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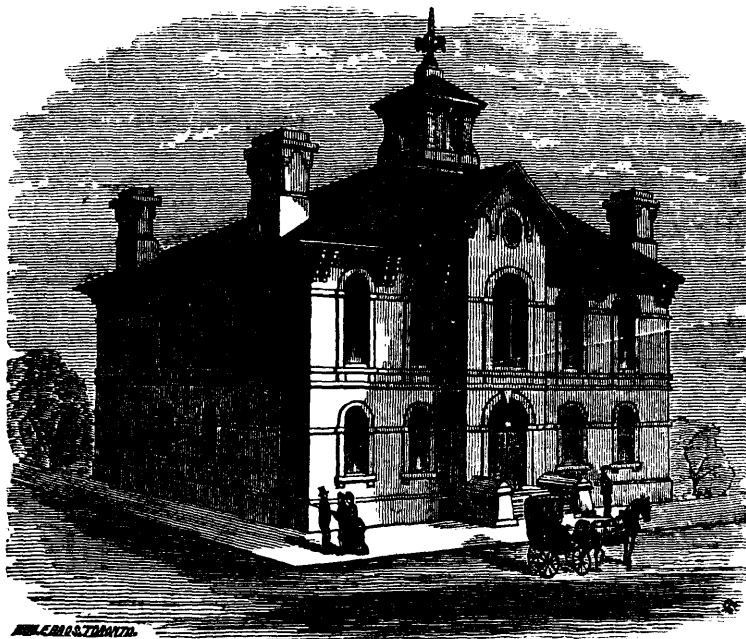
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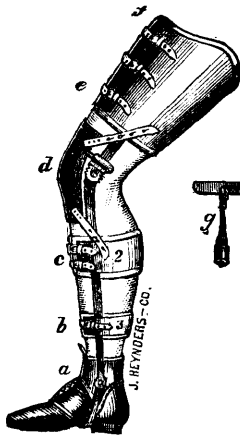
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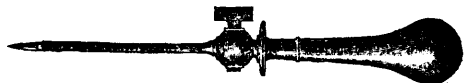
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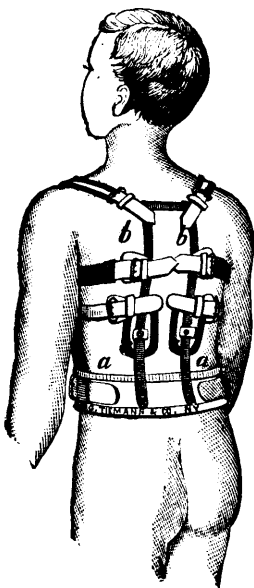
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*Selections: Medicine.*

DIARRHŒA—ITS VARIETIES AND TREATMENT.

BY J. MILNER FOTHERGILL, M.D.

(Continued.)

AT other times diarrhœa, persistent or repeated, is a consequence of congestion of the portal circulation. Very commonly it is the result of obstruction in the liver, especially when that organ is the subject of cirrhosis. Here the substance of the liver is compressed and bound down by contractile and contracting pathological connective tissue; and in this compression the blood-vessels share; not uncommonly, indeed, the venous radicles are the subject of phlebitis; and then the flow of the portal circulation is interrupted. As a consequence, the venules of the intestinal canal are turgid and full, and a serous fluid drains away from the mucous surface of the bowels. Very commonly at the same time there is an accumulation of fluid in the peritoneum from a like condition of the venules of the serous membrane. The diarrhœa which shows itself under these circumstances is a natural discharge, affording relief; and, instead of attempting to check it, it often becomes desirable to increase it by the administration of cathartics.

In determining upon the plan of treatment of any diarrhœa, it first behoves the practitioner to make his diagnosis clear, first as to the exact amount of the discharge, and secondly, what is far more important, to determine carefully and

painstakingly what that discharge is due to. It is often as necessary to nurse and even encourage a diarrhœa as it is at other times imperative to arrest it. The popular impression that every abnormal discharge is to be arrested, is as fallacious as the impression that purgatives are indicated in the locked-up bowels of ileus. A striking and painful instance of this will be given shortly, which will be followed by an equally illustrative case of the good to be derived from declining to arrest a diarrhœa under certain circumstances.

What holds good of the diarrhœa of cirrhosis and ascites holds equally good of the serous diarrhœa, which is so commonly found in the later stages of valvular disease of the heart, or of right side failure from obstruction in the pulmonary circulation due to chronic disease in the lungs. Under these circumstances, there is general venous fulness, and this is most felt in the radicles of the valveless portal circulation. Consequently, there is gastric catarrh, with its pathognomonic symptom, persistent sense of fulness, and a looseness of the bowels, often ascending to sharp diarrhœa. Here it is also far from good practice to attempt to arrest the intestinal flux by astringent remedies. It is better far to nurse it, as long as it is not positively and unquestionably doing harm; and to do away with the necessity for it by acting upon the heart by digitalis and iron. If the circulation can be improved, and the condition of venous congestion done away with, then the diarrhœa will pass away with the condition upon which it casually depends. This method

of treating it is both rational and effective. Sometimes a little serous oozing remains after a free spontaneous catharsis under these circumstances, or after its induction by mechanical agents, and this teazes the patient at night, either causing him to get up, or passing off during sleep. A dose of five grains of myrrh and ten of bismuth at bed-time will be found effective here, and may be resorted to without the fear which attaches to opium and its derivatives. Of course it may become necessary to resort to astringent measures; and if it is so, sulphuric acid, with hæmatoxylin, or the astringent preparations of iron, are the best means of attaining the desired end. But the only treatment, as a rule, to be invariably followed is the relief of that condition of the portal circulation upon which the diarrhœa depends.

At other times diarrhœa may be a compensatory action of the bowels, especially in conditions of renal embarrassment. Here it is termed uræmic diarrhœa. This is a much more common condition than is generally imagined. It is, however, one of those matters which is not patent to the casual observer, and is one which can only be detected ordinarily by the eye which has learned to see it. In the diarrhœa of elderly persons, especially when recurrent, this association will be found to exist very frequently. When called to a patient suffering from a sharp diarrhœa, there is little time and less opportunity to make a thorough diagnosis, especially as the urine is scanty and possibly albuminous without there being renal disease, and a careful investigation of the past history is all that can be relied upon. Often the materials so furnished are insufficient to prevent mischief. The following case is instructive in its sad history. Just on entering practice, I was called to a woman of forty-eight who was seized with purging. She had frequently had similar attacks, which had never been very amenable to treatment. As the woman was far from being strong, the friends were very urgent about the necessity for early arrest of the discharge. The motions were watery and copious, and the amount of urine very small, and none could be secured for examination. After various combinations of astringents, my

efforts were unhappily sufficiently vigorous to be successful. In thirty-six hours after the cessation of the alvine flux, uræmic coma came on, which terminated fatally. After a careful investigation of her history, it became certain that the unfortunate woman was the subject of chronic Bright's disease, and the discharge I had done so much to arrest was a compensatory action, and not a morbid process, in fact, it had brought to a close the only action almost by which the organism could have been preserved. Regret was unavailing, but the case brought forth fruit on an after day.

Some little time afterwards an opportunity was afforded of watching the play backwards and forwards betwixt the kidneys and the bowels in an old man. During one paroxysm of renal engorgement, accompanied by free purgation, no water having been passed all day, I passed a catheter into the bladder to make sure that it was empty, as percussion had indicated. The bladder was empty. In a few hours the diarrhœa ceased, and he passed two pints of water. After repeated oscillations betwixt the kidneys and the bowels, the alvine flux each time being less and less, matters once more became normal. Arrest of the diarrhœa here by powerful astringents would probably have been fatal, as in the case just given.

A very striking case came under my care a year or two after this. An old woman, long the subject of renal disease, with a dilated heart, was seized with diarrhœa. The urinary secretion was scanty, and there was aching through the loins, &c. I declined to attempt to arrest the discharge, but gave the patient nutrient support, and applied large poultices, dusted with mustard, across the loins, as preferable to cupping; and after the alvine flux might have fairly been supposed to have somewhat relieved the renal embarrassment, mild, non-irritating diuretics (potash with buchu) were prescribed. The domestic arrangements did not permit of any bath then procurable, but hot bottles were placed in the bed. For some days the case went on; a brown, furred tongue, headache, and increasing stupor, a urinous odour of the breath, *ureous* vomiting, and a strong odour from the skin, vindicated the hypothesis of the uræmic nature of the diarrhœa. All hope was

abandoned ; but after a little time the kidneys resumed their function, the diarrhoea ceased, and the urinous odour disappeared, and ultimately the old lady got well. This case contrasts very forcibly with the one first related.

In all cases where the diarrhoea takes its origin in uræmia and the process is a compensatory and conservative one, our line of treatment is not to attempt to arrest the diarrhoea until the ordinary channel is once more patent. If the diarrhoea is profuse and tending to exhaustion, it is well to act freely upon the skin, especially by external measures, the warm bath, &c. Opium in all its forms is strictly contra-indicated here, despite its well-known action on the skin. At most, all that may be adventured in the way of checking the action of the bowels is the administration of iron, and the pernitrate with nitrate of potash has furnished satisfactory results ; while the attempts to restore the action of the kidneys by counter-irritation across the loins must be persisted in. During this time the patient must be supported by nutrient bland food ; milk and seltzer-water, sago and arrowroot with milk, or a little beef-tea or mutton-broth, are the best measures, care being taken not to give beef-tea in such quantities as to add further to the load of nitrogenized waste. Alcohol in small quantities is not inadmissible. The treatment must be watchful, and eminently conservative. No sudden *coup de main* is to be essayed ; but the case is to be carefully steered through its numerous difficulties, warily and skilfully indeed if a successful result is to be achieved.

Such is the line of treatment to be pursued in a large and most important class of alvine fluxes, especially met with in elderly persons. Whatever has been said here applies equally to the endemic diarrhoea, which is so commonly met with after scarlatina, when the kidneys are affected.

Finally, a word as to the external applications which may be resorted to in the treatment of diarrhoea. To relieve the pain produced by the peristaltic action, hot flannels wrung out of hot water, and sprinkled freely with laudanum or turpentine, or both, and applied across the abdomen, are very useful. Also enemata of starch and laudanum may be

resorted to with advantage in severe cases, provided opium is not contra-indicated. When there is much tenesmus, a morphia suppository is a comfortable thing ; and if there be any tendency to form hæmorrhoids, a suppository of morphia and gallic acid is indicated.

In the more persistent diarrhoeas of infants, accompanied by much wasting, and especially in that form described by the old word *lientery*—where the food is passed almost unchanged—rubbing the child all over with olive oil once or twice daily is an excellent measure. By this means nutriment is absorbed, and the child is fed, so that the system is often enabled to recover itself, and the diarrhoea is ultimately subdued.

As to those forms of intestinal discharge known as *colliquative*, as depending upon tubercular disease, or enteric fever, they cannot be entered upon in this article. The two first depend upon the general condition, and their treatment is part of the general treatment—matters too wide to be considered here ; while as to the third, it has been fully discussed in a recent number.—*Practitioner*.\*

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#### REMARKS ON CHRONIC DYSENTERY ; WITH THE HISTORY OF A CASE OF FIVE YEARS' STANDING CURED WITHIN FIVE WEEKS BY TOPICAL TREATMENT. — By T. Gaillard Thomas, M.D.

There are few curable diseases which offer a more unfavorable prognosis than chronic dysentery. The dangers which attend the affection in its most acute stages are greatly increased in that in which painful, hæmorrhagic, and intractable ulcers cover the surface of the rectum and colon, and exhaust the patient by loss of blood, constant pain, frequent evacuations, and the intense nervous depression which attends such cases.

The following case is related to show the wonderful results which, sometimes at least, follow local treatment in this intractable disease :

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\*In the first part of this article, in our last issue, for "a grain and a half of opium," the author evidently means "a grain and a half of Pulv. Cret. Co. c Opio., or Kulu. Ipecac. Co."—Page 3, line 24.

The history as given by the patient was this : On the 9th December, 1870, at the moment that she received the unexpected tidings of the death of a brother, she was suddenly seized with acute dysentery. This became chronic, and exhausted her by the severe pain, frequent evacuations, and hæmorrhages which accompanied it. At short intervals acute attacks would be engrafted upon the chronic state, apparently excited by indiscretions in diet or unusual fatigue, and in some of these her condition became alarming. In her written statement she says : " I have been ill for five years ; even when able to sit up and go about the house I have had constant dysentery ; the smallest number of actions from my bowels being eight, all containing blood and mucus. It was no rare thing for me to have twenty-seven and more actions a day ; on these occasions I would lose a large quantity of blood. I lost colour, appetite, strength and spirits, while my nervous system was in a most painful condition."

On the 19th September, 1875, Dr. H. F. Walker anæsthetized the patient, and I proceeded to make a thorough examination of the rectum. After etherization she was placed in the left lateral position, and, after stretching of the sphincter ani by the fingers, a long duck-bill speculum was introduced. This was held by my nurse exactly as in vaginal examinations, while by a depressor I pressed downward the anterior rectal wall. No one who has not examined the rectum in this way can imagine the facility with which the whole canal can be seen. In this instance it was perfectly exposed up to the sigmoid flexure. I now cleansed it of all fæcal matters by a long glass tube so bent upon itself at its upper extremity as to throw a stream of water from a Davidson's syringe back towards the anus. Throughout the whole extent of the intestine exposed to view, the mucous membrane was seen swollen, œdematous, hanging in hæmorrhoidal masses and studded with deep ulcers with grayish bottoms. It was greatly engorged, and presented that deep red, almost violet hue which is seen in the throat in cases of diphtheria. On this occasion no application was made, and, as the anæsthetic had disturbed the patient's stomach and rendered her nervous, nothing more was done until September

30th. Then, ether being again administered, and the bowel thoroughly cleansed, I wrapped a small piece of white cotton around the end of a whalebone rod, and, dipping it in commercial nitric acid, lightly touched the swollen mucous membrane and all the ulcers intervening between the sigmoid flexure and the anus. No superfluous fluid was allowed to attach itself to the cotton, and the cauterization was nowhere so decidedly practised as to render the occurrence of sloughing possible. Upon recovery from the anæsthetic a slight amount of pain only was complained of, and writing of the subsequent effect the patient says : " It soothed me and I slept well. This was the first real respite which I had experienced in five years." At this time the patient was confined to a milk-diet as much as possible, and limited as to exercise. This application proved of decided benefit in diminishing the number of evacuations, the amount of blood passed and the degree of pain experienced. On the 6th October, another application of nitric acid was made. This proved still more beneficial. After it the milk diet was more strictly adhered to, and exercise was more restricted. On the 11th October, the third and last application was made ; the ulcers had almost entirely disappeared, the mucous membrane was much less swollen, and the appearance of engorgement much modified. After this the milk diet was strictly adhered to and the patient for ten days confined to bed. The result of this application surprised me. Blood ceased to pass with the evacuations ; these in three days became limited to one in twenty-fours ; all pain ceased ; and the patient rapidly improved in general health. On the 22nd of October the patient left her bed, began to eat small amounts of animal food and bread, rode out every day, and on the 29th of October returned to her home in Kentucky.

To me this case presents itself as one of great significance. I cannot look upon the result obtained as an accident alone, and I regard it as one second in interest to none in my experience. Here we have a case of chronic dysentery of five years' standing, cured by three applications to the ulcerated rectum, the whole time of treatment being comprised between Sept. 30th and Oct. 29th. Some may lay great stress upon

change of air and strict adherence to the milk-diet. This feeling I cannot share, for I have too often seen these fail in such cases, and they had signally failed in this case when previously tried. There is, I think, no room for doubting that the cure was effected by cauterization of the rectum as above described.

In this case I preferred using nitric acid to nitrate of silver, for the following reasons: it is less painful; more effectual, and equally manageable caustic. I have for years used it almost universally by preference; and the pathological condition exposed to view seemed so grave that I dared not trust to the milder caustic, for the fear that the frequent repetition which would be necessary might exhaust the slender stock of patience left to my disheartened and nervous patient.

Of course the idea will at once suggest itself that nitric acid might create subsequent rectal stricture. I had no fear whatever on this point, for it acts in this way only when applied strongly enough to create sloughing of the superficial tissues and deposit of lymph, the result of inflammatory action in the deeper ones. My use of the caustic was entirely too light for such a result to occur.—*New York Medical Journal, Jan. 1876.*

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### TREATMENT OF CHOREA.

BY S. JACCOUD, M.D.

\* \* \* \* \*

The girl whose history I have recounted to you leaves the hospital this very day. She is perfectly cured, making the fifth successful case which I owe to the treatment proposed by Lubelski—that is to say, to the application of ether spray to the vertebral region. A jet of ether spray is projected on each side of the spinous processes over the whole length of the spinal cord. The application should cover a space equal to the breadth of four fingers, on each side of the spine. To begin with, the applications are only made twice a day, morning and evening, and for about three minutes; but in two or three days it is expedient, in severe cases, to repeat the operation three, or even four times a day, and to prolong each sitting to

five or six minutes. Under its influence the diminution of the choreic movements is very rapid—a matter of a day or two—and it would seem, that this abatement is most prompt when the symptoms are most violent; but this preliminary arrest once obtained, complete recovery may be delayed for two, three, or even four weeks. Nevertheless, the remedy has several times failed to fulfil expectation; but this should not cause you any surprise, nor deter you from the use of this very simple remedy. The same thing occurs with all the remedies for chorea; you will not find one that is invariably successful. The best—and amongst these I rank the application of ether spray—have their reverses. I employed, with entire success, the bromide of potassium in full doses in a case of chorea during pregnancy. The equally convincing observations made by Gubler, Gallard, Worms, Hough, and Kesteven, fully justify this therapeutic experiment. The results obtained from chloral are no less encouraging. Gairdner's case clearly proves the influence of chloral over choreic ataxy, but it would be imprudent deliberately to repeat the experiment. A girl eight years of age, affected with chorea, took 46 grains in mistake for the 15 grains prescribed for her. Serious indications of poisoning ensued, and when they had been overcome the choreic symptoms had entirely and permanently disappeared. The arsenical treatment has for a length of time given proofs of its efficacy, but I am unwilling to let the opportunity pass of, pointing out to you the mode of administration, and the successes of my learned *confreere* and friend, Professor Wannebroucq, of Lille. He employs the arseniate of soda dissolved in water, commencing with a daily dose of  $\frac{1}{4}$ th of a grain, he gradually increases it by additions of  $\frac{1}{8}$ th of a grain at a time, to a maximum dose of  $\frac{3}{4}$ ths to  $\frac{4}{4}$ ths of a grain. He concludes from the cases he has observed that somewhat stronger doses administered for a short time are more efficient and less dangerous than weaker doses continued over a longer period. He has succeeded, in four instances, in curing obstinate chorea in 8, 12, 16, and 21 days respectively. In eight cases in which Rodolphi tried the chloride of calcium, all were successful; the duration of the treatment varied from 8 to 14

days, and the daily dose reached from  $7\frac{1}{2}$  to 15 grains. The eight patients were children. Along with the chloride of calcium, Rodolphi also administers day by day the extract of belladonna, and the intervention of this remedy necessitates considerable reserve in the interpretation of his results. The sulphate of aniline, advocated by Turnbull, ever since 1854, is credited to-day with a certain number of cures. The medicine is administered in solution, in doses reaching from 2 to  $8\frac{1}{2}$  grains daily; a drop of sulphuric acid is added to the solution. Some cases established the utility of calabar bean. A tincture is made of one drachm of the bean to one ounce of rectified spirit. Dose, 15 minims to a drachm.

Lastly, I am desirous of calling your attention to the powerful efficacy of the constant current. The application should be made over the vertebral region, with an ascending current so weak that the patient shall barely feel conscious of it. It is used once daily, at first for a minute and a half, afterwards from two to three minutes. I will bring this account to an end by a remark of a general character which must be constantly present to the mind of anyone who is desirous of estimating the value of a remedial method: chorea may get well of itself after a duration of 50 to 66 days. If, therefore, any treatment only proves efficacious in a length of time almost equal to the one I have mentioned, the termination of the disease may be attributed to its natural and favourable evolution quite as fairly as to medical intervention. On the other hand, a chorea which lasts beyond three months has lost all chance of a spontaneous cure; it has become chronic, and we know what tenacity is involved in that character—above all, in the adult, consequently, a remedy which overcomes a chorea of several months' standing may be legitimately pronounced efficacious.—*Medical Times and Gazette*.

DEATH OF MR. ACTON.—William Acton, M.R.C.S., Eng., died suddenly on Dec. 7th, 1875, aged sixty-two, from fatty heart. Mr. Acton was well known as the author of several works on syphilis and genito-urinary diseases.

## TREATMENT OF CALCULOUS DISEASE OF THE KIDNEYS.

BY W. F. M'NUTT, M.D., M.R.C.S., L.R.C.P. EDIN.,  
ETC., SAN FRANCISCO, CALIFORNIA.

\* \* \* During a partnership of over four years with a gentleman of this city (who is himself a man of remarkable professional instinct and ability), he passed hundreds of renal calculi. Most of them, it is true, were small, but a few were large, and their passage caused the most excruciating pain; one stone in particular, its passage from the kidney to the bladder having occupied ten days, caused the most fearful suffering and extreme exhaustion: in fact, our patient had for twenty-four hours all the symptoms of impending dissolution.

During these four years we read, and continue to read, everything procurable on the subject of "Calculous Disease of the Kidneys." I may say that this gentleman has tried various plans of treatment to prevent the formation of gravel, but with little or no success, as he is still manufacturing stones, having voided over seven hundred and fifty in one day a few weeks since. They had probably been several days accumulating in the bladder. The treatment employed by this gentleman in his own first few severe attacks, and also in those of other patients at that time, was exactly that recommended by Dr. Basham in the articles to which we referred. In fact, it was what all good authorities advised. We thought, like Dr. Basham, that "the most effective treatment is the hot bath, aided by anodynes. The combined effect of moist heat and opium relaxes the spasm of the duct, and relief is safely obtained. . . . It is very rare to witness a case in which the paroxysmal colic is not speedily relieved by opium and the hot bath. The temperature of the bath should be maintained at as high a degree as the patient can bear; the more profuse the perspiration induced the more speedy will be the relief." (*Practitioner*, Jan. 1875, p. 30.)

I have no hesitation in saying that this treatment advised by authors is at variance with our experience, as well as opposed to common sense and sound reasoning. It implies that it is by relaxation of the ureter that the calculus passes. And here is the mistake; it is no such thing.

The calculi are driven through the ureter by the accumulation of urine behind them. The urine furnishes the *vis a tergo* without which no possible relaxation of the ureter will allow a calculus of any considerable size to roll through it.

It is true that the very hot bath, the profuse perspiration, and the opium, relieve "the paroxysmal colic ; but if the impacted stone is large it is a dangerous relief—it is bought too dear.

The opium benumbs the sensibility of the patient, the profuse perspiration checks the excretion of the urine, destroys for a time its *vis a tergo*, and the patient is lulled for the moment ; and because the stone is not being forced onward. Thus is the patient subjected to the risks of ulceration from impaction, and perhaps death from exhaustion or perforation. As we have no means of measuring the size of the stone when called to treat a case of a renal colic, our treatment should not be to prolong its passage. And this is exactly what we do with the hot bath and profuse perspiration, and what caused the calculus in my partner's case to be ten days passing. A few days since I was called to see a Mr. Barton, who was thought to be dying. I found him in bed in great agony, bathed in perspiration, intense pain in the side, shooting down the track of the ureter to the bladder and testicle, with severe pain in the head of the penis.

Immediately recognizing that the *lapis infernalis* had started on its journey, I gave one grain of morphine subcutaneously ; ordered him to get up and dress in his wrapper, and walk the floor. Had prepared for him a pitcher of flax-seed tea, with cream of tartar, ice cold, and ordered him to walk and drink and drink and walk, and to rub his side downwards along the line of the ureter, with orders to use a suppository—Morph. sulph. gr. ss., ext. hyoscy. gr. v. ol. theobrom. q. s.—every second hour while the pain continued. In two hours we had the gratification of seeing a good sized stone. I made him walk because one can endure pain better while walking than when lying in bed, also to get the advantage of gravitation, and that the jar of walking might assist the descent of the stone : the flax-seed tea with cream of tartar ice cold, to cause diuresis and supply the

*vis a tergo* ; the morphia to enable him to endure the pain of the dilatation of the ureter, the pressure of the urine, and the passage of the stone. This I claim is the rational treatment for renal colic.—*Practitioner*.

#### LOCAL TREATMENT OF DIPHTHERIA.

The local application of iodine acts not only as a caustic, but, I believe, confers a modifying influence upon the secreting structure, and further brings into action the power of the absorbents ; thus tending to retard the spread of the membrane and to promote the removal of that which is formed. I am aware that, in urging this treatment, I am at issue with many who contend that this disease being a general one, depending upon certain changes in the blood by the introduction of a specific disease-poison, it is useless to attack the local manifestation of the disease any more than the pustules of small-pox. To those I would call attention to John Hunter's axiom, that two similar diseases cannot co-exist in the system at the same time. For example, he states that, if you can succeed in changing the nature of an inflammation you can often cure the original complaint. Higginbottom's method of arresting the spread of erysipelas by vesication with nitrate of silver is a familiar illustration of this Hunterian law ; and if that treatment be effectual in erysipelas, why should not a similar treatment be equally efficacious in diphtheria ? Again, I believe that the local manifestation of blood-poison is of itself a great indication of treatment ; for do not all poisons have some definite and specific action on some membrane or organ ? Thus, does not arsenic exert its influence chiefly on the mucous membrane of the stomach ; colchicum on the ligaments ; cantharides on the kidneys ; and strychnine on the spinal cord ? Then why should not the throat be the chief seat of the diphtheritic poison, and if so, why should not the rational treatment be to arrest and destroy it at its first encampment ? Again, if my experience be correct, that one of the most formidable symptoms we meet with is the extension of the membrane to the nares and trachea ; and, if my opinion be correct, that it does not arise there by an independent centre, but by the extension



of the membrane from the fauces,—is not this an additional reason for staying the progress of the membrane and limiting it to the fauces, whether we adopt caustics or any other means with that object in view? That iodine possesses this property, I feel convinced; and as I am not reading to you a treatise on diphtheria, but simply my own experience, I shall not enter into the merits or demerits of the various remedies which have been vaunted by numerous successive writers. The efficacy of any treatment is proved by its results; and, as I have stated, out of fifty-six cases which I have noted, seven died, of which five were moribund when seen, and only two died fairly after treatment. There yet remains to be mentioned other minor points, which are of considerable importance to the suffering individual, by which we may alleviate suffering and hasten recovery. For example, when the patient complains of sore throat, *ab initio*, I have found an iron gargle (two drams of the tincture to half a pint of water) beneficial; but this I have found too cutting when the membrane has disappeared, and then I have substituted one of borax and glycerine (two drams of the former and one ounce of the latter to half a pint of water;) and this gargle I have also found very useful to relieve the sensation of bread-crumbs and tickling in the throat, of which complaints are frequently made during convalescence. Where the denuded surface has proved to be ulcerated, a few touches of nitrate of silver assist the process of repair; and in one case where the tongue and roof of the mouth was so sore that everything that was taken gave pain, I found that great relief was experienced by applying dry trisnitrate of bismuth powder with a camel's hair pencil just before taking food. In paralysis of the soft palate and regurgitation of fluids through the nostrils, holding the nose during deglutition will be found very much to assist the act; this a patient of mine found out for himself, and I subsequently confirmed his statement in other cases. In these cases, too, I always advise thick drinks, which are more easily swallowed. When the pharynx is also effected, a large bolus is much more easily passed down than a small one, so that I have advised the collection

of all the food in the mouth into one mass before swallowing. This is, no doubt, accounted for by the weakened muscular fibres of the pharynx being enabled to grasp a large bolus with less contractile effort than would be required for a small one. In one case I kept the patient alive for some days by giving the yolk of an egg unbroken, and letting it glide down his throat, as it were.—*Prangley in British Medical Journal.*

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### LEUKÆMIA A PRIMARY BLOOD-DISEASE.

PROFESSOR BIESIADECKI, of Cracow, has lately advocated a new theory as to the nature of leukæmia, founded on the results of the careful anatomical and microscopical examination of certain cases which have come before him, as well as on other considerations. He believes leukæmia to be a primary disease of the solid elements of the blood (*enle Parenchymkrankung des Blutes*), in which the white corpuscles are produced normally, but are afterwards prevented from developing into red corpuscles by retrograde changes which they undergo, so that the number of the latter cells appears to be diminished.

Biesiadecki regards the anatomical alterations in the spleen, lymphatic glands, liver, kidneys, etc., as due *secondarily* to the altered proportions of the elements of the blood. His reasons for this opinion are as follows (*Centralblatt*, No. 44. s. 757):—1. Neither the spleen nor the lymphatic glands, although so much increased in size, exhibit such changes as should lead one to conclude that there must be a greater production of white blood-corpuscles in consequence. 2. In leukæmia, not only the parenchyma of the spleen, but also of the enlarged liver, and of the kidneys, is not only not hypertrophied, but, on the contrary, is in a state of atrophy. 3. The colourless blood-corpuscles are not only relatively more numerous in leukæmia, but they are also of greater size, owing to a kind of colloid degeneration of their protoplasm. 4. These degenerated cells are deposited in the same organs and parts of organs as those in which blood-cells containing pigment or vermilion collect. 5. In Biesiadecki's special case

a striking alteration was observed in the blood, before any swelling of the lymphatic glands or any sign of the tumours which afterwards appeared in the skin had been noticed. 6. After extirpation of the spleen in animals, neither the blood nor any organ exhibits important alterations.

While speaking of leukaemia, we may mention that Dr. Ordenstein, of Paris (*Centralblatt*, No. 42, s. 709), suggests the possibility of a connection between that disease and hereditary syphilis. He discovered that the father of a patient of his with splenic leukaemia had had constitutional syphilis, and this fact led him to try anti-syphilitic remedies on the son. Van Swieten's liquid—a solution of bichloride of mercury—was given for several months with surprising benefit, all other previous treatment having signally failed. The author promises to publish the case *in extenso*.—*Medical Times and Gazette*.

### PNEUMONIA.

Dr. Thomas Barr, in an interesting article on this disease (*Glasgow Med. Journal*, July, 1875), based on sixty-four cases in private practice, gives the following as the treatment he adopted :—

1st. I have never employed general blood-letting, and, with the exception of the man who died from gangrene of the lung, I have never used even leeches. I think few of my readers will consider that in my cases of death the fatal result would have been prevented by depletion.

2d. I have in a few employed antiphlogistic doses. I generally used it for its expectorant and diaphoretic effects, and have very rarely used it at all with children under five years of age. I very often find patients suffering from the disease, with an irritable stomach, perspiring skin, and soft pulse. In strong adults, with very acute symptoms, and none of these contra-indicating signs, I have used it in full doses with great advantage.

3d. Mercury. I have not used this medicine at all, unless as a simple aperient.

4th. Opium. I think I have seen more good

done by this drug than by any other single remedy. It gave comfort to the patient, relieving pain and allaying cough.

5th. Diaphoretics and expectorants have been given with advantage. These classes of remedies also include small doses of opium and tartar emetic.

6. External applications. At early stages I have found most comfort from poultices of linseed meal and mustard, frequently repeated; while blisters were reserved for the more chronic stages, when the condensation of lung seemed to linger longer than usual.

With respect to the treatment of the children in whom the most of my fatal cases occurred; with the belief which I entertain of the real cause of danger, I have only adopted the restorative treatment. I have altogether eschewed bleeding, antimony, mercury. I have, of course, carefully confined the patient to a well-ventilated apartment (he requires all obtainable oxygen), with a comfortably warm temperature, giving liquid diet, milk being the staple. If an infant at the breast, I limited its supply of breast-milk, and rather relieved its thirst by administration of cold barley-water; in the way of medicine, giving a diaphoretic mixture, small doses of ipecac. wine, sweet spirits of nitre, tincture of hyoscyamus, and solution of acetate of ammonia. Good has been done by allowing boiling water to evaporate near patient. Repeated linseed meal and mustard poultices to back and front of chest have often done great good. As night approaches, the little patient often becomes very restless, annoyed by a constant hacking cough. Then I have often found the greatest benefit from a dose of Dover's powder, preferring to give one single full dose at night to small ones frequently repeated. Of course, if the case is complicated, with pent-up secretions in the air-tubes, I have avoided the Dover's powder. When the child is feeble, great benefit is derived from liniments to the chest, while beef-tea and brandy were often absolutely necessary to uphold strength till the patient passed through the crisis of the disease.

He states that "when one reads the statistics of hospital writers respecting this disease which have of late years been published, it requires not a little courage for a private practitioner to

announce that he has had a mortality of one in six. But, supposing I selected my cases, and gave those only between the ages of six and fifty years, the ratio of deaths would be one in twenty-one, while of the forty-two cases between five and sixty-two, only two deaths took place."

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#### TREATMENT OF THE SEQUELÆ OF DIPHTHERIA.

The treatment of the numerous sequelæ is difficult to formulate. I believe time and *vis medicatrix nature* to be our most important agents; yet something can and ought to be done, for it would indeed be cruel to leave a poor patient totally paralysed without the hope of some assistance to the slow progress of nature. In those cases I generally prescribe the liquor strychnia in five-minim doses, gradually increased to twelve, three times a day; but I candidly confess I think it often did no good; for I well remember one case in which I gave it for a whole month, the paralysis steadily increasing the whole time. I then left it off, and prescribed a liniment as a *placebo*, when gradual improvement commenced, and recovery ultimately took place; but on other occasions I have found it decidedly of service, though I am doubtful whether it be more active than quinine, mineral acids, and other tonics. I believe we better show our discretion by changing our tonics till we find the one best suited to the individual case, than by habitually using one formula indiscriminately. In addition to the tonic regimen, I recommend, when practicable, a judicious change of air and scene. On one occasion, I had recourse to galvanism, with no satisfactory result. I believe that rubbing and shampooing the limbs is of some service; at all events, it does no harm; and the simultaneous use of a little embrocation no doubt assists the charm. Some of the dyspeptic symptoms I found very troublesome to treat. As a rule, bismuth gave the most relief, combined with bland nourishment; and, when the acute symptoms had subsided, a combination of quinine and strychnine was of marked benefit in giving tone to the digestive organs.

For the tendency of faintings, which sometimes occurs, I have given a dose of ether; but what is most important is to enjoin the recumbent posture till convalescence is well established; and even then I recommend a little wine to be taken before any exertion is used.—*Prangley in British Medical Journal.*

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#### Surgery.

#### ON THE TREATMENT OF AMPUTATIONS BY THE OPEN METHOD.

It appears that for the last year or more the amputations in one of the Surgical Divisions of Bellevue Hospital have been treated by the open method, i.e., by allowing the flaps to remain open for a week or so after the operation, so that there is a free ingress and egress of air, and a free vent is given to the discharge. This plan of treatment has been for some time practised in the Continental Hospitals, more especially during the late war.

The House Surgeon, Dr. F. D. Dennis, gives in the January number of the *New York Medical Journal* an account of this peculiar mode of treatment, as it has been carried out in the Bellevue Hospital, together with the results attending it.

The mode of amputation adopted in most cases was the lateral skin flap. After the operation the flaps were not even approximated, but left entirely open. A pillow of oakum is placed under the stump, which is allowed to rest upon this support until the wound is nearly healed. A small piece of gauze is placed over the contour of the stump; and a cradle is placed over the limb, so that the clothes may not come in contact with the painful extremity. This is all the dressing that is employed; no sutures are used except in the lateral skin-flap method, (as will be described). No adhesive plaster is employed, no oil-silk is placed over the stump, no bandage is applied, no dry charpie is stuffed into the wound, no fenestrated compresses are placed between the flaps; in other words, the stump is left entirely alone, just as the surgeon made it in his amputation. The wound is thus allowed to drain freely, and the stump is gently washed at

frequent intervals by means of an Esmarch's wound-douche. The water in this irrigator is impregnated with crystals of carbolic acid, and, after this ablution, balsam of Peru (which makes a fine stimulating application) is poured over the granulating surface. The discharge which falls from the wound is removed every few hours in order to secure perfect cleanliness; and it is a fact worthy of observation that this discharge will not decompose when exposed to the open air, but that it requires a warm temperature, such as exists in the stump itself, in order to develop putrefaction. The pus, thus coming away from a nidus of putrefaction which would otherwise be formed, falls upon a piece of sheet-lint where the temperature is cooler, and thus does no harm. The stump is then washed at frequent intervals until suppuration has nearly subsided in the wound, and then the flaps are gradually approximated by means of strips of adhesive plaster. Too much importance cannot be attached to this method of operating by the lateral skin-flaps. It affords the best facility for free drainage, and makes the most serviceable stump. It is important to dissect the flaps very long, when they are subjected to the open treatment, as shrinkage often follows exposure to atmospheric influences. This lateral-flap method of amputating Dr. Wood has employed for many years in private practice with uniform success. The line of incision is comparable to a Baron Larrey amputation at the shoulder-joint. Dr. Wood has used this style of flaps on the thigh, leg, arm, and forearm, and has in every case found the stump to be a most satisfactory one. In all the cases reported this style of flap has been cut, with one exception, and mention will be made of this in the history of the particular case. Esmarch's elastic bandage has been employed in every case, and in no instance has sloughing, or any other complication, occurred. The stump after a week is capable of being moulded into any shape, which the surgeon's taste may suggest. During the entire healing of the wound the greatest possible care is exercised in reference to the use of the instruments necessary to perform the dressing of the stump. No sponges are ever used in the wards. Each patient has his own bottle of balsam of Peru,

and every instrument used in the dressing of one stump is thoroughly washed in carbolic-acid water before it is employed in the dressing of another. So far as has been practicable, a different set of scissors, dressing-forceps, and other instruments employed in the manipulation of a dressing, has been used, so that each patient had his own instruments, and in this way absolute cleanliness is secured. Each dresser invariably washes his hands in carbolic-acid water after dressing one case before undertaking another, and anyone who is dressing unhealthy wounds in the pavilion, or making autopsies, is not allowed to even assist in the daily dressing of healthy wounds." This mode of treatment is of course better suited to Hospital cases than those in private practice, as Pyæmia, Septicæmia, and local abscesses occur more frequently in the former than in the latter. The advantages gained by it, according to the writer are,—(1) That suppurative fever is very much modified, and in some cases almost obviated. The temperature in none of the cases was higher than 103°, whereas it often rises to 104° or to 105°, and in some cases even to 106° in those treated in the ordinary way. (2) It prevents all possibility of the formation of abscesses in the neighbourhood of the stump, and at the same time lessens the tendency to Erysipelas. In illustration of this, two cases are given which entered the Hospital at the same time and under very similar circumstances. In the one treated by the old method, Erysipelas and Abscesses followed, whereas in the case treated according to the new plan no such bad consequences ensued. It was not found that flaps sloughed, or that secondary hemorrhage ensued to a greater extent than in stumps treated by sutures and adhesive plaster. The honour of introducing into this continent this plan is due entirely to Dr. J. R. Wood, of New York.

The opinions of surgeons have of late years changed considerably as to the propriety of allowing the entrance of air into wounds. Billroth, in the latest edition of his "Surgical Pathology," says that "free air does no harm; imprisoned air is dangerous." He further says, "the idea that air was injurious to a wound rests chiefly upon the observation that the entrance of air to abscess cavities with rigid

walls, and into serous sacs, usually induces suppuration." He states also that "we must attribute much blame to the fact that in the pus-sacs the air is warmed, and impregnated with watery vapour from the pus; this inclosed air now becomes a true hatching-place for those minute organisms which cause decomposition, and which are always more or less present in the atmosphere."

#### AN ANTIPHLOGISTIC METHOD OF DRESSING OPERATION WOUNDS.

Mr. Jonathan Hutchinson (*Lancet*) has for some time past been employing a plan of dressing operation wounds which has been attended by unusually satisfactory results. Thus in three successive cases of excision of the breast the wound healed by first intention. In one of the best not quite the whole of the gland was taken away, but as a number of the glands were removed from the armpit the wound was of more than ordinary size. In this instance the woman left the hospital on the tenth day, with a sound linear cicatrix and in perfect health, there never having been any suppuration whatever. I have had many other cases of various kinds in which the results were nearly as good as this, the union being either literally by first intention or practically such.

The essential feature in the plan is to keep the parts cool by the systematic application of a lead and spirit lotion. The lotion consists of half an ounce of liquor plumbi, and an ounce and a half of spirit to the pint. An ample fold of lint wet in this is applied to the skin over and around the wound, and emphatic directions are given to the nurse to remoisten it every quarter of an hour, or every half hour, according to the rate at which it dries. The skin ought to become whitened by deposit of lead. The application is to be commenced from six to twelve hours after the operation, and from that date all bandages are to be put aside, and the lint kept simply laid upon the part. It is to be continued without intermission until the wound is perfectly sound—a week, or two weeks, as the case may be. It is very agreeable to the patient, and gives nobody any trouble, except the nurse. It is not desirable to wake the

patient out of sleep, but during the night every suitable opportunity should be used for re-wetting the line. If the plan fails it will, in all probability, be from negligence in this matter.

The theory of the plan is, that, by keeping the parts cool and saturating the tissues with lead, inflammation is prevented. It appears to have no risks, except that if very thin skin-flaps have been left, it may be possible to over-cool them and cause gangrene. I have been in the habit of speaking of it as antiphlogistic, in contrast with antiseptic, but my friends have suggested that it is antiseptic as well.

Although the above is the chief point, yet there are other minor matters which are probably of some importance as conducive to success, and which, although they are all of them well known to operators, I may perhaps be excused for mentioning. No blood should be left in the wound, nor should there be any risk of bleeding. Far better wait an hour or two than put up a wound prematurely. A drainage tube left in the most depending part of the wound is usually a safe precaution. In the case of removal of a breast I always make a counter opening at the most depending part and put the drainage tube through this. It should be removed on the third day. I have no fear of either sutures or ligatures, but always tie with silk every bleeding vessel, and coapt the edges very carefully with numerous stitches. Great care should be taken that none of the latter are tight, and they should all be taken out on the third or fourth day. If the wound be prevented from inflaming there will be no suppuration about either sutures or ligatures, and often these will remain perfectly dry. After the sutures, strips of plaster, with narrow intervals, should be carefully applied, and these should remain on for five or six days. Over the plaster I always apply a lint compress wet with the lotion, over this a mass of cotton wool, which is kept in place pretty tightly by a flannel bandage. This is applied to prevent oozing, and, as already said, is to be taken quite away in from six to twelve hours.

Of course if there is any tension on the edges of the wound, union by first intention can scarcely be hoped for, and every endeavor should be made to secure easy coaptation. If it be a

matter of necessity to leave part of the wound open, the lead lotion may be still used, and is yet more necessary. I have never witnessed any ill results from absorption of lead, and I feel confident that in many cases of open wounds so treated diffuse inflammation has been prevented.

If, in spite of precaution, blood clot has accumulated in the wound, or if suppuration has occurred, then at once cut the sutures freely and re-open the wound. Syringe the wound out or not, as may seem desirable, but on no account desist from the lead lotion.—*The Monthly Abstract of Med. Science.*

#### TREATMENT OF JOINTS BY SULPHURIC ACID.

It is now more than five and a half years since Mr. Pollock first directed the attention of the profession to the beneficial effects produced by sulphuric acid in the treatment of caries and necrosis. Mr. Pollock there states that he was led to try the acid as a solvent of diseased bone by having under his care a very aggravated case of syphilitic necrosis of the skull, in which, from the conditions, he was averse to any instrumental interference for the removal of the diseased portions, but in which it was clear that a very long period must elapse before exfoliation could take place, if nature was unassisted by the surgeon. Subsequently, in 1865 and following years, he employed it in other cases of syphilitic necrosis of the bones of the skull, syphilitic necrosis of the tibia, and necrosis of the tibia after fracture, also for the destruction of carious surfaces in cavities of bones and of patches on the surface of deep-seated (*e.g.*, the pelvic) bones. The mode in which the acid is employed is two-fold—either to touch the diseased bone with a glass brush or rod dipped in the strong acid; or to use a mixture of acid and water in equal parts, or in the proportion of one part of acid to two, three, or six parts of water, and either syringe it into the cavity of the bone, or place some lint, soaked in the lotion, upon the surface of the necrosed portion.

In no one of a large number of cases treated in this way at St. George's Hospital, and in

private practice, had any evil consequences been known to follow the application of the acid to diseased bone of any part of the body, nor had the remedy been found a painful one; and when the acid has been used diluted it has not caused uneasiness to or irritation of the soft tissues. The antiseptic qualities of the acid favour its use, for, by altering the character of the foul discharges which so often accompany diseased bone, it puts a stop to all disagreeable smell. Hence, it is a valuable agent in necrosis of the joint, because it modifies the fetor which affects the breath of patients so afflicted. While inclining to the opinion that the early application of sulphuric acid rather tends to check the spread of caries and necrosis, Mr. Pollock remarks,—“The real merits of the treatment lie in the limitation of the action of the acid to the diseased bone, in the perfect safety of the application, and in the fact that it produces no irritation of the soft parts.” Since the publication of that paper the experience of the acid at St. George's has been a good deal extended, and it has been, and still is, very freely and fully applied by Mr. Pollock in all cases of caries, and in necrosis where operation by instruments is not considered desirable—as in necrosis of the skull. The method of its application has continued to be by means of lint soaked in the solution, or the fluid has been introduced by means of a glass tube or bottle. The excellent results following from the application of the acid to carious bone surfaces have been so obvious to those who have had many opportunities of witnessing them, that Mr. Warrington Haward, in 1871, was led to try its effects upon the carious articular ends of the bones, and the suppurating synovial membrane of the knee-joint, in a child under his care in the Branch Hospital for Sick Children at Highgate. The constitutional disturbance was scarcely, if at all, increased by the operation; the pain and amount of discharge rapidly diminished, and the patient's health quickly improved. At the end of five months, the child was going about with a firmly ankylosed joint. The success in this instance encouraged a repetition of the treatment in others of a similar nature, and during the last four years Mr. Haward has treated as many as ten cases

of diseased joints by the local application of the acid. Mr. Pollock has employed it for strumous affections of the ankle and wrist-joints, complicated or not with caries, and he has also used it for strumous disease of the knee-joint. Since Mr. Haward's first case, at St. George's, Mr. Holmes and Mr. Rouse have also tried it on the knee-joint. The plan adopted is to lay open the joint freely and clear it out by passing strips of dry lint through it, so as to get rid of the coating of lymph and pus; then the joint is filled with lint soaked in a solution of sulphuric acid (one part of strong acid to two of water). By this means the pulpy synovial tissue is destroyed, and so also are the cartilage and the carious layer (if existing) on the articular surfaces of the bones. As a rule, the application is followed in a few days by a slough of the surfaces, and parchment-like fragments come away through the openings into the joint. Both Mr. Pollock and Mr. Haward consider that when a joint is suppurating the amount of pus is at once lessened by the local application, while it is seldom that any serious constitutional or local disturbance is produced by it. In fact, the acid converts an unhealthy, pus-secreting surface very rapidly into a healthy, granulating one, and in a very short time it appears to relieve constitutional irritation. The advantages of the treatment, when successful, over excision are considerable; in the first place, it is a less formidable operation; secondly, it does not tend to shorten the limb, as excision necessarily does; and thirdly, it allows of ankylosis in a slightly flexed position—a point upon which Mr. Pollock lays considerable stress. Mr. Calloway demonstrated years ago, in his own person, the inconvenience of ankylosis of the knee in the perfectly straight position. He was in the habit of showing that he could go up stairs only with great difficulty with his perfectly straight limb, and he believed that a slight amount of flexion would have been much better. Of the experience afforded by Mr. Calloway's case, advantage has been taken by Mr. Cooper Foster and other of the surgeons of Guy's Hospital, who endeavour to obtain ankylosis of the knee in a position of slight flexion. When the treatment is unsuccessful, it in no way prevents excision from being

afterwards performed. The cases which seem most suitable to be thus treated are those in which the disease has had its origin in chronic synovitis, and gone on to ulceration of the cartilages, with perhaps superficial caries of the bones; whereas, the cases which are ill adapted are those in which the bone is very extensively diseased,—i.e., diseased beyond the articular extremities, and at a distance beyond which the acid cannot reach.—*Med. Times and Gazette.*

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#### NITRITE OF AMYL IN ACUTE TETANUS.

In a fatal case of acute tetanus after crushed fingers treated by Mr. Wagstaffe (*British Med. Journ.*, Oct. 23, 1875) at the St. Thomas's Hospital, with nitrite of amyl, the symptoms were very acute, and it was evident that only temporary relief was given by the treatment. Still the effect of the nitrite of amyl is worthy of record. The most distressing symptom from the first was the difficulty of swallowing, and this, together with the spasm of different muscles, was not in the least relieved by chloral; but it was evident that the influence of the amyl-nitrite was for a time beneficial. One minim was administered by the mouth, at first every half hour with the effect of diminishing the spasms, so that he was able to swallow with comfort. The dose was increased after two hours to two minims, and then to two minims every quarter of an hour, sometimes inhaled and sometimes swallowed, and, after about two hours, was reduced to one minim every half hour. During all this time, the spasms had almost disappeared; but very marked lividity came on with a spasm, which carried him off. It is difficult to say to what extent the amyl induced this lividity, or whether the cause of death was simply referable to the disease; for, as is well known, cases of tetanus frequently terminate with the symptoms which here existed. But it appeared as if the drug greatly diminished the most distressing symptoms. The *post-mortem* appearances did not throw much light upon the question.—*The Monthly Abstract of Medical Science*, December, 1875.

### CHLORAL AS A LOCAL APPLICATION FOR ULCERS.

On visiting the wards of Guy's Hospital on the 7th of October, we saw several patients on whom a solution of hydrate of chloral had been used as local application to ulcers, and the results appear to be sufficiently satisfactory to be worthy of record. Mr. Lucas commenced the use of chloral among his out-patients in August last, for cases of sloughing wounds and fetid ulcers, and being pleased with the result, he has since given it a somewhat extensive trial in the wards. The effect of the local application of chloral appears to be that of a powerful stimulant and disinfectant; it has no soothing or sedative effect upon the part to which it is applied, but, on the contrary, gives rise to considerable pain, which lasts some time; nor does it, even when used over a very extensive surface, ever become absorbed in sufficient quantity to act as an hypnotic. Whether it is taken up into the circulation or not matters little, since the quantity used as a local application is so small compared with the dose administered as an internal remedy, that, were the whole of the drug applied to find its way into the blood, the quantity absorbed would still be very much less than that of an ordinary sleeping-draught. Its local application is, therefore, eminently safe and free from the dangers which sometimes follow the use of opium lotion or carbolic lotions long continued. Mr. Lucas has used solutions of various strengths, that which he has found most useful being a solution of four grains of hydrate of chloral in an ounce of water. The application of a lotion of this strength is, as we have just stated, often attended with considerable smarting which may last a quarter of an hour, but the smarting becomes less at each subsequent application. In cases where the patients have complained much of the smarting, the lotion has been diluted to the proportion of three or two grains to the ounce. The treatment of foul sloughing ulcers by means of chloral lotion has been attended with great success, the surface of the sore quickly cleansing and assuming a healthy appearance, whilst the subsequent healing has advanced with rapidity in some cases quite astonishing.—*Medical News and Library*, Dec. 1875.

### EXCISION OF THE HIP-JOINT.

MR. ANNANDALE gives, in the *Edinburgh Medical Journal*, the opinions of a large number of surgeons on the propriety of excision, and then summarises them as follows.—

"1. That when suppuration and disorganization of the textures of the hip joint continue unrelieved by ordinary treatment, excision of the head of the femur is a proper and justifiable proceeding, if the patient's health is in a fair condition.

"2. That the operation is more successful in children than in adults.

"3. That in successful cases the limb and joint are more useful than after a natural cure.

"4. That superficial or limited acetabular disease does not interfere with the performance and good result of excision of the head of the femur.

"5. That even when the acetabulum is much involved, or pelvic suppuration exists, it is important to afford a free escape to the pus by the removal of the head, neck, and great trochanter.

"6. That when the acetabulum is extensively diseased, it, together with the head and neck of the femur, should be removed, if the patient's condition admits of the operation.

"7. That it has not yet been accurately determined what is the earliest stage in which the operation is justifiable, although most agree that hitherto the operation has generally been delayed too long.

"Amputation at the hip-joint is justifiable only in cases where the femur is extensively diseased, or the soft textures of the thigh much destroyed by ulceration, sloughing, or the results of suppuration, or where excision has failed, and amputation seems to give a chance of life."

[Several cases are also recorded to illustrate the above propositions.]

ANOTHER recent death from chloroform has occurred in England, the patient being a man, aged forty-two, and said to have been perfectly healthy up to the time of the operation for extirpation of the eyeball. After inhalation of about a drachm and a half the pulse failed, and all means were tried in vain to restore animation.



**NEW METHOD OF TREATING VARICOSE VEINS.**—M. Rigaud, Prof. at the School of Medicine at Nancy, lately brought to the notice of the Surgical Society at Paris a new method of treating varicose veins. For nearly a quarter of a century, M. Rigaud practised cauterization with the Vienna paste, with the view of producing obliteration of the vein, and obtained a fair amount of success. He noticed, however, that, on exposing the vein in order to apply the caustic, the vein contracted to nearly half its diameter, and at the same time the external coat seemed to thicken and lose its transparency. This applied of course to all the vessels exposed to the air, and from it he argued that if such an effect is produced by simple contact with the air, it would be superfluous to apply any other remedy. He accordingly treated a certain number of cases in this way: after cutting down upon the vein, he isolated it from the surrounding tissue by passing a bit of tape or adhesive plaster around it, and thus left it exposed to the air. About the seventh day the vein becomes completely dry and obliterated; this portion then separates from the rest of the vein, and the wound in the skin, caused by the surgeon, heals rapidly. It sometimes happens that the rupture of the veins does not take place, but they are transformed into a mass of fibrous tissue. M. Rigaud performed the operation 151 times; 140 on the lower extremities, and 11 for varicocele. The immediate result had been so far a success that the veins were completely obliterated, but, unfortunately, he could not say whether in all the cases the cure was permanent. In 15, however, of those he had seen sometime after, and on whom he had operated on the lower extremities, the cure was radical and definite; but, in seven of these cases M. Rigaud observed the development of new varicose dilation of the collateral branches as well as of the superficial veins of the skin.—*Med. News and Library.*

THE Princess Imperial of Brazil, Comtesse d'Eu, was recently delivered of a son by Cæsarian section. The child is heir to the throne of Brazil.

## Midwifery.

### TWO CASES OF INTERMITTENT UTERINE POLYPI—ABLATION—CURE.

BY PROFESSOR PAJOT.

A LADY, forty years of age, healthy and regular, mother of two children, consulted me because her courses, though regular, as she said, became more and more abundant, and she lost large clots. She told me she felt something descend low enough to be occasionally touched when she washed the genitals. I thought little at first of this foreign body, and regarded it as one of those elongations of the labia minora, a common vice of conformation, which disturbs certain fashionable ladies. I examined this lady, and found that the vagina was occupied by a foreign body, soft enough on its surface, but containing a kernel as hard as an unimpregnated uterus. I could feel with the forefinger a pedicle as large as a goosequill, which penetrated within the neck. I cautiously applied the speculum, taking care to make the foreign body enter the instrument, and the sight verified what the touch had discovered. There was a polypus like a bell-clapper of the size of a nut implanted probably in the neck, but certainly penetrating it. Nothing was easier than relieving the patient. For prudence sake, I chose the day of operation at a time intermediate between two menstrual epochs. I recollected two facts cited by Velpeau at least twenty years ago which struck me forcibly. Small polypi severed without precautions caused death by hemorrhage. At the appointed day I went to the patient. Everything was prepared, a large speculum introduced, but no polypus was found in the vagina. I saw its anterior surface jutting out of the orifice of the os, and seizing it by forceps, gently drew it; it resisted and appeared to be much firmer than formerly when the patient came to me after menstruation. I thought it prudent to vary the operation, and told the patient to send for me when she felt it, which was ten days afterwards. This time it was out of the neck, though less than at the first examination, and the pedicle was accessible. I applied a loop of iron wire, and cut

the pedicle as long as possible with a small écraseur. I touched the cut surface with perchloride of iron, and washed the vagina. Not a drop of blood was lost. The courses appeared four days after. They were less abundant, but more painful than usual. After their cessation the patient was completely cured.

I must add one particular, the most interesting of this observation. The patient had been seen by two provincial doctors, and by one of the most celebrated specialists of Paris. Neither of them had the chance to fall on the day of egress of the polypus, and one of our most eminent brethren had assured this lady that she had nothing at all except in the imagination, the patient being an intelligent, educated, and impressionable woman.

A dozen years ago a lady, forty-five years of age, wife of a provincial magistrate, presented almost an identical case, except that the polypus was smaller, like a cherry, red, and had given rise to considerable hemorrhages. I crushed it, and cauterized with acid nitrate of mercury. The result was good. This polypus had also been mistaken by several practitioners. These two cases are the only ones of the kind I have met with in my practice. Doubtless they are not excessively rare, but this kind of tumour has not appeared to me common enough to be wanting in interest, above all, having regard to the errors they give rise to.—*Gaz. Obstetricale.*

TURNING IN PELVES NARROWED IN THE CONJUGATE DIAMETER.—The *American Journal of Obstetrics* contains a learned paper on this subject by Dr. Wm. Goodell, concluding with the following propositions:—

“1. Turning should generally be preferred to the lashing of the forceps handles.

“2. In pelves uniformly contracted the forceps is the better means of delivery.

“3. In pelves narrowed in the conjugate diameter, turning should be resorted to whenever a half-hour's faithful trial with the forceps fails to make the head engage.

“4. In pelves whose conjugates range from 2.75 to 3.25 inches, turning should be the initial step.”—*American Journal of Medical Science.*

## TREATMENT OF PROLAPSUS ANI IN CHILDREN.

In the “Report on Midwifery and Diseases of women and children,” published in the Oct. (1874) number of the *Review*, there was a reference to the use of the actual cautery in prolapse of the rectum in young children proposed by M. Panas, respecting which Dr. Lorigiola has kindly addressed a letter to the reporter expressing his astonishment at the use of the actual cautery in this affection, and recommending the subcutaneous injection of a solution of strychnine into the tissues near the anus.

Dr. Lorigiola says he has for a long time used with great success a solution of sulphate of strychnia, and that he has thus treated six cases, none of which required more than two injections.

The quantity required for each injection is from four to twenty drops, according to age. The learned Doctor says that the operation is painless and is never followed by poisonous effects. Converted into English equivalents, his solution will represent *one grain and four-fifths* of sulphate of strychnia and *three drachms* of water.

Baron Von Langenbeck has obtained excellent results from a less dangerous drug than strychnine, which cannot be regarded as quite devoid of risk when injected subcutaneously. Baron Von Langenbeck, in a communication on the employment of ergotine in surgery, states that he has successfully used ergotine in cases of procidentia, invagination, or intussusception of the rectum. The solution is injected into the perirectal tissue.

This method of treatment is certainly worthy of trial in a disorder so troublesome as prolapsus ani.—*British and Foreign Medico-Chir. Review.*

CHLORAL AS AN ANODYNE IN LABOUR.—Dr. Chiarleoni confirms the statements made by Dr. Playfair and others in this country and abroad, that chloral lessens the pain of child-birth, and he believes it promotes uterine action. He thinks it especially advisable in uræmic convulsions.—*British and Foreign Medico-Chir. Review.*

### ON THE PROBABLE ORIGIN AND DIFFUSION OF PUERPERAL FEVER.

At a meeting of the Middle-henish Medical Association, held at Worms, a paper was communicated by Dr. B. I. Krauss of Bensheim (Hesse), giving an account of an outbreak of puerperal fever at Reichenbach. Eight lying-in women out of ten who were affected by it died. The epidemic appears to have arisen in the following way. The midwife of the place was suffering from erysipelas of the head, and desquamating at the time when she was called to attend a woman in labour. This woman had been in good health during her pregnancy, and had a good time. On the 3rd day she had a high fever, the so-called erysipelas pulse (140 beats in a minute), great pain, and distension of the abdomen: she died the following day. The same midwife delivered eight women during that month, and another at the beginning of the next: seven of these died, and two recovered after a long illness. Four newborn children were attacked by erysipelas, of whom two died. During the same time erysipelas was prevalent in Reichenbach and the neighbourhood. In Reichenbach itself eight persons had erysipelas of the head, of whom two died. Dr. Krauss supposed that the first woman was infected by the midwife and puerperal fever resulted, which was then conveyed by the same midwife to the women she afterwards attended. The intimate connection between erysipelas and puerperal septic disease had been long known. But the author of the paper thought it would be well if midwives were instructed as to the danger to which they exposed women, when attending them under such circumstances, and that they should take proper care to disinfect their clothes, &c.—*Archiv für Gynæk.*

**EMPHYSEMATOUS CYSTS OF THE VAGINAL MUCOUS MEMBRANE.**—These crepitating tumours have been observed by Prof. Braun and by Winkel in the vagina, but Prof. K. Schroeder was the first to discover emphysematous cysts in the vaginal mucous membrane; he removed two small tumours from this membrane, and by opening them under water ascertained that they contained a gas. In Schmidt's "Jahrbuch," Dr. Kormann states his belief that these tumours are follicular cysts from whose serous contents gas was developed.

### ATROPHY OF THE OPTIC DISC FOLLOWING POST PARTUM HEMORRHAGE.

Dr. A. Friedenwald was called to a lady in confinement last March; labor prolonged on account of rigidity of the os, which compelled him to stay with her all night. At 5 o'clock the next morning dilatation was complete, but the pains had ceased, when he accomplished a speedy delivery with the forceps, and left her at 7 A.M., doing well. Had been home but a short time when he was hastily recalled, and found that hemorrhage had taken place. He turned out the coagula, gave ergot and left her improved. She recovered rapidly and was sitting up on the eighth day. That afternoon she was taken with a chill and return of the hemorrhage; found her with a blanched countenance and nearly pulseless. This time recovery did not take place so rapidly as on the former occasion. She was greatly weakened and complained of headache, giddiness and dimness of vision. On the fourth day after the second hemorrhage, profuse perspiration ensued, which seemed to prostrate her even more than the floodings. The disturbance of vision was now still more decided, the defect assuming both the characters of contraction of the field of vision and diminution of acuteness of vision. Notwithstanding a free use of quinia and iron, she remained for a long time prostrated and anæmic. The right eye recovered, but the other is totally lost. An ophthalmoscopic examination of the lost eye shows paleness of the fundus, attenuation of the retinal vessels and contraction of the optic nerve. This form of trouble is not unusual in puerperal mania, but the patient generally recovers, while in this case permanent impairment of vision resulted.—*Virginia Med. Monthly.*

### CASE OF SPONTANEOUS SALIVATION ASSOCIATED WITH PREGNANCY.

BY A. FARR, M.D.

THE mother of four children pregnant, for the fifth time, suffered from such excessive salivation that it was considered necessary to propose the induction of premature labour. The symptoms, however, suddenly abated upon the occurrence of quickening, and the patient speedily regained strength and required no further medical treatment.—*Obs. Journal.*

## PREGNANCY AND LABOUR IN EPILEPTIC WOMEN.

The following are the conclusions arrived at by Dr. Parry, in his paper on the above subject published in the *American Journal of Obstetrics* for August, 1875.

"1. Epileptics rarely have convulsions during labour. They are not more liable to puerperal convulsions than healthy women. Labour in them is, as a rule, not more unfavourable than in healthy women.

"2. In exceptional cases in which violent epileptic convulsions occur during labour, it is not decided whether it is best to hasten delivery or to trust to nature.

"3. Pregnancy may be the immediate cause of epilepsy. In these cases fits rarely occur during labour, and the disease is immediately arrested by parturition, but it will almost always reappear whenever the woman becomes pregnant.

"4. Either form of epilepsy may result in the death of the fetus, but convulsions of this kind are not as likely to destroy the child as those which may be correctly designated puerperal."

### A NEW ANTIPRURITIC REMEDY.

Dr. L. D. Bulkley recommends the following prescription for the relief of pruritus senilis, anomalous cases of pruritus, itching of chronic papular eczema or lichen, of pregnancy, pruritus vulvæ, pruritus hiemialis lately described by Dr. Duhring of Philadelphia:  $\mathcal{R}$  Pulv. Gummi Camphoræ, Chloral Hydrat  $\bar{a}\bar{a}$   $\zeta$ i; Ung: Aquæ Rosæ  $\zeta$ i. M. Rub the Chloral and Camphor carefully together till a fluid results; then add slowly the ointment. "This, when applied," he says, "to the healthy skin produces no effect, but possesses great power in arresting itching without overstimulating the parts. It does not answer when the skin is at all broken; it is then necessary to employ other less irritating agents, but the burning sensation caused on its first application lasts but a few moments, when the relief occasioned I have known to last for hours, or even a whole day. The ointment loses strength on standing exposed, and should be made fresh very frequently."—*American Journal of Medical Science*.

## Materia Medica.

### ON CROTON-CHLORAL HYDRATE.

In the *Medical Press and Circular* Dr. J. C. O. Will says:—

I may state my decided conviction that of all hypnotics, croton-chloral has the least troublesome sequelæ.

I make it into a syrup containing two grains of croton-chloral to a drachm of a mixture of glycerine and syrup of orange flowers, colored by adding a very minute quantity of tincture of cochineal. This effectually conceals the taste of the drug, which is certainly to be desired, as it seems to me decidedly unpleasant, and when taken without some flavoring agent it leaves a disagreeable, semi-acid taste in the mouth for a considerable period after swallowing it. This preparation is permanent, a matter of considerable moment, as croton-chloral, though rather freely soluble in warm fluids, is only sparingly so in cold, and when first employing it I was disappointed to find that a mixture which was perfectly clear when first made, soon after became clouded, and threw down a copious deposit of crystals on becoming quite cold. It is, as stated by Wallich and Diehl, freely soluble in alcohol, and a strong tincture can thus be prepared; but, fortunately, on the addition of water, separation soon takes place, the liquid first presenting an oily-like appearance, and soon after depositing crystals. Therefore, if a strong spirituous solution is prescribed, directions must be given that water, in the proportion of at least a drachm to each two grains of the croton-chloral, should be added before the dose is taken, else the changes I have indicated will ensue, and some of the crystals are pretty sure to adhere to the spoon or glass, or to remain in the patient's mouth, an occurrence certainly not desirable, as the taste of the pure croton-chloral is far from agreeable.

CASE 1.—Mrs. T., æt. 30, suffering from severe facial neuralgia, occurring every night about ten o'clock, was ordered three grains of croton-chloral; half an hour after the pain disappeared, and she slept well, which she had not done for some nights before. On the four following nights the pain recurred at the same

hour; three grains were again taken, with similar effect. On the sixth night pain not nearly so severe. On the seventh still less so, after which it did not return. On asking the patient if the mixture made her sleepy, she replied, "No, the pain left me, and then I soon went to sleep." At the time when this statement was made to me I had not seen Liebreich's paper on croton-chloral, but I have since found that it is in accordance with his experience, viz., "that in some cases of tic douloureux the remarkable phenomenon is exhibited that pain ceases before sleep sets in."

CASE 2.—Mrs. S., æt. 43, a somewhat hysterical female, suffering from supra-orbital neuralgia, appearing every night about eleven o'clock. To take  $2\frac{1}{2}$  grains on appearance of pain, to be repeated in two hours if necessary. Soon after the first dose pain abated considerably; after the second it disappeared entirely, and did not return for some nights; when it did, the medicine again acted as on the former occasion.

CASE 3.—Mrs. W., æt. 31, had been for some days attacked by intense pain in her right temple, commencing soon after she arose from bed, and continuing with more or less severity during the greater part of each day. When I was called to her it was more severe than it had ever been before. She was directed to take three grains every second hour till relieved. Six grains sufficed, and when I visited her on the forenoon of the following day she was quite free from pain, and said that soon after the second dose she felt so well that she had been able to serve her customers "just as if nothing had ever been the matter." In this case the truth of Liebreich's statement, already alluded to, was well affirmed.—*Canada Medical Record*.

#### JABORANDI.

Dr. Ambrosoli of Lombardy comes to the following conclusions after numerous trials of this drug.—

1. It is of importance to establish which of the many varieties it is that possesses sudorific and sialagogue properties; for it is because the variety of the plant which really possesses active properties has not been specified that it has

come to pass that different experimenters have not obtained the same results.

2. An infusion of five or six grammes in water, drunk either cold or tepid, the patient being in bed and warmly covered up, produces in from fifteen to twenty minutes, and rarely after one or two hours, a profuse sweating over the whole body which is prolonged from four to fourteen hours, and which may be renewed on successive days without an additional dose having been taken.

3. There generally occurs, half an hour or an hour after taking the Jaborandi, an abundant viscous, ropy salivation, which by the reason of the large quantity of liquid with which it fills the mouth impedes speech.

4. From one to two hours after the commencement of the administration the pulse and respiration diminish in frequency, and the temperature may become lowered by even four degrees (centigrade) — *Medical Times and Gazette*.

TO PRESERVE SOLUTIONS OF MORPHIA.—It is asserted by M. Vidal that the addition of chloral to a solution of morphia renders it much less liable to spontaneous change. This fact, if it be true, is important. The alteration which concentrated solutions of morphia undergo renders their strength variable and uncertain if they are laid by for a time. M. Vidal adds to the solution a quantity of chloral equivalent to twice the weight of the morphia it contains. He affirms that the injection of this mixture is not painful.—*Lancet*.

TINCTURE OF IRON IN RHEUMATISM.—Dr. J. Russell Reynolds, in a recent lecture, speaks very favorably of this drug in acute rheumatism. From 15 minims to a drachm every four hours produced no discomfort of any kind, and although a number of cases sufficient to establish a therapeutic position had not been treated, yet the results, so far, are sufficiently significant to warrant a further trial of a mode of treatment which "is certainly better than that which Warren said was all that he knew of that was good for rheumatism, viz., six weeks.—*Med. and Surg. Reporter*.

**GANGRENE; TREATMENT WITH SALICYLIC ACID.**—Dr. N. G. McMaster has used this acid as an application to gangrenous surfaces, with marked benefit in keeping down the intolerable odor. One case, particularly, was satisfactorily treated in this way. Bromine had first been applied, then carbolic acid, then poultices of charcoal, but the odor was, nevertheless, sufficient to exclude the patients from the ward. The salicylic acid in powder was then either dusted on the surface or blown into cavities, as necessity indicated. After the thorough use of this agent the offensive odor was completely controlled.

**HOT PACKING IN ACUTE RHEUMATISM.**—This mode of treatment has been adopted in Mount Sinai Hospital, and apparently with marked benefit. It consists in packing the patient with blankets wrung out of hot water, and changed as often as their temperature falls. In one case, where the disease had invaded every joint, the patient was relieved in eight hours. The rheumatism shows a tendency to recur, and when it does the packing is practised as at first. Local packings are also used with benefit. The results obtained are fully equal to those obtained from cold packings and the use of ice, and have the advantage of not shocking the feelings of the patient's friends.—*New York Med. Journal.*

**PROPHYLACTIC IN CHOLERA INFANTUM.**—The numerous cases of gastro-intestinal catarrh occurring in small children during summer preponderate among such as are fed with the bottle. The various kinds of treatment adopted by physicians have not proved very successful, hence a prophylactic against this disease is of great value. As the affection originates in the nourishment of the infant, Jacusiel (*Berl. k. Wochenschrift*, 1875) has been led to add two tablespoonfuls of a one-third per cent. solution of salicylic acid in water to the daily allowance of milk, with the effect of rendering the germ of the disease powerless. The children fed in this manner have not had gastro-intestinal catarrh, or suffered any inconvenience from this rather free use of salicylic acid. The remedy is harmless and also inexpensive.—*Hospital-Tidende* September, 1875.

**ALCOHOL AS MEDICINE.**—A difficult question in medical casuistry was suggested the other day at an inquest held by Dr. Diplock. An infant died under the following circumstances. After two days' illness, during which only some medicine from a chemist had been administered, Dr. Woolrych was sent for, who found the child suffering from acute lung affection, and ordered that the child should have brandy and milk. The father refused to give the child brandy; he was a total abstainer, and did not believe that it would do any good. Dr. Woolrych then declined to attend the case. Another medical man was sent for, but before he arrived the child was dead. Dr. Woolrych was asked by the coroner whether he suggested any other stimulant, such as ether or chloroform, and replied that he did not. It is impossible to say that brandy in this case would have saved the child's life; indeed it is obvious that the child was already past hope. Accordingly an open verdict was returned. The wider question, however, is raised—Is a medical man justified in withdrawing from a case in which his directions as to the administration of stimulants are openly repudiated? Ought he to refuse his help, or should he endeavor to replace the obnoxious brandy by other stimulants,—ammonia, ether, chloroform? It is doubtful how far these stimulants can take the place of brandy. Their effect is different; their action produces other secondary consequences more deleterious than those of ethylic alcohol. They cannot be substituted for wine or brandy. They may supplement, but cannot replace the latter. A case could not be treated on such conditions without deliberately accepting an inferior vantage ground for the contest with disease. It is certainly a course more consistent with self-respect, more consistent with due regard for the wider interests of humanity, to decline to undertake the treatment of disease weighted with such needless and prejudicial conditions. It may be suggested that the difficulty might be, in many cases, overcome by administering alcohol under the guise of physic. But this is a deliberate deceit, and it would be better to decline the management of a case on such terms, and to allow the responsibility of the results to rest where it is deliberately assumed.—*London Lancet*, Dec. 18, 1875.

THE CANADIAN  
*Journal of Medical Science,*

A Monthly Journal of British and Foreign Medical  
 Science, Criticism, and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by sending their addresses to the corresponding editor.*

TORONTO, FEBRUARY, 1876.

TORONTO GENERAL HOSPITAL.

WE have received a copy of a Bill introduced by the Hon. Mr. Crooks to amend the Acts relating to the Toronto General Hospital, and would like to know what grudge the author has against the Hospital and the Medical Profession, by which he was prompted to draft a measure so subversive of the usefulness of the former, and so fraught with insult to the latter.

Clause 1 provides for the appointment of five trustees—three by the Government, one by the City Council, and one by subscribers of ten dollars and upwards to the funds of the hospital. We do not see why a subscriber of four dollars is not just as capable of making a discreet choice as one of ten dollars; but the author of the Bill thinks differently. Then we would like to know why Medical Practitioners, in practice, should be specially ostracised by an Act of Parliament, which makes it unlawful for the City Council to select one of them as their representative.

Clause 2 declares that all the trustees shall be appointed annually, in the first week of December. We have known trustees who were diffident enough to feel that it took months to familiarize themselves with the workings and wants of the Institution, but we suppose the author is a believer in heaven-born trustees who, Minerva-like, need no such pupilage. Still, we believe it will be a great mistake to have all the appointments made annually.

Clause 3 provides for the disposal of subscribers' contributions, and gives every annual sub-

scriber of \$150 the right to "nominate one sick person, not afflicted with infectious disease, to fill a free bed, and to any vacancy occurring therein during the said year;" whatever that may mean.

Clause 4 authorizes the trustees "to appoint a Medical staff of twelve persons, to hold their positions at the pleasure of the trustees, but to terminate on the 30th day of June in each year." Notwithstanding the ambiguity of this clause, it evidently provides for a general scramble every year among those (if any there be) who desire the precarious honor.

We believe, however, that few Medical men with any degree of self-respect, unless compelled by the exigencies of their connection with the Medical Schools, will care to engage in the general strife which this annual appointment entails, and certainly fewer still will care to engage in the labour of preparation for clinical teaching on so short a tenure.

It is true, "any of the said staff *may be* re-appointed," but if others more active or obsequious should enter the lists, they *may not*.

But of all the absurdities we have ever met with in Acts of Parliament, we think the climax has been reached in the fifth clause, which, after providing for the appointment of a consulting staff, empowers the trustees to pass by-laws "for regulating matters and routine relating to medical treatment."

In our simplicity we supposed the Medical Staff should regulate these things, but lo! a Daniel cometh to judgment, and our heaven-born trustee knoweth best when Tom should have salts and Bridget tansy tea. This clause also says, "where a paying patient is received into the hospital, the trustees may allow such patient to be attended by a duly qualified Medical practitioner resident in Toronto, although not one of the Medical staff of the hospital," but why not from the country as well? Now, inasmuch as a large proportion of the inmates first go in as paying patients, it follows that in a short time *all the Medical men* of the city may be in attendance at the hospital affecting its reputation, but without any of the responsibilities of its staff; and as no provision is made to enforce clinical teaching by those who are not members of the staff, and as

the necessary material to furnish clinical instruction is distributed among so many different attendants, the usefulness of the hospital in this respect will be entirely and completely destroyed.

But surely no House with so large a representation of Medical men as the Ontario Legislature, will make itself the laughing-stock of the world by allowing so crude, ridiculous, and suicidal a measure to become law.

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JUDGING from the way our JOURNAL has been received, no apology seems necessary for its appearance. Our most sanguine friends could not have wished or anticipated a more hearty reception than has been accorded the CANADIAN JOURNAL OF MEDICAL SCIENCE, and if any additional incentive were requisite to induce us to put forth every energy to make the JOURNAL worthy of the profession to whose advancement we hope it will minister in some degree, that incentive has been furnished.

The field of Medical Journalism is common property, just as much as the field of medical practice; and inasmuch as we have always held it to be puerile in the highest degree to complain when other aspirants entered the latter field as competitors for public favour, we now step into the former, with a determination, if hard work and careful attention to the wants of the profession will enable us, to secure a share of the honours there bestowed, and make the CANADIAN JOURNAL OF MEDICAL SCIENCE respected and sought for, wherever its merits become known.

While we solicit the support and patronage of our medical friends everywhere, we expect to give them far more than a *quid pro quo* for their annual subscription.

We have set before us a high mark, and if we fail to accomplish the whole task, it shall not be for lack of good honest endeavour and persevering industry.

We are determined to discountenance all personal controversy among the brethren and with cotemporaries, as we think our pages can be filled with matter far more profitable to our readers.

We intend to hold an even balance between

the different parties, schools, and sects, in the province of Ontario, and shall not willingly become the organ of any one of them to the prejudice of others. Our position shall be one of absolute independence and neutrality throughout, and if by oversight, or error of judgment, aught appears in our columns savouring of partiality, it will only have to be pointed out to be rectified.

Like all fallible beings we may err occasionally, but we consider it far more honourable and elevating to acknowledge error than to do injustice. On matters of public medical policy we shall not hesitate to speak; and if private individuals stand in the way of the public good they must expect to receive hard knocks. To the Medical Council as the regularly constituted executive of the profession, we will accord a generous support; but the *acts* of the Council we shall criticize with a fearless pen. The Council has done many things in the past deserving of censure, but it also has done a good work for the profession, and we think a far better work for the public, by establishing the high standard of professional attainments now required of all persons, seeking the license to practice, thereby securing a higher position for the profession abroad and greater safety for the public at home. It has demonstrated that what was cynically styled the "most anomalous Medical Act" in existence, could be worked satisfactorily for all parties, insomuch that we now hear of efforts being made in various parts of the world, even as far off as Australia, to enact laws similar to our much abused Ontario Act. An effort of the kind was also made recently in the state of Mississippi, where the bill, on the point of becoming law, was defeated by the influence of a certain planter, on the ground that an old "black mammy" would lose her livelihood, and the negroes her professional help.

We would remind the profession generally that the members of Council are our servants and responsible to us for the trusts they hold, and amenable to us for all their acts. Instead therefore of censuring the Council as a whole, let each elector scrutinize the votes and acts of his own representative, and call *him* strictly to account for anything disapproved of.

We also think it would be well if the profession could visit the meetings of their Council occasionally, and familiarise themselves with the way of doing business. The moral influence of their presence would no doubt be salutary.



## Communications.

THE following remarks form part of an editorial in the January number of the London *Lancet*:

"The most acceptable sort of communication is that which is based on numerous and well-observed clinical facts having a practical or therapeutical significance. We retain our strong faith in medicine—we mean in the administration of well-selected drugs. We are not converts to the mint-water treatment of acute rheumatism. If we have lately made fresh discoveries of the curative powers of nature, we have also made fresh discoveries of the curative powers of medicine. To go no further back than our impression of last week, can anything be more remarkable than the profound effects on the nervous system of *Gelsemium sempervirens* detailed by Dr. Sydney Ringer and Mr. William Murrell? Is it conceivable that such powers should not have applicability to the temporary aberrations of nerve-function which constitute so much of the disease that comes before us? Where is the justification of speaking disparagingly of medicine, when it reduces temperature; when it dilates a pupil or contracts it; when it removes pain as by a magical process; when it alters the complexion and the composition of the blood; when it modifies the capacity of the cavities of the heart and the calibre and the contents of the various tubes of the body, such as the bronchi or the bowels or the blood-vessels; when it removes nodes; when it stops hæmorrhage, or alters in twenty-four hours the whole aspect of a skin eruption; when it suspends indefinitely epileptic seizures; and when it induces sleep? When medicine can be shown palpably to have such powers, it is but reasonable to expect year by year the discovery of new uses of it in the treatment of disease. Accordingly we shall look with a kindly feeling on all communications with a therapeutical bearing. It is unnecessary to say that we want no hasty inferences or false conclusions. It is easy to go wrong in estimating the therapeutical action of drugs; but of late the tendency to error has been rather in the direction of undervaluing medicines than of

overestimating them. It is also superfluous to add that, as we should prize, most of all, communications showing modes of treatment that evidently curtail the duration of illness and the amount of pain, we should value as little inferior to these in importance papers which would show the fallacy of any accepted views or fashions of practice. We all fall more or less into routine modes of treatment, and no exercise is more beneficial to us as physicians than that we should be our own critics to test in all lights and ways the soundness of the conclusions we have arrived at and of the details of the treatment which we practise. Not the least advantage of such an attitude towards our own practice is that it makes practice so much more interesting. The most ordinary case of illness methodically studied—which, by the way, can be done with very little fuss or loss of time—becomes a lesson to us more instructive than mere books."

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### VACCINATION.—ITS EFFICACY.

BY GEO. WRIGHT, M.A., M.B., TORONTO.

THIS question has lately been the subject of considerable discussion, not only in the Old World, where the opponents of vaccination have been assuming a rather bold front in their resistance to the law, which compels its adoption at a certain date after the birth of every child, but in this country. That such opposition should occur to a limited extent, at least, is not surprising. As men are at present constituted, the unanimous acceptance of any principle the correctness of which admits of even the *shadow* of a doubt, would be a singular phenomenon. Vaccination as an expedient for the prevention of variola, or for the mitigation of its severity, has been on its trial for seventy-five years and upwards; and to the great mass of civilized society it has commended itself as worthy of all the importance attached to it. But Dr. George Gregory's prediction, "that, in proportion as small-pox subsided, and its terrors became less known, so vaccination would be less regarded as necessary, or, perhaps, might fall into disrepute," is just now receiving its fulfilment, not only in Europe, but in this country

to a limited extent. For many years after its introduction, very little doubt seems to have been entertained, either by the profession or the general public, regarding its efficacy as a protective. But as soon as the virulence of the disease had to a great extent subsided, and epidemics became both less frequent and less fatal in their consequences, some have very naturally been led to reason as to the cause, and to doubt the view that it is due to vaccination. Although the results of vaccination have been generally most salutary without inflicting any constitutional damage, the very nature of the expedient is such as to repel us from its acceptance, if we were not fully convinced of its great value. We naturally shrink from the deliberate infliction of suffering and indisposition such as occurs in the majority of cases of vaccination, and only dire necessity impels us to choose very much the less of two evils. None of us will deny that, if entirely persuaded that the necessity for vaccination had passed away with the very much less frequent occurrence of the disease against which it is generally believed to protect us, that its value had been vastly over-rated as a protective against small-pox, or that its adoption had been the occasion of introducing other diseases, not before existing, we would gravely consider the wisdom of abandoning it. I think, however, that the history of vaccination since its first acceptance in all countries does not by any means justify the conclusion that its discovery was not a great boon to society, and that the necessity for its adoption as a sanitary precaution is as urgent to-day as it ever was.

I purpose to examine some of the objections urged against vaccination, and if possible, ascertain whether or not they are entitled to the consideration claimed for them. The great objection is, that there is no substantial evidence that the principle has accomplished what is claimed for it; in other words, that it is of any value as a sanitary precaution. In support of this position Dr. Newman speaks as follows: "Vaccination *happened* to be introduced just "when the small-pox was on its decrease and "rapidly approaching the lowest point. People "jumped to the conclusion that vaccination was "the cause of the decrease. \* \* \* We

"do not, and cannot, trace the causes of epidemics, nor the causes of their cessation. "They generally die out without any such "checking influence as vaccination is supposed "to have exerted." This, in the most moderate terms, is a novel mode of arguing a question. It amounts just to this. Previously to vaccination, small-pox was a very prevalent, fatal and most loathsome disease; since the discovery and general adoption of vaccination epidemics have become both less frequent and less serious in their consequences. This decline is not due to vaccination, says Dr. Newman and his supporters, but to natural causes such as attach to all epidemics, but which cannot be explained. In other words, Dr. Newman admits that epidemics of small-pox have been very much less frequent and disastrous than before the discovery of vaccination; but he is unwilling to ascribe to it any of the credit. In the absence even of positive evidence of the fallacy of this position, it does not reflect any great credit upon its advocates. We have no right to presume that, because any disease has declined since the adoption of an expedient having in view such decline, the same result would have occurred without such expedient. If we were to adopt such line of argument against sanitary measures in general, we might repudiate many which are now acknowledged to be most effective and desirable. We might as well say, for instance, that, on the supposition that typhoid fever is due to defective sewerage, or to the existence of animal or vegetable poison in drinking water, still the removal of these agencies would not mitigate the virulence or lessen the frequency of the disease, as it would decline of its own accord. The facts in both cases are, in our judgment, alike conclusive.

Now, fortunately for the interests of society, the value of vaccination as a remedial agent against the prevalence and virulence of small-pox, has not been so generally accepted without the exercise of the greatest caution on the part of its advocates. When Jenner first presented it to the public in England, it was regarded as a most inhuman and irrational principle; and it was not until after the most conclusive proof of its efficacy had been presented, that it was finally accepted. No man of science ever had

to endure more odium or to brave a greater torrent of abuse, not only from his medical conferees, but from society at large, than had Jenner, before the final triumph of his wonderful discovery.

The statement is made that the adoption of vaccination has resulted in the greater prevalence of other diseases constitutional in their character. We hesitate not to say that there are no statistics to substantiate this assertion. On the contrary, the most careful and conscientious investigations of scientific men everywhere have demonstrated, that it is impossible to communicate any constitutional disease through vaccine virus, unless it be syphilis; and even with regard to this, the information obtained from various sources renders it doubtful indeed whether, with proper precaution in the use of vaccine, such a result is possible. Dr. Curschmann, of Berlin, who has written very ably on the subject, and whom we must credit with having arrived at his conclusion after the most extensive and painstaking investigation, speaks in the following terms:—"The possibility of the transmission of a disease through vaccination has thus far been demonstrated in but a single instance, and that is *syphilis*. Could the opponents of vaccination show that this occurs with any degree of frequency, or is with difficulty prevented, vaccination would thereby receive a severe blow; but here, unfortunately, lies the weak point in our opponents' deductions. In the first place, those cases where the actual inoculation of syphilis has been verified are so exceedingly rare that the objections based upon them are consequently materially weakened. The force of these objections is still more impaired by means of the evidence, almost always present, that the unfortunate result was due to actual carelessness, or to an oversight easy to be avoided. *Nearly all of the unhappy occurrences of this sort are not the fault of vaccination, but of its improper performance.*"

These statements, admittedly strong, have not been made unadvisedly, or without their author's having demonstrated, to his own entire satisfaction by the most extensive research, their correctness. And hence, it is not unreasonable to assert that the opinion expressed by a few

that incalculable damage from this cause has been the result of vaccination, rests upon a very very insecure foundation. Another objection strongly urged against vaccination is that erysipelas, and in some few instances death, have followed its adoption. This would constitute a formidable argument if we were not quite certain that, even with such a risk, a vast number of lives are annually saved by the protection which vaccination secures. But in the presence of such a fact, no stronger objection can exist against this than any surgical operation which, while coupled with a like contingency, is nevertheless the only means of prolonging, or indeed saving, the life of the patient.

The all-important question in this discussion is, whether or not small-pox epidemics have, in the first place, been rendered both less frequent and less formidable by the principle of vaccination; and in the second place, whether or not those attacked after vaccination have suffered as severely as those not previously protected. That vaccination has fully met the most sanguine expectations of its original promoters, is a fact so abundantly shown by statistical information as to be beyond the shadow of a doubt in the minds of the great mass of the public. Dr. Aitken, in his admirable treatise on the Practice of Medicine, gives the following statistics, an examination of which will make it very clear that vaccination has proved a great boon. Assuming the deaths from all causes to be 1,000, he found the rates from small-pox to be, for—

London .....	16	Glasgow .....	36
Birmingham .....	16.6	Galway .....	35
Leeds .....	17.5	Limerick .....	41
England and Wales .....	21.9	Dublin .....	25.6
Perth .....	25	Connaught .....	60
Paisley .....	18	All Ireland .....	49
Edinburgh .....	19.4		

In the above named places, vaccination was voluntary; and an examination of the figures discloses the fact that, in proportion to the extent and thoroughness with which it was adopted was the exemption of the people from the ravages of small-pox.

Dr. Aitken then proceeds to give statistics showing the effect of vaccination in countries where its adoption was more or less compulsory. Out of 1,000 deaths in the Rhenish Provinces the death-rate from small-pox was 3.7; in

Pomerania, 5.25 ; in Lower Austria, 6 ; in Westphalia, 6 ; in Saxony, 8.33 ; in Bohemia, 2 ; in Venice, 2.2 ; in Lombardy, 2 ; in Sweden, 2.0 ; and in Bavaria, 4. These figures exhibit an astonishing diminution in the mortality from small-pox when compared with the results in the British Isles where vaccination had, up to that time, been only voluntary. We have, in addition, further corroborative evidence of a most instructive character from the returns of Dr. Balfour for the British Army and Navy Medical Department, where every soldier and sailor is protected by vaccination. These returns show : 1. That from 1817 to 1836, inclusive a period of 20 years, with an aggregate strength of 44,611 men, and a total mortality of 627, there were only *three* deaths from small-pox. 2. They show that with an aggregate number of troops in Gibraltar of 44,611 men, during the same period, and with a total mortality of 1,291, only one death was caused by small-pox. 3. In the West Indies, where there were several epidemics during the period, not a solitary death occurred from small-pox among the British or white troops, although the aggregate strength was 86,661, and the total mortality 6,803. Among the black troops at the same station, the aggregate of which was 40,934, and the total mortality 1,645, not one case of small-pox occurred. 4. At Bermuda, Nova Scotia, New Brunswick, Cape of Good Hope, and the Mauritius, no deaths occurred during the same time, and the white troops of Western Africa escaped entirely, while the unprotected black population were dying by hundreds. 5. In Malta, during the twenty years from 1818 to 1838 inclusive, while the aggregate strength of the British troops was 40,826, and the total mortality 665, only two deaths from small-pox occurred. This circumstance is the more remarkable from the fact that the disease raged all over the Islands during 1830 and 1838, and that it destroyed 1,169 persons. In 1830 there died of small-pox, 1,048 out of a total mortality of 3,407. In 1838 there were 121 deaths from the disease, out of a mortality of 2,583. The mortality among those *not vaccinated* was 1 in 4.7. Among those *vaccinated*, 1 in 23.4.

Dr. Aitken sums up the results of vaccination as follows. "1. During ninety-one years pre-

vious to *inoculation* there are on record sixty-five distinct epidemics of small-pox ; which is equal to a ratio of 77.4 epidemics in 100 years. 2. During sixty-three years in which *inoculation* was practised, and that to a very great extent, there were fifty-three distinct and well marked epidemics ; which is equal to a ratio of eighty-four epidemics in 100 years. 3. During the fifty-five years, since *vaccination* has been practised, there have been twelve distinct and well-marked epidemics ; which is equal to a ratio of twenty-four epidemics in "100 years."

In this country, although we are not in possession of statistics so definite as those we have just given, the general results of the adoption of vaccination as a protective against small-pox have been such as to satisfy the great majority of the profession and the general public of its unquestionable value. We have recently passed through a pretty severe epidemic, in which a large number have been attacked ; and we think that two things have been amply demonstrated. First, the great majority of those who have passed through critical attacks have been unvaccinated, indifferently vaccinated, or not successfully vaccinated, for many years previously. Secondly, it has been clearly shown that where persons recently vaccinated successfully *have* been attacked, they have passed through a modified form of the disease. It has been further shown pretty conclusively that most persons exposed, but recently protected, have escaped altogether.

Now, if the statistical and other information in our possession upon this subject is of any value at all, it is difficult to understand how the ground taken by the anti-vaccination advocates is substantial in any direction. There can be no doubt that small-pox has been less frequent and less disastrous than before the discovery and introduction of vaccination. To say that it would not have been any more frequent in the absence of the expedient is a mere begging of the question, without any foundation in fact, and not susceptible of proof.

Dr. W. B. Carpenter has been made a C.B.

## AN ACT RESPECTING THE REGISTRATION OF BIRTHS, MARRIAGES, AND DEATHS IN ONTARIO.

SIR,—The above Act, lately passed by the Legislature of Ontario, although an improvement upon its immediate predecessor, still leaves much to be desired, in that it still requires the great burden of the registration of deaths to be borne by a small class of the community, and thereby inflicts a grievous injustice upon that class in direct proportion to the smallness of their number as compared with the community at large. The one redeeming feature of the measure, considered from a medical point of view, is that the iniquity of compelling medical men to register all births at which they may have professionally attended, has been removed, and that obligation imposed upon the parents or certain other individuals.

A large amount of money has already been expended in the Province in order to secure a correct return of vital statistics, and, so far, with anything but gratifying results, for the simple reason that in the anxiety to secure such statistics the principle was lost sight of that all should contribute their respective proportion, to be determined alone by fate, to the accumulation of facts desired. Under just circumstances medical men would be placed in an exactly similar position with the rest of the community, since unfortunately their friends and relatives are as liable to die as are those of other people; but in the state of affairs lately existent with regard to the registration of births and deaths, and still in full force as far as the lethal clauses are concerned, the whole onus of registration virtually fell upon the medical practitioner, and because the imposition was so great and unjust, and the medical profession as a body too intelligent and influential to believe that irrational penal clauses could be enforced against them, the provisions of the Bill were ignored or disregarded, and the law became finally a dead letter. A similar fate awaits the present measure unless it be speedily materially amended.

Instances of the hardships consequent upon an enforcement of the law need not be here adduced, since they are, of necessity, familiar to all of your readers. Medical men are at all

times willing and happy to furnish to the friends of their deceased patients certificates of the cause of death upon application for them, and when they have done this surely they have performed their part, and it ought to be incumbent upon the friends rather than the medical attendant to attend to the registration of such certificate. The law should be so amended that it would be impossible for any body to be interred without a certificate from the proper Registrar, of a due registration of the death and its cause; and by this means the friends or others would be compelled to seek a certificate of the cause of death, and to transmit it to the proper Registrar before the burial could take place. Section Six of the Bill provides that the fact and particulars of the death shall be registered by some person other than the medical attendant, and the registration of the cause simultaneously with the particulars would be no more trouble than the registration of the particulars alone. Thus the trouble would be impartially divided and a full and correct return secured.

Were it not for the existence of the ancient Latin proverb "*Nil admirari*" I should be inclined to say, that it is a matter of considerable surprise that an Act so crude in its construction, short-sighted in its providence, and so unfair to the profession, should have emanated from a House in which the disciples of *Æsculapius* are so largely represented, and one is almost inclined to suppose that their proverbial self-sacrificing disposition has led them to forego the opportunity of urging and maintaining not only their own rights and privileges but those also of their professional brethren; but doubtless the unseemly haste manifested in the desire, to get the measure through its various stages, constitutionally or unconstitutionally, before the adjournment for the Christmas recess, in order that the law might come into force on the first day of the now current year, is in no small degree responsible for the present imperfect and inequitable character of this enactment.

Yours, &c., M.B.

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THE HEBREW CHARITY FAIR recently held for the benefit of the Mount Sinai Hospital, of New York, realized net profits to the amount of \$135,000.

### Miscellaneous.

DR. WARD has found that the application of honey, painted on with a camel's hair brush, twice or thrice a day, prevents pitting in small-pox. He also recommends it for cracks in the skin from frost.

SULPHIDE OF CALCIUM IN DIABETES.—A case is reported in the *London Lancet* where an apparent cure followed the use of calcium sulphide one-eighth grain with sacch. lactis gr. iiii in powders three times a day.

ADDRESS AND PRESENTATION TO DR. EVANS, OF BROCKVILLE.—On the evening of Dec. 29th, a number of the leading citizens of Brockville met for the purpose of making a presentation and address to Dr. L. H. Evans, Principal of the Brockville High and Public Schools, who removes to Toronto to enter upon the practice of his profession. Dr. Morden, on behalf of the meeting, presented Dr. Evans with a purse containing one hundred and twenty dollars.

In a paper read by Dr. de Sinéty before the Société de Biologie of Paris, the author avers that the investigations prove the occurrence of lactation in newly born infants; nay, more, he asserts that the fetal breast may contain colostrum. He states that, as in the adult, colostrum is first found, and that subsequently the secretion becomes like that of the suckling mother. The sex of the infant makes no difference. He bases his statements on chemical and anatomical investigations.

POISONING BY CARBOLIC ACID.—A patient of the hospital, while walking down to the boat, suddenly fell down and died. He had been in the habit of taking whiskey and ether in large quantities by the stomach, and had latterly commenced the use of carbolic acid. At the autopsy a large portion of the mucous membrane of the stomach was found completely blackened, and the organ emitted a strong smell of carbolic acid. The cause of the sudden death was not accounted for, but the condition of the mucous membrane of the stomach was of interest, in showing the local effect of the agent.

A BRITISH MEDICAL DEFENCE ASSOCIATION, "To suppress unqualified practice, secret quack medicines, indecent medical publications, bogus diplomas, and *improper alliances* of qualified and unqualified medical men,"—"to protect medical men from vexatious prosecutions; to prevent the registration of non-certified deaths; to correct the abuse of out-practice at Hospitals; to devise a fair tariff of medical fees; and to give medicine a firmer political basis in the House of Commons," has been formed in London, England.

SUGAR IN HEALTHY URINE.—At a meeting of the Royal Medical and Chirurgical Society, in Nov., Dr. Pavy demonstrated the existence of sugar in healthy urine. This was, he believed, much more commonly to be found than was supposed. It might be obtained in various ways, especially by acetate of lead. Thus procured, sugar might, as he showed, be demonstrated in healthy urine by all the ordinary tests,—Moore's, or the liquor potassæ test, Bottger's, or the bismuth test, Fehling's modification of the copper test, and finally the crucial fermentation test.

BRITISH QUALIFICATIONS IN CANADA.—The *London Lancet*, Dec. 8, 1875, in answer to a correspondent states, "Every Colonial Legislature has the power to enforce medical registration within its jurisdiction. It can require those who have been registered in Great Britain to be registered again in the colony; provided, however, that any person who has been duly registered under the Medical Act, shall be entitled to be registered in any colony upon payment of the fees (if any) required for such registration, and upon proof of his registration under said Act." (?)

A THIRD DENTITION AT THE AGE OF SEVENTY-THREE.—M. Echaré relates in the *Gazette des Hôpitaux* (October 9), the remarkable case of an old gentleman, aged seventy-three, who, after manifestation of nervous symptoms for some time, and an abundant salivation, exhibited in his upper jaw, which had long been dismantled of teeth, some fine ones projecting about two millimetres beyond the edge of the gums. They

were six in number—four incisors, one canine, and one small molar. These teeth were neither very white nor very strong, but formed an excellent substitute for those lost. Van Helmont relates a precisely similar case occurring at the same age.

**POISONING BY CARBOLIC ACID.**—The *Medical Times and Gazette*, of November 27, 1875, contains a report of a case of poisoning in which the patient, a woman forty years of age, swallowed nearly a teacupful, or about four ounces, of crude carbolic acid. Twenty minutes afterward the stomach was thoroughly washed out, and a pint of olive-oil thrown into it. There was prostration, but under stimulants, milk, ice, etc., the patient gradually recovered, and was discharged from the hospital about a month after the accident.

**INTERNATIONAL MEDICAL CONGRESS.**—During the American Centennial Celebration it is intended to hold an International Medical Congress, to be formally opened at noon on Monday, the fourth day of September, 1876.

The Honorary Secretary for the Dominion of Canada, Dr. A. H. David, of Montreal, requests Secretaries of Medical Societies to communicate with him, so that invitations may be sent to all to appoint delegates.

**BODY SNATCHING.**—With reference to a paragraph under the above heading, copied from the *Globe* of Dec. 3rd., in our last issue, we are pleased to learn from Dr. Dupuis that our young friends at Kingston have *no occasion* to risk life or liberty to procure the material for dissection, inasmuch as they always have had, and have now, more than they can well dispose of. As the Doctor says the "first intimation they had of any such occurrence in or about their city was the paragraph in our columns," we fear the *Globe* is not read in Kingston as it should be. Having copied the item from so reliable a source we never presumed to doubt its truth, but it only affords another illustration of the old adage, "put not your trust in Princes," even of the press.

**A PLAN FOR CHECKING DANGEROUS MISTAKES IN PRESCRIPTIONS.**—At Vienna, and we believe throughout Austria, the druggists' shops annually undergo an official inspection. One of the pharmæutists visited was much commended by the Commissioners for a plan which he has introduced into his shop for avoiding mistakes in the dispensing of such drugs as are poisonous in small doses. This consists in indicating on the label of the jar or bottle the weight of the maximum pharmacopœal dose. In this way the dispenser is immediately warned if he meets with a prescription in which the maximum dose is exceeded, and he can take the necessary measures to assure himself against error. Orders have been given to introduce this system immediately into the shops of all the Vienna druggists.

**OCCCLUSION OF THE SUPERIOR VENA CAVA.**—At a meeting of the Pathological Society of London (Dec. 7th, 1875) Dr. Habershon brought forward an instance of occlusion of the superior vena cava in a man of thirty-seven, who had enjoyed good health as a coal-heaver until seven years before his death, when swelling and great congestion of the face and upper extremities came on with much distension of the superficial abdominal veins. He was partially relieved, but sank from ascites, paracentesis affording only partial relief. After death it was found that the superior vena cava was obliterated; its position in the right auricle was marked by white puckering of the endocardium.

The innominate vein ended in a *cul-de-sac*. Large communicating veins passed in front of the pericardium into the mammary veins; others into the smaller and greater azygos veins; and by these means the blood was carried downwards into the inferior vena cava and reached the heart. There was much fibrous thickening around the aorta, and in the position of the superior vena cava. The pulmonary valves were imperfect, being represented by two segments and the rudiments of a third on a somewhat lower level. The man had never had syphilis. There was no cyanosis whatever or other symptom before the thirtieth year.

**THE MEDICAL ACT.**—J. R. Smith, an herb doctor, was tried before Mayor Field, at Woodstock, on Jan. 11th, for practising medicine without a licence. He was fined \$25 and costs. He gave notice of appeal to a higher court.

**IS CONSUMPTION CONTAGIOUS?**—Some experiments and observations recently made on the transmission of tuberculosis or phthisis from one animal to another, are worthy of note as indicating one fruitful source of pulmonary disease. Thus it has been found, that when an animal with tuberculated lungs is made the yoke-fellow of a perfectly healthy animal, and the two are housed and fed together, so as to inhale one another's breath, the one which was at first sound, before long exhibits the symptoms of tuberculosis. Again, Krebs has produced tuberculosis by giving animals milk from those which were diseased. In addition to rabbits and guineapigs (which animals are very susceptible to the production of the malady,) he accidently induced the disease in a dog, by feeding it with the milk of a cow in the last stage of phthisis. As a result of his observation, he asserts that tubercle virus is present in the milk of phthisical cows, whether they are slightly or gravely affected. On vigorous subjects such milk may produce no injurious effects, but the case is likely to be different with children and those of enfeebled constitution. Similar results may result from eating the flesh of animals affected with tubercle, and by inoculation with the virus. Thorough cooking of milk and flesh meat neutralizes their injurious action.—*The Popular Science Monthly.*

**ON THE RATIONAL TREATMENT OF COMMON TAPEWORM.**

At a late meeting of the Medical Society of London, Dr. BRUNTON read a paper on this subject (*Lancet*, December 4, 1875). After stating the varieties met with in this country, and mentioning the anomalous symptoms to which they give rise (their very anomaly, he remarked, affording a clue to the diagnosis), he stated that the chief points to be observed in the treatment were: a preliminary starvation of twenty-four hours, and the administration of

a combination of kameela and male fern—namely, two drachms of kameela to be rubbed up with a little gum and water till an emulsion is formed, and then two drachms of oil of male fern to be added, and the whole triturated in a mortar, with a gradual addition of water till a three-ounce mixture is formed, of which half is to be given at bedtime, and the remainder four hours later. This he had never known to fail. He insisted on the quality of the drugs being good, and spoke of the after-treatment by tonics.

**THE MILLS MURDER.**—It having been reported in the daily papers that physicians of the general school refused to assist in the post-mortem examination in this case, because the deceased had been attended by Homœopaths. We insert a letter from Dr. Macdonald to the *Globe*.

*To the Editor of the Globe:—*

SIR,—With reference to the wretched incident which occurred here lately, permit me to correct a statement of your correspondent, that in consequence of Dr. Vernon and Husband, who attended upon Mr. Mills, being Homœopaths, the Hamilton Physicians, of the General School, all refused to assist at the examination after death. I believe the physicians requested to hold a post-mortem examination on the part of Mr. Mills' friends were Dr. O'Reilly, Dr. Ridley, and, through the latter, myself. I declined for myself, and I recommended my friend Dr. Ridley to decline, because the body of the deceased, being in the care of the coroner such interference on our part, as was proposed, would be an officiousness which would in due time receive its reward. This was the only reason for the refusal, and I have no objection to accept the responsibility of it.

I am, sir,

yours, &c.,

J. D. MACDONALD, M.D.

Hamilton, Jan. 10th.

**TORONTO GENERAL HOSPITAL.**—A new medical Superintendent has been appointed to this institution. Doubtless the trustees selected the best man they could find ready to take the position—possibly no better appointment could be made. We must, however, protest against the manner of making such appointments. Surely when a vacancy occurs applications should be advertised for, so that all who may



wish to compete may have the opportunity, and the public may be well served by the man with the best qualifications being chosen. We venture to say that few, if any, outside of Toronto knew of the vacancy. The appointments of resident physicians or surgeons should be open to young graduates who have been good clinical students. If the appointments were made without salary, and tenable for one or two years, the assistant resident succeeding the retiring resident, a much better system would be inaugurated, hard working students would be benefitted, the hospital would be well managed, and the people would be the gainers by having practical men as their medical advisers. A Bill is at present before the Local Legislature to amend the Act with regard to hospitals. We hope that both in the interests of the public and in the interests of the profession, our representatives will see that provision is made for the proper advertising of vacancies in the staff. The system we advocate works well in Great Britain, New York, and Montreal, and there is no reason why it should not be adopted here.

**THE MALE URETHRA.**—Sir Henry Thompson, in a lecture delivered November 15th (*Lancet*, November 27th) says of the urethra :

First, let me assure you that the urethra is not a tube at all, in any sense in which we employ that word. It is not like a gaspipe, or an India-rubber tube, or even a flaccid tube of any membrane whatever.

It is rather a *continuous closed valve, capable of transmitting fluids and solids in one direction only, and transmitting nothing whatever in the opposite direction, except in obedience to applied force.* Its length in the male makes us think of it as a tube, but this is a mere accident of sex. An inch or less is amply long enough for its urinary function, as in the female ; and all the length it possesses above that is quite useless as a *urethra*, and renders it liable to disease and accident—the price, and a heavy one, let me tell you, which the male pays for his specially distinguishing feature. In illustration of this, I have but to refer you to the innumerable difficulties and dangers associated with stricture, retention of urine, and calculus, which are

almost unknown in the other sex. It is, then, in the male, simply a long valvular chink, traversing soft and most delicate vascular and nervous tissues, always firmly closed, and never opening except for a few seconds, during which fluids have to be transmitted from the body. Then, for a few seconds, it is distended more or less, and becomes a tube if you please, for this short time and this only, equaling, perhaps, at most, three minutes in the twenty-four hours. All the rest of the time it is firmly closed, and not one drop of fluid can pass from the bladder. Of course, oozing of liquid which is generated in the walls of the tube, or which enters it by ducts, may escape, but always, inevitably, in the outward direction only.

\* **SOUTH VICTORIA MEDICAL ASSOCIATION** — At a meeting of the South Victoria Medical Association, held to-day, resolutions were passed strongly condemnatory of the *Globe* newspaper in its advocacy of unrestricted commerce in medical practice without regard to proper medical tuition, as highly detrimental to the public good and morals ; also condemnatory of the action of the Medical Council in their late meeting in appointing from amongst themselves a Board of Examiners and voting to each other the sum of seventy dollars as remuneration for such service. The Association agree that it would have been in better taste to have made their selection outside the Council, satisfied that there were equally well qualified men to be found outside that august body, and that it would be in their own interest and the good of the profession that they reconsider the matter. Thanks were tendered to Mr. William Allison, representative for King's and Queen's Territorial Division, for his advocacy of an Independent Examining Board. The Government are asked to make the registration of deaths compulsory on the responsible representatives of the family in which death takes place, instead of at present on the medical man in attendance, as too often the medical man is not aware when the death does occur after his visit, is not conversant with other particulars required, and in many cases the medical man is not in attendance at all. The Association further strongly advise their representative to allow no further concession in

regard to medical curriculum of study to be allowed the homœopaths, eclectics, or other specialists, but in all fundamental branches and matriculation examination, the medical examination be equally strict and alike to all.—*Mail*.

SIR WM. WITHEY GULL, Bart., M.D. Born nine and fifty years ago in Essex, and sent early to Guy's Hospital in London.—Sir Wm. Gull has led a laborious life and achieved brilliant results. As a young man he conceived an enthusiasm for medicine which he retains to this day, and therewith a large idea of the various kinds of knowledge required for its faithful practice, which has caused him to address himself to a very large sphere of scientific inquiry. For in all science he devoutly believes so thoroughly as to hold that it alone is sufficient to raise, and will in course of time raise, the human race toward if not to perfection. In this frame of mind has he come to his work, has manfully wrestled with every kind of ascertained facts that could bear on his profession, has added much to them, and has obtained from them by passing them through his singularly clear and unprejudiced reasoning faculties, results which to many have seemed astounding. He is sparing of drugs, and observing of the patient, believing rather in physiological physic founded upon a study of individual peculiarities, than in the confident administration of medicine according to art, and seeking less to battle with disease violently as with an enemy, than to woo Nature gently, as a friend to that restoration of her functions which he has so often achieved. He has filled and still fills many of the most honourable offices of his profession, and three years ago he was made a Baronet and Extraordinary Physician to the Queen, after his famous achievement of snatching the Prince from death. He is a philosopher and a man of strong will, yet of gentle presence, with soothing manners and a hawk's eye; precisely the kind of man to give comfort and confidence to the sick, of whom there are hundreds to record and remember that he is one of the most successful of those who have addressed themselves and given their lives to the relief of human suffering and the salvation of human life.—*Vanity Fair*.

EXAMINATION QUESTIONS AT THE ROYAL COLLEGE OF SURGEONS, ENGLAND, IN NOVEMBER.—*Medicine*. 1. Describe a typical case of typhoid fever with its treatment. For what other diseases might it be mistaken, and how would you distinguish between them? 2. Mention the chief morbid changes to which the valves of the heart are liable. State the effects produced on the walls and cavities of the heart by these affections: and give the leading signs by which they might be recognized during life. 3. Indicate the medical qualities of the following preparations, of the class of cases in which they are used, together with the doses:—Extract *ergotæ liquidum*; *tinct. digatalis*; *claterium*, *ether sulph.*; *acidum gallicum*; extract *belladonnæ*; *plumbi acetas*; *hydrargyri perchloridum*; *liquor arsenicalis*. *Surgical Anatomy and Surgery*.—1. Describe the dissection required to expose the right common carotid artery; on what part would you place a ligature? 2. Mention the structures divided in a circular amputation through the middle of the arm; 3. Describe the symptoms and treatment of *dolirium tremens* following injuries. 4. What are the microscopic appearances presented by articular cartilage when undergoing the changes described as absorption? 5. Give the pathology, diagnosis, and treatment of *psaos abscess*. 6. What are the symptoms of a complete transverse laceration of the urethra in the perineum? How would you treat the injury? And what would be the most probable results? (Candidates are requested to answer at least four—including one of the first two—out of the six questions. *Fellowship examinations*. *Nov. 25th*. Describe minutely all the changes observed in the vessel, its branches, and its contents during the repair of a large artery after ligature. 2. What are the causes of non-union after fracture of a long bone? Describe the treatment you would adopt to obtain union. 3. Mention the conditions, local and general, co-existent with the fracture of the skull? Which would guide you to a decision as to the propriety of trephining. 4. A man is the subject of strangulated inguinal hernia, with well marked symptoms. Taxis is applied, and the rupture passes back into the abdomen. Four hours afterwards, when the

man is seen again, there is still urgent vomiting and no relief of the other symptoms. Explain the view you take of the probable nature of the case, and the treatment you would adopt.

#### ATMOSPHERIC PRESSURE ON THE JOINTS.—

The current opinion has hitherto been that the influence of atmospheric pressure in retaining the two surfaces of a joint in contact is, with the exception of the hip-joint, only exerted on the joints as long as the soft parts, especially the capsule, remain intact, and that a simple opening in the latter is sufficient to destroy it entirely. Prof. Ch. Aeby, of Berne, however, in a preliminary communication to the *Centralblatt*, March 27, 1875, p. 228, announces the startling fact that, according to experiments which he has lately instituted, in the greater number and the most important of the joints in the human body the atmospheric pressure is fully adequate to retain the surfaces of their constituent bones in contact, even after the division of all the soft parts, including the capsule. This statement is true of the shoulder-, elbow-, and wrist-, as well as of the hip-, knee-, and ankle-joints, and the experiment succeeds in nearly every natural position of the joint, so that the extremity below any particular articulation can be made to swing within its normal limits of flexion, supported by the pressure of the air alone. Thus, as Prof. Aeby expresses it, "when it is found that the arm will hang completely disarticulated in the shoulder-joint, the forearm in the elbow-joint, or the hand and fingers in their respective joints, no further proof is required that the ordinary teaching with regard to the relation of air-pressure to the joints is completely erroneous." Prof. Aeby will shortly publish his experiments and deductions made from them *in extenso*. We may here add that Dr. Fr. Schmid (*Deutsche Zeitschrift für Chirurgie*, v. 1874), has lately found by experiment that the atmospheric pressure which retains the surfaces of the hip-joint in contact is not only sufficient to support the lower extremity unaided by muscles or ligaments, but even to carry an additional burden equal to a third part of the weight of the leg.—*Med. Times and Gazette*.

PUNCTURE OF THE PERICARDIUM.—The following case is reported in the *Archives Médicales Belges* by Dr. Villeneuve: A child five years old, was suffering from pericarditis with effusion. According to the statements of the parents, the trouble dated from a fall two months before, soon after which the breathing began to be affected, the legs swelled, and the condition grew gradually worse. When the patient was seen by V. the symptoms had become very alarming. The face was swollen and mottled, the eyelids were œdematous, the lips cold and livid. There was also considerable œdema of the legs and scrotum. The pulse was too feeble to be counted, and auscultation failed to discover any cardiac sounds whatever. A fluctuating swelling, which undulated synchronously with the respiration, occupied the precordial region. Respiration was short, labored, whistling, and accompanied with pulsation of the jugulars. The case appeared desperate, and no medical treatment offering any prospect of success, it was resolved to interfere surgically. A Dieulafoy's aspirator was procured, and the tumor having been punctured at its most prominent part, two syringefuls of clear, yellowish fluid were withdrawn. The fluid continued to flow in a stream after the canula was removed, owing to the fact that the repeated application of blisters to the part had so thinned the skin as to prevent the edges of the wound from closing. With the aid of plasters, compresses and bandages, however, the aperture was finally closed. The result of the operation was a very marked relief of the child's asphyxiated condition; the heart-sounds could be heard again, and the pulse could be counted. The wound continued open and discharging for six months. The discharge was at first clear, and afterwards became purulent. The fistula finally healed, and the patient made a complete recovery.—*Journal de Médecine*.

CARCINOMA OF THE STOMACH.—A patient complained chiefly of pain in the hip and back, until her attention was drawn to other symptoms, when she admitted that she vomited quite regularly about an hour after each meal, if she ate anything besides gruel and whey. She was

forty-two years of age; there was no hereditary taint with malignant disease, so far as could be ascertained, and she had never suffered from any sickness except the present, which began eight weeks ago. Upon examination, a tumor, about the size of a hen's egg, was found in the region corresponding to the usual situation of the pyloric extremity of the stomach. The woman did not suffer very much pain referable to the stomach, nor had she ever vomited blood or coffee-ground material. But cancer of the stomach may be present without producing pain, and it sometimes occurs without vomiting, a fact which is often overlooked. When the cancerous disease is situated in such positions as not materially to interfere with the movements of the stomach, or is outside of where it will produce obstruction, vomiting may be absent.—*N. Y. Medical Record.*

THE TREATMENT OF VAGINISMUS.—M. Bouchut, of the Hôpital des Enfants Malades, writing on this subject, says that he has seen several young women who, after marriage, had at the inferior part of the vaginal orifice, near the fourchette, a small longitudinal fissure, which was very painful to the touch. The contact of the finger produced an acute pain just like that due to anal fissure. The same phenomenon supervened on attempting coitus, and checked its accomplishment. It is not correct to say that vaginismus is only seen in non-virgins, as M. Bouchut has observed it in a virgin, affected with lymphatic leucorrhœa, who had been ordered injections, but these had to be discontinued on account of the pain which the syringe caused. In this case a slight fissure of the hymen was the cause of the pain. M. Bouchut does not think that forcible dilatation of the vagina, as in a similar affection of the rectum, is the best mode of treatment, and recommends the following plan before having recourse to operative measures. He says,—“In many cases I have cured patients without operation and by the most simple means, such that every medical man may employ every day. These consist in the use of vaginal suppositories, containing cacao-butter, five grammes; extract of rhatany, three grammes; and of baths of bran-water. One suppository should be intro-

duced night and morning, then every day for an hour the patient should take a bath of bran-water.” In this way M. B. cured several cases of vaginismus without having recourse to an operation as disagreeable to the women as to their husbands.

POSTURAL TREATMENT OF SHOULDER PRESENTATIONS.—Dr. P. R. Maxon, of Syracuse, New York, thus describes his plan of treating shoulder presentations:—“Gravity is the principle invoked; and I was led to the discovery in 1860 by placing a woman with prolapsed cord on her knees, with her head and shoulders low, as recommended by Dr. T. G. Thomas, of New York, in order to effect its reduction, and finding that while she was in this position an abnormal (abdominal) presentation was spontaneously converted into a normal one. Having reflected on this circumstance, I was induced a few weeks later, when called in consultation in a bad shoulder presentation, to try position as a means of rectifying it. I was very anxious in regard to the case, because the lady had lost three children already from ‘turning to deliver’ in shoulder presentation. Her regular attendant, Dr. G. N. Dox, of Geneva, New York, a physician of attainment and experience, happened to be the confrère in whose practice the case of prolapsed cord, above referred to, had occurred; and instead of ‘turning’ himself, as had been so unsuccessfully attempted in the lady’s previous labours, he sent for me in consultation. Remembering the fate of the other children, and finding this one very large, I suggested the feasibility of correcting this shoulder presentation in the same manner as I had corrected the abdominal in the first instance. With his consent I made the effort in the following manner:—I folded several quilts compactly, laying them upon one another to the height of about one foot, and assisted her to kneel upon the quilts, with her head and shoulders resting upon the bed, and her face forward, so as to bring her body to an angle with the bed of nearly 90 degrees. I then pressed my hand gently against the shoulder, which readily receded, until I was enabled to clasp the vertex with my fingers, and with the assistance of the next pain to so ‘engage’ it that, when the patient was placed upon her left side and the quilts removed, a perfectly natural presentation presented itself. In a few hours the labour terminated in the delivery of a healthy boy, weighing ten pounds. Only a few moments were occupied in the process, and subsequent experience convinces me that shoulder presentations can generally be converted in this way into natural ones, without a resort to ‘turning,’ and with no risk for the mother or the child.”—*Lancet.*

**NERVOUS COUGH AS A REFLEX SYMPTOM OF ANTEVERSION OF THE UTERUS.**—Dr. Malachia de Christoforis reports the following case: A lady of twenty-three had suffered for a long time from a nervous cough, having these peculiar features. It occurred only in the day-time, disappearing as soon as she lay down, whether at night or in the day-time. There would be a series of eight or ten dry coughs, followed by half an hour's quiet. She had also suffered for a year from frequent micturition and a dragging sensation in the lumbo-sacral region. Various nervines had been tried ineffectually. Her history was, that her first and only pregnancy, two years before, had resulted in an abortion at three months, and had been followed by some persistent leucorrhœa and lumbo-sacral pain, aggravated by standing and walking. On examination, the larynx, chest, and abdomen were found free from disease, nor was there any sensitive point in the spine; there were two painful points in the face, however, referable to the trigeminus. On making a vaginal examination, the uterus was found enlarged and anteverted, so that the body lay behind the pubic bone and the cervix pressed against the sacrum. These abnormal relations were remedied on her assuming the horizontal position. A double curved Hodge's pessary was introduced, which restored the uterus to its normal position, and the cough was relieved, to return, however, when, by way of experiment, the pessary was temporarily removed after a few days. After a year it was no longer required. The author's theory is, that these reflex symptoms may have arisen from pressure of the body of the uterus upon the bladder, from traction upon the utero-sacral ligaments, or from pressure of the cervix upon the posterior sacral plexus or its branches—perhaps all three reasons combined.—*Schmidt's Jahrb. in Medical Record.*

**DEATH OF MR. HINTON.**—The death is announced of Mr. James Hinton, Aural Surgeon to Guy's Hospital. Besides his works on aural surgery, Mr. Hinton published several learned philosophical works. He retired from practice in 1874, and died at the island of St Michaels (Azores), on December 16th last.

The death is announced, at the age of 75, of Wm. Sands Cox, F.R.S., F.R.C.S., D.I., of Birmingham, England.

We observe by our exchanges that Dr. Edward Martin, Director of the Institute for Clinical Midwifery at the University of Berlin, Dr. Charles E. Squarey, and Dr. Lorenzo Desmond, of Liverpool, are dead.

#### APPOINTMENTS.

DE WOLFE, G.H.H., M.D., Canada; M.B., C.M. Univ. Edin., has been appointed medical officer to the Tintern District of the Chepstow Union, and to the Tintern Abbey Iron and Wire Works.

SAMUEL W. MOORE, of the Village of Niles-town, M.D., to be an Associate Coroner in and for the county of Middlesex.

DR. JAMES WHITE has been appointed Resident Physician to the Hamilton Hospital.

#### Births, Marriages, and Deaths.

##### BIRTHS.

At 336 Yonge Street, on January 24th, the wife of J. E. Graham, M.D., of a daughter.

On the 17th inst., corner of John and McGill streets, the wife of Dr. T. J. W. Burgess, of a daughter.

On the 16th inst., at London, the wife of Dr. C. A. Gibbs, of a son.

In Blyth, on the 1st inst., the wife of Dr. Sloan of a son.

At Ann Arbor, Michigan, on the 17th inst., the wife of Professor Donald Maclean, M.D., of a son, still-born.

##### MARRIAGES.

DE LA HOOKE—PELL—On the 19th inst., at the church of the Holy Trinity, by the Rev. W. S. Darling, James Ackland, eldest son of Dr. De La Hooke, to Adelaide Elizabeth, eldest daughter of the late Mr. J. C. Pell.

##### DEATHS.

At Frankford, on 3rd of January, Amanda M., the beloved wife of Dr. A. J. Campbell.

At Chippewa, on the 13th inst., Mary Vernon, infant daughter of E. A. Gaviller, M.D.

On the 12th of December, at his residence, Swede Point, Iowa, U.S., G. A. Palmer, M.D., aged 32 years and 9 months, youngest son of James Palmer, of Danforth, Scarboro', Ont.

BARRETT.—At Winona, Miss., on the 19th inst., Mrs. F. Barrett, relict of the late Michael Barrett, barrister, and mother of Dr. M. and R. G. Barrett, of this city, aged 80 years.

1876.

:o:

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" Sulph. Arom. ....	lb.	0 60	Magnes. Carb .....	"	0 30	" Lavend Co. ....	"	0 50
" Phosph. dil .....	"	0 35	" Citras .....	"	0 75	Syr. Ferri Iodid. ....	"	0 80
Æther, Sulphuric .....	"	0 60	" Sulph .....	"	0 08	" Hyopos. Co .....	"	0 75
Antim. Pot. Tart. ....	oz.	0 08	Morph. Mur .....	oz.	4 75	" Ipecac .....	"	0 60
Argent. Nit .....	"	1 30	" Sulph .....	"	4 75	" Scilla .....	"	0 35
Bals. Copaib .....	lb.	1 25	Mist. Sennæ Co. ....	lb.	0 25	" Co .....	"	0 40
Bismuth, Carb. ....	oz.	0 30	Ol. Croton. Tig .....	oz.	0 20	" Tolut .....	"	0 40
" Trisnit .....	"	0 30	" Jecoris Assell. ....	lb.	0 25	Tinct. Aconit .....	"	0 40
Chloral, Hydrate .....	"	0 12	" Menth. Pip .....	"	0 35	" Arnica .....	"	0 35
Chlorodyne .....	"	0 25	" Olivæ Opt .....	"	0 30	" Buchu .....	"	0 35
Chloroform, pure .....	lb.	1 90	" Ricini Opt .....	"	0 20	" Calumb .....	"	0 35
Cinchon, Mur .....	oz.	0 70	Opium .....	oz.	0 60	" Camph. Co .....	"	0 35
Collodion .....	lb.	1 00	" Pulv .....	"	0 75	" Cardam. Co .....	"	0 40
Emp. Belladon .....	"	0 90	Pepsin (Morson's) .....	"	1 00	" Catechu .....	"	0 35
" Canthar .....	"	1 25	Pil. Assafotid .....	gross	0 35	" Cinchon Co .....	"	0 40
Ext. Aconit .....	oz.	0 25	" Cath. Co. U. S. ....	"	0 45	" Colchici. Sem .....	"	0 38
" Belladon .....	"	0 20	" Rhei. Co. ....	"	0 40	" Digitalis .....	"	0 35
" Colo. Comp .....	"	0 12	Pimmb. Acet. ....	lb.	0 20	" Ergot .....	"	0 75
" Coniæ .....	"	0 10	Podophyllin .....	oz.	0 65	" Ferri Perchlor .....	"	0 35
" Gentian .....	"	0 07	Potass. Acet. ....	lb.	0 60	" Gent. Co .....	"	0 35
" Hyosciam .....	"	0 20	" Bicarb .....	"	0 32	" Hyosciam .....	"	0 40
" Nuc. Vom .....	"	0 75	" Bitart .....	"	0 40	" Iodi .....	"	1 00
" Tarax .....	"	0 07	" Chlor. ....	"	0 45	" Lobellæ .....	"	0 38
" Valerian .....	"	0 25	" Nitrat. ....	"	0 15	" Nuc. Vom .....	"	0 45
Ferri et Ammon. Cit. ....	"	0 13	Potassii Bromid .....	"	0 90	" Opii .....	"	1 10
" et Quin. Cit. ....	"	0 65	" Iodid. ....	"	4 75	" Quassia .....	"	0 35
" Citro-pyrophos .....	"	0 20	Pulv. Aromat .....	"	2 00	" Rhei Co. ....	"	0 50
Ferrum Redact. ....	"	0 15	" Cret. Co. ....	"	0 75	" Scilla .....	"	0 35
" Sulph. pur .....	lb.	0 25	" Ipecac .....	"	2 90	" Senegæ .....	"	0 40
Glycerine, pure .....	"	0 39	" Co .....	"	2 25	" Tolut .....	"	0 75
Hydrarg. Chlor .....	oz.	0 15	" Jalap. ....	"	1 50	" Valerian .....	"	0 25
" C. Cret .....	"	0 10	" Rhei. ....	"	1 90	" Verat. Virid. ....	"	0 90
" Nit. Oxyd .....	"	0 15	" Zingib. ....	"	0 40	" Zingib .....	"	0 50
" Bichlor .....	"	0 15	Quin. Sulph .....	oz.	2 50	Ung. Hyd. Nit. ....	"	1 60
Iodine .....	"	0 50	Santonine .....	"	0 70	" Sulph. Co .....	"	0 40
Jalapine .....	"	1 75	" Sodæ Bicarb. (Howard's) .....	lb.	0 20	" Zinci .....	"	0 40
Liq. Arsenical .....	lb.	0 30	" Pot. Tart. ....	"	0 40	Vin. Aloes .....	"	0 60
" Bismuth .....	"	0 80	Spts. Ætheris Co. ....	"	0 65	" Antim. ....	"	0 50
" Donovan .....	"	0 50	" Ether. Nit. ....	"	0 50	" Colchici .....	"	0 60
" Plumbi .....	"	0 20	" Ammon. Arom. ....	"	0 45	" Ipecac .....	"	0 60
" Potass .....	"	0 2						

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# BELLEVUE HOSPITAL MEDICAL COLLEGE,

## CITY OF NEW YORK.

### SESSIONS OF 1875-76.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1875-1876 will commence on Wednesday, September 15, 1875, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students desiring to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, September 29, 1875, and end about the 1st of March, 1876.

### FACULTY.

ISAAC E. TAYLOR, M.D.,

Emeritus Professor of Obstetrics and Diseases of Women and Children, and President of the College.

JAMES R. WOOD, M.D., LL.D.,  
Emeritus Prof. of Surgery.

FORDYCE BARKER, M.D.,  
Prof. of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D.,  
Professor of the Principles and Practice of Medicine  
and Clinical Medicine.

WILLIAM T. LUSK, M.D.,  
Professor of Obstetrics and Diseases of Women and  
Children and Clinical Midwifery.

W. H. VAN BUREN, M.D.,  
Professor of Principles and Practice of Surgery, with  
Diseases of Genito-Urinary System and  
Clinical Surgery.

EDMUND R. PEASLEE, M.D., LL.D.  
Professor of Gynecology.

LEWIS A. SAYRE, M.D.,  
Professor of Orthopedic Surgery, Fractures and Dis-  
locations, and Clinical Surgery.

EDWARD G. JANEWAY, M.D.,  
Lecturer on Materia Medica and Therapeutics and  
Clinical Medicine

AUSTIN FLINT, JR., M.D.,  
Professor of Physiology and Physiological Anatomy,  
and Secretary of the Faculty.

ALEXANDER B. MOTT, M.D.,  
Professor of Clinical and Operative Surgery.

ALPHEUS B. CROSBY, M.D.,  
Professor of Descriptive and Surgical Anatomy.

R. OGDEN DOREMUS, M.D., LL.D.,  
Professor of Chemistry and Toxicology.

### PROFESSORS OF SPECIAL DEPARTMENTS, etc.

HENRY D. NOYES, M.D.,  
Professor of Ophthalmology and Otology.

EDWARD L. KEYES, M.D.,  
Professor of Dermatology, and Adjunct to  
the Chair of Principles of Surgery.

JOHN P. GRAY, M.D.,  
Professor of Psychological Medicine  
and Medical Jurisprudence.

EDWARD G. JANEWAY, M.D.,  
Professor of Pathological and Practical Anatomy.  
(Demonstrator of Anatomy.)

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction. The Union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being Physicians and Surgeons to the Bellevue Hospital.

The Summer Session will consist chiefly of Recitations from Text-books. This term continues from the middle of March to the end of June. During this Session there will be daily recitations in all the departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics will also be held.

### FEES FOR THE REGULAR SESSION.

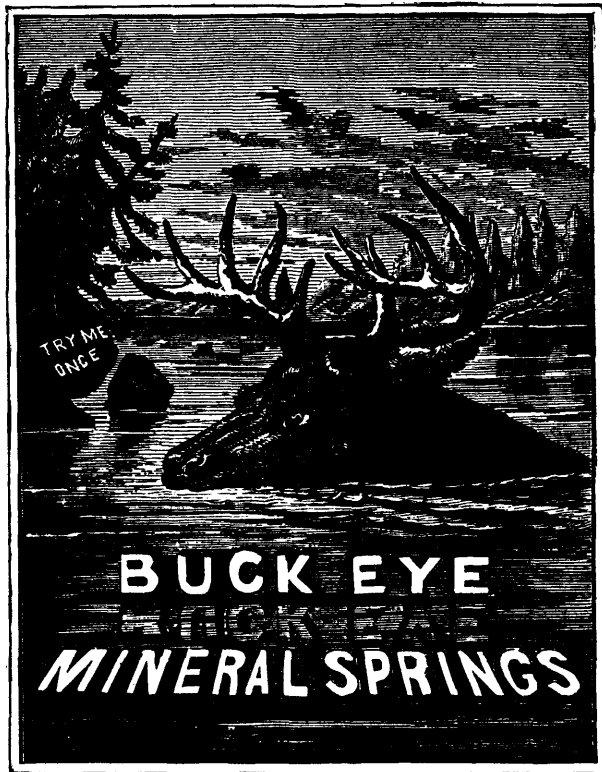
Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures .....	\$140 00
Matriculation Fee .....	5 00
Demonstrator's Ticket (including material for dissection) .....	10 00
Graduation Fee .....	30 00

### FEES FOR THE SUMMER SESSION.

Matriculation (Ticket good for the following Winter) .....	\$5 00
Recitations, Clinics, and Lectures .....	50 00
Dissection (Ticket valid for the following Winter) .....	10 00

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