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CANADA
MEDICAL & SURGICAL JOURNAL

DECEMBER, 1879.

Original Communications.

INAUGURAL ADDRESS AT THE MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

By R. P. HOWARD, M.D., ETC.

Prof. of Practice of Medicine, McGill University; President of the Society.

GENTLEMEN : — Upon a previous occasion, when your kindness placed me in this chair, I expressed the opinion, as well as entertained it, that the honor came in the order of seniority,—now, alas, no room for doubt remains on that point, and while I cannot but thank you most graciously for the respect paid to my gray locks, in your asking me to preside at your meetings, neither can I forget that my special qualification for the duty is largely dependent upon the color of those locks. Should my conduct in the chair during the year not give evidence of the wisdom that ought to be the crown of gray hairs, let me bespeak your kind forbearance and sympathy for the man, and your loyal and courageous support for the chair.

During the seven years that have elapsed since my last occupancy of this chair, your Society has not been idle, and I can congratulate you upon the amount and the character of the work it has done. Many of the papers that have been read before it have given proof of much painstaking in the observing and recording of the symptoms and signs of disease. Some of them have been very useful as well as interesting in bringing to the notice of the members important improvements in the

treatment of disease, or informing them of new pathological doctrines introduced by some of the master workers of our art; and several of them have contributed valuable additions to the clinical history, to the diagnostic character of, or to the effects of remedies upon various diseases.

A striking character of our Society is that it is at once a Medico-Chirurgical, a Clinical, an Obstetrical, and a Pathological Society, and it has at least one active Psychological member.

One department of the Society's work is of especial value to its members, and I am not quite convinced that it is thought as much of or made as much of as it ought to be,—that of pathological demonstration. It supplies the very thing we need as practitioners, for we no longer have convenient opportunity of attending the post-mortem room of the hospital. To be permitted to see and handle, nay to have exhibited and explained to us by a demonstrator of pathological anatomy, at our regular meetings, not alone the specimens of diseased structure which now and then we obtain in our individual field of labor, but nearly all the specimens contributed by the entire body of English practitioners in the city, from their hospital and private practice, is indeed a rare and precious privilege. May not this valuable source of practical instruction be rendered yet more profitable? Permit me to suggest, that every contributor of a diseased organ or part shall furnish the Society with a written record of the clinical history and symptoms of the patient from whom it has been procured. This will greatly enhance its value to us as practitioners, by connecting the life history of the disease and of the patient with the alterations of structure which have been the outcome of the disease and the special endowments of the patient's constitution. The picture drawn upon the mind by the recital of the symptoms of a case of illness, and an ocular examination of the alteration of structure produced by the disease, will be more truthful, complete and indelible than were it drawn from only one of these sources.

But the *study of disease* and the *treatment* thereof in the *living* is the chiefest and most important work of our Society.

It is that which ought to and which no doubt does interest us most. And if we endeavor to avail ourselves of our opportunities, some as hospital and others as private practitioners, we may contribute many valuable facts to the science and art of medicine, as well as render ourselves abler and more successful practitioners.

We are too apt to think that the physicians and surgeons of hospitals have much better opportunities of studying disease than private practitioners, and that from them should come the most valuable additions to our knowledge of disease and treatment. But while this may be partially true of *acute medical* and both *acute and chronic surgical* affections, it is not wholly true of these, and is quite *untrue* as regards *chronic internal* and *many chronic external* or so called surgical affections.

In acute febrile and inflammatory maladies the hospital attendant and the private practitioner, perhaps, occupy almost the same vantage ground for the study of the invasion, the course, and the termination of disease, and the effect of remedies upon it; and the chief advantage possessed by the former consists in the larger number of examples of a given kind of disease that fall under his observation at a time, and the more reliable means at his disposal of carrying out intelligent nursing and systematic therapeutics, whether hygienic, dietetic, or medicinal.

But in all the chronic and the constitutional diseases of humanity, a much larger and more obscure class than the acute, the private practitioner has greatly the advantage of his hospital colleague. The former has an opportunity not permitted the latter, of noting the beginning of disease,—the first departure from health,—of studying at the outset its causes *when* only they often can be discovered,—of observing its subsequent course and termination;—and, after apparent recovery, of watching whether it is complete or has left behind it some permanent damage, either of function or structure, or, in the absence of either of these, some impairment of the power of resisting disease.

Again, how much larger and more available to the private

than to the hospital practitioner the opportunities of studying hereditary influence, family and constitutional tendencies, mental and moral culture, social position, occupation, environment of every kind, in relation to disease and its treatment.

The private practitioner then, in my opinion, has no excuse for failing to contribute to the advancement of medical science and art, and if he would perseveringly avail himself of his opportunities, even to the same extent as his hospital rival, he could contribute additions to our knowledge of the value of which no reliable estimate can be given.

Let the private practitioners of this Society then, as they have hitherto done, continue to read papers upon cases which occur in their practice, and let them vie with their hospital brethren in giving interest to our meetings and enlarging our knowledge of the *Ars Medica*.

Would not some valuable additions to medical science accrue were private practitioners to undertake some such studies or investigations as the following:—

What has been the history of Mr. —, treated for syphilis, ten or twenty years ago, as regards his own health and that of his offspring?

What has been the personal medical history of all or of a number of patients treated in their first attack of rheumatic endocarditis, of acute pleurisy, of chorea, of eclampsia, of typhoid fever?

What have been the various diseases and peculiarities of temperament, constitution, etc., observed in the other members of a family, one of whose number has suffered from morbus coxæ, Pott's curvature, phthisis, epilepsy, rheumatoid arthritis, etc.?

Those cases of epistaxis met with past middle life, those of temporary and sudden blindness, of vertigo, of occasional syncope, of recurring but transient albuminuria. What have been their origin and their issue?

Under what circumstances are pyæmia and puerperal fever met with in private practice? How often in one's experience has the lying-in woman been exposed recently or at the time of her confinement to the poison of any of the zymotici, and especially

that of scarlatina, or of erysipelas, and with what result to herself and infant?

These and many other problems are the special task imposed on the private practitioner by the opportunities of his practice.

If physicians, from the outset of their career would make careful notes of the ailments and constitutional characters of their patients and their patients' families, so that a tolerably complete *medical* history, so to speak, of their patients and their offspring could be obtained, for two generations only, what invaluable information would be possessed for the solution of such questions as the following, hitherto scarcely studied, viz. :—the succession, the substitution, the combination, the equivalence (pathologically) of different diseases, above all that unknown subject the *evolution* of disease. The family physician is the only person so circumstanced as to be able to perform such a work, and let it be one aim of this Society to encourage its junior members to undertake it in the interests of their patients, of humanity, and medical science.

I doubt not that wealthy families would cheerfully pay their physicians handsome honoraria for such invaluable records, and would preserve and hand them down to their children, who in their turn would do likewise, and in this way medical science would be supplied with facts to solve many of the above problems,—facts which she does not possess in anything like the number or completeness that she ought.

But our Society, as representing medical science, has claims upon the hospital physician and surgeon as well as upon the private practitioner. Bearing in mind the large number of examples of febrile and inflammatory affections that are admitted to our hospitals, it is reasonable to expect from their medical attendants valuable contributions to the course, complications, diagnosis and appropriate treatment of those affections.

The hospital attendant, owing to the large number of patients constantly under his observation, should point out the resemblances and the diagnostic differences between affections that resemble one another closely, the *prognostic* significance and value as *indications* for *treatment* of certain qualities of pulse,

of urine, of expectoration, of certain conditions of the tongue, the skin, the respiration, etc.

The *real value* of cold bathing, of large doses of quinine, salicylic acid, benzoate of soda in pyrexial affections, of blood-letting, mercury, aconite, antimony, etc., in inflammatory diseases, of tapping in acute pleurisy, acute synovitis and pericarditis should be determined by him. To him we look for careful reports embodying the results of the treatment of large numbers of cases of a given disease, say rheumatic fever or diphtheria, by the same or by different drugs, and furnishing the conditions for selecting one agent rather than another.

Such problems as the influence of alkalies and of salicylic acid respectively, upon the duration and complications of acute rheumatism—of the use of chlorine, bromine, iron, sulphur or benzoate of soda, and of local disinfection and of tracheotomy in diphtheria—the relative value of the different methods of dressing wounds, the conditions in which drainage is necessary after operations, and the best method of securing it in different cases—when to discontinue rest and begin exercise, passive and active, of a diseased joint—when to excise and when to amputate in articular disease—the actual results of the different methods of treating morbus coxæ, or hemorrhoids—these, and *many, many* other problems, belong especially to the hospital physician or surgeon.

On these and numerous other subjects of interest in the history and treatment of disease, we shall hope to hear from the representatives of the hospitals among us, and all the more frequently, that being stimulated to industry and ~~participation~~ by the daily presence with them at the bedside of a class of intelligent and criticising students they will, by the force of circumstances as well as by the constant exercise of their powers of observation and analysis, be qualified to communicate valuable information in clinical medicine and surgery. It is to the credit of their class, as well as to themselves, that the first meeting of the year has been opened by valuable communications from the Professors of Clinical Medicine and Clinical Surgery.

In the work of this Society the youngest member can assist.

Whoever reports a single example of disease, complete in all its details, supplies a fact to science which shall bear fruit, perhaps long after the labourer has been forgotten? How few reports of disease are complete in all respects, even when written by experienced and accomplished men! How often is all reference to the cause of the disease, whether the remote predisposing or even the more direct inducing cause omitted in reports of cases; yet, in view of preventive and curative medicine alike, what more important to the advance of scientific medicine? Incomplete observation is often as injurious to science as mal-observation.

Let us all, then, young and old, resolve to do something to maintain the interest of the meetings of our Society. Even a regular attendance will do this, by the satisfaction that the presence of a good audience will afford the readers of papers, and those who join in their discussion.

The value of medical societies cannot be stated. But, wherever the members of our profession are diligent and earnest cultivators of medical science, they must exist in some form or other; whether composed only of three or four friends who meet at their respective houses from time to time, or of larger regularly organized bodies, having a "local habitation and a name," like our own Medico-Chirurgical Society. Such men will seek out others like themselves, make known their opinions, relate their obscure and interesting cases, seek information respecting new remedies and methods of treatment, confess their failures, claim their victories, discuss new theories fearlessly, and be constantly asking the how, the where, and the why?

Without such men or organizations for mutual edification, medical science will not make much advancement in a locality. The practitioners of medicine where such organizations are wanting, will hardly know and respect one another as they ought; will not have had developed in them that exalting consciousness that they are members of a learned and honorable profession, whose time-honored reputation amongst men they must not sully by anything that is low, mean or false. And they certainly will not keep abreast of modern thought and deed in medical science, but sink into a dull indifference that must entail mediocrity, if not crass ignorance.

PILOCARPINE IN IRITIS.

BY F. BULLER, M. D., M. R. C. S., ENG.

Lecturer on Ophthalmology, McGill University.

(Read before the Canada Medical Association, 11th September, 1879.)

The ordinary and well-known method of treating iritis is so satisfactory in a vast majority of the cases met with in practice, that there is, probably, little or no reason to desire other remedies than those commonly employed in dealing with the simple form of this disease of the eye. Now and then, however, there are instances of iritic inflammation which incline to run a protracted course, and though not presenting symptoms of an urgent or threatening character, may nevertheless, for the reason stated, prove very annoying to both patient and medical adviser. A few such will certainly come under the care of every ophthalmic surgeon in extensive practice, and *may* fall to the lot of any one who includes the treatment of eye disease in the comprehensive field of general practice.

The class of cases to which I refer differ from the so-called simple iritis, not only in the tendency to continue uninfluenced by the ordinary treatment, but also in displaying little inclination to the formation of adhesions between iris and lens capsule; at the same time they are not typical examples of serous iritis. They are, perhaps, better designated as a mixed form of serous and plastic iritis.

I have recently met with two such cases, and it is concerning these that I purpose making a few remarks. In the first case, at least, nearly every available remedy had been tried, but without improvement, before having resort to the remedy which finally effected a speedy cure. The history, etc., is as follows:—

Charles C., aged 44, carpenter, came to Hospital May 27th. Of French-Canadian parentage, dark complexion, physique a good deal above the average. With the exception of occasional slight attacks of rheumatism, affecting chiefly the shoulders and elbows, his general health has always been satisfactory until the present illness. For the past eight weeks he has had inflamma-

tion of the right eye. This has been attended with a good deal of pain, and rendered him incapable of following his employment. He appears very much depressed in spirits, and says that he feels weak and languid. Has been under skilled treatment all along, but not finding himself improving has become discouraged. The treatment seems to have consisted in the use of atropine instillations for the eye, and a solution, evidently containing iodide of potassium, taken internally three times daily.

The left eye has never been affected, and is in every respect normal.

The right eye is considerably inflamed and presents the following features:—Well marked injection of the anterior part of the eyeball, of a purplish red hue, and increasing uniformly in intensity toward the cornea. The latter is free from any visible evidence of disease. The anterior chamber is apparently of the same dimensions as that of the healthy eye. The iris has a dull, turbid appearance, and its striæ are quite indistinct.

The pupil is circular, moderately dilated, and does not respond to light, there are no pigment stains on the lens capsule. The fundus oculi cannot be seen with perfect distinctness, but presents no evidence of being diseased.

The tension of the eyeball is unmistakably increased $V=48$, and the field of vision is intact. There is some photophobia, lachrymation and ciliary tenderness on pressure. He states that the pain in the eye and circumorbital region is, as a rule, worse at night, and that the inflammation sometimes diminishes for a day or two, and then suddenly becomes as bad as ever. Strict enquiry failed to elicit any evidence that he has ever been affected with syphilis.

It will be seen from the foregoing that we have to deal with a case of simple iritis, which was probably of rheumatic origin, but differing from the ordinary type of so-called "rheumatic iritis" in several particulars, viz. :—

- a Well-marked increase of tension.
- b No sign of any plastic effusion ever having occurred.
- c No improvement after several weeks of treatment.

With regard to the first of these points, I may here state that the +T continued throughout the subsequent course of the disease, but finally subsided with the inflammation.

In regard to the second point, it is quite possible that atropine may have been used sufficiently early to prevent the formation even of transient adhesions, traces of which are usually discernable in every case of plastic iritis.

In deciding upon the line of treatment to be pursued, the two peculiarities first mentioned were not unimportant.

*There was
no certainty* The +T perhaps rather contraindicated the use of atropine, and, in addition to this, that adhesions would form if the pupil were allowed to contract; possibly, too, the atropine might be acting as an irritant, as it is well known to do in some individuals; moreover, after eight weeks' trial it was not found to be exerting any beneficial action. For these reasons it was decided to omit the atropine drops, neither was there any special indication for the use of mercury.

To the use of iodide of potassium there seemed no objection, it was, therefore, continued, in doses of ten grains, combined with two grains of quinine, three times daily. The patient was also enjoined to make liberal use of warm fomentations, and to keep the eye perfectly protected from strong light and other injurious influences.

Two days after the first visit there was a decided improvement in the condition of the eye, which, however, did not last long, for on June 5th the precorneal injection, &c., had returned, but there was still no appearance of iritic adhesions. This fact, with the persistent increase of tension, was considered a sufficient reason for the cautious use of a solution of eserine. One drop of a four-grain solution was ordered to be instilled morning and evening. The other remedies mentioned were continued. This was followed by a very striking amelioration, indeed the eye became so well in the course of a few days that he was able to work for several hours daily, without experiencing much discomfort, only feeling pain in the eye for about an hour after the application of the eserine.

On the 22d of June he worked nearly all day in the open air, with his coat off, and flattered himself that he was now all right. Although strictly enjoined to show himself every two days whilst using the eserine, he had not been to the Hospital for more than a week. On the 23d, the eye was not feeling very well, and, after putting in the eserine drops, it became very painful, and the pain did not pass off as it had done on previous occasions; on the contrary, it increased, and kept him awake nearly all the next night. The following day, June 24th, he came to Hospital with the eye more inflamed than it had ever been before; two adhesions were found to have formed at the lower border of the pupil, and vision was considerably impaired. A change of treatment had become imperative. To prevent the formation of other adhesions, and, if possible, to break those already formed were leading indications. Atropine and mercury were both employed. Frequent instillations of the former in the usual solution; the latter was combined with the iodide of potassium, 1-16th gr. of the perchloride after each meal, and belladonna fomentations to be used instead of warm water. Notwithstanding the vigorous use of atropine, only a moderate degree of dilatation of the unattached portion of the pupil could be obtained, a full dose of morphia each night only partially allayed the pain.

On the 1st of July there was no abatement of the disease, and vision was much impaired, but not more so than could be accounted for by the turbid condition of the aqueous humor; the intra-ocular tension was still in excess, but the visual field was not impaired. The patient was again very much discouraged, and willing to try anything that could offer a chance of bringing relief. Turkish baths were proposed, but objected to on the score of expense. It was then explained to him how a similar effect could be obtained by the use of pilocarpine, and he at once consented to give it a trial. On retiring the same evening $\frac{1}{2}$ gr. of the hydrochlorate of pilocarpine was injected beneath the skin of the back of the arm. The usual effects of the drug were produced in a high degree in the course of a few minutes. There was profuse ptyalism for about an hour, and copious per-

spiration for several hours, after which he slept comfortably without the aid of morphine.

When seen again on the 3rd, a change for the better was unmistakable. All the acute symptoms had passed off, vision had improved, and the pupil was fully twice as large as before the injection. The same procedure was repeated on the fourth, with a similar result—that is, with a still further improvement.

On the 10th of July the eye was almost free from inflammation. The two synechiæ had not given way, but were now merely elongated bands, not preventing fairly good dilatation of the pupil even at the lower part. A third injection was now given, and on the 15th the patient came to the Hospital and announced himself cured. The only sign of the disease now remaining was the posterior synechiæ. The tension of the eye had diminished with the inflammation, and was now normal, as was also vision. Atropine instillations were continued for several weeks longer, but as the synechiæ did not give way, and the eye appeared quite well, they were discontinued. Up to the present time there has been no return of the disease.

The next case was a medical man, of slight frame and spare habit, of a dark and sallow complexion. He had been in delicate health for some months, and was still an invalid when the eyes became affected. The illness had commenced with a severe cold, and was of a somewhat obscure character. Sleeplessness and general debility were its most prominent features. For many years he had suffered much from frontal neuralgia, which, as a rule, was most troublesome in bad weather: so much so, that he had come to regard his forehead as a pretty reliable weather indicator. He was also subject to what he considered to be rheumatic pains in the joints, especially of the upper extremities, but never had an acute attack of rheumatism. The left eye began to be troublesome on the 23rd of May. Two days later he came under observation, and there was then found to be a moderate degree of iritis. The ciliary injection was of a purplish hue, such as is supposed to characterize rheumatic iritis.

Was ordered atropine instillations every two hours till the pupil became dilated. To take a mixture containing quinine

and iodide of potassium, and to foment the eye with warm water. The next day the pupil was fairly well dilated and circular; its lower margin yielded slowly, but without leaving any pigment stains on the lens capsule. Vision was considerably subnormal = 33. T. doubtfully increased.

After sixteen days of this treatment, beyond temporary slight improvement, there was no change for the better; on the contrary, the last three or four days have been attended with more suffering than at any time previously. Morphia allayed the pain at night, but made him feel very uncomfortable afterwards. The iodide of potassium had brought out a papular eruption, quite abundant, on the face, and he thought it was disagreeing with him.

I related to him the success of the first injection of pilocarpine in the former case, and suggested that he should also give the remedy a trial. On June 9th, a solution containing $\frac{1}{4}$ gr. was accordingly injected into the forearm. It acted promptly and efficiently, and did not cause much gastric disturbance. He passed a better night, and the next day there was a surprising improvement in the condition of the eye.

The further treatment consisted in the use of atropine locally, small doses of quinine three times daily, internally, and a pilocarpine injection every other night. Of these he had in all only four, scarcely suffered any pain after the first one, and was almost well after the third. On the 22nd of June recovery was complete, and all treatment was stopped.

About the beginning of July the right eye showed signs of a slight iritis; for this atropine was used morning and evening till near the end of the month. After getting wet in a shower of rain, the disease assumed the dignity of a tolerably sharp attack of iritis. He now took on his own responsibility two injections of pilocarpine. The eye was somewhat relieved by each of these, but, curiously enough, they caused great swelling of the submaxillary glands, and there was a feeling of depression the next day that had not obtained before. He was therefore advised to rely upon atropine and fomentations, and to take iodide of potassium in gradually increasing doses. This he did,

until taking gr. xx three times daily. When this quantity had been reached, he felt obliged to discontinue it; but the eye was improving all the time, and by the middle of August was almost well. This attack was not so severe as it had been in the left eye, but lasted much longer—the respective duration being three and six weeks.

Pilocarpine has already been recommended in quite a number of diseases of the eye, and, like all new remedies, virtues have no doubt been ascribed to it which will not stand the test of time and experience; but that it has already proved itself a valuable addition to our remedial resources can hardly be disputed. I have been induced to place these two cases on record, because I believe that it is only by a careful observation and a faithful statement of facts that we can arrive at positive indications for the use of new remedies.

There is so much reason to be satisfied with the ordinary means of treating iritis, that we rarely feel the want of anything else. Now and then, however, they fail to do their work satisfactorily. Now, whenever a remedy is found to cope with these exceptional cases, it surely deserves a place in our therapeutical armamentarium.

In the two cases just related there was a remarkable similarity. Both were men subject to a mild form of rheumatism. In both, the inflammation was of a feebly plastic character, bordering, in fact, on the serous variety, and indisposed to yield to the soothing influence of atropine. Both were liable to irregular exacerbations, depending on circumstances which are practically beyond control.

The picture, so to speak, of the disease is often widely different in different cases of iritis. In these two it was almost identical. In the first case, there was one feature not commonly met with, except in typical cases of so-called serous iritis. I refer to the persistently increased tension. It was this that led to a breach of the ordinary rule of practice in treating inflammation of the iris, and the result showed how a departure from that rule is likely to be punished. The pupil was not only allowed to contract, but the contraction was stimulated by the

use of eserine. Although for a time this worked well, and the tension was diminished by the eserine, just as will happen when it is applied to eyes suffering from glaucoma, the day came when it commenced to act as an irritant, and adhesions formed during the few days that patient was not under observation, and, unfortunately, these adhesions remained permanent. The well known myotic effects of pilocarpine, when administered internally, might be urged as an objection to its use in iritis. Such an objection is practically of no weight, because the relief which it affords, by disengorging the inflamed and irritated eye, promotes the absorption, and thus powerfully aids the mydriatic action of atropine. This was what happened after each injection, and is, for various reasons, just what might be expected to happen.

Since this paper was read before the Canada Medical Association, I have treated another similar case of Iritis, occurring in conjunction with secondary syphilis, in an elderly man, whose general condition did not admit of the free use of mercury. Only very feeble posterior adhesions had taken place, and these easily broke down under the influence of atropine instillations; but the inflammation continued for several weeks without any signs of abatement. A decided amelioration was effected by half a dozen pilocarpine injections, and, I think, paved the way to a speedy cure with iodide of potassium, quinine, and morphia injections at night.

CROUP OR DIPHTHERIA. WHICH?

BY WILLIAM OSLER, M.D., M.R.C.P., LONDON.

Professor of the Institutes of Medicine, McGill University; Physician to the Montreal General Hospital.

On Monday morning, Nov. 10th, 8.30 a.m., I was hastily summoned to the Infants' Home by a message that a child was dying. On arriving, I found Fritz, a well grown boy of $4\frac{1}{2}$ years, in a state of urgent dyspnoea, and rapidly becoming cyanotic. I was informed that the child had had a slight cold on Sunday, but had been about and taken his food as usual. In the evening the matron noticed that he was somewhat restless in his cot, breathed

rather heavily, and had a "croupy" cough. Towards morning he became worse, and he was put in a warm bath and had mustard applied, with considerable relief. At 7 a.m. he got worse, and they again tried the ordinary remedies, but without affording any relief. I found him in the state above mentioned; breathing very laboured; cold sweat on the forehead; skin livid; extreme restlessness; and on inspection of chest, there was seen retraction of lower zone and epigastrium. The child had had a somewhat similar attack about three months before, and another last winter, and has always been regarded as "croupy"—*i.e.*, on taking cold had a cough with a peculiar "bark" or ring. A younger brother died of croup. Seeing that no time was to be lost, I got Dr. Shepherd to perform tracheotomy, which afforded prompt relief; the breathing became quiet, and the natural colour was restored. Pulse full and strong. When the trachea was opened, we could see quite plainly a thin layer of false membrane on the posterior wall. After the operation, the fauces were thoroughly inspected, and appeared natural; no swelling; no exudation. There is no enlargement of cervical glands. For a couple of hours the child was easier. When seen at 1.30 p.m., respirations were hurried, 60 per min.; pulse, 140; and temperature high. At 5 p.m., condition the same. Tube was cleansed of muco-pus, but respirations continued very rapid. Colour good. Takes milk well. At 9 p.m., very restless; respiration, 55; pulse over 140; skin hot and dry. Has passed a small amount of urine, but it had not been kept. Has been vomiting a good deal. Mr. Rogers kindly watched the child during the night; it was restless at times, and kept feverish, but seemed, on the whole, somewhat easier. At 9.15 a.m. was weaker; pulse almost uncountable; respirations over 60; temperature, 105°. Tube is clear. Unfortunately the nurse had, in spite of instructions, failed to keep any urine. Death occurred at 1.30 p.m.

Autopsy.—Face suffused; lips and finger tips livid. In thorax, lungs do not collapse. Right side of heart and great veins gorged with blood. Pharynx, larynx, trachea and lungs removed together. Uvula and soft palate somewhat suffused.

Tonsils not enlarged, and good colour: at upper and back part of left there is a small greyish-white patch, 2 x 3 m.; near it are two open follicles, with a little exudation in them. In right organ, three follicles are filled with greyish-white soft material. No membrane on pillars of fauces, or on upper surface of epiglottis. Entire larynx is filled up with a greyish exudation which lines the under surface of epiglottis, the true and false chords, and the arytenoid cartilages, completely closing the rima. It can be lifted as a definite membrane, tolerably compact, but loosely composed on its surface. Thickness about 2 m. From the larynx it extends into the trachea as a continuous sheeting as far as the incision. The tissue beneath it is deeply congested and somewhat granular-looking. From the lower margin of the tracheal wound it extends down the tube, into the bronchi, and can be followed in the latter to branches of the third degree. The membrane here is not so consistent, and is more difficult to remove as a continuous sheeting. Mucosa beneath deeply injected. *Lungs* crepitant in front; dark-coloured, collapsed and congested behind. At hinder part of right upper lobe the tissue is very firm, and in spots granular-pneumonic. *Heart*: right chambers gorged with blood and jelly-like clots; great veins distended. *Spleen* a little enlarged; pulp not very soft. *Kidneys* much congested; on section, blood drips from the surface. No special alteration of substance noticed. Nothing of note in gastro-intestinal tract.

Microscopic examination of grey patch on right tonsil showed a network of fibrils, with numerous round cells, leucocytes, and granular debris. The exudation in follicles of left tonsil appeared softer, and was made up chiefly of very closely packed corpuscles. In the membrane from the larynx the same elements were found: meshes of fibrous-fibrils, large and loosely arranged, with round cells and epithelial flakes. Here and there groups of micrococci were met with, and some of the cells contain isolated forms. They are not, however, specially abundant, and the same elements occur in numbers on the fur of the tongue. The kidney epithelium was granular, and in cortical tubes swollen. No micrococci found. The capillaries were very full.

Remarks.—Croup or diphtheria, which? I believe it to be the former, for the following reasons: (1.) The sporadic nature of the case; the child had not been exposed to contagion, and no cases subsequently developed in the Home, although the conditions for the spread of the disease are most favorable.* (2.) The mode of attack, and locality first affected. Up to a couple of hours prior to the first symptoms the child appeared in his usual health, though suffering from a slight cold. The difficulty in breathing came on very early, and was the prominent feature throughout; the larynx was primarily affected. Before the effect of the chloroform had passed away after the operation, the fauces and tonsils were most carefully examined by Drs. Ross, Shepherd and myself, and no membrane seen, not even injection. (3.) The absence of swelling of the neck and fetor of breath, symptoms rarely missed in severe cases of diphtheria. (4.) The situation of the exudation; primary laryngeal diphtheria is very uncommon. On the other hand, the slight extension in the tonsils in this case does not invalidate the croup view, as in this disease the membrane may also occur in the fauces. The extension of the membrane into the tubes does not tell much either way; it is even in both affections. In 17 cases of diphtheria, of which I have *post-mortem* records, extension of the membrane in the trachea and bronchi occurred in eight of them. (5.) The absence of signs of septic poisoning at the *post-mortem*. The blood was clotted and natural-looking, no staining of walls of vessels or of tissues about them; only the usual conditions met with in death from asphyxia. (6.) The absence of micrococci in internal organs, especially the kidneys. Their presence in the exudation in larynx does not go for much, when the same elements occurred on tongue. They were not in the same numbers as in diphtheria, in which they swarm in the membrane. (7.) The fact that the child had been subject to "croupy" attacks, two of which were accompanied with dyspnoea and lividity. A younger brother also died of croup.

* Up to the time of the operation the child was in the same room with about a dozen children from 3 to 5 years of age. Subsequently he was isolated.

Croup I believe to be a non-specific inflammatory affection of the laryngo-tracheal tract, accompanied with a membranous exudation. It is never contagious, is usually sporadic, and rarely occurs in adults. Kills by asphyxia; never by blood-poisoning. Is a local disease, the constitutional manifestations being those of impeded respiration; is never followed by paralysis. There is never fetor of breath, or swelling of glands of the neck. To this picture the above case corresponds in its essentials.

Correspondence.

REPEATING PRESCRIPTIONS.

MONTREAL, Nov. 7, 1879.

To the Editors of the CANADA MEDICAL AND SURGICAL JOURNAL:

SIRS,—May I propose to the prescribing physicians of Montreal that some understanding be arrived at with pharmacists regulating the repetition of prescriptions containing Morphia, Chloral, &c.

I am sure my confrères would be willing to abide by a recommendation from the Medico-Chirurgical Society and the Société Médicale on the subject.

For instance, a circular from these bodies to the effect that pharmacists are politely requested not to repeat prescriptions containing certain drugs without an order from the prescriber would, I think, have the desired effect. It would extricate dispensers from a dilemma which frequently presents itself.

To-day a bottle was presented at my counter by a lady to be refilled. It was a mixture containing a large dose of Chloral Hydrate, and had been prescribed *in January last*. On my hesitating to fill it without a new order, she said it was for a gentleman who had been drinking a good deal of late, and he required it to make him sleep. The doctor had seen him this morning, and told him to get the bottle refilled. It is not a pleasant thing at any time to doubt a lady's word. I think she spoke the truth, and I obeyed her.

Undoubtedly a grave responsibility was taken by me, which

might have been obviated if some well understood rule was in force.

With regard to ordinary prescriptions, I think it would be injudicious to interfere, as I am quite certain neither physician nor pharmacist can prevent the public swallowing too much medicine. They will have it, either in the shape of a favorite prescription or a patent nostrum.

Yours truly,

H. R. G.

Reviews and Notices of Books.

Diseases of the Throat and Nasal Passages: a Guide to the Diagnosis and Treatment of Affections of the Pharynx, Esophagus, Trachea, Larynx and Nares.—By J. SOLIS COHEN, M.D., Lecturer on Laryngoscopy and Diseases of the Throat and Chest in Jefferson Medical College, Philadelphia, Physician to Jefferson Medical College Hospital and to the German Hospital of Philadelphia, &c. Second edition, revised and amended, with two hundred and eight illustrations. 8vo, pp. 742. New York: Wm. Wood & Co.

This work, from its first issue, has been considered one of the leading standard American authorities upon its special subject. It is a complete treatise on all the affections of the nose, the fauces, the pharynx and larynx, the esophagus, and trachea. The systematic plan of arrangement is very extensive, hardly leaving room for the omission of anything of real importance. To give some idea of the contents, we may just quote the headings of the chapter on Sore Throat thus: Sore Throat—Acute Sore Throat—Common Sore Throat—Phlegmonous Sore Throat—Ulcerous Sore Throat—Simple and Common Membranous Sore Throat—the Sore Throat of the febrile exanthemata—Ersipelatous Sore Throat—Acute Tuberculous Sore Throat—the Sore Throat of Glanders—Sore Throat of Stomatitis. Each variety receives a separate and careful notice, with directions for diagnosis and treatment.

A special chapter is devoted to Diphtheria, which, from its

importance, it necessarily deserves. A short, and, in our opinion, an able, summary is given of the conflicting views held by recent English writers upon the identity or non-identity of Croup and Diphtheria. Dr. Cohen is of those who believe in the existence of *two* diseases—membranous laryngitis and diphtheria—which can be distinguished from each other by a number of points connected with the etiology, history and clinical features of the two complaints. This opinion we have ourselves always maintained, and were pleased to find it so clearly enunciated and so logically worked out by our author. We think we express the views of the majority of the practitioners of this city when we say that our experience here during a number of years past has led to a conviction of the non-identity of these two in some respects similar diseases. With reference to treatment of diphtheria, we find that the author relies strongly upon the tincture of iron locally and internally; and on the approach of laryngeal symptoms, he advises a very copious and persistent steaming of the apartment. He also thinks that the employment of lime is very beneficial in the latter cases, either by lime water spray or, preferably, by the occasional inhalation of the vapor rising from small pieces of recently-slaked quicklime.

Very full directions are given for the examination of the nose, throat and larynx, and numerous illustrations are introduced to explain the anatomy of the parts and the construction of the instruments to be employed.

It is a handsome, well-printed book, invaluable to persons specially interested, and cannot but prove most useful to every practitioner for study and for reference.

Diseases of the Stomach, the varieties of Dyspepsia, their Diagnosis and Treatment.—By S. O. HABERSHON, M.D., Lond., Fellow of the Royal College of Physicians, Senior Physician to, and late Lecturer on the Principles and Practice of Medicine at, Guy's Hospital, &c. Third edition, 8vo.; pp. 324. Philadelphia: Lindsay & Blakiston.

This book contains a scientific exposition of the part played by the stomach in the production of various symptoms under a

great variety of conditions, both directly gastric and also sympathetic. There is no doubt that, apart from cases of dyspepsia proper from any cause, the actual state of the stomach itself and the manner in which the important operation of gastric digestion is performed during the course of chronic diseases generally are deserving of attention, which will often be amply repaid by the improvement brought about under suitable treatment directed to this part. A very good chapter which brings out forcibly this point is Number III, which treats of "the general sympathy of the stomach in disease." The classification of the various forms of dyspepsia which has been adopted by Dr. Habershon is based upon the *cause* underlying the functional disturbance. He very reasonably claims that this division is natural and scientific, and it is, moreover, of an eminently practical nature, for it draws our attention more especially to the point to which our line of attack should be directed. As the author remarks, "To remove the cause of abnormal action is more effectual for the relief of the patient than to attempt the alleviation of isolated symptoms of disease." In this way chapters are given to dyspepsia from weakness (atony), from congestion and from inflammation of the stomach. Then we have hepatic, rheumatic and gouty, renal, mechanical, sympathetic and fermentative dyspepsias; and the whole concludes with a description of the degenerations of the stomach, ulcer and cancer, and spasm of the pylorus. As regards treatment, we are glad to find Dr. H. remarkably conservative in his tendencies—warning us against the present only too prevalent custom of running after every new remedy which becomes for the moment the fashionable thing to give for dyspepsia. He says, "It would almost seem that during the last few years there is a mania for new remedies, and that the charm of novelty casts into disrepute those means which had been previously found of an efficacious character. The remedies we possess are more than sufficient if we know how rightly to use them; and we are able to effect more by regulating the physiological conditions of digestion, than by confining ourselves to the mere administration of medicines."

We have said enough to show the general scope of this excel-

lent work. It is the product of the labors and observations of one who has for many years adopted this department of medicine as his special field, and everywhere throughout the book are to be found evidences of its emanating from the author's own ample stores of clinical research. Every physician will benefit by its perusal, and will find in it safe guidance and instruction for the satisfactory and scientific diagnosis and management of these common, but important complaints.

The Advantages and Accidents of Artificial Anæsthesia: a Manual of Anæsthetic Agents and their employment in the Treatment of Disease.—By LAWRENCE TURNBULL, M.D., Ph.G., Aural Surgeon to Jefferson Medical College, Physician to the Department of the Eye and Ear, Howard Hospital, Philadelphia. Second edition, revised and enlarged, with twenty-seven illustrations. 8vo, pp. 320. Philadelphia: Lindsay & Blakiston.

No physician should give an anæsthetic without a full knowledge of the properties and *modus operandi* of the drug he employs, the manner in which it may give rise to untoward symptoms, and the means by which these may best be met and overcome. He requires also to know the facts concerning the comparative safety of the various agents which are employed to produce unconsciousness. All this and very much more on matters relating to anæsthesia in general will be found in the volume we are noticing. Ether is first treated of, and to it is given most decided preference over all others. In Montreal of late years chloroform has been extensively abandoned for sulphuric ether both in the General Hospital and also in private practice. Previous to this, two deaths from chloroform had occurred in the latter institution. No fatal result here has ever yet followed from the administration of ether. In Philadelphia alone, Dr. Turnbull states, it has been employed exclusively for the last 34 years without one single death occurring directly attributable to the anæsthetic. It is not claimed that ether is entirely free from danger, but that the important difference between it and chloroform is that the former will give warning of the danger

to the patient, so that its ill-effects may even then be warded off, but that the latter will sometimes unexpectedly and suddenly prove fatal without any warning. Complete directions are here given for testing the purity of the agent, for proper administration, what to observe during insensibility, and how best to obviate uncomfortable symptoms afterwards, such as vomiting, &c.

Chloroform is next discussed, and we have here some interesting remarks upon the recent discovery of the effect of nitrite of amyl in counteracting the tendency to syncopal death under this anæsthetic. It is strongly recommended that whenever chloroform is given, the nitrite should be at hand, as it is confidently expected that in many cases it will prove a satisfactory antidote for sudden chloroform-syncope. Of much interest also is the account of the employment by some American physicians of a mixture of chloroform and a small quantity of nitrite of amyl.

The properties, administration, &c., of nitrous oxide and of chloral hydrate are next considered, after which we have a chapter upon the various forms of inhaler which are commonly used. Clover's inhaler, which is the one employed here, is well spoken of, and several others are figured and described. Richardson's method of local anæsthesia, of which we now hear very little, receives some attention, and one of his cases is related in which he amputated the breast with scissors under local refrigeration without any general anæsthetic.

Another good chapter is added upon the medico-legal relations of anæsthetics, which contains a great deal which it behoves every medical man to know.

This work constitutes a very complete account of the facts and theories of anæsthesia and anæsthetics—a most important subject of vital interest to the whole profession.

Real-Encyclopädie der Gesammten Heilkunde, Medicinisch-Chirurgisches Handwörterbuch für praktische Aerzte.—Herausgegeben von DR. ALBERT EULENBERG, ord. Professor an der Universität Greifswald, mit Zahlreichen Illustrationen in Holzschnitt. Wien: Urban & Swarzenberg.

In spite of the recent appearance of the large systematic

Cyclopedia of Medicine lately issued by Ziemssen, and which has been so extensively read in this country, it would seem that there is in Germany sufficient demand to warrant the commencement of the work of which the above is the heading. It is intended to be a complete dictionary both of medicine and surgery, the articles being alphabetically arranged. It is meant to be completed in about 10 volumes, each of which consists of 10 parts, of which two or three are expected to appear every month. We have received the first part, which contains articles from Aa to Ac. The most important portion is devoted to the description of abdominal typhus by Zuelzer. This monograph is very complete, and illustrated by several woodcuts, some of which are of much interest, as, for instance, one showing together in a case the temperature-range, sphygmographic tracings at various periods, the comparative amounts of urinary constituents, and the same of hæmoglobin in the blood at different stages—all diagrammatically compared together. Some ninety names are given as amongst the principal contributors, and we find, on looking over the list, that it contains amongst them the best known men of the present German literature. Prominent authors in all the following departments are represented:—General medicine and pathology, psychology and neuropathology, dermatology, surgery, gynecology, physiology, ophthalmology and otology.

It promises to be a work of great value, which will probably become one of the leading authorities for reference to German views and teaching.

On the Therapeutic Forces: an effort to consider the action of medicines in the light of the modern doctrine of the conservation of force.—By THOMAS J. MAYS, M.D., Member of the Luzerne County Medical Society, Member of the Pennsylvania Medical Society, &c. 8vo, pp. 143. Philadelphia: Lindsay & Blakiston.

Every attempt made to enable us to see more clearly the laws under which medicines act is welcome. Owing to the great difficulties underlying the *modus operandi* of many drugs,

there are many in constant use and of undoubted value which are used even yet on purely empirical grounds. Concerning many others also no doubt, although we are accustomed to accept certain current explanations of their actions, still these are not always quite satisfactory, and in many instances do not seem to reach the *fons et origo*. Now the author, in these short essays, tries to go deep down to the very source of the power manifested by remedial agents taken into the human frame; and an attempt is made to ascertain what amount of latent force is present in them, and thence to estimate the degree to which they may be useful in conveying such force into the animal economy under conditions in which it stands in need of extraneous assistance. The general law of the action of forces on the body is expressed in this way—"A force can only be known by its effects on matter, or by the amount of motion it produces. Two forces moving in the same or parallel direction will enhance and intensify each other's movement, and two forces of unequal strength moving in opposite directions will produce motion in the line of the stronger force. This is the result of a primordial law in nature, according to which motion takes place in the line of least resistance. From this law it necessarily follows that our therapeutic forces, when viewed from the standpoint of life, can be divided into two great classes, viz., those which move in harmony with the vital forces, and those which move in antagonism to them." Arguing in this way a division is made into chemical and mechanical stimulants and narcotics. In discussing chemical stimulants, it is premised that the word is used here advisedly in a sense different to that usually attached to it: for it is applied to substances having the property of improving nutrition by stimulating the molecular activity of the body, for "increased molecular activity implies wear and tear of the tissues, and increased waste implies increased repair and active blood flow." Under this head, therefore, the action of the hydro-carbons and the carbo-hydrates are examined. As an example of the conclusions arrived at, we may quote the remarks concerning cod liver oil—"I hold that cod liver oil, when introduced into the body, liberates its force during oxidation, confers actual potential

energy and vigor on the weak and enfeebled molecules of the body, infusing a new life of activity into textures which hitherto were prone to indolence and disintegration. After this pressing want of the body is fully compensated, and its employment persisted in, then it becomes deposited as a store of fat." It is also satisfactory to find Dr. Mays' views on the subject of alcohol corresponding so completely with those of the late Dr. Anstie. "The view that alcohol is a force-producing substance under certain conditions is strongly corroborated by clinical experience. Evidence of such character points out that alcohol is employed in those adynamic states of the body which are the result of typhoid and typhus fevers, pneumonia, diphtheria, erysipelas, &c., conditions in which the forces of the body are often reduced to the lowest ebb compatible with life, and in which the action of such a substance is precisely indicated on pure theoretical grounds." Now all these substances, along with phosphorus and oxygen, are supposed to act as force producers by undergoing oxidation; whilst mechanical stimulants are believed to similarly develop force, but in an entirely different manner. Under this head are discussed quinine, iodine, opium, ammonia, cold, mustard, cantharides, frictions, and a great many others.

It is an interesting book, containing much food for thought, and the tendency of reading it would certainly be to make one more apt to think of the fundamental reasons for the use of various medicaments, the employment of which has been sanctioned by the experience of many years and hosts of observers.

Physiology and Histology of the Cerebral Convulsions. Also, Poisons of the Intellect.—By CHAS. RICHTER, A.M., M.D., Ph.D. Translated by Edward P. Fowler, M.D. New York: Wm. Wood & Co. 1879.

This forms a sort of companion volume to Charcot's *Localization in Diseases of Brain*, translated by the same gentleman, and issued from the same enterprising publishing house. In many respects it supplies a want in current medical literature, particularly at the present time, when the study of diseases of the brain is being carried on with such arder. There is nothing

specially original in the work, but it gives a very good summary of the facts known regarding the histology of the convolutions and their physiological functions. It is satisfactory to see in a French work the labors of English physicians properly appreciated. We do not refer to the well-known observations of Ferrier, but to the studies of Dr. Herbert Major, Lewis, and others, which have not received the attention they deserve at the hands of continental writers.

The anatomical portion is scarcely extended enough, and it would have added considerably to its value if illustrations of the vertical sections had been introduced. The chapter on the functions—motor, sensorial and intellectual—is very good, and collects an amount of information on the subject which, so far as we know, is not met with in any English work, except Dodds' *Critical Analysis in the Journ. of Anat. and Physiology*. We can thoroughly commend this work to those of our readers who desire to master the modern views on brain physiology. All have opportunities of studying this interesting department of our profession in every case of brain disease, and it is particularly this branch of the subject which requires working up; but to be able to intelligently study such cases, it is essential that the practitioner be versed in the facts and doctrines considered in this manual.

The second part, Poisons of the Intellect—*i.e.*, alcohol, chloroform, haschisch, and coffee—has been inserted as "padding," and is made up of a short article on the action of these substances on the intellect.

The Cell-doctrine : its history and present state. For the use of Students in Medicine and Dentistry. Also, a copious Bibliography of the subject.—By JAMES TYSON, M.D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, Fellow of the College of Physicians of Philadelphia, &c., &c. Second edition; revised, corrected and enlarged. Illustrated. Philadelphia: Lindsay & Blakiston.

We have here presented to us a complete history of the de-

velopment of various views and theories concerning the ultimate formation of animal structures. A short sketch is first given of the groping attempts which were made to explain this in the by-gone times without the aid of magnifying powers. Then comes the age of the microscope and the age of real discovery. A starting-point is thus made with Haller (1757), who first tried intelligently to build up the tissues by an ultimate physical element corresponding with the "atom" of the inorganic chemist. "He resolved the solid parts of animals and vegetables into the fibre and an "organized concrete." Then are traced all the varying theories until the present day, when Beale and Huxley have effected such wonderful elucidation of the ultimate composition of the human body. The researches of the last-named especially have lent such interest to this subject of protoplasm and its changes that every one should wish to learn by what steps the present views concerning this ultimate substance have been arrived at. This, in a clear and concise manner, can be got from Dr. Tyson's history of cell doctrine.

It is well illustrated with two lithographic plates—one colored after Beale—and contains, as an appendix, very full bibliographical references to all papers and writings of importance bearing on the subject. This addition is of great value to any one wishing to make a thorough examination of the literature of cell evolution.

Photographic Illustrations of Skin Diseases.—By GEO. HENRY Fox, A.M., M.D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O., Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases, &c., &c. Parts III. and IV. New York: E. B. Treat, 805 Broadway.

We have received parts 3 and 4 of this valuable work. They contain photographs from life of marked examples of the following skin diseases: Fibroma pendulum, Varicella, Zoster (pectoralis and lumbalis), Eczema Universale, Leucoderma, Chromophytosis, Favus (capitis and corporis), and Eczema Cruris. They are admirably executed, and bring out the special charac-

teristics of each complaint in a most life-like manner. We need only say that these two numbers are quite as perfect as the first two, and would therefore repeat the words of commendation which we then used, and recommend the work to the notice of our professional friends as the very best set of illustrations of cutaneous disease which have yet been produced.

Students' Pocket Medical Lexicon, giving the correct pronunciation and definition of all words and terms in general use in medicine and the collateral sciences. With an appendix containing a list of poisons and their antidotes, abbreviations used in prescriptions, and a metric scale of doses.—By ELIAS LONGLEY. Philadelphia: Lindsay & Blakiston.

This will be found a useful little companion, especially by junior students who are becoming familiarized with the numerous technical terms used in medicine. It may prove a considerable assistance to some that the pronunciation of each word is represented by the use of the American phonetic alphabet. The signs of this alphabet can be learned in a few moments. It seems to be very complete, comprising words which have only recently come into vogue; and the appendix with poisons and antidotes, abbreviations, and the metric doses of drugs, will no doubt be found very handy for frequent reference.

Books and Pamphlets Received.

Memorial Oration in honor of Ephraim McDowell, "The father of Ovariectomy."—By Samuel D. Gross, LL.D., D.C.L., Oxon. Published by the Kentucky State Medical Society.

Archives of Dermatology.—Edited by Dr. Bulkley. October, 1879. Philadelphia: J. B. Lippincott & Co.

Transactions of the Medico-Legal Society. Volume I. November 2, 1879.

The Skin and its Troubles. New York: D. Appleton & Co.

A Text-Book of Physiology.—By M. Foster, M.A., M.D., F.R.S., Prælector on Physiology, and Fellow of Trinity College, Cambridge. With illustrations. Third edition; revised. London: MacMillan & Co.

Infant Feeding and its influence on life, or the causes and prevention of Infant Mortality.—By C. H. F. Routh, M.D., M.R.C.P.I., &c. Third edition. New York: Wm. Wood & Co.

A System of Midwifery, including the Diseases of Pregnancy and the puerperal state.—By William Leishman, M.D. Third American edition; revised by the author. With additions by John T. Parry, M.D. Philadelphia: Henry C. Lea.

A Treatise on the Theory and Practice of Medicine.—By John Syer Bristowe, M.D., London. Second American edition; revised by the author. With notes and additions by Jas. H. Hutchinson, M.D. Philadelphia: H. C. Lea.

The Pathology and Treatment of Venereal Diseases.—By Freeman J. Bumstead, M.D., LL.D. Fourth edition; revised, enlarged, and in great part rewritten by the author and by Robt. W. Taylor, A.M., M.D. Philadelphia: Henry C. Lea.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

A regular meeting was held 31st October, 1879. The President, Dr. Howard, in the chair.

Dr. Osler exhibited specimens of (a) Ovarian Tumor, removed by Dr. R. P. Howard from a patient *æt.* 33 years, after growing for nine months. It was multilocular, consisting of two large cysts and six or seven smaller ones. At the base of the tumor, and corresponding to the ovary, were two dermoid cysts, in which were skin, hair and sebaceous matter, but no bones or teeth. (b) Chronic valvular endocarditis, with insufficiency of the aortic valves, hypertrophy and dilatation of the heart, from a hospital patient *æt.* 54. There was no history of rheumatism, but had had syphilis; had been a hard drinker.

The Society then adjourned to the adjoining hall to witness a demonstration on live rabbits by Dr. Wilkins. The subject chosen for illustration was the inhibitory action of the pneumogastric nerve. A number of the well-ascertained facts of physiology bearing on this point were rapidly explained, and the reality of them demonstrated by dividing, electrically stimulating, &c., these nerves. The results were recorded by a kymograph, the mechanism of which was somewhat modified by the operator, and was provided with a tablet of ground glass smoked

to receive the pen-points, instead of the ordinary revolving drum. This is a great improvement, and enabled all present to see the tracings produced with great clearness.

At the conclusion, a cordial vote of thanks was given Dr. Wilkins for his demonstration, with which he had taken great pains, and which had been so successfully carried out.

A regular meeting was held November 14th. The President, Dr. Howard, in the chair.

Dr. Osler exhibited a specimen of perforation of the bowels from typhoid fever. The case had been severe, with very high temperatures from the time of his admission. Dr. Howard observed that this patient had remained up and going about until compelled by weakness to take to bed. He believed that it would very generally be found that those patients did best who were earliest confined to bed and strict diet, and *vice versa*. Dr. Bell said that the experience of the General Hospital was confirmatory of this view.

Specimen of membranous laryngitis,—the larynx and trachea and bronchi,—showed a considerable amount of membrane covering the surface, and on one tonsil was also a small yellow patch of exudation. (The case will be found among our original communications.) None of the urine could be obtained. The lungs were pneumonic, and the kidneys in a state of cloudy swelling. The question of interest, of course, was whether the case was one of croup or really diphtheria? Dr. Ross had seen the child and assisted at the operation of tracheotomy. With Dr. Osler, who was in charge of the case, he had carefully examined the fauces, whilst the patient was still under the anæsthetic, and he convinced himself of the entire absence of membrane in the fauces. This observation, and the history of the case, led him to the opinion that it was membranous croup. He believed firmly in the existence of a distinction between this disease and diphtheria. After seeing the *post mortem* specimen, and finding exudation on the tonsils, he thought doubts might reasonably be raised as to the diphtheritic nature of the case. Dr. F. W. Campbell said that previous to the well-marked appearance

of diphtheria in this city, all the cases of tracheotomy (for membranous croup) had been fatal, and this one proved no exception.

The President remarked that the question whether the case before the Society was one of laryngeal diphtheria or membranous croup, perhaps, could not be satisfactorily determined; but, in his opinion, the weight of evidence was with the latter view. The attending physician had examined the child's throat before the operation and found no exudation there. The subsequent occurrence of a cheesy patch on one tonsil and a membranous patch on the other did not establish its diphtheritic nature. Such formations are mentioned by Flint and others as not infrequent in membranous croup. There was nothing surprising in the circumstance that an inflammation of such a character as to produce false membrane should also attack a similar structure in the neighborhood of the larynx. The faucial exudation was not continuous with the laryngeal. All pseudo-membranous exudations upon mucous membranes are not products of diphtheria,—witness plastic bronchitis and dysentery. No case of diphtheria had been observed in the house in which the child had lived for the last year. On the other hand, it had had previously several attacks of catarrhal croup. Before diphtheria became a recognized disease here, we had fatal cases of membranous croup. They were not infectious, and did not affect several members of a family in succession. It is not a question of histology. The pellicle of croupous laryngitis may not differ from that of diphtheria, but the clinical features and pathology of the two affections are not one.

Dr. Osler, in answer to Dr. Trenholme and others, said that there was no anatomical difference in the two membranes; that Niemeyer mentions cases of true croup where there was extensive exudation on the tonsils. No subsequent case appeared amongst the other children in the institution. He did not think that the presence of albumen in the urine would have aided the diagnosis, as in any case, from the venous stasis, this would be likely to occur.

The President then read his inaugural address, which will be found elsewhere.

Dr. Osler read a paper on three cases of disease of the brain. They were most carefully reported, and accompanied by sections of the brains. These reports will appear in our next number. During the discussion which followed, the President spoke of the great necessity at the present day of students learning thoroughly the distribution of the minute vessels of the brain.

A vote of thanks was unanimously passed to the President for his very interesting address.

The Council of the Society was instructed to make further endeavors for the procuring of a permanent room for meetings and library purposes.

The meeting then adjourned.

Extracts from British and Foreign Journals.

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

On Prostatic Enlargement.—Patients long before reaching the confines of threescore years and ten, some by anticipation, others by a realization, of the earlier symptoms of prostatic enlargement, not unfrequently ask advice as to how they may keep in abeyance the graver symptoms and complications of this affection. In advising such persons, I have for some years been in the habit of laying stress upon the following points:—

1st. To avoid being placed in circumstances where the bladder cannot be emptied at will.

2nd. To avoid checking perspiration by exposure to cold, and thus throwing additional work on the kidneys. In climates such as our own, elderly persons should, both in summer and winter, wear flannel next to the skin.

3rd. To be sparing of wines, or of spirits exercising a marked diuretic effect, either by their quantity or their quality. Select

those which promote digestion without palpably affecting the urinary organs. A glass of hot gin-and-water, or a potent dose of sweet spirits of nitre, will not do anything to remove the residual urine behind an enlarged prostate.

4th. To be tolerably constant in the quantity of fluids daily consumed. As we grow older our urinary organs become less capable of adapting themselves to extreme variations in excretion. Therefore it is desirable to keep to that average daily consumption of fluids which experience shows to be sufficient and necessary. How often has some festive occasion, where the average quantity of fluid daily consumed has been largely exceeded, led to the over-distension of a bladder long hovering between competency and incompetency. The retention thus occasioned, by suspending the power of the bladder, has often been the first direct step in establishing a permanent, if not a fatal, condition of atony or paralysis of this organ.

5th. It is important that from time to time the reaction of the urine should be noted. When it becomes permanently alkaline in reaction, or is offensive to the smell, both necessity and comfort indicate the regular use of the catheter. If practicable, the patient may be instructed in the use of the instrument.

6th. Some regularity as to the time of performing micturition should be inculcated. We recognise the importance of this in securing a regular and healthy action of the bowels, and though the conditions are not precisely analogous, yet a corresponding advantage will be derived from carrying out the same principle in regard to micturition.

The sum of these instructions is, that inasmuch as we cannot arrest the degenerative changes by which the prostate becomes an obstacle to micturition, it becomes of the first importance that every means should be taken to compensate for this by promoting the muscularity of the bladder and preventing it becoming atrophied or paralysed either by accident or improper usage.

When, in connection with hypertrophy of the prostate, the

bladder ceases to expel its contents, I would lay stress on the importance of attempting, without loss of time, by mechanical and other agencies, to restore its power. To do this and to bring about a healthy condition of the urine, which is about the best stimulant that can be applied to a weakened bladder, I introduce and retain a gum-elastic catheter. To this is attached a piece of rubber tubing, through which the urine escapes as it is excreted, and is collected in a receptacle placed by the side of the bed. Thus urine is not allowed to be retained for a moment. Much depends on *how* all this is done whether it proves a source of comfort or not to the patient. If it is done properly—that is to say, if the utmost cleanliness in every detail is employed, changing the catheter twice a day (thoroughly disinfecting the catheter used with carbolic lotion), and adding to this, if necessary, a daily ablution of the bladder and urethra with some un-irritating disinfectant, great relief will be experienced. Under such management I have frequently noticed that the reaction of the urine, which may for some time have been alkaline, becomes acid. This alone indicates that there is now no stagnation. When the urine becomes healthy in character, I substitute for the retention of the catheter its introduction at regular intervals, allowing the patient to get up and go about.

Of the medicines that I have found most useful in restoring, in conjunction with mechanical means, the tone of the bladder, I would mention the ergot of rye, which I usually give in doses of twenty or thirty minims of the fluid extract in cinnamon-water. Of its use further experience only strengthens the good opinion of it I have elsewhere expressed in the treatment of this complication of prostatic enlargement.—*Reginald Harrison in London Lancet.*

Benzoate of Soda in Diphtheria.—Dr. Letzerich, of Berlin, has been studying the effects of the above remedy in diphtheria. It has been shown, he alleges, by the experiments of Graham that certain quantities of this remedy, when introduced into the system of an animal infected, will in a certain time put a stop to the “vegetation” of the diphtheric

poison," the amount necessary for this purpose being determined by the weight of the body. In this manner, accordingly, the dose for children and adults is regulated, and it is claimed by him that up to the present time there is no other remedy that exercises so rapid, continuous and therapeutic an effect upon the development and course of the diphtheritic process as benzoate of soda.

The doses for children between one year and three years of age is given as seven to eight grammes (two drachms) dissolved in three and one-half ounces of the vehicle, the whole amount being given in the course of the day in half to one tablespoonful doses. For children between three and seven years of age eight to ten grammes (two to two and one-half drachms) are given in the same way. Those over seven years old take ten to fifteen grammes (two and one-half to four drachms), and for adults the dose is fifteen to twenty-five grammes (two and one-half to six drachms) daily in four and one half ounces of the vehicle.

An unpleasant after-effect of the medicine has never been observed, not even in young infants.

The diphtheritic membrane was treated with benzoate of soda in powder, being sprinkled on or applied through a glass tube or quill. There is no slough formed, and thereby the danger is averted of its acting as a firm covering under which an energetic development and growth of the organisms can take place.

The insufflation was made every three hours in severe cases; in the milder forms two or three times daily. With older children a simple solution of the salt (ten to two hundred) was used as a gargle.—*Boston Med. and Surg. Journal.*

On the Treatment of Mucous Polypus of the Nose.—Mr. Reginald Harrison, F.R.C.S., surgeon to the Liverpool Royal Infirmary, says: In some cases of polypus of the nose, I have recently been adopting a treatment which has given good results. In structure, these growths consist of but little more than connective tissue infiltrated with serum, and enclosed in something resembling mucous membrane;

when removed by avulsion and exposed to the atmosphere, they rapidly shrivel by the escape of their serum: their distended grape-like appearance being exchanged in a short time for that represented by little more than a few shreds of connective tissue. The treatment to which I refer consists in freely puncturing these growths from the anterior nares by means of an ordinary acupuncture-needle, thus allowing the fluid of which they largely consist to drain away. To prevent them from refilling, I follow this up by ordering the patient to inject into the nostrils a solution of carbolic acid and glycerine, which has a most marked drying-up effect, and to continue to do this daily and thoroughly for some time. In this way, I have been able to deal successfully with some cases where the growths have been of a limited nature and the patient averse to their avulsion. In the last case, I made the punctures with one of Southey's trocars, which answered well, the serum escaping through the canula. I have thus, in treatment, regarded these as being local and limited œdemas, rather than hypertrophies, and as being, when once emptied, curable by astringents. It is not always possible, from their position, to subject all these growths to puncture, otherwise I believe this plan would be found generally successful.—*Brit. Med. Journal.*

The Hypodermic Syringe in Diagnosis.

—(Dr. Greenfield, assistant physician to St. Thomas' Hospital, writes a short article on the routine use of the hypodermic syringe as an aid to diagnosis. We should advise any one who has not yet learnt the value of getting assistance in this way to read Dr. G.'s remarks, and, if acted on, feel sure that he will be able to confirm all that is said in its favor.—ED.)

The employment of some instrument as an aid to the diagnosis of the nature of fluid effusions, and their distinction from solid tumors has long been a habit in surgery. The old grooved needle has now given way to more delicate hollow needles. Since the introduction of the aspirator, physicians have been led to look with far less dread upon the operation of puncturing internal organs, and those who have been most bold in its use

have had least occasion to fear any evil result. I have no doubt that there are many who, like myself, are in the habit of employing the common hypodermic syringe as an everyday aid to diagnosis and guide to treatment, and they may consider any advocacy of its use a work of supererogation; but my own experience has convinced me that a very large number of physicians do not avail themselves of it, and that those who do, resort to it but rarely. For some years I have constantly and systematically employed it, more especially in the diagnosis of chest diseases; and the occasions for its aid are so frequent in my own experience that similar instances can hardly fail to occur in the practice of all. And I must say that I have never seen any ill result follow in its use, whilst it has furnished invaluable information in a large number of cases.

Let me speak first of chest diseases. It is especially in cases of pleural effusion that it comes into requisition. We may have signs pointing to, but not decisively indicating, the presence of fluid, or may be in doubt whether they indicate consolidation or fluid accumulation; or, on the other hand, we may be sure there is fluid, but uncertain whether it is serous, purulent, or sanguineous. Our doubts are immediately settled by a puncture. Again, when fluid has been discovered, we may be uncertain whether there is only one effusion, which we may relieve by aspiration, or whether there are other loculated effusions which would not thus be reached. By two or three punctures in different situations, we may be able to decide this point, finding that the fluid has different characters at different positions. To give a case in point:—A patient who had long suffered from symptoms of mediastinal tumour of doubtful nature, with consolidation of the whole of one lung, but with little expectoration, suddenly began to bring up large quantities of fetid pus. The question whether this was due to an unrelieved empyema, or to purulent accumulation pent up in the lung itself and suddenly finding an exit, seemed an important one for prognosis and treatment. A puncture near the lower part of the lung withdrew perfectly clear serum: another, a little higher up, removed some fetid pus, in every respect like

that expectorated, together with some air. Immediately afterwards a small quantity of bright-red blood was coughed up. These facts, taken together, were indicative that there was a loculated pleurisy, and that the second puncture had entered the lung itself, and removed from eroded lung-tissue some fetid pus, as was proved a week or two later by the autopsy. I may add that this is the only instance I can recall of an apparent ill result from such puncture, and here no real harm was done.

In very many cases both diagnosis and treatment must be determined by the nature of the fluid accumulation. Let me especially instance the very obscure and difficult class of cases in which, with but little evidence of acute illness, we find dulness with loss of respiratory sounds, and slight or no friction at the lower part of the right lung. We may and ought to be largely guided in our diagnosis by the history of the case and by the physical signs, yet how often is the conclusion erroneous if we rely upon these alone. Who has not seen cases of hydatid or abscess of the liver diagnosed as simple pleurisy? And how often are these cases complicated, either as the result of a secondary or coincident pleural inflammation, or as a sequel of perforation. Whatever be our views as to the desirability of evacuation by puncture or otherwise, there can be hardly two opinions as to the wisdom of ascertaining the actual state of affairs, that our general treatment and prognosis may be guided by it.

It would be easy to multiply cases in which the use of the hypodermic needle has given valuable information as to the presence or nature of pleural effusions. Further, it may be employed both as an aid to treatment or for actual treatment of such cases. In many cases in which it is decided to aspirate, or to introduce a trocar, it is very desirable to determine precisely the lowest point at which fluid readily flows, and, in the case of loculated effusions, to fix exactly the site of puncture. By no means can this be done so readily and so exactly as with the hypodermic needle. I am in the habit in all such cases of using this first, and often make three or four punctures to decide upon the most favourable spot. This having been done,

we can decide exactly what sized needle or trocar to use, and how deeply it must go. In the case of small effusions, and also in empyema in infants, we may use the hypodermic syringe alone, repeatedly removing small quantities of fluid.

In many other circumstances we may also employ this method. In the case of abscesses seated near the surface of the body, such as some hepatic abscesses, perityphilitic abscesses, and the like, and in a large number of swellings in limbs, &c., of doubtful nature, which come rather under the care of the surgeon, we may gain most valuable information. But this is not a fitting occasion for pointing out all the uses to which it may be applied.

Before summing up the points in favor of its use, let me say a word of the kind of instrument to be used and the method of use. First of all, to fulfil all the conditions, it is essential that the needles should be fine, with a grooved and very sharp point, that they should be made of polished steel, and that they should be kept well tempered and scrupulously clean. The syringe should be rather large, made of glass, with metal fittings, and the piston always well soaked. The junction of the needle with the syringe must be thoroughly air-tight. It is essential that the operation of puncture should be as nearly as possible painless, that we may be able to tell the patient that it is less than a pin prick, and justify our statement. The needles should not be less than one and a quarter, nor as a rule more than one and three-quarter inches in length. The diameter should not, I think, exceed one millimetre. These details are not unimportant, for a very large number of common hypodermic syringes do not fulfil these indications, and I believe that they are essential if the pain is to be reduced to a minimum. Where it is desirable only to remove a moderate quantity of fluid, from one to one-and-a-half ounce (even a smaller quantity may sometimes be removed in empyema of infants with advantage), I employ a larger syringe, holding about an ounce, which is screwed on to the needle *in situ* after screwing off the small syringe.

As to the method of use, little need be said. The site of puncture having been determined upon, the ball of the left forefinger is firmly pressed into the intercostal space at the spot

indicated, and the needle plunged boldly in close to the point of the nail. The pressure of the finger seems to deaden the sensibility of the skin, and the finger serves as a guide to prevent puncture of the rib. By way of preface to the patient, it is rarely necessary to say more than "Do you mind a prick?" and almost before the answer "Oh, no" is completed, the whole operation is over. Often I have been asked when I was going to begin, when I had already finished. The needle should be withdrawn rapidly, the finger being pressed against the skin close to it. Any long preface or display of instruments is to be avoided; for even a moment's apprehension may be prejudicial to a nervous patient; and the small size of the instrument is in this respect a great advantage.—*Lancet*.

Compression of the Common Iliac.—In amputation at the hip-joint, the prevention of hemorrhage is of the greatest moment. Mr. Davy, of the Westminster Hospital is the deviser of an ingenious plan, which he again calls attention to in the *British Medical Journal*. It is that of making pressure upon the common iliac artery by means of what he calls a lever passed up the rectum. This instrument he describes as follows:—"The lever is turned out of ebony, and varies in length from eighteen to twenty-two inches. Its surface is very smooth and polished, and its ends are rounded off much like the finger-tips. The maximum transverse diameter is five-eighths of an inch. The rectal end is graduated to an inch scale, so that the surgeon who applies the lever can at once learn whereabouts may be the end of the rod." Mr. D. details ten cases in which it had been used, with the surprising result of only sixteen and one-fourth ounces blood lost in all put together. The writer says:—"I commend this simple method of restraining hemorrhage to the notice of operating surgeons as safe, reliable and effectual. Its future is by no means limited to amputations at the hip, but is applicable to all surgical procedures where it is desirable to check *pro tempore* the blood-current through the aorta or iliac arteries."

CANADA

Medical and Surgical Journal.

MONTREAL, DECEMBER, 1879.

THE ADDRESS ON SURGERY.

A condensation of the address on surgery, prepared for the late meeting of the Canada Medical Association, has been published in the *Canada Lancet*. From its perusal we find that the author is strongly opposed to Listerism both in principle and in practice. He is, of course, fully entitled to maintain his own views, and to support them by all fair argument and illustration: just as much so as was Mr. Savory in his Cork address, which has been submitted to such strong adverse criticism. But we cannot fail to reprobate the bad taste which has taken the writer out of his way to cast covert sneers at the great and eminent surgeon who is the champion of antiseptic dressings. Alluding to John Hilton and others of his day who supported views principally enunciated in the well-known work on "Physical and Physiological Rest," Dr. Canniff says: "Unfortunately the modesty of these master teachers did not allow them to disseminate their views by missionary journeys to different parts of the world. They did not make a point of indoctrinating young students and sending them forth with the enthusiasm of neophytes. Had the profession fully understood their scientific teachings, and cast away the improper and too often injurious surgical appliances of a quarter of a century ago, and adopted a line of treatment in harmony with scientific teachings, there would have been little chance for the aggressive assumptions of Prof. Lister."

We do not believe that this represents at all the feeling of Canadian surgeons generally toward Prof. Lister. Though

some seem incapable of appreciating the philosophic mind, the great learning, and the immense scientific research of this eminent teacher, yet we know that the medical men of this country are not behind those of other parts of the world in recognizing the great debt of obligation which surgery owes to Lister, even apart from the vexed question of carbolic acid, because of the extent to which his example and success have led to greater care and more minute attention in the dressing of all wounds. Let us also of Canada give, without grudge, the meed of praise and honor to one who has been received with plaudits and acclamations by the assembled surgeons both of the old world and the new. We wonder if it occurred to any one else that it was *immodest* on the part of Lister to lecture at Philadelphia or to give a demonstration at Amsterdam! or that it was modesty alone which kept John Hilton from following a similar course! Then these *young students* who are indoctrinated by this misleading teacher—who are made to have “visionary views of external influences through air germs”—who are they? They are composed chiefly from amongst the best and most advanced surgeons of Great Britain, Europe and America—many of them already ripe in experience, but not too proud to learn of one who can show them reason for what he recommends and success from certain methods. We do not desire to say more. We regret that such expressions, conveying, as they do, uncalled-for disrespect to one of the ablest living scientists, should be found in a document laid before our Canadian Association. Lack of time at the meeting prevented the reading of the report, otherwise, we doubt not, this would then have received attention, and we should not have found it necessary to make this disclaimer.

THE ONTARIO MEDICAL COUNCIL.

We learn from the *Canadian Journal of Medical Science* that “notwithstanding the fact that the Executive Committee of the Council felt themselves compelled to register a British graduate without examination, it is the intention hereafter to refuse

to recognize this case as a precedent, and to compel all seeking registration to show that they have complied with the requirements of the Ontario Medical Act." The *fact* alluded to, however, is a stubborn one, and we do not think that, as matters now stand, the Council will be able to enforce the rule of examination upon those holding British qualifications. The *Canadian Journal* congratulates the Executive Committee, and thinks that they will maintain their rights. We, on the contrary, hope that they will rather see their way to promoting, or assisting in accomplishing, general reciprocity. That is what Canada wants, and we object to anything which tends to block and embarrass a scheme even now well under way.

REGISTRY FOR NURSES.—The *Boston Medical and Surgical Journal* announces the opening of a directory for nurses in that city, and says:—"To the necessity for such a registry there is from all sides the most ample testimony. From physicians who may have spent several hours driving about the city for a desirable nurse, and this is no uncommon experience; from the laity, who frequently arrive at the real character or acquirements of a nurse by personal experience only; and from nurses who, though capable, often find great difficulty at first in bringing themselves to the notice of the public." The management is composed of three experienced ladies and two active physicians, and a small fee is charged for furnishing names. Parties from a distance will also be supplied on application by letter or telegram. We believe there is ample scope for a similar establishment in Montreal and other Canadian cities, and would strongly urge some influential persons to start it, and we know it could not but prove a great public boon.

TYPHOID FEVER of an unusually severe type has been prevailing in Montreal for some weeks past. A great many cases have occurred in the Western and North-western parts of the city, which is in every respect the best built and best located of any, and deaths in this area are being constantly reported. This disease with us always becomes more or less endemic

during the autumn months, usually commencing towards the end of August, and increasing through September and October. Taking the admissions to Hospital as an average guide of its prevalence, we have noticed that typhoid was notably absent during the month of September, and during that month our exceptional freedom from that scourge was several times commented on by the attending physicians. But, suddenly, during October, cases were admitted in rapid succession until at one time 20 to 25 were under treatment at once. The mortality amongst these also has been greater than usual.

Medical Items.

PERSONAL.—Dr. Craik's many friends will be glad to hear that he has almost completely recovered from the painful poisoned-wound of the finger which has confined him for several weeks to the house.—Dr. Ritchie (M.D. McGill, '76) has removed from Montreal to St. Paul's, Minn., where we are sure his known abilities and genial, social qualities will soon procure him many friends and patients.

EXAMINATIONS PASSED.—The following gentlemen, both graduates of McGill University, have successfully passed (30th October) the examination and received the diploma for Licentiate of the Royal College of Physicians, London: F. S. Greenwood, M.D., and J. W. Wright, M.D.—John B. Lawford, M.D., Holmes Gold Medalist, McGill, 1879, obtained the membership of the Royal College of Surgeons of England, at the examination held on the 18th ultimo.

—The death of Mr. Callender makes a vacancy in the staff of surgeons of St. Bartholomew's Hospital, which will be filled, presumably, by the promotion of Mr. Willett, at present senior assistant-surgeon of the hospital. The then vacant office of assistant-surgeon will, it is generally anticipated, be conferred upon Mr. Butlin at present surgical registrar of the hospital.—*Brit. Med. Jour.*

OPENING OF THE NEW EDINBURGH INFIRMARY.—The new infirmary, which has occupied about nine years in building, was

formally opened on Wednesday, October 22nd, by the Lord Provost of Edinburgh, in the presence of the Magistrates and Town Council of the City; the Senators of the College of Justice; the professional Staff of the University; the Presidents and Fellows of the Royal Colleges of Physicians and Surgeons; the managers of the Infirmary; deputations from the Presbyteries and other public bodies; and a long concourse of students of medicine, and others. The assemblage was addressed by the Lord Provost; by Dr. Peddie, President of the Royal College of Physicians; by Mr. Imlach, President of the Royal College of Surgeons; and by Sir Robert Christison.

ESMARCH'S BANDAGE IN MINOR SURGERY.—A writer in the *Australian Medical Journal* calls attention to the value of Esmarch's bandage in the minor surgical operations about the extremities. He has employed it in a number of cases in which no anæsthetic was given, and with almost complete annihilation of pain. In-growing nail, incision of paronychia, removal of foreign bodies, and amputation of phalanges, can be practiced in this way very satisfactorily. A thin solid band or an ordinary Chassaignac's tube may be rolled from the very end, and then a common bandage continued some distance up and made fast. We have seen the plan answer extremely well and can recommend it.

“**CHICAGO MEDICAL GAZETTE.**”—We have received the first number of this publication, dated January, 1880. It is edited by E. C. Dudley, M.D., and seems to contain a good selection of editorial and other matter. We wish it success.

DIPHThERIA IN LOWER ANIMALS.—In a house at Ogdensburg, N.Y., five children were ill with diphtheria. Three kittens who had been playing with them from time to time took the disease and died. *Post mortem* examination showed diphtheritic membrane in their throats.—*Med. and Surg. Journal.*

—The *Phila. Med. and Surg. Reporter* says:—“Some time ago we called attention to the disparity which exists in Montreal between Protestants and Catholics in reference to deaths

from diphtheria. In a late issue the *British Medical Journal* points out the greater prevalence of the disease among Dissenters compared with members of the Established Church. The subject is a curious one, and merits further investigation."

—Another act of great practical beneficence is announced on the part of Mr. Erasmus Wilson. It is his intention to build a new wing for the Margate Infirmary to contain wards for 70 patients, a tepid sea-water swimming bath, and a chapel for 300 persons. The cost, it is estimated, will exceed £20,000 stg.

—The *British Medical Journal* circulates weekly nine thousand copies, and usually contributes to the funds of the British Medical Association upwards of twenty thousand dollars. A brilliant success in medical journalism.

—A literary wit of scientific tendencies is rather hard upon Professor Tyndall, and thinks that the Dean of Westminster, when he married him a short time since, missed his opportunity. He is of opinion that when the Dean put the familiar query in the marriage service, it should have run thus:—"Do you take this anthropoid to be your coördinate, to love with your nerve-centres, to cherish with your whole cellular tissue, until a final molecular disturbance shall resolve its organism into its primary atoms?" The learned professor would probably have thought twice before answering, "I will."

MEDICINAL FLUID EXTRACTS.—Our subscribers will please notice Messrs. Wyeth & Bros.' advertisement. These extracts have been tested and found reliable. Samples are being distributed among physicians throughout the country, and the manufacturers ask for them a fair trial. Their compressed powders are also very convenient in form, and being free from all excipients, are very soluble. They are fast growing in popularity, and physicians may rely on obtaining good results in prescribing them. The Messrs. Wyeth also manufacture an Elixir of Cuckoo Leaves, which will be found a very elegant method in which to prescribe this now fashionable remedy. In their Emulsion of Cod Liver Oil with the Hypophosphites, each tablespoonful contains 6 grs. of pure hypophosphites of lime and soda.

SACCHARATED PEPSINE.—Messrs. Kidder & Laird have lately begun to manufacture a very elegant preparation of Pepsine, combined with Sugar of Milk. We have been favored with samples of the above, and from experience can recommend it in cases of Dyspepsia. Physicians who feel desirous of trying the remedy for themselves, can obtain sample packages by applying to the wholesale agents, Messrs. H. Haswell & Co., 150 McGill Street, Montreal.