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# Canadian Journal of Medical Science.

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## Selections: Medicine.

### CLINICAL DEMONSTRATIONS OF PHTHISIS.

*Delivered at the Hospital for Consumption and  
Diseases of the Chest, Brompton.*

BY JAMES EDWARD POLLOCK, M.D., F.R.C.P.,  
Senior Physician to the Hospital.

#### LECTURE IV.

GENTLEMEN,—I beg your careful attention to-day to the modifications of phthisis which take place from fibroid alterations in the lung and pleura. They lend a decided stamp and character to those forms of disease in which they prevail, and are among the most important of the agents which modify and prolong the progress of the affection. They are therefore of the highest interest in prognosis, and their clinical recognition is an essential to accuracy. I must decline to assign the name "fibroid phthisis" to any one variety of the disease, for there is no such idiopathic affection to be met with in practice; while, on the other hand, I hope to show that every chronic form of lung disease may become modified and shaped, so to speak, by an over-development of fibrous tissue. In speaking of the pathology of phthisis, I pointed out that the adenoid tissue of the lung, which surrounds the vessels and bronchi and is found between the lobules, becomes increased and hardened, grows under irritation, and thus compresses the alveoli, contributing to their obliteration, and also strangles the minute bronchioles and bloodvessels, interfering both with the nutrition of the lung and with the direct supply of air to the seat of disease. You will remember how the fibrous

tissue is also subpleural, in which position it also is capable of overgrowth from irritation. But overgrowth is not its only character; for in progress of time it shows its power of *contractibility*, so that lessened volume of the lung results, and even a diminished pleural cavity. On these two characters of primary *overgrowth* and secondary *contractibility* depend many of the physical changes in all chronic structural diseases of the lung and pleura. For remember that this fibrous contractile tissue is spread like a net throughout the lung, enveloping its vessels, extending along every ramification of bronchi and pulmonary arteries, and is in direct communication with the lining of the lung, and, in pleuritic cases, with the chest-walls themselves. The alterations in the chest-walls, from mere flattening of small portions of the chest to the contracted side with shoulder dragged down and fixed, are therefore mainly due to those toughened fibrous bands gradually binding and compressing an organ which was originally elastic and free to play in a cavity the walls of which underwent momentarily the most complex yet free movements of expansion and return. Inspect a healthy chest, and you are struck with the beauty and freedom of its play; while the eye can detect at a glance even a portion of the parietes where the alveoli have collapsed and the fibrous element has been developed and has commenced its contracting and limiting power over the chest movements. Now, first, let me impress upon you that the changes which the lung undergoes in this hyper-development of fibrous contractile tissue are of *various origin*, but of *one import*. Of various origin—for pneumonia, bronchitis,

pleurisy, and tubercle can all give rise to fibroid lung; but of one import—for wherever you see a somewhat advanced condition of the contracted lung you may be sure that nature is attempting prolongation and cure, and that chronicity is likely to be the stamp of the affection. Remember also that the *acute* lung affections, pneumonia and tuberculosis, are the only ones in which we do not find fibrous changes. Where rapid resolution or disease-products is possible, or where continuous destructive changes throughout every tissue of the lung are inevitable, there you have no fibroid formations. The chronic conservative changes in cases of old disease of the lung and pleura are intimately and necessarily associated with fibroid development, and this element is the active opponent of extension. Only remember the normal state of a lung, exquisitely elastic, permeated by countless air-currents, the seat of a double circulation, delicately balanced in an air-tight cavity in which the uttermost freedom of play is secured by a pellucid and smoothly oiled membrane, and conceive what would be the consequence to its tissues and its functions if, when a portion is blocked, all the air and vascular supplies were to have their usual access to the diseased part, and its movement to remain unrestrained. We can enumerate easily the important effects of a hyper-development of a fibrous contractile tissue. It lessens the air and blood supply; walls round the diseased product; limits the movements of that portion of lung, and ties it down through the pleura to the chest-walls. It thus guards against hæmoptysis and against pneumothorax, lines and circumscribes cavities, and shuts up the injured portion of lung. There is no case of chronic disease of the lung in which fibroid changes do not occur, and you will now apprehend my reasons for declining to recognise "fibroid" as a distinct variety of phthisis. I shall describe to you the most characteristic form of modification of old phthisis which fibrous change affords; but you will remember that you are looking at an old phthisis all the time, and not at a new disease.

Let us take, then, a well-marked specimen of fibroid alterations in the living subject, and consider its *characters, symptoms, and pathology.*

You will find a patient, generally beyond the age at which phthisis is most prevalent, who has had a chronic cough perhaps for years. He has had all the symptoms of phthisis of a protracted kind: gradual but slow marasmus, hæmoptysis, febrile attacks with long remissions. And when you first see him in these wards, he is perhaps free from any of the more urgent symptoms, for his temperature may be normal, his cough moderate, and his digestion unimpaired. He complains most of dyspnœa. Most generally he has no hereditary predisposition to phthisis; but if you examine into his history, you will find that either he was the subject of pleurisy or of pneumonia in an acute or sub-acute form, or his occupation had been dusty.—*i. e.*, he had worked in a mill or factory, or been a stone mason or a collier; for dusty occupations, which help to impact the lung mechanically, produce this form of phthisis. Watching your patient for months, as we do here, you will discover in him a certain immunity from the common events of phthisis, as spreading destruction of lung, copious hæmoptysis, diarrhœa, night-sweats. He remains, in fact, pretty stationary in our wards, and does our treatment little credit; while he does not, on the other hand, slip down into the hopeless condition of marasmus with fever. If you examine him in the final stage of all, you observe that he becomes exhausted by gradually impaired sanguification or by intercurrent disease of the opposite lung, which had remained sound for many years. Now strip and examine him, and what do you find? You are struck at once with the contraction of one side, flattening and retraction of the walls to a considerable extent, and, of course, lessened movements. The affection then is unilateral, and, curiously enough, it is by far most commonly seen on the left side (in 31 instances out of 39). Examine more carefully, and you will find that not only is the lung contracted, but the adjacent parts are displaced. The heart is perhaps drawn up to the extent of two inches, or it is drawn round into the back part of the left axilla, as in the patient in Eldon ward. Should the affection be right-sided (the rarer form), you may have the heart's apex beyond the right nipple; the diaphragm is drawn up on the

affected side, leaving a hollow under the ribs; and the opposite lung will be found expanded across the middle line, and often beyond the left margin of the sternum in left-sided cases.

These alterations of position are of great interest, and assist both your diagnosis and prognosis, for they help to establish the contractile nature of the lung changes, and such cases have on them the stamp of chronicity. The changes are due to positive retraction of the diseased lung itself, to necessarily lessened movements and diminished volume of one-half of the chest, and to atmospheric pressure. Such cases are of great importance in studying the physiology of the chest movements. By inspection alone, then, and palpation, you will have derived a great deal of information about your patient. From *percussion* you will further learn that there are patches of induration in various parts of the lung, perhaps at the base or middle of the lung at the back. Percussion, of course, will also show that the opposite healthy lung has been drawn over. The whole side is also duller than the opposite, but it is very dull around the base or in certain parts. *Auscultation* will show you that over these dull parts there are sounds indicating cavity, loud blowing with, perhaps, resonant voice, and even pectoriloquy with gurgle or cough. Pathologically we know that these signs may mean *dilated bronchi* or *cavities* in the ordinary sense. These excavations or enlarged tubes are found about the base or middle of the lung. They may be due to the ordinary extending ulceration of the lung or to a portion of indurated tissue breaking up, and very often to the death or gangrene of a portion of lung, whose nutrient vessels have in fact become strangled. As regards the dilated bronchi, they are caused by a loss of elasticity of the tubes and by a softening of the lung-tissue around them. Under such conditions the shock of cough, when often repeated, would produce dilatation of a portion of a bronchial tube. It has been noticed that pneumonia occurs in patches around these dilatations, and, indeed, the whole history of "fibroid" cases seems to be that of an indurating pneumonia in repeated attacks, and perhaps that variety which has been called "catarrhal" most commonly gives rise to this form of disease. You will notice

that the matters expectorated are often pigmented, blackish or green, and occasionally fetid and gangrenous. Lung-tissue will be found when microscopically examined.

The pathological examination of these cases gives, as you may expect, a contracted indurated lung, of a dark greyish-marbled colour. Its tissue is hard and pigmented, and obliterated tubes or vessels traverse it in pale lines. The bronchi are often dilated so as to resemble cavities. Cavities there are, too, formed out of cheesy masses and destruction of lung-tissue, just in the ordinary way of phthisical cavities. These cavities are well-lined with a membrane, and are themselves traversed by bands representing the strangled débris of vessels and bronchioles. They undergo contraction too, and, if small, may finally close, presenting that puckered appearance of cicatrices with which you are familiar. The alveolar walls are thickened by fibrous growth, and the air-cells are often obliterated. It is rare to find during life any true breath-sounds in such a lung, for the element of vesicular elasticity has been lost, and the organ is in time reduced to a hardened tough mass, permeated by bronchial tubes, in parts dilated into cavities. The pleura is commonly thickened and adherent both to the lung and the walls of the chest, and dense interlobular bands extend from it through the lung.

In tracing the-origins of this condition you will find but little evidence that it has a single starting-point, but much confirmatory evidence that it has various beginnings. It is very commonly seen after pleurisy, whether with or without effusion, in the earlier stages. Patients recover, of course, every day from an effusion of moderate extent, which may be rapidly absorbed, and leaves a slightly contracted side with resulting adhesions.

An inflammatory condition of both lung and pleura (pleuro-pneumonia, as it is called) is a more common cause; and should that block of lung be of a nature not easily liquefied and absorbed, it remains as a nucleus of fibroid degeneration. In considering pneumonia you will remember that I pointed out that if a hepatised or solidified lung does not resolve after the second month, the case is likely to pass into the phase of fibroid degenerative changes, and then

all the features are gradually developed which render it undistinguishable from chronic phthisis. You will have indurated patches of lung, with dulness, tubular breath-sounds and voice, proceeding to formation of one or more cavities or dilated bronchi, and the patient will emaciate, have febrile accesses and hæmoptysis. When you see such a case, with such physical signs more evident about the base and middle of the back part of the lung, and with progressively contracting side, you call it "fibroid lung" in modern terms; but is it not really a phthisis? Those who advocate the unity and idiopathic character of this affection point to its being left-sided and unilateral, and assert that it may be so distinguished. But in time the opposite lung will get affected, and in many instances it is a right-side disease.

Again, tubercle, properly so-called, will originate this form, and when retrogressive, as opposed to the progressive, the ordinary events of softening do not take place. The result is very commonly fibroid degeneration, with all the characters which I have described. Indurating pneumonia and pneumonic patches around tubercle are not to be distinguished by the scalpel or the microscope, and a combination of true fibroid changes with tubercle is daily seen in our autopsies. In the single limited cavity, with collapse of chest-walls, we have fibroid changes well marked in the lining and covering of the cavity, in the obliterated vessels crossing it, and in the interlobular thickenings around it. It is only in acute tuberculous, with universal impaction of grey tubercle, or in the rapidly ulcerative phthisis, that you notice the entire absence of fibrous changes. *Bronchitis* is a less common origin of fibroid changes, but it is observed in children and others; in the former after pertussis or rubeola, when collapse of a portion of lung is apt to occur, followed by contractile fibroid proliferation. These phenomena may have modern names, but if you like to study the early observers you will find that they were not unnoticed by Laennec, who described the dilatation of bronchi and the tough fibrous state of lung around tubercular cavities. Andral described the inflammatory thickening and ultimate contraction of the lung; while the

"cirrhosis" of Corrigan, and the "melanosis" of Bayle, referred to a like condition, only under varied forms. Corrigan's "cirrhosed" lung cases had cavities and ulcerated intestines, and other phenomena of phthisis. We must not then dispute about names, especially in this difficult transition period of pathology, but let us be careful observers of facts. It is remarkable that the greater number of these cases of fibroid change occur in *males*, and that the *age* of the patients is generally greater than in ordinary progressive phthisis.

The *diagnosis* of these cases is not difficult. The displacement of the heart and liver, and expansion of the opposite lung, may be due to other causes than fibroid change. In effusions into the pleura the heart is displaced to the opposite side of the chest; in fibroid it is drawn to the affected side, or drawn up. Again, in effusion the side is enlarged, and the intercostal spaces are prominent. The opposite conditions prevail in fibroid changes, and the liver is depressed in right-sided effusion, but drawn up (as is the diaphragm) in fibroid. The viscera are not commonly displaced in cancer of the lung, as the side is not contracted. The situation of the dulness, which is not unilateral, but crosses the middle line, and encroaches irregularly on the parts lying about the mediastinum, is characteristic of this disease, and not observed in fibroid phthisis. There is a curious condition of the ends of the fingers and toes called clubbing, which is intimately associated with fibroid change. I show you here the cast of a hand taken from life. The fingers are enormously expanded at the ends, somewhat like the "clubs" on playing cards. This is not merely a thinning of the upper parts of the fingers, which spares their extremities, but it is a new growth; it is, in fact, a growth of fibro-cellular tissue, and in some cases there is hypertrophy of the bones of the phalanges. You have here fibroid growth under your eye. Trousseau associated it with cyanosis and adherent pericardium, and so it is found; but in this hospital I have proved its connection with chronic phthisis and fibroid changes in the lung. It seems to be a result of lowered nutrition and imperfect arterialisation of blood, and a direct growth of fibro-cellular tissue. In 46 of my own

cases, 30 were in the cavity stage of phthisis, and only four in that form of diffused deposit scattered through the lung, and causing slight flattening only of the walls. It is, therefore, a character of chronic phthisis undergoing fibroid changes. Out of 2,430 cases of phthisis of all stages, 654 (or 27 per cent.) had clubbed fingers. Of these 29 per cent. were males, and 24 per cent. were females. The observed *duration* of my cases while under observation was forty-five months, as compared with fifteen months, the duration (under observation) of ordinary phthisis. *Clubbing* is therefore a visible sign of chronicity.

For practical purposes let us note now the *conservative* effects of fibroid changes in the lung. They tend to contraction and induration, producing an inert condition of lung; they reduce the volume of one pleural cavity and contract any existing excavation. A reduction of the volume of blood, both of pulmonary and bronchial origin, circulating in the lung, is effected, and a reduction in the quantity of the entering and contained air ensues. There is less work for the lung to do in aerating the blood, and less movement of the lung itself. Why is lung-disease so serious, so fatal? Why does the system so suffer by irritative fever in lung affections? You will find the answer to this if you consider the constant movement, the double circulation, the enormous supply of blood, and the vital nature of the function of respiration. If you desired to give the lung rest, as you treat a wound, or a fractured limb, or an inflamed eye, you would stop or control all this movement, and lessen the supply of blood and of air. Fibroid change does precisely this. Nature might restore an ulcerated lung if rest were secured, especially when the cheesy matter had degenerated, dried up, or been expectorated. Suppose we could tie up a pulmonary artery, compress bronchial tubes, and limit the expansion of the lung and of the side, the ulcer would be reduced to the condition of a wound in the leg or a lymphatic abscess in the neck, and might heal. At all events Nature shows us the way, and we might second her attempts. You will often find benefit from bandaging the side or strapping it round, and so limiting the movements and circulation.

Study the effects of pressure on the lung, as in

pleuritic effusion. Lung disease, if present, generally stops in a lung so compressed; and we occasionally witness in pneumothorax (if life be prolonged) the remarkable event that the ulcerative disease in the collapsed lung is suspended.

Thus fibroid is of varied origin; for out of all forms of lung disease become chronic, Nature tries a mode of escaping the worst results. In a scale of phthisis, the *worst* results are progressive ulceration of all tissues from apex to base; and the *best* results are limit of disease, clearing out of morbid products, narrowing of pulmonary space, and lessening of pulmonary requirements and of pulmonary circulation. Such objects are partially obtained by phthisis of fibroid form: not fibroid phthisis, or fibroid *wasting*, which is a contradiction; but fibroid formation counteracting waste, whether of lung or body.—*Lancet*.

THE SIMPLE TREATMENT OF QUINSY, ETC. — Leslie Thain, M.R.C.S., &c., writes: "For some time past I have been perplexed how to treat acute pharyngitis and tonsillitis. From having studied a rather extensive number of these common affections, I have come to the following conclusions:—Gargles of alum, tannic acid, and such similar astringents are usually valueless, and I am of opinion that it is easier to 'pull the bull by the horns than to push him by the rump.' Alum, &c., will *not* astringe the vessels sufficiently to 'press back' the inflammation. My plan is to apply externally hot fomentations (with a few drops of turpentine) to the throat, and then to wrap up the whole neck in flannel. Constant heat, moisture, and mild counter-irritation are to be kept up by frequent changing of these applications. The feet must be at once put in a hot mustard bath, and if the patient will then get into bed between blankets so much the better. Gargles as hot as can be borne must be begun as soon as possible, and the most useful is a watery solution of carbolic acid (1 in 40). It has a soothing effect on the inflamed mucous membrane, besides sweetening the foul breath. If gargling cannot be performed, carbolic acid in glycerine (1 in 20 or 30) should be frequently applied by means of a feather to the parts. A brisk saline aperient may be advisable. By following this plan of treatment the inflammation subsides in a few hours, never running on to suppuration, and then a simple alum gargle may be serviceable. The advantages of the plan are—1. The carbolic acid relieves pain, checks hawking and tickling of the throat, and sweetens the foul breath. 2. The glycerine keeps moist the dry, irritated mucous membrane. 3. The hot gargle fomentations and foot-bath rapidly relieve the active congestion."

## TWO CASES OF APHASIA AND A CASE OF HYSTERICAL DUMBNESS OCCURRING IN CHILDREN.

BY JAMES FINLAYSON, M.D.,

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Aphasia with right hemiplegia is certainly rare in childhood. The two following are the only cases of hemiplegia in children, complicated with asphasia, which have come under my notice, although I have seen a considerable number of children affected, some with right and some with left-sided paralysis. These cases are further of interest as presenting a very unusual complication in scarlatina and pertussis; both children, likewise, had unilateral convulsions in connection with this paralysis. But the first case, which was under observation for a considerable time, presented several points of such interest in connection with the possibility of education in a young aphasic as to demand some special record in this respect.

### APHASIA AND RIGHT HEMIPLEGIA IN SCARLATINAL DROPSY.

This boy, twelve years of age, was seen by me the day after his admission to the Western Infirmary (January 26, 1876). His condition as regards speech seemed so peculiar that a strong suspicion of deception could not fail to be entertained, notwithstanding his early age and his obvious paralysis. In reply to a question as to his name, he said quite plainly, "Malcolm;" on interrogating him as to his other name he seemed unable to mention it, but on trying various names he said "No" to them all, till the right one—McKay—was introduced, when he said "Ay." His whole vocabulary in ready use consisted of his name and "Ay" and "No." Even his surname was pronounced, after repeating it to him, only with difficulty, and scarcely quite distinctly. On trying him with the letters of the alphabet, he answered with remarkable promptitude, *but he was invariably wrong*; he usually called every letter "o" or "x" without hesitation. It caused no little surprise, therefore, to learn from the nurse that he could write his name; this he did at once when asked, writing in a somewhat strag-

gling manner, but quite legibly, with his left hand. Tried with the letters he had himself written, he answered as glibly, but as wrongly, as before. Tried with names of things and with purely verbal requests (*e.g.*, to get out of bed and stand on the left foot), he was found to understand nearly everything said to him. It seemed quite clear that the boy was aphasic, and that his power of writing his name had been the result of a secondary and special education; subsequent inquiry bore this out completely. Printed letters on moveable tablets were tried next day, and he soon managed to spell out "Malcolm;" and when the letters composing his name were given, apart from the rest, he readily put "Malcolm McKay" together, but had much more difficulty if the whole boxful of letters were given; in such cases he often produced something having a resemblance to his name, but if the erroneous letter or letters were pointed out he could usually rectify the mistake. It was found, also, that he could arrange figures from one to nine in sequence, and even if some duplicates were given he arranged the figures correctly, leaving the others aside. He could also, by a little effort, be made to repeat the names of the figures in succession, as they were pointed to in order, but this seemed to be by rote; indeed, he repeated one, two, three, &c., when they were taken in reverse order, and he could not identify the figures by name any more than the letters. Tried with pictures, he showed clearly his knowledge of nearly everything; usually he imitated the cries of the animals—thus, a dog was "bow-wow." If, now, he were taught to say "dog," he could answer correctly, at the time, when the picture was pointed at; but, if fresh pictures were gone over, and the dog were again pointed to, he seemed readily to forget, and would again say "bow-wow." He clearly understood long sentences, and could repeat almost any word which was said to him; but, although he could say "please," "nurse," "an," "egg," word by word, he could not be got to put these four words together by any inducements. Tested with coloured objects, he could at once match the colours, as a red dress with a piece of red blotting-paper, when desired; but he had no knowledge of the *words* red,

blue, &c., so far as could be judged; he very quickly learned, however, from the errors he made, and could soon pick up the coloured objects asked for; fresh difficulties sometimes arose when articles of a different kind, although of the same colour, were substituted. After trials, repeated on several different days, he seemed to learn the colours pretty well by name; but, just before dismissal—a considerable interval having elapsed without any such trials—he was found as vague as ever, and gave black when asked for white.

Tested with writing to a copy, it was found that he could write very accurately any words set to him, and this, apparently, with equal facility, whether in English, German, or Latin; in attempting to copy German words from a book, he made a fair attempt to represent the marks over the modified vowels, although, of course, he must have been quite ignorant of their use. A Greek word (*αυρη*) he also made an attempt at without, apparently, any hesitation. In conducting these trials it was found that he copied capitals as capitals, but could scarcely be got to copy printed capitals into writing characters. On further and repeated attempts to teach him little words, it was found, during his residence in the ward, that he could be got to write little words to *dictation*, or to read them when written. Man, pig, cat, dog, horse, were among the words thus taught him. It was found that "man," written in writing characters, he knew, and could read and copy, but "MAN" (in capitals) he guessed as something else, although he made a fair copy of it in capitals; for "dog" he frequently wrote "day," but, if checked, he corrected the error; "homo" he guessed as "horse."

Experiments with coins brought out the fact of his knowing, to some extent, at least, their relative value; a halfpenny he called (as is common in Scotland) "ha'-p'ny," and a penny he seemed to call the same; but, it was noticed, that he then always repeated the word, and it became clear that he meant "ha'-p'ny, ha'-p'ny" to be a double halfpenny—i.e., a penny. Before dismissal, when his knowledge of the names of coins had considerably improved, he could not name half-a-crown, but called it "shilling, shilling, sixpence."

Following up some hints obtained during the examination, he was tried with various compound words, but he did not succeed in naming objects thus designated. A watch-key he called a "watch," although, on questioning, he confessed it was not a watch, and supplemented this name by a gesture showing its use. An egg-cup he called an "egg," and so on, always admitting his wrong use of such words.

Singing was one of his accomplishments, and it was interesting to learn from his mother that it was in connection with singing that he began, first of all, to use any words after his illness. We found that he could start the songs himself, and he kept moderately well to the tune throughout. Most of the song was made up of simple sounds, but now and then two or three distinct words could be traced; indeed, in one hymn he sang—"Hold the Fort"—he slurred over very few of the words.

He was once seen in a rage at the nurse, who had interfered in some quarrel between him and another boy regarding a top; but, amidst all his indignation, he could not get beyond one word. When asked what was wrong, he said, "her" (pointing to the nurse), then "peerie" (a Scotch word for the top, and pointing at her pocket), and by-and-bye, in disgust and crying much, he kicked off his slippers and said "hame" (home). In this way, with single words and gestures, he usually made himself quite understood. All these facts acquired great significance when it was found that he had been, for his age, well advanced in school, and specimens of his writing, before his illness, and his school books testified to this. He had also learned at school to draw and to sing. Indeed, he seems to have been rather a clever boy, and even with his imperfect speech and defective education since his illness, he showed evidence of considerable sharpness and wit.

The history of his illness was briefly this. Fifteen months before admission he had scarlatina, not of a malignant type, followed by general dropsy and, as stated, inflammation of the kidneys, and, during this dropsy (about a month from the beginning of the fever), he was seized with convulsions, preceded for about an hour and a half by stupor. The convulsions affected the right side of the body exclusively;



they lasted, off and on, for about nine hours; some vomiting occurred in connection with this attack of convulsions. After the fits he lay unconscious for about nine days, passing everything in bed. The dropsy disappeared after this seizure, and he gradually improved in other respects also, but he was found, on recovering from his unconscious state, to have marked paralysis of the right side. This also improved greatly, but it was four months before he could walk. During this period of recovery he had several convulsive attacks, differing from the first in being general, and not unilateral; one of the worst of these attacks had occurred a month before admission. After the unilateral convulsions, which ushered in the hemiplegia, his mother states that there were blindness and deafness as well as loss of speech. The sight and hearing seemed to improve along with the power of walking, and are now natural, or nearly so. No otorrhœa existed at any time. About the same time that the power of walking returned, he began to use the phrase, "Deed no," but this phrase his mother regarded as a "rhyme," apart from any meaning. He indicated assent and dissent by movements of the head. His mother thinks that it had only been for about three or four months before admission that he could understand words addressed to him; when asked to bring anything before that time, he stood still and seemed stupid, and only knew what was wanted when it was pointed at. Attempts were persistently made by the family to teach him, and he can now name a large number of objects when they are shown to him, but, so far as can be made out, this knowledge of words has all been the result of a secondary education; they also taught him to write his name to a copy, and (vaguely) made efforts to overcome his defect by the use of the finger alphabet used by the dumb. Since his illness he has become more passionate and irritable than formerly, and has destroyed many of his books and toys. Prior to his illness he had been subject to headaches, but these have left him since then.

Examination of the boy, on admission, showed a considerable paralysis of the right arm (without rigidity), and a very slight paralysis of the

right leg, but no distinct paralysis of the face, and no affection of the cranial nerves, so far as could be made out. Dr. Reid kindly examined the eyes with the ophthalmoscope, but nothing special was detected. The heart seemed perfectly normal, as also the urine, which was frequently examined. The general condition during his residence in the wards for two months, was excellent, and no convulsions occurred.

His progress, on the whole, was small. Faradization was regularly used for the arm, and he was encouraged to use it, and by-and-bye he could write a little with his right hand. He learned, also, as stated, to write some words to dictation, and he could also put a few words together, little phrases, such as, "Good morning, sir;" as a result of training by the nurses, he frequently corrected "Ay" into "Yes, sir;" he could also latterly write figures correctly up to twenty, but his knowledge of figures remained very limited; if asked how much the figure 6 represented, he would hold up six fingers; if urged to name it, he might count 1, 2, 3, 4, 5, 6, and then, if asked how much, he might answer, "seven;" with certain figures, however, he was, at times, correct.

It seemed very plain that, with such an intelligent lad, and with the history given, much might be done in the way of education, and the experience in the ward confirmed this. He seemed, in many respects, to resemble a child learning words and figures for the first time, making the same kind of mistakes, and having the same tendency to forget rapidly. It occurred to me, therefore, and to Dr. Gairdner and Dr. Yellowlees, who examined the case also, that the Asylum and School for Imbecile Children at Larbert would be a fitting place for the education of such a one to be begun afresh, as the parents were too poor to have skilled instruction, adapted for his mental state, provided at home; a representation to this effect was made by me to the directors, but although the case seemed much more hopeful than that of one with a congenital defect, they seemed to have some doubts and difficulties in the matter, and declined to place him on the list. In this connection a speculation of Dr. Gairdner's, published some years ago in his paper on Aphasia,

may be mentioned—viz., that certain cases of imbecility or idiocy may be due to an affection of the organ of language in early life, before it can show itself by loss of speech, and that this loss of language, by preventing education, may be the cause of imbecility in some children.

APHASIA AND RIGHT HEMIPLEGIA IN  
PERTUSSIS.

Aphasia and hemiplegia, complicating whooping-cough, are certainly very unusual, and, so far as I am aware, no case of this kind has been published. I was asked by Dr. G. R. Allan, on March 5th, 1876, to see a girl seven years of age. There was whooping-cough in the family, and this child had been kept from school on February 25th, on account of cough and vomiting. In three days the child was evidently worse, and vomited much, and Dr. Allan saw her on the following day, and prescribed regulation of her diet, and some medicine for the stomach and bowels, with apparent benefit. On March 3rd, right-sided paralysis was detected, and the only words the child said were, "Ma—ma:" she was very restless, and complained of pain about the left temple. On March 5th I found a very marked paralysis of the right arm, which she lifted and nursed with the other hand, and a slight paralysis of the right cheek: the paralysis of the right leg was, apparently, passing away. She understood words, and tried to give her powerless arm when it was asked for; she distinguished pictures shown to her, and pointed out things when they were asked for, but she only said, "Ma—ma;" she made, however, some attempt at "Yes." The case was at once recognized as aphasia. Hydrocyanic acid was ordered for the cough, the hair to be shortened, and the head kept cool. Next morning a little improvement in the arm was noticed, and she could now say "Davie" (her brother's name), and "Ma's lamb" (a pet name for herself). Early in this morning her mother had noticed some twitching of the right arm, and there was some vomiting, but, in the evening, violent convulsions, affecting the right side, supervened, and the conjunctivæ were much suffused. The convulsion had continued for about half an hour, when Dr. Allan arrived and administered

chloroform, under which the convulsion ceased. The hair, which had previously been shortened, was now shaved off, and bromide of potassium and chloral were given in moderate doses every three or four hours. There was no recurrence of the convulsion, but next day she was still very poorly, very thirsty, and her tongue much coated.

On March 8th Dr. Allan, in his notes, which he has kindly supplied to me, states that she tried to speak, saying, "Yes," "Maggie," "read," quite plainly; when any object in the room was pointed at, and she was asked its name, she tried to answer, but only said "Yes," or "Maggie," or "Ma—ma," and seemed annoyed at her failure. Next day a distinct improvement in speech was noticed; although she could not name the letters of the alphabet when pointed out, she could repeat them when named, and the power in her arm had likewise improved. On March 12th I saw her again; the paralysis had almost passed away, and she could name most of the objects and letters with which she had been tried during the last few days. Some, however (as comb and brush), she could not name, but she showed by signs that she knew their use, and when told their names seldom made a mistake again. Tested with colours, she seemed much puzzled, although she knew them before her illness, and called red blue, and yellow green. Although immensely improved, there was an abnormal irritability about her, and her parents were advised not to tease her much with attempts at naming objects. From this time her improvement became very rapid, and when I saw her for the third time on May 23rd, there was no trace either of paralysis or aphasia, and only a very slightly greater childishness in her manner than one might expect at her age. It is worthy of remark that the whooping-cough was never very severe in this case, and in particular none of those alarming paroxysms occurred which we often see. The onset of the paralysis and the aphasia *before* the unilateral convulsions, formed a contrast to the case of the boy just detailed, and the rapid recovery no doubt pointed to a less serious lesion of the brain. There was no affection of the heart, and the urine was not albuminous.

## HYSTERICAL DUMBNESS IN A CHILD.

Very different from the preceding, although also unusual in one so young, was the case of a girl, ten and a half years old, who came from Ayr, and was admitted to my ward at the Western Infirmary. There was no nervous tendency made out in the family history, except in the case of her mother, who had died of phthisis, but who had also been subject to hysterical seizures, which assumed the form of swoons. This child had, of course, never menstruated, but had been in good health till the end of February, 1876, ten weeks before her admission. Although never an anxious scholar, she had been apparently agitated regarding some school examination, and two days after, on returning from church, she had a nervous attack, throwing herself about, and striking at the walls and her friends, &c. This passed off in three days; during this time she ate but little, she did not speak, and was supposed not to hear. Four weeks later she had a similar attack, also lasting three days, but less violent. Since then she had had several attacks, lasting for a day, with much less violence, but associated, as the friends thought, with absolute deafness as well as dumbness; these always passed away after a night's rest. But on April 28th such an attack came on, and as it had lasted for a week, she was brought to the Infirmary on May 4th, still affected in the same way. Her manner presented a combination of the restless and prying disposition often seen in slightly idiotic children, with great violence and excitement when crossed. Thus, she had been prying about the wards, apparently quite interested in everything, but when her father was preparing to leave her she clutched at him and screamed in the most violent way: when he was away she became almost at once quite quiet and tractable as before. Next day she answered on a slate several questions written down for her, doing this with great apparent interest. It could not quite certainly be made out whether she could hear or not, but my impression was that she did hear.

An attempt was made the day after admission to try to get her to speak, by writing the word down and speaking it loudly into her ear,

and making her imitate it again and again till she came near the sound. In this way she uttered some sounds, which could occasionally be recognized as words. Nothing abnormal was found in her physical condition, on careful examination, except opacities of the cornea, for which she had been under treatment for some time. After we had completed the examination of the heart, liver, &c., and while the patient was in bed, the nurse had kissed her in desiring her to lie still, and considerable amusement was caused by the child's eagerness to kiss the students all round. The treatment (in addition to the attempt at teaching her to speak) consisted at first in continuing the ten-grain dose of bromide of potassium at night, which she had been getting at home, and on the day after admission she had a scammony purge.

Next morning when she awoke she said to the night nurse, "Good morning," and at the visit, an hour or two later, she spoke freely in answer to questions, and seemed quite different in her manner. She also read some pieces of verse, and recited a few lines of poetry from memory. No return of this affection occurred during her month's stay in the ward. It was proposed to keep her for another month away from home influences, which, it was feared, had not been favourable for her, but she had one or two slight febrile attacks, one of them with sore throat, and one whose cause was obscure, and her friends removed her to Ayr during my absence from duty at the Infirmary. I learned subsequently, however, that she had continued well and free from the nervous attacks.—*Obstetrical Journal*.

B., C., & F. says, in reply to the letter of "A Student" which appeared in the last issue, we beg to state the following:—1 part of salicylic acid is soluble only in 300 parts of water (15° R.), 4 to 5 parts alcohol, 50 parts hot oil or glycerine. In adding water to an alcoholic solution, of course solid salicylic acid will be set free in proportion to the reduction of the alcohol; and to dissolve this excess of salicylic acid that has been set free, another addition of alcohol or a proportionate quantity of water will be necessary.—*Lancet*.

## IMPORTANT TO EXAMINERS OF LIFE INSURANCE.

DR. THEODORE PARKER'S

### *Limit Table of Weights and Measurements.*

Limit of underweight, 25 per cent. Limit of overweight, 45 per cent.

Height.	Chest.	Standard weight.	25 per ct. under weight.	45 per ct. over weight.
5 ft. . . . .	33½ in . . . . .	115 lbs . . . . .	92 lbs . . . . .	167 lbs
5 " 1 in 34 " . . . . .	" . . . . .	120 " . . . . .	96 " . . . . .	174 "
5 " 2 " 35 " . . . . .	" . . . . .	125 " . . . . .	100 " . . . . .	181½ "
5 " 3 " 36 " . . . . .	" . . . . .	130 " . . . . .	104 " . . . . .	188½ "
5 " 4 " 36½ " . . . . .	" . . . . .	135 " . . . . .	108 " . . . . .	195 "
5 " 5 " 37 " . . . . .	" . . . . .	140 " . . . . .	112 " . . . . .	203 "
5 " 6 " 37½ " . . . . .	" . . . . .	143 " . . . . .	114 " . . . . .	207 "
5 " 7 " 38 " . . . . .	" . . . . .	145 " . . . . .	116 " . . . . .	210 "
5 " 8 " 38½ " . . . . .	" . . . . .	148 " . . . . .	119½ " . . . . .	215 "
5 " 9 " 39 " . . . . .	" . . . . .	155 " . . . . .	124 " . . . . .	224½ "
5 " 10 " 39½ " . . . . .	" . . . . .	160 " . . . . .	128 " . . . . .	232 "
5 " 11 " 40½ " . . . . .	" . . . . .	165 " . . . . .	132 " . . . . .	239 "
6 " 41 " . . . . .	" . . . . .	170 " . . . . .	136 " . . . . .	246 "
6 " 1 " 41½ " . . . . .	" . . . . .	175 " . . . . .	140 " . . . . .	254 "

The Doctor says this table was constructed by him seven years ago, as a guide in his company, the Globe Mutual Life, of this city, and experience has confirmed its value, as a rule that applicants 25 per cent. under standard weight and 45 per cent. over are not safe cases for insurance at regular rates.

As a limit, therefore, of under and overweight, it will aid the examiner in forming an opinion of the safety of the risk for his company. Twenty-five per cent. *under-weight* is the loss of one-fourth of the man, and calls for the most searching investigation on the part of the examiner. These light weight cases may be the result of chronic dyspepsia, diarrhœa or dysentery, marasmus, scrofula, hæmorrhoids, (bleeding), hypertrophy of the heart, with excessive impulse, albuminurea, Bright's disease. In addition to these, in the case of females, some chronic uterine disease may be suspected. The exceptions are few in which it is safe to disregard these limits, and in every such case of under-weight tests for Bright's disease and other obscure organic mischief are imperatively indicated. In this connection will be seen the importance of being accurate in stating the height and weight. Mistakes might cause the rejection by the Home Office of a good risk, or the acceptance of a bad one.

## ETIOLOGY OF ANGINA PECTORIS.

According to G. See (*Berlin. Klin. Wochens.*: from *La France Med.*, 1876, No. 26, et seq.), angina pectoris is not dependent upon a peculiar neurosis, but upon ischæmia of the heart. As original causes may be mentioned mechanical changes in the coronary arteries in connection with degeneration of the cardiac muscular tissue, and dilatation of the cardiac cavity. By this means the coronary arteries are insufficiently nourished, and at the same time an insufficient supply of blood is brought to the heart. Occasionally, but much less frequently, purely functional disturbances in the coronary arteries are the cause, as in coughing, hysteria, etc. Actual organic lesions are, however, most usually at fault. By this ischæmia of the heart, See explains all the symptoms, as well as the cause of death. When the myocardia and, at the same time, the nerve-terminations are supplied with too little blood, pain will be caused simply from this anæmia, and this is the origin of the agony. This irritation of the sensitive nerves excites reflexly the motor twigs of the vagus, which induces slowness of pulse towards the end of the attack, with the concluding interruption of cardiac contraction. Later, exhaustion of the vagus occurs, and following this the final acceleration of the pulse which is observed. The painful irradiations into the shoulder and arm, as well as into other parts of the body, are explained by See as the result of transmission from the nerves originally irritated to various other sensitive nerves. As remedies, See recommends strongly subcutaneous injections of morphia or enema of hydrate of chloral to the amount of two or three grammes (30 to 45 grains). *Liquor ammon. acetat.*, diluted with an equal quantity of water, six to eight gram. (fʒss ad fʒii), is sometimes of service. See has had no experience with nitrite of amyl. In the intervals, he recommends bromide of potassium, digitalis, rest, and hygiene.—*Medical Times.*

Dr. E. H. Pratt, of Wheaton, Ill., recently reported to a Homœopathic Medical Society the case of "a mother who had given birth to a child with a small Homœopathic pill in its throat, which had been occasioned by another child having swallowed a number of little pills, which frightened the mother during pregnancy!"

## Surgery.

### ON INTERNAL SKIN DISEASES.

BY T. CLIFFORD ALLBUTT, M.A., M.D., CANTAB.,  
F.L.S., ETC.,

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It is in no spirit of mere paradox that I venture such a title to my present paper as the "Internal Skin Diseases." Certainly I am making use of language a little beside the line of common usage and opinion; and if by so doing I strike the reader's attention, I shall not be sorry; but by diseases of the internal skin I mean certain affections which may strictly be so called, and which have been so neglected or unknown that a new name for them is not without its advantages. To those who have some knowledge of the German tongue my title will seem less peculiar. In that language almost the same name is given to the external and internal teguments—that is to the skin proper—and to the mucous membrane; and if we spoke of the former as the skin and of the latter as the "slime-skin," and if we bore in mind that the two teguments have most natural affinity and a like developement, we should be the more ready to remember that they may be subject to similar or identical changes in disease, or to changes only modified by the accidents of their surroundings.

It is the evil of specialism, that such wider views of the relations between distant and superficially unlike changes gain no ground; but, on the whole, specialism is good, in so far, and so far only, as the whole profession assimilates the knowledge gained by specialists, in so far, that is, as the medical public at large will read the Archives of Dermatology. As a specialist, indeed, I have no right to speak. Skin diseases form but a small part of my practice as a physician. Nevertheless, I have always felt an attraction to this part of medical science; as, in skin diseases alone, we can watch closely and can compare the varieties of morbid change, and can combine accurate observations of outside changes with careful inference as to those within. For instance, we can scarcely conceive of ourselves as speaking of all cutaneous inflammations simply as derma-

titis. We know that there is an eczema, a psoriasis, an acne, an erysipelas, and many other things which are all dermatitis, and we have accustomed ourselves to expect the higher accuracy. But we are quite content to speak of bronchitis as a sufficiently descriptive term, forgetting that the inflammations of the bronchial skin may be as various in their character as those of the outer tegument. But we cannot see them; nor does it seem to occur to any one to endeavour to see or distinguish them by the eye or reason. Yet a study of external dermatitis, in all its varieties, may give us fair ground for inference concerning the possible varieties of internal dermatitis, of bronchitis or enteritis. Fortunately we have some help in the visible parts of the mucous membrane; and the mouth is known to have its varieties of stomatitis, its herpes, its psoriasis, and its parasitic diseases.

It may be well, therefore, for me to prompt inquiry somewhat farther in the same direction. I say to prompt inquiry; for I will not pretend now to give a full account, or to attempt a full account, of all that can be included under the present title of my paper. Psoriasis of the tongue, for instance, is sufficiently well known, and so is herpes of the lips and mucous lining of the mouth. This latter, however, is not recognized as fully as it might be. Many persons are terrible martyrs to it; as it will return with great obstinacy, many times a year for many years, causing great suffering, and interfering with the power of masticating food. One lady, now under my care, has had this recurrent affection for twenty or thirty years, and her daughter is subject to external psoriasis. Arsenic relieves both patients—the mother a little, and the daughter more. Buccal herpes is, however, as yet in any permanent sense, almost incurable. Another rather common affection is what I believe to be eczema of the bronchial tubes. Now here I may say, that I use the word eczema with a good deal of hesitation, as I am unable to describe the precise characters of the eruptions. After death, it is well known that the character of all moist diseases is much changed, and it is then only that we can examine the state I call bronchial eczema. Moreover, this state is fortunately free

from much danger to life, and examinations of it *post mortem* must be rare. The affection of which I speak, however, seems to be eczematous rather than herpetic, or of the character of psoriasis, because it is not so fugitive as herpes, nor is it attended with the evacuation of shreds, as is the case with psoriasis of the colon. Bronchial eczema may be distinguished from common bronchial catarrh partly by its symptoms and partly by its occurrence in persons otherwise known to be liable to such diseases externally. On the other hand, it must be distinguished from that pure asthma, to which, among other neuroses, persons of a dartsious diathesis are obnoxious. Eczematoid bronchitis causes the following symptoms:—

1. There is much wheezing, and asthmatic oppression and cough.

2. Very variable expectoration, never becoming purulent, generally scanty and frothy, but sometimes more profuse and glairy; there is occasionally streaky hæmoptysis.

3. The physical signs are confined to the larger tubes, and consist chiefly of sibilant râles.

4. There is little or no tendency to cardiac or other complications.

5. It defies all ordinary treatment, and advances and recedes unaccountably.

6. It is somewhat relievable, but not curable, by change of climate; and it prevails at all seasons; sometimes even in midsummer. It may recede on the outbreak of external eczema.

7. It occurs at all ages. My youngest patient at present is a child aged two, and my oldest a married lady aged about fifty-eight.

8. The disturbance of general health and nutrition is slight, except in so far this may be due to sleeplessness, etc.

This distressing affection, if rebellious to those general means which improve the secretions, is often ameliorated by arsenic, being about as amenable to that drug as is external eczema. In some cases, the drug answers wonderfully, in other cases less readily. The so-called gouty bronchitis is probably eczematous also; but, like external gouty eczema, it somewhat differs in development from the dartsious form which I have described above. Gouty bronchitis is too well known to need

further distinction. It does not yield to arsenic, but to the remedies appropriate to gout.

Psoriasis, I believe, occurs very rarely if ever in the bronchial tubes, and prefers the tongue and colon. Psoriasis of the colon has been often described under the name of "membranous enteritis"\* (Da Costa), "mucous disease"† (Whitehead), "enteritis pellicularis," "enteritis pseudo-membranacea" (Cruveilhier), and so on.

This disease is marked by attacks of uneasiness, heat, irritability or even of positive pain in the abdomen, with irritability of the bowels, and the evacuation of shreds of membrane, or even of casts of the intestine, though this I have not myself seen. This ailment is recurrent and capricious—coming on for a time, receding or disappearing, and again returning, in the way that we observe to be the case in external psoriasis. In some inveterate cases (as in one lately under my care), the condition becomes chronic, if not permanent. During the intervals the patient is quite well. There are no feverish symptoms present at any time. It occurs generally in adults; the youngest patient I have had was a young lady of some twenty years, and the oldest a lady of advanced middle life. These cases I shall refer to again. It is more common in women, but is by no means confined to that sex. Now, although this affection has been described repeatedly, and was known to Van Swieten if not to Celsus (Whitehead), yet I believe that, in this paper, its true character is first recognized. In most of my cases, it has actually been associated with external psoriasis; but where so associated, it is usually but slightly developed; so that, without inquiry, it may easily be overlooked. Any admission of abdominal uneasiness in the subjects of psoriasis, therefore, should lead to an inspection of the close-stool, when the motions will often be found to contain membranous shreds, and even slimy matter. Such patients, when questioned, will speak of variable and recurrent tumidity and uneasiness in the abdomen. Their bowels are irregular, often constipated,

\* Amer. Journal Medical Science, Oct., 1871.

† British Medical Journal, Feb., 1871.

have often found arsenic and pitch the most successful; and I believe that a course of the sulphur waters at Harrogate is likely to answer, in severe cases, as it does in external psoriasis. The lady, Mrs. C——, whose case I promised to refer to again, was the case by which my eyes were first opened to the nature of "membranous enteritis." She has been under my care for many years, for very obstinate external psoriasis, and some time ago she told me (after taking a course of pitch pills, which had been of great benefit to her), that the remedies which answered for her psoriasis succeeded also in removing an irritation of the bowels, to which she had been long subject, but which was thrown into the shade by her more obvious and annoying external malady. On examination, I found that she was decidedly the subject of the so-called membranous enteritis; and I found that, by arsenic or the daily use of thirty grains of pitch, the bowel disorder could be kept under. Finally, I may add that such patients often have buccal eruptions. One of mine had also lingual psoriasis: and in several others I have noted eczematous or herpetic conditions of the mouth.

But my limits warn me that I must not attempt to pursue these interesting inquiries too far, but that my paper must, on this occasion, be rather suggestive than comprehensive. Of the syphilides which occur in the mouth and throat, I need not speak, nor of the scrofulides; unless it be to refer to those painless ulcerations on the back of the pharynx and soft palate, and even on the epiglottis, which are generally covered with foul, yellowish secretion, which are sluggish and ultimately heal with scars or even with much loss of substance, and which are only to be cured by anti-scrofulous treatment.

Did space permit, however, I could lead the reader to think of many affections of the mucous membrane, or internal skin, which are special in their nature and features. Affections of the internal ear are often darts and curable by arsenic; so again there is a special kind, catarrh of the stomach, attended with gastrodynia and catarrhal vomiting, or pyrosis, which I believe to be eczematous, and which is certainly often cured by arsenic. It was but

the other day again that a father brought to me his son aged about eight years, who appeared to suffer from some rectal irritation, and in whose rectum I found, on specular examination, a plentiful crop of minute superficial ulcerations set upon a moist red membrane; which state of things almost declared itself, at a glance to be eczema. I trust, however, that instances of "internal skin diseases" may now be collected by others, who, by my observations, may be led to watch for such manifestations in their own practice. I need not stay to persuade the reader that such observations are no mere curiosities or strained analogies; on the contrary, if my words be true, a line of promising treatment will be opened up, not only for such intractable diseases as "membranous enteritis," but for many other affections of a slighter or of an equally obstinate kind; and in the classification of such cases, we shall advance to more and more accurate conceptions of those diathetic affinities of diseases, which conceptions lie at the root of successful therapeutics.—*Archives of Dermatology.*

TWO CASES OF COMPOUND FRACTURE OF THE LEG. (*British Medical Journal*, September 30, 1876.)—In the University College Hospital two cases of compound fracture of the leg were treated in the same ward and at the same time by Mr. Christopher Heath, one on the antiseptic plan, the other by the open method. In the first case the wound was a small one, and was treated antiseptically from the first with very good results. In the second and older patient the fracture became compound, as the result of a fit of delirium tremens, and the bones became so displaced that Mr. Heath found it necessary to remove a portion of the tibia with the saw in order to effect reduction. This patient made a good recovery, with a wound dressed with oakum, so as to absorb all discharges, and was sent out with the fractures firmly united. The daily temperature was carefully taken in both cases; and it is remarkable that, notwithstanding the greater severity of the injury in the second case and the open condition of the wound, the temperature was on the average no higher than that of the antiseptic case.—*Phil. Med. Times.*

## ITINERANT PILE-SURGEONS AND THEIR SECRET.

BY EDMUND ANDREWS, A.M., M.D.

*Professor of Surgery in Chicago Medical College.*

A number of men are itinerating in Illinois and the adjacent States, and treating hæmorrhoids by a new method. The secret has been sold to various physicians and other persons, at prices varying from fifty to twelve hundred dollars, and some of the purchasers have left a good practice in the expectation of making a fortune by travelling about and applying the remedy.

The itinerants usually claim to proceed without any operative measures, but a highly intelligent physician of this State, who investigated the matter somewhat, satisfied himself that a hypodermic syringe was used, but was not certain about the fluid injection.

Subsequent investigation has placed the plan more fully in my possession, and I give it here for the benefit of all concerned.

The first thing is to have a good hypodermic syringe, kept in perfect order, with sharp, delicate pipes. The fluid used is strong carbolic acid dissolved in any bland fixed oil. The proportions are usually as follows :

R Crystalized carbolic acid ..... ʒ iij  
Pure oil ..... f. ʒ i.

Mix.

Some of the itinerants use equal parts of the two ingredients, and some of them substitute glycerine instead of oil, and at least one of them has tried a preparation of ergot.

When the piles are internal, and not readily brought down, a Sims' speculum is employed to uncover them. The operator generally takes only one pile at a time, always selecting the uppermost first, and injects into its interior from four to six drops of the carbolized oil, or rather the oleized carbolic acid. The injection turns the pile white, probably coagulates the blood in its vessels, and results in its shrinking away without the inflammation being severe enough at any one time, as a general thing, to prevent the patient from attending to his business. The well-known power of carbolic acid to act as a local anæsthetic, antiphlogistic and antisuppurative, favours the progress. When the irrita-

tion of the first injection has measurably subsided, another pile is attacked in the same way, and, as the patient cannot see the syringe, he supposes that he has not been subjected to any "operation," which is a great satisfaction to him. The itinerant often call their plan "painless," but it proves in some persons atrociously distressing. The result is, in many other cases, excellent, so that the plan may turn out to be worthy of a permanent place in the treatment of hæmorrhoids.

However, the question whether it is perfectly safe has yet to be decided. In some instances these itinerants have gotten into an alarm at the condition of their patients, and begged earnestly for advice from men who knew more of surgery than themselves, but I have not yet heard of any actual deaths.

The injection of coagulating fluids into enlarged veins in other parts of the body has been extensively tested, the article used generally being tincture of iron. Maisonneuve, of Paris, practised this class of injections, in a great number of cases, with success; but as experience increased, dangers were discovered, and a number of patients have almost instantly died under the operation. The mode of death is supposed to have been this: Drops of the coagulating fluid, thrown into an enlarged vein, may become covered with a thin pellicle of coagulum, and in that state be swept on into the heart, where, by the bursting of the pellicle, the fluid is diffused, and a large coagulum may be instantly formed, and death by embolism occur.

If anything analagous should result from the injection of the carbolic acid and oil into the hæmorrhoidal veins, death would not be likely to occur suddenly, because these veins terminate in the portal system, and, therefore, any encapsuled globules or floating coagula would be arrested in their passage by the capillaries of the liver. Whether the clots thus lodged in the liver would, when large, fatally obstruct the portal vein, and, when small, produce hepatitis and hepatic abscess, is a question which cannot, at present, be answered. It is to be desired that physicians should carefully note whether any dangerous hepatic complications are developed after this method of treating piles, and, if so, to report at once to the journals. Honest



surgeons will not, at present, perhaps, feel justified in risking it, but these rather reckless itinerants will probably test the matter extensively, and it is our duty to observe the results. If the danger of embolism proves to be practically nothing, there is, probably, little else to be feared, and the operation may be a valuable addition to our resources.—*Chicago Medical Journal.*

EXTRACTION OF FOREIGN BODIES FROM THE EAR.—Mr. George P. Field refers to the case of a little girl, *æt.* 6, who presented herself with a black glass bead the size of a large pea in her left ear. Previously, however, several attempts had been made to extract the bead; but, unfortunately, the mischief was only increased, the bead having been pushed in still deeper, and firmly imbedded, the result of subsequent inflammation. The ear was syringed gently, and any further attempt at removal was postponed, as there was a good deal of inflammation for a few days. She was, however, laid up with chicken-pox for two months; and when she came again to the hospital all inflammatory signs had disappeared, but the bead could easily be distinguished with the speculum, deeply seated and firmly fixed. She was put under chloroform, and an attempt was made to remove it by means of glue attached to the end of a piece of stick. This failed altogether. She was, therefore, placed on her side, with the affected ear downwards, and the syringe used from below; and, after a little trouble, the bead dropped out. This is a case that one is likely to meet with almost every day. A great deal more harm than good is often done by the use of instruments; but by the following method no injury can be caused. Place the patient under chloroform, with the ear affected downwards, and syringe from below. Pull the auricle backwards and upwards (by this means the external auditory meatus is made into a straight tube), and apply the nozzle of the syringe to the upper wall of the passage. The water is then gently forced behind the obstruction; the foreign body is loosened, and its own weight will cause it to fall out of the ear.—*The British Medical Journal.*

## ADMINISTRATION OF CHLOROFORM.

Prof. Geo. H. B. Macleod, F. R. S. E., of Scotland, in a lecture to students, urges the grave responsibility of the person who administers chloroform—the anæsthetic so extensively and successfully used in that country—and says: “Every time it is administered a certain menace is directed against the life of a fellow creature, and it is only by the utmost attention to certain rules that safety is secured.” He has not had an accident from its use in an active surgical career of over twenty years. He regards it as a good surgeon does a very sharp instrument—a splendid thing when directed by skill and intelligence, but bad in the hands of children. He regards it as being much safer than ether, and believes that death occurs from culpable negligence in its administration as in many cases from the shock of the operation for which it was given, the patient not being sufficiently under its influence. No examination of the patient for cardiac or other affections is required, for if the patient is fit for the operation he is fit for chloroform. “We recognize almost no disease as rendering a patient an unfit subject for chloroform.” Heart disease is often alleviated by its employment, the chief danger being from shock in consequence of incomplete anæsthesia.

No person should be charged with any other duty when he is asked to administer chloroform, for many deaths have resulted from neglecting this rule. The state of the patient is ever changing, and these alterations must be watched and guided, a duty sufficient for any one.

Before administering the anæsthetic care should be taken to have ready at hand artery forceps to pull the tongue forward, cold water to dash on the face and chest in case of syncope, a kettle of hot water, a bowl, and a sponge large enough to fill the bowl. In Nelaton's method the bowl and sponge can be filled with hot water and the head placed in it. This usually acts very rapidly. There should also be some aromat. spts. ammonia and brandy. Soft cloths for discharges from the mouth, a chair to sit in, and a ready means of admitting fresh air.

The chloroform should be pure and the pa.

tient prepared by a purgative the previous day, no solid food for three hours, and one or two teaspoonsful of brandy just before the chloroform. No examination of the chest, or other procedure calculated to disturb the patient, should be permitted. A towel is the best inhaler, and the fore part of the day the best time.

The patient should be in a recumbent position, with clothes loose, head low, comfortably but not heavily covered, and false teeth removed. No instruments should be laid on the patient, and crowding around of bystanders avoided. The patient should close his eyes and breathe naturally.

The anæsthetic should be continued till it annuls intelligence, voluntary motion, sensation and reflex action, or danger from shock may be apprehended. Touching the eyeball, or irritating the diseased part, may serve as a guide to the completeness of the anæsthesia. On the appearance of pallor, draw the tongue forward, lower the head, (Nealton's method), dash cold water on the face and chest, and induce artificial respiration.

As the anæsthesia passes off, a few sharp slaps will arouse the patient sufficiently to take some strong and warm tea—one of the best restoratives—when the patient should be placed, warmly covered, in a well-aired, dark room to sleep. With careful attention to these and similar rules, there can be very little danger in administering this potent agent.—*Peninsular Med. Jour.*

#### TREATMENT OF LESIONS OF THE MEMBRANA TYMPANI.

Dr. J. P. Cassells observes that in every case of lesion of the membrana tympani the following points demand attention. 1. The history of the case. 2. The site of the lesion. 3. Its form. 4. Its appearance; and 5. The results of auscultation. After discussing each of these points separately, he states that in the treatment of such cases he has always regarded the tinnitus aurium as indicative of congestion of the vessels of the inner ear, and the damping of the tone-perception as caused by their pressure upon the minute nerve fibres in the cochlea.

Complete non-perception of the tones, however, may exist from the outset, with or without tinnitus; in either case there is paralysis of the cochlear division of the auditory nerve. Holding this view of the pathology of labyrinthine shock, he usually, in the treatment of cases in which the tinnitus is intense and the tone-perception dulled, endeavours to lessen the congestion of this part of the ear by the local abstraction of blood, free purgation by salines, and mustard pediluvia. These measures, coupled with mental and physical rest, have hitherto yielded him good results. In some cases, however, they have failed to afford complete relief to all the symptoms, especially the tinnitus. Where this has been the case, he has had reasonable grounds for suspecting that some inflammatory products had been effused. In such instances the prolonged use of the perchloride of mercury (best given in the tincture of bark of the Edinburgh Pharmacopœia) has afforded satisfactory results. If from the outset of the case there is an entire absence of this symptom, or any other sign of active congestion of the labyrinth, the constant current may be used in the manner directed by Rudolph Brenner, with a fair hope of restoring the normal perception of tones, and of removing the deafness to articulate speech. In many cases nature, unaided by art, is capable of effecting a cure.—*The Practitioner.*

In the *London Lancet*, for October 21st, is a report by A. M. McAlldowie, M.B., House Surgeon to the Royal Surrey County Hospital, of a case of "primary cancer of the lungs in a child five and a half months old "occurring in the Hospital. The lungs were infiltrated with hard white nodules varying in size from a millet seed to half an inch in diameter. "The pulmonary tissue surrounding the cancerous masses was quite healthy. The bronchial glands were enlarged, hard, and infiltrated. The brain, liver, kidneys, and all the other organs appeared to be quite healthy." There was a total absence of physical signs of the disease; but a slight, short, dry cough was present, together with great emaciation and fretfulness. There was no history of phthisis or cancer in the family. Some malignant affection was suspected, but a diagnosis was not made *ante mortem*.

## Midwifery.

### PESSARIES.

At a recent meeting of the Société de Thérapeutique (*Gaz. Hebd.*, July 17), Dr. Garral presented a new pessary, which he termed the "flat ring elastic pessary." He had found that ring pessaries with rounded edges, brought in contact with the internal surface of the vagina, do not always admit of exact application over a sufficient extent of surface, and are liable to glide away. The ring, moreover, is liable to assume the vertical position, instead of remaining horizontal, and thus to present its upper portion to the os uteri. To remedy these inconveniences, M. Garral has had elastic ring pessaries constructed which are flat, light, and of small size. They are lighter and less thick than the old rings, and possess, on this account, a double advantage. Being more raised, they compel a reflexion of the vagina towards the uterus, so that this canal loses so much of its length, maintaining the organ more in its physiological position. The flat rings being more hollowed out than the round, the os uteri has more space for its lodgment, especially when enlarged. These rings are easily elongated by compression at opposite points of their circumference, rendering their introduction easy by the patients themselves.

M. Delieux stated that he was of opinion that the cases are very few in which pessaries are required, and he could only understand their utility when there is an enormous prolapsus uteri with eversion of the vulva. As a general rule, their utility is very dubious, and M. Delieux mentioned that Dr. Guéneau de Mussy is very much of his opinion, preferring sponges hollowed out in shape of mushrooms. M. Delieux himself prefers a simple plug of pretty firm wadding. With this, a well-made hypogastric belt, and injection of tannin or alum, the walls of the vagina contract so as to hold the uterus. As engorgement of the cervix uteri is the chief cause of the prolapsus, it is to the treatment of this our attention should be chiefly directed. MM. Créquy and Dujardin-Beaumetz have both found this new pessary to act admirably. M. Moutard-Martin shared M.

Delioux's scepticism as to the utility of pessaries; and the fact that this new one is stated to be capable of retention for a long time is, in his opinion, a bad feature, likely to give rise to the production of ulcerations and vegetations. For many years past he has employed little bags of muslin, three or four centimetres long, equal in size to three fingers joined together. These are incompletely filled with linseed meal and some powder of oak bark, and dipped in tepid water immediately before introduction. As a long thread is attached which hangs out beyond the vulva, the patient herself passes in a new bag every morning and removes it in the evening. M. Vigié stated that he had prepared for M. Guéneau de Mussy, in order to prevent the sponges he uses becoming putrefied, sponges soaked in paraffine. M. Delieux sees no advantage in this, as the pessary or plug (which always should be introduced by the practitioner himself with the aid of Fergusson's speculum) should be changed morning and evening, or, in case of necessity, at most at the end of two or three days. M. C. Paul believes that this pessary of M. Garral possesses certain advantages—its breadth allowing the uterus to enter completely within it, and to remain suspended, so to say, in a state of equilibrium. For its application, it requires that the vagina should be in a relaxed condition; but if the caoutchouc has been well prepared, this pessary may remain *in situ* two or three days without inconvenience. A necessary condition is that the uterus should be in a state of retroversion, for if there is anteversion the pessary is of no use. M. Paul has found the linseed vaginal cataplasms of M. Moutard-Martin of utility in uterine affections. In a case of metro-peritonitis, relief was produced very rapidly. The bags must not be too large, or their introduction becomes difficult. M. Bucquoy related that while an *interne* of Louis he had seen true cataplasms applied to the vagina. They were made thin and rolled around a small stick, which, having served as a means of introducing them, was withdrawn. This practice, which was an excellent one, seems to have entirely fallen into neglect, M. Fournier, of the Lourcine, being the only person who now employs vaginal cataplasms. M. Fournier makes use of voluminous cataplasms which

quite distend the vagina; and he states that he was first induced to resort to this practice by having observed the effects which had several times resulted from his pupils having forgotten to remove large wadding plugs that had been introduced. In each instance these, so far from having acted prejudicially, had proved of service in treating vaginitis. M. Moutard-Martin stated that he employed his bags in descent of the uterus, and especially in anteversion. It is in this case essential that the practitioner should introduce them himself, in order that they may be passed into the posterior *cul-de-sac*. The desire to pass urine and the difficulty of walking at once cease; and he never employs any other pessary.—*Med. Times and Gazette*.

#### FORMATION OF VAGINA WITHOUT EMPLOYMENT OF CUTTING INSTRUMENTS.

LEFORT. (*L'Union Med.*, No. 91.)

A woman, twenty-six years old, had suffered from general disorder at the menstrual periods since her fifteenth year. In consequence of the absence of the vagina, the menses had been replaced by supplementary hæmorrhages; hæmoptyses, bleeding from the integument of the limbs, excessively painful and often intolerable epistaxis. In 1872 she entered La Pitié, where Labbé performed ten operations, with the only result of creating a vulvar infundibulum a few centimetres in depth. Discouraged by this failure, the patient left the hospital after a sojourn there of eighteen months. But the pain and supplementary hæmorrhage continuing, she entered the Beaujon in July, 1875, where M. Anger succeeded LeFort, and performed the eleventh operation, which increased the depth of the infundibulum, but was followed by a severe attack of pelvi-peritonitis, which compelled LeFort to suspend interference until January, 1876.

He then operated by introducing a boxwood cylinder, terminating in a metallic knob, placed in connection with the positive pole of a battery of small elements, with sulphate of copper. The negative pole connected with a metallic disk, surrounded by moistened linen, and resting upon the abdominal surface. This weak current is

not perceived by patients, and only produces an eschar, which is small in the immediate contact of the metallic rheophors. The apparatus was placed *in situ* every evening, and kept there all night. Little by little the stem made a way for itself in the vesico-rectal septum, and, on the 26th of February it had penetrated as far as the cervix uteri. Then, for the first time, the patient experienced, at her menstrual epoch, a moderate flow of blood from the vagina; though the latter still escaped with difficulty, as there was conjointly abdominal pain and slight hæmoptysis. But the treatment having been continued for another month, a canal was formed of sufficient size, and menstruation has since become painless, normal, and perfectly regular.

After two months' stay at Vesinet, in consequence of a pneumonia with which she was attacked, the patient re-entered the Beaujon July 1st, and the treatment was renewed—this time for the purpose of giving to the vagina a sufficient size. Finally, on the 29th of July it was possible to establish, by the aid of the speculum, a small and irregular cervix, ten centimetres in depth. An hysterometre, introduced by the orifice of the neck, penetrated to the extent of six and a half centimetres, the uterine cavity being, consequently, of normal length. The result, therefore, is complete. In order to render it permanent, and to prevent the retraction of the artificially formed canal, it will suffice for the patient to introduce nightly an intra-vaginal pessary, in the form of a cylindro-conical stem of boxwood or ivory—"that is," (adds the French author, with characteristic naiveté,) "in default of those physiological measures which her years might permit."

A SIGN OF REAL DEATH IN THE HUMAN EYE. ALMES. (*Gazetta Medic. Ital. prov. Venet.*)—This sign consists in the retraction or non-retraction of the iris after puncture of the cornea and evacuation of the aqueous humour. When the pupil contracts, life still exists; when it remains fixed, that is an unfailing sign of death. The puncture of the cornea by the aid of a cataract knife or ordinary lancet is a harmless operation.—*Chicago Med. Jour. and Exam.*

**A CASE OF SUPPOSED UTERINE CANCER, IN WHICH A SPONGE WAS RETAINED IN THE VAGINA FOR TWO YEARS.**

BY EDWARD W. JENKS, M.D.,

*Professor of Diseases of Women, Etc., Detroit Medical College.*

I was summoned, not long since, to see a patient who was supposed by her friends and medical attendant to have cancer of the uterus, from a sanious vaginal discharge which had been profuse and offensive for over a year. It is but just to my friend, who called me in consultation, to say that he had formed no opinion of the case from physical examination, as he postponed that until I saw the patient with him.

The patient, Mrs. —, sixty-two years of age, stated that she had ceased menstruating twelve years previous; that she was the mother of several children, and had always possessed good health until the present difficulty. The discharge she said was not only very offensive, but exhausting and very irritating. Upon examination the external genitalia were seen to be deeply excoriated and the inner part of the thighs in a similar condition. Carrying a finger into the vagina, I could distinctly feel at the uterine extremity a soft immovable mass, unlike any morbid growth I had ever before encountered. I then inserted a speculum and saw that it was a sponge quite firmly held in position. A portion seemed almost encysted, so that the force required for its removal by dressing forceps tore it into pieces. As the sponge was removed the atrophied, uterine neck, and the vagina surrounding it, were seen to be ulcerated and bleeding surfaces.

The patient informed me that she had formerly been troubled with "falling of the womb," for which she had been in the habit of having sponges inserted; that the last one was put in by a physician two years before, which she was quite sure she had afterwards removed. Soon after this she began to have the offensive discharge which occasioned my visit. It is probable that she may have removed a portion of the sponge that was inserted, or may have removed none, but thought she had. Only for the peculiar condition of the neck of the uterus and the vagina, occasioned by the senile changes of these organs, it could be hardly possible for

the sponge to be so firmly retained such a length of time in the superior portion of the vagina; and at no other time of life than after the menopause, could a foreign substance like a sponge be in constant apposition with the neck of the uterus for two years and produce such slight derangement. It is needless to add that with the removal of the sponge the patient made a rapid recovery, with no other treatment than the use of detergent vaginal washes.—*Chic. Med. Jour. and Ex.*

**FOUR CHILDREN AT A BIRTH.**—By Henry H. Thorpe, M.D., of Liberty Hill, Williamson County, Texas.—The following case of pregnancy has just occurred in my practice:—On the night of the 13th of September I was called to attend Mrs. S., mother of seven children, having been delivered of twins at fourth pregnancy. I found os fully dilated. I ruptured membrane, after which she was soon delivered of a female child weighing three pounds. I then found two presenting, one cephalic, the other breech presentation. I ruptured the membrane, and succeeded in delivering both, when I found a fourth child, having a cephalic presentation; ruptured membrane, and fourth child was delivered. All are living, and are all doing well. One child weighed three pounds; two, three and a half, respectively; fourth, weight four pounds. The cords had separate attachments to placenta, but within a radius of one and a half or two inches. All are female children.

**CASE OF FIVE CHILDREN AT A BIRTH.**—By James F. Pearce, M.D., of Mars Bluff, S. C.—Scilla M., a negro woman, a multipara, gave birth, on the 11th of September, to five children. The labour was premature by one and a half months. The children were small but perfectly developed, ten and three-quarter inches long, and weighed (estimated, I had no opportunity of weighing) about two and a half pounds each. One female was attached to a separate placenta. One female and three male children attached by separate cords to same placenta. I would have preserved the placenta, but they were burned immediately on account of a superstition prevalent amongst southern negroes. The mother is doing well. Four of the children died immediately; one lived several hours.

*Materia Medica.*

## NOTES RELATIVE TO THE PHYSIOLOGICAL EFFECTS AND THERAPEUTICAL VALUE OF PICROTOXIN.

BY WILLIAM A. HAMMOND, M.D.

Professor of Diseases of the Mind and Nervous System in the University of the City of New York, etc.

Picrotoxin, the active principle of *Cocculus Indicus*, has recently been brought into notice as an agent of value in the treatment of certain organic diseases of the brain and spinal cord. M. Gubler, of Paris, has used it successfully in a case of Glosso-labio-laryngeal paralysis, in the dose of a milligramme (about the 1-70 of a grain) administered daily, hypodermically, and M. Dujardin-Beaumez has given it in a case of epilepsy with a favourable result. So far as I am aware, it has not heretofore been employed in this country internally. Indeed, Wood and Bache, in the United States Dispensatory, while giving formulæ for the external use of picrotoxin and *Cocculus Indicus*, in certain skin affections, declare that neither substance is to be administered internally, and they cite a case, reported by Dr. W. B. Thompson, in which death in a child six years old, preceded by tetanic spasms, and extremely contracted pupils, resulted from the application of a strong tincture of the fruit to the scalp for *tinea capitis*.

Dr. R. M. Glover\* performed a series of experiments with picrotoxin, which, although not attracting the attention they deserved, revealed very clearly the physiological properties of the substance.

As an illustration of the results of Dr. Glover's investigations, I quote the following detailed account of his second experiment :

"A bull-dog had thirty grains of the poison inserted under the skin of the axilla. In ten minutes tremours came on. In a quarter of an hour he had a stool and began to run backwards. He then stopped and commenced to make forward movements with his fore-paws, as if swimming, and to scratch the ground with his fore-feet. At the twentieth minute he

\* On the Physiological Properties of Picrotoxin. *Edinburgh Monthly Journal of Medical Science*. Vol. XII., 1851, p. 305.

vomited and seemed to have little power over his limbs; in two minutes more he passed urine and feces, and again began to scratch the ground. Frequent vomiting and salivation ensued, and he had bloody stools. At about the twenty-seventh minute there were tremours of the whole body and backward movements of the head. He continued thus, frequently passing urine and bloody stools, and occasionally moaning. In an hour and twenty minutes he had a violent spasm of opisthotonos. He had, also, several of the backward movements. A bloody discharge was constantly flowing from the rectum, and saliva from the mouth. The breathing laborious, and the heart's action frequent. The spasms of opisthotonos became absolutely dreadful. In their interval the animal staggered and occasionally fell down, with dilated pupils and blood-shot eyes. He would sometimes batter the ground with his head, and grind and gnash his teeth so that the sound could be heard for some distance. The mouth was filled with dust, and bloody. At about the second hour the symptoms began to abate somewhat, and in the course of the day he got gradually better."

"In three days he got comparatively well, but still had constant tremours, was stupid and had little appetite. I now inserted two scruples under the skin of the groin. The symptoms were very similar to those which occurred in the first experiment. The retrograde movements were occasionally very distinct, and the animal while lying on the ground would sometimes work himself round in a circle. At the forty-fifth minute he got up and rushed forward, a terrific object, the saliva and bloody foam flying in sheets from his mouth and his eyes glaring. He suddenly stopped, ran right backwards, and was seized with a violent fit of tetanus, at the end of which he was dead."

"On opening the body, the facts and appearances observed were as follows:—Almost total extinction of the muscular irritability: the heart was irritable, the auricles much more so than the ventricles. Both cavities of the heart were distended with black, fluid blood; the lungs, though somewhat darker than natural, were crepitant and collapsed. The stomach

and intestines showed considerable marks of irritation. The peristaltic action went on. The brain and its membranes were greatly congested, especially the lower portion, the *cerebellum*, *corpora quadrigemina* and upper portion of the spinal cord. There was much bloody serum in the ventricles of the brain."

From this and other experiments, Dr. Glover concludes that the action of picrotoxin is especially directed to the cerebellum and corpora quadrigemina, by which action the tendency uniformly exhibited to go backwards is a special result. He regards his investigations as bearing a close relation to those of Flourens, in which these organs were removed.

He also shows that the spinal cord was powerfully affected; and, in the animals in which the examinations were made, that the bodily temperature was extraordinarily augmented. In one case, on cutting the muscles of the chest, immediately after death, they were found to be absolutely *hot*, a thermometer was inserted into them as soon as possible, and it instantly rose to 115°, above which point it was not graduated.

It will, therefore, be at once perceived that in picrotoxin we have an agent capable of producing very decided effects, and one which we should, *a priori*, expect to be of great value in certain diseases of the nervous system.

My own experiments with the substance, performed upon dogs, have been equally conclusive with those of Dr. Glover. I found that ten grains, hypodermically administered in solution in water, were sufficient to produce death; the *ante mortem* phenomena not differing essentially from those noticed by Dr. Glover. My object, however, being at present more to give the results of my experience with picrotoxin as a remedial agent in the treatment of disease, I reserve for another occasion the fuller discussion of its physiological properties.

The phenomena exhibited when picrotoxin is given in large doses to healthy animals, as well as the *post mortem* appearances, go to show that it is a powerful cerebro-spinal excitant. It would hence be inferred that it would be useful in those cases in which it was deemed proper to improve the nutrition of the brain

and spinal cord by increasing the amount of blood circulating in their tissue, and in relieving passive congestions through its tonic effect upon the blood vessels.

The first case in which I employed picrotoxin was one of epilepsy, the patient being a gentleman who had for several years been under treatment with various bromides which, successful at first, had finally lost all power to control the paroxysms. I prescribed for him the one-hundredth of a grain of picrotoxin, in pill, three times a day. I soon ascertained that these doses were too small, no apparent effect being produced, and increased them to the one-fiftieth. At this time he was having two, and sometimes three, very severe paroxysms weekly, during which he bit his tongue severely, notwithstanding all preventive measures. From the day on which the doses were doubled, he has not, as he writes me, had a single attack, although over two months have elapsed.

Since then I have used it in forty-three cases of epilepsy, occurring in persons of both sexes and of all ages, from childhood to old age, and though the period is too short for me to express a decided opinion relative to its absolute curative power over this terrible affection, I am confident its influence is beneficial. Not only is the number of paroxysms diminished in nearly every case, but the force of the seizures is markedly lessened; and, in fine, there has been an entire cessation of attacks, which previously were of daily occurrence.

For children of from six to twelve years of age I give the one-hundredth of a grain three times a day. In those of from twelve years to twenty the fiftieth; while for adults I have carried it from the fiftieth to the tenth of a grain thrice daily. Beyond this latter quantity I have not yet had occasion to venture, though judging from the results of larger doses—five, ten, twenty and more grains—in dogs, I am quite sure it might be much more freely administered.

It should be stated that in several cases in which some one of the bromides was being administered, there was at first an increase in the number of attacks when picrotoxin was substituted. Gradually, however, as the sys-

tem came under its influence, this proclivity disappeared.

Doubtless, there are cases of epilepsy that would be aggravated by treatment with picrotoxin, and some of those now under treatment may be of this category, but the short time which has elapsed is scarcely sufficient to demonstrate the fact. It can only be determined by greatly increased experience, and it is with the view of inducing others to make use of the agent in question that I have cited the foregoing cases.

*Chorea.*—In this affliction my experience is very decidedly to the effect that we have in picrotoxin a remedy of great value—one fully equal if not superior to any now in general use. I have treated seven cases occurring in children under the age of puberty with picrotoxin, in doses of the one-hundredth of a grain three times a day. Two of these were free from all choreic symptoms in fifteen days, one in twenty days, and four are still under treatment, though apparently gradually improving. Two cases in adults are as yet not materially benefited, though I have increased the doses to the one-twenty-fifth of a grain. I propose to carry them very considerably higher if necessary.

*Anapeiratic Paralysis.*—In one case of this affection, produced by excessive use of the pen, in a copying clerk, I am using picrotoxin with apparent benefit. If the disease is, as there is every reason to believe, due to exhaustion of nerve-cells in anatomical and physiological relation with the affected muscles, this remedy ought, on sound theoretical grounds, to be of service in promoting the nutrition of the over-worked organs. As yet the time of treatment in the case in question has not been sufficient for the determination of the point. The patient takes the fiftieth of a grain three times a day.

*Spinal Irritation.*—In spinal irritation, or anæmia of the posterior columns of the cord, my experience with picrotoxin has been gained by treating eleven cases in part with the remedy—the other measures, however, consisting of counter irritation and the moderate use of malt liquors, light wines, and, in a few cases, brandy. As this disease almost always disappears under treatment calculated to improve the nutrition of the cord, and to stimulate the

vaso-motor system, I am not able to say more in favour of picrotoxin than that it apparently simply fulfils the place of strychnia and phosphorus.

In those serious organic affections of the cord, consisting essentially of low chronic inflammatory processes—progressive muscular atrophy, glosso-labio-laryngeal paralysis and locomotor ataxia, for instance, picrotoxin will probably be found advantageous. I am now using it in a case of the first named affection, the subject of a recent clinical lecture before the class of the University Medical College, a case of the second is as we have seen reported cured from Paris, and several cases of the third are now being treated by me with it, but as yet without definite result.—*St. Louis Clinical Record.*

*SALICYLIC ACID.*—Mr. A. N. Cookson, in reply to a correspondent in the *Lancet*, of the 16th inst., writes the following:—"I think he will find salicylic acid the most perfect preservative of solutions of alkaloids and vegetable infusions we possess next to spirits of wine. One grain to an ounce will be sufficient to preserve vegetable infusions equal to spirits of wine (1 in 6), and in some cases is far superior to it. Tartar emetic, for instance, which, in common with all tartrates in solution, rapidly develops fungi even in weak spirits, will be preserved without change in a solution of salicylic acid (one grain to an ounce) for months. If so small a quantity as one grain to an ounce be too irritating to the eye, the solution of atropine could be made four times the strength, and three drops of water added to each drop of solution at each time of using. It is said that brewers now use salicylic acid largely to preserve ale from mould, and prevent further fermentative changes in it, about eight grains to a gallon being sufficient for that purpose. "A Student" need not seek far for the explanation of a phenomenon of daily occurrence in chemistry—viz., that water should precipitate salicylic acid from its spirituous solution, being soluble in twice its weight of spirits, but requiring 320 parts of water for its solution. Precisely the same occurs if water be added to an equally strong solution of tolu in spirits, and in many other cases which might be cited."



## PHOSPHIDE OF ZINC.

\* \* \* \* The great therapeutic value of the phosphide of zinc is declared in the most emphatic manner when used in the treatment of that protean form of disease, known as *neuralgia*. Compared with phosphorus as a curative agent in neuralgia, the phosphide of zinc has decidedly the advantage in numerous respects. While it is acknowledged by the best observers in the profession, that the former is seldom curative in doses less than one-twentieth of a grain, often calling for as high as one-tenth and one-fourth, the phosphide of zinc yields as reliable and more speedy results in doses of one-tenth to one-eighth of a grain. But few stomachs can tolerate more than one-thirtieth of a grain of phosphorus before manifesting symptoms of irritation, which, in connection with the "matchy" taste soon evolved in eructations following an efficient dose of phosphorus, seldom fails to engender disgust to its farther continuance. Nor are these disagreeable results altogether abolished by any of the multitudinous formulæ now in vogue. These drawbacks and inconveniences are, no doubt, caused by the length of time phosphorus remains in the stomach before it is absorbed. On the other hand, experience with the phosphide of zinc has proven that it enters the circulation far more rapidly than the element, and when administered in doses of from one-eighth to one-twelfth of a grain, produces its curative influence far more readily and is equally as permanent in therapeutic power.

In neuralgias, especially, those that are due to loss of nerve force or exhaustion of the general system from causes that have lowered the constitutional resistance of the vital economy, it acts sometimes so like a charm, as to challenge the gratitude of the patient and the admiration of the prescriber. \* \* \* \* \*

Loss of memory, and impotency, are very favourably influenced by the phosphide of zinc. A gentleman engaged in large mercantile transactions, whose mind was kept intensely occupied with his business for many hours during the day, complained to me that he found his memory (that had always, up to a few months before, been remarkably retentive), becoming

treacherous, that he was getting very forgetful. I gave him two dozen phosphide of zinc pills, requiring him to take one three times a day. I saw him a week after, when he said he saw no difference in his condition. The pills were continued three weeks longer by taking four a day, at the end of which time he was feeling much improved. With this he was encouraged to continue the treatment three months steadily, taking one-eighth of a grain three times a day, improving steadily until he regarded himself cured.

Another instance of a loss of sleep from continued mental anxiety, in which the patient complained of being unable to sleep longer than one or two hours during the night. Phosphorus in this case was ill borne. Phosphide of zinc in one-twelfth grain doses every four hours was prescribed. The remedy exercised good control over the case in a few days, which, after six weeks' constant use, restored the lost balance of the nervous system. \* \* \* \*

The formula recommended by Prof. Wm. A. Hammond is—

R. Zinci phosphidi, grs.  $1\frac{1}{10}$   
Ext. nucis vomicæ, grs.  $\frac{1}{4}$

—*St. Louis Med. and Surg. Journal.*

RAW ONION AS A DIURETIC.—Dr. G. W. Balfour (*Edinburgh Med. Jour.*, September, 1875) records three cases in which much benefit was afforded patients by the eating of raw onions in large quantities. They acted as a diuretic in each instance. Case first was a woman who had suffered from a large white kidney and constriction of the mitral valve. Her abdomen and legs had been tapped several times, but after using onions as above she had been free from dropsy for two years, although still suffering from albuminuria. Case second suffered from cardiac disease, cirrhotic liver and ascites. Case third had ascites depending on tumour of the liver. In both of them the remedy had been used with good results. Both had been previously tapped, purgatives and diuretics alike having failed to give relief. All other treatment having failed to give relief, recourse was had to the onions. Under their use the amount passed steadily rose from ten to fifteen ounces to seventy-eight or a hundred.—*Detroit Review.*

## Translations.

### A CASE OF ASPHYXIA FROM ENTRANCE OF FOOD INTO THE AIR PASSAGES DURING FORCED ALIMENTATION OF THE ŒSOPHAGEAL TUBE.

From the *Gaz. Med.*, of Padua, we clip the following: After giving a brief history of a lunatic, of suicidal propensities, who would not take food, it states that after three days total abstinence from ingestion, it was resolved to resort to the tube:—

The operation was performed keeping the patient fixed horizontally, the tube was readily introduced. The skilful operator, used to this manœuvre, was sure of not having mistaken the passage, but, nevertheless, the patient being one who did not speak, he very prudently commenced with the injection of a little pure water, then a little more, then a larger amount; in all, 140 grammes of water, without the patient showing signs of the slightest suffering. They then went on to inject some thickened broth, and of this, 440 grammes were very slowly injected, and the patient remained very calm; the injection was stopped for a moment, and then, whilst they were on the point of beginning to inject another quantity of broth, the patient had an attempt at vomiting. The quantity of the thick broth which came from the lips was very small, but the mouth was full of it, and the patient gave a sudden sign of a feeling of suffocation. The tube was immediately withdrawn; the patient was raised up; artificial respiration was tried, but all was useless, for, in a few moments, death, by asphyxia, supervened.

The autopsy found that three-fourths of the liquid injected was still in the stomach, and that the other fourth, forced up the œsophagus, had then passed into the air passages, and was found partly sticking to the walls of the larynx and trachea, but mostly descended into the bronchi of both sides, as far as their second and third divisions. And this was the cause of death; while the cause of the effort at vomiting, had probably been a small ulcer, situated in the wall of the stomach, in its posterior aspect in front of the pancreas.

The case is not very novel, but it seemed to

me worthy of publication, because it shows the possibility of asphyxia, by the entrance of food into the air passages, without the tube being, by mistake, introduced into these passages, and because, I hold, that to establish the importance and the probability of the dangers of forced nourishment, there is no other mode than to register in the annals of insanity all the misfortunes of a similar kind, which, gathered up and placed side by side with the very numerous cases of happy result, will be able to demonstrate more and more the advantages and the opportunity of this curative compensation.

### A CASE OF SUBCUTANEOUS EMPHYSEMA DURING PARTURITION.

This rare complication of labour was noticed in the *Obstetric Clinic* of Mosca under the following circumstances: In the case of a woman, aged 24, primipara, the forceps were applied at her own house, to terminate the labour, too much prolonged by a contracted pelvis. During the operation a swelling of the skin of the neck was observed, above the right clavicle, gradually increasing during the uterine contractions.

On the entrance of the woman into the Clinical ward there was seen a swelling of the face, but more particularly of the eyelids, of the neck, and of the upper part of the chest. This swelling increased from moment to moment; with the fingers distinct crepitus was felt. In the respiratory organs nothing particular was found except a certain weakness of respiration on the right side. By the application of the forceps the delivery was finished. The fœtus was alive. The swelling disappeared after twelve days without any treatment.

This case of subcutaneous emphysema does not belong to those common cases of collection of air in the skin, observed in wounds of the neck, breast, trachea, and œsophagus. It was due to the passage of air from the lung to the skin, from laceration of the pulmonary tissue.


Basing one's opinion on the explanation of this phenomenon given by Traube and Oppolzer, it may be admitted that the air escaped from the lung by laceration of the pulmonary vesicles in consequence of intense muscular contraction, penetrated the bronchi, thence into the mediastinum and thence under the skin of the neck.—(*Lo Sperimentale*, through the *Gaz. Med. Ital.*)

THE CANADIAN  
**Journal of Medical Science,**

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

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

TORONTO, DECEMBER, 1876.

 **IMPORTANT.**—Subscribers who have not paid their annual subscription, and do not receive bills with this number, will greatly oblige by sending their name and address to the Corresponding Editor.

PERSONAL.

The conscientious journalist has sometimes a very unpleasant duty to perform. Old abuses rankle deeply, and the ploughshare of public opinion must, at times, be driven home with power before the roots can be dragged from the soil in which they have long flourished. In attacking old grievances, we have the fear of no man before us; and if, in the performance of our duty as a journalist, and in our efforts to free the profession from the opprobrium of disreputable practices, we sometimes have to separate from old friends, so much more is the pity.

We prefer, in the discussion of measures of reform, the use of mild language, but there are times when forbearance ceases to be a virtue, and things must be called by their right names, no matter whose sensibilities are hurt.

We do not intend to palliate wilful wrongdoing, either in friend or foe, and whenever the general good of the profession requires that we should lay the axe at the root of an abuse, however old it may be, we shall do the best we can to make the blow tell. Our duty to the profession first, friendship afterwards. Whenever we find it necessary to speak on any matter in which the good of the whole is concerned, there will be no mistaking our language.

In closing our first volume, we have every reason to be satisfied with the result of our

labour. We were fully assured that an opening existed for such a work as ours before we began the CANADIAN JOURNAL OF MEDICAL SCIENCE, and one year's experience has fully justified the assurance. We knew well the amount of labour and expense required in the prosecution of the task we had before us, but it was a congenial kind of work, and we have been sustained in it by the conviction, that while we were furnishing a large amount of information, useful to our readers, and selected specially with a view to assist them in their laborious work, we have been mainly instrumental in removing certain abuses which were the opprobria and the scorn of the profession, and a disgrace to the Medical Council under whose auspices they were perpetrated. If nothing else has been accomplished by us than the removal from the Examining Board of the Medical Council of those members who, from its inception, had turned its deliberations into seasons of riot and revelry, we feel that our mission has not been in vain; but we believe we were also, to some extent, instrumental in removing from the recent Hospital Act some of its most objectionable features. Our work in that direction, however, is not yet finished. We hope, in time, to see that Institution become what it was originally intended to be, a *TRUE Provincial Charity*, in every sense of the word,—an Institution in which the poor from all parts can receive, *without charge*, whatever professional aid they may require, instead of being compelled, as now, to pay a large fee for that help which, in many instances, can only be afforded in an Institution of that kind.

In conclusion, we have to thank those kind friends everywhere who have given us their patronage and support, and we pledge ourselves to renewed efforts to merit a continuance of their good-will, and to make the CANADIAN JOURNAL OF MEDICAL SCIENCE, not only a necessary adjunct to every man's library, but a power for good in the land, an encouragement to those who do well, a terror to evil-doers.

We also feel a deep regret for those who have not been in a position to avail themselves of the treasures of our pages. They do not know how much they have lost, but as the next volume will undoubtedly be better than the last, they will have a chance of partially making up for lost opportunities.

## TORONTO GENERAL HOSPITAL.

We hold it to be an anomaly that the destitute sick, no matter how urgent their need, cannot be received into our General Hospital without a large fee being first paid, either by friends or municipalities. It degrades what should be one of our noblest charities, to the level of a common boarding-house. If there is one thing more than another in which the civilization of this century excels that of all previous ages, it is in the provision made in all countries, but Ontario, for the care and relief of the sick poor. It is an old saying that what is every man's business is no man's business, and its truth is well exemplified in the provision made for the sick poor in this province.

The law virtually says that each county shall support its own poor in the Toronto General Hospital, and the result is that counties play shuttlecock with their poor, until they are no longer able to be tossed from place to place, and then it falls to the lot of the town where they drop last to provide shelter and help for the rest of their days. By this time, many cases that might have been restored to health and usefulness by timely assistance, will have become helpless burdens on the commonwealth for the remainder of their lives.

Only to-day application was made to us on behalf of a man in the remote parts of Muskoka who is poor and very sick, and thinks if he could get into the Hospital where he would have good medical advice and care, he might be restored to health and his family; but instead of coming down at once he must wait till he can induce the authorities of that sparsely settled districts to pay for his admission, or, failing in that, he must remain at home to suffer and die, or become a burden to his family for life.

Again, yesterday an intelligent young Scotchman applied to us for admission to the Hospital, on account of a loathsome but curable disease; but as he came from a distant part of the country, we could not ask the city to pay for his maintenance in that institution. Being too poor and too sick to return to his own town for the requisite order for admission to the Hospital, he is now compelled to subsist on the charity of

the citizens of Toronto, while his disease is becoming chronic and more difficult of cure.

With the large surplus existing in our Provincial treasury, is it possible we cannot spare enough to make the Toronto General Hospital, in every sense of the word, a truly Cosmopolitan Charity. Our Great Exemplar has said, "The poor ye have always with you." "Inasmuch as ye have done it unto the least of one of these *my brethren*, ye have done it unto me." And the words have lost none of their significance, as they come down through the ages to our time.

We have great faith in the might of right, and we do not despair of being able to accomplish these objects in time.

We believe the present Government of Ontario is actuated by a desire to do the greatest good to the greatest number, and only needs to be convinced of the existence of any real grievance or want, to induce it to set vigorously to work to afford the necessary redress, and we are satisfied no more worthy object could engage its attention.

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 CHARLATANISM.

In no calling, perhaps,—certainly in none of the learned professions—has Charlatanism met with as large a share of success as in that with which we are identified. There are manifest causes for this fact. When disease or accident overtakes us, the interests involved are really greater than those with which men in other forms of occupation have to do. If a man's life or limb comes to be in jeopardy, he naturally feels as if his all, so far as the present sphere of existence is concerned, is at stake. Like the drowning man, he who is slowly but surely falling a victim to some terrible malady, eagerly seizes upon anything, however unphilosophical or preposterous, that offers even the faintest encouragement of relief. Men, in such a position, do not sit down soberly, as they do in their regular business, and count upon the costs or the probabilities. They are incurably ill, and they are told by a man or a woman, who deliberately trades upon imposture, that their malady is not beyond the possibility of recovery. They are generally not in a position to institute

comparisons between the genuine and the spurious, and so to reject the spurious and choose the genuine. If they are capable, to some extent, of forming a correct judgment in the matter, their peculiar situation and the tenacity with which we naturally cling to life, often control their better judgment, when they are positively assured by some dishonest mountebank that their case is "by no means hopeless." For these reasons, therefore, it is not a matter of wonder, at all, that quackery in medicine receives so large a share of public support. And we are not inclined to complain so much of the susceptibility of the public in this matter. On the contrary, we rather sympathise with the situation of the man whose case has reached the point at which it completely baffles all the remedies and appliances which the most consummate skill through legitimate channels can conceive, and he is induced, as a *dernier ressort*, to submit to the impostor, whose only aim is gain.

But we do feel anything but kindly towards the person who deliberately sets before himself the task of imposing upon public credulity, and whose mean, sordid determination to acquire wealth at any price, even at the sacrifice of human life, so long as such sacrifice cannot be brought directly to his door, drives him into a kind of practice which can only be characterised as infamous. Such an one seldom, if ever, pursues this kind of imposture without a full consciousness of the fact that he is simply trading upon public credulity. The wonders which he represents himself as capable of performing in his special field of imposition are, in his own consciousness, the veriest rascality. He makes his boast of the wondrous success he is capable of achieving in his infamous traffic. He laughs at the ease with which he can extort the exorbitant fee for his dishonest practice; and after a brief sojourn in each circle of his operations, he quietly retreats to some new and untried field. But we also cherish a special repugnance for such people as have it in their power to pursue the profession legitimately, but are so mercenary and unprincipled as to lend their influence to irregular practices which they cannot conscientiously support. In our profession there is yet much to learn. Comparing the state of

medical science, to-day, with that of twenty-five years ago, we are compelled to admit advances almost beyond conception, in some directions. We rejoice at this fact. We are all willing, aye, anxiously vying with each other in the struggle to shed and acquire new light upon many points still somewhat obscure. And, although what is recognized as novel in any department is often accepted with a degree of hesitation, yet it must be granted that no new principle or theory, possessing any real merit, is denied fair consideration at the hands of the intelligent portion of the profession, at least. Such persons are the more culpable, therefore, in view of the fact that they really do not throw any new light upon what is still obscure, but they conscientiously and intentionally enter upon a system of imposition of the most offensive character, for no higher motive than larger pecuniary rewards, and an easier method of following their profession.

Well, these various forms of imposture, while they are not, we conscientiously believe, contributing one fraction towards the relief of human suffering above what would be realized from legitimate practice, are draining the resources of many people ill able to endure the exorbitant draughts upon them. It is a painful phase of the subject, too, that such imposition always happens to be the most expensive to the patient, while his physical condition is no better, and often worse, than when he first submitted himself to the treatment. The curious feature, moreover, of such practice is, that those who pursue it never pretend to devote themselves to the management of any of the acute forms of disease, where skill and promptitude are required, but to the more chronic affections. Some of such cases occur in persons who are constitutional hypochondriacs, and whom the quack convinces that they are alarmingly ill; and then effects a cure which is published to the world as something extraordinary. Others dislike the taste of medicine, and if they can be relieved without it, as the quack informs them they can, they gladly avail themselves of the more pleasant remedy. Others have chronic rheumatic affections, which recur at regular intervals and then pass away, sometimes without any particular remedy. They are assured by

the impostor that these recurrences of their malady are quite unnecessary under proper management, and that he can guarantee absolute immunity from them for all time to come if the sufferer will only follow his directions and adopt his remedies.

Others again—unhappily a very large class—are the victims of some malignant disease, which has hitherto baffled all scientific treatment, and has had but one termination, no matter into whose hands the unfortunate patients fall. This class of sufferers deserve deep sympathy. They exhaust every legitimate resource, as a rule, and, still clinging to life, they very naturally embrace any chance which may be offered for its prolongation. They see the name of some extraordinary character, who undertakes, not only to cure, but to cure without the adoption of any severe remedy, and who gives testimonials as to the marvellous results of his method of treatment. Who can wonder if, in the peculiar mental condition accompanying such maladies, the patient yields to the plausible appeals to his credulity, as offering the only hope of recovery? *He* is to be pitied; but the man who deliberately victimizes him ought to be held criminally liable, and punished as a robber or trafficker in human life. The man who takes the money of another who is unable to judge as to the honesty or otherwise of his pretensions, should be as culpable as if he deliberately waylaid and robbed his victim, like the common thief. But law really cannot, in our judgment, be so regulated as to meet such a condition of things. It is true, laws may be enacted compelling men to acquire certain qualifications before they are permitted to follow their professions. They may compel medical aspirants to submit to certain regulations by which their preliminary education will be guaranteed. They may also exact compliance with a very critical course of study, and a satisfactory evidence of a well-grounded knowledge of the various subjects embraced in a medical curriculum. Here, however, they must stop. If a professional man or woman, who has complied with all the provisions of the law, so desires it, either or both may afterwards engage in the most questionable forms of practice, so long as they are clear of any crimi-

nal act, and there is absolutely no way of reaching them. The worst forms of imposition are practised at this very moment by persons legally qualified to follow the profession. Certain forms of treatment, good in themselves in the circumstances suited to them, are elevated to the position of remedies having a universal application, and represented as hitherto unknown to the profession. And so every conceivable form of disease is said to be amenable to the action of such remedies; and the public are being continually imposed upon to an extent which is really most deplorable.

We can justly claim credit in this Province for having done much towards elevating the standard of the profession. Our requirements, not only as regards preliminary education, but as regards professional standing, are highly creditable to us. But what is all this doing for us? Is either the profession or the general public receiving any protection against imposture? Is imposture any less prevalent at the present moment than it ever was? Is it not a fact that, with all the care and vigilance we have been exercising to compel those who really did not require to be compelled to reach a high standard of professional attainments, quackery is still rampant amongst us? Can it be denied that we are imposing a burdensome tax upon young men aspiring to professional respectability, without the slightest probability that, when they settle down to the practice of their profession, they will not be overreached by charlatans in the race for competence and independence? We may be told that this is a mercenary view to take of a profession so noble as ours, and that we ought not to look at the matter from such a standpoint. We admit that the pecuniary returns from the profession are trifling in comparison with its higher purposes—the relief of suffering, in whatever form it presents itself—in the most effectual manner. But we have a right to expect that after years of hard labour in qualifying ourselves for the pursuit of our profession, and many more spent, often in conditions of great discomfort and self-denial, we shall be able to reach, at least, a competence for declining years, if we happen to reach such a period. It is a painful fact that many of the most worthy members of the medical profession

barely reach middle age with shattered constitutions and little provision for their families after they are gone. In some instances, perhaps, providence may have to do with this condition of things, but, in a very much larger proportion of cases, it is a constant struggle against adverse circumstances. For much of our work we are never remunerated at all, and for much we receive very indifferent compensation. So that, with the greatest frugality consistent with sustaining the dignity of our profession, we can only hope to accumulate but very small fortunes.

Is there any remedy against the various forms in which imposture presents itself? We are often told that a most effectual check to imposture is the elevation of the standard of the profession. Well, we have been doing our duty in this respect beyond all question. The Ontario Medical Act, with all its apparent and real defects, reflects infinite credit upon the honesty of purpose of its original promoters and its present supporters. Taken in its entirety, we doubt if it is equalled by the medical law of any other country. This is saying a great deal for it, but no more, we conceive, than its real merits deserve. It is no exaggeration to say that its requirements, in the matter of preliminary education, are, at least, as high as those of any other country. Its professional requirements are no less commendable. Besides securing uniformity from all who seek authority to practise under it, the recent demand for annual examinations, from every student of medicine in this Province, is a feature not only most desirable, but also one not existing, we believe, anywhere else. So that we may fairly claim for the Ontario Medical Act that, in these particulars at least, it is in advance of that of any other country. But, beyond this, what is the law, as it now stands, accomplishing for honest men? The successful working of the Act is confessedly expensive. We have a Medical Council that requires a large sum of money annually to keep it in successful operation. To meet this pecuniary demand students are heavily taxed from year to year, until the period of their probation has expired. When they engage in the practice of their profession they must submit to an

additional annual tax so long as they remain within the limits of the requirements of the law. Against all this professional men have certain penal clauses supposed to protect them against illegitimates or irregulars. But what benefit has thus far been secured from these penal clauses? Why, the very first attempt that is made to enforce them is met by the most violent opposition from almost every leading journal in the country, with the hearty concurrence of a large, and often very respectable, portion of the general public. The cry of persecution is raised if we even try to bring to justice a *Corn Doctor*. We are told that our system must certainly rest upon a very questionable basis if it is unwilling to stand upon its own individual merits, and that, if the public are willing to give their countenance to such characters, we should not object. We are also told by persons totally incompetent to be the judges, but holding a commanding position in society, that these mountebanks are very useful members of the community, and that much damage would result from their banishment from our midst. Our leading journals encourage such vicious imposture for the filthy lucre they derive from its perpetrators by inserting the most questionable advertisements, with testimonials as to the wonders such impostors have performed, and are capable of performing. In fact, their entire sympathies have thus far been extended to every species of questionable and irregular medical practice.

Such a state of things, it must be granted, is very disheartening to the honest medical man. After years of diligent application, in the course of preparation for his great life-work and the expenditure of a large amount of substance, he must settle down to work; and, despite the most conscientious devotion to his profession, the fact is ever present to him that a miserable charlatan is working side by side with him and deriving *much more substantial* support from the public in many instances.

It is very questionable if there really is any remedy for this evil. We might do as the profession in the United States have done. Let those who are disposed to follow their profession through the legitimate channel, enjoy the most abundant facilities for gratifying their laudable ambition through the various

teaching bodies in the country. Such men *will* devote themselves to the acquisition of all the useful information within their reach, under any circumstances. The rest *will* be humbugs, despite all the laws that can be enacted for their prevention. Impose no financial obligations upon the conscientious man for the sake of the mere sound of protecting him against imposition. Throw the profession open to all aspirants for a time, at least, and let us devote ourselves to the encouragement of every educational institution where thoroughness is demanded. Allow every man who calls himself doctor to stand upon his own individual merits; for that is really how the matter stands at present. Give quacks all the latitude they desire; because they have it at any rate, and honest men are suffering. If this course were adopted, the evil, as it now exists, *might* correct itself. The people might more quickly and effectually have their eyes opened to the enormity of many of the impositions now so kindly received and so prevalent. Public institutions, established upon a proper basis, would be no less extensively patronized. Much money that is now expended in a fruitless struggle would be saved, both to the student and to the honest medical man. But we are not sufficiently certain of such results to feel warranted in abolishing a law so valuable, in many of its features, as the present law is. We *are* certain that our profession is more expensive to us in this Province than anywhere else on this continent. But we grant, frankly, that we have *something* as an equivalent, although very much short of what we ought to have, and the promoters of the present law cannot be responsible, for the reasons before named. Until we are satisfied, therefore, that we would be no worse off without the present law, we would rather be inclined still to suffer on, for a time at least, in the particulars to which we have referred, with the hope that, as time goes on, the public will become more enlightened upon the enormity of the swindles of which they are, at present, the unsuspecting victims.

PERSONAL.—Dr. Oronhyateka has returned from England.

TORONTO SCHOOL OF MEDICINE.—The Third Annual Dinner took place on November 10th, at the Walker House, the dining hall of which was tastefully decorated. As on former occasions the dinner was a temperance one, and Mr. Walker's bill of fare required no stimulant to make it palatable in all its courses.

The chair was occupied by Mr. H. S. Griffin, B.A., a third-year student of the school, while Messrs. Grant and Orr acted as Vice-Chairmen. To the Chairman's right were Dr. Thos. Aikins, Dr. Workman, Dr. Uzziel Ogden, Rev. Dr. Nellès, Principal of Victoria University, Cobourg; Dr. Reeve; to his left, Dr. Richardson, Rev. Dr. Jackson, Dr. Langstaff, Dr. Thorburn, and Prof. Croft. Among the others present were Dr. Clark, Medical Superintendent of the Toronto Lunatic Asylum; Dr. R. Zimmerman, Dr. Barrett, Dr. Ross, Dr. J. S. King, Prof. Ramsay Wright, Prof. Pernet, Dr. Riddell, Dr. Oldwright, Dr. Ray, of Oshawa; Dr. McFarlane, Dr. Graham, A. MacMurchy, M.A., Rector Toronto Collegiate Institute; Dr. O'Reilly, of the Toronto General Hospital; Dr. Pyne, and others, including a large number of graduates and undergraduates.

Letters of apology were read from His Honour the Lieutenant-Governor, Hon. Edward Blake, Chief Justice Harrison, Hon. Mr. Mowat, Hon. Dr. Tupper, Hon. M. C. Cameron, Hon. Adam Crooks, Rev. Dr. McCaul, Prof. Wilson, Principal Cockburn, Dr. Fred. Wright, and Dr. H. H. Wright.

After duly discussing the good things, the Chairman proposed the usual preliminary toasts, which were loyally received. The next toast was the University of Toronto and University College, the Chairman remarking upon the anomalous position which the degrees of our University occupy when compared with the degrees of similar institutions in New Zealand, South Africa, and India, all of which are recognized by English Universities, while those of our *alma mater* are not. The toast was responded to by Professor Croft and Ramsay Wright, Prof. Pernet singing the "Marseillaise Hymn."

"The President and the Members of the Corporation of the Toronto School of Medicine" was then proposed, and duly responded to by Drs. Workman, Aikins, Richardson, U. Ogden,



Barrett, Thorburn, Graham, Oldright, McFarlane, George Wright, Reeve, Langstaff, and Zimmerman.

Mr. Orr, Vice-Chairman, proposed the "College of Physicians and Surgeons," which was responded to by Dr. James Ross.

On behalf of the graduates Drs. Riddell and Ray returned thanks.

Mr. Boulster sang the "Vicar of Bray," and, as an *encore*, "My Name is Dr. Quack." Dr. Nelles, of Victoria University, replied on behalf of the Educational Institutions. The usual toasts of the press, ladies, &c., followed, and the party broke up shortly after twelve, having spent a very enjoyable evening. We think such annual gatherings are beneficial to all concerned, and hope to see them continued for many years without a break, keeping up the bond of union of a common *alma mater* between past and present pupils of medical schools.

The *Canada Medical Record* comes to us in what may be regarded as a new dress. We are glad to see it follow our example and cut its leaves. We intend to follow its example in some other respects. We never take up an uncut journal without wishing the publisher . . . was near us, and we made up our minds long since that the readers of the CANADIAN JOURNAL OF MEDICAL SCIENCE should not have that stumbling-block in their path. Both of our Montreal *confreres* now cut their pages. Always welcome before, they are doubly so now.

INTERNATIONAL MEDICAL CONGRESS, GENEVA, 1877.—The International Medical Congress to be held at Geneva in 1877, under the auspices of the Swiss Federal Council and of the authorities of the Canton and of the city of Geneva, will be formally opened on Sunday, the ninth day of September, and remain in session one week. The committee charged with the organization of the Congress is officered as follows: President, Prof. C. Vugt; Vice-President, Dr. O. Lombard; Secretary-General, Dr. Prevost; Adjunct Secretaries, Drs. D'Espine and Reverdin. The proceedings of the Congress will be exclusively scientific. The official language will be the French. All communications relating to the Congress should be addressed to the Secretary-General, Dr. Prevost, at Geneva.

## Communications.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

### THE CAUSES OF SUPPURATION.

BY F. LE M. GRASETT, M.B.,  
Edinburgh University.

During the discussion, following a paper, read by me, on antiseptic surgery, before the Dominion Medical Association, in August last, many of the speakers, then, showed by the remarks that fell from them, a want of familiarity with the causes which lead to suppuration, viewed from an antiseptic standpoint.

Thus, one gentleman stated as his experience of the use of carbolic acid, that in a case of empyema, in which he had diligently syringed out the cavity of the pleura with carbolic acid lotion, suppuration was not in any measure checked, but rather the reverse, which statement speaks more highly for the correctness of his observation than for the profoundness of his knowledge of the action of the common antiseptic agents. Another distinguished member of the Association could not accept the theory of germs causing putrefaction and suppuration, as in many cases matter is formed without any contact with the atmosphere, and he would shelve the difficulty of the cause of putrefaction by calling it "an order of nature," whatever that term may be held to express.

To remove such erroneous ideas, and others of a similar nature, I will give shortly the views of Professor Lister, the originator and able advocate of the antiseptic system on this subject. He puts the causes of suppuration under two classes, one of which is divided into two sub-classes, thus: (1) Excited action of nerves—(a) inflammatory; (2) Chemical—(a) putrefactive, and (b) antiseptic.

In the first class, suppuration is due to ordinary inflammation, an example of which is seen in the case of a deep-seated abscess, the inflammation is due to excited action of the nerves—the nerves are præternaturally irritated—and the cause of their being so irritated is, in the great majority of cases, due to tension, the result of blood or serum being allowed to collect and remain in a cavity or wound. Thus, take the case of a Syme's amputation at the

ankle joint, after approximation of the edges of the flaps in this operation more or less of a cavity is left by the large heel flap, in which serum is sure to accumulate. Now, supposing we take no precautions to allow this serum to drain off either by breaking a button-hole in the heel flap, or by using the drainage tubing of M. Chassaignac, we are pretty sure to find the pent up serum giving rise to tension, and the tension to inflammation, with the formation of pus. For this cause the surgeon always aims at a dependant opening and favourable position, so that tension from accumulation of blood and serum may be avoided. Now, does the antiseptic system of dressings alter this principle of drainage? Most certainly not. Under that plan of dressing wounds, for the first twenty-four hours after an operation, the flow of serum from the cut surface is more abundant than under the ordinary method, because carbolic acid, in the form of spray and lotion, has been applied freely to cut surfaces, irritating them and causing them to pour forth more freely than if ordinary water, not impregnated with an antiseptic agent, had been used, but after the first day the discharge of serum gradually diminishes to almost *nil*, and is *not* succeeded by a discharge of pus, provided always that the drainage is free and the antiseptic dressing perfect.

To illustrate how the chemical causes, putrefactive and antiseptic, act in producing suppuration, let us take a simple case. Suppose we have removed a tumour and that there is not enough skin to cover the cut surface that is left, and we cover up this surface with dry lint, the first thing that happens is, the blood oozes into the lint and putrifies, and thus we get the cut surface exposed to putrid matter. If we remove this lint at the end of one or two days we will not find pus, and not until the fourth day are we sure to find it. But why should we have suppuration at all? The reason is that putrid matter is an unnatural irritating stimulus; the tissues being præternaturally stimulated form granulations, which granulations, being but a very imperfect form of fibrous tissue, on very slight irritation form pus, and the converse is, that it requires that the tissues should be stimulated for a consider-

able time before granulations are formed, for these granulations have no inherent tendency to form pus unless irritated, as may be shown by dressing a granulating surface with a clean metallic plate, which was long ago proved to prevent pus being produced by preventing external sources of irritation acting on the wound or sore, for as long as you protect the granulations from irritation, the process of degradation (*i.e.*, the formation of pus) ceases, and the higher organization (*i.e.*, the formation of fibrous tissue) begins.

Suppose that we take the same case, but, instead of using dry lint or water dressing, we apply lint dipped in an antiseptic lotion, will suppuration be thereby arrested? No, indeed, it will not. Granulations will form and suppuration follow just as in the case of the dry lint dressing, but, with this great difference, that if there is a cavity in connection with your wound, the putrefactive stimulus will spread wherever there is putrescible matter (thus, if it was a case of compound fracture it would spread to wherever there was any injured tissue in connection with the seat of fracture), but in the case of the antiseptic stimulus it is different, for it only acts on the actual spots to which it is applied.

Perhaps some will say, that we must have granulation and suppuration under any circumstances, but this is not the case, for if we put a perfect antiseptic dressing—and by a perfect antiseptic dressing, I mean one that, while keeping out the causes of putrefaction in the air, can itself be kept out of contact with the wound—upon a freshly cut surface, at the end of two, three, or four weeks, or any time, until the wound has healed, you will not find any sign of suppuration, but an epidermic covering will grow from the margins of the wound, or wherever else there may be pre-existing epithelium, until the wound has healed. This I have seen with my own eyes many, and many a time.

To remove silver stains from clothing, immerse the stained fabric for a few minutes in a concentrated solution of chloride of copper, then rub with a crystal of sodium hyposulphite, previously dipped into ammonia which has been diluted with an equal bulk of water. If the chloride of copper solution is quite neutral, the colour of the fabric will not be affected.

### Miscellaneous.

**CONSANGUINEOUS MARRIAGES.**—At the Deaf and Dumb School, at Barcelona, Spain, there have been admitted two hundred and fifty-three children, during thirty-one years; of these only fifteen were the issue of consanguineous parents. This constitutes very small ground for the belief of the danger of such alleged misalliances.—*Independencia Medica.*

**MODE OF INSTANTLY ARRESTING PALPITATION.**—In treating of nervous cardiopalmus, Dr. Moidier proposes to make the patient bend over on himself, with his head lowered and his arms dangling. In this way a greater quantity of blood flows to the brain, and the heart beats normally, so much the more if respiration is at the same time suspended.—(*Lo Sperimentale*, through the *Gaz. Med. Ital.*)

**NITRITE OF AMYL IN TINNITUS AURIUM,** has been employed with advantage by Dr. Bargellini, who puts two or three drops into Politzer's air-bag, with which he inflates the middle ear through Eustachian tube. He uses it especially when chloroform and ether are of no avail, and he has never had any inconvenience of any sort from it. As tinnitus often arises from spasm of the muscles of the tympanum, he thinks its action can be explained as calmative, when the cause of the tinnitus resides in the tympanic cavity, (muscular and nervous spasm of the tympanic plexus) and does not arise from compression in the labyrinth.—*Lo Sperimentale*, through the *Gaz. Med. Ital.*)

"THE SILLY MEDICINE" is the name given to *hyoscyamine* by the patients in the West Riding Lunatic Asylum, the reason being that a full dose, as a grain and a half, tones down a vociferous, violent and destructive maniac in a very short time to a state of helplessness resembling imbecility. Such is the account given of it by Dr. Lawson of the Asylum named. He has used it in sthenic forms of mania, where the physique is not worn down by prolonged excitement, "especially in the aggressive outbursts which characterize life in a refractory

ward, and in the treatment of chronic monomania of suspicion." A single dose commonly produces profound sleep, followed by a marked mitigation of the violent symptoms. The drug used by him is that manufactured by Mirk.—*Med. Soc. Kinas County.*

While there are, as Dr. Potter says, peculiar temptations for physicians to indulge any appetite they may have for the cup that makes the heart glad, there are exceedingly strong temptations for them to resist the inclination. As they know full well that moderate drinking is apt, sooner or later, to lead to over indulgence, and that just as soon as their patrons discover the propensity, away goes business and reputation. No other class of men, with the single exception of the clerical, are so easily and quickly affected in their business by the habit of drink as physicians. In these days, when doctors are so abundant, and such ample opportunities are afforded for a choice among many, the people in this enlightened age will not place their lives in jeopardy by knowingly employing a physician who habitually drinks even in moderation.—*Cincinnati Lancet and Observer.*

**SYPHILITIC PHTHISIS.**—M. Fournier (*Gazet. Hebdomad. di Med.*—*Lond. Med. Record*, July 15, 1876) concludes an elaborate lecture on the above subject with the following important axioms:

1. Tertiary syphilis can produce in the lungs lesions which either locally or by reacting on the general health simulate pulmonary phthisis.
2. These pulmonary lesions of syphilis are often amenable to specific treatment. However grave and important they may appear, they are far from being always beyond the resources of art.
3. Consequently when a case of pulmonary lesion presents itself, it is important, unless the existence of tuberculosis be quite certain, to ascertain if the lesion can be traced to syphilis. It is necessary always to bear in mind that syphilis is a possible cause of pulmonary lesions.
4. When syphilis can be suspected to be the cause, the primary indication is to prescribe specific treatment which in similar cases has been sometimes followed by the happiest results.—*Detroit Review.*

**THE RELIEF OF PRICKLY HEAT.**—Many persons are very subject to this annoying affection. They will be glad to learn that Surgeon-Major Dr. J. G. French, of the Indian medical service, in a contribution to the *Indian Medical Gazette*, says that we can cure prickly heat in three or four days by the application of a solution of sulphate of copper. This should be of the strength of about ten grains to the ounce of water, and the solution should be applied daily or oftener, by means of a camel-hair brush, or bit of sponge tied on the end of a stick. It is best applied after the morning bath, when the skin has been well rubbed with the towel, and it must be allowed to dry on the skin before dressing. Dr. French states that he has used this application for over thirteen years, and when regularly and properly applied, he has never known it to fail.—*Can. Med. Record.*

**MEDICAL STUDENTS, 1876.**—The following is a list of the number of students of medicine registered at the Royal College of Surgeons of England this session from the metropolitan schools, distinguishing the new entries for the session. It will be seen that the number of new students is large, especially at the great city hospitals:

St. Bartholomew's	374,	including	131	new	entries.
Guy's	317,	"	95	"	"
University College	279,	"	79	"	"
St. Thomas's	177,	"	43	"	"
St. George's	136,	"	33	"	"
London	123,	"	35	"	"
King's College	105,	"	28	"	"
Middlesex	101,	"	38	"	"
St. Mary's	82,	"	26	"	"
Charing Cross	70,	"	29	"	"
Westminster	28,	"	9	"	"

The gross number registered amounts to 1,793, including 546 new entries.

**CONCENTRATED INFUSION OF QUASSIA.**—W. Easby, M.D., writes: "Quassia is a favourite tonic with many practitioners, especially those having large club and union practices. I have made infusion of quassia in the way I am about to describe for some time. I find it to answer the purpose as a bitter tonic, and it also keeps well. Pour on half a pound of quassia chips fifty ounces of boiling water, and let it stand in a warm place for four hours; when cold strain it through muslin, or filter into a bottle holding

double the quantity, and then add two drachms of pure chloroform, and shake well for two or three minutes. It is now ready for use. The dose does not prevent the addition of other drugs, as iron or alkaline salts. It also saves the addition of spirit of wine, which must be added to all concentrated infusions to make them keep."

**ON MITRAL BRUIT IN JAUNDICE.**—Dr. Gangolphe (*Du Bruit de Souffle Mitral dans l'ictère* Thèse de Paris, 1875), has seen nine cases in which a mitral regurgitant murmur accompanied jaundice. It was most marked in those cases in which the pulse was slow, and usually disappeared when the slow pulse disappeared. Gangolphe thinks the murmur due partly to a dilatation of the heart, but chiefly to a paralysis of the papillary muscles, caused by the circulation of the biliary principles in the blood. He refuses to allow anæmia any share in the begetting of the murmur, although in some cases, it will be noted, the murmur was prolonged into the arteries. The paralysis of the papillary muscles is caused by a fatty degeneration of the heart structure, secondary to the action of the biliary poisons. This thesis is an interesting and valuable contribution to the literature of jaundice.—*London Med. Record.*

**GYNECOLOGY.**—*Metastasis of Mumps in Women.* *Damorest.* (*Lyon Med.*, No. 22.)—The author, in view of the recognized sympathy between the parotid glands and the genitalia, refers to the fact that, in women, metastasis occurs rather to the mammary and vulvar glands than to the ovaries, while in boys the testicles are affected. He reports two cases, showing that the ovaries may be involved when females are attacked by mumps. Yet Trousseau, Grisolle, and Niemeyer never noted such an occurrence; and Meyner, (*Gaz. Med. de Lyon*, 1866,) publishes but one observation of the same. In the author's first case the parotiditis supplemented the menstrual flow, and the same was observed in the second case. In the latter, also, there was ovarian pain, and tenderness on both sides, with fever. Damorest concludes by remarking that it would be interesting to know whether, after such an attack, a young girl could become a mother.—*Chicago Medical Journal.*

**DETECTION OF LEAD AND IRON BULLETS IN GUNSHOT WOUNDS.**—Dr. J. R. Uhler lately brought before the attention of the Maryland Academy of Sciences a method for the more certain detection of leaden and iron bullets when imbedded in the tissues, as in gunshot and shell injuries especially, when they have an obscure or curved course, and cannot be readily felt by the probe. The plan and its application are extremely simple. The wound is thoroughly cleansed with pure water by means of a syringe, after which a solution of nitric acid (5 to 15 drops to a drachm of distilled water) is injected into the wound, and allowed to remain a sufficient time to come in contact with and dissolve a portion of the ball. The injected fluid is then withdrawn either by syringe or by changing the position of the patient so as to let it run out into two lots. One of them is to be tested with iodide of potassium, when, if lead be present, the well-known yellow colour will be obtained. To the other a solution of sulphocyanide of potassium is added, which will turn red if iron be present, or ferro-cyanide of potassium to give a blue. It is claimed that the procedure is less irritating to the patient than probing.

#### TREPANNING IN INJURIES OF THE SKULL.

—1. *Without delay* in all cases of distinct punctured fracture, to avert mischief by removing the fragments of the inner table.

2. In cases of compound comminuted fractures with depression (not in mere fissure with wounded scalp).

3. In simple depressed fracture, when, after a fair trial of other measures, the urgent symptoms of compression are persistent.

4. In compression from extravasated blood, when the position of the injury, or the existence of a fissured fracture, indicate the probability of a large artery, such as the middle meningeal, having been torn.

5. For intra-cranial suppuration, when the symptoms and the existence of the puffy swelling, or unhealthy state of the scalp wound, and bone, give an indication of the probable position of the pus.

6. In certain chronic cases, from disease or alterations in the bone following contusion or

other injury, causing cerebral symptoms, such as local paralysis or epileptic fits. This last rule is by no means so imperative as the others—*Spence and Bryant.*

**THE TREATMENT OF RANULA.**—The Paris correspondent of the *British Medical Journal*, in his last letter, draws attention to the treatment of ranula, and alludes to the success attending injection of chloride of zinc, as practised by M. Panas. Dr. Morton, in a note on this, observes, without entering into any account of the morbid conditions to obstruction of a sub-lingual gland or duct, that practically the surgeon's intention is to make a permanent opening in the sac, one which will allow the saliva continuous and natural exit into the mouth. It occurred to Dr. Morton that the use of a metallic seton, acting to some extent as a drainage-tube, would attain this object, and two cases coming under his notice, he tried the following operation. An ordinary seton-needle, carrying medium-sized silver wire, having been passed directly through the sac-like tumour from one side to the other, the ends of the wire were brought forward, twisted together, and cut off, leaving a small ring of metal, half within and half externally. The wire was allowed to remain three weeks, then cut and withdrawn. It caused no irritation or impediment, and a patent orifice remained after removal. Both cases were permanently cured. The ordinary seton, made of silk or hemp, necessarily sets up inflammation, and may induce subsequent closure or fistulous opening. Injection of caustic fluids, as chloride of zinc, in ranula is open to objection, as destruction of tissue is not desirable, at least, in simple cases of obstruction.—*The Practitioner.*

**POST-MORTEM OF THE BRAIN OF CHRISTOPHER WARD,** who was convicted of the murder of his wife at the Brompton Assizes, last Spring:—"New York City, Asylum for Insane, 20th Nov., 1876. I certify that I was present at the *post-mortem* made upon deceased Christopher Ward, at the Rockwood Asylum, on 7th Nov., 1876. The brain was intensely congested in all its parts, and the cranial cavity contained several ounces of bloody serum. The

weight of the brain was fifty-two ounces. The meninges gave evidence of chronic inflammation, being thickened and leathery, and adherent to the calvarium in places. There were distinct points of softening at the apices of both hemispheres of the cerebrum, and in other localities which I cannot now exactly fix. From these appearances, taking in connection with the history of the case, I am of opinion that the patient, Ward, suffered from chronic insanity. (Signed), A. E. Macdonald, M.D., Medical Superintendent, New York City Asylum." Corroboration of the above by Drs. Fowler, Lavell, and Dickson: "We hereby certify that we were present at the autopsy of Christopher Ward, and that our opinions coincide in every respect with the certificate of Dr. Macdonald, both with reference to the appearances of the cranial contents, and the opinion of chronic insanity based thereon, coupled with the man's previous history. (Signed), Fife Fowler, M.D., Michael Lavell, M.D., and John R. Dickson, M.D." The following were the symptoms of Ward's case preceding his death:—His suspicion of poisoning by persons around him was persistent. He was very noisy in the nights, and urged for his release. A few

days before his death he was seized with obstinate vomiting and constipation. The pulse was slow, full, and soft. The pupils very much dilated. He soon succumbed."

#### APPOINTMENTS.

Andrew Thomas Dunn, of the Township of Augusta, Esquire, M.D., to be an Associate Coroner in and for the united Counties of Leeds and Grenville.

William Hanover, of the Village of Almonte, Esquire, M.D., to be an Associate Coroner in and for the County of Lanark.

#### Births, Marriages, and Deaths.

##### BIRTHS.

In Lindsay, on the 27th ult., the wife of Dr. Kempt, of a daughter.

On Monday, the 13th inst., at No. 99 Charles-street, Toronto, the wife of W. H. Ellis, M.B., of a daughter.

On Monday morning, 20th November, at 195 Carlton street, corner . utario, the wife of Dr. White, of a son.

##### DEATHS.

On Nov. 13th, at 15 Sultan-street, S. L. Bates, M.D., aged 26 years and 3 months.

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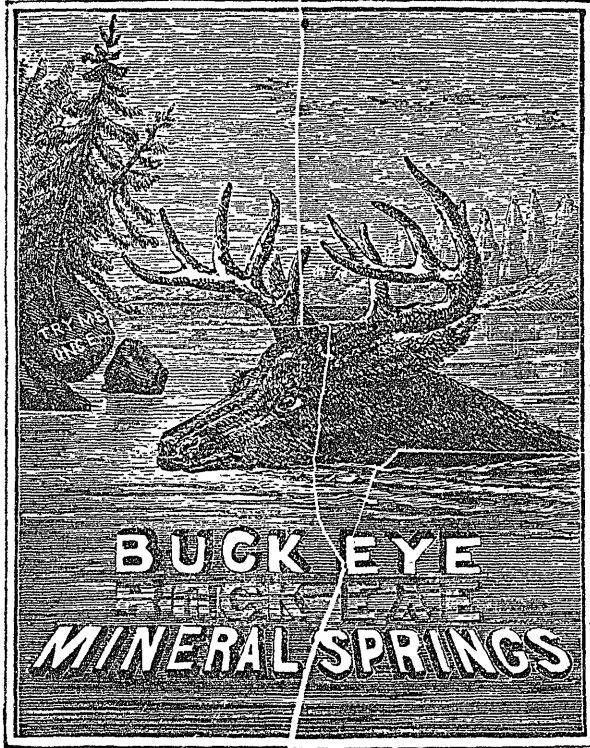
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