks of inflammation, blistering, or the linimentum iodi are the best remedies, or rubbing the bunion with unguentum hydrargyri iodidi rubri to produce absorption. (6.) If suppuration takes place, the simple cure is to lay it *widely* open, and keep it open by placing a piece of lint between the edges. A mere puncture will only relieve the pain for a time. The best kind of opening to make is a crucial one, so as to see all the interior of the bursa; but even then it will try to close before the cavity of the bursa is obliterated. Sir Benjamin Brodie recommended nitric acid to be applied to the interior of the bursa, but it is a painful application, and not better than that of laying it *freely* open.

The above enumerated affections are not all, nor even the worst of the effects of bunions, since there are some which lead to utter destruction and amputation of the foot, while others lead to senile gangrene.

Corns are really, at first, protective structures, but soon they become morbid. Three different kinds are generally spoken of:—1, soft corns; 2, hard corns; 3, warty corns. The last-named are simply warts occurring in situations where corns are generally found.

Callosities must be distinguished from corns. They are broad and diffused thickenings of epidermis on parts exposed to pressure, as in a person accustomed to walk long distances, and are only the subject of treatment when they spread to an unnatural extent. The parts beneath callosities and corns are more vascular than parts around, and so they become painful at times. Callosities are easy to cure. Water-dressing, or, what is better, an alkaline lotion;

such as sodæ carb. gr. 10, dissolved in an ounce of water, should be applied to the part at night to dissolve the epidermis. In the morning the dressing should be taken off, and the part rubbed with something hard, such as pumice-stone, a file, or a rough towel, to reduce the callosity to the normal thickness.

Corns are more concentrated callosities, and occur when pressure has fallen on more prominent and restricted spots, the pressure being intermittent, as in the day and not in the night, for constant pressure produces wasting. Under corns of *long standing*, there seldom fails to be a bursa. Not unfrequently, in an old corn, the central portion is of a different structure to that surrounding it. In ordinary cases, the layers of epidermis are horizontal; but in an old one the central part is vertical, passing down to a depression in a portion of the cutis, so that such a corn has all the elements for causing pain. It is like a peg passed down into the substance of the cutis.

Corns are liable to all the diseases bursæ are subject to, as inflammation, &c. They may pass into the fibrous structures of the feet, but not into the joints.

Treatment.—Well-made and nicely-adapted boots are of the first importance. Plasters to prevent friction should be worn, *as long as fashion says that boots must be worn tight*. For the complete cure the corn should be cut. This corn-cutting is a most dexterous art when well practised, but when a corn is badly cut, great harm is done. The ordinary corn cutters merely shave the layers of the epidermis down level with the surface; but skilful ones, or chiropodists as they call themselves, will fairly, dig the corn out with a sharp instrument, so as to leave the cutis underneath clear, the corn having been previously rendered soft by being soaked thoroughly for a few nights before. Other methods may be used, such as the one for callosities, if the boots be altered. A fair way consists in applying caustics at night, such as nitric acid, and scraping off the epidermis in the morning. Soft corns may be treated thus as well as hard ones. They are only soft because they grow in moist places, as between the toes. A good way of treating them is to put on some soft soap at night, and rub it off in the morning.

It is a good rule in practice, when a person complains of anything the matter with the legs, to look at the boots, for you may make a diagnosis by looking at them only, since the shape of the boots will tell you how they have been worn—whether the person has walked on the inside, the outside, or never walked fairly on the heel. Persons may complain of rheumatic pains in hips, knees, and ankles, and the sole reason be corns or bunions, and badly-fitting boots.

Lateral Curvature is no uncommon consequence of corns in a young person, from standing on one foot, or one side of a foot.

Chafings of Feet.—The most common place of chafing was at the ball of the foot; but now the most common and important place is over the tendo Achillis. In one case—a young woman—pyæmia and death followed on the chafing over this tendon. The marvel is that some can stand it and do not die. Chilblains occur where the circulation is most diminished.

The chafings, which happen chiefly in ladies, are caused—

1. By the use of elastic sides.
2. By a badly-made boot having a median seam at its back, so that a rubbing over the tendo Achillis is always occurring.

To heal the sore, bear off the boot by plasters; never wear elastic sides, but buttoned or laced boots, nor wear a boot with a median seam posteriorly.

Painful Bursæ.—Persons will tell you that they have pain at one spot, and that the pain on walking is intense. Nothing can be seen. The bursa causing pain is most commonly situated between the heads of the third and fourth metatarsal bones. The test is, that the pain is increased when the foot is griped from side to side, and the cure is effected by giving the foot width.—*Students' Hospital Gazette*.

OXIDE OF ZINC IN GONORRHŒA, GLEET, ETC.

We have recently known a number of very obstinate cases of gleet relieved by the introduction of a catheter, smeared with mild zinc ointment, once or twice per day. Many recent cases of gonorrhœa are much relieved by the same means, with the addition of a little carbolic acid, sulphate of zinc, or nitrate of silver. An injection containing about two grains of sulphate of zinc to the ounce of water, and the whole made thick as cream with finely-powdered golden-seal (*Hydrastes Canadensis*), is deemed invaluable by some who have been very speedily cured by it. It is thrown into the urethra, and allowed to remain as long as it will.—*Medical Times and Gazette*.

ERGOTIN INJECTIONS IN PROLAPSUS ANI.

Von Langenbeck, of Berlin, announces that he has lately been treating prolapsus ani "with astonishing success," by hypodermic injections of a solution of ergotin (five to fifteen parts to one hundred of distilled water). He replaces the bowel, and inserting the point of the syringe about three centimeters in depth in the cellular tissue, throws in from one to two grains of ergotin. This should be repeated every three or four days, for three or four weeks, any hard fecal masses in the bowels being first removed by a simple injection. As a means of treating a most obstinate and troublesome complaint, this method, sanctioned by so eminent a name, deserves a careful repetition.—*Medical and Surgical Reporter*.

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ANTI-VACCINATIONISTS.

If Montreal is not blessed with a large number of anti-vaccinationists, it is certainly bothered with a few, who are tenaciously persistent in their efforts to establish their pernicious views among their fellow-countrymen. In season, and out of season, they seize hold of every straw, which can possibly be made to turn their way, and build upon it a tale of horror sufficient to strike terror and dismay into the hearts of the simple and uneducated. No sooner is their superstructure dashed to pieces, than they rise begrimed and covered with the dust of their own folly, and again seek a mare's nest, perchance a mare's egg, and, from their heated illogical brains, once more lay before the public tortured, unscientific deductions. We wish, indeed, that such persistency was in a better case. We wish that in every French Canadian family in Montreal, there could appear a ghost from the hosts of children whose lives have been sacrificed to this fatal doctrine, and with the finger of scorn, point to those who are doing so much to add to the already fearful slaughter which has for two years past been raging in the Eastern section of our city. To-day is not the time to argue the value of vaccination—that has been determined, beyond the peradventure of a doubt, years ago; and although the trio of medical men in Montreal who seem to have joined hands, (a recent convert being received within their ranks with a perfect ovation) may do a great deal of mischief among a class of the population who are by nature easily led, they are looked upon by their fellow-practitioners, of every origin, as simply making themselves supremely ridiculous. Drs. Coderre, Gauthier and Roy, we mention their names that the Profession of our Dominion may know the brilliant geniuses, who to day fancy their puny efforts

will do ought to change the feeling of the profession as to the value of vaccination. That they may do much mischief among the public we unfortunately know too well; but influences professional opinion, no, never!

We have been induced to make these few remarks from the fact that within a month past there appeared in a daily newspaper published in Montreal, called *La Minerve*, several letters containing statements with regard to a vaccination which had recently been performed by Dr. Roy. The circumstances were detailed with much minuteness and in brief were as follows: Dr. Roy obtained some lymph from the Corporation heifer, through one of the city Health officers Dr. Larocque, and on the 25th of June, with it vaccinated a child thirteen months old: On the 27th the child was feverish and had diarrhoea, on the 9th July there was enlargement of the inguinal glands, (and Dr. Roy, strange to say, mistook it for Hernia). When the pustule was showing signs of commencing to dry a *bandage* was applied over the vesicle, and on removing it some days after *he was surprised* at the scab sticking to it, and a large and nasty scooped wound left behind. The sore however rapidly cicatrised. This case then founded a chapter of horrors; and Dr. Roy rushed into Dr. Codeere's arms and was at once embraced as a sort of prodigal returning. The Health Department at once determined to frustrate the effect this publication might possibly have on the public, and accordingly invited a number of the Medical men of the City to meet and examine the child who was said to have received such fearful injury from the introduction of the vaccine poison into its system. We were asked to be present, but were unfortunately unable to be there. On the 2nd of August, the following met to examine the child,—viz.: Drs. Howard, Rottot, Craik, Trenholme, Larocque, Dugdale, Ricard, Mount, Desrosiers and Lussier; also the Anti-Vaccination trio; Drs. Coderre, Gauthier and Roy: Having examined the child and enquired into the facts of the case, the following Resolution was moved by Dr. Howard, seconded by Dr. Mount, viz.: Resolved, "That, having carefully examined the child of Widow LeBlanc, said to have been seriously affected by the effects of vaccination, this assembly is of opinion, that there has been no proof of such being the case."

This effectually closes their mouths, for the opinion of such men as undertook this examination is of a character to command public respect. A word however, with regard to the case itself, and we think we are justified in saying that the treatment of the vaccination pustule by placing a firm bandage around it was the cause of a good deal, if not all the subsequent local trouble, and was a practice reprehensible to the last degree. We do not care to at present follow this case further, as it would only show the folly of Dr. Roy, who, a baby in vaccination, jumped to the very silly conclusion which he did; the more especially as we hope next month be able to give a detailed account of the examination of the child.

Since the above was written we are informed that the trio are again on the war-path. Another fearful case is to the fore, and that they have actually secured the services of a microscopist. We are even told that *Cancer cells* have been discovered in the matter from the pustule. *When will this folly end.*

OPENING FOR A MEDICAL MAN.

We hear there is a good opening for a Medical man at Dewittville, near Huntingdon, Que.

SWALLOWING NEEDLES.

Prof. Kosinski, of Warsaw, mentions the case of a young lady, aged seventeen years, who said she had accidentally swallowed a packet of from twenty four to twenty-five needles, of which sixteen were taken out of various parts of the abdomen by a practitioner. The patient complained of great pain in the region of the navel, the bladder, and the rectum, and loss of blood from the bowels. Several needles were found in the integuments of the abdomen, and one in the rectum. The needles lay horizontally to the surface of the skin, with the eye upwards. The patient was made to confess she had inserted the needles herself.—*Philadelphia Medical Reporter.*

THE INTERNAL ADMINISTRATION OF PHOSPHORUS.

The difficulty of finding an appropriate vehicle for phosphorus in its medicinal uses has long been recognized. Balsam of tolu has lately been suggested for this purpose. Experiment has shown that four grains of phosphorus are perfectly dissolved by ninety-six grains of washed tolu, if melted together under water and well stirred.

The preparation so made, when examined microscopically, does not show any particles of undissolved phosphorus, and when seen in the dark, and rubbed between the fingers, it gives off a perfectly equally distributed light.

This preparation may, therefore, be formed into pills, with every confidence in the equal distribution and activity of the phosphorus.

PERSONAL.

In a recent number of the *Pacific Medical and Surgical Journal*, we notice an admirable article "on injuries to knee joints, with cases," by Dr. H. W. Nelson. Dr. Nelson is cousin to Dr. Wolfred Nelson of Montreal.

Dr. George E. Fenwick, Professor of Clinical Surgery, McGill University, and editor of the *Canada Medical and Surgical Journal*, sailed for Europe, by the Allan S. S. Canadian, on the 24th of July. He will be absent a couple of months. His health, which has been gradually improving, will, we hope be completely restored by the trip.

Dr. Francis W. Campbell, Professor of Physiology in Bishop's University, and editor of this journal, sails for Europe, by the Allan S. S. Polynesian, on the 29th of August. He will be absent about two months. Dr. Perrigo, will lecture for him till he returns.

Dr. Drake has tendered his resignation, as Professor of Physiology, in McGill University, which resignation his confreres have refused to accept. It is reported that Dr. Osler, (M.D., McGill, 1873), has been appointed Lecturer upon Physiology; and will thus relieve Professor Drake of a large portion of his work. We exceedingly regret the cause which has induced Dr. Drake to take this step,—viz: impaired health.

Dr. Rose (M.D., Bishop's College, 1874,) has settled at Chateauguay, State of New York.

Dr. Pentland, son of Charles Pentland of Quebec, has received a Poor Law appointment in London.

Professor Erichsen of University College London, arrived at Quebec on the 10th instant, on the Allan Mail S.S. Prussian. He visits several of his friends in Canada.

Dr. J. M. Toner, of Washington, President of the American Medical Association for last year, was in Montreal on the 11th, 12th, and 13th August, *en route* for home. We had the pleasure of a call from him, accompanied by Dr. Jackson of Mississippi

Dr. Digby, of Brantford, (M. D., McGill, College, 1866,) was in Montreal on the 13th and 14th of August.

Dr. Francis J. Sheppard, of Montreal, (M.D. McGill College, 1873,) has passed his examination for the Membership of the Royal College of Surgeons, England.

Dr. William Osler, (M.D., McGill College, 1872), has been appointed Lecturer on Physiology and Pathology, in the Medical Faculty of McGill University. Dr. Drake still retains the Professorship.

Dr. Morrisson, (M.D., McGill College, 1872) has retired from partnership with Dr. Sheriff of Huntingdon, and has removed to Waddington, N. Y. We wish him all success in his new sphere.

Dr. Silas J. Bower (M.D., McGill College, 1865), is in practice at Waddington, N. Y.

Dr. John Campbell, (M.D.; McGill College, 1869) has given up practice, owing to poor health, and removed from Seaforth, Ont.

We regret to learn that ill health has compelled Dr. Drake to retire from the active duties of Professor of Institutes of Medicine in McGill University; for the present he still, however, retains nominally his position. We trust that the rest which will be thus afforded may be largely beneficial to him.

Dr. John Farley of Belleville (M.D., McGill College, 1873), was admitted a member of the Royal College of Surgeons of England, on the 22nd of July.

Dr. J. Hughes Bennett, who for many years has filled the chair of Physiology, in the University of Edinburgh, has resigned on account of ill health. There are several candidates for the position, among them, Dr. McKendrick, who for the past three years has read Dr. Bennett's lectures to his class, and Dr. Pettigrew, who is connected with the Extra Accademical School in Edinburgh.

Dr. Henry Thomas Corbett, of Ottawa, has been appointed an Associate Coroner for the County of Carleton.

Dr. Donald Alexander McCrimmon, of Lucknow, Ont., has been appointed an Associate Coroner for the County of Bruce.

Dr. Moffat Forster, of Thorndale, Ont., has been

appointed an Associate Coroner for the County of Middlesex.

Dr. Russell (M.D., University of Edinburgh,) son of Dr. R. H. Russell, of Quebec, arrived home by the *Sarmatian* on the 2nd. of August.

Dr. Tabb, Professor of Botany, University of Bishop's College, has resigned his chair. He has removed to Sherbrooke at the earnest solicitation of many of his friends residing in that rising town. Applications for his Chair will be received by the Faculty up to the 1st September.

Dr. John Holwell (M.D., McGill, 1868,) is Surgeon of the Allan Mail *S.S. Nova Scotian*.

CANADA MEDICAL ASSOCIATION.

The seventh annual meeting of this Association, was held at Niagara Falls, Wednesday, 5th August, 1874.

The President DR. MARSDEN, called the Meeting to order at 11 o'clock.

There were present Drs. Marsden, Quebec; Botsford, St. John, N.B.; Caniff, Toronto; Hingston, Montreal; Trenholme, Montreal; Yeomans, Mount Forest; Grant, Ottawa; Robillard, Montreal; H. H. Wright, Toronto; McDonald, Hamilton; Thorburn, Toronto; Thompson, Montreal; David, Montreal.

The Minutes of the last day's proceedings of the meeting of last year were read and confirmed.

Drs. Grant, Hingston and Wright were requested to take seats on the platform.

DR. CANIFF, Chairman of the Committee of Arrangements, reported as correct the credentials of Dr. A. A. Thompson, of Lansing, Michigan, and Dr. Edward Jenks, President of the Detroit Medical College and Professor of Diseases of Women, &c. &c., &c., as delegates from the American Medical Association, and Dr. H. P. Yeomans, Mount Forest, as delegate from the Union Medical Association of South Grey and North Wellington, and the President accorded them, in the name of the Association, a cordial welcome.

Letters of excuse for not being present were read from Drs. Dawson, C. C. Hamilton and Howard.

The President then delivered his usual address:

When it was moved by DR. TRENHOLME and seconded by DR. BOTSFORD: "That the thanks of the Association be tendered to the President for his address, and that it be referred to the Publication Committee," which motion was carried unanimously.

On the motion of DR. CANIFF, seconded by

DR. WRIGHT, the following gentlemen were elected permanent members: Dr. Baxter, Cayuga; Mullin, Hamilton; H. P. Wright, Ottawa;—and on the motion of DR. WRIGHT, seconded by DR. TRENHOLME, Drs. John Turquand, Woodstock, Hugh McKay, Woodstock; Daniel Clark, Princeton and D. A. Hart, Montreal.

The proposed alterations to the bye-laws were then brought up and DR. BOTSFORD moved that they be considered, clause by clause, which was done, and were proceeded with as far as the Standing and other committees, and all passed with a few verbal alterations, when the Meeting adjourned for an hour.

AFTERNOON SESSION.

The President assumed the chair at 3.30 p.m. The Minutes of the morning's Meeting were read and confirmed.

On the motion of DR. McDONALD, seconded by DR. BOTSFORD, Dr. Malloch and Dr. Case, both of Hamilton, were elected permanent members.

The remainder of the bye-laws were then discussed and, with some amendments, all were passed, when DR. BOTSFORD, seconded by DR. CANIFF, moved, "That these bye-laws, as amended, be adopted," which was unanimously agreed to.

The following gentlemen were then proposed and elected as the Nominating Committee: Drs. Grant, Baxter, Clark, Robillard, Hingston, Trenholme, McDonald, Turquand, with power to add to their number.

On the motion of DR. GRANT, seconded by DR. McDONALD, the consideration of the proposed Medical Act was postponed indefinitely.

On behalf of the Committee on Vital Statistics, Dr. Botsford stated he was not aware of any action having been taken.

DR. GRANT moved, seconded by DR. CANIFF, "That, in consideration of the best interests of Medical Science, it is desirable that a Medical Conference should take place between the American and Canada Medical Association, at some central point to be determined upon, and that the American Medical Association be advised as to the desirability of thus becoming more intimately acquainted, and affording an opportunity for the discussion of Medical and Surgical Subjects on a common basis," which was carried unanimously. When DR. HINGSTON, seconded by DR. BOTSFORD, moved, "That, in the event of such a conference being determined upon, it would be desirable that the secretary of the Canada Medical Society notify the various local Medical Societies, so that our Dominion might take part in

a manner worthy of the occasion, and in keeping with the best interests of Medical Science," which motion was agreed to.

Dr. Trenholme then read a paper on Uterine Decidua, and Drs. Clark, Hingston, McDonald, Grant, Yeomans, Botsford and Sloane spoke on Dr. Trenholme's paper, causing a most interesting discussion.

Dr. Jenks offered some remarks as to the meeting of the two Associations, with thanks for the reception accorded him and his friend, Dr. Thompson.

The Meeting then adjourned till 8.30 p.m.

EVENING SESSION.

The chair was taken by the President at 8.30.

The Minutes of the afternoon session were read and confirmed.

On the motion of DR. CANIFF, seconded by DR. McDONALD, Dr. Mack, of St. Catharines, was elected a permanent member. Dr. Mullin presented to the Association a preparation of the skeleton of a double-headed monster, exhibited drawings of it, and read a lucid and interesting paper on its formation.

Dr. Malloch read the notes of a case of defective development; and, on motion, the thanks of the Association were accorded to Drs. Mullin and Malloch for their interesting papers.

Dr. Botsford exhibited a model of a plan he had adopted in relieving pain in moving patients, explaining the method, and a vote of thanks was given Dr. Botsford.

Dr. Trenholme then replied to the questions that had been put him, in the discussion on his paper, and another very interesting discussion took place, and a cordial vote of thanks was moved and passed to Dr. Trenholme for his paper and the interesting and instructive discussion it produced, and a request that he would hand it to the Publication Committee.

DR. TURQUAND, seconded by DR. TRENHOLME, proposed Dr. William Scott, of Woodstock, as a permanent member,—Dr. Scott, was unanimously elected.

Dr. Malloch read a carefully prepared paper on the Contagiousness of Enteric Fever, and a vote of thanks was accorded Dr. Malloch, with the request that it be given the Publication Committee.

The Secretary read a letter from Dr. Rosebrugh, stating that, owing to illness, he had been unable to prepare a paper to lay before the Association.

It now being 11 o'clock, on the motion of DR. BOTSFORD, seconded by DR. McDONALD, the Association adjourned till 9.30 to-morrow morning.

SECOND DAY, THURSDAY, 6TH AUGUST.

The President opened the Meeting at 10.30 a.m.

Dr. W. Scott, of Woodstock, exhibited a pessary of his invention for retroversion and retroflexion of the uterus, explaining its uses and advantages; a vote of thanks was accorded Dr. Scott, and the matter referred to the Committee on Obstetrics.

On motion, Dr. J. Fulton, Toronto, was elected a permanent member.

Dr. Hingston, as chairman of the Nominating Committee, reported the following gentlemen as the officers for the ensuing year :

<i>President</i>	Dr. LeBaron Botsford, St. John, N.B.
<i>Vice-Pres. for Ontario</i>	Dr. J. D. McDonald, Hamilton.
<i>Quebec</i>	Dr. J. P. Rottot, Montreal.
<i>Nova Scotia</i>	Dr. Wickwire, Halifax.
<i>New Brunswick</i>	Dr. G. A. Hamilton, St. John.
<i>General Secretary</i>	Dr. David, Montreal.
<i>Treasurer</i>	Dr. Robillard, Montreal.
<i>Local Secretary for Ontario</i>	Dr. Malloch, Hamilton.
<i>Local Secretary for Quebec</i>	Dr. F. E. Roy, Quebec.
<i>Local Secretary for Nova Scotia</i>	Dr. Morgan, Halifax.
<i>Local Secretary for New Brunswick</i>	Dr. Gregory, Fredrickton.
<i>Committee on Publication</i>	Drs. Marsden, Peltier, W. Scott,
<i>Committee on Medicine</i>	Drs. Howard, Sewell, H. H. Wright.
<i>Committee on Surgery</i>	Drs. Hingston, Caniff, Grant.
<i>Committee on Obstetrics</i>	Drs. Trenholme, Lavelle, U. Ogden.
<i>Committee on Therapeutics, New Remedies, Medical Jurisprudence</i>	Drs. D. Clarke, Thornton, Fenwick,
<i>Committee on Neurology</i>	Drs. F. W. Campbell, Grenier, DeWolf.
<i>Committee on Medical Education & Literature</i>	Drs. Bayard, Parker, Fukton.
<i>Committee on Prize Essay</i>	Drs. Hodder, Oldright, Craik.
<i>Committee on Climatology</i>	Drs. Bosford, Larocque, Thompson, Mullin, Turquand,

All of whom were unanimously elected, when Dr. Botsford returned thanks for his election to the office of President.

On motion of Dr. THORBURN, seconded by Dr. MACK, Dr. W. L. Copeland, of St. Catharines, was elected an ordinary member; on motion of Dr. OLDRIGHT, seconded by Dr. FULTON, Dr. A. L. Hamilton of Millbrook, was elected an ordinary member.

Dr. ROBILLARD, seconded by Dr. BOTSFORD, proposed that Halifax be the next place of meeting, ten voted for and ten against, the President gave the casting vote in favor of Halifax, and the question being put it was carried unanimously.

Dr. BOTSFORD moved, seconded by Dr. McDONALD, "That the same sum as was voted last year be given the Secretary, and that the Treasurer be paid his expenses," which was carried unanimously.

Dr. Hingston, on behalf of the Auditing Commit-

tee, reported having examined the Treasurer's books and accounts and found them quite correct.

Dr. Hingston offered a few observations on the methods of arresting hemorrhage which produced an interesting discussion, on which Drs. Mack, Sloan, Grant, Trenholme, Geekie and Turquand took part.

Dr. J. M. Fraser, London, Dr. Jno. Fraser, Southall, and Dr. Burgen, Wolland, were, on the motion of Dr. THORBURN, seconded by Dr. BAXTER, elected permanent members.

Dr. David then read a paper, prepared by Dr. Howard, on the Pathology of Tubercle and Pulmonary Consumption, when it was moved by Dr. Oldright, seconded by Dr. Rosebrugh, and unanimously resolved, "That, while regretting the absence of Dr. Howard, the thanks of this Association be given him, and his interesting paper handed to the Committee of Publication.

Dr. BOTSFORD, seconded by Dr. WRIGHT, moved, "That the thanks of this Association are due and be given to, Messrs. Colburn and McOmber, the proprietors of the Clifton House, for their kindness and liberality in having reduced their fares, and for having given their hall for the Meetings of this Association free of charge," which was carried.

Moved by Dr. DAVID, seconded by Dr. OLDRIGHT, it was resolved, "That Dr. Botsford, President elect be authorized to name the Committee of Arrangements for the next Meeting at Halifax.

On motion, the President left the chair, and Dr. McDonald was requested to take it, when Dr. BAXTER, seconded by Dr. THORBURN, moved a vote of thanks to the President for his able conduct in the chair, which motion was carried; Dr. Marsden returned thanks.

A vote of thanks was unanimously passed to the General Secretary, the Treasurer, and the other Officers of the Association, and the Meeting adjourned.

A. H. DAVID, M.D. Ed.,
General Secretary.

BIRTHS.

In Worcester, Mass., on the 2nd August, the wife of Dr. George J. Bull, (late of Montreal,) of a son.

In Montreal, on the 22nd July, at 616 Dorchester Street, the wife of Dr. Geo. A. Baynes, of a daughter.

DIED.

At St. Anns, on the 8th August, of Dysenteric Diarrhea Edith Ann, aged 8 months, infant child of Gilbert Prout Guimond, M.D., M.R.C.S., Eng., Professor of Practical Chemistry McGill University.