

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

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

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

- |                                     |   |                                     |   |
|-------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/>            | Coloured covers /<br>Couverture de couleur  | <input type="checkbox"/>            | Coloured pages / Pages de couleur   |
| <input type="checkbox"/>            | Covers damaged /<br>Couverture endommagée   | <input type="checkbox"/>            | Pages damaged / Pages endommagées   |
| <input type="checkbox"/>            | Covers restored and/or laminated /<br>Couverture restaurée et/ou pelliculée   | <input type="checkbox"/>            | Pages restored and/or laminated /<br>Pages restaurées et/ou pelliculées   |
| <input type="checkbox"/>            | Cover title missing /<br>Le titre de couverture manque  | <input checked="" type="checkbox"/> | Pages discoloured, stained or foxed/<br>Pages décolorées, tachetées ou piquées  |
| <input type="checkbox"/>            | Coloured maps /<br>Cartes géographiques en couleur  | <input type="checkbox"/>            | Pages detached / Pages détachées  |
| <input type="checkbox"/>            | Coloured ink (i.e. other than blue or black) /<br>Encre de couleur (i.e. autre que bleue ou noire)  | <input checked="" type="checkbox"/> | Showthrough / Transparence  |
| <input type="checkbox"/>            | Coloured plates and/or illustrations /<br>Planches et/ou illustrations en couleur   | <input checked="" type="checkbox"/> | Quality of print varies /<br>Qualité inégale de l'impression  |
| <input type="checkbox"/>            | Bound with other material /<br>Relié avec d'autres documents  | <input type="checkbox"/>            | Includes supplementary materials /<br>Comprend du matériel supplémentaire   |
| <input type="checkbox"/>            | Only edition available /<br>Seule édition disponible  | <input type="checkbox"/>            | Blank leaves added during restorations may<br>appear within the text. Whenever possible, these<br>have been omitted from scanning / Il se peut que<br>certaines pages blanches ajoutées lors d'une<br>restauration apparaissent dans le texte, mais,<br>lorsque cela était possible, ces pages n'ont pas<br>été numérisées. |
| <input type="checkbox"/>            | Tight binding may cause shadows or distortion<br>along interior margin / La reliure serrée peut<br>causer de l'ombre ou de la distorsion le long de la<br>marge intérieure. |                                     |   |
| <input checked="" type="checkbox"/> | Additional comments /<br>Commentaires supplémentaires:  |                                     | Continuous pagination.  |

# THE Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF MEDICAL SCIENCE, CRITICISM, AND NEWS.

U. OGDEN, M.D.,  
R. ZIMMERMAN, M.D., L.R.C.P., Lond., } Consulting Editors.

A. H. WRIGHT, B.A., M.B., M.R.C.S., Eng., } Editors.  
I. H. CAMERON, M.B., }

SUBSCRIPTION, \$3 PER ANNUM.

All literary communications and Exchanges should be addressed to Dr. CAMERON, 28 Gerrard St. East.  
All business communications and remittances should be addressed to Dr. WRIGHT, 312 Jarvis Street.

TORONTO, DECEMBER, 1881.

## Original Communications.

### PUERPERAL ECLAMPSIA.

BY L. McFARLANE, M.B.,

*Adjunct Lecturer on, and Demonstrator of, Anatomy in  
Toronto School of Medicine.*

Some time ago I sent you a report of three cases of puerperal eclampsia treated by the subcutaneous injection of morphine. I then expressed my firm belief in the efficacy of the treatment adopted. I have since had two cases similarly treated, with like good results.

The treatment of eclampsia is as interesting a topic as any in the whole circle of our art, as it is a common and fatal disease. The various systems of treatment adopted from time to time have been anything but satisfactory, although nearly every drug in the whole range of the Pharmacopœia has been tried. It is unnecessary for me to enumerate the different remedies used and the results obtained, as they are perfectly familiar to the reading student and the active practitioner—suffice it to say that each has had its advocates although the results obtained have been far from satisfactory.

The lancet is still held by some practitioners as the sovereign remedy in this disease. But as to its uniform or general benefit I am very doubtful—there is nothing in the nature of the case, or in the apparent condition of the patient to justify its use. Not a few practitioners conjoin active purging with venesection, or trust to it alone. Some have great confidence in chloroform and ether, others in emetics, others in chloral hydrate and the bromides, while I believe from reading the *Canadian Journal of Medical Science*, there is one individual whose

faith is strong in the efficacy of ten grain doses of quinine every two hours, although he has failed to inform the reader how it was administered.

There has of late years been an endeavour on the part of the leading minds in our profession, to treat the disease on a pathological basis. This is to be highly commended and I hope the investigation will be pursued till a fixed pathological basis is found upon which we can confidently rest our treatment.

After all that has been written on the subject, I do not think there is a tittle of evidence to prove that disease of the kidneys has anything to do with the production of eclampsia, save as a casual companion or possibly a favouring condition. It is quite as likely that the condition of system giving rise to eclampsia may be the exciting or predisposing cause of the disease of the kidneys. Cases must have come under the observation of every practitioner doing a large midwifery practice of patients having almost complete anuria without any sign of convulsions. And it is a matter of everyday occurrence to meet with cases where the urine is loaded with albumen, and the limbs and body dropsical without any appearance of eclampsia. Now if the diseased condition of the kidneys is the cause of convulsions as claimed by some pathologists, why should so many escape who are suffering from it. It would be supposed that the same cause would produce the same effect in all cases. It is a well-known fact that ague is always produced by the same malarial poison, and that the person whose system becomes saturated with it will necessarily get the disease. The same remarks will apply to typhoid fever,

tubercle, syphilis, and, in fact, to every disease affecting the human system, each has its specific cause and none can be produced by any other but the specific poison.

It must be admitted, however, that in many cases, we are unable by any means at our command, to discover the pathological condition upon which it depends. But this is no argument against its existence. For the particular disease under consideration the pregnant condition is necessary to its production, and consequently it will be well for us to consider, in a practical way, some of the leading features in connection with this condition. In the first place the system will be burdened with the extra work of supplying and developing the fœtus. The heart will necessarily have more work to perform in carrying on the foetal as well as the general circulation. The nervous system will also have extra duties in contributing to the development going on.

Now in order to have a healthy body it is necessary to have the circulatory and nervous systems in a healthy state. If either, or both, are disturbed from any cause, the effect is soon felt on the general system. It is only necessary to notice the effect of fear on the human system to illustrate this fact. Look at the expression of countenance, the nervous tremor, the disturbed digestion, and sometimes the involuntary evacuation of urine. If fear has such a marked effect upon the system is it not reasonable to suppose that the over-taxing of the nervous and circulatory systems will produce not only eclampsia, but disease of the kidneys. It is evident that the fœtus in utero acts as a quasi foreign body, inasmuch as it serves as a source of irritation from the very commencement of gestation. The patient almost immediately after conception is disturbed by nausea and vomiting, which sometimes defy our best efforts to suppress. The labour required of the circulatory and nervous systems increases as gestation advances. Consequently at or near the termination, the nervous centres are worked up to such a state of tension, if I may so express myself, as to relieve themselves by that spasmodic condition called convulsions. This, I believe, is substantially all we know, or at least, by far the most we know about the

etiology of eclampsia. It is an explanation, I grant, somewhat vague and general; but in the absence of any other more exact, or to the point, I am inclined to accept it.

Before entering on an explanation of the treatment allow me to give a brief report of the two cases before mentioned:—

Case I.—Mrs. G—, aged 26, Primipara, was taken in labour about one a.m. on the 4th of February. I was sent for about nine a.m., and found the head presenting, and the labour well advanced in the second stage. The child was born about one hour after my arrival. I removed the placenta, made my patient as comfortable as possible, and remained in the house for half an hour or more. On leaving she expressed herself as feeling very well. In about one hour afterwards I was sent for in great haste, and on my arrival found my patient working in a convulsion. The nurse informed me that she had three fits before I got there. I at once administered one quarter of a grain of sulphate of morphia subcutaneously, which controlled the convulsions, the patient falling into a quiet sleep which lasted for several hours. In the evening of the same day the nurse was removing some of the soiled clothing when the patient attempted to sit up and was seized with a slight convulsion, which was almost immediately controlled by a second injection of  $\frac{1}{4}$  grain of morphine. After this she went on to convalescence without any further symptoms of eclampsia.

Case II.—Mrs. T—, aged about 30, pregnant with her third child, was seized with convulsions at the commencement of labour, Drs. Winstanley and Richardson chloroformed the patient, dilated the os, and delivered with forceps. The fits continued at regular intervals from some time in the night till the following afternoon, notwithstanding the use of chloroform and chloral hydrate. I saw her about three p.m., when a quarter of a grain of morphine was administered, after which the convulsions ceased for three hours. She then had a slight convulsion, when I again administered a second injection of  $\frac{1}{4}$  of a grain of morphine, which completely controlled the eclampsia. The patient going on to convalescence without any further trouble.

I will now briefly give my reasons for the use of morphine in the treatment of this disease.

I before intimated that the increased labour required of the heart in carrying on the foetal circulation might disturb the general circulation, and as a consequence anæmia of the brain be produced. In the second place the brain and the nerves of organic vitality become irritated and exhausted by the duties required of them.

The question might be here asked if this theory is correct, why do not all pregnant women suffer from eclampsia. The only answer I can give to this query is that some women bear their pregnancy more lightly than others, and that there is not so much disturbance of the nervous and circulatory systems.

However, if this theory is correct, as I am inclined to think, we have two indications for the use of morphine. In the first place, by giving this drug we produce an increased flow of blood to the nerve centres, and in the second place, by its soporific effect the brain is allowed to rest while increased power is gained to carry on the nervous functions of the body. The control which morphine exercises over the disease, both in the preliminary stage as well as when the convulsions actually set in, is so prompt and decisive as to convince the most sceptical after having given it a fair trial. No doubt in some cases, from the violence of the attack or the injury done to the brain by the first onslaught of the convulsions, the medicine will fail; but I am fully convinced that if properly administered and in time, we have in our hands a sure and certain remedy for this disease.

I believe that many of the failures reported after its use can be accounted for by the mode in which it is administered. To give any preparation of opium in this disease by the stomach is of little, if any, use, as the sickly condition of the organ is such that the medicine is not absorbed in time to be of any benefit to the patient. And no man should venture an opinion as to the virtues of the drug unless he has given it subcutaneously. I am satisfied that in the two cases before mentioned the dose used was not sufficiently large. If half a

grain or a grain had been used at the first injection the probabilities are that a second fit would not have occurred. I would, therefore, advise at least half a grain at the first dose.

There need be no fear in administering large doses of morphine in this disease as the system appears to tolerate large quantities of it. I am satisfied that you can give doses with safety in eclampsia, that would prove fatal in any other form of disease.

However, every indication can be met, by giving from one half to one grain at an injection. And I venture to say if this quantity is given there will not likely be any necessity for a repetition.

The point to note in giving the drug is to give it early, and in sufficiently large doses to control the convulsions.

The necessity of hastening the labour should not be neglected or overlooked, as I consider the sooner the delivery takes place the better is the chance for the recovery of the patient, as you remove the main source of irritation.

In conclusion allow me to urge on those of my readers who have not yet tried the drug to avail themselves of the first opportunity to put it in practice. And I feel confident that after giving it a fair trial they will agree with me that it is the sovereign remedy in this disease.

---

## CASES IN PRACTICE.

BY E. JENNINGS, M.D., HALIFAX.

[Read at the meeting of the Canada Medical Association, Halifax, August 4th, 1881.]

[The object of Dr. Jennings, who read the report of the following cases, was to show the effect of constant irrigation of wounds with carbolyzed water, as compared with the ordinary Listerian spray and gauze.]

Alexander Griswold, aged 50, cut his throat on May 13th, in a fit of insanity, and was admitted to the hospital same night. When examined there was found to be a large clean cut wound on the right side of the neck, extending from the posterior border of the sterno-mastoid, to the inferior border of the inferior maxillary bone. The wound is two inches deep posteriorly, the sterno-mastoid being completely cut through, and the carotid artery exposed,

but not injured. The wound is gaping widely and looks as if it could contain a moderate-sized hen's egg. There was no hæmorrhage when he was admitted.

May 14th, Dr. Jennings stitched up the wound to-day, the edges being everted. A drainage tube was then passed through and a bottle suspended above the wound, being filled with 1 in 60 solution of carbolic acid. A wick was led from it through the drainage tube, coming out of the lower end. The solution passed along the wick, by capillary attraction. The wound being in this manner kept constantly moist with carbolic acid. The solution as it ran out of the tube was caught in a basin. A yoke was then put on the patient to prevent any motion of the head, whether lateral or nodding, etc. The patient seems to suffer no pain, and there is no febrile disturbance.

May 15th.—The fluid in the basin which had run through the drainage tube was to-day examined by the microscope, but no pus corpuscles were found. Patient seems comfortable. Wound healthy.

℞ Acid. Nitrici. dil. . . . . ʒiij.  
Tinct. Calumbæ . . . . . ʒiv.  
Inf. Gentianæ ad. . . . . ʒvj.  
Misce et fiat mistura.

*Signate.* ʒss. ter in die capiat.

Et. ℞ Pil. Rhei co. No. xxiv.

Sig. One every night.

Ordered to have full diet. Port wine ʒiv daily.

May 21st.—The fluid in the basin has been examined every day since the 15th, but no pus has been found.

May 22nd.—Last night, through some carelessness, the carbolic solution ceased to run through the drainage tube, the bottle having been allowed to get empty, and to-day there was a moderate amount of pus around the wound. The yoke was then taken off and a dressing of Peruvian balsam applied.

May 30th.—The wound is almost healed, surface granulating finely and looking very healthy. He is now out of bed and moves about the ward. His appetite is good. Bowels not so sluggish as before. There has been no febrile movement throughout the treatment. His temperature on no occasion being

above normal. He suffers no pain in the wound now, and has not had any pain since admission.

June 4th—Wound has now completely healed, and the patient wishes to go home, being in his usual health. He was accordingly discharged, after having been in only twenty-two days—May 13th to June 4th.

July 4th.—The patient was heard of a few days ago. He was then in excellent health and engaged in his regular occupation.

Case II.—AMPUTATION OF THIGH.—John Yates, aged 11, admitted to the City Hospital June 10th, 1879, under the care of Dr. Jennings, attending surgeon.

*History.*—On Feb. 10th, 1879, he fell a distance of 110 feet down the shaft of a gold mine, striking against pieces of timber placed across the shaft, in his descent, and finally falling into a pool of water at its bottom.

He was taken up, and a physician summoned, who found that the patient suffered from fracture of the left arm and thigh, which he set, but whether he discovered fracture of the right thigh or not could not be ascertained. He, however, bandaged the right leg tightly from the foot upwards, and not returning, the patient's friends, on the third day after the accident, removed the bandage to relieve him from the pain which it caused. It was then found that the foot had become gangrenous. After this the condition of the patient grew steadily worse, and finally it was decided to bring him to the hospital.

*Condition when admitted.*—Much emaciated, arm and thigh of left side united satisfactorily. Foot of right leg sloughed off, being retained by a small portion of integument; the remainder of the leg much swollen and thigh honey-combed with sinuses, particularly near the hip-joint.

A consultation of the staff decided that the only thing practicable was amputation at or near the hip-joint. The general condition of the patient was extremely unfavourable, the pulse being so rapid and weak as to be almost impossible to count. He was given milk, beef tea, with alcoholic stimuli, and at six o'clock of the same day was removed to the operating room, and put under the influence of ether. Esmarch's bandage was applied, and the

tourniquet placed over the femoral artery and vein, which before the operation were cut down upon, and tied. The ordinary flaps for amputation at the hip-joint were made, and it was found that the patient had been suffering from extra-capsular fracture, that the bones had not united, and that the sinuses above mentioned led down to the fractured ends. The femur was sawn through above the trochanters; all the bleeding vessels secured, and the flaps brought together by means of silk sutures, ample provision being made for free drainage of discharge. During the operation the utmost care was taken to prevent loss of blood, and in this the surgeon was almost perfectly successful, as scarcely any hæmorrhage occurred.

*After treatment.*—Patient was removed to his ward; stimulants and supporting diet ordered. The temperature which, before the operation, was 100° F., fell to 98° F. The pulse was still very frequent. Had no opiate, but slept well during the night.

June 11. An evaporating lotion of muriate of ammonia, gr. xl. to ʒi., was applied to the stump by means of the irrigation apparatus. Pulse 160, temperature 102° F. Symptoms of diarrhœa set in, for which he was ordered R. Mist Amyli. ʒi; Tr. opii. ʒi. Sig. A teaspoonful to be injected into the bowels as required.

June 12. Condition much the same. Pulse 144; temperature 100°. Ordered two tea-spoonful, three times daily, of elixir of beef iron, and wine.

June 13. Complains of sleeplessness. Ordered. R. Sol. mur. morph. mxx., quiniæ sulph. gr. ij.; syrup simp. ʒij.; aq. ad. ʒij. Sig. At. once.

June 14. Irrigation was removed. Also the strips of adhesive plaster which supported the sutures holding the flaps. It was now found that the greater part of the line of union of the flaps had united by first intention. Carbolic oil 1 in 8, was injected into the wound through the drainage tube placed between the flaps. A bed sore was discovered over the sacrum, which was dressed with carbolic oil, and patient ordered to be placed on a water bed. Remaining sutures were removed on the 20th, and the drainage tube on the 22nd. From this time the patient rapidly recovered, and was discharged well, Aug. 7th, 1879 twenty-seven days after operation.

## A CASE OF QUININE RASH.

BY L. M. SWEETNAM, M.D., C.M.

P. K., æt. 24, born in Ireland, machinist (having worked at the lathe, turning iron, for eight years). Emigrated twelve months ago. Has been in Toronto General Hospital for eleven months, during which time he has been treated for phthisis.

In September of this year went out of the hospital for two weeks, and about a week after returning, developed symptoms of typhoid fever, for which the following mixture was prescribed: Quin. Sulph., ʒss., Acid Sulph., dil., ʒij., Syr. Zingiberis, ʒij., Aq. ad ʒviii., Sig. ʒss., t.i.d. Had been taking this mixture for three weeks without any discomfort, when it was found necessary to resort to stimulants; whisky was then ordered.

About fifteen minutes after taking the first dose (ʒi.) he complained of a smothering sensation, and difficulty in breathing, discomfort in cardiac region, to which were shortly added a feeling of fullness in the head, congestion of conjunctivæ, nausea, dryness of throat and fauces. On examination the mucous membrane of buccal cavity was of a deep red colour; in about five minutes after these symptoms set in, he complained of a burning and itching sensation in the palms of his hands and soles of his feet; red spots then appeared on the palms of his hands, and spread up his arms; similar spots then appeared on his forehead, and simultaneously upon his chest. These spots, or patches, increased in size, and uniting, covered nearly the entire surface of his body, which was then of a dark red measles colour on the face, and a bright scarlatina red elsewhere, the upper fourth of the inner aspect of the thigh, and some irregular patches on the inner side of his arms and feet, alone retaining their natural colour.

The patient complained of being chilly during the early part of the attack, he then complained of heat, with a burning sensation of the skin. As the eruption became more general, and after it had subsided, he perspired freely.

The eruption, which at first might be mistaken for urticaria, later resembles an erythema,

and is at its height in half-an-hour. During the time that the eruption is fading the line of demarcation is fairly well marked, but less so than it is while spreading.

While this was a quinine rash, the stimulus derived from the whisky appeared to be essential to its production, and now that he is becoming accustomed to the whisky, a larger amount is required to produce the eruption. Tr. Cinchona Co. has since been ordered for him, and while taking this form of the drug the whisky fails to produce the rash.

---

### COMPOUND DISLOCATION BACKWARDS OF THE TERMINAL PHALANX OF THE THUMB.

BY FRANCIS J. SHEPHERD, M.D., C.M., M.R.C.S. ENG.  
Demonstrator of Anatomy, McGill University.

This form of dislocation of the thumb is when simple not very rare; it is not quite so commonly seen when compound, still it falls to the lot of every surgeon to see one or more cases. Many surgeons advise amputation in all compound dislocations of the phalanges, others prefer resection of the joint, while others again affirm that they have the best results by simply reducing the dislocation by extension or manipulation, and after reduction placing the digit in a splint and using evaporating lotions. Each case, however, must be treated on its merits. In the case I am about to relate I amputated the phalanx for several reasons, viz.: On account of the state of the joint, the age of the patient, the length of time that had elapsed since the accident, and last, but not least, because I have seen just such injuries, when left alone, end in tetanus.

Chas. Garrod, labourer, aged 68, came to the Montreal General Hospital, July 11th, 1881, complaining of a sore thumb. He said that five days ago he had slipped and fallen, and in trying to save himself had thrown out his right hand and had hurt his thumb; that as the thumb was not very painful at the time he did not bother much about it or consult a doctor. Now it was becoming painful, and as he was passing the hospital he thought he would come in and see what could be done for him. On examination I found that the terminal phalanx

was dislocated backwards, and the distal end of the first phalanx protruded through a wound which extended completely across the palmar surface of the thumb. The flexor tendon could not be seen through the wound. The thumb was much swollen, red and inflamed, and a small amount of fetid pus was being discharged from the wound. As the man was old, the joint suppurating, and the result of excision doubtful, it was thought better to amputate the last phalanx. This was done, the flap being taken from the dorsal surface, and the protruding end of the first phalanx cut off. A pocket of pus was found at the back of the joint, and the flexor tendon was seen completely torn across. The wound healed without a bad symptom in ten days. It was very remarkable how little trouble such a condition of affairs gave the old man. He did not cease from work, and only came to the hospital because he happened to be in the neighbourhood, and it was with difficulty I could persuade him to allow me to remove the phalanx, for, as he thought, so trifling an injury.

---

### GUNSHOT WOUND OF ABDOMEN.

J. H. GARDINER, M.D., LONDON EAST.

Peter Lappan, æt. 40 years, was on the morning of the 20th August wounded by a revolver shot. (Weight of ball 3ss.) He was in the act of drinking a glass of ale, or as he termed it an appetizer for breakfast, not having had anything to eat previously. I saw him about twenty minutes after the accident. He was very pale, and had vomited once or twice. Pulse 80, very feeble. Thinking him in extremis, I decided to wait until my partner, Dr. Street, arrived, whom I had telephoned for on receipt of message, before making a thorough examination. In the meantime I gave him an ounce of brandy and water, which he vomited. On the arrival of Dr. S. we examined the wound. The ball entered the epigastrium, a quarter of an inch below the ensiform cartilage, and half an inch to the right of the median line. We followed the course of the ball about three inches, until the cavity of the abdomen was entered. Thinking it unsafe to proceed further at this time, we desisted. At one p.m.

we again saw patient, and had him removed to General Hospital, where he was given a hypodermic of a quarter of a grain of morphia. Upon careful examination we detected a slight tumour two inches from the spine of the vertebræ, between the eleventh and twelfth ribs. This, Dr. S. cut down upon, and to our pleasure found the ball resting against the lower edge of the eleventh rib, two inches from the surface. This we extracted. The liver dullness extended an inch and a half to the left of the wound in front, and it can be felt at the edge of the ribs. Hence the liver must have been wounded.

The temperature never rose above 101° F. He was kept on light diet for ten days, with, for the first five days, a little morphia at bed time. No stomach trouble showed itself after twenty-four hours; and only a slight jaundiced tint was at any time observed.

To-day he was in my office, not very strong, it is true, but well enough to be around. He still complains of a slight tenderness over the liver, and a feeling as if a cord were tied through him.

No injections were at any time used, and only water dressings at first, followed in a few days with carbolized oil.

This following, as it did, the famous Garfield case, is the only reason I have for trespassing on your space.

---

Gruber discusses the significance of the habit of some deaf patients of keeping the mouth open. 1. He thinks it highly probable that certain deaf people who are annoyed by loud respiratory noises produced in the nose hear better by opening the mouth; but that it can not be asserted that these respiratory noises are the sole reason why deaf persons keep the mouth open in listening. 2. The perceptible improvement in hearing gained by keeping the mouth open is in many patients due to the changes in the external auditory canal and deeper structures of the sound-conducting apparatus produced by sinking of the lower jaw. 3. In many of these patients the hearing power is improved by the change in resonance produced by the condition of the mouth. 4. The facilitation of the respiratory act which is produced by the opening of the mouth would probably aid in improving the hearing power.—*N. Y. Medical Journal.*

## Selections: Medicine.

### ANTISEPTIC INHALATION IN PULMONARY AFFECTIONS.

Read Before the Southern Branch, B. M. A.

BY J. G. SINCLAIR COGHILL, M.D., F.R.C.P.ED.

Physician to the Royal National Hospital for Consumption.

THAT the comparative accessibility, of the lungs, through the glottis, should have, even in the earliest times, suggested direct medication, is not surprising; but it is, indeed, strange that inhalation, or taking advantage of the respiratory act for this purpose, which dates from the days of the Father of Medicine himself, should only have received, until comparatively recent times, but occasional and rare employment. That its importance was from time to time recognised, there is abundant evidence in the works of the older physicians; and, that this importance was even occasionally exaggerated by them, is shown by the statement of the celebrated Italian physician, Mascagni, who says: "If ever a specific should be devised against consumption, it would be such as to be introduced into the organism through the windpipe." A succession of celebrated names in more modern times, too numerous to mention, is associated with the subject of pulmonary medication by inhaling; and a great variety of apparatus, more or less elaborate, has been introduced from time to time for the purpose. There are, however, great objections, apart from the almost impossibility of their penetrating deeply enough into the tissue of the lungs, to the inhalation of dry powders, however finely divided, on account of their mechanically irritating effect on the often already morbidly sensitive laryngeal and bronchial surfaces. Non-volatile fluids, again, can only be very partial in their distribution; and, if inhaled at high temperature, must further render the upper reaches of the respiratory tract sodden, and increasingly sensitive to changes of temperature. Careful observation of the action and effects of this steaming process in affections of the lungs has convinced me, that it is not only inefficient, but, in every respect, positively injurious. It relaxes the tissues with

which the vapour comes into contact; it encourages suppuration where the ulcerative process has begun, and it tends, therefore, to increase expectoration and cough, and consequently the distress and exhaustion of the patient. The inhalation of hot moist vapour, indeed, is so repugnant to the respiratory tract, that but a small quantity of the medicated material can penetrate sufficiently into the pulmonary tissue to be of use. The immediately subsequent effects are also not unattended with risk, from the exposure of the air-passages to air of a lower temperature after hot inhalation. However beneficial, then, in laryngeal affections (and we are all familiar enough with its value in such), the inhalation of dry powders, or of pulverised fluids in the form of spray, either cold or hot, may be, they cannot be regarded seriously in connection with the treatment of suppurative processes within the lung itself.

It is now more than five years since I became strongly impressed with the important bearings of Lister's teaching on the local treatment of phthisis; and, in working out the idea of antiseptic inhalation, the considerations above referred to, suggested the plan of adopting the principle of the old-fashioned, and now happily almost obsolete, respirator for the purpose—selecting a volatile medium for the antiseptic materials, and employing the breath in the alternate acts of inspiration and expiration, as their vehicle.

The apparatus is extremely simple. It consists of a space for a pledget of tow or cotton-wool, enclosed between the perforated surface of the respirator and an inner perforated plate, which can be raised so as to permit the tow to be saturated with the antiseptic solution. Elastic loops are attached to pass over the ears, and retain it in position. The inhaler may be procured either plain, or of a slightly-smaller size, and covered with black cloth, for wearing out of doors. The pledget of tow, which may be changed once a week or so, should be sprinkled with from ten to twenty drops of the antiseptic solution, from a drop-stoppered phial, twice-a-day at least, according to the extent to which the inhaling may be carried on. Of this the patient is the best judge, and the length of

time and quantity of solution should be regulated by tolerance and effect. The most important times for inhaling are for an hour or so before going to sleep at night, and after the morning expectoration, which leaves the suppurating surface or cavity dry to be acted upon—disinfected, so to speak—by the antiseptic vapour. A great many of my patients have of their own accord come to use the respirator almost continuously day and night, from their experience of its good effects. I attach the utmost importance to the mode in which the respiration is conducted while inhaling. The patient should be carefully instructed to inspire through the mouth alone, and expire through the nose. In this way, the breath is drawn through the saturated tow in the perforated chamber of the inhaler, and passes directly into the lungs laden with the antiseptic materials. Expiring through the nose only, necessarily involves a complete circulation of the medicated air. The breathing should be short at the beginning of inhalation, but gradually deepened, so as to displace and affect the residual air in the more distant portions of the lungs. This form of respiration itself is not only of great use in favouring the circulation of the blood in the lungs, and thus aiding both local and general nutrition through that fluid, but it helps very much the expulsion of the sputa by means of the increased energy and thoroughness of the expiratory acts. Indeed, the great objection to the ordinary respirator lies in the shallowness and rapidity of breathing which it involves, in consequence of which the lungs, being imperfectly expanded and contracted during each act of respiration, become themselves literally fatigued, and the breath is drawn in and forced out so feebly, and at the same time so quickly, that there is not time for it to be dispersed into the fresh air, but it returns each time into the lungs only partially changed. The extremely foetid odour which the apparatus rapidly acquires is sufficient proof of this. One of the patients in the Royal National Hospital here, when I was working out this subject, made a pasteboard respirator for antiseptic inhalation of such a shape as to include the nose; but it was found to have all the objectionable points of the ordinary respira-

tor, and certainly did not permit sufficiently free access of the medicated air to the lungs, a large amount of the antiseptic material being lost by absorption on the convoluted walls of the tortuous nasal channels.

After many trials of the now formidable list of antiseptics, I find that carbolic acid, creasote, and iodine, in combination with sulphuric ether and rectified spirits of wine, are the most efficacious and satisfactory. The want of volatility in boracic, salicylic, and benzoic acids, and their salts, proves a bar to their employment by this method. Dr. Horace Dobell, who has had a very favourable experience of this treatment, writes to me that he has found thymol, in the form of Shirley's thymoline, very grateful and efficient, in many cases, where the smell of carbolic acid and creasote was intolerable either to patients or to their friends. Of the three antiseptic agents I chiefly use, I find iodine most useful in the second stage of phthisis, when the expectoration is passing from the glairy into the purulent character. I use a tincture, for inhaling purposes, made with sulphuric ether instead of spirits of wine; and this ethereal solution has a singularly soothing effect on the cough and pulmonary irritation. In combination also with carbolic acid as carbolised iodine, or iodized phenol, it is extremely useful in the purulent expectoration accompanying the resolution of pneumonia, both catarrhal and croupous. In the stage of excavation, whether tubercular or pneumonic, the combination of iodine with carbolic acid and creasote is most potent. The acid seems to have the greater influence in checking the amount and purulent nature of the sputa; while creasote acts more as a sedative to the cough, apparently by reducing the irritability of the pulmonary tissues. The addition, also, of varying proportions of sulphuric ether and chloroform greatly assists in soothing and allaying irritation. These combinations also act frequently like a charm in the profuse expectoration of purulent bronchitis, as also in bronchial asthma. Dr. Thorowgood, in the Lettsomian Lectures for 1879, describes my antiseptic respirator, and adds his valuable testimony to its efficacy in bronchial affections. I have also noticed that patients, while using

this form of inhalation, frequently experience great relief from the aches and flying muscular pains which often occasion much distress in the advanced stages of phthisis.

In connection with these observations, the following formula may be taken as an adaptable basis for the antiseptic solution for inhaling. *R*. Tincturæ iodi etherealis, acidi carbolici, āā ʒii; creasoti vel thymoli, ʒi; spiritūs vini rect., ad ʒi. *M*. Where cough is urgent, or breathing embarrassed, chloroform or sulphuric ether may be added at discretion. In the formula which I published in 1877, a small quantity of glycerine was introduced, with a view to aid solution and fix the materials; but I found it unnecessary, and also that it clogged the respirator, and soiled everything with which it came in contact.

Whether these substances act by destroying the germs to which the formation of pus is attributed by the great teacher of the antiseptic method, or by their abortive effect from a physical cause, such as coagulation, on the cell-proliferation in the seat of morbid action, I do not profess to know; but the effect of this antiseptic inhalation in diminishing expectoration, and with it the cough, in the various forms of phthisis, during the resolution of pneumonia and in the purulent stage of bronchitis, acute or chronic, with dilated bronchi and fœtid expectoration, is certainly most remarkable. The following are the first four of a list of cases of phthisis, selected by my friend, Dr. Grant, resident physician at the Ventnor Hospital, in which antiseptic inhalation was employed throughout as an adjunct to general treatment.

CASE I.—*M. B.*, aged 32, a tailor. Third stage, right side, with moist crepitations all over the back, and second to third stage at the left apex. He was admitted on January 8th. The sputa were nummular and bloody, four ounces in amount. He was discharged on March 18th; sputa, two drachms, no tinge. He was under treatment ten weeks; he gained 10 lbs.; and was discharged with crepitation much diminished in all parts of the chest, and signs of dry vomiceæ at both apices. The other treatment consisted of hypophosphites and cod-liver oil, with iodine paint over the chest.

CASE II.—*E. M.*, aged 20, a shopwoman, of

strumous cachexia; had very moist apices. Expectoration amounted to four ounces, and was muco-purulent. She was under treatment eighteen weeks. The expectoration was entirely stopped, and she was discharged with the moist sounds greatly diminished and the cavities contracting. There was great long-continued pyrexia in this case. The other treatment consisted of quinine and hydrobromic acid, atropia and oxide of zinc, cod-liver oil, and iodine to the chest.

CASE III.—J. B., aged 25, domestic servant, had phthisis in the third stage at both apices. At first there was considerable pyrexia. The expectoration was three ounces, frothy and muco-purulent; in ten weeks it was reduced to half an ounce. He was discharged with the disease arrested; the physical signs in the right apex as before, and the left apex much drier. The other treatment consisted of quinine and hydrobromic acid, and afterwards quinine and phosphoric acid.

CASE IV.—J. G., aged 31, time-keeper, had the disease in the third stage, very moist, at the right apex; in the first stage at the left apex. Expectoration amounted to one ounce, muco-purulent and nummular; hæmoptysis was intercurrent. After ten weeks' treatment, there was no expectoration; and he was discharged with the cavity completely dried and contracting rapidly, and physical signs absent from the other apex. This patient gained 9½ lbs. The other treatment was chiefly quinine and hydrobromic acid, and ergotine hypodermically for hæmoptysis.

These cases have been taken at random, and are by no means those in which we have seen the best results from antiseptic inhalation on the amount of sputa.

To be able, also, by this means to dispense, to a great extent, with cough-mixtures, *et hoc genus omne*, is in itself no small advantage in the treatment of a class of diseases in which it is so necessary to preserve, if possible, the appetite, with the digestive and assimilative processes undisturbed and intact. If there be sputa collected in the lungs, there must be cough; the *rationale* of treatment then is to prevent, if possible, the material from being secreted which demands cough for its expulsion.

To attempt to stifle a cough under such conditions by sedatives is erroneous in theory, and most dangerous in practice, apart from the other mischievous effects of preparations to which I have already referred.

I may say here, that my later and wider experience of this form of antiseptic inhalation in phthisis laryngea, if such a disease exist *per se*, of which I have grave doubts, or, as I would prefer putting it, in phthisis complicated with affection of the larynx, has not been so favourable as my earlier cases led me to expect. It seems to have too drying or astringent an effect; and, in all such cases, a warm moist vehicle is preferable for the antiseptic material, if such be indicated.

I have now, for nearly five years, employed antiseptic inhalation, as a regular part of the treatment, in all lung-affections characterised by purulent expectoration, both in my private practice and in the Royal National Hospital for Consumption. I find that all patients take to it very readily, become very speedily impressed with the amount of relief it affords, and inclined to continue it on their own account, without the encouragement and suggestion which many other details of treatment often require. Any difficulty on the score of odour is easily met in the great variety, of antiseptic materials from which to choose. I have received a great many communications from members of the profession, many of them in large practice among *poitrinaires*, expressing their high opinion of its value. I am sure the results of this auxiliary to general treatment, in appropriate cases, will be found most encouraging.—*British Medical Journal*.

CARBOLIC OINTMENTS.—Charles L. Schuar, of Chicago, points out in the *Druggist's Circular* that the 95 per cent. aqueous solution of carbolic acid should not be used in the preparations of carbolic ointment, especially with cosmoline, ceraline, vaseline, &c., since the acid is merely incorporated in its pure state in larger or smaller drops, and exerts all the unpleasant effects of the pure acid. If the crystals be employed the dilution is of course proportionate to the quantity of the excipient.

RINGER ON THE INFLUENCE OF ANÆ-  
STHETICS ON THE HEART: AND  
ON THE ANTAGONISM OF  
POISONS.

BY WILLIAM MURRELL, M.D.

Dr. Ringer has recently published two papers (*Practitioner*, June and July, 1881) which throw considerable light on the action of anæsthetics on the heart; and incidentally on the vexed question of antagonism. The observations were made with Roy's apparatus, a description of which will be found in Dr. Roy's paper "On the Influences which Modify the Work of the Heart" (*Jour. of Physiol.*, vol. i, p. 452). Considerable difficulties have hitherto been experienced in working this apparatus, arising chiefly from the inconvenience of having to obtain fresh blood for each experiment.

Dr. Ringer finds that the desiccated defibrinated bullock's blood, imported by Park, Davis & Co., of Detroit, Michigan, answers the purpose admirably. It can be readily obtained, as it is frequently used for enemata, in cases of gastric ulcer, etc. For physiological purposes it is dissolved in distilled water, and then diluted with saline, one part of blood-mixture being used to two of salt solution. In each experiment three ounces were used, the same blood being employed in the same series of observations, so that the poison and its antidote were intermixed.

Chloroform acts powerfully on the ventricle of the frog's heart. Like lactic acid, muscarin, and jaborandi, it lessens both the height and duration of the trace until, finally, the heart is arrested in diastole. In one experiment, a minim of chloroform nearly stopped the ventricle; and, when the heart had almost ceased beating, the addition of two ten-minim doses of strong solution of ammonia at once restored its action, until the contractions became almost as powerful as at first. The addition of ten drops of chloroform again stopped the heart. This shows the powerful paralyzing effect of chloroform, and demonstrates most conclusively the mutual antagonism existing between chloroform and ammonia.

It is clear that chloroform does not arrest the ventricle by stimulating the inhibitory ap-

paratus, for the portion of the heart employed contains no inhibitory nerves. Chloroform clearly paralyzes the muscular substance of the heart, for it is well known that the muscular tissue will beat rhythmically without the presence of nervous ganglia. It is evident, therefore, that, did the chloroform paralyze only the ganglia of the ventricle, the ventricle itself would still continue to beat. Further experiments made with the lower half only of the ventricle render this certain, the ganglionless and nerveless portion being affected in exactly the same way as the whole ventricle.

Atropia does not antagonise the action of chloroform on the ventricle; nor will the previous addition of atropia prevent the action of the chloroform. Ethidene dichloride affects the ventricle in exactly the same way as chloroform. Ether affects the heart in a far less degree than either chloroform or ethidene dichloride. Large doses accelerate the heart's action, and make each beat a little weaker; but the amount of work done is considerably greater, the increased frequency more than compensating for the diminished force of each contraction. Ammonia and ether, like chloroform and ammonia, are mutually antagonistic as regards the whole ventricle. Bromide of ethyl arrests the ventricle, acting on the muscular substance. It is far less powerful than chloroform, but more poisonous than ether.

Iodoform and ammonia are mutually antagonistic, as shown by their action on the ventricle. A fifth of a grain of iodoform nearly stopped the heart, and then ten minims of a one per cent. solution of strong ammonia restored the contractions, which were again arrested by another dose of iodoform. This was repeated on the same heart three successive times.

The importance of these observations cannot be over-estimated, throwing, as they do, a new light on the whole subject of antagonism. Rossbach (*Pflüger's Archiv*. Band xxi, Heft 1, p. 1, 1879) contends that drugs are never mutually antagonistic. He maintains that, when a tissue is paralyzed by one poison, it is impossible to stimulate it by another. For instance, whilst atropia, he says, antagonises pilocarpine, pilocarpine cannot antagonise

atropia; atropia paralyses the sweat-apparatus, and pilocarpine is no longer able to stimulate it into action. He admits that after small doses of atropia pilocarpine can produce sweating, and this he explains by assuming that atropia paralyses first the nerve of the sweat-gland, and later the gland-apparatus itself. After a small dose of atropia the nerve only is paralysed, and then the pilocarpine can still stimulate the glandular cells; but a large dose of atropia paralyses the cells also, and then pilocarpine is powerless.

Dr. Ringer's recent experiments demonstrate the fallacy of this argument. The lower half of the ventricle consists of only one substance, muscular tissue, so that the antagonism cannot be due to an action on different structures.—*London Medical Record.*

#### KLEIN ON THE ETIOLOGY OF MILIARY TUBERCULOSIS.

Dr. E. Klein (*Practitioner*, Aug. 1881), discusses, with his customary thoroughness and ability, in his recent paper, the evidence, still, however, somewhat incomplete, afforded by modern pathology, which favours the view that miliary tuberculosis (using the term in the sense as defined by Virchow, and altogether distinct from caseous inflammation and scrofula) is a specific infectious disease. This evidence may be conveniently stated under three heads.

1. Evidence shows that miliary tuberculosis is communicable from one human being to another. (a). The disease may be inherited, though this is not a distinguishing character of infectious diseases, being associated with certain morbid states distinct from infectious disease, such as cancer or gout, yet, when combined with other features connected with specific disease, it has a certain value, even if an indirect one, more particularly when inheritance is considered in relation to a notoriously infectious disease, syphilis. If the specific infectious character of miliary tuberculosis be admitted, then the so-called special delicacy and vulnerability of the tissues (the only kind of inheritance admitted by some) is simply an accidental and secondary condition, the specific

*materies morbi*, or virus of tuberculosis, being the primary or essential thing. Nothing definite is known as to the period of incubation of tuberculosis. (b). The disease, again, may be acquired in various ways. It may be communicated from husband to wife, or *vice versa*: many instances of this kind are on record. Or it may be communicated from patient to attendant, or *vice versa* (see vol. xi of *Glasgow Med. Jour.*, p. 168). Cohnheim holds that the virus enters the organism most commonly through the air-passages, producing pulmonary or laryngeal tuberculosis; thence it spreads to the bronchial glands and the system at large; or it may enter by the alimentary canal, being swallowed either in food, or in tuberculous sputa, spreading to the mesenteric glands, peritoneum, etc.; or it may attack the urogenital apparatus, or may pass from the upper nasal cavity through the cribrous lamina of the ethmoid bone to the pia mater.

2. We have evidence that tuberculosis is communicable from man to animals, and from animal to animal, in many well-known series of inoculation experiments. In the case of the rabbit and guinea-pig, however, disseminated tuberculosis occurs after inoculation with non-tubercular as well as with tubercular matter, provided they set up inflammation with caseous products; in other animals, in which inoculation did not produce inflammation with caseous products, no disseminated tuberculosis ensued. In Cohnheim and Salomonsen's experiments, a perfectly fresh piece of tuberculous tissue from the human subject was introduced into the anterior chamber of the eye of a rabbit or guinea-pig; in a short time the first irritation passed off, the bit of tissue diminished gradually in size, and then disappeared; after an incubation-period of three weeks, minute gray tubercles appeared suddenly on the iris, which increased in size and underwent caseation. This result followed only and exclusively after the introduction of real tubercular matter. This experiment also furnishes a test, by means of which real tubercular matter may be distinguished from all other caseous, secondary, and chronic inflammatory products, especially scrofula; the tuberculosis of iris in rabbits and guinea-pigs is produced by human tubercle, and

by nothing else. The inhalation experiments of Tappeiner and of Bertheau gave analogous results; nothing but tuberculous materials produced tuberculosis. There are also on record many observations of the transmission of tuberculosis by feeding.

3. There is to be considered evidence as to the nature of the *materies morbi*. The view that miliary tuberculosis depended on the absorption of matter from a caseous focus was supported mainly by inoculation experiments on rabbits, in which tubercular and non-tubercular matter were equally effective. But it was afterwards proved that, for the production of miliary tubercle of the iris with subsequent general tuberculosis in rabbits, real tubercles (grey or caseous) must be employed. It follows, then, that the *materies morbi* is present in the grey tubercle, and is not present in all and every caseous matter, but only in that derived from real tubercles; as regards bovine tuberculosis, it has been shown that the virus is present also in the blood, milk, flesh, and other tissues, but whether this is the case with regard to human tuberculosis has not yet been proved. It has finally been asserted that human tubercular pus contains minute micrococci; that no result follows inoculation with the clear serum of tubercular pus which had been previously freed from solids; that inoculation of the sediment produces the usual result; and that the aqueous humour of an eye affected with tubercle of the iris is effective as an inoculating fluid, only after these tubercles have begun to undergo caseous degeneration.—*London Medical Record*.

#### STOMACH TUBE IN PHTHISIS.

At the session of Oct. 28, of the Hospital Medical Society of Paris, M. Debove reported a case of phthisis that could not retain even milk. It was decided to use the œsophageal catheter. A litre of milk was administered at first; afterwards meat and eggs. Finally, without causing vomiting two litres of milk, meat, and ten eggs were given. The appetite returned, there was an increase of 100 grammes a day in weight; the patient slept well, and the sweats disappeared. M. Dujardin-Beaumez, confirmed these results, and M. Joffroy reported equally favourable results in two cases of cancer of the stomach.—*La France Méd.*

#### SYMPTOMATIC VALUE OF DILATATION OF THE PUPIL IN AFFECTIONS OF THE NERVOUS SYSTEM.

*From La France Médicæte.*

The diameter of the pupil depends on various factors: the intensity of the light, the convergence of the visual axes during accommodation and excitation of the great sympathetic. Ræhlmann, after some physiological preludes, considers the movements of the pupil in their relations with the diseases of the nervous system, and formulates as conclusions the following propositions:

I. *Reaction to light*.—(1) If one pupil does not react under the influence of light, whilst the other, left in the shade, contracts, it is not the optic nerve that is injured; there is rather a unilateral paralysis of the pupillary filaments of the corresponding oculo-motor nerve, or else there is some affection of the iris itself.

(2) If the pupil reacts in spite of complete blindness, the cause of this phenomenon should be looked for in the tubercula quadrigemina, which, according to Meynert and Drurin, are in direct connection with the nucleus of the oculo-motor nerve.

II. *Reaction during convergence*.—(3) If both pupils react by the fact of the convergence of the optic axes, the pupillary functions of both oculo-motor nerves are intact; the pupils contract. In order to make this experiment the subject should look at the end of his nose.

(4) If both pupils do not react, either directly or by sympathy, under the influences of light, but react during movements of convergence, and if on the other hand the acuteness of vision, of one or both eyes is satisfactory there is an obstacle in the course of the fibres running from the tubercula quadrigemina to the oculo-motor fibres.

III. *Reaction by excitation of the great sympathetic*.—After having shown in some words the physiological modifications which are felt in the iris after excitation of the great sympathetic, the author arrives at this conclusion, that the pupillary dilatation depends especially on the degree of irritation transmitted from the ganglia and cervical cords to the great sympathetic by the special senses and psychical excitations.

In pathological conditions one notices :—

(5) In debilitated, nervous, and maniacal persons, the normal pupil is very greatly dilated, to such a degree, that the contraction of the pupils always causes a suspicion of commencing general paralysis. In these conditions, as also in the hysterical and epileptic, one often notices an alteration in the oscillations of the pupil, independently of illumination or convergence of the visual axes.

(6) Narrowing of the pupils is symptomatic of disorders connected with diminution of activity of the cerebral cortex, especially in paralytic dementia.

(7) Myosis is met with particularly in affections of the spinal cord. In tabes often the contracted pupils are completely insensible to light, whilst they continue to react by convergence of the axes.

(8) The alterations of the pupils depend on the innervation of the great sympathetic: an excitation of this nerve either at its periphery or at the cervical ganglia, shows itself by pupillary dilatation (Basedow's disease, lead colic, infantile enteritis.)

(9) Dilatation of the pupil is a symptom very characteristic of the respiratory trouble that follows the action of carbonic acid on the spinal marrow, such as whooping cough, vomiting spells, attacks of eclampsia and epilepsy, physical fatigue, and phthisis. This symptom is important in chloroform anaesthesia. Very marked contraction shows that an extreme degree of narcosis has been reached, whilst dilatation under the influence of any excitation, shows that this narcosis is diminishing, but if the pupil dilates suddenly while the narcosis persists, asphyxia is to be feared.

(10) The pupils are dilated when compression of the brain exists, as in cerebral tumours, chronic hydrocephalus, hæmorrhages within the cranial cavity or simple cerebral congestions.

(11) Inequality of the pupils, the mobility being normal, shows irregularity in the innervation of the great sympathetic, irregularity caused by irritation of the nerve acting either at its periphery or at the cerebral or spinal centres. By instilling a little atropine into the eye, one can see whether the dilatation is due to paralysis or irritation. In the first

instance the dilatation will remain slight. In the second it will be more pronounced. Unilateral mydriasis, when the pupil is mobile, is a very important symptom at the commencement of cerebral disease, whilst this same mydriasis where the pupil is immovable (paralysis of the oculo-motor nerve) does not signify much. Dilatation of one side alone, when the pupil reacts normally, is always indicative of unilateral excitation of the sympathetic, and this symptom is very alarming when it occurs, sometimes in one eye, sometimes in the other. Pupils that have been dilated by excitation of the sympathetic, react badly to light, but they contract during movements of convergence; it is thus that this mydriasis, which otherwise leaves the accommodations completely intact, is distinguished from mydriasis from paralysis of the common oculo-motor nerve. Inequality of the pupils is very common among the insane, especially among the paralyzed and demented.

#### VASCULAR TENSION IN KIDNEY AND HEART AFFECTIONS.

In his remarks on "Deviations from the Normal Arterial Tension, Associated with certain Diseases of the Kidneys and Heart, and their Treatment," Dr. McCall Anderson says that "the chief value of the sphygmograph at the bedside is to enable us to gauge the degree of tension, and to register from time to time its variations more correctly than can be done with the finger. High tension is to be relieved by removing the cause. Thus, in acute Bright's disease it is principally due to the diminished urine; and, accordingly, if we succeed in inducing profuse urination, the high tension, as well as the other symptoms, disappears. In chronic Bright's disease, on the other hand, there is often excessive urination, and yet the tension is high, the cause being the stop-cock action of the arterioles throughout the system on the one hand, and the over-action of the frequently hypertrophied left ventricle on the other. In such cases, though we may not be able to remove the chronic disease, yet we can often diminish the tension, and thus may avert certain complications—

cerebral hæmorrhage, for example. This is to be done: 1. By stimulating the organs of excretion. 2. By the administration of medicines which directly lower the tension. The latter are of use, not only with a view of controlling kidney, but also heart complications, such as angina pectoris. 1. Nitrite of amyl lowers the tension and controls angina pectoris. 2. Nitro-glycerine acts more slowly than amyl, but its action is probably more permanently beneficial. A one-per-cent. solution in spirit is used in from one, cautiously increasing up to fifteen, drop doses every three hours. When the tension is unduly low, this may sometimes be rectified: 1. By support and stimulation. 2. By the administration of medicines which directly raise the tension. These are digitalis and casca, the latter in the form of tincture, of the strength of 1 to 10, in five- to ten-minim doses three times a day.—*New York Medical Journal*.

ETHER-OPIMUM TREATMENT OF SMALLPOX.—M. Ducastel, at Hôpital Saint Antoine, has been experimenting with the ether-opiate medication in smallpox. He finds that it prevents suppuration and arrests the eruption. The patients beginning to convalesce from the sixth to the ninth day after the beginning of the eruption. Where suppuration has begun, it is diminished in quantity, and the most painful phenomena are attenuated. The treatment should be begun as soon as possible. His treatment consists in (1) morning and evening, a hypodermic syringe full of ether. (2) Ext. of opium one-fifth to one-half grain in two ounces of water. (3) Perchloride of iron, twenty drops in two ounces of water—the opium and iron are given alternately every hour—a tablespoonful at a time. The treatment should be reserved for the grave forms, as the ether injections give rise to eschars unless they are made deeply into the cellular tissue. This treatment combats the suppuration, and its action is incomparably more marked in those who have been vaccinated.

Warren's experiments on rabbits go to show that Tetanus diminishes the quantity of lactic acid in muscle by one half.

TINCTURE OF CHLORIDE OF IRON.—Dr. Squibb (*Druggist*, October, 1881) says concerning this that: "In regard to tincture of chloride of iron, the last committee of revision of the pharmacopœia made a mistake which is to be corrected in this revision. Tincture of chloride of iron is not fit for use until at least six months old. I never sent out any that was less than six months old, and now make it a year old. An important part of its therapeutic value depends upon ethers that are generated slowly from the large excess of hydrochloric acid and the alcohol, and any one who compares the sensible properties of an old with a recently made tincture, will see how very different they are. The present pharmacopœia in permitting the acid solution of the chloride to be kept and sold separately, so that the pharmacist can make up his tincture as he wants it, made a great mistake." There is but little doubt that this observation is thoroughly well founded as physicians have long been aware, from clinical experience with this preparation of iron.—*Chicago Medical Review*.

ACUTE MILIARY TUBERCULOSIS MISTAKEN FOR TYPHOID FEVER.—Senator reports a case (*Berlin. Klin. Wochenschrift*), of acute miliary tuberculosis in a man aged 48, who was for three weeks in hospital under his care, in whom the disease was not suspected. The most prominent symptoms were enlargement of the spleen, fever, roseola, and suppurative parotitis, and at the beginning epistaxis and hiccough. Upon these symptoms, and absence of those pointing to the lungs, the diagnosis of typhoid fever was made. Post mortem: there were no appearances of typhoid, but general tuberculosis of both lungs, spleen, liver, and kidney, and enlargement of the bronchial glands.—*Med. Times—Ohio Med. Journal*.

TREATMENT OF THE VERTIGO OF BRIGHT'S DISEASE.—Dr. Robert Saundby, of Birmingham, speaks highly (*Brit. Med. Jour.*) of the value of caffeine or theine in one, two, or three-grain doses, three times a day, in this distressing, although not very common, symptom in Bright's disease.

**READY METHOD OF PREPARING FOMENTATIONS.**—Take your flannel, folded to the required thickness and size, dampened quite perceptibly with water, but not enough to drip, and place it between the folds of a large newspaper, having the edges of the paper lap well over the cloth, so as to give no vent to the steam. Thus prepared, lay it on the heated surface of the stove or register, and in a moment steam is generated from the under surface and has permeated the whole cloth sufficiently to heat it to the required temperature. This method is often very convenient and efficient where there is no opportunity to heat much water at a time.—*Michigan Medical News.*

**PHYSIOLOGY OF THE SPINAL CORD.**—Field experimented in regard to the physiology of the spinal cord by dividing the cord in kittens (nine experiments.) He concludes that co-ordination impulses are conducted by the posterior and lateral columns, voluntary motor impulses by both anterior and lateral columns, and painful sensations and vaso-motor impulses by the lateral columns alone. The lateral columns also contain the inhibitory and sudorific nerves, the latter being placed anteriorly to the former, and both being found in the inner half of the middle third of the column. The gray matter takes no part in the transmission of any of these impulses or sensations.—*N. Y. Medical Journal.*

**HOP BITTERS.**—The following is given as the composition of hop bitters:—

℞ Tincture of hops .....	ʒss.
Tincture of buchu .....	ʒiij.
Tincture of Senega .....	ʒiij.
Podophyllin dissolved in spirits of wine .....	ʒss.
Tincture of Cochineal .....	gtt.xx.
Distilled Water .....	to Oj.

*M.*

These ingredients will cost about ten cents. Selling price, one dollar.

Gruber has observed cases in which accessory portions of liver substance were found in the neighbourhood of the liver, but having no connection with the organ. In the instance which he here adduces two such accessory organs were discovered.—*N. Y. Medical Journal.*

## Surgery.

### OPERATIONS IN VISCERAL DISEASE.

The subject discussed by Mr. Bryant at the Medical Society of London, recently, is of such interest that no apology is needed for noticing it here. The case which formed, as it were, the text for the discussion was that of a young man who for some three years had suffered from disease of the knee-joint, and when he came under Mr. Bryant's care there was evidence of consolidation of both apices of the lungs. The thigh was amputated, the wound healed well, and the chest symptoms improved, while the physical evidence of lung disease diminished. In short, it was a case illustrating, first, the possibility of rapid recovery from a serious operation during the course of phthisis, and, second, the fact that the removal of a chronically diseased joint may be followed by improvement in lung trouble. The case is now by no means isolated, but is one of a series, many of which we have published in our columns from time to time. \* \* \* The cases in which this line of practice may be carried out with most hope of success are, then, those in which the pulmonary trouble is distinctly secondary in point of time to the disease of the bone, and where the bone disease is advanced and attended with pain and discharge, while the lung disease is limited in area and early in stage. In proportion as these conditions become altered the indication for treatment gradually shifts, until where the lung condition is primary, very advanced and wide in its area, or is merely a part of a general tuberculosis, and the bone disease is secondary and early and not attended with suppuration, amputation would only be a means of hastening death.—*London Lancet.*

**TREATMENT OF HYDROCELE.**—Dr. T. L. Ogier, of Charleston, recommends (*Gaillard's Medical Journal*) the injection of 30 drops of strong compound tincture of iodine into the distended vaginal sac without previous evacuation of its contents, as a simple method of curing hydrocele without confinement of the patient. It may be necessary to repeat the injection three or four times at a couple of days' interval.

## PYROGALLIC ACID IN CHANCROID.

MM. Lermoyez and Hitier, one "interne," and the other "externe" of the Paris hospitals, write of the good effects of "Pyrogallic acid in Soft Chancre. It was employed in the form of a vaseline ointment, of the strength of 1 : 5. Starch is added to the mixture to stiffen it, and prevent its liquefying after it is applied to the body. The formula is as follows: R Starch, 40 parts; vaseline, 120 parts; pyrogallic acid, 40 parts. Care should be taken to have the ointment fresh. On exposure to the air, it soon became brown and lost its strength. It was found equally applicable to all forms of chancroid, and in all situations. It was only slightly painful, though it had a mild caustic effect when first applied. This caustic action soon disappeared. The pain produced, it is claimed, was not greater than would be caused by the contact of any indifferent body with so sensitive a sore. Under its influence the chancres even when phagedenic, healed with surprising rapidity. — *New York Medical Journal*.

## COMMUNICATION OF SYPHILIS BY SKIN GRAFTING.

Dr. Debel, of Montbeliard, reports in *La France Medicale* of Nov. 1st, the case of a man aged 49, suffering from large ulcerations, following gangrenous erysipelas, for which forty-three grafts had been used. The patient had never had any venereal symptoms. Extension of ulceration, roseola, and mucous patches followed and were cured by specific treatment. Shortly before the roseola appeared the man's son, from whom some of the grafts had been taken, applied for treatment of anal ulcerations, which proved to be mucous patches.

**DRAINAGE OF THE PERICARDIUM.**—A case probably unique in the annals of paracentesis, has been recorded by Rosenstein of Leyden. A child, aged ten years, suffering from pericardial effusion, presented such a degree of interference with circulation and respiration, that an aspirator needle was passed into the fourth inter-costal space near the sternum, and 620 cubic centimetres of liquid were withdrawn.

Left-sided pleural effusion soon followed, and 1,100 cubic centimetres of liquid were evacuated. The cardiac symptoms increased, and necessitated a second puncture of the pericardium; 120 cubic centimetres of purulent liquid were withdrawn. A relapse occurring, a larger opening was made (an inch and a half long) in the fourth intercostal space. The soft parts were divided layer by layer under strict antiseptic precautions. When the pericardial cavity was reached a large quantity of pus escaped. Drainage-tubes were inserted. The operation was followed by an immediate return of the circulation and respiration to normal conditions. An incision into the pleura, however, also became necessary. At the end of four months of treatment the patient left the hospital in good condition. There was no pyrexia or œdema of the skin in the præcordial region to indicate the purulent nature of the effusion.—*London Lancet*.

**MASTOID DISEASE.**—Bezold calls attention to a small class of cases of suppurative otitis media with pus formation in the mastoid, where the process has begun in the air-cells of the mastoid and has subsequently spread to the tympanum. With the ordinary symptoms of middle-ear trouble and marked diminution of the purulent discharge from the tympanic cavity comes a marked increase of all the symptoms pointing to the mastoid process. The pus extends beneath the periotem in every direction, forward upon the lower jaw, downward into the tissues of the neck, and backward upon the occiput. The point of perforation of the mastoid by the pus must be looked for upon the inner surface or in the incisura mastoidea, and not in the usual locality. In trephining for pus in these cases, Bezold holds that the trephine and chisel must be applied much lower down upon the mastoid process, and the bone must be perforated through its entire thickness, as far as the incisura mastoidea.—*N. Y. Medical Journal*.

**NITRITE OF AMYL IN CHORDEE.**—The St. Louis *Clinical Record* recommends the Nitrite of Amyl in chordee and painful priapism. Three to five drops by inhalation is the appropriate dose.

**THE DEFORMITY OF COXALGIA.**—The articular inflammation is propagated to the muscles which are immediately in relation with the capsule, that is with the psoas and middle and lesser gluteals. The inflammatory contraction of the psoas gives rise to permanent flexion backwards, that of the middle and lesser gluteals to elongation of the limb with abduction. After a certain time these muscles become atrophied and lose their power; then the inflammation is propagated to the more remote muscles—the adductors and sartorius—thus is produced rotation inwards, shortening by elevation of the pelvis, that is to say the metamorphosis of the attitude in the first period of the coxalgia to that of the second period the slow contraction of the healthy muscles at the same time as the powerlessness of the muscles primitively attacked. An important therapeutic inference from this fact is to galvanize the weakened muscles.—*Gaz. Des. Hôp.*—(Verneuil.)

**TREATMENT OF SKIN AFFECTIONS BY NAPHTHOL.**—Recent experiments have been made in Vienna by Professor Kaposi, according to which naphthol has been brought prominently forward as a cure for skin diseases. It appears that the drug acts in a similar manner to tar, of which it is a product, but has no odour, or almost none, and is quite colourless when used in the form of ointment. For scabies an ointment was used of 10 to 15 per cent. strength, and it is asserted that it not only kills the acarus, but that it simultaneously cures the secondary eczema depending upon the parasite. In psoriasis it has also been found very beneficial, neither staining the skin nor the hair. Professor Kaposi hopes by continued experiments to give to the profession some very valuable results.—*Wien. Med. Wochen.*

Méhu (*Archives Générales de Médecine*, Sept. 1881) asserts from very numerous observations that chlosterin in crystals is never met with in fluids which have not been encysted at least six months.

Dr. B. F. Bache, of "Wood & Bache Dispensatory fame," died on the 2nd. November.

## Midwifery.

### UTERINE SUB-INVOLUTION—ITS PATHOLOGY AND TREATMENT.

BY EDWD. ALCORN, M.D.  
Of Houstonville Kentucky.

#### ETIOLOGY.

*Local and General Causes.*—Tedious or instrumental labour; laceration of the cervix or perineum; too early rising after delivery; too much and too violent exercise; too early sexual intercourse before involution has taken place; frequent erotic excitement, without intercourse, soon after delivery; cold injections, which are always followed by increased hyperæmia; constipation, inducing pelvic plethora and sluggish circulation. *General Causes.*—Non performance of lactation; flabby anæmia; obese constitution, such as are met with in amenorrhœa or poorly-nourished women, in whom nerve force seems directed to the nutritive and assimilative functions.

Of all causes, local or general, that lead to this diseased condition, too early rising after parturition is the chief, and unquestionably the most frequent. *Symptoms.*—Pelvic weight and dragging backache; supra-pelvic pain; dysuria in the early stages; menorrhagia; later, perhaps, scanty menstruation; ovarian pain, usually located in the left side; a peculiar burning pain on top of the head; leucorrhœa, often profuse and tinged with blood, with burning pain about the vagina and vulva, together with all the hysteroneuroses, usually observed in the female sex. *Pathological Condition.*—Uterus uniformly enlarged, the cavity often admitting the sound three to four inches; soft, flabby, succulent, low in the pelvis, and then generally retro-displaced. Usually endo-trachelitis; catarrh of the endometrium, of a low, chronic type; uterus hyperæmic; cervix bluish red in colour; uterine muscular fibre, areolar tissue and vessels, also parametric tissue, lax; all fibres longer than in the unimpregnated condition. The cavity of the uterus is always increased in size, the cervical glands are hypertrophied, and fungoid growths are often observed. *Treatment.*—All agents whose tendency is to contract the blood-vessels, muscular fibres

and produce absorption of enlarged areolar tissue are indicated. Hot injections, iodine to the cervix and endometrium, carbolic acid and iodized phenol to uterine cavity, saline baths, general friction, massage, electricity—local and by baths (faradic chiefly)—scarification and leeching to the cervix at weekly intervals. Tonics of iron, quinine, strychnine, ergotine, etc. Always reduce any luxation of the organ if existing, unless contra-indicated by old adhesions, and maintain the normal position by a well-fitting, comfortable pessary. All superincumbent weight from the abdomen should be taken away; the clothing should be supported by the shoulders, and not by the hips, as is usually done. In women, whose abdominal muscles are much developed, relaxed and covered with a thick deposit of adipose matter, the external supporters answer a “long felt want.” A lacerated cervix or perineum should always be attended to ere any further steps be taken toward treating a sub-involuted uterus. Injections of hot water, after the method taught by Emmet, of New York, should be used continuously. According to his teaching, all pelvic congestion is venous, and the term “chronic inflammation” is a misnomer, so far as it applies to the organs in that cavity, because the arterial vessels are not involved in that process. It is in the chronic venous congestion, constituting the chief factor in subinvolution and hyperplasia that its use is so beneficial. The douche is preferred to the ordinary syringe; the stream is continuous and uninterrupted; the patient should be prone, hips elevated, thereby emptying the pelvic veins by gravitation. The water should be as hot as can be tolerated. Nervousness and sleeplessness, frequent accompaniments of this morbid condition, are often allayed by the hot douche just before bedtime. Topical applications of Churchill’s tincture of iodine to the uterine cavity by means of a probang are very beneficial. A method preferable is the introduction of soluble medicated bougies into the cavity by means of a hard rubber tube, devised by Dr. Barker, and Mundé, of New York. These tents or bougies are introduced without difficulty and allowed to remain and dissolve, the cervix being plugged with cotton to prevent

the escape of the fluid. Very little pain follows this procedure. Now and then colicky, suprapubic pains supervene in highly nervous subjects, but, as a rule, no pain follows. These bougies are medicated with iodine, iodoform, zinc, etc. The injection of alterative agents into the substance of the cervix has been employed by Mundé, of New York, Bennett, of London, and Delore, of Paris. The first named claims to have had no pleasing results from the method. The experience of Dr. Lusk, of Bellevue Hospital, has by no means been gratifying. He had one case of peritonitis, and death to follow the treatment. Ergotine, iodine, iodide of potassium and chloride of zinc have been the agents employed by these experimenters. Local depletion has proved favourable in the hands of many gynecologists. Dr. Mundé says that the indications for local depletion are two-fold, viz: 1st, to disgorge the loaded uterine vessels in acute inflammation or chronic hyperæmia; and, 2nd, to stimulate the sluggish circulation, either by unloading the estalic veins and the resultant reflux of a fresh stream, or by the nervous shock of the depletion. All authors claim better results from the scarification than the natural or artificial leech. Buttle’s instrument I use through a cylinder speculum. It is thrust into the cervix to the depth of  $\frac{1}{8}$  or  $\frac{1}{4}$  of an inch, and from one to two ounces of blood withdrawn. Secondary hemorrhage rarely follows. A tampon soaked in glycerole of tannin applied to the cervix will preclude the possibility of hemorrhage. The time I prefer for local depletion is immediately after menstruation. The tampon of cotton wool of itself is a valuable agent in the treatment of subinvolution. Its object is to retain the uterus in its normal position or in any position it may be desired to place it, and as a means of sustaining a prolapsed ovary. In addition to this as a mechanical support and stimulus to the pelvic vessels, and an alterative to the pelvic tissue by means of direct pressure. These tampons should be saturated with the glycerole of tannin. The hydragogue effect is sometimes marvellous when allowed to remain twenty-four hours. Sims says of it: “Glycerine has a great affinity for water, and when applied to the cervix, as above directed, it sets up a capillary drainage by os-

mosis, producing a copious watery discharge, depleting the tissues with which it lies in contact and giving them a dry, clean, inoffensive healthy appearance."

The tampon can only be applied satisfactorily by means of a Sims speculum.

Ferruginous tonics should be used continuously in cases where there is a tendency to menorrhagia.

In such cases strychnia, digitalis and all vegetable tonics should be used continuously and persistently during the treatment.—*Walsh's Retrospect.*

#### CASE OF COMPLETE DISAPPEARANCE OF A LARGE UTERINE MYOMA WITHIN SIX MONTHS OF THE REMOVAL OF THE UTERINE APPENDAGES.

*To the Editor of the Lancet.*

SIR,—Dr. Sutton, of Darlaston brought a lady to me in March last suffering from hæmorrhage and retention of urine, due to a large uterine myoma which was shaped like a cocked hat, the upper apex running up as far as the right kidney and the lower resting in the pelvis. To this peculiarity was due the symptom which gave her most distress, the persistent retention of urine. She was thirty-eight years of age and unmarried, and the importance of the case was increased by the fact that she was a relative of her medical attendant.

The tumour had grown very rapidly, for the symptoms had been in existence only a few months. It was quite fixed in the pelvis, so that nothing could be done by lifting it up by means of a ring, and there was no hope of removing it successfully. I therefore proposed to remove the uterine appendages, and this I did with Dr. Sutton's consent and in his presence on the 20th of April last. I was assisted by Mr. Raffles Harmar.

The appendages were extremely difficult to find, as they were all down behind the tumour, and for some time I feared that I should not be able to reach those of the right side. I succeeded however, in getting them completely out, removing the Fallopian tubes close to the uterine cornua. The tumour I estimated to be about five pounds in weight. She

speedily recovered from the operation. She has just been to see me to-day, and tells me that she has never seen the slightest sign of menstruation since the flow which always follows the operation. The use of the catheter was discontinued within a month of the operation, and to-day there is not a vestige of the tumour to be discovered; it has entirely disappeared. I am, Sir, yours obediently,

LAWSON TAIT, F.R.C.S.

Birmingham, Oct. 6th, 1881.

#### CAPSICUM IN UTERINE HÆMORRHAGES.

BY J. CHENON.

*(From Le Progres Medical.)*

The use of the powder and aqueous extract of *capsicum annuum* (Cayenne pepper) for the past twenty-five years employed with success by Dr. Allègre in the treatment of hæmorrhoids, induced me to study the action of this remedy and extend its application. From a large number of physiological experiments I concluded that capsicum is a vascular remedy, acting especially on organs whose circulation is singularly active, such as the utero-ovarian, respiratory and encephalic. Cayenne pepper acts like ergot of rye on the smooth fibre of the vascular coats, either directly or through the vaso-motors. But it presents a great advantage over ergot, in that it is well borne by the stomach, whose functions it simply stimulates. I have used it for several years in uterine hæmorrhages with the best success, whether these hæmorrhages were due to fibroid tumours, fungous endometritis, or even to epithelioma. The formulæ at which I have arrived are as follows:

R Powdered capsicum, 5 grammes.

Make thirty pills. One before each meal, increasing to six pills a day.

R Aqueous extract of capsicum, 5 grammes.

Make thirty pills. To be given in the same dose as No. 1.

R Tincture of capsicum, 5 grammes,

Rum, 30 "

Gum Julep, 120 "

Take by spoonfuls every two hours.

I have also successfully used capsicum in congestive headaches so common in the gouty, and in the hæmoptysis of tuberculous patients.

## ELYTRORRHAPHY.

Dr. Wallace gives his experience with various operations for prolapsus uteri, consisting chiefly of a narrowing of the lower part of the vagina by means of longitudinal anterior (or anterior and posterior) elytrorrhaphy, more or less modified, according to the nature of the case, and associated with the operation for lacerated cervix, with fixation of the cervix to the anterior wall of the vagina, and with restoration of the perineum. (His results have been very encouraging, although some of the cases reported offered little promise of success. Of the various procedures described, the one that seems most of a novelty is that of fixing the cervix to the anterior vaginal wall. Taking advantage of a large erosion of the anterior surface of the vaginal portion of the cervix, the latter was stitched to a raw area produced by dissecting up a flap of mucous membrane from the anterior wall of the vagina. It seems to us that this must give rise to a marked and permanent retroversion, and, in the absence of cystocele and with a sound perineum, thus guard against procidentia by the mere fact that the uterus is unable to present at the vaginal outlet by its short diameter. Such a retroversion of the uterus is not likely of itself to give trouble in a patient past the menopause, and, as the author remarks of versions in general, may not even in younger subjects.)—*N. Y. Medical Journal.*

## EXCISION OF A GRAVID CANCEROUS UTERUS.—

The total excision of a gravid cancerous uterus was accomplished for the first time in this country by Mr. Spencer Wells, on Friday Oct. 21st. At our last report, four days after operation, the patient was going on wonderfully well. This operation is a combination of Freund's excision of the entire cancerous uterus, and Porro's addition to the Casarean section of supra-vaginal amputation of the uterus. The patient was thirty-seven years of age, mother of five children, in the sixth month of pregnancy, and suffering from epithelioma of the cervix. The specimen is now at the College of Surgeons, and will form an important addition to the museum.—*London Lancet.* [Accounts up to Nov. 5th report the case as progressing most satisfactorily.—Ed.]

## Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

## SUPRA-PUBIC LITHOTOMY.

SIR,—In your last issue, under the above heading, Dr. Groves, of Fergus, gives "his method of operating, after-treatment and results;" and after stating that the text-books give very meagre information regarding the operation, he makes that his "excuse for presenting a minute account of the manner in which he operated." I presume from the language used in the first sentence that his paper was read before the Ontario Medical Association. Throughout the paper there is no acknowledgment made that he owed even a hint to any source. I have read it carefully over, and can only conclude that the writer wishes it to be understood that the method of operating is original, so far as he is concerned. He says he could get no description in the text-books, etc., but why did he not tell where he did get a full description?

It is a fact that, after repeated examinations, he had decided not to operate at all on his first patient, but to keep him as comfortable as he could by medication. And it was not till after the supra-pubic method had been suggested to him, and his attention directed to an able article by Dr. Dulles, in the July number of the *American Journal of Medical Science*, 1875, that he decided to attempt surgical relief. Under the circumstances, therefore, it is rather refreshing to hear him describe his method of operating, etc.; and it is somewhat humiliating to the Ontario Medical Association that one of the papers, read at its first meeting, should be an open plagiarism of an article that appeared six years ago in a journal so eminently respectable, and widely circulated as the *American Quarterly*, and that it should pass unchallenged. It was in the article above-mentioned that he got the description he could not get in the text-books, and from it he gleaned all he knows of the supra-pubic method.

I may add that I have serious apprehension that the writer of the paper is much too intimate with the reporters of secular papers. The article he favoured your readers with is but a small affair as compared with the glowing

account given by a local paper, in which we meet with terms—very unfamiliar to other than professional ears—from the use of which its origin may be inferred.

Yours respectfully,

ANGUS MCKINNON.

Guelph, Nov. 8th, 1881.

[We are of opinion that if Dr. McKinnon will re-read Dr. Groves' article he will come to the conclusion that the latter does not profess to be describing "his" operation for supra-pubic lithotomy, but merely the mode of operating pursued in his case; and that, moreover, if he will take the trouble to compare Dr. Groves' description of the operation with those given by Erichsen, Bryant, Ashurst, Hamilton, Gant, Gross, Bernard and Huette, and even old Cheselden himself, he will find as much evidence of plagiarism from them as from Dulles's article above referred to. That there had been any deliberate or conscious plagiarism with intent to defraud, we should be loth to believe. We are glad, however, to have the subject of supra-pubic lithotomy again referred to, for we believe, with Podrazki and Dulles, that it is the appropriate operation for children at all times, and that through the fatality of fashion it has been too much neglected in consequence of Cheselden's premature abandonment of it. When employed in the adult there is a very good method, advocated by Petersen and certain French surgeons, of causing the bladder to rise up out of the pelvis, in conjunction with its distention with water, viz':—the inflation of the rectum with Gariel's air pessary or other similar means. We observe that Dr. Groves did not suture the bladder. In the three cases which have fallen under our observation the recommendation of Dulles and the German surgeons has been followed in this respect we think with advantage the incision in the viscus being tightly closed with carbolized catgut. With respect to the last allegation contained in our correspondent's letter we sincerely trust that it may prove to be entirely erroneous and unfounded, since the despicable practice complained of is growing to be much too common in our midst, and is one to which no respectable member of the profession could by any means be induced to lend himself.—Ed.]

THE CANADIAN  
**Journal of Medical Science,**

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

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

TORONTO, DECEMBER, 1881.

ANNUAL DINNER OF THE TORONTO  
SCHOOL OF MEDICINE.

The Eighth Annual Dinner of the Toronto School of Medicine was held in the Queen's Hotel, on Thursday evening, November 10th, and was without doubt, in all respects the most successful medical dinner that has ever been given in the Province of Ontario. A large number of guests, representing all shades of religion and politics, all teaching institutions from the universities down to the public schools, and all the learned professions, together with the members of the Faculty of the Toronto School, many of its graduates, and most of its undergraduates, sat down, or attempted to sit down, at the tables where one hundred and fifty seats had been provided, but were found to be quite insufficient. The good-natured host soon, however, had a couple of extra tables provided, and, with a little crowding all were accommodated, and apparently perfectly satisfied with the sumptuous repast so tastefully arranged on the long tables.

We were very much pleased to see an unusually large number of former students of the school, and we hope to see the numbers of old graduates increasing from year to year at these annual gatherings. While they must derive much pleasure for themselves, they at the same time give much encouragement to their old preceptors, who always retain a most kindly feeling for them after they leave the school to engage in active practice; and, perhaps, still more encouragement to the enthusiastic and energetic undergraduates, who work so indefatigably to

make these dinners a thorough source of enjoyment to the guests, the members of the faculty, and the graduates who honour them by their presence.

Among the guests were Hon. E. Blake, Chancellor of the University of Toronto, Prof. Reynar, of Victoria University, Prof. Cavan, of Knox College, Rev. Septimus Jones, of the Protestant Episcopal Divinity College, Rev. Drs. Potts and Wild, Dr. McDonald, of Hamilton, Dr. Tye, of Thamesville, Drs. Burns, Strange, Temple, Fulton, Kennedy, O'Reilly, and Clark, of Toronto, Prin. Buchan, of Upper Canada College, Mr. Geo. Dickson, of Hamilton, Profs. Loudon and Pike, Messrs. D. McCarthy, M.P., Jas. Beaty, M.P.,—Badgerow, M.P.P., Falconbridge, etc.; and among the graduates were Drs. Armstrong, Kitchen, Bascom, Eccles, McConnell, J. Robinson, G. B. Smith, Sweetnam, Charlton, Cameron, J. R. Jones, Mennie, Jno. S. King, Watt, Buchan, and others.

Mr. E. G. Knill, a student of the fourth year, occupied the chair, and, in his conduct of the proceedings, displayed so much good judgment, tact, and ability, that the programme was carried out from beginning to end without a jar or accident of any kind. Mr. R. M. Coulter, another fourth year's man, occupied the first vice-chair, and in proposing the toasts allotted to him, delivered concise, appropriate and racy speeches, which were received with much applause. Mr. J. S. Draper, a second year's man, occupied the second vice-chair, and in proposing the toasts to the Freshmen and the Ladies, spoke in a very suitable and happy strain.

Among the responses of the undergraduates, that of the Graduating Class excited the most interest. Mr. W. H. Montague, who responded, is endowed with an unusually fine voice, excellent style of delivery, and good command of the Queen's English; and the very able speech which he delivered was listened to with marked attention, and received with the most enthusiastic applause. He referred in glowing terms to the character of the teaching received by the students; paid a high tribute to the ability and zeal of the members of the faculty; pointed with pride to the records of the school, which showed that since 1870 its students had

obtained about 85 per cent. of the medals given by the Medical Department of the University of Toronto; alluded to the host of "OUR" graduates scattered throughout the country, and the high positions attained by a large number of them; and closed his eloquent speech by a humorous allusion to those who expected to form the Graduating Class next spring.

Mr. A. T. Rice responded for the Freshmen, and Mr. Patterson for the Ladies, and although these speeches were delivered at rather a late hour, they were well received. Mr. Wallace, the able and popular student who represented the undergraduates of the sister Medical Institution of Toronto, when rising to respond in their behalf, was received in the most friendly and cordial manner.

We regret to be unable to make any reference to the excellent speeches delivered by the Hon. Edward Blake, Prof. Reynar, Dr. Cavan, Rev. S. Jones, Dr. Tye, of Thamesville, Dr. Burns, Drs. Aikins, Barrett, and Richardson, of the Toronto School Faculty, Dr. Kennedy, of the Trinity School Faculty, and several others.

We must simply, in conclusion, congratulate the students, as represented by their Committee, including the active and energetic Secretary, Mr. F. P. Drake, upon the thoroughly complete success which attended the banquet from beginning to end, and in this connection we must refer particularly to the efforts of the Glee Club, which added so much to the pleasure of all present. The interest and enthusiasm were well sustained until 1.30 a.m., when the proceedings closed with "Auld Lang Syne."

#### ELECTION TO THE UNIVERSITY SENATE.

Owing to the lamented death of Archibald Frederick Campbell, M.A., it devolved upon the Senate at its last meeting, on the 25th ult., to elect a successor for the remainder of his unexpired term of office. We understand that the unanimous choice of the meeting fell upon Laughlin McFarlane, M.B., and we congratulate the Senate upon his election, not only because during a former long tenure of the post he discharged the duties most zealously, efficiently, and faithfully, but, also, because at the last election the ballots of the graduates indicated him as their next choice.

## ANNUAL DINNER OF THE TRINITY MEDICAL SCHOOL.

The Annual Dinner of this prosperous school was held in the Rossin House, on Thursday evening, November 3rd. A large number of guests, and nearly all the members of the Faculty sat down with the students, and a very enjoyable evening was spent. There were altogether 126 present. Mr. Natrass acted as chairman, and in his opening address alluded to the prosperity of the school as shown especially by the large number in the Freshman Class this year. He also eulogized the Faculty, and praised their ability and plan of teaching, but suggested that still more clinical and catechistic teaching might be advisable.

The Attorney-General referred to the excellent condition of the Toronto General Hospital under the present management, and also to the high standard of medical education in Ontario, and, after alluding to the great progress made in the Medical Art during the present century, paid a high tribute to the medical profession throughout the world. His Worship the Mayor mentioned the important fact that there was no doctor in the City Council, and thought that one was wanted, especially recently, to probe the wounds and mutilations which had been made in one of the city contracts.

The first Vice-Chairman, in proposing the toast of the Universities and sister Institutions, spoke of the good feeling which existed between the two medical schools of Toronto, and expressed the great pleasure he felt in extending a very cordial welcome to Mr. Cleland, the Representative from the Students of Toronto School of Medicine, who was present.

Mr. Mulock, Vice-Chancellor of Toronto University, in replying for that Institution, referred to the high theoretical attainments of Canadian medical students, but regretted their deficiency in practical training; and alluded to the advisability of amalgamating the two schools of medicine in Toronto, but declined to offer any opinion on the question.

Dr. Graham, who responded for the Faculty of the Toronto School of Medicine, preferred two schools in Toronto, as the number of

students was so large that there was more work than one school could well attend to. He expressed the hope that more attention would be paid to practical examinations, and signified his pleasure at the steps which had already been taken in this direction by Toronto University and the Ontario Medical Council, but hoped that they would do still more. He would like to see certificates of having acted as clinical clerks and surgical dressers required from the students.

Mr. Cleland, on behalf of the undergraduates of the same school, made an appropriate response which was well received.

Dr. Allison on behalf of the Ontario Medical Council thought a two years' term was long enough for examiners, and regretted the appointment of "one examiner" at last meeting of Council.

Dr. Burns wished to impress on the students the fact that the members of the Council entertained the most kindly feelings towards them, but at the same time wished to make the examinations just and fair in every respect.

Dr. Geikie, who, in responding for the Faculty, was enthusiastically received by the students, thanked them for the cordial feeling shown by them towards the teachers in the school. He referred to the prosperity of the school, as shown by the fact that the members had increased in a few years from 57 to 160 in actual attendance. He quite agreed with the sentiments expressed by Dr. Allison with reference to the appointments of examiners, and thought that "one" he alluded to should not have been appointed. He also referred with grief and pain to the extraordinary spectacle enacted, when the President of the Ontario Medical Council, at its last meeting, left the Chair, and exhausted himself in abusing and insulting the students; yes, he would repeat it, though he confessed it took a great deal to exhaust the gentleman in question, yet he did exhaust himself on that occasion, and he hoped he would never see the like again, because he thought that act had done the Council more harm than could be undone by five years of wise legislation.

Several other toasts followed which were well proposed and accompanied by appropriate responses. We regret that want of space prevents us from giving any report of them.

## LAY SUPERVISION OF MEDICAL INSTITUTIONS.

We transcribe the following from the *Chicago Medical Review*, not because we regard it as specially applicable to ourselves, but because we look upon the principle enunciated as sound and true, as universally applicable and finally to prevail. Hospitals are institutions for the care and cure of the sick, and all other ends and objects must be made subservient to this, cost what it cost. It would be as reasonable to expect a medical man to manage a bank, or preside in a court of justice, as to entrust to the hands of a lay committee the management of a house for the cure of the sick. Every such Board should, therefore, have a medical majority at its deliberations.

"A matter that certainly threatens the independence of the profession is the lay supervision and control of various medical institutions. Numerous evils have resulted from this during the past decade, and the outlook for the future is by no means promising. The recent scandalous occurrences at Guy's Hospital, London, the arbitrary dismissal of consulting physicians to the Presbyterian Hospital, New York, and certain occurrences of similar tenor in connection with Bellevue and other hospitals in various cities, show that the lay control of institutions devoted to the care of invalids, results in lowering public estimation of the profession, in diminishing the efficacy of hospitals, and in conducting them on a purely economical basis. The same remark holds good of asylums for the insane, which are in many instances but sops to the thirst for internal improvements of certain localities. A board of local trustees is chosen for these, and these gentlemen generally choose a medical man in obedience to the same solicitation for the welfare of local interests. The result of this is that the hospital or asylum, as the case may be, is run purely as a show establishment, its efficiency is judged chiefly by the amount of dollars saved out of the annual appropriation. If the hospital be municipal, there is generally a lay superintendent chosen, whose ability has hitherto been chiefly displayed in the direction of controlling the primaries of his party, and

the office under him becomes simply a means of rewarding fourth and fifth rate politicians. This system of lay supervision has in many states resulted in the prevention of the proper utilization of the clinical advantages offered by the hospitals, and in numerous unsavory scandals. To such an extent has this lay supervision been carried, that the health officer, a purely medical position, is a layman, generally set in his ideas, and ignorant of all sanitary science. This state of things is both a disgrace and a danger to the profession, the more so as it is easily remediable. The different local medical societies could soon regulate this matter if they would but resolve that it is inconsistent with the dignity of the profession, with the best interests of the community, that any public institution charged with the care of invalids or the care of the insane, should be under lay control. A course of social tabooing of such physicians as went against the sense of the profession as thus expressed, would soon place the various hospital and other authorities in such a position that they would be compelled to bow to the views of the profession. Until this is done, clinical opportunities will continue to be wasted, social cliques will continue to regulate hospital appointments."—*Chicago Medical Review*.

## THE ONTARIO MEDICAL COUNCIL AND THE MEDICAL DINNERS.

From the sentiments expressed at the recent medical dinners it is quite evident that the Medical Council does not command the respect which it is desirable it should, either among the laity or the profession (including the teachers as well as students). While we must respect the dignified manner in which Mr. Knill, the chairman of the Toronto School dinner treated the subject, we could not but regret that there was any occasion for his reference to the "unseemly squabbles" which have occurred in the past between the students and the Council.

While listening to the able and interesting speech of the Rev. Dr. Wild, we were impressed with the idea, while he was "knocking the Council on the head," that he did not possess

the same intimate knowledge of the subject that he has shown concerning the "lost tribes of Israel."

We were, however, especially grieved to hear remarks made by two members of the Council to the students at the Trinity School dinner. It was very poor policy, to say the least of it, to endeavour to create any feeling of distrust among the students towards the Examining Board by objecting to the appointment of "one examiner, you know, who." In fact we may go further and say it was simply contemptible to make such an attack upon any man where neither he nor his friends were in a position to resent it. The worthy Dean of Trinity School not only endorsed this objection to "one Examiner," but went so far as to make a violent personal attack upon the President of the Medical Council. We will not at this time discuss the speech of the gentleman referred to on the subject of the student's petition, as we, in a former number of this Journal, took occasion to object strongly to some of his expressions concerning the students; but we must express the opinion that the learned Professor was extremely injudicious, while speaking to his one hundred and sixty students, to make any attempt to create a hostile feeling among those young men towards the Council or any of its members. It would have been more dignified and profitable either to uphold the Council, of which he himself, is one of the most distinguished and influential members, or if he could not do that, to pass this part of the subject over in silence, and endeavour to impress on the students the importance of preparing themselves thoroughly for their examinations, instead of giving direct encouragement to petitioning or abusing this body, if they are so unfortunate as to be rejected next spring. Probably if he had made the same attack on the President at the close of the speech, to which he objects he would not have found the amount of "exhaustion" he now imagines; and we cannot but think that some instinctive idea of this kind was present in his mind; otherwise, we are at a loss to account for his meek and lamb-like aspect at that time, which presented so striking a contrast when compared with his bellicose words and warlike attitude while recently addressing the one hundred and sixty.

## SYSTEMS AND CURES IN MEDICINE.

### THE DANGER AND THE DUTY OF THE HOUR.

There cannot possibly be a "system" or "cure" in medicine. There are no rule-of-thumb methods and no mysteries in true science. If we do not know what a remedy is, and how it acts, we have no right, as honest men, to employ it. The time has passed for the working of cures by charms and the recourse to nostrums. We pander to the credulity of the unskilled community when we show ourselves credulous. We patronize and encourage quackery when we extend professional recognition to a quack. Every man is a quack—whether qualified or unqualified—who employs a remedy without knowing why, or who adopts a "system" in medicine. The profession must speak out clearly and strongly on this point, and without delay. From the highest places in society to the lowest ranks of the people, there is just now a grievous readiness to "believe in" quacks and quackery. We have ourselves to thank for this most adverse "feeling" and "influence." It is the stirring of the viper we have brought in from the cold, where physicians and surgeons of more robust intelligence than those of to-day left it—the viper we have warmed and fed and brought back to life; and now it is preparing to rise and sting the hand that caressed it. The way to encounter the charlatany which is making head against science is to be at once more candid and more conspicuously honest in our dealings with the public. We must lay aside the last vestige of the robe of mystery, and show by our words and works, our conduct and policy, that medicine is not a science that admits of inspiration, and that the practice of healing is not an art which can be acquired by the unlearned. There is no system or cure, or charm or nostrum, known to the profession; our calling consists solely in the rational study and treatment of diseases on common-sense principles. For those who pretend to a sort of inspiration we have no professional friendship; and towards the promoters of systems and 'pathies we can have no leaning, or any feeling other than that of suspicion, if not pity and contempt. They can have no place in our pro-

professional intercourse, and we can have nothing to say to them or their work. This is the only sentiment worthy of the medical profession in its dealings with medical quacks, and the time has come when the revival of its old spirit is most earnestly to be desired.—*London Lancet*.

#### WASTED OPPORTUNITIES.

To the thoughtful mind, the waste of clinical opportunity observable in our large medical centres, and in Philadelphia perhaps no less than elsewhere, appears deplorable and discreditable. While the question of misplaced medical charity and of excessive gratuitous treatment has aroused no little attention, yet it must be remembered that the medical profession at large may be losers in more ways than through the pocket. The scores of young professional men who seize eagerly on each vacant position occurring in dispensaries and out-patient departments of hospitals too often forget that in entering upon the privileges of these posts they at the same time tacitly assume the obligation to themselves, as well as to their profession, to make the best possible use of the chances offered for recording unusual cases, experimenting with new remedies, or even the collection of statistics. That this may be done is shown from the fact that some of the most creditable papers appearing in our journals or read before our societies are from the few younger men whose only opportunity for clinical research is found in our out-patient or dispensary practice. In fact, books reflecting honour on the writers and on the profession of this city have within recent years been written by those who have had no beds in hospitals nor even the large clinical advantages enjoyed by the considerable number of young hospital and dispensary doctors whose chief ambition at times appears to be to get through the day's work and have it over with, and who are content to prescribe "house-mixtures" and "Pill 3" or "4" as the quickest way of disposing of cases, while numerous problems to be solved are lying ready to hand and calling for study and investigation.

Bacon, in an oft-quoted aphorism, says that "every man is to be held a debtor to his pro-

fession; from the which as men of course do seek countenance and profit, so ought they of duty to endeavour themselves, by way of amends, to be a help and ornament thereunto." Would that this wholesome sentiment could be graven on the walls of every hospital and clinic!—*Philadelphia Medical Times*.

#### ONTARIO MEDICAL ASSOCIATION AND DIVISION QUARTERLY MEETINGS.

It has been considered advisable by some members of the Ontario Medical Association to have local meetings in each of the four divisions of the Province, convened by the Vice-Presidents, in the months of September, December, and March; and Dr. J. E. White, the General Secretary, has communicated with the different Vice-Presidents and Local Secretaries, asking for their opinions on the subject. Through the kindness of Dr. White, we have had an opportunity of looking over the various replies, and find there is by no means an unanimity of feeling in favour of the scheme. In fact two of the three Vice-Presidents who have replied are opposed to it, and under these circumstances we think it would be very unwise to urge its adoption, at least before the next general meeting to be held in June, 1882. We can see nothing to be gained by the proposed plan, as it would probably interfere with many city, county, and electoral division societies already organized throughout the Province, and in our opinion, the aim of the General Association should rather be to give these its countenance, and court their reciprocal favour and support.

#### A BUREAU OF PUBLIC HEALTH.

In order that the representations which are to be made to Parliament during the ensuing session, as to the desirability, nay, the absolute necessity, of establishing a Public Health department, it is desired to secure as many medical signatures as possible to a petition setting forth such necessity, and with this object in view blanks have been issued, some of which will be found enclosed in our present issue and others in that of the *Canada Lancet*. It is to be hoped that members of the profession in all

parts will not neglect to sign the blanks at once and return them under cover either to us or the *Canada Lancet* without delay. We deem it highly superfluous, to add a single word to medical men in enforcing either the propriety or desirability of such a step, merely reminding them that our strength lies in unity and unanimity of expression, and recalling the time-vindicated maxim, *Concordia res parvae crescunt discordia, maximae civitates dilabuntur.*

The prosecution of Ferrier for vivisection at the late International Medical Congress has fallen through, it appearing that the animals were not then vivisected, but merely pinched. It will probably be in the recollection of our readers that the animals referred to were two monkeys and a dog, the former the property of Dr. Ferrier, the latter of Prof. Goltz, having been brought over by him to invalidate the theory of central localization, as presenting an instance in which the cortical motor centres of an animal had been removed and yet the animal had retained, or regained, voluntary control over the parts whose supposed governing centres had been destroyed. Ferrier's monkeys were examples of complete and permanent loss of power after cortical destroying lesions, and in order to explain the apparent discrepancy in the facts, it was agreed to test the matter by killing the dog and one monkey and submitting their brains to a committee appointed by the Congress for their examination. It is now well known that the result showed imperfect destruction of the centres in the case of the dog, and complete in the case of the monkey, a creditable vindication of British experimental physiology which the law of the land has done so much to curb, shackle, and repress in the country of its second birth and grandest achievements.

**THERAPEUTICS.**—We purpose, during the coming year, to publish in the *Journal*, bi-monthly, notes on Therapeutics from the able pen of Dr. Richard L. Macdonnell, of McGill College, Montreal.

## PERSONAL.

Dr. E. Graves Kittson, has gone from Hamilton to Winnipeg where he is now practising.

Dr. Jonathan Robinson, who was for some years in the North-West Territory, has settled in Toronto, 448 King Street E.

Dr. G. B. Smith, a graduate of 1880, and recently from Toronto General Hospital, has settled in Queen St. E., Toronto.

Dr. Geo. Wilcock, a recent graduate from the Toronto School of Medicine, has returned from Edinburgh and settled in this city, on Queen Street West.

Dr. Abraham McMichael, who practised in Gorrie, in the County of Huron, since 1869, the year he graduated, died on the 17th November, of typhoid fever, being 44 years of age.

Dr. Rosebrugh, of Hamilton, has been elected to the Ontario Medical Council, as the representative of Victoria College and successor to the late Senator Brouse, M. D.

The recent illness of the venerable Dr. Ryerson, which for a time gave his friends so much anxiety, was caused by pneumonia, involving the whole of the left lung. The Dr. is 78 years of age.

J. Howard Betts, of the Kingston School; Herman E. Heyd, of McGill, and W. A. D. Montgomery, of the Toronto School, passed the primary examination for the M. R. C. S. Eng., on the 7th, 8th, and 9th November, respectively.

Dr. Wm. McKay, who graduated in Toronto University in 1863, and was living in Howick, Province of Quebec for many years, has moved to Toronto. He is living now on Spadina Ave., No. 259.

Drs. William Gunn, of Woodville, Ontario, and Howard Roxboro Elliott, of Iroquois, Ontario, received the double qualification of L. R. C. P. and L. R. C. S., Edinburgh, at the October Examination. Drs. Elliott and Gunn were students of the Toronto School of Medicine.

Dr. Macdonald, of Hamilton, has been elected President of the Hamilton Association for

the ensuing year. The Association is one for the reading and discussion of scientific papers, somewhat similar to our "Canadian Institute," and we cordially congratulate it upon its choice of President.

We regret very much to learn that Dr. Andrew Luke, who has been in successful practice in Manilla, Ont., for the past seven or eight years, is obliged, on account of ill-health, to seek a permanent home in California, whither he starts this week. We sincerely trust that California's genial climate may suffice to restore his vigour, and knowing that its people are appreciative of the sterling qualities, both professional and private, which we know him to possess, we bespeak for him an honourable and prosperous career in the home of his adoption.

CANADIANS ABROAD.—James L. Foley, M.D., and James Ross, M.D., McGill, were admitted L.R.C.P. Lond. on 27th October.

### Obituaries.

#### WILLIAM FLETCHER, B.A.

(*Non Res, sed spes erat.*)

It is with exceeding great regret that we are called upon to chronicle this month the premature demise of this promising and accomplished student of medicine. Mr. Fletcher received his preliminary education at Upper Canada College; entered University College in 1871, and graduated in arts, in the University of Toronto, in 1875, carrying off the scholarship throughout his course, and securing, on graduating, the Gold Medal in Science and the Prince's Prize. He then entered upon the study of the law in the office of Messrs. Blake, Kerr & Boyd, completed the course, but did not present himself for "call to the bar." During the same time he read for the LL.B. degree in the University of Toronto; but at the final examination had the misfortune to lose the last paper, owing to a change in the programme, of which he was unaware. He entered as a student in the Toronto School of Medicine in 1879, and displayed much clinical zeal and

activity in the wards of the Toronto General Hospital. During the summer months he has been, for some years past, engaged in the geological surveys of Cape Breton, of which his brother is in charge; and during the past summer he collected the materials for an account of leprosy in that Province, which was published by his brother-in-law, Dr. McPhedran, in these columns, a couple of months ago. It was his intention to spend this winter in clinical study in New York, preparatory to graduating in medicine in his old *Alma Mater* in the spring; but on the very eve of his departure in attempting to ford a turbulent stream the rush of waters overcame his foothold, he was carried over a neighbouring fall and drowned. Coming of a family whose attainments in scholarship have been marked, he did not fail to contribute his quota to sustain its reputation, and those who knew him best looked forward in fond anticipation to the time when the refinement of scholarship and the power of science should combine to enhance his capabilities for great achievements in the relief of suffering human kind. But *l'homme propose, mais Dieu dispose*, and as we drop the tear of earthly affection and regret upon his early grave we are solaced by the faith that in another, although unknown, sphere there must be other, mayhap, nobler, work to do.

France has at length lost the veteran Bouil- laud, who succumbed in the end of October, at the advanced age of 86. He was, perhaps, the most widely-known of Parisian physicians, and was for many years the link between his contemporaries of the past, Petit, Serres, Louis, Chomel, Bretonneau, and Forget, and the immediate present. A genuine *laudator temporis acti*, he was ever wont when any claim to recent discovery was on the *tapis*, with wonderful facility of diction and prodigious memory, to ransack the history of medicine from the time of Galen, to demonstrate the falsity of *aliquid sub sole novi*. An ardent disciple of Broussais, he bled *coup sur coup, ad deliquium animum*. His published writings cover almost the whole range of clinical medicine, but notably concerning the relations between cardiac affec-

tions and rheumatism, and the localization of the seat of aphasia in the frontal convolutions of the left hemisphere. He was an honorary professor in the Faculty of Medicine and a former dean, an ex-member of the Superior Council of Public Instruction, an ex-Deputy and a Commander of the Legion of Honour, likewise a member of the Academy of Medicine and of the Academy of Science.

Dr. David Foulis, Pathologist to the Royal Infirmary, the rising and distinguished Glasgow surgeon, who was the first in Britain to success fully extirpate the larynx, an operation which he twice performed, died at the early age of 35, on the 31st of October, from diphtheria contracted in performing tracheotomy on two virulent cases of that disease. He was the discoverer of the microscopic evidences of malignancy in ovarian fluids.

Dr. Hayden, of Dublin, author of the Encyclopædic Work on Heart Disease, died on Oct. 30th. Dr. McClintock was President, Dr. Hayden, President-elect of the Dublin branch of the British Medical Association.

Dr. Alfred H. McClintock, of Dublin, Former Master of the Rotunda, died on the 21st of October, from a combined cardiac and cerebral affection, at the age of 60 years.

**THE LIVER PAD OUTDONE.**—The Michigan *Medical News* tells of a doctor in Iowa who has invented an anal pad, by which the fæces are changed into gas, and the gas is deodorized, purified, and burned as a chamber light. It acts on the same principle as Holman's Liver Pad, and if worn over the mouth sweetens the breath, prevents cursing and swearing, and destroys the appetite for tobacco.—*Gaillard's Medical Journal*.

Doctors were humorously compared by Addison to the army of Ancient Britons, described by Julius Cæsar: "some slay on foot and some in chariots, but those in chariots do the most execution."

## Book Notices.

*Transactions of the Medical and Chirurgical Faculty of Maryland. Eighty-third Annual Session held at Baltimore, Md., April, 1881.*

*Observations on the Origin, Character, and Treatment of Oinomania.* By T. L. Wright, M.D., Bellefontaine, O. (Reprint from the *Alienist and Neurologist*.)

*Thirty-Ninth Report to the Legislature of Massachusetts of Births, Marriages, and Deaths in the Commonwealth, for the year ending Dec. 31, 1880.*

*Rudolf Virchow.*—An address introductory to the course of Lectures of the term 1881-82. College of Physicians and Surgeons of New York. By A. JACOBI, M.D., Clin. Prof. Dis. of Children (Reprint from *Medical Record*.)

*Walsh's Physicians' Combined Call Book and Tablet.* (Sixth edition.) Ralph Walsh, M.D., 332 C. Street, Washington, D.C.

This list differs from most in having the names of the months and days of the week left blank, and may, therefore, be called perpetual. Each page is ruled for 34 names. The usual information found in the front pages of such books is not wanting, but would be better in the head of the practitioner than in his pocket. The book is handsomely issued in red Russia, and is of good size and shape for carrying in the pocket.

*The Medical Record Visiting List for 1882.*

We are in receipt of Wood's Visiting List, 1882, which comes in its usual attractive and substantial form, ruled for 30 or for 60 patients per week. Besides the ordinary weekly ruling, with columns for charges, ledger reference, and special memoranda, it contains blanks ruled for particulars in consultation practice, obstetric practice, obstetric engagements, nurses' addresses, cash account, &c., as well as the customary tables, posological, toxicological, and other, obstetric reckoner and useful memoranda concerning the urine, &c.

*Landmarks' Medical and Surgical.* By LUTHER HOLDEN, with additions by Wm. W. Keen, M.D. H. C. Lea's, Son & Co., Philadelphia. N. Ure & Co., Toronto.

It is a wonder that the surpassing excellences of this work should have so long escaped the searching eyes of the American book-makers. At last, however, it makes its appearance in a neat and pleasant garb. The well-known anatomist, Dr. W. W. Keen, has added a few artistic touches which will, perhaps, render the book more acceptable to the American reader. The merits of the work were so evident that additions, not improvements, were made by the editor. Student and practitioner, physician and surgeon, all should study it carefully until they have thoroughly mastered its contents and have them at their finger tips.

*The Physician's Clinical Record for Hospital or Private Practice,* with Memoranda for Examining Patients, Temperature, Chart, &c. Philadelphia: D. G. Brinton, 115 South Seventh St.

The title sufficiently explains the character of the publication. It is a little blank book, about 6 inches by  $3\frac{1}{2}$ , ruled for notes of a hundred cases or more. Each case occupies a page, with lines for name, address, disease, and columns for date, pulse, respiration, temperature, other symptoms and remarks. A dozen temperature charts are bound in, as well as a lettered index, and a few blank pages for outline sketches, to facilitate which a small stencil plate is contained in the pocket in the cover. We commend it as very handy and likely to promote daily records, now so much neglected to the detriment of all.

*Vennor's Almanac & Weather Record,* for 1882. By HENRY G. VENNOR F. G. S. Philadelphia: J. M. Stoddart. Toronto: Toronto News Company.

Mr. Vennor regards Toronto as most exceptional, *re* the weather, and he certainly has not been particularly happy in his prognostications for this locality.

Mr. Vennor claims to have found the key of the problem of weather prediction. His prognostications are not mere guesses, but are

based upon the principle of recurrent waves of like duration at intervals of time. Thus there are singlets, couplets, and triads of years. The first of exceptional weather recurring at long intervals and impossible to predict, the second more frequent but very irregular, the third frequent but still very irregular. The grand difficulty is to recognize the entrance of a special group and grasp its characteristics, whether it is a triad of wet or dry, or cold or warm weather.

He does not claim to be infallible, and is willing to learn from his 'misses'. He casts himself upon a discriminating public, to sink or swim upon the success or failure of his prognostications. What more could be asked from any man?

*Artificial Anæsthesia and Anæsthetics.* By HENRY M. LYMAN, A.M., M.D., Professor of Physiology and Diseases of Nervous System, Rush Medical College, Chicago, Ill. New York: Wm. Wood & Co., 27 Great Jones St.

This is the September number of Wood's Library for 1881, and is really one of the most interesting and important books in the series. Owing to the nature of the subject it is out of the question to attempt a detailed criticism. Suffice it to quote the author's intention "to distil into these pages all the excellences of the writers, who have investigated the subject of Artificial Anæsthesia, and to say, in our humble judgment, he was admirably and wholly succeeded in his, by no means easy, task. The history of the subject, the Phenomena, Physiology, Production, and Forms of Anæsthesia, the administration, accidents and medico-legal relations of Anæsthetics are all ably treated of, and a detailed account of the now numerous Anæsthetic agents furnished in a manner calling for the warmest thanks and felicitations of the profession. Practitioners are to be congratulated upon having so much valuable information brought together into such convenient compass and accessible form, and the author upon having completed so satisfactorily and well his difficult task in his fellow-labourers' behalf. Every one who is called upon to employ these grand alleviators of human suffering and pain, should possess the book and the knowledge which it inculcates.

*Walsh's Physicians' Handy Ledger.* Published by Ralph Walsh, M.D., 332 C Street, North-west, Washington, D.C.

We are in receipt of a copy of this ingeniously conceived and well-executed physicians' ledger, and are certainly disposed to recommend it warmly to all in the profession, who, like ourselves, hate the drudgery of book-keeping. It is issued in either 600 or 1,200 pages, each page sufficing to record a daily attendance on any patient for a full year. Each page contains a blank for patient's name and address; then down the left hand of the page are printed, each on a line below its predecessor, the names of the months; across the page are ruled vertical lines for the days of the month, so that a sign, in its proper square, will suffice to indicate a visit in any day in the year. On the right hand side of the page are ruled three vertical columns, debit, credit, and date of payment, the monthly lines being continued across them. Below are lines for obstetrical, surgical, and miscellaneous annotations, which are also prolonged across the debit and credit columns, thus enabling the whole year's work in connection with any patient to be seen at a glance. An ample index is bound in. The price, post-paid, 600 patients, is \$3.00; 1,200 patients, \$5.00. Walsh's Retrospect, an excellent quarterly summary of Practical American Medicine and Surgery, Walsh's Call Book or Visiting List, and the Handy Ledger will be furnished for \$6.00.—*Verbum sap. sai.*

*Photographic Illustrations of Cutaneous Syphilis.* By G. H. Fox, A.M., M.D., Clin. Lect. on Dis. of Skin, Coll. Phys. and Surgns., New York. Forty-eight Plates from Life, coloured by hand. Nos. 10, 11, and 12. New York: E. B. Treat, 757 Broadway.

The present numbers conclude the series of this highly excellent atlas, in notices of which the vocabulary of encomiums of the medical press has been well-nigh exhausted. The series was undertaken in continuation of the author's "Photographic Illustrations of Skin Diseases," and its appearance has but served to enhance the reputation of both author and artist, of whose first production one of the foremost American dermatologists has said,

"They are, without exception, the most lifelike representations I have ever seen." The present numbers depict with vivid accuracy and great artistic skill 6 cases of syphiloderma ulcerativum, 1 chancre, 1 chancroid, 1 periadenitis, 1 condylomata lata (and for contrast, 1 condylomata acuminata nonsyphilitica), 4 syphilis hereditaria, and 4 dactylitis syphilitica. Where all are so good it seems invidious to make a distinction, but if we were called upon to choose between the present plates we think that the representations of the hereditary affections would be placed *prima inter pares*. The colouring has been done by J. Gärtner, M.D., a skilful artist and former pupil of Hebra. As marvels of artistic execution they must prove an acquisition to the library shelves or table; and as lifelike representations of affections which everybody meets with, but does not recognize they cannot fail to be helpful to the physician in the hour of harassing perplexity and vexatious doubt. As a good wine needs no bush, so Fox's letterpress needs no commendation.

*Second Annual Report of the State Board of Health, Lunacy, and Charity of Massachusetts, 1880.* Supplement containing the Report and Papers on Public Health.

We have much pleasure in being again reminded by the appearance of this report of the good work being done in the cause of health by the Government of Massachusetts; a striking contrast to the inaction of our own Government, and one which we should all deplore as it affects, and reflects upon, our country.

Year after year the Government of Mass., through this Board, causes an investigation to be made of the natural drainage of various districts, the condition of rivers and streams, how their water supply and drainage influence each other; then the factories, schools, sewerage, and a host of other matters of vital importance come in for attention.

This report contains an able review of the *pros* and *cons* of the two systems, of having storm water, and house sewerage, occupying the same or separate sewers. The conclusion is in favour of the former as a general rule. Memphis has recently adopted the latter plan.

It seems that a few years ago, "a surprising

and interesting event," the appearance of Intermittent Fever in Mass., has been noted about the same time that it was much increased with us. Excessive rise and fall of bodies of water is put down as the cause; and drainage the remedy. The paper is interesting as giving a *resumé* of the various theories of the nature and causation of the disease.

School-house sanitation (air, drainage, and water supply), comes in for a large amount of attention, badly needed.

A very good suggestion, and one much needed by us, is added: that every town should have lithograph plans on which year after year the areas of certain diseases can be jotted down.

A novel feature in the volume is a large percentage dial, on which are indicated the various percentages of "sickness," "surroundings," "garbage," "air space," "occupation," "number," "nationality," "sewerage," "drainage," "water," "privies," "cellars." Showing all in a glance in one large picture.

—

*Medical Electricity: A Practical Treatise on the Applications of Electricity to Medicine and Surgery.* By ROBERTS BARTHOLOW, A.M., M.D., LL.D. With 96 illustrations. Philadelphia: H. C. Lea's, Son & Co.

Dr. Bartholow, so successful and renowned as a practitioner of the healing art, seems equally successful as a maker of books for the guidance and help of his fellow labourers. Those who had formed high expectations from his "Therapeutics and Materia Medica," his "Practice of Medicine," his "Cartwright Lectures," and his many contributions to periodical medical literature will not be disappointed in perusing his work on Medical Electricity. Indeed his fame as a therapist, both experimental and practical, could scarcely have been acquired in the absence of the knowledge and the qualities this book displays. We have, however, always held that electricity as an element of the materia medica and a therapeutic agent should be treated of in books pertaining to those subjects, and are, therefore, of opinion that Dr. Bartholow would have done, if not wisely, at

least well to have avoided the multiplication of books by appending the present work to the fruit of his labours first above mentioned. This work of some 250 pages is divided into six parts treating respectively of electro-physics, electro-physiology, electro-diagnosis, electro-therapeutics, electricity in surgery, and thermo-electricity. It is sufficiently scientific for the general reader and practitioner, enabling him to understand the principles of the generation of the electric force, the construction and proper handling and care of batteries; and it is eminently practical in clearly setting forth the characteristics and utility of the Galvanic, Faradic, and Franklinic forms, together with the times and modes of their respective applications. It is doubtless true, as Wilks some years ago expressed it, that the last named form of generation has been too readily superseded by the Galvanic and Faradic currents, and that frictional or static electricity has unaccountably fallen into a desuetude at once premature and undeserved. Queen's Toepler Holtz's electrical machine is stated to be "both highly efficient and certain in operation," and we accordingly hope to see the employment of frictional electricity once more revived. A discovery has been made by our author, or by Morton of New York, we know not which, whereby the Holtz machine can be used as a substitute for faradic electricity, an intelligible account of this will be found at page 217. We are pleased to find that Dr. Bartholow characterizes general electrization and the electric bath as commonly employed as methods of application more profitable in the hands of the charlatan than of the true physician. We are also glad to see the Leclanché element recommended for portable batteries. The therapeutic uses and modes of use of electricity are clearly set forth in entire accordance with accepted scientific views, and demand no further notice. Students and practitioners who have not Poore's little work on electricity will do well to possess themselves of this, which takes rank on a parity beside it, and store in mind the valuable lessons which they alike contain, of the capabilities and scientific use of this potent therapeutic agent so much neglected by the general practitioner.

*A Treatise on Bright's Disease and Diabetes.*

By JAMES TYSON, A.M., M.D., Prof. Pathology and Morbid Anatomy in the University of Pennsylvania. Philadelphia: Lindsay & Blakiston, 1881.

The author of this work is not unknown to literary and didactic fame, and, therefore, we began our perusal of his latest book with pleasurable anticipations and high expectations. We may confess *imprimis* that we have not been disappointed since its pages bear the stamp of the sign manual of the accomplished physician, the intellectual and thoughtful man. The most serious criticism to be made against it is an attempt to compress too much information into too small a space. However, so much has been written on the subject in late years that a summary was earnestly called for; and here the student, as well as the practitioner, who has failed to keep abreast of the tide of recent progress, will find what he needs more conveniently and intelligibly than anywhere else we know of.

Section I. presents an admirable account of the structure of the kidney, following chiefly Heidenhain, Klein, and Beale. The gross structure, the uriniferous tubules, the blood-vessels, the connective tissue, the lymphatics, and the nerves are all shortly but clearly discussed. Some valuable suggestions for studying the history of the kidney are intercalated, and the nature and act of the secretion of urine together with the functions of the kidney are briefly considered. Section II. gives very good directions for testing for albumen. The site of its transudation in albuminuria is located in the Malpighian capsule. In Section III. the subject of tube casts—their nature, and clinical significance—is taken up and treated with great fairness and impartiality. Our author considers them as an exudation from the blood of a fibrinous or albuminous nature coagulating in the tubules, and entangling whatever they contain. Waxy casts are regarded as a fusion and hyaline transformation of desquamated epithelium and other cells. It is admitted that casts may be formed in all parts of the tubules; not so often found in the urine, however, from the convoluted tubules as from the *intercalary* or *intermediary* portion whose structure is

identical with that of the convoluted portion. The author joins issue with Charcot as to the importance and significance of casts, and lays it down as a general proposition that their presence in urine always indicates disease of the kidney, the so-called mucus-cast being of course excepted. Section IV. discusses the classification of Bright's diseases. After citing those of the best authorities in Germany, France, and England, the author adopts the subdivision into acute and chronic; the acute comprising only a single form, the acute parenchymatous nephritis; the chronic including chronic parenchymatous nephritis, lardaceous disease, and interstitial nephritis. In the account of acute parenchymatous nephritis (Section V.) Langhans is closely followed, especially in describing glomerular nephritis, but Klein's contributions to our knowledge of this subject are quite overlooked. The clinical description is very good. In the treatment of convulsions the author's voice is raised, we think, wisely, against the growing practice of using morphia as introduced by Loomis. Sections VI. and VII. are also admirable summaries of existent knowledge, though the nature of the lardaceous substance is not discussed. The author, although not mentioning the matter expressly, would not, we judge from the general tenor of his remarks, agree with Straus in holding that some cases of lardaceous kidney may run their course without albuminuria from first to last. In Section VIII. on interstitial nephritis in referring to the causation, Dr. Clifford is cited as the author of the theory of mental anxiety as an etiological factor; the name should, of course, be Clifford Albutt. Johnson's stopcock-action theory to account for the vascular and cardiac hypertrophy is ably defended by our author, but he does not omit to give DaCosta and Longstreth's late renal ganglia change theory a passing notice. On the top line of page 180 the word "capillaries" has crept in, we think, by mistake, for "arterioles." The therapeutics throughout are very good, but no mention is made, and we, therefore, assume that our author has no experience, of the use of nitro-glycerine (glonoin) in relieving the high vascular tension, or of the nitrite of amyl for the same purpose

and for the relief of uræmic asthma. According to Saundby the headache and vertigo may frequently be relieved by Theine or Caffeine. No reference is likewise made to the occasional occurrence of albuminuria in health as found by Leube in soldiers, or to that form described as of adolescence by Clement Dukes, of Rugby, and also by Moxon. Section IX. is devoted to retinitis in Bright's disease, and is contributed by Wm. F. Norris, A. M., M. D., Clinical Professor of ophthalmology in the University. Sections X. and XI. discuss the subjects of suppurative interstitial nephritis and cystotic induration respectively, which, although not pertaining strictly to the subject of Bright's disease, are added for the purpose of greater completeness. Diabetes mellitus and insipidus occupy the last 80 pages of the book presenting a very good *resumé* of the subject. Certainly, taken as a whole, the work does infinite credit to the erudition and industry of its author; and, from the student's and busy general practitioner's standpoint, constitutes a valuable addition to medical literature in the English language.

### Meetings of Medical Societies.

#### HURON MEDICAL ASSOCIATION.

The regular quarterly meeting of the Huron Medical Association, was held in Wingham, on the 4th of October, Dr. Sloan, President in the chair. The following members were present: Drs. Sloan, Holmes, Worthington, Tamblyn, Bethune, Graham, McDonald, Gillies, Young, Duncan, Mackid, Hurlburt, and Stewart.

Dr. Mackid showed a woman, aged 65, who has an abdominal tumor, occupying a great portion of the right abdominal cavity. She first noticed it four months previously. Its true nature was not clear.

Drs. Stewart and Hurlburt showed the following cases:—

1. A case of locomotor ataxia. The patient is a man, aged 43. He was first seen on the first of September, of the present year, when he complained of shooting pains in his legs, thighs, arms, and belly, and of an inability to walk in the dark. He had gonorrhœa twenty years ago, but he never had syphilis. His previous and family history are good. The pains first troubled him twelve years ago, while he was working in the lumber woods of Wisconsin. His occupation was that of a driver, and he had to sit for hours on the cold logs, and it is to this that he attributes his trouble. The pains have been gradually becoming severer. He has been unable to work for nine months. The first difficulty in walking was noticed five years ago.

*Present state.* There is no loss of motion in any of the extremities. The sensation of the lower limbs, and that part of the left arm, supplied by the median is markedly delayed. He requires from 6 to 8 seconds to appreciate a painful sensation in these parts. Simple brushing the hair of the legs causes more pain than severe pinching. He is able to tell a hot from a cold application. When his eyes are shut he is unable to touch his nose with either index finger, neither can he point correctly to the position of his feet. There is complete absence of the knee reflex. There is no ankle clonus. He says that he is able to retain his urine for 48 hours without causing him any inconvenience. When he attempts to empty his bladder he is compelled to strain and it often takes him half an hour to get all the urine away. Bowels move about every third day. The pupils contract to light slowly. The reaction to accommodation is normal. There is no myosis, squinting, or loss of color vision. There is distinct atrophy of both discs. Vision is fair. He at times complains of severe pains in his stomach. He says that he has a feeling as if a hundred pound weight was compressing his back. He is unable to stand or walk with his eyes closed. A full clinical account of this case, with a detailed description of the effects of stretching the right sciatic, which operation was performed since the meeting of the Association, will be published shortly.

2. A case of probable tumor of the left cerebral motor region. The patient, a girl aged 14½ years, was first seen in January, 1880, when she complained of loss of vision in the left eye and headache. Family and personal history good. She was quite well until three years ago, when she was seized with headache, confined to the left parietal region and vomiting. After these symptoms had been present for three weeks, she accidentally discovered that there was complete loss of vision in her left eye. The headache and vomiting disappeared shortly afterwards, but have recurred frequently since. The following was her condition in January, 1880. She is medium-sized, spare and listless looking, her cheeks flush frequently. The pulse is 90 and the temperature normal. There is nothing abnormal to be detected about the heart, lungs, liver, or spleen. The appetite is poor and the bowels costive. Abdomen retracted. Marked *taches cérébrales*.

*Left Eye.*—Slight upward and internal squint. The arteries of the fundus are small and no white lines can be discovered accompanying them. The disc is greyish white, small and cupped. *Right Eye.*—The disc is larger and of the normal colour, but there is some cupping. Vessels small. Fundus otherwise normal. The media are normal in both eyes. The sight of

the right eye is good. Left eye completely blind. The left pupil is dilated, the right is normal. From this time (January, 1880,) for a period of about four months, she took 40 grains of iodide of potassium daily. Shortly after commencing its use the headache disappeared, and has not returned. About five months ago, right hemiplegia set in, and at the present time the right arm is completely useless. She is able to walk but drags her right leg considerably in doing so. Both hemiplegic limbs are atrophied, but not rigid. The right knee reflex is greatly exaggerated. She is a great sleeper.

Drs. Stewart and Hurlburt also showed the fragments of a phosphatic stone weighing two ounces which they removed from the bladder of a girl, aged 16. The stone had formed around a hairpin which had been introduced eighteen months previously.

Dr. Graham, of Brussels, showed a man 50 years of age, who had apparently recovered from both a psoas and lumbar abscess depending on disease of the dorsal vertebræ. For several months this patient has been troubled with catarrh of the bladder and bacteriurium. The urinary deposit is composed principally of large quantities of pus cells and bacteria termo. For this condition he has been taking and with great benefit eucalyptus internally, and injections into the bladder of the disulphate of quinine.

#### TORONTO MEDICAL SOCIETY.

October 6th.—The Society met at eight o'clock. After the reading of the Minutes, Dr. Jonathan Robinson was proposed as a member.

Dr. Oldright presented the fœtus and placenta taken from a patient supposed to have miscarried about the fifth month. The fœtus was of very small size, and the placenta had undergone fatty degeneration; the smallness of the fœtus was thought to be due to the fatty condition of the placenta. The amnion was adherent to the body of the fetus. He also showed a placenta from a case of premature birth at the seventh month. There had been considerable hæmorrhage prior to the birth of the child, and the placenta presented on its uterine surface two large clots which appeared to have been formed at different times. The child was still-born, and presented the condition of *rigor mortis*. The cause of the placental separation could not be ascertained.

Dr. Burns related a case of *Pruritus Hiemalis*, as described by Duhring. It is a neurosis, attacking principally the arms and thighs, and is a disease of cold weather, whence its name. Treatment by glycerine, vaseline, and the Turkish bath is recommended.

October 27th.—The Society met at 8.15 p.m. President in the chair. After the reading of the Minutes, Dr. J. Robinson was elected a member.

Dr. J. S. King showed a pessary which he had removed after a sojourn in the vagina of four years. It was firmly fixed on the right side of the uterus by a fibrous band about three-fourths of an inch in width. The pessary was divided and then removed.

Dr. Workman mentioned a case of acute mania, occurring in a patient in consequence of an encrusted pessary in the vagina.

Dr. Cameron exhibited a patient suffering from "paralysis agitans" affecting the right upper and lower extremities in a female patient aged 67. The trembling was of three years' duration, and increased upon excitement or voluntary motion. In reply to a question, Dr. Cameron thought that there was no definite or constant pathological change in this disease, but that it was a functional disorder.

Dr. McPhedran then showed a case of albuminuria and dropsy in a boy aged 18. The disease was of eight weeks' duration. The patient when examined at the hospital presented the following conditions:—anæmia and general anasarca, abdomen enlarged partly from ascites and partly from tympanites; apex beat of heart under left nipple; enlarged spleen, and slight enlargement of some of the lymphatic glands; urine highly albuminous, contained granular and epithelial casts, and the voice was lost beyond a whisper. Dr. Graham, after describing Gowers's Hæmacytometer, examined the blood of the patient, and found no increase in the number of the white blood corpuscles, but a diminution in the red. Dr. Reeve examined the eyes ophthalmoscopically and found recedent slight optic neuritis and a small hæmorrhage.

The second regular meeting of the Quinte and Cataraqui Medical Association was held in the Masonic Hall, at Napanee, on the 5th of October, for the purpose of completing their organization. Dr. W. G. Metcalf, Medical Superintendent, Asylum for Insane, Kingston, and Vice-President for Frontenac occupied the chair. The gentlemen present were: Drs. Metcalf, Henderson, Oliver, M. Lavell and C. H. Lavell, of Kingston; Drs. Burdett and Eakins of Belleville; Drs. Cowan, Ward and Leonard, Napanee; Dr. M. I. Beeman, of Centreville; Dr. Beeman, of Odessa; Drs. Platt, Wright and Evans, jun., of Picton; and Dr. Bowerman, of Bloomfield. The only business of importance transacted at this meeting was the reading and adoption of a constitution. The Association adjourned to meet in Belleville, in February next.