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THE

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

Vol. VII. }  
No. 5. }

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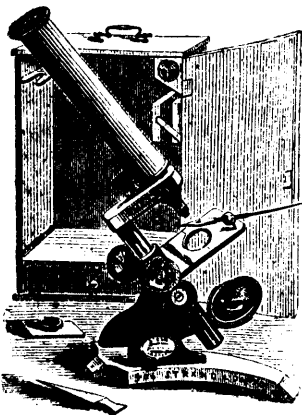
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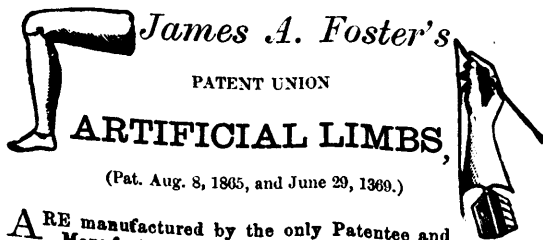
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" " second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

" " third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, and Surgery.

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# THE CANADA LANCET:

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## Original Communications.

### A CASE OF CANCER OF THE STOMACH.

By Arthur Jukes Johnson, M.B., M.R.C.S., England; Fellow of the Royal Microscopical Society of London, England, Lecturer on Microscopy at Trinity College, Toronto.

When I first saw Mr. K., on Oct. 24th, 1874, I found him suffering from violent cramps and vomiting, with general epigastric pain and tenderness, particularly in the right hypochondrium. As the matters vomited were of a bilious character, I ordered creasote, ammonia and liq. opii. sed. This relieved the pain and quieted the stomach. At this time, knowing nothing of the history of the case, I thought it was a simple bilious attack.

The vomiting, however, returned within a day or two, and I was again sent for. I now ascertained by enquiring into the previous history of the case, that about two years ago a large mass of frozen earth fell across his back, striking him immediately below the shoulder blades. After this time he never was well, having almost continuous pain in both the right and left sides. Very shortly after this, he suffered from all the symptoms of indigestion, and took a particular dislike to certain foods. These symptoms never ceased; at first there was merely slight pain and no vomiting, but later on all the symptoms became more grave. About this time he remembers having eaten a handful of fresh cherries, swallowing the stones, and although he noticed that they gave him pain at the time, he thought no more of it. It was shortly after this that the vomiting began. Hearing this history I was induced to examine the vomit microscopically, and from the appearances I at once decided that it was a case of cancer of the stomach, and one that would rapidly draw to a fatal close.

I now ordered sulphurous acid and bark, and

later on, the oxide of silver, still continuing the creasote and opium when the pain was severe. All these remedies had for a time a good effect, but none seemed to act so well as the first prescription.

In a short time however no solid food could be retained in the stomach, and as even fluids were rejected with the exception of beer, I combined lupuline with the oxide of silver. This, too, had its good effect, but soon became as useless as any other remedy. The vomiting of dark frothy matter continued, sometimes amounting to pints at a single time, until within a few days, before his death, when the power of the stomach seemed to be so weakened, that this peculiar vomit came up only in mouthfuls, and then not very often.

Two days before his death, which took place on Nov. 18th, after a slight attempt at vomiting, he threw up about half a dozen cherry pits, and also a few grains of pearl barley. As I could not find out that he could have eaten any cherries since July, or barley for two weeks, it was evident that a pouch existed, most probably in or near the stomach, in which these substances had been lodged.

Fig. No. 1.



(Magnified 250 Diameters.)

*Post-mortem examination made thirty hours after death.*—On opening the upper part of the abdomen, the stomach bulged up into the wound, being very large and full of air. All along the greater curvature of this organ, there could be felt, rolling about inside, some fifteen or twenty cherry pits.

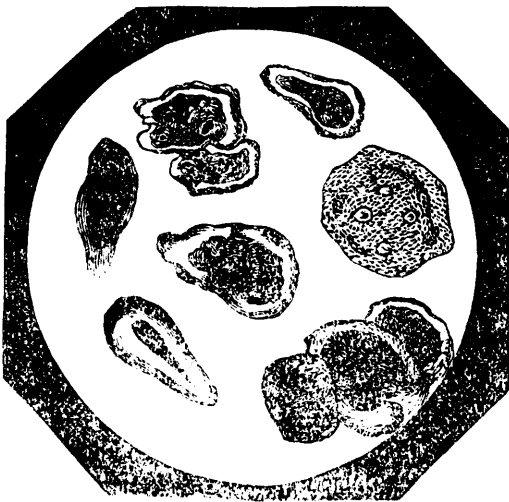
The pyloric extremity was closely adherent to the liver and pancreas, and was completely invested in a mass of hardened tissue; this mass which also extended into the meso-colon, could in places be broken up into small very hard lumps, about the size of a hazel nut.

On making a section through one of these masses, and examining with the microscope, I found it to consist of nests of irregular cells, contained in a large amount of fibrous tissue.

In some places the fibres completely encircled the mass of cells, in others a mass of irregular cells was packed in between the fibres. In some parts the circular form predominated, in others the elliptical. In the annexed diagram (No. 1) I have selected a specimen in which both these forms are to be seen, but in which the circular are most numerous.

Having opened the stomach, the cardiac portion was found large, the walls very much thinned, destitute of epithelium, and of a light pink colour, with bright vessels running through them. About midway between the œsophagus and pylorus, a greyish-brown coating began to appear; this gradually increased in thickness and in intensity of colour as the pylorus was neared. Near the pylorus on the lesser curvature this gradually merged into an ulcerating surface about as large as a crown piece. When this peculiar coating was examined, it was seen to consist of a great number of large cells, held together in a thick mucus.

Fig. No. 2.



(Magnified 700 Diameters.)

Most of these cells contained numerous smaller

cells and nuclei. In some cases these cells were perfectly circular, in others like large squamous epithelium cells, and in other parts again they were very large and irregular. The cells, a few forms of which are shown in Fig. No. 2, were identical in form and size with those contained within the circles of fibre, and which are shown at Fig. No. 1. This coating appeared to extend all over the ulcerating surface.

Immediately opposite to this ulcerating surface, that is on the lower or greater curvature, there existed a pouch, about as large as a cricket ball, and in this there still remained a number of cherry stones, some seeds of grapes, and a few grains of pearl barley. The pyloric opening would not admit the end of the little finger from the stomach, without a good deal of difficulty. The ulcerating surface was continued through this opening, but immediately the first part of the duodenum was reached, another dilatation was found. This pouch was about as large as a hen's egg, and its distal end was so much constricted, that a small quill would with difficulty be passed through it. On opening this dilatation, it was found to have a small cavity, but with very thick walls. This pouch (which was quite empty) had at each end, a tortuous canal; the one leading back into the stomach, the other a good deal smaller than the first, leading into the duodenum; by splitting up the duodenum and reflecting it, the appearance obtained was most peculiar, and might have almost been mistaken for a virgin os uteri bulging into the vagina.

Although it would appear from a number of cases which I have, in the last few years had an opportunity of examining, that schirrus at the pyloric extremity of the stomach, is, in this country the most common form of cancer of this viscus; it is, however, rare to find two strictures, within two inches of each other, the second being even smaller than the first. An idea has occurred to me with regard to this fact which seems to be the most plausible, viz: When the blow was first inflicted, and pain was immediately felt over the region of the duodenum, I imagine a fold of duodenum slipped inside the lower part of the gut. This of course, formed a stricture, through which only certain portions of food could pass; the harder portions being thrown back into the stomach, there either to decay, or to be further digested, till at last they found their way by degrees into the in-

testines. These matters, returned to the stomach, would of course, to a certain extent, keep up an irritation, but probably there were times when the amount of irritation in the stomach was very small, not sufficient to occasion any malignant growth in so short a time. In July, however, or about that time, we find that a number of cherry stones were swallowed, these of course, could not pass through this constriction, the gastric juices had no effect on them, and as they would not quickly decay, they became lodged in the pouch, previously formed by other matters, and there acted as a source of continual irritation. About the time or shortly after the swallowing of these cherry stones, the vomiting of that dark frothy material, so peculiar to many of these cases, begins. I think it most probable, that at this time the ulceration first began. With regard to epithelioma of the stomach, which occasionally is seen, I might say, that once through the kindness of the Secretary of the Trinity College Medical School, I was enabled to procure a very good specimen, in which this form of disease attacked the œsophageal end. I should have had another specimen of the same, from a case that was sent from Montreal as a case of "indigestion," had it not been that the *postmortem* examination would have borne out my diagnosis, which was in direct opposition to that of the medical man, whose case it really was. The stomach was only partly removed, and Dr. Philbrick who saw the case as consulting Surgeon, tells me that he endeavoured in vain to obtain either a view or specimen of the œsophagus, and that the cardiac extremity of the stomach was indeed not examined. I, however, afterwards obtained through another channel, abundance to confirm my diagnosis.

Yorkville, Ont., Dec. 1874.

#### A FEW THOUGHTS ON INJECTION OF THE ENLARGED PROSTATE.

BY WILLIAM BURT, M.D., PARIS, ONT.

(Read before the Brant Medical Association, Dec. 1st, 1874.)

MR. PRESIDENT AND GENTLEMEN.—I am about to bring before you an exceedingly interesting history of a patient who died under my charge. Before bringing the case before you, I shall merely

state that the points I wish specially to dwell upon to-day are an infrequent operation on the *prostate*, and two methods which I think will aid us considerably in determining the presence of stone in the bladder, methods which are easy of accomplishment simple and practical. The operation on the prostate is uncommon only in reference to this gland, in fact, it is novel to myself, and many authorities whom I have consulted. I find no mention made of it in such recent authoritative works as "Thompson on the Prostate" 4th edition, "Van Buren and Keyes on the Genito-Urinary System," and "Billroth's Surgical Pathology and Therapeutics."

N. H. æt. 67.—A wealthy gentleman, living retired with his third wife, has had but one child, a little girl of nine summers, by his second wife. Family history good, parents æt. 84 and 86 years at death, three brothers living. When about 34 years of age he complained much of dyspepsia and debility, for which he visited the Saratoga Springs. He soon improved under the water cure. Was always a hard-working man until he gave up business. On the 17th of June, 1862, while travelling he took cold, followed by retention of urine. He had his urine removed by the catheter after failure of other means. Since that time he had difficulty now and then in passing water and was obliged on several occasions, probably about three times, to resort to the catheter in the following six years. About five years ago he was seized with an inordinate attack of retention. At this time a large amount of blood passed on using the catheter, and the bladder was, with difficulty, got rid of clots. From this time he only occasionally made water without the use of the instrument, is always worse during damp weather and much better during dry hot, or dry cold weather. About four years ago he suffered from an attack of *rheumatism* in the left arm and shoulder which lasted nearly a whole winter. For the last three years he has had attacks of hæmaturia every month or two, which would last from two to four days. He says the bleeding was sometimes considerable. Sometimes he thought he felt better after the bleedings. For the last three or four years he has used the catheter on an average every four hours day and night; had no pain previous to passing blood; no evidence of renal colic. He says the bleeding sometimes came on after undue exercise, and that he was most sure

to have a bad spell of bleeding after or during damp weather. I first saw my patient January 5th, 1874. He sent for me because of pain in the right groin. He told me he had lost from two to three gallons of blood. Ordered absolute rest. Was sent for again on the 7th because of severe pain in the left arm and shoulder.

January 8th.—Made an examination per rectum and discovered an enormous prostate. The fingers could not reach its posterior portion. Ordered for the bleeding which still continues a mixture of iron and ergot to be taken internally and the bladder to be washed with a weak solution of carbolic acid. The bladder is high up above the pubes and occasionally contracts like a uterus into a firm ball as if to expel something. It could be seen quite plain to do so several times, and several times contracted quite forcibly under the hand. The contraction was always accompanied with severe pain. Ordered a large prostatic catheter for the relief of the retention, and an india rubber bag for washing out the bladder. I here put the query in my note book, May not the present irritability of the bladder depend in part on muscular rheumatism of its walls? Up to this time he had been using an ordinary number 10 silver catheter, curved to suit. I am enabled by being the rightful heir to the instrumental debris my patient left behind him, to show you an amount of rubbish which might have been displaced by a suitable prostatic catheter. The bladder previously had never been washed out, with the exception of the time above mentioned, in the patients history when it was done to remove clots.

9th.—Complains of severe pain in the bladder the arm and shoulder being easy. Ordered a suppository consisting of one grain of morphine and fifteen grains of tannin, to be introduced morning and evening and half-grain powders of acetate of morphine to be taken in the intervals when necessary.

11th.—Hemorrhage nearly stopped.

13th.—Ordered a mixture of chloral and bromide of potassium to be taken in place of the morphine. Bowels moved by injection.

14th.—Patient draws about 2 oz of bloody urine every hour. If it is not drawn at the end of an hour, severe spasms or "retchings," as he terms it, come on which are only relieved by the catheter.

I have no doubt he used the right word, for the bladder acted very much like the stomach during the act of vomiting, or the uterus during the pains of parturition. He eats moderately; bowels still moved by injection; pulse 76; applied a belladonna plaster over the hypogastrium.

22nd.—Passed an ordinary sound to-day, but found no stone. Did not complete the exploration on account of irritability. Ordered for dry tongue, anorexia, debility, &c., a mixture of sulphuric acid and quinine.

23rd, morning.—Pulse 82, respiration 24, temp. 101½; is now quite easy with the exception of a few stinging pains at the neck of the bladder and in the glans penis. Urine still slightly bloody, and is drawn about every two hours. Bladder washed daily with sulphate of zinc, four grains to the ounce of water, and bowels still moved by injection.

Evening.—Urine free from blood; is sinking pulse 90; complains of but little pain; feels weak and exhausted; took nourishment twice during the night. After this date he slowly recovered. The bleedings ceased and the pains returned in spasms only when the urine was allowed to remain too long. His appetite improved, and he was able to go about the house until March the 5th, when hæmaturia again returned.

During the interval of the two last dates I explored the bladder twice with Thompson's sound. The first time I felt a stone just at the neck of the bladder by raising the sound when entering. I could feel the stone quite plain, but it was not audible to the patient. I told him he had a stone in his bladder. I could not move it, and it seemed as if I could just touch it, not strike it, this probably, accounting for the absence of a distinct click. I desisted from the operation for fear of prolonging it at too great length. The 2nd examination was made February 27th, but did not detect any sound. Did not complete the exploration this time on account of weakness. He wished it to be deferred until he would get stronger.

March 5th.—Ordered the bladder to be washed with a solution of liquor ferri persulphate, one drachm to two pints of water; gallic acid, gave fifteen grains, every four hours.

6th.—Injected the bladder this evening with a strong solution of the persulphate, one part in

four. This gave him a good deal of pain until midnight.

March 9th.—Bowels moved freely after an injection; Urine still bloody. The bleeding would cease during the night after injecting the strong solution of the persulphate, which was done three times.

10th.—Pulse 84.—Repeated his iron and ergot mixture. Urine still bloody, but better this morning. Draws it off nearly every two hours yet.

From this date he gradually improved again and I saw him but occasionally, when he would complain to me very much of a loss of power in his lower limbs, and unbearable burning pain which distressed him, all of which I attributed to the pressure of the enlarged gland on the pelvic nerves.—The treatment was simply palliating; anodyne suppositories; faradization; flesh-brush, with a pill containing *nux vomica* and quinine.

June 11th.—Dr. Lundy met me in consultation and advised the continued use of copabia with electrization of the bladder. My patient was straightway put upon copabia, and faradization of the bladder externally employed. Not having a constant battery the interior of the bladder was not galvanised.

July 18th.—Dr. Lizars met me in consultation, when, after due deliberation, a novel mode of procedure was adopted, viz. : to bring about absorption of the gland by injecting the following mixture into its substance per rectum :

R—Hydrarg Oleat. ʒ ij.  
Morphine. . . . . grs. iv.  
Iodine . . . . . ʒj.—M.

Sig. Five to ten drops to be injected into the anterior portion of the gland, and a small quantity to be painted over the perineum with a camel's hair brush. I shall state here, that both of the gentlemen who met me in consultation, decided that there was no calculus in the bladder.

Dr. Lizars sent me the mixture from Toronto, (July 20th), and on the same evening I injected eight minims of the mixture into the anterior portion of the left lobe. He immediately complained of pain in the glans penis. Passed the catheter, thinking the emptying of his bladder would give some relief. When in bed, I introduced one of the morphine, and tannin suppositories. I ordered suppositories of one grain of morphine to two of extract of belladonna to be continued.

The injections were made with the instrument I now show you. It consists of the barrel of a syringe I use for washing out the lachrymal sac and nasal duct in a case of dacryocystitis, &c., with one of Tiemann's aspirator needles. It answers every purpose; but as I shall state hereafter, a little modification is necessary.

The following are the dates of the operation, the same amount of the mixture being used each time.

2nd injection, July 23rd.

3rd injection, July 27th. Shivered considerably after this operation.

4th injection, July 30th.

Complained of severe pain in the glans penis after each injection. Has had looseness of the bowels for the last few days, which was attributed to the tonic effects of the belladonna in the suppositories, of which he used two a day.

August 3rd.—Wished to recruit a little to get up a better appetite, and allow the warm weather to pass by, before renewing the injections.

5th injection, August 20th. Injected into the right lobe. Did not complain of pain in the glans penis, but simply of a dull heavy pain. The gland feels to be contracting and the needle does not penetrate so easily. Now uses but one suppository a day, and that at bed time. Cannot get along without them, although they produce great dryness of the throat, which he says prevents him from taking solid food and causes him to constantly moisten his lips, and suck bits of ice. The looseness of the bowels has come on again, but is not troubled at night with it. When he takes a suppository he can retain his water for three or four hours; when he does not take one he passes it every hour or two. The above symptoms, dryness, looseness, &c., were attributed to the belladonna, which was reduced to one half.

6th injection, August 24th. Right lobe again injected, and the same dull, heavy pain complained of. His appetite has improved and he is looking well; no bleeding. The injection seem to have had a beneficial effect in controlling the bleeding, by operating on the vesico-prostatic plexus of veins, in the same way as Dr. Kissam's method of injecting Squibb's persulphate by the side of a varicose vein, with good results. Does not now complain much of the burning pain in his limbs and feet, but simply of a coldness. On the

whole seems much improved. Complains of soreness of the perineum on account of the local application of the mixture.

7th injection, August 27th. Injected the left lobe again to-night. The whole gland has diminished very much in size, so that we have not now the large tumor projecting into the rectum that we once had. The left lobe was selected for the operation. It gave him a good deal of pain, similar to the first injection.

August 31st. No injection to-night. He suffered a good deal from the last injection, especially in the urethra, producing erection. The suppositories gave him relief.

8th injection, Sept. 7th.—Injected the right lobe of the gland to-night. It gave him a good deal of pain. Introduced a suppository. He got relief in about 20 minutes, and expressed himself as feeling the joints loose as the pain was leaving. Complains of having to force his appetite. Wants a tonic to give him strength. Repeated his quinine and nux vomica. His urine smells very badly, though he tells me he washes his bladder regularly.

Sept. 8th.—Sent for me this evening. Left him last night as usual after the injection with directions to send for me if he felt any bad symptoms. Found him in a high fever with a frequent pulse (120) temp. 104, suffering great pain and unable to pass the catheter. I introduced the catheter and drew off several ounces of urine; is not able to get out of bed.

Sept. 9th.—Have drawn his water every four hours. It is again very dark colored, but no clots. Morning—Temp. 102, pulse 120.

Evening. Temp. 104, pulse 112 and irregular. He is nourished fully and the severe spasms which come on every few hours, are somewhat checked by the suppositories. Only says "yes sir," or "no sir," in answer to questions.

Sept. 10th.—Morning, Temp. 103; Noon, 104; Evening, 104½, with a pulse of 120. Respiration growing frequent. Will scarcely say "yes sir" or "no sir," and refuses his nourishment.

Sept. 11th.—died this morning.

*Autopsy.*—Sept. 11th, 11½ hours after death.—The apex of the bladder bulges into the wound through the abdominal walls. Separated the bladder from the surrounding structures, and removed it entire with the prostate. On passing the hand behind the bladder, a calculus was felt. An enor-

mous prostate was removed with a portion of the rectum attached. A catheter was passed through the prostatic urethra and the bladder opened on the point of the instrument. A quantity of dark-colored urine was allowed to escape, when two calculi, the shape of nux vomica seeds were removed; one weighing a drachm, the other two drachms. A little detritus was also removed. On removing the prostate, a small ivory gravel was taken from its anterior portion underneath the rectum. The prostatic urethra admitted the index finger readily as far as the membranous portion. A large oval shaped projection, about the size of a hen's egg, shot backward into the bladder, just behind the opening of the urethra. The calculi were removed from behind this. No evidence of acute inflammation. Livid colored spots were noticed on each side of the median line of the gland, where the injection had been made.

No further examination of the body was made.

The weight and measurements were not taken until a few days ago, the whole having remained in alcohol for about 2½ months. The bladder and prostate together weighed 17½ ounces avoirdupois, of which the prostate would apparently weigh nearly two-thirds. Length of the prostate 3¼ in., posterior portion, including the projecting tumor, 4¼ in., circumference, 10 in. The sinus pocularis was developed into a large, irregular cavity, with only a thin wall between it and the rectum. The projecting middle lobe contained sinuous cavities, communicating with the urethra. I had the valuable assistance of Drs. Lawrence and Dickson at the post mortem.

REMARKS.—What I have endeavored to learn from this case is the justifiability of the operation of puncture of the prostate, or its injection, and the means by which a calculus in the bladder may be discovered when the ordinary means fail us. The above autopsy gave me to understand, that whenever a sound was passed into the bladder, it would press the egg-like body backwards, and the calculi lying behind it would be compressed between it and the posterior wall of the bladder, hence the non-detection of the stone. When making the autopsy, and feeling the stone as I pushed my hand down behind the bladder, the suggestion arose, that if in similar cases we would put our patient under chloroform (the lower bowel being completely emptied by injection), and introduced

the whole hand into the rectum, and feel behind the prostate for the calculus, it would be readily perceptible if present. Another suggestion was, to turn him in Sims' speculum posture, which position could be easily obtained after the introduction of the sound, when the stone could not help but tumble out from its hiding place, and would then be discovered. The first suggestion is quite plausible, for inasmuch as the stone was made to project at the perineum by the fingers introduced into the rectum in the operation of "cutting on the gripe." Surely a stone small in size can be felt behind the gland by the fingers after the introduction of the hand into the rectum. When lying on his back, and raising his hips as high as possible, the stone would not fall from its place, owing to the semi-circular curve of the posterior wall of the bladder upwards and forwards, its apex touching the anterior wall, so that when the sound would be raised it would only compress the calculi between the egg-shaped tumor and the posterior wall of the bladder, which, on removal of the calculi, were nearly contiguous. When the sound was turned round in the bladder as near its neck as possible, it would pass around the tumor and above the calculi squeezed between it and the posterior wall.

Since the death of my patient, I saw an article taken from the LANCET of August 22d, which reads as follows: "The dispersion of tumor by puncture." Dr. Cameron observes, that those familiar with the East are aware that, from time immemorial, the native hakims have been accustomed to attempt to bring about the absorption of enlargements of the liver and spleen, so common in hot malarious countries, by the use of puncture with long, sharpe stilets of considerable thickness Twining, in his work on the "Diseases of Bengal," mentions the practice. Dr. Cameron states that he has never followed it for the purpose of procuring dispersion of such enlargements, but that he has frequently seen those of the liver disappear rapidly after repeated plunges of an ordinary hydrocele trocar, when seeking, unsuccessfully, for suspected abscess, and he never found in any instance inflammatory or any other bad symptom produced by such operations, strange as it may appear to those unaccustomed to perform them. What he wishes particularly to draw attention to is, that other enlargements besides those of the liver and spleen may be made to disappear by puncture.

The article here mentions the case of a gentleman with "a mass of swollen, inguinal glands, almost as hard as a board, and resisting all treatment," incapacitating him for work. Dr. Cameron, made bold by the sufferer's despairing impatience, plunged a lancet, perpendicularly, into the mass as far as it would reach. No discharge followed. Absorption set in, and proceeded rapidly. The article continues in the following strain: "This, and several other cases which he mentions, have led him to think that this mode of puncture might be found to bring about the dispersion of such growths as fibrous tumors of the uterus, and reasoning from the non-supervention of evil symptoms, after repeated and deep puncture of the liver with a trocas, he sees no ground for fearing to puncture with a small stilet such a fibrous uterine tumor as is often plainly to be felt through the abdominal parietes. And he thinks puncture through them less likely to be followed by evil consequences than puncture *per vaginam*, owing to the exclusion of air."

Another copied article to our purpose appeared in the *Canada Lancet* (October), giving a description of the removal of a tumor (myoma) from the posterior wall of the bladder of a boy 12 years of age, by the high operation. Lateral lithotomy was first performed, but not succeeding, the tumor was removed by a difficult operation above the symphysis pubis. Billroth was the surgeon. Unfortunately the article winds up in this way: "The wounds, at the time of writing, looked remarkably well, notwithstanding the contusion during the operation," leaving us thus in the dark as to the ultimate termination of the case. What I wish to profit by here is, that in our own case we had, evidently, a vascular tumor, for which, as in the above, lithotomy might have been performed, and its removal secured with the ecraseur. The only obstacle, apparently, to this operation would be the distance through the large prostate, the operator would need to traverse. If the means we have pointed out succeeded in discovering a calculus, when all other means failed, lithotomy could be performed, and the stone or stones removed with the tumor, for I have yet to know that our skilled and dexterous lithotritists are able to pick out a small stone or fragment from behind such a tumor as we have described, unless it be to place the patient in the speculum posture before-men-



tioned. I have no doubt the effect of a lithotomy operation, if simply explorative, would prove beneficial in bringing about absorption of the gland, I will now endeavor to explain some of the symptoms of the case. 1st. The bleeding, which had a periodical tendency. It was oftentimes provoked by damp and wet weather. This condition of the atmosphere would be more likely to chill the surface of the body, producing congestion of the internal organs, and no doubt now, the prostate being a very large internal organ, would become congested, and an exit for the relief of overloaded vessels, prepared through the vascular tumor projecting into the bladder, hence the periodical hæmorrhages. We will understand this better by taking a look at the vesico-prostatic plexus of veins. A beautiful representation of the veins at the neck of the bladder is given in "Sir W. Ferguson's lecture on the progress of Anatomy and Surgery." Sir W. in referring to a bladder, the veins of which had been injected by Dr. Pettigrew, says: "The lithotomist may reflect as he looks on such a specimen as this. He may think of the bleedings he has seen, and if imbued with the views of certain modern Pathologists, as to prevalent and poisonous absorption and pyæmia, he may possibly imagine that he has fallen upon a good thing, if not a certain cause of death after lithotomy." We might in theory, suggest another cause and call these hemorrhages, bimensal, from their periodicity, the prostate being sometimes called the utricular organ, the analogue of the uterus in the female. Although I am not aware ordinarily, that in man any such periodic manifestations do occur, yet, I have been led to think of this, by those cases mentioned by writers, of hemorrhages from the bladder unassignable to any cause, and continuing for an indefinite period without marked spoliation of the blood.—Van Buren and Keyes refer to these periodical hemorrhages in the following words: "finally may be mentioned spontaneous, so called essential hemorrhages, sometimes recurring periodically once a month like feminine menstruation." If we look at our own case this periodicity was very marked. During the use of the injections the patient was quite free from hemorrhage until the time of his death, when a marked paroxysmal attack was present. It is told that the sexual desire of woman is increased at the menstrual epoch, and from this we might infer that a latent periodicity may exist

in man, though we have no similar way of showing it, unless it is by means of "nature's safety valve, involuntary ejaculation during sleep." And it may be possible, (notwithstanding the apparent fact, that turgescence of the male sexual organs is the result simply of sexual passion, uncontrolled by any periodic changes of the male generative system,) there may be a grain of truth in saying that the prostate may be subject to an increased vascularity periodically. Some truth would seem to be lent to this statement, by those weekly or monthly nocturnal emissions above referred to. At present I believe it is unobserved that man is more liable to be seduced, not alone by woman, but by his own sexual system at one period than another, foregoing ordinary circumstances, for it does appear at present that the turgescence of the male is only influenced by ordinary circumstances, and not at all controlled by any periodical changes in his sexual system, save at the time of the periodical nocturnal emission.

Carpenter states that, in animals which have only a periodical aptitude for procreation, the prostate undergoes an alternate increase and decrease, corresponding with the periodical enlargement and diminution of the testes themselves. I believe the question, Why does the prostate become enlarged at all in old age? has never been satisfactorily answered. We know its enlargement is by no means uncommon. It is an accompaniment of old age, and rarely occurs before fifty or the "turn of life." I have seen no reference to ligation of the arteries supplying the prostate. The attempt has been made to cure goitre, by cutting off its arterial supply, the arteries being large; to cure elephantiasis of the lower limbs with partial or complete success by ligation of the femoral. It seems from this that the arterial supply of the prostate must be increased, and this would be favored by its position. It does seem, also, that excessive coition may have something to do with it, notwithstanding what is said to the contrary, for in atrophy of the prostate we have ineffectual ejection of the semen. Again, as to the cause of hypertrophy, let us look at the nervous supply, and ask ourselves what are the first symptoms of enlarged prostate? Is not the first symptom frequent micturition without any morbid condition of the urine whatever? Now, I look upon this frequency as the antecedent of hypertrophy. The

sphincter vesicæ and prostate are unable to resist as long as usual the expulsors of the bladder, which are the predominating ones, and hence to supply this deficiency of power "the formative force" is stimulated through the medium of the nerves, and hypertrophy ensues, another example of conservatism, as it were, which we so often meet with in the human body, though nature, unassisted sometimes, accomplishes her work in a bungling way. Enlarged prostate consist chiefly in, increase of the muscular structure, not the glandular. The frequency, in the first place, is due to loss of tone in the sphincters, and afterwards to hypertrophy itself, not allowing the bladder to empty itself completely, causing irritability, &c.

Let us look for a moment at incontinence. In old women it is not an uncommon thing for them to rise once or twice during the night, probably for the reason aforementioned; but as a rule, they never suffer from retention, simply because there is no "bar at the neck of the bladder;" no prostatic enlargement to act as a valve. I remember reading about curing incontinence in women at the Charity Hospital, Blackwell's Island, N. Y., by producing contraction of the urethra by means of chromic acid, with very good results. How often is it said that involuntary passing of urine in the child is due to incontinence, in the adult to overflow, and why, seemingly, is this difference? I answer, because, after puberty, we have a developed prostate which can resist the walls of the bladder, prior to puberty it is undeveloped, and hence we have not their help to retain the urine. I now tell my patients that incontinence when occurring in a boy will cure itself at puberty, if not cured before, when depending on loss of tone in the sphincters. I refer you to Dr. Gross' description of the prostate before and after puberty. Theoretically the cure for incontinence when due to loss of tone in the sphincters, would be a combination of calabar bean and belladonna, or calabar bean alone, by which the sympathetic and motor filaments would be stimulated, and those of sensation rendered less sensitive to irritation.

Belladonna excites the sympathetic, and paralyses motion and sensation. Calabar bean excites motion, paralyses sensation, without apparently paralyzing the sympathetic, a proof of which is the spasmodic contraction of the ciliary muscle after applying calabar bean

(Soelberg Wells). Hence the calabar bean in combination would counteract the effects of belladonna on the nerves of motion. From this it would appear that we would expect better effects from the calabar bean used alone, or in combination with belladonna, than from the latter drug alone; the sphincter vesicæ being supplied both by the sacral plexus and filaments from the sympathetic. This action of these drugs is inferred from their effects on the eye. I have now a patient under my charge, æt. 65, whom I operated on for necrosis. He complained to me on several occasions of having to pass his water two or three times during the night for a long period. I examined him per rectum, and found considerable general hypertrophy of the prostate quite sufficient to account for the frequent micturition we would all say. I had repeatedly examined his water, before my attention was drawn to the prostate, but found nothing abnormal. The prostatic portion of the urethra being more dilatable than the membranous, becomes distended during the frequent acts of micturition. I believe it to be a rule that in enlarged prostate we always find this portion of the urethra dilated. When the desire for urination comes, and an opportunity for relief is not afforded, the sphincters are stimulated to contraction by the will, hence holding the water too long would be an exciting cause of hypertrophy. The danger of the enlarged prostate is the production of a valve at the neck of the bladder, giving rise to retention, obstinate cystitis, calculus, pyelitis, degeneration of the kidney, &c., if not carefully attended to by the early and continued use of the catheter. When no valve exists and the opening of the bladder is unusually large, (funnel-shaped) owing to a peculiar form of hypertrophy, prostatic incontinence occurs. The immediate requirement here is a well-fitting urinal; but it seems possible that reduction of the prostate might effect a cure. Internal incision and excision of a "bar at the neck of the bladder," and enlarged prostate has its advocates who have performed it successfully, but I have not yet laid my hands on any article giving a description of puncture or injection per rectum, although I have been informed by one of my friends that it has been done.

The question comes naturally, when shall we resort to puncture or injection? It should not be delayed beyond the time the urine cannot be voided, except by the constant use of the catheter, the

retention being due to a prostatic valve. It does not appear to be absolutely necessary to begin operation after the first retention associated with enlarged prostate, for this may be due simply to congestion at the neck of the bladder consequent on taking cold, after which the catheter may only be required to completely empty and wash the bladder at regular periods. Should puncture prove a safe procedure, it will probably be judicious to resort to it earlier, if by this means the bladder will be able to empty itself better, and the too frequent use of the catheter be dispensed with. If puncture fails and we wish to resort to injection, I should be tempted to use ergotine in preference to any other drug.

I shall close this paper by returning to its special points. You may consider them bold suggestions for diagnosis and treatment, but I think them practicable, and when we take into consideration how often surgeons of note fail to detect stone which exists, and is afterwards by some fortunate circumstance thrown from its hiding-place, and detected by some lucky skilful surgeon, we will not hesitate to resort to some simple means which is novel to our own minds. The instrument I would use for puncturing the prostate would be the one I shew, with slight modifications, viz., closure of the end, having the point solid, and one or two additional openings, a short distance from the end. This would serve for puncturing the gland, and in case of failure by this method for injecting it. A little ring might be fastened to the needle, when used for injecting to serve as a guide to the required distance we would wish to penetrate the gland. In my own case I used a piece of cork. As to the means of diagnosis I present you, I think if I had resorted to them in my own case I should have altered a second time my opinion regarding the contents of the bladder. As it was, I had first made up my mind the man had calculus, and then after subsequent examinations, and weighing the opinions of my counsellors, I said "no stone," leaving the case wholly as one of prostatic retention, uncomplicated with stone. You may think it strange that I have departed from the usual way of assisting in the endeavor to establish an operation, viz., by recording the recovery of the patient, but when I tell you it is quite possible that the mode of procedure adopted did not by any means hasten the death of the patient, but rather postponed it,

you will understand how it is that by the death of the patient, and the subsequent necropsy, I am enabled to justify the means used, and to extend to you a few thoughts on hypertrophy, and the finding of a stone in the bladder. As the cases are rare of so extreme a nature, especially in a town practice like ours, and even in our larger hospitals they are not common, for I cannot recall one of such severity during a term of service in one of the American hospitals where the wards were well filled with surgical cases. I have not had the opportunity of repeating the operation, or using the means I propose for the discovery of stone. Not having had access to the extensive literature of the subject, I write under correction and retraction, hoping the gentlemen present will pardon me if I have represented as novel something that is not. I throw out these suggestions (suggestions they may or may not be, for medical literature is now so extensive that it is almost impossible for any one man to become pregnant with what has been done in surgery), hoping if ever my professional brethren meet with a similar case where the presence of a stone remains a doubt after a careful sounding of the bladder, they will try the means brought forward to-day.

#### CASE OF PUERPERAL PERITONITIS WITH COMPLICATIONS TERMINATING FATALLY.

BY EDMUND G. KITSON, M.D., HAMILTON.

Mrs. C. *æt.* 36.—A strong, healthy woman was confined on Monday March 30th, 1874; twins; first child delivered by midwife; second was delivered with long forceps fourteen hours after, by Dr. White; in both cases, head presentation. She did very well until Thursday night, April 2nd, when through neglect she took a chill. Was called in again on Friday morning as I had the previous day stopped calling.

*April 3rd.*—Pulse 120; temperature 106°.5 F.; respiration 36; abdomen swelled, tympanitic, and very tender on pressure; ordered turpentine stupes and hot linseed poultices to abdomen and Pulv. Opii gr. i. every three hours; also a cooling drink R.—Acid Hydrochloric dil. M. xx. (whenever required) in plenty of water; she was also allowed milk. At 8 p. m. the temperature was again noted at 105°.4.

4th.—P. 102; T. 105°.1.

R.—Pulv. Opii. gr. 1½.

Cincho-Quinine gr. iiss.—M.

Such a powder every three hours.

5th.—P. 99. T. 103°.2.

6th.—P. 99. T. 102°.8. Tongue brown and dry, no sordes on teeth; pulse soft, regular; abdomen still tympanitic, but less so than yesterday; no headache; was delirious during the night; skin warm and slightly moist; continue opium and cincho-quinine every four hours.

7th.—P. 96. T. 103°.7. Tongue moist and cleaner; continue same treatment.

8th.—P. 108. T. 103°.2. Tongue cleaner; skin moist; tenderness over the uterus is diminishing.

9th.—P. 96. T. 102°.7. Tongue moist and cleaner; bowels not moved for two or three days; tympanites diminishing; tenderness almost quite gone; children are fed on the bottle.

10th.—P. 96. T. 102°.8. Tongue dry and glazed, reddish; urine scanty and passed with difficulty; tympanites increasing again.

R.—Potass. Nitrat. gr. x., Spts. Etheris Nitrosi M. xv. Ether Chloric M. x. Aquæ ad ℥ss.—M. Every four hours.

11th.—P. 84. T. 102°.3. Seems slightly better to-day; castor oil in the morning if required.

12th.—Tongue cleaner and moister; bowels not yet moved. Lochial discharge has ceased; urine scanty; no pain in head or abdomen.

13th.—P. 78. T. 100°.8. Tongue dry and glazed; urine more free; had an injection yesterday of soap and water without any effect.

l.—P. 96. T. 104°.4. Tongue has the same appearance. Skin dry, abdomen is slightly tympanitic, urine quite free and natural. Has a slight cough. Ordered an injection of turpentine, and add R. Fld. Ext. Senegæ M. x to Potass. Nitrat. Mist. Some bronchial râles are heard on the left side, posteriorly.

15th.—P. 90. T. 101°.1.—Tongue cleaner; Bowels moved by injection with the passage of some scybala. Cough less; face less flushed; no appetite; same condition of left side, behind. On auscultating the right side, some large crepitation was heard at the base behind.

16th.—P. 90. T. 102°.4. Respr. 48.—Vomiting caused by the senega. Bowels moved three times yesterday and the evacuations were very green; very thirsty.

R.—Potass. Nitrat. gr. x., Morph. Sulph., gr. ½.; Strychniæ Sulph., gr. ¼; Etheris Chloric, M. x.; Spts. Nitrosi, M. xv; Aquæ, ℥ss.—M. every four hours, and Cerii Oxal, gr. iij, if required; egg and milk.

17th.—P. 88 T. 101° Respr. 40, and very laboured. Cough very troublesome and an involuntary evacuation from the bowels with each fit of coughing. No vomiting; skin acting freely; bronchial râles present on both sides. Ordered a stimulating expectorant.

18th.—P. 98. T. 103°.5. Resp. 40., very laboured.—Has spells of coughing, followed by great weakness. To-day, Dr. Mackelcan of this city was called in consultation in the afternoon, and we then discovered pneumonic crepitus behind. He advised the following:

R.—Ammoniac Carb. gr. v; Tr. Verat. Virid., M. iij.; Aquæ ℥ss., every three hours.

19th.—P. 92. F. 104°. Respr. 48.—General condition remains much the same. Has now, however, an erysipelatous blush over the left side of the face and eye.

R.—Tr. Ferri Mur., ℥ss.; Aquæ, ℥ss., M. every three hours. R.—Plumbi Acet., gr. x to ʒi.

20th.—P. 88. T. 101°.5. Respr. 39.—Tongue cleaner and moister. Respiration less laboured, but sighing, she says a habit which she gave herself when in perfect health. The erysipelas has increased; the nurse appeared to have misunderstood very plain directions regarding the wash. No sleep obtained during the night. Cough is troublesome, and she complains of abdominal pain caused by the coughing fits. Is sitting up and says she feels easier thus.

21st.—P. 99, T. 103°.8. Respr. 48.—Erysipelas not any better. Cough easier. Respiration quite bronchial in front.

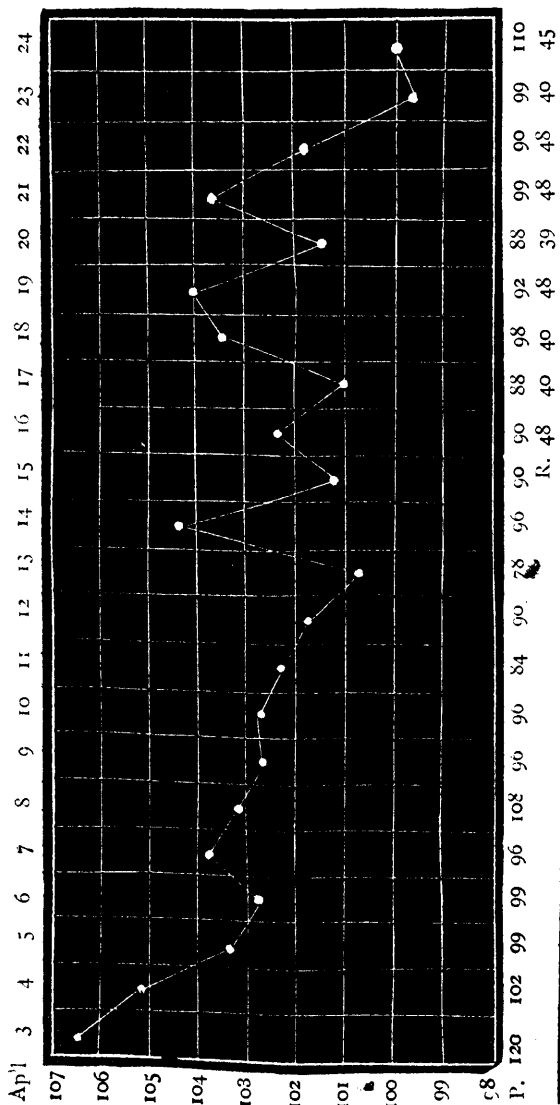
22nd.—P. 90. T. 101°.8. Respr. 48.—Erysipelas diminishing; tongue still continues dry; still with each fit of coughing the bowels are moved.—The evacuations are tarry and very offensive. Skin warm but dry. Has been taking wine since yesterday, about ʒxij and as the result, the P. and T. are both lowered. This afternoon I had another consultation with Dr. George Mackelcan, when the following was recommended: R.—Syr. Scillæ M. xx.; Fld, Ext. Senegæ, M. v.; Ammon. Carb. gr. v., every fourth hour alternately with R. Tr, Ferri. Mur., M. xx; Quinia. Sulph., gr. iij. Last

night she was quite delirious, and to-day is picking at the bed clothes, &c.

23rd.—P. 99. T. 99°.5. Respr. 40.—Tongue much moister; erysipelas diminishing; bowels free; cough easier; no pain; continue wine; skin moist. 11 p. m., was called down to see Mrs. C. in a great hurry. P. 120; irregular, intermittent; Respr. 48, irregular and sighing. Subsultus tendinum. Ordered sweet oil and turpentine, four to one to be warmed and rubbed between the shoulders.

24th.—P. 110. T. 100°. Respr. 45.—Failing fast. Could hear her breathing through an open door where I stood in the middle of the road. She died at 6 p. m. No autopsy was permitted.

The following table will show at a glance the temperature, pulsation, and respiration each day:



REMARKS.—The few foregoing notes show, I think, the value in serious cases, of systematically recording the daily temperature. In this case, the temperature was noted each day about the same hour, which insured as far as possible, a certain amount of uniformity in surrounding circumstances, and of course, this is always a point of some importance. They were all taken about 11 a. m. The temperature of the first morning, was an exceptionally high one, 106°.5. F. One may notice too, that each complication as it arose was preceded and ushered in, by a sudden elevation of temperature. Thus the temperature steadily fell, with the exception of one day (April 14), from the 3rd to the 14th, and on that day a complication arose. On the 18th, the pneumonia was discovered, and on that day the temperature rose 2°.5. Erysipelas came on, the following day with a further elevation of .5°; falling the following day 2°.5. The pulse indications in this case do not seem nearly as easy to be read as the temperature indications, and I think that if more importance was attached to regular temperature recording in private practice, we would often be able to foretell new complications before we might otherwise be able to detect them.

Hamilton, Dec. 15, 1874.

CASE OF ELEPHANTIASIS.

BY THOMAS H. HARRISON, M.D., SELKIRK.

I enclose you a photograph of a very peculiar case of elephantiasis, that I have seen occasionally for several years.

I saw the patient first in September, 1866. The mother called me in to see a sick child. I found it a bright, active, intelligent looking, but rather slender boy, of about five years; of German parentage; with one leg—the right—unmistakably longer than the other. The limbs seemed equally well formed; no distortion or want of symmetry except that the right was between half an inch and an inch the longer. The child had always been healthy, with the exception of having had one attack of convulsions during teething, but, as all the family had been similarly affected during the same period, the mother was not alarmed, and she did not observe any bad effects from the attack.

She first observed the disease when the child was some three years old, and the only alteration

that had taken place since, was that she thought the difference was slowly increasing.

After hearing the history and examining the limb, I gave as my opinion that the left was the erring limb; that it was arrest of growth in that, instead of excessive development in the fellow. The parent<sup>s</sup> then informed me that they had shown it to my friend Dr. Baxter of Cayugua, whose opinion entirely coincided with mine. The treatment was mainly hygienic.

I saw the boy occasionally during the winter, and could notice little or no change; and, during the next six years, the mother seemed to think that there was little alteration, but that the right was still slowly gaining.

About two years ago she called my attention again to the case. I found then, unmistakable evidence of abnormal length, and increased growth of the right limb. The tibia and fibula were not only much longer than those of the opposite limb, but were as long as those of a child of at least six or seven years older than the patient; they were very much enlarged, especially the fibula. The muscles seemed wasted; the bones could be readily grasped and felt through their entire length, and the skin was very much increased in extent and thickness, seeming to hang comparatively loose, the greatest circumference being just at the malleoli. I advised the parents to allow me to show him to the members of the Haldimand Medical Association. After many delays I succeeded in exhibiting him to the Association in July of the current year. A few days ago, through the kindness of my friend Dr. McCargow, of Caledonia, I received an invitation to exhibit the patient at a medical conversazione, held at Dr. Malloch's, in Hamilton, where I had the advice of a number of the profession in Hamilton and vicinity.

The boy is now 13. The parents are healthy, though the father is not a very strong man, and with one exception the rest of the family are apparently sound; one sister has heart disease, (valvular). The maternal grandmother died of cancer of the breast, and a maternal uncle within a few months of cancer of the stomach. The patient is bright, intelligent and active, much the brightest looking of the family, his features shewing nothing of the characteristic impassive German type; is still rather slender, and has a somewhat scrofulous appearance. The disease, which at first was confined to the leg,

and mainly to lower end of the tibia and the fibula, has now, though in a less degree, invaded the thigh, which is an inch longer, and rather more than an inch greater in circumference than its fellow, and the integument is perceptibly thickened. The knee is slightly enlarged, and the patella larger, thinner and more angular. The tibia and fibula are very much enlarged, the fibula nearly or quite equaling in size the tibia; the width between the malleoli is increased, so that the foot, which is about the natural size, is held very loosely; is easily partially luxated in the form of talipes varus. The muscles are small, the gastrocnemius and soleus not affecting the contour of the limb or interfering with the touch in examining the bones. The skin is largely developed,—much thicker than natural; slightly, but not much, roughened, not exhibiting that peculiar appearance and feel described in the books. It hangs comparatively loose round the leg, and is most largely developed at the ankle. Beneath the skin is a tissue which a few of my friends take to be a deposit of fat, but the majority, with myself, pronounce an excessive development of areolar tissue; it does not pit on pressure; has—especially when some time dependent—a dusky or livid hue. There seems scarcely power to carry on the return circulation against gravitation, and a strong tendency to hypostatic congestion, yet it never seems to become cedematous. The difference of length between knee and ankle of the two limbs is three and one-half inches ( $3\frac{1}{2}$ ) good measure, and in the circumference at the ankle the difference reaches upwards of seven (7) inches. The leg is on the whole upwards of five and a half inches longer than the fellow and greatly interferes with locomotion, still the boy walks readily each day to and from school, a distance of nearly two miles, and enters freely in the sports of his school-mates, and only complains of pain when the exercise has been excessive and prolonged.

The treatment at present is tonic, attention to the general health, bandaging, and I shall probably eventually ligate the femoral artery.

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SULPHITE OF CALCIUM.—A very common prescription made when there is fear of pyæmia, or when the patient has a coated tongue or fetid breath, is the *sulphite* of calcium. It is given in doses varying from 2 to 5 grs. every three hours. Its effect is highly commended.

## Correspondence.

### ADDRESS

TO THE LEGALLY QUALIFIED MEDICAL PRACTITIONERS OF THE GORE AND THAMES DIVISION.

GENTLEMEN.—As my term of office as your representative is now drawing to a close, I feel it incumbent on me to thank you for the confidence you have reposed in me for the past three years, and to give an account of my stewardship to the intelligent members of this Division. The past two years have marked a critical epoch in our history, as a body. This arose principally from the fact that our efforts to seek necessary protection were met by determined, persistent, and unscrupulous attempts to eradicate all restrictive medical laws from our Statute Books, and to overthrow all useful legislation in the interest of the profession and the public. Public journalists, from whom better things were expected, cried out for free trade in medicine, and lobbied fiercely and bitterly for it among the members of the Ontario Legislature. We were called all the hard names that irony, sarcasm, and invective could furnish, by the charlatan and empiric. The profession was designated as a corporate body with selfish, exclusive and tyrannical privileges and immunities, because it did not open its portals wide and allow shoals of "carpet baggers," quacks, and illiterate pretenders, to practice, collect fees, hold medical offices of trust, append spurious titles to their names, and attain the same legal *status* as those who had spent many years of laborious study and much money in acquiring a primary knowledge of the multifarious details of an abstruse and difficult art. Lawyers, civil engineers, school teachers, chemists, and dentists are protected, by law in the pursuit of their several callings; but medical men must be mercilessly ostracised, as if they had no rights the leaders of public opinion were bound to respect. A combination of Homœopaths, malcontents, and irregulars male and *female*, used all the subterfuges, sagacity, and influence, at their command, to procure a repetition of the pernicious system that existed anterior to the passage of the Parker Act, when irresponsible Colleges and Boards were the order of the day. These, in sharp competition to one another, thrust out hun-

dreds of practitioners poorly qualified, but prepared at all hazards to become apostles, for the creative powers that licensed them. These graduating and licensing bodies were independent of impartial supervision and control, by any body above and beyond their influence. Thus the evil was perpetuated in an ever increasing ratio until it became intolerable, and to be called a medical practitioner was no longer a term synonymous with scholastic attainments and medical education. This was the fault of a system verging on free trade in medicine, and so glaring did the evil become that a victimized public complained of its pernicious effects, and asked for legislation to interfere between it and legalized incompetency. It is true that many of those thus licensed became excellent practitioners, not because of the system, but from natural ability and aptitude for the profession. It must be said to the credit of a majority of the members of these Colleges and Boards that they accepted cheerfully the establishment of a central, controlling, and independent examining body, of a representative character, in which they were to be a minority. This is the more creditable, seeing that on account of the establishment of a higher curriculum the financial loss must necessarily be great. The number of students was reduced, on an average, three-fourths per annum. The Colleges of Ontario were tested as to their relative merits, and the license of "the College of Physicians and Surgeons" has become more than a name and a delusion. When danger threatened our existence as a body last year, it was a source of congratulation to those medical men in the Legislature and out of it, who were struggling for the rights of the profession, to see the spontaneous and unanimous response made to their call by 1700 practitioners of this Province. They felt that "blood was thicker than water," and that political considerations would not debar them from asking for just law for themselves and beneficial protection to the public. This concerted action was well sustained by the people in numberless petitions largely signed, and so overwhelmingly did these influences manifest themselves that few members of the House could ignore them and expect re-election. The monstrous Homœopathic Bill was quietly strangled at its birth, and our Act became law, imperfect as it is. Your representative, with several other members of the Council, was anxious to introduce several additional clauses

to the Act, not now incorporated with it. It was thought advisable, however, to introduce them in a supplementary way hereafter, rather than to provoke additional hostility by too many radical changes at first. It is my opinion that they should yet be urged upon the attention of Parliamentary candidates at the impending election, and upon the new Legislature. The first is: That no prosecution for malpractice should be allowed after a definite number of years; secondly: The Government should build and maintain, at the country's expense, a suitable building for a pathological museum—a library, a registrar's office, and a council chamber. It should provide for all necessary accommodation and expenses. Hundreds of thousands of dollars are sunk in Public Institutions, some of which are worthy of consideration, and tens of thousands are voted yearly for their support, although many of them are, and will continue to be, more ornamental than useful; but the college of members of a self-denying profession, whose benevolence, gratuitous labors, and charities, in the sum total, exceed all others in the land, sacred and secular, is left to be supported and perpetuate its existence by the taxation of its own members. This should not, and will not be if we are true to ourselves, and demand a moderate sum for these objects out of a plethoric public purse. Thirdly: There might be enacted a maximum tariff of fees from which there could be no appeal. This method is adopted in courts of law, as well as in the routine work of the lawyer, where all charges must needs correspond to a legal schedule of fees. This method would save trouble and expense to medical men in collecting their dues by process of law. No medical witness would be required to prove the usual charges in any locality, for judges would have the Statute to guide them, from which they could not deviate, and against which there could be no appeal. It would conduce to raising the standard of prices to a fair remuneration, and give uniformity, not to speak of preventing the diversified and conflicting evidence so often given by medical witnesses, in regard to the amount of dues which they consider fair and honest in the practice of their profession. Fourthly: Medical witnesses in criminal cases should be paid. There is great injustice in practitioners being called upon, in too many instances, to give gratuitous attendance to victims of violated law, and then be obliged, under

penalty, "without fee or hope of reward," to dance attendance at court for a week or more at their own expense, to their great inconvenience, and loss of practice. They should at least be paid their expenses, and a moderate sum for loss of time and trouble.

It is to be hoped that these suggested amendments will command your attention and meet your approval. At the same time it must be remembered that no law can prove successful unless carried into active operation by those affected thereby. Obsolete law should have no place on the Statute Book. So far, the most important change in the new law is the enactment of a penal clause. Under the former law vagrant quacks defied its provisions provided for their discomfiture, and laughed at all fines imposed, seeing that as an alternative there could be no imprisonment. Their hats covered all their responsibilities, and thus they snapped their fingers at the prosecutors. Our friends in Parliament were met with opposition in asking for a penal clause, and told it was *ultra vires* for a Provincial Legislature to enact. This was a mere subterfuge, as on the Ontario Statutes now exists in full force "A Summary Conviction Act," and the Government was only asked to take us under its protection until it was annulled by a higher tribunal. Prosecutions have been instituted under the new act, (one of them by an esteemed practitioner of this division,) but with two exceptions the prosecutors have not received that material and moral support from the corporate body which they deserved in their unenviable position. This has been a matter of sharp and just criticism among your representatives, and it is safe to predict that in the future the Executive will take vigorous action against unlicensed practitioners, and not leave the *onus* on any one member of our profession.

I have thus succinctly explained to you my views on matters vital to all who have the well-being of our liberal profession at heart. If my feeble efforts have merited your approbation, I shall consider it a high honor to receive your confidence and vote, as your representative for a second term. I have consented to become a candidate after conferring with a large number of my constituents within reach, and who desire that I should again seek your suffrages. If elected, I will endeavor to procure amendments to the existing law so as to make it more acceptable to a body that asks for no favors, but demands justice from the representatives of the public it so cheerfully serves, and with whose interests it must be closely identified.

I remain, yours fraternally,

DANIEL CLARK, M.D.

Princeton, Dec. 1st, 1874.



### Selected Articles.

#### PERITYPHLITIS; ABSCESS; OPERATION ON EIGHTH DAY; RECOVERY.

J. B., age 18 years, single. Nativity, United States. Occupation, driver.

*May 15th, 1872.* Was first called to see him, and found that on the 9th instant (six days previous) he had returned from work not feeling well; feverish, bowels constipated, slight nausea, and pain and swelling in right iliac fossa. His mother, a professional nurse, had given him something to move his bowels, and had applied a poultice over the swelling. From the 10th to the 14th he gradually improved. During the day of the 15th he became rapidly worse, and I found him in the evening with pulse of 106, temp. 103.6°, skin hot and dry, and tongue thickly coated in the middle, and red and cracked at the edges. In the right iliac fossa was a tumor larger than a hen's egg, hard, attached, and very tender, but not painful while he lay quiet. The rest of the abdomen appeared natural.

The diagnosis was made of impending abscess in and about the appendix vermiformis. As the bowels had not moved for several days, and the patient complained a good deal on that account, a gentle laxative was ordered, with perfect rest in bed and hot poultices.

*16th.* Dr. J. W. Wright saw the case with me, and confirmed the diagnosis. Pulse, 96; temp., 103.3°. Tongue better, and feels better every way. Thought that we detected slight fluctuation.

*17th.* Drs. D. M. Stimson and Wright saw the patient in consultation with me. There being no change in the symptoms, and all agreeing as to the diagnosis and proper course of treatment, I proceeded—ether having been administered by my student, Mr. E. L. Partridge—to open the abscess by an operation very similar to that for ligating the external iliac artery. The incision commenced about three-fourths of an inch internal to, and a little above, the anterior superior spinous process of the ilium, and curved downwards and inwards nearly parallel to Poupart's ligament, terminating at a point nearly over the external iliac artery. The skin incision being so far external and so low down, I was obliged, in order to reach the tumor, to carry the division of the deeper tissues obliquely upward and inward, and this caused some little difficulty in completing the operation. When we reached the peritoneum the tumor was distinctly felt; but the peritoneum did not appear to be adherent to its surface, and we could not satisfy ourselves as to any fluctuation being perceptible. For these reasons it was considered expedient to stuff the wound with lint and leave it for the present.

Poultices reapplied. Patient bore the operation perfectly well.

*18th.* Patient slept only about two hours last night, but is much improved. Early this morning, about sixteen hours after the operation, there escaped from the bottom of the wound about two ounces of pus, having a dirty brown color and fecal odor, but in which no foreign body was to be found. Careful probing showed the cavity of the abscess to measure about one inch by two. At 11 a.m. pulse 69; temp. 99.2°. Considerable tenderness in region of wound; swelling less than yesterday.

*19th.* Much better; pulse 66; temp. 99°. Wound healthy, not yet suppurating. Abscess discharged about two ounces in last twenty-four hours.

*20th.* Suppuration established in the wound, so as to render it impossible to say how much of the pus discharges from it, and how much from the abscess. Odor much less marked than yesterday. Wound dressed with lint and carbolic acid, and syringed out with an aqueous solution of carbolic every day.

*27th.* Patient has done uninterruptedly well since last date, and wound has filled up from the bottom until it is only about half its original size and depth. Bowels moved on the 23rd for the first time; no measures having been adopted either to promote or retard their action. They have moved every day since. Appetite very good, spirits excellent, sleeps well. A record of the temperature and pulse shows nothing of interest. Since the operation the former has not exceeded 100.2°, nor the latter 80.

*June 14th.* Patient discharged to-day cured. Wound entirely healed, and general health as good as could be expected after so long confinement to the house.

*September 26th, 1874.* Examined the patient to-day—two years and four months after the operation—and find the scar resulting from the operation to be soft, pliable, non-adherent, and perfect in every respect. It has changed its position however, so as to lie below Poupart's ligament. That portion of the abdominal wall incised in the operation seems to be as strong as any other, and the patient states that he has never had any kind of trouble that could be referred to the operation.

Dr. Willard Parker deserves the credit of having called our attention to the diagnosis of the abscesses in and around the appendix vermiformis, and also of recommending early operation in suitable cases, in an article which may be found at p. 25 of vol. ii., of the *New York Medical Record*.

A few weeks ago Dr. Gordon Buck read a paper on this subject before the New York Academy of Medicine, founded on ten cases which he had collected, and from which it would appear that an English surgeon, Mr. Hancock, as long ago as

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# Phosphorus as a Remedy for Neuralgia.

The following table is taken from a valuable paper contributed to the "London Practitioner" by Prof. J. Ashburton Thompson, on the use of Phosphorus for the above-named complaint, large doses being employed by him, (the 1-25 gr. or more) and with marvelous success. He records 18 cases, as will be seen by table below, and arranges them in three classes—Acute Primary Attacks, Acute Recurrent Attacks and Chronic cases. Six cases occur in each class. In the first class the ages ranged between 25 and 46; in the second between 30 and 40; in the third between 24 and 40.

Some of the patients suffered from Trigeminal, some from Cervico Occipital, some from Cervico Brachial Neuralgia, and one in the second class from Sciatica. All the cases in the first two classes were cured; of the third class three were cured, one of the patients having been afflicted 16 years, without a week's freedom from pain.

Sex.	Age.	Nerves Affected.	Duration of Attack.	Extreme Duration of Treatment.	Complication.	Result.
<b>PRIMARY ACUTE CASES.</b>						
M	40	R. Trigeminal.	4 days.	4 days.	Catarrh.	Recovery.
F	26	L. Trigeminal.	14 days.	10 days.	Anaemia.	"
F	25	" "	21 days.	24 hours.	N.c.c.	"
M	46	Cervico Occipital.	12 hours.	12 hours.	General Derangement.	"
F	28	L. Trigeminal.	14 days.	48 hours.	Lactation.	"
F	25	" "	6 days.	12 days.	Catarrh.	"
<b>RECURRENT ACUTE CASES.</b>						
F	60	R. Sciatic.	15 days.	36 hours.	Decay of Nature.	Recovery.
F	33	L. Trigeminal.	5 days.	6 days.	None.	"
F	32	" "	21 days.	24 hours.	"	"
F	35	R. Trigeminal.	10 days.	4 days.	Lactation.	"
F	30	" "	14 days.	5 days.	Phtthisis.	"
F	30	" "	7 days.	48 hours.	Debility.	"
<b>CHRONIC CASES.</b>						
F	28	{ R. & L. Trigeminal. }	18 months.	5 weeks.	Phtthisis.	Relief.
F	24	{ Cervico Brachial. }	4 weeks.	9 days.	"	"
M	35	{ R. & L. Trigeminal. }	12 months.	12 days.	Nervous Debility.	Cure.
F	36	{ Occipital, R. & L. }	2 months.	14 days.	Pregnancy.	"
F	21	{ Trigeminal. }	16 years.	18 days.	None.	"
F	40	{ Cervico Brachial. }	4 months.	15 days.	" (Decayed Teeth.)	None.
		{ R. & L. Trigeminal. }				

## PHOSPHORUS AS A NERVE TONIC.

Its use is supported by no less authority than Prof. Delpech, Prof. Fisher, of Berlin, Dr. Eames, (in the *Dublin Journal*.) Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstention from all occupations resembling that upon which the mind has been overworked; 2d. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3d. Tranquillity to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell fish; 5th. The internal administration of phosphorus in pillular form, prepared by Wm. R. WARNER & Co.

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		Per 100	Per 500
<b>PIL ANALEPTIC.</b> (Warner & Co.)			
R	<i>Tin. Surtimorialis,</i> gr. LXXV.		
	" <i>Tros. Guaiaci,</i> gr. C.		
	" <i>Aloes Soc.,</i> gr. LXXV.	.10	2.75
	" <i>Myrsinac,</i> gr. I.		
	<i>M. fiat pilulac. No. C.</i> Dose 1-2 Pills.		
<b>PIL ANODYNE.</b> (Warner & Co.)			
R	<i>Tin. Camphorac,</i> gr. C.		
	<i>Morphia Acetat,</i> gr. V.		
	<i>Ext. Hyoscyami,</i> gr. C.	.75	3.50
	<i>Ol. Tros. Capsici,</i> gr. V.		
	<i>M. fiat pilulac. No. C.</i> Dose 1-2.		
<b>PIL ANTICHLOROTIC.</b> (Warner & Co.)			
R	<i>Potass. Chlor.,</i> gr. C.		
	<i>Ferri Chlor.,</i> gr. I.		
	<i>Tin. Fodophrylli,</i> gr. C.	.75	3.50
	<i>Tin. Myrsinac,</i> gr. I.		
	<i>M. fiat pilulac. No. C.</i> Dose 1-2.		
<b>PIL ANTICHOROMANIA.</b> (Warner & Co.)			
R	<i>Vinci Valer.,</i> gr. CC.		
	<i>Ferri</i> gr. XXV.		
	<i>Ext. Sumbul,</i> gr. L.	.75	3.50
	<i>M. fiat pilulac. No. C.</i> Dose 1-2.		
<b>PIL ANTISPASMODIC.</b> (Warner & Co.)			
R	<i>Ext. Hyoscyami,</i> gr. I.		
	<i>Morphia Acetat,</i> gr. X.		
	<i>Brom. Camphorac,</i> gr. I.	.75	3.50
	<i>Tin. Capsici,</i> gr. I.		
	<i>M. fiat pilulac. No. C.</i> Dose 1-2.		

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## PIL ANTIPERIODIC. (Warner & Co.)

R	<i>Cinchonidiae Sulph.</i>	gr. C.		
	<i>Foss. Tadolphylli.</i>	gr. V.		
	<i>Strychnia Sul.</i>	gr. III.		
	<i>Sesamin.</i>	gr. V.	.50	3.75
	<i>Ferr Sulph. Ess.</i>	gr. L.		
	<i>Ol. Ess. Capsici.</i>	gtt. X.		
	<i>M=fiat pilulac. No. C.</i>	<i>Case 1-3.</i>		

## PIL ANTISPLENETIC. (Warner & Co.)

R	<i>Fru. Siles Soc.</i>	gr. C.		
	" <i>Simmoniaci.</i>			
	" <i>Meyssiae, aa</i>	gr. L.	.10	2.75
	<i>Ext. Bryony.</i>	gr. C.		
	<i>M=fiat pilulac. No. C.</i>	<i>Case 2-1.</i>		

## PIL ASTRINGENT. (Warner & Co.)

R	<i>Ext. Geranii.</i>	gr. CC.		
	<i>Fru. Opii.</i>	gr. XXV.		
	<i>Ol. Sassafras. Timp.</i>		.60	2.75
	<i>Ol. Ess. Zingiber, aa</i>	gtt. V.		
	<i>M=fiat pilulac. No. C.</i>	<i>Case 1-2.</i>		

## PIL CATHARTIC. (Cholagogue.) (Warner & Co.)

R	<i>Foss. Tadolphylli.</i>	gr. L.		
	<i>Fil. Hydrarg.</i>	gr. XXV.		
	<i>Ext. Hyoscyami.</i>	gr. XII.		
	" <i>Sicc. Vom.</i>	gr. VI.	.60	2.75
	<i>Ol. Ess. Capsici.</i>	gtt. XII.		
	<i>M=fiat pilulac. No. C.</i>	<i>Case 1-1.</i>		

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R̄	Ext. Sassafras	gr. CC.		
	" Nuc. Vomica,	gr. XX.		
	Foss. Indophryllis,	gr. XXX.	.60	2.75
	Ol. Caryophyl.	gr. X.		
	M. fiat pilular. No. C.	Quae 2.2.		

## PIL LAXATIVE.

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R̄	Ext. Sassafras	gr. C.		
	Sulphur,	gr. XX.		
	Foss. Indophryllis,	gr. XX.	.60	2.75
	Foss. Guaiaci,	gr. L.		
	Ext. Sassafras,	Q.S.		
	M. fiat pilular. No. C.	Quae 1.2.		

## PIL SEDATIVE.

(Warner & Co.)

R̄	Ext. Sumbul.			
	" Valerianae.			
	" Hyoscyami, aa	gr. L.	.75	3.50
	" Cannab. Ind.	gr. X.		
	M. fiat pilular. No. C.	Quae 1.2.		

## PIL TONIC.

(Warner & Co.)

R̄	Ext. Sumbul.	gr. C.		
	" Humuli,	gr. L.		
	Ferr. Carb. Sacch.,	gr. XXV.		
	Ext. Nuc. Vomica,	gr. V.	.60	2.75
	Foss. Indophryllis,	gr. IV.		
	Ol. Foss. Zingiber,	gr. X.		
	M. fiat pilular. No. C.	Quae 1.2.		

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1848, recommended the same operation and reported a case. This paper seems to have escaped the notice of all subsequent writers on the subject.  
—*Dr. Ward in the Medical Record, N. Y.*

### EMPHYEMA TREATED BY FREE INCISION.

Dr. J. T. Boutelle reports the case of a boy, æt. 19, who, after repeatedly catching cold, was compelled to take to his bed, with fever, severe pain in right side, etc. When first seen, he had been in this condition for six weeks, was greatly emaciated, had a marked hectic flush, and was sweating profusely both night and day. The physical signs showed that there was a large collection of fetid pus in the right pleural cavity, and an opening in the lung itself near the apex. He was first tapped with an aspirator between the seventh and eighth ribs, about two inches from the lower angle of the scapula, and three pints of brown, fetid, thick, frothy pus were removed. Stimulants and nutrients were ordered in large quantities, and his condition improved somewhat. Four days later, an operation was performed for the purpose of establishing permanent drainage. A knife was passed between the eighth and ninth ribs, about an inch to the right of the lower angle of the scapula, into the pleural cavity, and the incision slightly enlarged on withdrawing the blade. No pus escaped. An india-rubber drainage-tube was then pushed in about five inches, and secured by straps of adhesive plaster. The pump of the aspirator was attached to the tube, but no pus could be drawn through. After injecting a little warm water, without helping matters, the tube was drawn out, the clots were removed from its calibre, and it was re-introduced, but still no pus could be drawn through it. The tube was removed, and a canula introduced, but with no better result. As the patient was growing very weak, crying out with pain, and threatening to faint, the canula was removed, and a poultice applied over the incision.

After an interval of five days, during which his condition rather deteriorated, it was decided to give ether, and to make an opening between the ribs large enough to give exit to pus. A trocar was thrust between the seventh and eighth ribs, at the point where pus had been first found, and, as it began to flow through the canula, the latter was removed, and an incision three inches long was made through the skin, the point of puncture being at the middle of the incision. A careful dissection was made down to the pleura, the cavity of which was opened by an incision of two and one-half inches. About three pints of fetid pus escaped. On examination with the finger, a long, smooth line of adhesion was found a few inches below the incision, passing downward and backward, evidently the bottom of the sac of the abscess.

For nearly two weeks after this operation he continued to do well, his appetite being much improved. It was then found, however, that the opening in the pleura had entirely closed by granulations. The patient was again etherized, the union was easily broken up with the finger, and an opening made the length of the original incision. Not much bleeding. About a pint and a half of excessively fetid pus escaped. A rubber tube was then inserted, and the cavity thoroughly syringed out with warm water containing a trace of carbolic acid. The tube was then fastened in by adhesive strips.

The same treatment was continued, the thorax being washed out daily with warm water; but the patient gradually sank, and died about three weeks after the last operation. No traces of tubercle were found in the lungs.

Dr. Boutelle calls attention to the following point:

The condition of the patient; the long duration of the disease, the excessive sweating, painful bed-sores, and general prostration rendering it a most unfavourable case for operation.

The immediate relief and gain in strength which followed the evacuation of the pus, the general condition steadily improving up to about two weeks before his death.

The rapidity with which the large incision granulated together, which shows the necessity of guarding against this at the time of operation, by stuffing with lint, or inserting tubes.

The absence of tubercular deposit in the lungs after so much inflammatory disturbance.

The result of the second operation, when no pus was evacuated, showed that it is not *always* safe to enter the thorax very low down. The autopsy showed that this point was nearly two inches too low to enter the cavity.—*The Boston Medical and Surgical Journal*, Oct. 22, 1874.

### CLINIC BY J. M. DA COSTA, M.D.

JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

CHRONIC DYSENTERY.—Mrs. M., æt. 46; has been sick eight weeks. The first thing she noticed that was wrong with her, was passage of blood from the bowels. During the last eight weeks she passed blood in small quantities from the bowels, and she estimates that she has six or eight discharges every twenty-four hours, and these are accompanied by a bearing-down sensation.

This part of the history suggests close inquiry regarding the state of the alimentary canal.

We now find that she has suffered from hemorrhages previous to the present attack. Two years ago she had her first attack of hemorrhage; six-

teen months, the second attack ; and this is the third attack.

In the interval between the hemorrhages her health has been poor ; there is a general sense of weakness in the bowels, and continued diarrhoea.

We have in this case, then, a persistent looseness of the bowels, with occasional hemorrhages of considerable severity ; and there is history of disease of the bowels antedating hemorrhage. There has been loss of flesh and strength ; the patient presents a pale appearance, but has no fever at the present time. Pulse weak, 80 per minute. Tongue pale, not coated. There is general abdominal soreness, but the particular region of soreness is along the course of the large bowel, ascending, transverse, and descending colon. The patient especially winces when pressure is made along the course of the descending portion of the colon.

It is quite evident that we have here a case of chronic alteration of the mucous membrane of the large bowel, and, most likely, ulceration. To be quite certain of such a case, it must be positively determined that no such thing as hemorrhoids are present, which might possibly give rise to such amount of irritation, and also account for the passages of blood. This question has been fully investigated by my clinical assistant, who assures me that piles are not present.

We have no other supposition, therefore, but that we have to deal with disease of the bowels, especially of the large gut ; and that there is ulceration of the mucous coat of the large intestine in places, which occasions the hemorrhage. In other words, the case is one of *chronic dysentery*.

*Prognosis.*—With regard to prognosis, a good deal depends upon the length of time it has lasted. The existence of the disease for several years, and the recurrence of hemorrhage, does not give us the most favourable case for treatment. It will be our endeavor, however, to remove this morbid condition of the mucous membrane of the bowel and the ulceration.

*Treatment.*—We might, in this case, prescribe bismuth in large doses ; and it is a remedy which sometimes can be prescribed with great benefit.

I have also seen good results, in this class of cases, from the use of oxide of silver ; and this is the treatment which will be adopted in this case.

The oxide of silver is unquestionably preferable in this case, because there has been such recent hemorrhage. The patient has already been taking the remedy in one-grain doses three times a day, and the treatment therefore, thus far, will be continued.

The use of opium, by means of suppositories, will materially aid in restraining the frequency of the movement from the bowels and the excessive discharge. The patient will therefore receive, at bedtime, a suppository containing one grain of opium, which will be repeated in the course of the night if the discharges are excessive.

The diet is also a question which claims our attention.

A plain, nourishing, and easily digested diet is alone proper. It may consist of arrow-root, rice, undone meat, beef-tea, milk, and only a limited supply of vegetables.

*PNEUMONIA.*—James C—, æt. 5. This boy has been sick three days. The thing complained of by the mother is that the boy cannot get his breath. He had a somewhat similar attack two years ago ; but, apparently, recovered perfectly. Since three days ago he has suffered from oppression in breathing, has been feverish, has had a tight, oppressive cough, but no expectoration. He is unable to lie in bed on account of the difficulty of breathing.

*Physical Examination.*—Great heat of skin ; tongue coated ; pulse, 120 ; respiration, 32.

Percussion, anterior : Dulness upon left side slightly marked at apex ; becoming distinct at the middle portion and downwards.

Posterior : Dulness more marked over lower portion of chest upon the left than anteriorly, and there is considerable difference between the right and left chest posteriorly.

Auscultation : Over the region of dulness upon the left side moist bronchial breathing heightened in pitch, and evidently distinctive of consolidation.

At the upper portion of the lung it is to be noted that there are some subcrepitant râles, but not the evident consolidation that is found at the lower portion of the lung.

Anterior : At the lower portion of the left lung there is heard a harsh murmur, but not the distinct tubular respiration which is heard posteriorly.

Over the right lung posteriorly, at the inferior angle of the scapula, and along the edge of the scapula, there is also marked tubular respiration.

Anteriorly, there is no dulness upon the right side, nor harsh murmur, as heard upon the left side. This case, gentlemen, is interesting in the following particulars :

First, it is a pneumonia ; second, it is a case of double pneumonia ; and third, it is a case of pneumonia affecting the posterior portion of the lungs almost exclusively. The bronchial breathing does not extend anteriorly at all upon the right side, only to a very limited extent on the left side, and there is not true tubular respiration ; hence there is scarcely any consolidation anteriorly upon the left, and none at all upon the right side of the chest. It is a case, then, in which nearly all the pneumonic process present is limited to the posterior portion of the lungs, the anterior portion of both lungs comparatively escaping. This is a rare occurrence.

Again, it is a true *lobar* pneumonia, a true consolidation. It is not the common form of pneumonia which occurs in childhood.

The most common form of pneumonia in childhood is broncho-pneumonia, and is characterized by only very little consolidation ; there is not the

marked respiration and the phenomena we have here. This case is like the pneumonia of adults, excepting the peculiarity that it affects so purely the posterior portion of the lungs. It is like the pneumonia of adults in being a true consolidation of pulmonic texture. This is a point worthy of careful consideration. I am of the opinion that true pneumonic consolidation, like that which occurs in the adult, is of much more common occurrence in children than is ordinarily supposed.

In the matter of diagnosis it is doubtless frequently overlooked, from the fact that quite commonly too much stress is laid upon percussion, and too little stress is laid upon auscultation.

Our time does not permit the farther discussion of this question; but the fact is before us. We have here a case of pneumonia such as occurs in the adult, and it is a case of double pneumonia affecting a section of each lung.

*Treatment.*—The first thing to be done is to place the patient in bed. While dismissing him, it may be worthy of notice that we may have a pneumonia without cough or expectoration, and nothing but the physical signs will give the true meaning of the symptoms which may be present in the case. When the patient is placed in bed he should be thoroughly dry-cupped. If he were not a pallid, weak child, ill-fed, and with nutrition at a low point, leeches or wet-cups would be applied to the chest. As it is, dry cups only will be employed. Internally, he is to take a powder containing the following remedies:

- R.—Digitalin ..... gr. ⅙.
- Dover's Powder ..... gr. i.
- Nitrate of potash ..... grs. iij.—M.

There is but one defect in this prescription, and that is with regard to the quantity of ipecac it contains; that is not so large as we could wish, hence we will add to the above powder one-sixth of a grain of ipecac. Administer one of these powders every three hours.

What does this prescription mean? We have the digitalis to control the circulation; we have the ipecac to act upon the secretions, and especially upon the secretions of the pulmonary structure, bronchial tubes, and air-passages; we have the nitrate of potash, which acts upon the skin, and at the same time is among the remedies which are used in the treatment of pulmonic consolidation.

The entire action of the powder is to promote secretion from the lung itself, and thus lead to expectoration; and in the nitrate of potash we have an agent which is in some degree a solvent and an internal antiphlogistic. The small amount of opium in the Dover's powder will not interfere with the general outline of treatment, and will relieve the general discomfort of the patient. Good food and plenty of milk also form an important part of the treatment.—*The Medical Record.*

PRACTICE IN PENNSYLVANIA HOSPITAL, PHILADELPHIA.

**THE TREATMENT OF PNEUMONIA.**—The chief remedies employed in the treatment of this affection, in this hospital, are quinine, nitrate of potash and Dover's powder.

The quinine is given in small doses, and frequently repeated, being administered for its tonic effect. It has been used but very little in this hospital for its *antipyretic* effect, either in pneumonia or typhoid fever. In Bellevue Hospital, New York, the remedy has been very much used for this purpose, hoping thereby to prevent tissue waste. The nitrate of potash is regarded as mildly antiphlogistic, as possessing in some degree a solvent power over the exudation, and it has also some diaphoretic influence.

The Dover's powder is administered in soothing doses.

Poultices are applied to the chest and ordinarily covered with oil silk; they are believed to act as revulsives. Stimulants are used according to the condition of the pulse. Diet is sustaining, blood-letting is very rarely resorted to.

**SUBACUTE PLEURISY OR PLEURISY WITH EFFUSION.**—Diuretics are mainly employed, but particularly ferruginous diuretics. The liq. ferri peracetatis, or Basham's mixture, is uniformly administered. Diet sustaining. The formula for Basham's mixture as furnished by the apothecary of the hospital is as follows:

- R.—Liq. ammon acet. .... ℥vi.
- Acid acetic ..... ℥iii.
- Tr. ferri chloridi ..... ℥v.
- Alcohol ..... ℥ii.
- Syrupus ..... ℥iv.
- Aquæ ..... ℥iv.—M.

Teaspoonful doses three or four times a day or oftener.

Paracentesis is never resorted to early, unless there are present some special symptoms which demand it.

**CHRONIC BRIGHT'S DISEASE.**—Diet nourishing; and the administration of tr. ferri chlorid, or Basham's mixture, are the leading features of the treatment of this affection, unless special symptoms are developed. Some cases of late have done remarkably well upon the White Rock spring mineral water. Hydragogues are commonly employed where dropsy supervenes. When convulsions are threatening, a purge is administered, generally elaterium, and perhaps a hot-air bath. Opium has never been employed in this hospital in the treatment of uræmic convulsions.

**ACUTE ARTICULAR RHEUMATISM.**—Cardiac complications are commonly present when the patients are admitted. A soft blowing murmur heard at the base of the heart with the first sound is regarded



as a cardiac complication, but one which will probably pass away as the rheumatic fever subsides and disappears. These patients are treated mainly by the use of bromide of ammonium, administered in doses of from 16 to 20 grs. every 2 or 3 hours. Citrate of potassa is also not unfrequently administered in doses of 20 grains every three hours until the fever subsides. When the fever has subsided, quinine is administered in full doses. There is no aim in the treatment of rheumatism in this hospital to render the urine alkaline. When alkalis are pushed, convalescence is rendered much more tedious.

The joints are wrapped in dry cotton. When pericarditis or endocarditis occurs, if there is excessive cardiac action of a tumultuous character, infusion of digitalis is usually administered; and if there is much effusion into the pericardium, a blister is placed over the præcordial space.

DIABETIS MELLITUS.—The patient has been placed upon opium three grains daily, and increased to seven or eight grains, without producing any special effect upon the disease. He was now receiving bicarbonate of potassium with the opium, and was improving markedly under this treatment. The diet was regulated to conform to the disease.

METHOD OF APPLYING THE NITRIC ACID TEST FOR ALBUMEN.—The presence of albumen in the urine in exceedingly small quantities can be detected by making use of nitric acid in the following manner; fill a test tube a third or a quarter full of urine, and when the nitric acid is added let it run down the side of the test tube drop by drop. Added in this manner, the acid will collect upon the surface of the urine, and if albumen is present it will be recognized by the presence of a white line between the acid and urine, which will be delicate in proportion to the amount of albumen in the urine. Albumen in urine is much more certain of recognition when the acid is added in this manner, than when added in what may be called the ordinary manner.

EARTH DRESSING IN SURGERY.—By the favor of Dr. Hewson we were permitted to see something of the "earth dressing," which he recommends. The earth used is common clayey soil dried and sifted. Care must be taken in drying the clay that it is simply dried and not roasted. It should be free from all vegetable matter, sand, etc.

When applied it is wet up with *cold* water, and made of such consistence that it can be easily spread upon cloth.

In general, the wet clay is spread upon strips of cloth of the same width and length as strips of adhesive plaster cut for a like purpose, and then applied in the same manner. The following is a brief reference in cases in which the dressing was seen applied. "The earths containing the double salts of aluminum with lime or magnesia, rather than those with soda or potassa," says Dr. Hewson,

"were early found the better preparations for surgical uses." Fuller's earth has been used, but it has been found to be rather too alkaline.

FRACTURES OF THIGH.—New method of measurement. Place the foot equally distant from the long axis of the body, and then measure from the *umbilicus* to the internal malleoli.

One case was noticed in which fracture of the thigh had occurred, producing very great deformity, and was followed by a great amount of swelling, etc. The limb was placed in a long fracture box, and extension applied by means of weight and pulley at the foot of the bed. The purpose was to wait until inflammatory action had entirely or nearly subsided, and then place the limb in a permanent dressing of plaster-of-Paris.

HYDROCELE.—Two cases of this affection were present, which presented some features of interest. In the first, the silver wire had been passed through the scrotum after the fluid had been withdrawn, but it had failed to bring about a cure. It was left in for forty-eight hours, and was followed by a great amount of inflammation. The case was then being treated by painting the scrotum with tincture of iodine. The visiting surgeon had been very successful in treating these cases in that manner.

The second case was one in which the wire had been introduced, and had been followed by an *immense* amount of inflammation. The suture was retained only twenty-four hours. Laudanum and water were being applied to the tumor, which was as large as the largest-sized orange. The remark was made that the silk suture was more liable to be followed by extensive inflammation, and perhaps suppuration, than the silver suture.—*Med. Record.*

### THE MORTALITY OF CHILD-BED.

\* \* \* We call attention to the means employed by Dr. Goodell, the Professor of Diseases of Women at the University of Pennsylvania, at the Preston Retreat for the Treatment and Prevention of Puerperal Diseases. In many respects, they are novel and revolutionary; they are, consequently, the better fitted for opening up of the system at present adopted for the management of the parturient woman. Time and wider experience will prove whether they are founded on correct principles. The author did not intend to publish until he had completed his one thousand cases. As yet, he has only seven hundred and fifty-six. The mortality was only six; three from puerperal causes. The following extracts from his pamphlet seem to be of sufficient interest to justify reproduction.

The institution contains twenty beds, divided amongst four wards, five in each ward. The cubic capacity is about 1,800 feet for each bed. About one hundred married women are delivered yearly.

They are admitted, on an average about sixteen days previously to confinement, and allowed to stay a month; they, however, generally only remain about eighteen days. The air admitted into the rooms is heated in the basement, and ventilation is maintained by a small jet of gas in the old-fashioned fireplace. Outside the hospital, puerperal fever was rife of late years. In Philadelphia and the city of New York, the mortality from puerperal causes (acknowledged as such) has been as high as one in forty-five, amongst all classes alike; if anything, more amongst the wealthier. The wards are used in rotation, one always being kept vacant for about two or three weeks. When a ward is emptied, the doors and windows are kept constantly opened until it is again used; and the whole of the walls, beds, furniture, and floors, are scrubbed down with carbolised soap, and then mopped over with a weak solution of carbolic acid. No water is allowed to be used to the floors until the ward is emptied again. The nurses belonging to the ward go off duty for a week when it is closed, and go through a thorough system of purification. The beds are of straw, which are changed with each patient; the blankets and bedclothes being boiled in water with a small quantity of carbolic acid added. The feathers of the pillows and bolsters are only baked once a year, unless they should become soiled, or have been used by a patient whose convalescence has been retarded. Every woman has a bath at least once a week before delivery. Any indication of enfeebled health is at once treated with quinine, steel, and phosphoric acid. Headaches and sleeplessness are dealt with by warm baths and large doses of bromide of potassium. The bowels are kept relaxed and purged. As soon as labor begins, the patient is placed in a warm bath. The membranes are generally ruptured artificially. The second stage is never allowed to be prolonged, the forceps or vectis being used. The placenta is removed by Crede's method as soon as possible after delivery. The umbilical cord is not tied before it is cut. The blood and gelatin of the cord are "stripped" out as much as can be; and, when bleeding has ceased, it is tied. No binder is placed round the child; nor is the cord touched, but left to lie flaccid and loose on the abdominal walls. It dries up without any smell, and peels off without leaving any raw stump. Out of five hundred infants, not one has had a sore navel or an umbilical hernia.

Ergot is not given as an oxytotoxic; but as soon as the head comes to press on the perinæum, a drachm is given. Should the perinæum be torn, it is sewn up at once with silver sutures. A cylindrical compress is applied just about the fundus, and a tight binder applied for twelve hours, when it is removed, and not used again. The patients are confined on a delivery-bed, and wheeled into the ward, and removed to their beds. In not a

single instance has flooding ever been caused by this muscular movement; if anything, it has rather tended to excite uterine contraction than otherwise. The next day after delivery, the woman slips out and sits in a chair whilst her bed is made; this is repeated once or twice a day until the fourth or fifth day, at which time she may get up, dress herself, and do what she likes. No patient is forced to leave her bed; but the force of example is so great, that most do. After-pains are immediately removed by quarter-grain doses of morphia, given every hour until relief is obtained. If they be very obstinate, ten grains of quinine are given every six hours until the ears ring. It is an invaluable remedy in these cases. There are no bed-pans; vaginal injections are employed. Every woman washes herself daily with carbolised soap and a pad of fine oakum. No nurse, except for some special reason, is ever allowed to wash the woman's person. If the lochia be offensive, she is taken out of bed more frequently, and placed on the chair. Should this not succeed, a vaginal injection is then used.

Whenever the lochia are offensive, or the pulse over 90, or the temperature higher than natural, or there are pelvic pains—in fact, when any untoward symptom appears—quinine is given, from six to ten grains every four hours until the ears ring. In addition, for abdominal pains, large doses of morphia are given, and the whole abdomen is painted with iodine, and a poultice applied over it. The canonical purge is never given. As soon as the patient feels strong enough after getting up, she takes a warm bath.

The reason assigned for not using the bed-pan is, that the recumbent position tends to retain in the utero-vaginal tract the putrescent discharges which are recognized by all authors as a great cause of the autogenetic variety of puerperal diseases. Besides, through the swollen condition of the parts, a putrid clot may be retained in any part of the passages; even injection is not able ordinarily to dislodge it. The exertion necessary, and the position in which the woman places herself, in order to use the ordinary chamber-vessel, are a very effectual remedy to rid the uterus or vagina of any clots and putrescent discharges. Again, slipping into the chair two or three times a day is not only an excellent deodorant, but it enables the bed to be thoroughly aired. This, Dr. Goodell believes, is especially necessary for a lying-in hospital.

The writer hazards the assertion that there is a form of puerperal septicæmia not necessarily accompanied by putrid lochia—at least, not appreciably so—but indicated by a high temperature, rapid pulse, complete anorexia, heavy sweats, and, later, by herpes labialis, which steadily resists treatment until the patient is made to get up. This we have seen several times ourselves, and we can bear witness to the truthfulness of the description

and have found that the only treatment consisted in taking the patient out of bed, when, by the second or third day, the whole of the symptoms disappeared. Examination of the vagina, abdomen, and chest, revealed nothing to account for it. When a recumbent position was strictly enforced during the first five days, we found that not only did the discharges become generally offensive, but in every case there was a rise of temperature, amounting to about one degree, although the pulse was not materially affected. We came to the conclusion that the retention of the foetid discharges was the cause, and adapted the system of bed-chamber with the best results. The dorsal decubitus, Dr. Goodell, as also do many of the American writers, thinks, tends to a passive congestion of the uterus, and to engorgement of the greatly hypertrophied placenta in particular. The tight binder, continued for some days, is also thought to add to it still more by pressing on the abdominal vessels and retarding the circulation. Milk-fever he ignores, except in the rarest of instances. Purges, he considers, disturb the equilibrium, promote the absorption of septic matter, and act as hæmorrhages do in labour, by increasing the activity of the absorbents. The appearance of septic poisoning on the third or fourth day is no mere coincidence; it is really cause and effect. Two cases the author states that he has seen to be directly due to a purge. Quinine should be always pushed to cinchonism whenever there are any symptoms of septic poisoning. Its power in producing absorption of the uterus, and preventing coagula from becoming detached, is esteemed to be very high.

Dr. Goodell believes that one of the reasons why the statistics of lying-in hospitals can never compete with private practise is, that the former are reliable, the latter not. His experience closely corresponds with Dr. Matthews Duncan's, and with that of all who have taken the trouble to investigate the matter thoroughly. It cannot be too strongly urged that the mortality of child-bed is much higher than what is generally stated, and that the ailments arising from it are of a more serious nature, and more frequent, than most medical practitioners suppose. It is to be hoped that the lying-in charities of London will not always remain the monopoly of nurses and midwives, but will be available for the training of medical students, whose present system of practical instruction is of the poorest description.—*Brit. Med. Journal.*

Iodine Caustic is prepared by dissolving four grammes of iodine in eight grammes of glycerin. It is used in lupus by applying it once every other day, and covering the parts with gutta-percha. This treatment is continued for several weeks.

## IMPACTED VESICAL CALCULUS.

BY SURGEON-MAJOR J. H. PORTER, NETHLEY.

[Impacted vesical calculus being of rare occurrence, the following case may prove of some interest, in the treatment of which considerable difficulty was experienced.]

Private J. C., aged 24, in service four years and eight months, of which three years were passed in India, was admitted into the Royal Victoria Hospital, Netley, on the 27th of last April, from Rawal Pindee, with symptoms of vesical calculus. He was in a weak, emaciated, anæmic condition, suffering great pain in the hypogastric region, on the inside of his thighs, and in the perinæum and penis. He was also affected with frequent calls to micturate, accompanied by severe tenesmus, sleeplessness, and depression of spirits. The urine was normal in quantity, cloudy, and deposited a copious sediment, which, on examination, was found to contain pus, mucus, and a few crystals of triple phosphate. Heat and nitric acid threw down albumen in considerable quantity, but there was no pain referred to the kidneys. A large calculus was easily detected by Thompson's and other sounds; also by the finger in the rectum, the hand being pressed over the pubes.

On May 5th the patient having been placed under the influence of ether with Morgan's apparatus, the bladder was entered by the usual lateral operation, and large stone felt; but, in endeavoring to remove it with forceps, it was forcibly retracted or held, an outer layer breaking off and coming away in the blades of the forceps. On repassing the index-finger into the bladder, it was firmly grasped by it, and the stone was found adherent to it at the fundus. Several attempts were now made to detach the stone with the point of the nail, by carefully working the finger round it, by the scoop assisted by the finger in the rectum, and pressure of an assistant's hand above the pubes, and by injections of water into the bladder; but without success.

The patient having been on the operation-table for nearly three-quarters of an hour, and being in a low state, it was decided to postpone further operative measure. One thousand and ten grains of broken-down calculus had been removed. The patient was then placed in bed, and treatment adopted to allay local and constitutional irritation.

No unpleasant symptoms followed; in fact, he felt greatly relieved from his intense suffering. With the hope that the calculus might be detached from the bladder, the cavity was washed out through the wound from day to day; the discharge of mucus, pus, and grit, being copious and irritating.

On May 18th, the patient was placed in position

for lithotomy, and rendered insensible by chloroform. The index-finger of the left hand was introduced into the bladder by reopening the wound and another attempt was made to detach the stone by finger, scoop, forceps, and irrigation; but without effect, the bladder always coming with the calculus when any force was applied. Four hundred and thirty-eight grains including the nucleus of the stone were removed on this occasion.

On May 20th, the patient being again placed under the influence of ether, the wound was reopened and dilated with the finger, and the calculus was now found to be detached; but where it had adhered, or had been impacted, there was a deep sac firmly coated with a calcareous deposit, which it was necessary to dig out with the point of the finger nail. All fragments were now removed, and the bladder was carefully washed out with a strong current of water from an irrigator. Five hundred and seventy grains were removed at this operation, making in all 2,018 grains = 4 ounces, 1 drachm, and 38 grains (apothecaries' weight); besides a quantity unknown lost in the discharge.

From this time forth, he rapidly improved. The urine continued to flow through the wound until June 2nd, when it appeared through the urethra; and after that date but little escaped through the wound. As might be expected, the urine was loaded, for some time after operatives measures had ceased, with mucus, pus, and disintegrated blood-corpuscles; but, under the administration of diluents and the tincture of perchloride of iron, these symptoms gradually lessened. The external wound completely closed. There was no stricture, nor difficulty in retaining the urine; and he was discharged from hospital in excellent health on August 16th, a slight trace only of urinary deposit remaining, consisting of mucus.

The calculus consists of two portions as regards chemical composition, viz., 1, phosphate, which principally composes the outer laminated portion; and 2, triple phosphate of ammonia and magnesia, composing the interlaminated structure. The nucleus is one inch by three-quarters, of oval shape, rough and regular on the surface. On section, it is found to be beautifully laminated, a dark hard and white soft material alternating; while the centre encloses a cavity a quarter of an inch in diameter, containing crystals of triple phosphate and spherules of lime.—*Brit. Med. Journal*, Oct. 31st.

### CASE OF ADDISON'S DISEASE.

BY JOHN SPENCER FERRIS, M. D., LOND., UXBRIDGE.

Elizabeth J., aged 47, spinster, housekeeper, living at Brantford, was brought to me by her sister on July 8th, complaining of sickness,

and great debility. I at once noticed the colour of her face, which was very brown or bronzed, and I inquired if she had ever been in India; but she said she had hardly been out of Middlesex all her life; and her sister said that at Easter she was well, but, when she saw her at Whitsuntide, she noticed the brown colour. It had been deepening ever since, and she had been becoming weaker. The skin of the face was all browned; but there were extra patches of brown and on each side of the chin and on each side of the forehead. The skin of the whole body was also bronzed; the back of the neck and round the umbilicus very deeply so. The hands were very brown. She had a very weak pulse, and her lips were quite pale and bloodless. She had running abscesses round the left hip, having had disease of this joint since childhood. There was no family history of tubercle; her father died of gout, and her mother of bronchitis at 63; her brothers and sisters were all living and well. Her sister said she had a fair complexion and light brown hair. This sister was very fair. Twenty-four years ago, she had a bad cough, which lasted some time. She could take very little food, as almost everything made her feel sick.

I ordered her a nourishing diet, and gave her stomachic sedatives, such a bismuth, quarter and half-grain opium-pills, etc.; and then, when her stomach would bear it (but this was seldom, and not for long), sulphate and ammonio-citrate of iron and cod-liver oil. Though she was stronger for a time, she soon afterwards became weaker and weaker, and unable to take any food, and died of exhaustion on September 13th. She had no cough, or pain, or any other symptom but the brown skin and the great debility. The urine never had any albumen.

On September 15th, assisted by Dr. Casey of Windsor, I made a *post mortem* examination. First of all, we noticed ankylosis of the left hip, numerous cicatrices of abscesses, and one or two fistulæ of abscesses. The body was much emaciated. In the apices of both lungs there were the remains of old tubercle, and adhesions of the pleura to the ribs. The heart was small and flabby; the liver and spleen were normal. Both kidneys had undergone to a small extent amyloid degeneration; but in the left one, and at the upper part, there was an abscess half an inch in diameter; it contained pus cells and granular *debris*. Near this was a cyst with thickened walls, as if it were the remains of an old abscess. The supra-renal capsules were much enlarged and indurated, weighing respectively  $4\frac{1}{2}$  drachms and 4 drachms. On section, almost no trace of normal structure could be seen; but in its place a gristly fibrous tissue, studded with masses of firm cheesy substance, in some of which were calcareous spicules. Under the microscope, these masses presented the ap-

pearances of cheesy tubercle, oil-globules, and granules in great abundance, with granular corpuscles of irregular form and size.—*Brit. Med. Journal.*

### THE INDUCTION OF PREMATURE LABOUR.

The question as to the best method of inducing premature labour is not one which can be settled, as Mr. Clogg gives the preference to puncturing the membranes, because he himself, on two occasions, brought on labour in this way *in the same individual*, the labour terminating with twelve hours, and the result, as regards the mother, being favourable. In contrast to this, he refers to a case (No. 11) in my series, in which delivery did not take place until sixteen days after the introduction of the first tent. To make a fair comparison between the two, he ought to have quoted the short description which I gave of the case in my paper, and which is as follows.

CASE XI.—In March 1869, I induced premature labour in a patient—Mrs. N.—who had been twice delivered by craniotomy, on account of pelvic deformity. The os was dilated by tangle and sponge-tents. After the third tent, the membranes ruptured and some pains came on. This, however, although ergot was given, passed off after some hours. I then left her for a few days, and again introduced some tents, but with no better result. I then desisted for the present from further efforts, until about sixteen days after the introduction of the first tent, labour came on rapidly and the breech of a child presented. This was speedily expelled, and proved to be a fœtus of about eight months. Both it and the mother did well.

Now this case, it will be observed, tells rather against Mr. Clogg's argument than for it. The membranes were ruptured (what can it matter whether this was effected by a tent or a catheter?) about the third day, and yet delivery did not take place until a fortnight afterwards. It is not fair to call this, as Mr. Clogg does, a "sixteen days' labour." Had it been so, the woman, in all probability, would not now have been alive to tell the tale. The fact is, there was no uterine action, and therefore no pain, until a few hours before delivery. This case (this most tedious on my list) was simply one in which, from idiosyncrasy, it was almost impossible to provoke uterine action. Mr. Clogg's, on the contrary, was one in which it was very easy to do so. Rupture of the membranes, whether natural or artificial, is not an infallible provocative of speedy labour. About a year since, I published in this *Journal* a case in which the membranes ruptured spontaneously, the waters washed away, and meconium escaped *per vaginam* or several days; the child ultimately dying and

not being expelled until exactly a month after the rupture of the membranes.

As I have said before, I do not object to puncturing the membranes because it is a more speedy or more tardy mode of inducing premature labour than the use of tents, but because I am convinced it is less safe for the child. That these objections are not peculiar to myself is shown by the following passage from Dr. Barnes' excellent work on *Obstetric Operations*.—"It is an inversion of the natural order of parturient events. Some uterine action, lubrication and expansion of the cervix, ought to precede the evacuation of the liquor amnii. If this order be not observed, the child is apt to be driven down on the unyielding cervix, and the uterus, still contracting concentrically, compresses the child and kills it. And this is all the more likely to happen in premature labour, from the greater liability to shoulder presentation and descent of the funis.—*Dr. Swayne, Brit. Med. Journal, Oct. 31.*

### BLOOD-DRINKERS.

Upon inquiry at slaughter-houses, it is found that there are nearly two hundred persons in the city of New York who are in the habit of drinking blood flowing warmly from oxen, for strengthening purposes and for the cure of certain diseases. A lady is reported to have spoken to an inquirer as follows: "Professor Velpeau, of Paris, prescribed blood for me. I was consumptive and hastening to the grave. It has prolonged my life fifteen years. I had the utmost repugnance to it at first, but now a half-pint of hot blood from a well-conditioned ox is the greatest luxury of my life. My sister's baby so far has been preserved and nourished with little else but blood. I know twenty persons who drink it in my own neighborhood, to whom I have recommended it. It has extraordinary effects on some people, especially women, but should not be resorted to unless there is absolute weakness of the system." On a visit of the inquirer to a slaughter-house in Tenth Avenue, near Forty-second Street, he found a delicate-looking woman with a sickly boy, holding a glass to the blood which ran from an ox with his throat cut. Both drank two or three glasses in turn, and departed with an appearance of added vigor. The proprietor said: "All last winter we had men, women, and children every morning to drink blood. They always imbibe beast's blood; never the blood of sheep. Some of them wince a bit at first, but, when you close your eyes, warm blood from the beast's neck has just the same taste as warm milk from the cow. We don't charge for the blood excepting when we sell it to sugar refiners." The blood of bees is asserted to be more efficacious for weak lungs than cod-liver oil.—*Phil. Med. Times.*

# THE CANADA LANCET:

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TORONTO, JANUARY 1, 1875.

## THE PAST YEAR.

Ere these pages have reached our many subscribers we will have entered upon another year, and it may be interesting to retrace our steps for a little and take a retrospective view of the changes and improvements which have taken place in the medical world within the past year. Near the close of the year preceding the one just passed the elastic bandage of Prof. Esmarch was introduced into surgical practice in England and America. Since then it has been tried in all the hospitals and in private practice and has been generally successful and proved a valuable improvement in surgery. It is especially adapted for the removal of vascular tumors in the extremities, operations for necrosis, amputations and excisions, also in all cases where the prevention of any considerable loss of blood is of vital importance to the patient. The only disadvantages which have attended its use are occasional sloughing of the flaps, paralysis from long continued pressure on some nerve, and septicæmia. It should not be used in amputation for gangrene, or where septic abscesses exist, in which there is danger of poisonous matter being forced into the circulation. Following this was a new, or rather the revival of an old plan for the removal of tumours by strangulation, with an elastic ligature. It was introduced into England by Sir Henry Thompson, who obtained the idea from Prof. Dittel, of Vienna. Prof. Dittel transfixes the base of the tumor through its centre with a double ligature, and ties each half without any cutting operation whatsoever. Sir Henry proposes to divide the integument around the base of the tumor, to make a bed for the ligature. This operation has very few advo-

cates, and is not likely to come into general use. The same principle has been applied in a few instances for the cure of fistula in ano. The application of torsion for the arrest of hemorrhage has again been revived, and with better prospects of becoming generally adopted than at any previous period in the history of surgery. This is owing to a better understanding of the pathology of the subject, and the invention of superior instruments for the purpose of applying torsion, in what are called "torsion forceps." In the Toronto General Hospital, during the past year, nearly all the larger arteries have been "torsioned," and in no case has secondary hemorrhage followed, not even in cases where there was considerable sloughing. The aspirator, which was introduced the preceding year by Dr. Dieulafoy, of Paris, has been extended in its use, and found of great value to the surgeon, in enabling him to make a diagnosis in cases in which the existence of fluid was doubtful, and to draw it off when present. It has been used, in exploring tumors, in the removal of pus and fluids from joints, emptying chronic abscesses, in chronic hydrocephalus, for retention of urine, in empyema and hydrothorax, in strangulated hernia, and to relieve the pain of distension in tympanites. Many important and valuable improvements have been made on the instrument, adapting it to these various operations, whereby the operator is enabled not only to remove, but also to introduce fluids for washing out cavities or injecting solutions for medication. The injection of pulmonary cavities by means of the aspirator or the hypodermic syringe is another new feature in the treatment of disease, a weak solution of iodine and iodide of potassium being used for this purpose. Twenty minims of the solution are injected into the cavity about once a week. It is said to alter the character of the secretion, diminish the amount of purulent formation, hectic irritation, and danger of constitutional infection, and favor cicatrization. The cases already tried have been chiefly experimental, and it remains to be seen whether or not this practice will be found beneficial.

Probably the boldest and most unusual surgical operation performed during the past year was the removal of the larynx, by Professor Billroth, of Vienna, for malignant disease. The patient recovered so far as to be able to go about, and was

enabled, by the application of an ingenious contrivance made by H. Leiter, an instrument maker, to speak distinctly when exhibited to the clinical class in the hospital. He finally succumbed from a recurrence of the disease. The operation was, however, so far successful as to show the feasibility of such an operation and the possibility of making a contrivance by which the absence of the vocal cords may be in some measure compensated.

A new operation for the cure of aneurism, likely to be of some service, was announced in the latter part of the preceding year by Dr. J. Levis, of the Philadelphia Hospital. It consists in the introduction of horse-hair into the sac, so as to cause obstruction to the flow of blood and favor the deposition of fibrin and the closure of the sac. It was introduced through a short needle canula plunged into the sac, and a considerable quantity (24 feet) of hair stowed away in the interior.

The treatment of affections of the joints by massage, *i.e.* manipulations with the fingers or hands, as practised in Denmark, attracted the notice of the profession in the early part of the year, owing to the great reputation attained by a Dutch physician—Dr. Mezger—through his successful treatment, by this mode, of the Danish crown prince. He employs it in both acute and chronic cases. It consists essentially in kneading, rolling, percussing or rubbing the parts once or twice a day, from 10 to 15 minutes at a time. The local circulation of the blood is increased, the tendency to stagnation removed, and the skin resumes its normal appearance; deposits are broken up and absorption is hastened. The practice has not been so successful in other hands as with Dr. Mezger.

"Scissor-cutting," under ether spray, has been introduced by Dr. Benjamin W. Richardson. He produces local anæsthesia of the parts by ether spray, and then proceeds to operate by means of the scissors. The great objection to local anæsthesia is the difficulty of cutting through the hard, frozen parts with a scalpel. The advantage of the scissors, he says, will be at once proved if any one will take a thick, firm, structure—a cover of a book for example—and try to cut through it, first with the knife and then with the scissors. The cutting is also made without any downward pressure, and thus much pain is saved the patient. He believes that every cutting operation in which local anæsthesia is practicable may be performed by scissor-

cutting, and that many operations may be painlessly done by the local method. The anti-septic treatment of wounds has held its place. Boracic acid dressings have also been used in Edinburgh and other places with splendid results.

In the domain of medicine and therapeutics many improvements and suggestions have been introduced, new remedies brought forward and old ones applied to new purposes. Chloral hydrate, which was introduced to notice the year preceding, has been extensively used, and in some quarters more highly extolled than ever, while in others it has been condemned as a highly dangerous weapon, several deaths having occurred from carelessness in its use, and probably from a want of knowledge of the cases in which its use is contra-indicated. It has lately been used as an anæsthetic during labor, and is said to have an immense advantage over chloroform in not lessening the strength of the pains, while it remarkably diminishes the suffering resulting from them. It is chiefly applicable at a time when one could not think of giving chloroform—near the close of the first stage of labor. It is given at first in 15 grain doses every twenty minutes, then in smaller quantity, increasing the intervals between its administration, and this usually keeps up the effect for hours. It does not necessarily interfere with the exhibition of chloroform near the close of labor, if thought desirable. It has been used with marked success in the treatment of spasmodic asthma, and in whooping cough. It has also been used locally, combined with camphor equal parts, as an anodyne in neuralgia and other painful affections. The experience of the past year has shown that its internal use is contra-indicated in many lung affections, as pneumonia, bronchitis, and emphysema—where, by lessening the oxygenation of the blood it would tend to produce lividity. This is especially the case where any of these affections are accompanied by obstructed circulation. It is also contra-indicated in many cases of heart disease, causing faintness and irregularity of the pulse, prostration, and sometimes death. The prolonged use of the drug is unsafe, as it is liable to impair the nerve centres, causing loss of memory and muscular strength, and in some cases imbecility and paralysis. It is also contra-indicated in diseases of the intestinal canal, causing irritation and purging.

The use of cold baths in the treatment of diseases attended with a high temperature has been put into practice, and with beneficial results. To put fever patients in a cold bath and keep them there for hours, is at first sight, a startling kind of treatment, but it has been done, and with great benefit to the patient. It may not be very easy to carry this out in general practice, but similar results may be obtained by frequent and regular sponging of the surface. Quinine has also been prominently brought under notice recently as an antipyretic agent, a fact which explains in part, why it is so useful a remedy. The administration of alcohol is also said to have the effect of reducing the temperature, although not in accordance with our preconceived notion of things.

Electricity has become a favorite agent in the hands of the advanced physician. Galvano-cautery is in many cases taking the place of the knife. Electricity is used to remove pain, cause the absorption of fluids and to disperse solid tumors. No greater triumph can be mentioned than that involved in the removal of tumors, as bronchocele and the like, by electrolysis.—It has also been used to induce vomiting, bring about premature labor, and relieve constipation of the bowels.

Among the applications of old remedies to new uses, may be mentioned turpentine, which has been highly spoken of, and frequently used of late in the treatment of pyæmia and low fevers, also in rheumatism. It is administered in what may be considered large doses, viz., from half a drachm to a drachm every three hours in almond mixture or emulsion with eggs. Iodoform has been used as a local remedy in fissure of the anus, and with very good results, also combined with glycerine, equal parts, in the treatment of chancroids; and guarano in sick headache and chronic rheumatism.

Hypodermic medication has also received considerable attention, and has been applied to various new uses. Hypodermic injections of carbolic acid, 2 parts to 100 of water have been used in Germany, in local inflammatory conditions, sulpho-carbolate of soda in erysipelas, and ergotine by Von Langenbeck, in prolapsus ani, in the proportion of from 5 to 15 in 100 parts water. Alcohol (pure) has been injected to prevent the growth of cancer, by Dr. Hasse, of Berlin. He claims that

it obliterates the vessels and causes the atrophy of the growth. The pain is severe, but is reduced by ice. The injections are repeated every 8 to 14 days.

Among the new remedies may be mentioned eucalyptus globulus, which is used as a substitute for quinine, and is believed by some to have a more general and extended use; and croton chloral. These remedies have not really been discovered within the year just past, but they have come chiefly into use within that period. Croton chloral is obtained by the action of chlorine on aldehyde; it is a crystalline substance, in small tablets, not very soluble in water, but soluble in alcohol and glycerine. It is an anodyne and hypnotic, and may be used where chloral is contra-indicated. The dose is from 5 to 20 grains.

A new method of resuscitation from chloroform, narcosis has been introduced by M. Nelaton, and promises to be of great service. He believes that death is caused by anæmia of the brain, and recommends that the patient be suspended with the head inclined downwards until there are signs of restoration, other means being employed at the same time. It has been tried in several instances and has been attended with success.

In obstetric medicine, Barnes' plan of injecting perchloride of iron into the uterus in post partum hemorrhage which resists all other treatment, has been repeatedly used by himself and others and with satisfactory results, being the means of saving several lives. The operation of transfusion has also received much attention. It has been used not only in cases of extreme hemorrhage, but also in cases of phthisis and debilitated conditions of the body. The blood of lambs and kids has been used for the purpose of transfusion, and is said to serve the purpose as well as human blood.

The death of the Siamese twins (Chang and Eng), which took place in North Carolina, U. S., on the 11th of January, excited some interest, chiefly from a desire to know the nature of the band which connected them.

Pouches of peritoneum were found to pass through the band, and there was also a connecting liver tract of a vascular character, but no large vessel, as was formerly supposed. Eng lived only two hours after the death of Chang. He was supposed to have died of fright. The nature of the band showed that a separation during



life would not have been necessarily fatal, though somewhat dangerous.

The subject of sanitary science, has been brought prominently before the people of Europe and America and not without good results looking to the future. During the last session of the Dominion parliament, Dr. Brouse brought the subject under discussion, and the Premier promised to give the subject his attention. In the United States, our friends have just brought to a close a very successful meeting in the interests of this science. It was well attended and many interesting and valuable papers were read and discussed. The subject of cremation has also been a good deal discussed during the past year, and although advocated in England by no less a person than Sir Henry Thompson, it did not go down well. Existing prejudices will prevent any movement in that direction for many years to come.

And now coming nearer home the principal event of interest, was the attempt by the Homœopaths and the *Globe* at the beginning of the year, to introduce a bill into the local parliament which would have the effect of destroying the working of the Ontario Medical Act. The profession was thoroughly aroused against this monstrous bill, and petitions came in from all parts of the province. The physicians resident in Toronto, and some from the surrounding country opposed it in committee and succeeded in strangling it. They then introduced their own amended bill and passed it through the House without discussion—two readings in one day. The *Globe* was astonished at the course of events, and deeply chagrined. Its editor, Mr Gordon Brown, lobbied hard for the Homœopathic bill. The promoters of the bill held meetings of their lay friends; they button-holed members to vote in favor of it, but only a paltry few, whose names we mention elsewhere, could be cajoled into voting for the monstrosity.

During the summer months, Prof. Erichsen, of London, England, made a visit to Canada and the United States. He remained a few days in Toronto and was called upon by many of the physicians resident here. He was also very cordially received by the leading physicians of New York and Philadelphia, and entertained in the most kindly way.

Another matter of interest, was the meeting of the American Medical Association in Detroit. A

large number of Canadian physicians attended by invitation, and were very kindly welcomed. The meeting was a very interesting and profitable one, and continued in session three days. Many papers were read and much useful discussion participated in. The most exciting debate of the meeting took place on a question relative to shortening in fractures of the thigh; Dr. Sayre, of New York, who introduced the subject, taking the ground that there should be little or no shortening. The majority present disagreed with him, and maintained that at least, in civil practice, shortening to a considerable extent was the rule.

Later in the season, the Canadian Medical Association met at the Clifton House, Niagara Falls, and spent a very pleasant time. Delegates were present from the United States, (Drs. Jenks and Thompson) and were cordially received. The meeting was well attended and several interesting papers were read and discussed. It remained in session two days and adjourned to meet in Halifax, on the first Wednesday of August, 1875.

A convention of American Chemists was held at Northumberland, Pa., U. S., in honor of Priestly, and to celebrate the 100th anniversary of the discovery of oxygen; papers were read on the progress of chemistry, &c. Prof. Croft, of Toronto, was present as the Canadian delegate and read an able paper on the life and labors of Dr. Priestly. It remained in session two days, and adjourned to meet on the 1st of August, 1874!

There has been the usual amount of new books and new editions of old ones, as if the profession never could have too much reading.

Among new books, we may mention Roberts on Practice, Roosa on the Ear, Leishman on Obstetrics, Fordyce Barker on Puerperal Diseases, Reese on Toxicology, Van Buren and Keyes on Diseases of the Urinary Organs, H. C. Wood on Therapeutics, J. Russell Reynolds on Clinical Uses of Electricity, John D. Jackson, of Danville, Ky., on Ligation of Arteries, etc., etc. Also a very interesting non-medical work, "Pen Photographs," by Dr. Clarke, of Princeton, Ont.

Among the new editions of old works, we may mention Dunglison's Medical Dictionary, Fenwick's Diagnosis, Griffith's Formulary, Barnes on Diseases of Women, Thomas on Diseases of Women, Farrish on Pharmacy, Clay on Obstetric Surgery, Hartshorne's Conspectus, and Essentials of Medi-

cine, Biddle's *Materia Medica*, Stille's *Therapeutics*, Davis's *Clinical Lectures*, Kirke's *Physiology*, Schroeder's *Midwifery*, Bowman's *Chemistry*, Soelberg Wells on *Diseases of the Eye*, &c., &c.

Death has been busy among the ranks of the profession as elsewhere. Among the most notable we may mention Dr. Livingstone, the celebrated African explorer, and the surgical interest attached to the identification of his remains, by Sir Wm. Ferguson, through a fracture of the humerus he had received many years ago, and a false joint; Sir Henry Holland, who died at the close of the preceding year, also well known by his writings and travellings; Dr. Forbes Winslow, and Dr. Anstie, late editor of the "Practitioner." And at home we have a long list of heroes gone:—Drs. Duggan, Hamilton; Sutherland, Shelburne, N.S.; Moffatt, Quebec; Scholfield, Lloydtown; Dorland, Wellington; Keator, St. John, N. B.; Winans, Exeter; Meagher, Kingston; Munro, Fergus; Rowell, Toronto; Ross, Shakespeare; McKay, Truro; Harding, Carleton, N. B.; McManus, Newmarket; Ferguson, Buckingham; E. Vail, Sussex, N. B.; A. N. Bethune, Colborne; Chadwick, Port Rowan; D'Evelyn, Woodbridge; Smallwood, Montreal; Corson, New York; M. O'Connor, Haysville; Crombie, Streetsville; Pipe, Berlin; Duvert, St. Hyacinthe, Que.; Strange, Hamilton; Anderson, Ormstown, Que.; Potter, Gananoque; Robinson, North Orillia; Christie, Pictou, N. S.

The country has been unusually healthy during the past year, and almost entirely free from epidemics of any kind, with the exception of an outbreak of small pox in Montreal, and some severe visitations of scarlet fever in the western part of Ontario.

#### CHLOROFORM NARCOSIS.

In the last number of the *LANCET*, we printed a short paragraph on Nélaton's method of resuscitation from chloroform narcosis, taken from the *Boston Med. and Surg. Jour.* The importance of the subject, and the degree of interest which attaches to the method at the present time, both in England and in the United States, warrant us, we think, in recurring to the matter. Unfortunately, deaths from the administration of chloroform are sufficiently frequent to make the question of the

best means of resuscitation a matter of the highest moment. It is but a few weeks ago that a melancholy accident of this nature happened in Kingston, an estimable lady having lost her life while under the effects of chloroform, administered by a dentist for the purpose of extracting a tooth.

The recent controversy, as to the merits of ether and chloroform, has undoubtedly been of service in bringing out the fact of the greater danger and fatality attending the administration of chloroform, while at the same time there has been a strong expression in favor of chloroform, on account of its pleasantness as compared with the primary irritating effects of ether, and on account of its speedy effectiveness as an anæsthetic. Could chloroform be disarmed of its danger to life, by the employment of methods of resuscitation at once promptly available and efficient, this remarkably useful agent would be disarmed of its terrors.

From the strength of evidence in favor of Nélaton's method, it is perhaps not assuming too much to presume that inversion of the body offers the best, as well as the readiest means of resuscitation from the narcotism of profound anæsthesia under chloroform. As to the readiness of its application, little or nothing need be said, as obviously that need be but the work of an instant. Nélaton, at the moment of danger, desisting from his operative procedure, would give the command, *Tête en bas!* and the patient would be momentarily suspended head downwards, by one of the assistants promptly shouldering the knees of the patient and allowing the head to go down on the surface of his back, in the inverted position.

Of the advantages of this procedure, Dr. Marion Sims has given the strongest testimony. In a most thrilling account which he gave at the last meeting of the British Medical Association, he told of several instances, under his own knowledge, in which it had proved successful in recovering the patient from imminent danger to life. His impressive statements at once rivetted the attention of the profession in Great Britain; and since the appearance of his paper in the *Brit. Med. Jour.*, there have been other instances of its efficacy adduced. Admirably simple and easily available, it proves to merit confidence fully as much as any other method of resuscitation. The followers of Nélaton, indeed, assert its superiority over all other methods.

We are content here to state the remarkable

practical fact. A theory, it is true, has been advanced, to account for the success of the method, and to account at the same time for the well-known fact that chloroform is better tolerated by the parturient female than by any other class of patients; but so far, it appears to us, the theory that chloroform narcosis is due to a condition of cerebral anæmia, does not rest on any other than the clinical fact, observed by Nélaton, Sims and others, of recovery from narcosis by the method of inversion. For the practitioner this is explanation or proof sufficient; the physiologist, however, would be eager for further proofs, drawn from the domain of experimental physiology.

### FINE WORDS IN MEDICINE.

An occasional glance at past volumes of the LANCET and Braithwaite, will convince us that many subjects there satirized are as open to comment now, as then. On recently looking over an old volume of the former, we stumbled upon an excellent letter from a subscriber, signing himself "A Plain Man," in which the practice of employing Greek derivations in lieu of simple Anglo-Saxon is ridiculed. The rage for manufacturing words and overlaying our own terse and manly language has of late years been greatly on the increase, and unless a stop can be put to these coinings, we shall soon be talking in heaven-knows-what lingo, and have such a dust of verbiage raised, that we shall utterly fail to perceive the meaning of the authors, if they have any.

Contrast some of these modern writers with Cullen, Abercrombie and Mason Good, and the big-mouthed phrases and long-legged idioms of the former with their ridiculous coining of new names—to express things perfectly known by the old ones—will at once suggest to the mind of the reader the high rank occupied by these old writers, as British classics. The letter is too good to abridge; we therefore copy in full:

"To the Editor of the LANCET.

"SIR,—Will you permit me to present a few remarks on the style of medical literature of the present day. We laugh at the Americanisms, as we term them, which we see copied from Yankee newspapers; but as great faults are daily committed among our own medical authors. Many of the writers in our periodicals, and even in some of

our larger works, seem to have their heads so filled with French and German words and phrases, that they have quite forgotten their native English. Some there are, too, who affect the use of strange words derived or adopted from the learned languages, wishing apparently to impress us with the idea that they can converse so much with the ancients, that they have forgotten that they live in these degenerate days. Now all this appears to me to be either mere affectation or excessive carelessness. There is nothing in all that we medical men have to say, which cannot be expressed in the copious stores of our own language. Let me give you a few examples: In a late excellent work on the ear, three species of deafness are distinguished as kophosis, paracousia and dysecæa. The first two I comprehended at once, but I had fairly to turn over my Greek Lexicon before I could get to the bottom or root of the last. Some of our Irish brethren are particularly fond of this sort of thing, using outlandish expressions: Thus, one man uses the word "chronicity" for duration, an opposite "sense" for an opposite direction; another speaks of a pulse of a "dicrotous" character; a third talks of "consensual" actions, instead of consentaneous, and of "retro-peritoneal" cellular tissue, when he means the tissue behind the peritoneum.

"When one man wishes to express the taking of food, he cannot find a shorter way of doing it than the "ingestion of aliment," and another, in long-winded phrase, tells us that his patient "desires to micturate;" another lengthens the shortening of tendons, by calling it "contractation;" and a gentleman of considerable ophthalmic reputation, cures near-sighted persons of their defect by means of an instrument with the euphonious and sesquipedalian appellation of the "myopodiorthoticon." One would almost think that these gentlemen agreed with the diplomatist, who gave it as his opinion, that "the use of language was to conceal our thoughts."

"A PLAIN MAN."

### MEDICAL ELECTIONS.

In another column we print the address of Dr. Clarke of Princeton to the Medical Electors of the Gore and Thames Division. We are glad to learn that he is again a candidate for election to the Council, and hope to see him returned. He has the best interests of the profession at heart, and is an able and faithful representative in the Council, and Legislative Committee rooms. The measures he alludes to, as necessary to the welfare of the profession and which are in justice due to it, will

have his most earnest attention. His suggestion that these matters should be urged upon parliamentary candidates at the impending election is a good one, and it is to be hoped that our medical friends will not lose sight of it. At such times candidates are generally more ready to listen to what one has to say, and more open to conviction, than after the fight is over and the battle won. Now is the time, therefore, to press upon them the need of all necessary reforms affecting the good of the profession and the public interest. The subject of sanitary reform—one which affects the healths and lives of the people; the proper registration of deaths; the means of preventing the spread of epidemics; the drainage of towns and cities; the hygiene of schools, hospitals and workshops, are matters on which the candidates should be asked to bestow a certain amount of attention, if elected to parliament. Dr. Clark also refers to the attempt by the Homœopaths, *et al.* a year ago to introduce a Bill which would have the effect of overthrowing the Ontario Medical Act. We would here remind our medical friends and especially those of East Toronto, that it would be well to test the candidates for their suffrages on this question before giving them their votes. For the benefit of those who may have forgotten the facts we publish the names of the members of the Committee of the House who voted for the introduction of the Homœopathic Bill last winter. They are as follows:—Hon. Mr. Crooks, *promoter of the Bill*, Messrs. Ardagh, Deacon, Meredith, Sexton, Snetsinger, and Striker.

AMPUTATION OF THE UTERUS. — Dr. Sinclair (*Brit. Med. Four.*) Dublin Pathological Society, reports a successful case of amputation of the uterus by means of the ligature. It was a case of chronic inversion, with apparent malignant disease. The uterus was snared with a strong whipcord, by means of a double canula, and drawn sufficiently tight to strangulate the parts. The patient was placed under opium, and milk diet, and the ligature tightened twice a-day; on the fifth day the greater portion of the tumor was removed by scissors, and in three days afterwards the ligature and remaining portions came away. The woman recovered rapidly, and left the hospital in good health in about two months.

CASE OF POISONING BY BELLADONNA. — Dr. Neish, of Odessa, Ont., has furnished us with the short notes of a case of accidental poisoning by belladonna, in which the employment of an emetic of sulphate of copper proved efficacious in relieving the urgent symptoms. The patient had had prescribed for him, in a distant town, a cough mixture containing belladonna, the dose of which was half a teaspoonful. On his way to Odessa, whilst riding in a vehicle, he was seized with an attack of coughing, to relieve which, he placed the bottle to his mouth and took a draught therefrom. The indefinite quantity swallowed proved sufficient to induce poisonous effects in a short time afterwards, such as great anxiety, tingling of the skin, extreme dryness of the throat, with difficulty of swallowing, weak circulation and faintness. The pupils were widely dilated. These symptoms furnished the clue to the conjecture of belladonna poisoning. Ten grains of sulphate of copper, dissolved in water, were drunk with difficulty by the patient, but, on being got down, very soon produced copious emesis—and relief. Recovery soon became so marked, as to obviate the necessity of further medical treatment. It is to be noted that the bottle, containing this narcotic poison in concentrated form, had no label on it; the patient had simply been told to take half a teaspoonful. The incident teaches the necessity of extreme care in the putting up and administration of poisonous medicines.

NEW APPLICATION OF THE SPHYGMOGRAPH.— M. Cyon, an eminent French physiologist, in his work on "Le Cœur et le Cerveau." suggests the application of the sphygmograph for the purpose of obtaining the sentiments of a man's mind. As the tracings obtained in different forms of disease, pneumonia, typhoid fever, etc., show the nature of the cardiac movements, so distinct tracings might be obtained for emotions—as fear, guilt, and the like. He therefore proposes to use the instrument on persons suspected of being guilty of some crime and by recounting the details of the act, and comparing the tracings before and after its recital, the expert or judge might be able to form an opinion as to whether the accused had any part in the crime. The proposal is an ingenious one, but its utility is very doubtful; nevertheless, the general idea advanced by the author is worthy the attention of psychologists.

TO SUBSCRIBERS.—We are happy to be able to say that the LANCET—though for the first two or three years a heavy tax on our private purse—has now become self-supporting. To those who have paid their subscriptions promptly, happily the majority, we return our warmest thanks, and wish them much prosperity, and a long life of usefulness. We would feel much obliged if those subscribers who are in arrear for some time past would remit the amount due. It would be very acceptable at any time, but more especially at this season, as we are anxious to commence the new year with a clean sheet. There are many drawbacks in the management of an undertaking of this kind, and not the least is the perfect indifference some subscribers have to our repeated requests to pay up. Such persons cannot complain if we return the compliment by striking their names from our list and putting their accounts into the proper hands for collection. Our expenses are very heavy, and we cannot afford long credits.

DELINQUENTS.—The last number of the *Doctor* contains a notice that the names of all subscribers who are in arrears will be published. This will have the effect of causing many delinquents to pay up. It is an experiment worth trying. Some are so thick-skinned that nothing short of extreme measures is of any avail.

APPOINTMENT.—John Henry Watson, MD. of Alliston, Associate Coroner for the County of Simcoe.

### Book Notices.

THERAPEUTICS AND MATERIA MEDICA, by Alfred Stillé, M.D., Prof. of Practice of Medicine, University of Pennsylvania, Fourth Edition, thoroughly revised and enlarged in two volumes. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

We are glad to see a new edition of this old favorite. It has been out of print for upwards of two years. The present edition has been carefully revised, and much new matter added, in all about 250 pages. The author has retained his former classification of medicines, not because, he says, "it is presumed to be perfect, but because it is more natural and practical than the more recent systems." Stillé's work ranks high as a text book on therapeutics. Vol. I. treats of astringents, irritants, tonics and stimulants. Vol. II.

stimulants continued, sedatives, evacnants and alteratives. Those substances of most importance are treated of at length; while those of less importance are more sparingly discussed. There are nearly 1000 pages in each volume. It is well printed on good paper, and reflects credit alike upon author and publisher. It is a most admirable book; written in a very interesting style, and will be found a valuable work of reference on the important subject of therapeutics.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE, Edited by Dr. H. Von Ziemssen, Prof. of Clinical Medicine in Munich, Bavaria. In fifteen volumes. American edition, Albert H. Buck, M.D. New York. Published by Wm. Wood & Co., New York. Price in muslin \$5 per volume.

This work is written by a number of the most eminent clinical instructors of Germany, and will embrace the entire range of Special Pathology and Therapeutics and will be completed in 15 volumes, large octavo, of from 500 to 700 pages each. Each Vol. will be complete in itself on the subjects treated and is supplied with an index. It is translated by professional men of New York and elsewhere, some of whom have been students of the authors. The type is clear, the paper fine, and the engravings, types of the original. It is proposed to publish three or four volumes each year, in order to distribute the cost of subscription equally over about four years. The work will be sold only by subscription. It is a valuable work, and will form a handsome addition to the physician's library.

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THE BREATH, and the diseases which give it a fetid odor, with directions for treatment by Joseph W. Howe, M.D., Prof. of Clinical Surgery, University of New York. New York: D. Appleton & Co. Toronto: Hart & Rawlinson.

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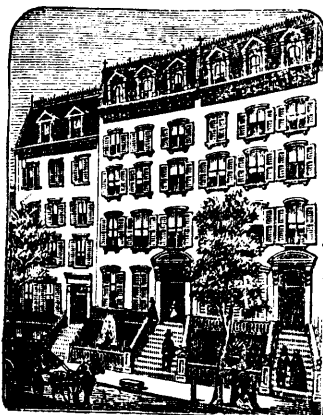
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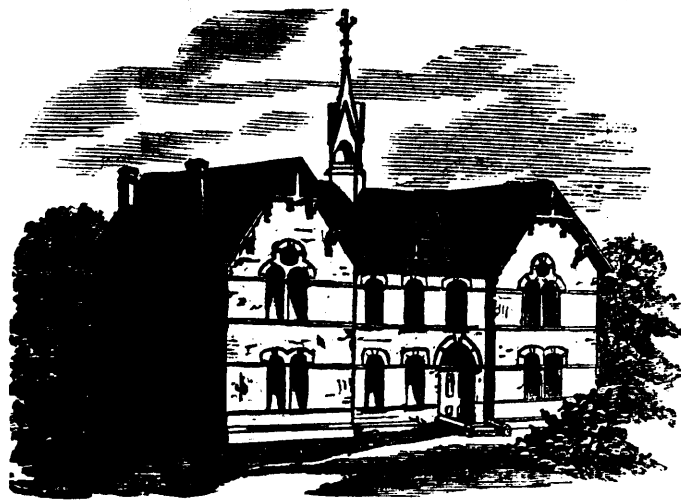
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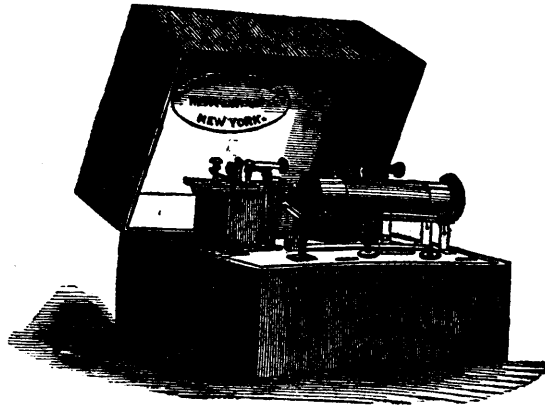
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"I will thank you to send me a further supply of Chlorodyne. It was the most efficacious remedy I ever used, affording relief in violent attacks of Spasms within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of Spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, &c., finds nothing so prompt and efficacious as Chlorodyne."

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"We have made pretty extensive use of Chlorodyne in our practice lately, and look upon it as an excellent direct Sedative and Anti-Spasmodic. It seems to allay pain and irritation in whatever organ, and from whatever cause. It induces a feeling of comfort and quietude not obtainable by any other remedy, and seems to possess this great advantage over all other sedatives, that it leaves no unpleasant after effects."

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"It is without doubt, the most valuable and certain Anodyne we have."

### CAUTION.—BEWARE OF PIRACY AND IMITATIONS.

CAUTION.—The extraordinary medical reports on the efficacy of Chlorodyne render it of vital importance that the public should obtain the genuine, which bears the words "Dr. J. Collis Browne's Chlorodyne."

Vice-Chancellor WOOD stated that Dr. J. COLLIS BROWNE was undoubtedly the Inventor of CHLORODYNE: that the whole story of the Defendant, FREEMAN, was deliberately untrue.

Lord Chancellor Selborne and Lord Justice James stated that the defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

Chemists throughout the land confirm this decision that Dr. J. C. BROWNE was the Inventor of CHLORODYNE.

Sold in Bottles at 1s 1½d., 2s 9d., 4s 6d., each. None genuine without the words "Dr. J. COLLIS BROWNE'S CHLORODYNE" on the Government Stamp. Overwhelming Medical Testimony accompanies each bottle.

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	oz.	lb.	8 oz. bot.	oz.	lb.	8 oz. bot.	oz.	lb.	8 oz. bot.	oz.	lb.	8 oz. bot.
Acid. Carbolic	0 07			Iodine, resub	0 75		Rad. Rhei. pulv.	lb.	2 00	Santonine	oz.	0 75
" Sulph. Ar.	0 18			Jalapin	1 75		Sodæ Bicarb.	lb.	0 20	Sodæ Bicarb.	lb.	0 20
" Hydrocyan	0 23			Lin. Saponis	0 24	8 oz. bot.	Potass. Tart.	"	0 28	Spir. Camphor.	8 oz. bot.	0 24
Ammon. Carb.	0 25			Liq. Ammon	0 17		Ammon. Co	"	0 24	Syr. Aurant.	"	0 20
Ether, Nit.	0 22			" Arsenic	0 20		" Codela	"	0 20	" Ferri Iod.	"	0 60
" Sulph.	0 33			" Bismuth	0 45		" Ferris Iod.	"	0 65	" Strych. Phos. Co.	"	0 65
" Co.	0 28			" Donovan	0 28		" Hypophos	"	0 45	" Phosph. Co.	"	0 40
Antim. Pot. Tart.	0 08			" OpilSed.	1 60		" Senegæ	"	0 30	" Scilla	"	0 20
Argent Nit. fus.	1 30			" Potassæ	0 17		" Tinct. Aconit.	"	0 24	" Arnica	"	0 24
Balsam Copaib.	0 63			Mist. Ferri Co.	0 20	8 oz. bot.	" Calumb.	"	0 20	" Camph. Co.	"	0 20
Bismuth, Car.	0 35			Morph. Sul.	6 50		" Cardam. Co.	"	0 24	" Catechu	"	0 20
Ceril Oxalas.	0 50			" Mur.	6 50		" Cinchon Co.	"	0 24	" Colch. Sem.	"	0 20
Chloral Hydrate	0 15			Ol. Crotonis	0 30		" Colch. Sem.	"	0 20	" Digital.	"	0 20
Chlorodyne	0 15			" Jecoris Asselli.	0 25	lb.	" Ergot.	"	0 30	" Ferri Perchlor.	"	0 18
Chloroform	1 40			" Olivæ Opt.	0 30		" Gentian Co.	"	0 20	" Hyosciam.	"	0 20
Cinchon, Sul.	0 60			Opium.	0 85	oz.	" Iodine	"	0 75	" Nucis Vom.	"	0 24
Ergot, pulv.	0 13			" Powd.	1 00		" Opil.	"	0 63	" Rhei Co.	"	0 30
Emp. Lyttæ.	1 25			Pil. Aloes	0 30	gross.	" Rhei. Co.	"	0 30	" Valer.	"	0 20
Ext. Belladon.	0 20			" et Ferri	0 30		" Podophyllin, Co.	"	0 40	" Verat Vir.	oz.	0 25
" Colocynth Co.	0 12			" Myr.	0 38		" Plumbi Acet.	lb.	0 25	" Hyd. Nit.	"	0 70
" Gentian	0 05			" Assafœtid.	0 30		" Potass. Acet.	"	0 60	" Zinci	"	0 40
" Hyosciam, Ang.	0 20			" Cath. Co., U. S.	0 45		" Bicarb.	"	0 35	" Ipecac.	8 oz. bot.	0 30
" Sarza Co., Ang.	0 30			" Hydarg, Mass.	1 75	lb.	" Bromid.	"	1 25	" Antim.	"	0 24
" Nucis Vom.	0 75			" Hydarg, U. S.	0 30	gross.	" Iodid.	"	7 00			
" Taraxacum	0 07			" Subchlor. Co.	0 30		" Pulv. Creta Co.	"	0 75			
Fol. Buchu	0 50			" Rhei. Co.	0 35		" C Oplo.	"	1 00			
" Senna	0 30			" Podophyllin, Co.	0 40		" Ipecac.	"	3 00			
Gum, Aloes Soc.	0 90			" Plumbi Acet.	0 25	lb.	" Co.	"	2 40			
" Acacia, pulv.	1 10			" Potass. Acet.	0 60		" Jalapa	"	1 50			
Glycerine, pure	0 60			" Bicarb.	0 35		" Quinæ Sul.	oz.	2 75			
Ferri, Am. Cit.	0 40			" Bromid.	1 25							
" et Quin. Cit.	0 12			" Iodid.	7 00							
" Citro, phos.	0 65			" Pulv. Creta Co.	0 75							
Ferrum Redact.	0 15			" C Oplo.	1 00							
Hydarg, Chlor.	0 15			" Ipecac.	3 00							
" C Creta	0 15			" Co.	2 40							
	0 12			" Jalapa	1 50							
				" Quinæ Sul.	2 75							

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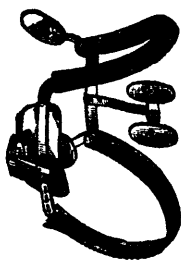
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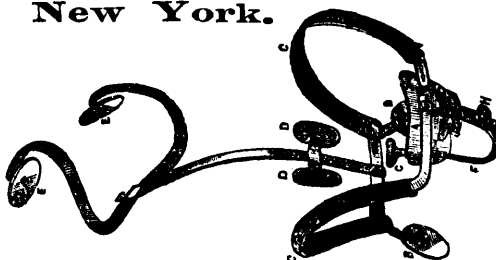
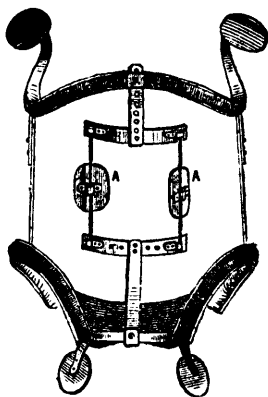


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Fig. No. 18.

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Fig. No.



The above cut represents BANNING'S NON-FRICTION SELF-ADJUSTING BRACE TRUSS, applied for the retention of inguinal, femoral and umbilical hernia. Acts upon the principle of removing visceral weight from hernial openings. Is light, cool and self-adjustable, and is absolutely a Non-Friction Truss.

Fig. No. 19.

## SPINAL PROP APPLIED.

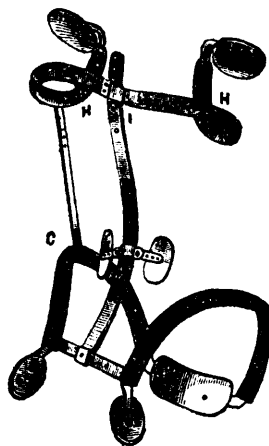


How to measure for any of these appliances.  
1st Around the body, two inches below the tips of hip bones.  
2d Around the chest, close under the arms.

3d From each armpit to corresponding tip of hip bone.  
4th Height of person. All measures to be in inches.  
Measure over the linen, drawing tape measure moderately tight.

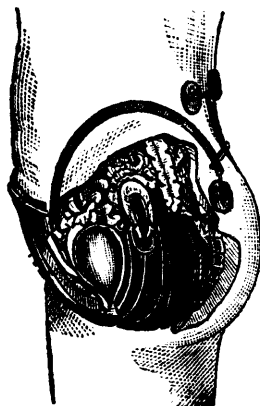
Fig. No. 14.

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Fig. No. 7.



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