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THE

CANADA MEDICAL RECORD:

A Monthly Journal of Medicine and Surgery.

EDITOR:

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Original Communications.

A case of Laryngotomy. By E. H. TRENHOLME, M.A., M.D., C.M., B.C.L., Professor of Midwifery and the Diseases of Women and Children, University of Bishop's College.

Read before the Medico Chirurgical Society of Montreal.

At 4 a.m., June 18th, 1873, I was called out of bed, and on opening the door admitted to my study Mrs. N., of N. Street, in a state of aphasia and apparently moribund condition from want of breath.

How the patient managed to reach my door I cannot understand, but I suppose the energy of desperation and the assistance of a cousin who accompanied her enabled her to do so.

I learned by signs and scarcely audible articulations that she was choking and dying. Placing her on a chair I sent a messenger for my friend Dr. Kennedy, and prepared everything for the operation of Laryngotomy which was performed as soon as he arrived.

The incision was made through the skin and cellular tissue to about $\frac{1}{2}$ an inch in extent over the cricothyroidean space, and so soon as the hemorrhage, which in this case was considerable, had abated, the membrane was divided to a sufficient extent to admit of the introduction of the tracheotomy tube, which I now show you.

The completion of the operation was followed by immediate relief. As the morning was cold a shawl was wrapped around the lower part of face and neck, and the woman taken home in a carriage. Twice on her way she uncovered her neck in her anxiety to direct the course of the driver; an imprudence strictly forbidden, and which I feared might be followed by serious consequences.

The inner tube of the instrument was changed and cleaned several times during the day, the room kept from drafts, but warm and comfortable. The day and night of the operation were passed in comparative ease and comfort.

June 19th, was sent for early this a.m., as patient after having a good night was troubled for want of breath, and complained of pain in and above larynx.

The tube was cleaned and seemed to give more ease. Carefully examined lungs, but found no evidence of congestion. Skin was rather hard and dry, so I placed her on tr. aconite.

At 11 a.m. saw patient again in consultation with Dr. Howard, when the larynx was examined by the laryngoscope and found to be most intensely con-

gested and the vocal cords considerably thickened. The day and following night were passed in considerable comfort and freedom from pain, except in the immediate side of the larynx, especially on the left side. Could swallow with a little difficulty all kinds of fluid food—applied Solution of perchloride of iron to throat and larynx.

20th June—Complains of more pain in left side of larynx, respiration somewhat labored and shallow. A little bloody mucus passes through canula. Carefully examined lungs, but find no pneumonia.

21st—Early this a.m. about 4 o'clock, after a restless night and much pain in larynx, was almost suffocated by a sudden discharge of about one ounce of bloody mucus and pus, which discharge was preceded by "a sound of something giving way," sufficiently loud to be distinctly and loudly heard by attendants.

The abscess (for such I take it to have been) of the larynx was chiefly discharged through the artificial aperture, although a considerable amount escaped by the mouth.

After the violent spasms and coughing caused by the presence of the fluid in the tubes had abated, the patient felt much easier than heretofore, and no longer was distressed by the pressure of the "lump" in the larynx, and could swallow much easier.

The daily brushing out of the larynx is continued. The aconite omitted; and placed on tr. ferri. mur and phos. acid.

23rd—So well and throat much less sensitive that I removed the tube, and allowed patient to breathe both by mouth and artificial aperture.

Without extending details it may suffice to say that the woman improved every day, and that by 1st July the respiration was entirely normal, the laryngeal opening being quite healed up.

I may add that as my patient is of a tubercular family, and exhibiting the diathesis herself in a marked degree, I have placed her on cod liver oil and syrup of iodide of iron.

Cases of Cerebro-spinal Meningitis. By A. A. FERGUSSON, M.D., C.M., Franklin, Q.

On Tuesday, Feb. 14th, 1873, I was summoned to see F. U., a boy aged 15 years. Was informed, that on the preceding morning he had complained of headache, but was able throughout the day to play with the rest of the children; that at eight o'clock that evening he suddenly fell down, was immediately lifted up and found to be unconscious; and that he had remained in that condition all night.

Upon my arrival, I found the patient lying in bed

and perfectly unconscious; pulse intermittent; pupils unequally dilated; power of deglutition lost, and the urine and stools passed involuntarily. Diagnosed it to be apoplexy, and prescribed accordingly. He died about twenty-four hours afterwards.

Case 2.—Miss T., aged 16 years, was seized with severe headache on the 18th February. Being neighbours to the above family, and dreading a similar case, they sent for me immediately. On arrival I found the patient complaining of severe pain in the head, conjunctiva congested; tongue coated; pulse 100. Ordered cold applications to the head. Hydrarg. sub. mur. x grs., to be followed an hour after by ol. ricini i ʒ. A solution of brom. pot. xx. grs. to the ʒ; a tablespoonful every three hours.

Feb. 19.—Had passed a restless night; pain in head still intense but intermittent. Complaints of the pain running down the back of her head and along the spine, thence shooting through her limbs. Has some difficulty in turning her head, and it seems to be somewhat retracted. Diagnosed cerebro-spinal meningitis.

The treatment adopted was brom. pot. and tr. digitalis. The preparations of opium, the most preferable of which I found to be the pulv. ipecac co; a cathartic every second day; blisters from the coccyx down along the spine; a light nutritious diet.

Miss T. recovered in four weeks.

Cases 3 to 8. Ages 6 to 12 years—only one male. Treated as case 2, and recovered in from one to three weeks.

Case 9.—Miss T., aged 16 years. Case similar to and treatment same as No. 2, but when convalescence had apparently been established, she was seized with a relapse and died in fifth week.

Case 10.—Miss H., aged 15 years. Disease severe. Treatment, pulv. ipecac co, cathartics, and early applications of emplastrum lyttæ. Convalescent in second week; improper food twice occasioned a relapse, but she subsequently made a good recovery.

Case 11.—Child 7 months. Treatment, syrup. pot. brom. tr. camph. co, blisters. Died third day.

Remarks.—Case 1, instead of being apoplectic, had probably been cerebro-spinal meningitis in its congestive and most malignant form. Cases 2, 9 and 10 were somewhat less severe in character, and the remaining cases were still a shade milder.

Of the remedies prescribed the pulv. ipecac co. stood foremost. Given in the evening in doses of x. to xv. grs., the patient passed a comfortable night; but if omitted, the night was spent in a restless, sleepless state, and dawn found the

patient feverish and delirious. If in this condition x. grs. of Dover's powder were administered both the fever and delirium vanished. Cathartics were generally given every second morning, and on the night preceding their administration, a few grs. of hydrarg. sub. mur. or hydrarg. cum creta.

The bromide alone produced no perceptible effect, but when given in conjunction with the pulv. Dov. seemed to increase the calmative and anodyne power of that drug. In case 10, no bromide was used; quinia was tried in one or two cases, but seemed only to aggravate the symptoms. Of local applications I found the emplastrum lyttæ, frequently repeated, the most beneficial. Cold, either in the form of douche, icebag or compress, was in the majority of cases neither agreeable to the sensations of the patient nor productive of any relief.

Progress of Medical Science.

ON THE TREATMENT OF ACUTE AND CHRONIC BRIGHT'S DISEASE.

By George Johnson, M.D., F.R.C.P., Physician to King's College Hospital, Professor of Medicine in King's College, London, etc. [British Medical Journal.]

I adopt the definition given in the *Nomenclature of Disease* published by the Royal College of Physicians: "Bright's disease is a generic term, including several forms of acute and chronic disease of the kidney, usually associated with albumen in the urine, and frequently with dropsy, and with various secondary diseases resulting from deterioration of the blood." The term Bright's disease is nearly, but not quite, synonymous with renal albuminuria.

The causes of renal albuminuria arrange themselves in two main divisions:

1. A mechanical impediment to the escape of the venous blood from the kidney, as from disease of the heart or lungs; the pressure of dropsical fluid in the abdomen; sometimes probably the pressure of the gravid uterus.

2. An abnormal condition of blood is by far the most frequent cause of albuminuria. Thus albuminuria occurs not infrequently as a result of scarlatina, diphtheria, erysipelas, typhus and enteric fever, pyæmia, cholera, measles, purpura, gout, etc. The albuminuria which sometimes occurs during the early stage of pregnancy is probably a consequence of blood changes associated with that condition; while that which occasionally follows parturition is, in all likelihood, a result of absorption of septic materials from the uterus.

Thus, albuminuria may result from a primary mechanical hinderance to the movement of blood, or from a primary change in the quality of the blood. On the present occasion I shall exclude from consideration that class of cases in which albuminuria is

a result of a mechanical impediment to the circulation, and consequent passive congestion of the kidney. My remarks will have reference only to the more numerous second class of cases—cases of albuminuria the result of abnormal states of blood. I shall endeavor to make my remarks as practical as possible, with only so much of reference to pathological theory as may serve to guide or to explain practice.

The extreme frequency of renal disease is a physiological result of the kidney forming one of the main channels by which effete and noxious materials are cast out of the circulation. During the process of excretion, the kidney-tissues—primarily the gland-cells, secondarily the blood-vessels—undergo structural change. A leading principle of treatment is to lessen as much as possible the excretory work of the kidney, more especially in cases of acute Bright's disease. The main points are—rest in bed, in a room of moderate uniform temperature; a carefully-regulated and a somewhat scanty diet; the adoption of means to promote a free action of the skin and bowels.

In all cases of acute Bright's disease, rest in bed is an essential part of the treatment. In a large proportion of cases, this with a scanty diet will suffice for the cure. The diet may consist of milk alone, if it suits the patient's stomach, or milk with an egg or two in the course of the day, or with the addition of beef-tea or other animal broth. Under this regimen the urine soon becomes copious, while the albumen diminishes and gradually disappears.

The copious flow of urine which usually occurs during convalescence from acute Bright's disease is thus explained. During the acute and congestive stage of the renal disease, the constituents of the urine—both solids and liquids—have accumulated in the blood, and have thence been effused into the areolar tissue and into the serous cavities. Now, urea is a most powerful diuretic. When injected into the veins of a dog, it quickly excites a copious flow of urine; and no sooner is the inflammatory congestion of the kidney removed, and thus the freedom of the renal circulation restored, than the urea retained in the blood begins to exert its natural diuretic action upon the kidney. The copious flow of urine thus induced speedily removes the accumulated urinary solids and water from the blood, the areolar tissue, and the serous cavities, into which they had been effused, and thus the dropsy is cured.

This abundant flow of urine occurs without aid from diuretics or drugs of any kind. I have seen it occur while a bread-pill or colored water was given as a placebo. Stimulating diuretics, such as squills, or cantharides, or turpentine, would be injurious, by increasing congestion of the kidney. The best diuretics in such cases are those means which tend to lessen renal congestion—dry cupping or hot fomentations over the loins, hot air or water-baths, purgatives, and a scanty diet, with a free use of diluent drinks—one of the best and pleasantest drinks being the "imperial drink," made with cream-of-tartar and lemon.

When the renal congestion is extreme, as shown by the scanty secretion of highly-albuminous urine,

local bleeding by leeches or cupping on the loins is often extremely useful. If by the abstraction of a few ounces of blood from the loins we relieve the renal congestion, we shall check the rapid destruction of blood-constituents which results from uræmia; moderate local bleeding, therefore, tends to economize blood, and to prevent its waste.

It has been asserted that cupping or leeching the loins can help an inflamed kidney no more "than if the blood had been taken from the arm or from the nape of the neck." But this, surely, is a mistake. The lumbar arteries, which supply the integuments of the loins, arise from the abdominal aorta, close by the origin of the renal arteries; and when leeches or cupping-glasses draw blood through the skin of the back, it is certain that the diminished pressure within the lumbar arteries will divert a certain quantity of blood from the neighboring renal arteries. The same principle explains the good effects of leeching in cases of pericarditis. The internal mammary artery sends deep branches to the pericardium, and superficial branches to the intercostal spaces and the skin. By the application of leeches over the heart, we abstract blood from the integumentary branches of the internal mammary artery, and thus divert a portion of blood from the deeper pericardial branches. The blood will as surely take the course indicated by diminished pressure within the vessels as the water in a pump will, up to a certain height, follow the rising piston. It may be thought that the quantity of blood thus diverted is very small: so, in the case of venesection being practised in the arm or neck, how scanty is the stream of blood which escapes from the opening in the vein compared with the torrents of blood rushing through the venæ cavæ into the right side of the heart; and yet, in a case of obstructed circulation through the heart or lungs, how promptly and decidedly does this small diverted current lessen the distention of the whole venous system. Hot fomentations or poultices on the loins act by relaxing the superficial arteries! The skin, therefore, receives a larger supply of blood, and thus a portion of blood is diverted from the renal arteries. Then, too, there is some degree of depletion from the full cutaneous capillaries by the free local sweating which the warmth occasions.

Dry cupping acts in a somewhat similar way to hot fomentations. It draws an abundance of blood through the arteries into the subcutaneous capillaries, which, when the cups are removed, returns through the veins to the heart. In order that dry cupping may be most effectual, each cup should be removed as soon as the vessels beneath are well filled, and then it should be reapplied. The object is first to draw the blood through the arteries into the capillaries; then to allow it quickly to return by the veins, and not to keep it stagnating in the capillaries, which will happen if the glass be retained long on one spot. Another point is not to draw the blood into the skin with sufficient force to cause extravasation, the effect of which will be to impede the circulation through the skin, and so to divert more blood into the inflamed tissues beneath. The sole object of dry cupping, be it remembered, is not to irritate the skin, but

to draw blood rapidly from the arteries, and as rapidly to transmit it through the capillaries to the veins, in its backward course to the heart.

As a rule, it is well to give no alcoholic stimulants; or, if need be, to give them very sparingly in cases of acute Bright's disease. The imbibition of alcohol imposes extra work upon the kidney, and so is opposed to the principle of lessening as much as possible the work of the inflamed gland. Excess of alcohol is not an infrequent cause of albuminuria; and a very moderate employment of alcohol may tend to perpetuate and aggravate disease.

Not long since, a man was admitted into King's College Hospital, completely narcotized by a surfeit of wine, which was pumped from his stomach in large quantities. The urine drawn off from the bladder contained a large amount of albumen. In a few hours the man recovered consciousness, and the urine became normal. The temporary albuminuria was a result of renal congestion while the excess of alcohol was being excreted by the kidneys.

When acute Bright's disease is making satisfactory progress toward recovery, the dropsy usually disappears for a variable time before the urine ceases to be albuminous. It is very important to impress upon the patient that, until the urine has regained its normal character, he must be extremely careful to avoid cold, fatigue, and errors of diet.

The duration of albuminuria in cases that ultimately recover is very variable. I have seen many cases of recovery after the disease had continued for from three to twelve months; and I have seen some recover after the urine had been albuminous for one, two, three, and in one case four years.

The more I have seen of the disease, the more hopeful I have become as to the ultimate result, when the history and the symptoms, and, above all, the chemical and microscopical characters of the urine, do not indicate extensive and irremediable degeneration of the kidney. In all the cases of recovery from long-continued albuminuria, the preparations of iron have entered largely into the medicinal treatment of the disease, and have apparently contributed much to the favorable result. There are two preparations which I believe to be especially useful: these are the tincture of the perchloride of iron and the syrup of the phosphate. I believe that they are best taken with the food. I have frequently combined with each dose of the perchloride of iron ten grains of hydrochlorate of ammonia; and I believe that this ammonio-chloride of iron is a useful combination.

Among other remedial agencies, when acute renal disease is prolonged, and threatens to become chronic, change of air and scene is often highly beneficial; and I have seen some most remarkable recoveries effected under the influence of a long sea-voyage.

There are few diseases which, during their progress, cause more varied and severe suffering than confirmed chronic Bright's disease in its various forms. As the symptoms vary in the different forms of chronic renal disease, so a varied treatment is required in the different classes of cases. Without entering into minute pathological distinctions, for which we have now no time, I purpose to say a few

words on the treatment of some of the more frequent and distressing symptoms.

In one class of cases—cases of large white kidney, with a scanty secretion of highly-albuminous urine—dropsy is usually a prominent symptom. The tendency to dropsy is without doubt increased by the dry and inactive state of the skin; and this condition of skin seems to be mainly due to the hypertrophy of the muscular walls of the minute subcutaneous arteries. This excessive muscularity of the small arteries enables them to resist the relaxing effect of external warmth, so that a hot-air bath often fails to excite diaphoresis. Patients who do not perspire under the influence of a hot-air bath, usually complain of painful throbbing in the head, difficulty of breathing and other distressing sensations. So frequently is this the case that, in cases of chronic renal disease, I am now in the habit of substituting for the hot-air bath a prolonged packing in a wet sheet, surrounded with blankets. Patients often remain packed for periods varying from one to three or four hours, not only without distress, but with comfort and decided relief.

Diuretics are notoriously uncertain in their action. I have often obtained good results from the imperial drink, in doses of from one to three pints in the twenty-four hours. A very efficient diuretic is a strong infusion of fresh broom-tops, taken in sufficient quantity to act as a purgative. The free action of a hydragogue purgative, elaterium, compound jalap-powder, or compound gamboge-pill, is very commonly followed by a copious flow of urine. The escape of water by the bowels lessens the distention of the systemic veins, the circulation becomes more free, and therefore the secretion of urine more copious.

When other means fail to remove anasarca, a cupuncture of the legs, or an incision with a lancet, often affords prompt and decided, and sometimes permanent relief. I have seen a considerable number of cases in which life has been prolonged, and some in which complete recovery resulted, from the operation, after other means had failed to afford relief. It is very interesting to note the phenomena which follow upon acupuncture or incision of the legs in cases of anasarca. There is, first, a copious drain of liquid through the skin; then there is a further exudation of liquid from the over-distended blood-vessels; this liquid also escapes through the punctures, and its escape is often associated with temporary symptoms of exhaustion, a rapid and feeble pulse and pallor of the face. Lastly, there often occurs a more copious secretion of urine, in consequence of the greater freedom of the circulation through the kidneys. Dropsical accumulation tends to cause a secondary impediment to the circulation, by the pressure of the effused liquid from without upon the blood-vessels, especially the veins. Again, the capillary circulation becomes more and more impeded in proportion to the increasing watery distention of the veins. The drain of liquid from the areolar tissue through the punctured skin, allowing a further exudation from the distended capillaries, thus removes or lessens the obstruction which results from over-fulness of the veins. The general circu-

lation, therefore, becomes more free, and the greater freedom of the circulation through the kidney is attained, as we have seen, by a more copious secretion of urine. But it may be objected that incisions and punctures in anasarous legs are apt to excite destructive inflammation. It is true that inflammation and sloughing may follow the operation; but this may also occur from over-distention of the skin or the pressure of the heavy, dropsical legs upon the bed. The result of my experience is, that inflammation of anasarous legs has been as often subdued as provoked by acupuncture or incision; that inflammation is less likely to follow punctures in cases of renal than cardiac dropsy; and that the risk of inflammation after an incision about a third of an inch long in each leg, or after several acupuncture, is so nearly equal that I would in any case give the patient or the surgeon the choice of the operation. If I were the patient, I should choose the incision, as being on the whole less painful, and more rapidly and surely efficacious.

Dyspnœa is one of the most frequent and distressing symptoms associated with Bright's disease. It has various causes, and requires various remedies. When it results from œdema of the lungs, or dropsical hydrothorax, it is best treated by the remedies for dropsy. In some cases, anæmia appears to be the chief cause of dyspnœa. The red blood-corpuscles are the oxygen-carriers. When the blood—whether in cases of chlorosis or of Bright's disease—contains an excess of water with a corresponding deficiency of red corpuscles, and defective oxidation of the tissues, the demand for air expresses itself in hurried and laborious breathing. The remedy for this form of dyspnœa is to be sought for in the elimination of water, a carefully-regulated nutritious diet, and iron as a restorative tonic.

Paroxysmal dyspnœa in some cases appears to be of cardiac origin. The heart's action is rapid and feeble, or slow and feeble, the breathing distressed and hurried, with loud puerile respiration over the lungs. The dyspnœa in these cases seems to be due to the influence of deteriorated blood upon the pulmonary and cardiac nerves. It is not improbable that the cardiac weakness in some cases results from excessive contraction of the minute branches of the coronary arteries, and consequent anæmia of the muscular walls of the heart.

These distressing symptoms are often relieved for a time by ether or by brandy; and lately I have found that an occasional small dose (ten grains) of hydrate of chloral has done good. The cardiac and pulmonary symptoms to which I have referred are almost certainly made worse by opium in any form. There seems good reason to believe that in the hydrate of chloral we have a remedy by the cautious use of which we may for a time mitigate some of the nervous symptoms which occur in the advanced stages of incurable Bright's disease. I refer particularly to the cramps and muscular twitchings, which are frequent precursors of convulsions; and the distressing restlessness which, associated as it is in a greater or less degree with uræmia, is generally aggravated by opiates.

The sufferers from Bright's disease are always dyspeptics, and the gastric symptoms are often very obstinate and distressing. When in consequence of renal degeneration the blood is contaminated by retained urinary excreta, there is often a vicarious excretion of these impurities by the mucous membrane of the stomach and bowels. The gastric secretions are mingled with the ammoniacal products of decomposing urea; digestion is consequently impaired; there is flatulent distention of the stomach and bowels, nausea, vomiting, and diarrhœa. Relief is to be sought by a carefully-regulated diet, and by giving with the food from ten to twenty drops of dilute hydrochloric acid with a vegetable bitter. A small dose of strychnia, or the tincture of nux vomica, with a mineral acid, is sometimes especially efficacious. Pepsine may sometimes be given with advantage.

In some cases of advanced renal degeneration, the vomiting is so incessant that the patient has to be sustained by nutritive enemata, while iced water only is taken by the stomach. In some instances that have come under my observation, the straining and exhausting efforts of vomiting have been checked only by frequent whiffs of chloroform-vapour.

In conclusion, I have only to add that I shall be happy, so far as I am able, to answer any questions upon the various points which I have passed in review. I shall also be glad to receive practical hints from those who by their experience are enabled to give them.

COLLES'S FRACTURE.

A Clinical Lecture, delivered at the Massachusetts General Hospital, by R. M. HODGES, M. D.

Fracture of the lower extremity of the radius, commonly known as "Colles's Fracture," is of frequent occurrence; were it is not so, such a number of patients could hardly have been gathered to illustrate a single lecture. It is caused, almost invariably by a fall on the palm of the hand, the weight of the body being thrown upon the radius, which breaks at its weakest part, viz., where the compact shaft of the bone ends in the cancellated extremity, and at a point never more than an inch from its articulation with the carpus. The displacement of the portion broken follows the direction of the resistance; the lower fragment of the radius and the carpus which is carried with it causing a manifest deformity on the back of the wrist. As the lower fragment rarely, either wholly or in part, rides past the upper, but is rather bent or crushed backwards, the solid, tubular shaft is driven into the cancellated tissue, and an impacted fracture is produced. On the palmar aspect a prominence is developed just above the wrist by the angular flexion of the bone just alluded to. These changes of contour give to the hand and arm a shape, when viewed in profile, which, from a fancied similitude, is frequently spoken of as the "silver fork deformity."

In addition to this posterior displacement the carpal fragment is usually carried toward the radial border of the arm, the hand, of course, following it;

and this more readily happens if the line of fracture is oblique, instead of being transverse, as is usually the case. The styloid process of the ulna is thus made to project in a way which might, erroneously, suggest its dislocation. The styloid process of the radius is naturally longer than that of the ulna, but by this change of position they are brought nearly or quite on a line with each other, and the altered relation of these two processes becomes a point of diagnostic interest. The ulna is not often involved in the fracture, but the ligament which unites it to the radius is sometimes torn from its attachments, giving rise to pain at the radio-ulnar articulation, which is almost characteristic of the injury.

The position of the limb at the moment of the accident, the muscular contraction by which it is accompanied, and the individual peculiarities of the bone involved, modify the severity of the injury; but the cause, the locality, the direction of the fracture, the deformity, and the impaction, are in all cases wonderfully uniform, varying in degree only, and chiefly as regards impaction. The cases here present verify this statement.

The "silver fork deformity," and the change in the relative position of the styloid processes of the ulna and radius, which betray the existence of a fracture, can ordinarily be detected by the eye, without touching the injured limb, but are sometimes masked by swelling and œdema, which give the wrist a cylindrical shape; while the prominence on the palmar aspect is occasionally only recognizable by a deep crease between the palm of the hand and the forearm. It is an unusual thing for the signs of this fracture to be so obscured as to leave any uncertainty in the diagnosis. The subsidence of swelling is not to be looked to for dispelling obscurity. It is apt to be very persistent, and the mere fact of a general swelling in this region is in itself evidence of a fracture.

Patients are apt to think if the movements of the wrist-joint are retained and they can flex their fingers, which is often the case, that no bone is broken. Supination is, however, invariably impaired. The hand pronates perfectly, and it is the position of pronation which the injured limb instinctively assumes, but on supinating it, pain is provoked so soon as the thumb is uppermost. This is explained by the injury of the pronator quadratus muscle, always caused by the fracture, and which reveals itself when the fibres are extended in rotating the radius.

Dislocation of the wrist is of such rare occurrence that it does not complicate the question of diagnosis. It is easier to mistake the injury for a sprain. The fracture being impacted, the head of the radius still rotates at the elbow, and crepitus is not common. Ligaments, the tendons and tendinous sheaths with which the bone at this point of fracture is surrounded, also unite the interlocking fragments.

It occasionally happens that the impacted bones cannot be disengaged, or the amount of force requisite to accomplish it is such as to render persistence in the attempt inadvisable. Some say that in old women no effort should be made to effect this; and others assert that the fracture reduces itself if the arm is properly "put up." When there is a strong

lateral displacement towards the radial border of the arm, with a prominent styloid process of the ulna, the deformity is apt to be permanent, as these features imply deep impaction and a firm dove-tailing of the bones.

To obtain reduction, extension should be made from the hand, or from the thumb alone, if there is lateral displacement, while counter-extension is made from the elbow. The surgeon then presses and kneads the fragments into place. By forcibly flexing the hand, the extensor tendons may be made to aid in pressing the fracture into position.

A great many splints have been devised for the treatment of this injury; but at the present time there is a belief that it does not require elaborate apparatus. Among all that have been proposed, there is none of more general usefulness than what is called in this Hospital "a spoon splint"—a straight splint, carved to fit the dorsal aspect of the arm and hand. It extends from the elbow to the ends of the fingers, and is accompanied by an inside splint, shorter, but reaching from near the elbow to the middle of the palm. These should be as broad, or broader, than the arm, and are best padded with towels. Any provision, either in the splint or the padding, intended to wedge apart and maintain the interval between the radius and ulna is useless. There is no interval at the point where this fracture occurs. The splints should be adjusted without previous bandaging of the arm, and held in place by tapes or inch-wide strips of adhesive plaster. A roller bandage is then applied, and if the tapes or adhesive strips have been properly secured, this should not be put on too firmly. Tight bandaging is a cause of synovitis in the sheaths of the tendons.

A pistol-shaped splint is occasionally used when there is much lateral displacement of the hand, but its efficiency in correcting this deformity is not very great.

Four to six weeks, according to the age of the patient, should be allowed for the wearing of splints, and the bandages should be changed as seldom as possible. If swelling and pain persist, the splints should be continued even longer than the time first named. In this Hospital, most of us believe that passive motion, so long as pain and tenderness remain, only aggravates the condition it is designed to remedy.

The articular inflammation which is frequently set up by the proximity of the injury, or by actual implication of the joint, is a source of stiffness which is sometimes unjustly charged to mismanagement by the surgeon. * An adhesive inflammation of the sheaths

* Suits for malpractice are not so often brought for fractures in the vicinity of the wrist as for those in the neighborhood of the elbow-joint, mainly because errors of diagnosis and unsatisfactory results are not as common in the former.

The complainant, in a case of alleged maltreatment of the fracture under consideration, usually attempts to prove either that the injury was not diagnosticated; that the proper splints, as regards material, length, width, and shape, were not used; that the arm was bandaged beneath the splints; that the bandages were too tight; that they were not changed often enough; that improper padding was used (e. g., cotton wool); that passive motion was not practised, or not practised early enough; that too long an interval

of the tendons is another and perhaps more frequent cause of stiffness. The rigid and deformed wrist and fingers which may follow skilful treatment must be anticipated by any one who takes upon himself the care of this fracture, and advanced age in the patient adds to this liability. Mere deformity, however, does not interfere with the ultimate usefulness of the limb. Pains should be taken at the outset to forewarn those interested of these possible and often wholly unavoidable contingencies.

Prolonged bathing of the hand and wrist in warm water, and gentle friction with an inelegant but very useful liniment, composed of equal parts of lime-water and linseed oil, will do more to limber and soften the fingers and wrist than any passive motion, however unrelenting. It should be remembered that the flexor tendons of the fingers, both superficial and deep, run in one synovial sheath, and that any attempt to remedy stiffness in their movements can be accomplished more readily by flexing each finger separately, than by bending them all together, as is frequently done. If there is persistent pain, which unfortunately often happens, even the motion produced by rubbing is best omitted until irritation has subsided. Any violence that excites inflammation is prejudicial.—*Boston Medical and Surgical Journal.*

CLINICAL LECTURE ON BED-SORES.

By Sir J. PAGET, F.R.S., Lecturer on Clinical Surgery at St Bartholomew's Hospital.

Bed-sores may be defined as the sloughing and mortification or death of a part produced by pressure. When we press on any part of our bodies for a moment, on the removal of the pressure the part is quite white, owing to the blood having been pressed out. The colour immediately returns, however. In bed-sores, the pressure is continual, the blood is driven away, nourishment ceases, and death of the part takes place. There are three different forerunners of bed-sores, (1) inflammation, the prominent parts, *e.g.*, the sacrum, posterior superior spine of the ilium, the trochanters, and the ends of the spines of the vertebræ, are seen to be red. (2) They may be simply pale and white. (3) They may be purple or yellow from the extravasation of blood or bloody fluid. Sloughing follows these in the skin and subcutaneous tissue and fat. These latter die before the skin, sloughing proceeds faster in them, and so when the skin comes away, the place formerly occupied by these tissues is empty.

was allowed to elapse between the surgeon's visits ; or that attendance ceased too soon. A claim is also sometimes made for loss of time, and unnecessary pain endured, which different treatment, or more attention, would have prevented.

Disagreement may exist among the best surgeons as to the details of proper treatment in each case ; but responsibility ceases when the errors of the surgeon cannot be distinguished from the errors and doubts of an inexact science. No surgeon should be condemned for a doubtful, or even a probable, undemonstrable fault.

Inexperience is unquestionably a prolific source of inefficient, if not bad treatment. A diploma establishes a presumption in favor of the knowledge, experience and aptitude of a physician, without creating in his favor a privilege of irresponsibility from which the public might suffer.

Then the deeper parts die—muscles, bone, until sometimes the spinal cord itself is exposed. Now bed-sores occur in those who are absolutely at rest. If there is the slightest movement from one side to the other bed-sores may be averted. A man with simple fracture of the femur, previously healthy, can move himself slightly from side to side, and does so instinctively. No man with simple fracture of femur ought to rise from his bed with a bed-sore. It would be the consequence of gross neglect if he did. In the case of those whose lower limbs are paralyzed, there can be no motion whatever, and so they are liable to bed sores.

The time when bed-sores begin to make their appearance is about fourteen days—that is, in the case of a healthy man who is absolutely unmoved. They will, of course, be accelerated by dirt, if his urine and fæces are not constantly removed. There are certain cases which are especially favourable for bed-sores: the old, especially those with fractured neck of femur and those that are the fattest and heaviest, and most likely to become œdematous. Among ordinary persons, those that are the thinnest. When, as is commonly said, their bones are ready to start through their skin; the amount of tissues between the skin and projecting point of bone is so small that it soon, as it were, wears away, and bed-sores ensue. Those again in a state of fever, such as the lowest kinds of typhus, can scarcely by any means be saved from them. Their whole system is so poor and degenerated that sloughing takes place without any pressure at all; and you may see the ends of the nose, ears, etc., sloughing from the bad supply of blood. Continuous hectic fever is a state in which they appear, being an exemption to the general class of consumptive patients, who, though they may lie in bed for months, rarely have bed sores. They manage to move slightly and thus avert them. Pyæmia is another source, and is illustrated by a case in the hospital: a man who was admitted with phlegmonous erysipelas of a limb and was treated for it. On account of some misconduct he was discharged; after a while he came back with pyæmia and an enormous bed sore. His skin is very pallid and soft and does not properly discharge its functions and there is every reason to believe that every other organ of his body is in a similar state. His lungs may be auscultated and his urine examined, and nothing at all found wrong with them, and yet I venture to state that neither the lungs nor kidneys are performing their functions as they ought. A pyæmic subject, being so ill-nourished, is especially liable to bed-sores. Intense fever is also a productive agent. The man, whose thigh was amputated a short time since, had a most acute and intense attack of fever, and large bed-sores appeared. Now the fever is gone, the local disease is removed, and the bed-sores are healing rapidly. The risk of bed sores in the old with fractured neck of femur is chiefly in the first week, therefore treatment with a view to preventing them should commence immediately the patient takes to bed. After the first week the risk is not nearly so great. There is one peculiar class in which bed-sores rapidly appear, and that is rapid destruc-

tion with inflammation of spinal marrow. If in a fracture of the spine, a portion of the spinal cord, below the seat of fracture, be irritated and inflamed sloughing will ensue in these parts to which the nerves given off below the irritated part proceed. And this will take place in two or three days. Sir B. Brodie mentions a case in which a large slough formed on the heel in twenty-four hours. No doubt there were other causes for this. Two or three days is the usual time. The same takes place in disease of the spinal cord, especially in acute pyelitis. There is not so much risk of sloughing in parts deprived of nerve force as in parts whose nerve force is irritated and disturbed.

Now let us look at the means of preventing bed-sores, for nine-tenths of your care must be devoted to this; for if once they appear it is very difficult to get rid of them.

First of all look to the bed. Good bed making is an indispensable thing in the prevention of bed-sores. Several beds have been made especially for this purpose, of which the best is Dr. Arnott's. It consists of a chest full of water; on the top of this is a waterproof sheet, and over this an ordinary sheet on which the patient is laid. Here the patient is absolutely floating on water. The waterproof sheet is not drawn tight but adapts itself to every part of the patient. A patient might lie on this for years and never have a bed-sore. Inferior to this, but very good, is Hooper's bed. Here the waterproof on the bed is tight. They will avert bed-sores for a long time, but I should not like to say that a patient would never get a bed-sore on them. But you cannot have these everywhere; you can't take them about to everyone who may need them, and there are many cases in which they cannot be used at all, as in cases of fractured neck of femur, acute inflammation of knee-joint, and many others.

In ordinary beds the best thing is an ordinary firm mattress of horse-hair; and it must rest on boards. Cords are the worst possible things, as after twenty-four hours or so they give under the weight of the patient, and the most prominent parts are pressed upon. Iron gives after two or three weeks. Not so boards. It must be quite level. Under the horse-hair it is better if possible to have a spring or straw mattress. Feather beds and the like are, of course, to be utterly condemned. If possible, have two beds, so that you may lift the patient into the other when it wants making. You thus avoid making beds under him.

The next thing is to harden the skin. The best application for this is a solution of one part of nitrous ether in three of water. If the back is frequently washed with this, bed-sores may be completely averted. There is in the hospital a man paralyzed in his lower limbs; he has been in this state for ten months. By the good nursing of the sister of his ward bed-sores have been kept away. This application of nitrous ether has been used: solution of one grain of perchloride of mercury, with two drachms of nitrous ether, and six ounces of water, is another good thing. Whiskey is used in Scotland, as is brandy sometimes in England, but

these are not so good. In Germany they use a solution of tannic acid. When the parts look as if they were going to slough, these spirit applications may be too strong, and then a solution of gutta percha in chloroform is very useful. Next we have to prevent pressure on those parts where bed-sores are likely to occur. These are the middle line of the sacrum, after that, in thin persons, the posterior superior spines of the ilium, and the sacro-iliac articulations, then the trochanters of the femur. The chief thing is a frequent change of posture. If a patient can lie in four different positions during the day bed-sores may be prevented. He may lie on his back, each side, and on his face. Of course you couldn't make a stout person lie on his face; he would simply suffocate. This change prevents the gravitation of the blood. This may easily be seen by looking at the back of a subject in the post-mortem room. The back is quite red from this cause.

When patients lie on their backs they may be saved for a time by dividing a mattress and leaving a space of six inches between the halves. You may thus save the sacrum, which will have no pressure on it. The case before referred to was treated so, but sores came on the ilium and trochanters.

Large cushions made of amadou in the shape of a horse-shoe are very good. Isinglass plaster or felt water-pillows. Pads of cotton-wool may also be used with advantage. In speaking of the mode of curing bed-sores, already formed, let me remind you to continue your preventive treatment just as if there were none, lest they come in other parts.

During the sloughing there is nothing better than a poultice of equal parts of linseed and bread and enough charcoal to have a deodorising effect. Carrot and turnip poultices are also deodorizing, but they are not so good as the first. The poultice is best spread on ordinary tow. When spread on linen, etc., folds are liable to form, and if the patient is on these they promote the bed-sore. When slough begins to separate the resin or other stimulating ointment should be spread on the surface of the poultice.

When the slough has separated the sore should be dressed with resin ointment or Peruvian balsam, or equal parts of these in the following manner: little bits of cotton wool should be slightly spread with the ointment, and put into the sore until it is quite full. They thus make an equally soft surface for the sore. These are the chief local means for curing bed-sores. As regards internal treatment, don't stimulate. Let the diet be gentle but good; plenty of milk and bread; little or no meat, and a small quantity of wine.—*The Students' Journal*, May 10, 1873.

UNIVERSITY OF PENNSYLVANIA.

Service of Prof. Agnew.

[REPORTED BY DE FOREST WILLARD, M.D.]

Phimosis.

GENTLEMEN:—The child, six years of age, now before you is suffering from a contracted condition of the orifice of the prepuce, which is known as phimo-

sis. Now, as you all know, the glands in a male child is normally covered by the foreskin, but can be easily exposed if desired: in phimosis the orifice is so narrowed that this can be done only with difficulty or not at all. In these cases the prepuce is also elongated, either from birth or by the manipulations of the child, due to the constant irritation. If the opening be of three-quarter size no serious inconvenience may arise for years, but in the majority of cases, and in all where the orifice is small, the obstruction to the exit of urine will, sooner or later, lead to irritation of the glands and finally to balanoposthitis, this result being also contributed to by the constant accumulation of caseous material about the corona from the glands of Tyson.

Other grave results of this mechanical obstruction are seen in the various forms of urethral and vesical irritation, frequent micturition, nocturnal incontinence, retention, and even epileptiform attacks, in fact, the existence of a stone in the bladder is often suspected. The diagnosis can be easily determined by a sound, and by the removal of the offending prepuce, after which all the unpleasant symptoms quickly subside, if not already of too long standing. The cases in which the most serious irritation arises are those in which the mucous covering of the glands is adherent to the under surface of the prepuce.

That a narrow foreskin is compatible with perfect health of the genital organs is instanced by numerous examples, but when any irritation of the urinary tract occurs it is always advisable to remove the preputial tissues, especially if they are hypertrophied or indurated.

If this condition continues to adult life, and the man indulges in promiscuous intercourse, he not only runs a much greater risk of contracting disease, but he is liable to have such disease in an aggravated form, while at the same time it becomes less amenable to treatment, owing to its concealed character.

The observance of the religious rite of circumcision among the Hebrews undoubtedly renders them more cleanly and less liable to venereal contagion (*vide Medical Times and Gazette*, Dec. 1st. 1865.)

In congenital phimosis the contraction of the mucous portion may be sufficient to even retard the proper growth of the glans.

When the orifice is extremely small it might also interfere with the exit of semen to such an extent as to prevent conception, the erection subsiding before escape could occur.

Acquired phimosis is the result of an enlargement of the glands or a contraction of the prepuce, usually dependent upon venereal inflammation of some form. Such a condition occurring in an already phimosed organ renders treatment exceedingly inconvenient and is often productive of extensive loss of tissue by sloughing. When a chancre exists beneath an inflammatively phimosed prepuce it is unadvisable to operate unless imperatively demanded, since inoculation of the cut edges is likely to occur; an accident however, which would only require a cauterization of the edges with nitric acid. In such cases every attempt should be made

to reduce the endurance and swelling by cold applications, stuffing the cavity with lint saturated with sol. arg. nitr. frequent washings, dilatation by sponge-tents, etc. When the inflammatory supersedes the congenital form, however an operation will usually be required.

The treatment for simple phimosis will depend upon its degree.

In the case before us we find that the mechanical obstruction has begun already to render the glands very irritable, and the boy is subject to nocturnal incontinence of urine. We will therefore perform the operation of circumcision, since his prepuce is not only narrowed, but is very redundant.

The operation is best done by drawing the skin well forward, grasping it just in front of the glans with an ordinary pair of long forceps, or with the fenestrated forceps of Ricord, and then removing all the structures in front by one stroke of a bistoury. The forceps should be applied diagonally from below upwards and backwards, in order that the frænum be left undivided. The mucous surface of the prepuce is next slit up along the dorsum, and the ensuing flaps trimmed away until only a rim of the structure remains encircling the sulcus behind the corona. The skin and mucous membrane are now to be united by four or five points of silk interrupted suture, and a simple cold-water dressing applied. If the glands and prepuce are adherent, they must be forcibly separated with the director. The artery of the frænum will usually require ligature; any others may be transfixed by the sutures.

The operation as performed by the Hebrew priests differs from this only in that the mucous membrane is torn up and no sutures are used, a roll of lint being simply wound around the penis behind the glans. I understand that it is seldom or never attended with serious or even troublesome results, union ordinarily taking place in a few days.

When the phimosis is acquired and the prepuce is thickened, it is better to slit it up along the dorsum and then trim off the resulting flaps or angles especially in the mucous membrane, so that the cut surfaces may be brought nicely in apposition. The practice of slitting up the foreskin without paring the corners should never be sanctioned, as healing takes place only to leave large pendulous flaps or "dog ears" which detract greatly from the appearance of the organ.

As the mucous surface is the one at fault, it has been proposed that it should be forcibly ruptured by withdrawing the widespread blades of a pair of insorted forceps.

I have found *gradual dilatation* of much service when a chancre is concealed beneath a moderately tight prepuce. This may be accomplished by forcep blades or sponge-tents.

Nocturnal Incontinence.

The next patient is a boy seven years of age, whose mother complains that she finds it impossible to break him of the habit of wetting the bed each night. This is an affection which is quite common among chil-

dren, and is an exceedingly unpleasant one. It is frequently the result of negligence of habit, but it may be a symptom resulting from piles, prolapse of the rectum, intestinal worms, phimosis, cystitis, calculus, etc. It is most common among scrofulous children, but is sometimes met with in the robust and hearty. When not the result of habit, it shows either an irritability or want of tonicity in the sphincter muscle at the neck of the bladder, or that it is sympathetic. Our first effort, then, should always be to search for the cause, and in this case I inquire closely in regard to all the above-mentioned causes, but am not able to discover from this hasty examination that any one of them is in operation. He has no phimosis, or hemorrhoids, or worms.

What is the treatment? First, removal of the cause and education. The child should be permitted to eat only a light supper, with but little liquid, and should be roused two or three times during the night and compelled to evacuate his bladder. When the habit seems to result from indifference to personal cleanliness a judiciously inspired fear of "birch" may be of service.

Medicinally our efforts should be directed at the cause, but if this cannot be obtained much benefit will be derived from belladonna, administered in conjunction with the bicarbonate of soda. Three drops of the tincture may be given with five grs soda frequently during the afternoon and evening. Hydrate of chloral, in full doses, and various other remedies are often used.

If anæmic the patient should take during the day, iron, quinine, strychnia, cantharides, etc., cold bathing and hygienic remedies be superadded, and cleanliness enforced.

Belladonna, however, exercises the most prompt influence over the disease, and if the drug be good will almost always relieve. In extreme cases it is recommended to obtund the sensibility of the neck of the bladder by applying to it a strong sol. arg. nit, but I believe such a procedure unnecessary, those cases which are called "obstinate ones" being due to some special cause, which it is the duty of the physician to discover. In girls it is more common, and may continue even to adult life. In adult *incontinence* is really but indicative of *retention* and *overflow*, and I have seen many patients brought near to death's door, suffering intensely from a full bladder when physicians of eminence in attendance had believed the bladder entirely empty and had carelessly neglected to introduce a catheter. I recall one case also, in which an "abdominal tumor," which had been treated for months, and which was accompanied by this symptom, was relieved effectually by the introduction of a catheter into the bladder, no less than twenty-nine pints being drawn off within the next three days. Always then, in the adult, use a catheter whenever you find incontinence. *Never fail to do it.* There may be cases of paralysis, or of peculiar prostatic enlargement, but the catheter is always the best test.

In hysterical females incontinence is not uncommon but it is inadvisable to use the catheter with them.

The urine will flow before the bladder bursts, especially if a warm or cold douche be used.

THE INJECTION OF PERCHLORIDE OF IRON IN PUERPERAL HEMORRHAGE.

By A. B. STEELE, L.K.Q.C.P.

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When the injection of a powerful styptic into the uterus as a means of controlling post-partum hemorrhage was first suggested in the pages of the *British Medical Journal* in 1869,* I ventured to express my fear that the somewhat unqualified advocacy of this novel treatment was calculated "to mislead the inexperienced practitioner, and to divert his attention from those measures which are founded upon physiological data, and upon the accumulated experience of obstetricians since the time of William Hunter," and further "that the only efficient means of controlling uterine hemorrhage is to secure uterine contraction; and that local styptics, so useful in some forms of non-uterine hemorrhage, are as a general rule inapplicable to uterine hemorrhage."

Dr. Barnes at that time stated his belief that the intra-uterine injection of perchloride of iron to arrest post-partum hemorrhage was "one of the most valuable improvements ever introduced into the practice of midwifery." An expression of opinion so strong and from so high an authority impressed me strongly, in spite of my theoretical objections, and I finally resolved to put the plan to the test of practical experience on the first opportunity.

As I am now in a position to speak from bedside observation, and finding from recent discussions that the treatment in question is still *sub judice*, I feel bound to contribute my quota to the settlement of so important a question in obstetric practice.

A circumstance which more immediately determined my adoption of this mode of treatment was the accident of my listening to a graphic description of a case by Dr. Williams of Wrexham, given at a meeting of the North Wales Branch of the British Medical Association, held last summer at Bala, at which I had the good fortune to be present. A lady who had been attended by Dr. Williams in several labours invariably suffered from post-partum hemorrhage to a degree which caused much anxiety for her immediate safety, and rendered each approaching confinement a source of dread to herself and her friends. On the occasion of her last confinement, Dr. Williams determined to try the effect of the iron injection as recommended by Dr. Barnes, and accordingly this was done immediately after the expulsion of the placenta and before hemorrhage had commenced. No sooner was the operation completed than the patient, notwithstanding her usual dread of impending hemorrhage, at once exclaimed, "I am better now, and I know I shall have no bleeding this time;" and such proved to be the case, and her re-

* *Brit. Med. Journ.*, 1869, vol. i. pp. 327, 388, 504; vol. ii. p. 102.

covery was excellent. This case impressed me so strongly that I resolved to adopt the plan on the first suitable occasion, which shortly after presented itself in the following case:—

A patient of my own, nearly forty years of age, of tender, delicate frame, deficient muscular tone and energy, large dilated veins, and the subject of hemorrhoids, which in the latter months of pregnancy became so aggravated as to necessitate their removal by the clamp and cautery, was taken in labour for the second time. Her first confinement, a year previous, was protracted and difficult from uterine and general inertia, rendering forceps delivery necessary, extraction not being effected without long and forcible traction; hemorrhage ensued, which was controlled by the ordinary measures, but a subsequent draining of blood continued, which, although not excessive in quantity, was nevertheless a source of much anxiety in her already exhausted condition. She, however ultimately recovered after a tedious and troublesome puerperal period. The child was born alive, but died in a few weeks from diarrhoea and atrophy consequent upon loss of breast milk and general debility.

The second labour was almost as difficult and protracted as the first; she was delivered after long traction with the forceps of a fine living female child. Hemorrhage again set in immediately after the completion of labour. I at once injected a solution of iron, one part of liq. ferri perchloridi fortior. to four of water, which in a few minutes completely controlled all bleeding, and caused firm general contraction of the uterus, contrasting favourably with the imperfect and unreliable contraction so common under these circumstances; and which on the former occasion rendered her condition critical for a considerable time. Her recovery, although complicated by constitutional delicacy and feebleness, was nevertheless much more favourable than in her first confinement, and the child lived and thrived well.

The following case, which occurred shortly after that just related, is even more specially illustrative of the value of the iron injection, not only in puerperal hemorrhage, but also in the hemorrhages of abortion.

A patient about twenty-five years of age, a fair, delicate-looking woman, the mother of one child, first consulted me for a constant, and at times profuse loss of blood, which had lasted for many weeks, after an abortion at the fourth month. I opened up the cervix with tents and swabbed the uterine cavity freely with the undiluted liq. ferri perch. fortior.; after two applications all bleeding ceased, and in a short time she was quite well. About a year later I was called to see her in consultation with her medical attendant, in consequence of post-partum hemorrhage of a formidable character, which had come on about an hour after the completion of labour, and had already caused great depression, approaching to collapse. The bleeding was promptly checked by compression, cold cloths, and the other ordinary means, but reaction was slow in taking place; the patient remained for some hours in a feeble, excited state, with delirium and other symptoms of constitutional disturbance, which required close watching for two or three days. She recovered slowly but completely.

In about twelve months after this she was again taken in labour, and I saw her as soon as the pains set in. Her labour was easy and somewhat rapid. Every precaution in anticipation of flooding was adopted: a full dose of ergot just before the expulsion of the head, careful compression of uterus with the hand throughout and subsequent to the expulsive stage, compress and binder, and so on. For a short time after delivery all went on well, and I left the room, but was soon recalled by the nurse, as the patient told her "there was a good deal coming away." I at once recognised the effects of hemorrhage in her pallid lips and faint condition, and found a large quantity of coagula in the bed and in the vagina, from whence fluid blood was still flowing. The uterus, although not entirely flaccid, was doughy, and did not readily respond to compression. I hastily prepared a strong solution of the solid perchloride (which fortunately I had brought with me), and having cleared the uterus and vagina from clots, during which process I could feel the warm stream still flowing, I threw up about a quart of the fluid which at once checked the bleeding, and in a few minutes the uterus, and especially the os, was firmly contracted. No further bleeding nor any untoward symptoms followed, and the patient made a better and quicker recovery than she had ever done on former occasions. In each of these cases the patients themselves appeared to appreciate the beneficial effects of the iron injection, and to acquire a feeling of confidence in its power to control the bleeding in a few minutes after its application; a sense of security which, while encouraging to the accoucheur, is not without its beneficial emotional effect upon the patient. I have used the iron in a few other instances, not so typical nor so interesting as to deserve record here; but in all the result has been satisfactory, and unattended by any appreciable after consequences of a disagreeable nature.

I therefore assume from my own experience as well as from that of others that this mode of treating puerperal hemorrhage is both safe and reliable, and under certain circumstances not only justifiable but strongly indicated as one of the most effectual means of rescuing a patient from imminent death.

I am disposed to believe that the action of the iron injection depends not so much upon its direct styptic or hemostatic effect, as upon its influence as a reflex excitator of the incident nerves of the walls of the uterus, and also by directly arousing the peristaltic action of that organ upon which the more powerful muscular actions are as it were based.

One class of cases to which the use of this powerful astringent appears specially adapted are those not uncommon and most troublesome forms of flooding which might be called recurring hemorrhage, where the uterus alternately contracts and relaxes, and where it is difficult to determine when the patient can be pronounced free from risk of further bleeding. Instead of being obliged to grasp the uterus for an hour or two, and feeling afraid to leave the patient perhaps for many hours, the use of the iron at once removes all doubt and difficulty, by inducing firm and permanent contraction.

With regard to the objections which have been raised to the use of the iron injection in flooding, I am not yet convinced that these are to be conceded as sufficiently established by observation to give them weight against the proved safety and efficacy of the treatment when judiciously applied. It has been said that the perchloride acts so powerfully on the walls of the uterus as to leave a layer of dead tissue of some thickness, which is liable to give rise to septicæmia. I am not aware that this has been proved by actual observation; it appears to me improbable when the antiseptic property of the solution is considered.

The few reported fatal cases in which the injection had been employed, are not to my mind conclusive evidences of its supposed ill effects.

Deaths from septicæmia and other puerperal complications following profuse flooding were sufficiently frequent before the treatment in question was adopted to render it at least doubtful whether the mortality has not been due to other causes than the use of the injection. Granting, however, that in this as in some other powerful remedies employed in circumstances of great and immediate danger to life, there may be a certain possible contingent risk of subsequent mischief, it then becomes a question whether we shall allow a patient to bleed to death before our eyes rather than employ means which we feel confident will rescue her from impending death, although they may subject her to possible future risk.

The mode of applying the remedy has been so fully and accurately described by Dr. Barnes as to render it unnecessary to add anything on that point. It may be well, however, to repeat one condition insisted upon by him, which if neglected will probably cause failure. Before injecting the fluid into the uterus, all coagula or remaining portions of placenta structure must be carefully removed.

A woman was brought into the hospital literally bleeding to death after an abortion at the fourth month. I opened up the cervix with tents and freely swabbed (I never inject the non-pregnant or immature parturient uterus) out the cavity with the undiluted liq. ferri perchloridi, but the bleeding, so far from ceasing, appeared to flow more freely than ever. As a last resource I introduced a finger up to the fundus and with infinite difficulty scraped off a minute particle of placenta structure, after which the hemorrhage ceased and the patient slowly but completely recovered.—*London Obstetrical Journal*.

THE EMPLOYMENT OF ERGOT IN CANCER.

In the *Obstetrical Journal*, for May, there is a report of D. Milne's exposition of the treatment of uterine cancer.

Dr. Milne referred to the caustic plan of treatment. He said that one of the foremost advantages of the method was the lesser tendency to a recurrence. Zandolphi and others had amply attested this. As regards the cause of this success, he thought it was owing to the caustic possessing, in addition to its corrosive property, an alterative and eclectic influence. Nitric acid and nitrate of silver are beneficial

in chancre; they destroy the morbid part, and induce a healing sore. In like manner it is reasonable to suppose that certain powerful caustics may operate similarly in the case of a cancerous ulcer, not only severing the morbid part, but promoting a healthy cicatrix behind. Then they may penetrate and search out and destroy those deeper morbid cells which are removed some way from the parent tumor and which insure its recurrence. It was far from contended, even if certain kinds of caustics possessed the eclectic power, that they would invariably succeed in affecting a cure; for just as there had been recurrence after the spontaneous sphacelus of a malignant tumor, so would there be after the destruction effected by escharotics; but it was maintained that recurrence was rarer than by the method of excision. The caustics recommended by Dr. Milne were the chloride of zinc, the dried sulphate of zinc, and the nitrate of copper; and the cases suitable were all those of encephaloid, carcinoma, and epithelioma, where the cervix only was involved. Although one would not perform excision unless there was only a small portion of the cervix attacked by the growth (and indeed many surgeons refuse to operate unless in cauliflower excrescence of limited extent), with benefit, when the disease was much more extensive, and for the following reasons:—First, the caustic does not excite peritonitis like the knife, while it corrodes its way upward beyond the remotest part practicable by excision. Secondly, there is no drawing down of the uterus required, with its risks of collapse, etc. As regards the mode of application of the caustics, the dried sulphate of zinc was to be first used, being applied to the cervix pretty freely through the speculum, the vagina being immediately thereafter plugged with cotton wool tipped at the uterine end with a little olive oil. This was to be applied until a slough came away, after which the cervix was to be injected with a saturated solution of nitrate of copper. This was done in order to attack any morbid cells lying beyond the sore from which the slough had separated. We might witness a healthy-looking sore after separation of the slough, but we were not to fold our arms and lapse into an easy contentment; for underneath the pretty-looking surface there might lurk the microscopic cells, sure guaranty of a fresh growth. No caustics seemed better adapted to elect, attack, and destroy these than nitrate of copper.

In reference to the function of ergot given internally in cancer, Dr. Milne observed that it had usually been administered, and with benefit, as a hemostatic; but he believed it had another effect, it led to the atrophy of the uterus. This was an original observation, which he claimed to have been the first to make. If it had the effect, and the author was convinced that it had, then its therapeutic power was greater than had been previously imagined, and could not but be viewed as of great value in uterine cancer. It was not only important to diminish the afflux of blood to the uterus, and thereby combat uterine congestion, a congestion present in malignant disease, but it was no less so to induce

uterine atrophy. This atrophy was natural after the change of life, at which period cancer advanced more slowly; and if he could antedate it, it would be reasonable to suppose that the progress of the dire disease would be retarded. In point of fact he had found such to be the case. The ergot, he said, should be given for a protracted period, intermitting it occasionally, if any of the bad results named in books appeared. He had never found such, however. Dr. Milne, in conclusion, related his experience of the ergot and escharotic form of treatment. He had cured two cases of cauliflower excrescence, and in three medullary ones he had retarded the disease at least. In one of these he thought a permanent cure would be effected, while as regards the others there had been a diminution of pain, of bleeding, and of offensive discharge. These latter, moreover, would fail to kill so soon as under the old plan of treatment. Even though this latter result, viz., a postponing of the period of dissolution, was all that could be achieved, it was yet worthy of our most devoted efforts. The great drawback in uterine cancer was the late period at which it came under professional notice. Usually the whole cervix and contiguous parts were involved, and every form of treatment was thus debarred. But let it be seen when limited to a part only of the cervix, and there was every hope that the ergot and caustic treatment would frequently cure, and often mitigate the more distressing symptoms while postponing death.

DIGITALIS IN ACUTE DISEASES.

At a meeting of the College of Physicians, of Ireland, Dr. James Little read a paper on the use of digitalis in the failing heart, and delirium of acute diseases. Having referred to the researches of Stokes and Corrigan as to the condition of the heart in fever, and to the use of stimulants in that disease, he spoke of the employment of digitalis in cases where stimulants were either not well borne or were actually contraindicated. They might disagree with the brain, and give rise to a train of cerebral symptoms; or from previous over-indulgences the patient might not be able to bear them; or in the presence of renal mischief their use would generally be altogether contraindicated. Under circumstances such as these the author had employed digitalis in more than twenty cases, including six of typhus, one of rheumatic fever, and the remainder of enteric fever. The preparation used was the tincture, given in half-drachm doses every three or four hours, and rarely every hour. The administration of the remedy was discontinued after the pulse had fallen to 80, and except in one case the action of the drug was supplemented by wine or brandy, given in cordial or stomachic doses. In one case of rheumatic fever, digitalis was used alone. The patient, a merchant, aged 32, had symptoms of a rheumatic attack towards the close of last October. Six months previously he had suffered from severe dyspepsia, with much cerebral disturbance. On October 26th, he remained in bed, the heart was very weak, and the temperature was 102°. Tincture of the perchloride of iron was given in twenty minim

doses every fourth hour. Four days later, signs of commencing cardiac complication appeared. The evening temperature on November 6th, was 103.6°, the highest during his illness. On November 11th, he was delirious at night, and on November 18th, he had been one hundred hours without sleep, his pulse was feeble (100 per minute), and the first sound of the heart was absent. As stimulants could not be borne, half-drachm doses of tincture of digitalis were given every hour. After eight doses, the patient fell asleep. Nausea having afterwards set in, the tincture was withheld, and one-eightieth of a grain of atropia, one-fourth of a grain of digitaline, and a fourth of a grain of morphia were injected hypodermically. The patient did well. The Chairman expressed his deep sense of the value of Dr. Little's communication, and alluded to the novelty of the application of digitalis in functional affections of the heart. Dr. Hayden could not but look upon digitalis as a cardiac tonic, the "opium of the heart," as it had been termed. He recalled the practice of Mr. Jones, of Jersey, who used the drug freely in delirium tremens. Dr. Hayden generally gave ten minims of the tincture, in combination with perchloride of iron and spirit of chloroform. He believed that digitalis was useful only when it acted on the kidneys. It was of great advantage in fatty heart with dilatation of the cardiac chambers. Dr. Grimshaw had used digitalis six years ago in a case of acute rheumatism with nervous symptoms, similar to the one described by Dr. Little. The patient was delirious except when under the influence of full doses of digitalis (given twice or thrice a day). The heart was very weak. In a subsequent attack digitalis failed, while brandy succeeded; the disease, however, assumed the character of pyæmic rheumatism, and the patient died. He believed the infusion to be the most reliable preparation of the drug. Large doses were especially dangerous in delirium tremens, and in all instances caution was necessary. He had used strychnia with much success as a cardiac tonic in fever. Dr. H. Kennedy relied most on powdered digitalis. The drug had long since been employed in maniacal cases. He considered that, in order to test its efficacy in a satisfactory way, the remedy should be given alone. Vomiting was a dangerous symptom. Dr. W. G. Smith dwelt on the importance of the class of cardiac remedies, and remarked on the inutility of experiments on the lower animals apart from clinical observation and experiments. Digitalis was proved to be a direct cardiac stimulant. The question of tolerance of the drug turned on the value of the preparation employed. The active principle, digitaline, had recently been isolated in France as a crystalline substance, very unlike the amorphous powder at present in use, and which was of most uncertain strength.—*The Medical and Surgical Reporter. Philadelphia.*

CITRATE OF IRON AND BISMUTH A NEW REMEDY FOR DYSPEPSIA.

Although I call this preparation new, it has been used for several years in the public hospitals and dispensaries of this city, and also in private practice,

and has acquired the reputation of being one of the most prompt and valuable remedies at present known for gastric disturbances, depending upon an abnormal or defective digestion generally, and particularly so for the gastric intolerance of consumptive patients. Its action is often so prompt that one full dose has in many instances afforded immediate relief.

Being requested some years ago to devise a liquid preparation containing Bismuth and Iron (at that time intended for use in some other complaints), I finally, after various trials, adopted the following formula, which I have followed ever since:

Take of Citrate of Bismuth, Ammonio-Citrate of Iron, each 320 grs.; Water of Ammonia, Water, each a sufficient quantity.

With four ounces of Water rub the Citrate of Bismuth into a smooth paste; gradually add Water of Ammonia until solution takes place, being very careful not to have an excess of Ammonia. Now add the Ammonio-Citrate of Iron and some more water; dissolve, filter, and wash the filter with enough water to make the solution measure one pint.

This solution, if intended to be long kept, may be partly made up with Glycerin, although I cannot speak from experience whether it is so well borne on the stomach. A more useful addition, however, is good sherry wine, of which there may be used ten fluid ounces, (or perhaps more), in place of so much water.

The above solution is prescribed under the name of *Liquor Ferri et Bismuthi Citratis*, and contains in one fluid-drachm two and a half grains each of Citrate of Bismuth and Ammonio-Citrate of Iron. The dose is from one to two fluid-drachms, half an hour before meals, or—when required, after meals.

It is, of course, no true double salt, chemically speaking, but only a mixture of Ammonio-Citrate of Bismuth and Ammonio-Citrate of Iron; and, although a true double salt containing those elements might perhaps be prepared, I doubt whether it could have any better effects.

The solution may also be prepared of a concentrated state, and spread upon plates of glass to dry, yielding exceedingly handsome scales of a golden-brown color, which must be protected from the light, and five grains of which are equal to one fluid-drachm of the Solution.—*American Journal of Pharmacy.*

TREATMENT OF DYSMENORRŒA.

Chas. R. Drysdale, M.D., M.R.C.P., furnishes a paper on this subject to the *Medical Press and Circular*, from which we extract the following:

Painful menstruation is supposed to arise from three main causes—neuralgia, congestion, and mechanical stoppage to the outflow of the blood. In neuralgic dysmenorrhœa, hot baths of half an hour are very useful, conjoined with rest in a warm bed, or sofa; and ethereal draughts, (such as twenty drops of spiritus ætheris compositus, with twenty of spirits of chloroform in an ounce of camphor julep), or sal volatile may be used; or sumbul, in doses of three grains or hyoscyamus in doses of five grains of the extract, Indian hemp, or the inhalation of chloro-

form or ether, are rather heroic remedies. Morphia may be taken in half grain doses, either by the stomach, or better still, as a suppository. M. Bernutz, of Paris, praises the extract of hemlock in dysmenorrhœa. The root freshly powdered may be given in doses of four grains, or the succus conii may be used. Bromide of Potassium has been much praised by Raciborski, in doses of from five to ten grains. Lupulin is often used, in doses of four grains.

In cases of congestive dysmenorrhœa the application of leeches to the cervix uteri is often useful. Four or five leeches, put up to the cervix uteri by means of a glass speculum, are all that are requisite; or the uterus may be scarified by a long knife, just as is done in ophthalmia neonatorum. Hot-water bottles (those of galvanized India-rubber are the best) may be laid over the hypogastrium, and the bowels kept free by enemata, or doses of Epsom salts. As to the rare cases of extremely small os uteri, these are usually accompanied by an undeveloped condition of the uterus.

To assert, as Dr. Marion Sims does, that the treatment of the majority of the uterine diseases should be surgical, seems to the author to be absurd in the highest degree. According to that gentleman, who advises incision of the cervix more than even Dr. Simpson or Mr. Spencer Wells, this operation produces surprising and salutary effects in dysmenorrhœa, which, in his eye, is always mechanical. Incision may give rise to fatal hemorrhage, according to Dr. Kidd, in the Dublin Obstetrical Society, 1866. And Dr. Gream, of London, says that the division of the cervix sometimes brings on either a consecutive relaxation, which is prejudicial to gestation, or a scar. Dr. Barnes, in cases of conical cervix, divides the external os uteri, whereas Drs. Greenhalgh and Routh say that in the great majority of cases, the stricture is at the internal os uteri.

In France and in Germany there are but few who agree with the practice of Sims, Greenhalgh, and Routh, in this point. The uterus may suffer terribly from these heroic practices, and abscess, in the pelvic cavity may arise from them, according to West and others.

The introduction of the uterine sound, or of various sizes of sounds, may sometimes do much good in mechanical dysmenorrhœa, and the use of tents of laminaria digitata is often indicated, until the uterus is large enough to let enter a sound of the size of a No. 9 catheter.

The hysterotomes of Simpson, Greenhalgh, or Mathieu, are only required in cases of cicatrix after laborious confinements.—*Half-Yearly Abstract of the Medical Sciences.*

TREATMENT OF PNEUMONIA.

Notes by CHARLES R. DRYSDALE, M.D., M.R. C.P.

Senior Physician to the Metropolitan Free Hospital.

The treatment of pneumonia varies a great deal, each case must be considered carefully on its own merits. Age is the most important point to be con-

sidered. Children and old persons very frequently die, however treated; and hence, it is chiefly in young adults that any great latitude is permissible in trying experiments in treatment. Such patients are often treated by "expectation" by physicians of modern times, and allowed to go on with attention to the general rules of hygiene, such as simplicity in diet, plenty of fresh cool air, &c.

With regard to the use of bleeding in the pneumonia of young adults, it would seem that statistics are as favourable to this mode of treatment as to any other. But statistics group together all sorts of cases, and are, therefore, apt to lead in the end to complete scepticism and expectant practice. Physicians who formerly bled in cases of pneumonia, proposed, firstly to diminish the quantity of the blood for a time. Such bleedings sometimes seem to have done service in the first stage of pneumonia, whilst the crepitating r le is heard, and M. Bouillaud used to say, that we might thus "strangle the pneumonia at its birth." But in strangling the disease it was possible also to injure the patient, for the bleedings he practised often produced serious prostration, and favoured the onset of the stage of red hepatisation of the lung.

The more bleedings that are made the more does the fibrine in the blood increase, since the proportion of blood globules keeps alway diminishing.

It was said that, by blood-letting, the temperature of the body was lowered, and the heart's action lessened. This is all true, but the good result does not last. The pulse, feeble at ten in the morning, after a bleeding, rises at noon. And to effect the end, we should require to draw blood every four hours. The inflammation of the lungs is a multiplication of cells and a proliferation of the tissue of the lungs, a process of new formation of cells. Bleeding can do nothing against this. Resorption cannot ensue until the exudation has become fatty and granular, that is, demi-liquid, which takes place only on the sixth or ninth day.

So that bleeding is useless, except in the first days of pneumonia, when the crepitating r le is present; after this time it produces only anæmia.

Slight blood-letting sometimes diminishes the dyspnoea in pneumonia, and sometimes softens the pulse in sthenic cases. It should not be used in the delirium of pneumonic patients; for, as Dr. Magnus Huss has shown, such cases of delirious pneumonia occur usually in drinkers, or in the aged. "Bleeding" (says Van Swieten) "kills drinkers". Children should not be bled, for expectant treatment does best in their case; and, if bled, children may be rendered anæmic for long. Old persons, again, should not be bled. The inhabitants of towns are rather paler than countrymen; but bleeding suits neither citizens nor country people. Country people are often reddened by the sun, and also by alcohol, and bleeding soon exhausts their strength as well as that of townsmen.

Perhaps, then, the true treatment of pneumonia, even of the most sthenic form, consists in low diet, cold fresh air, frequently renewed; and for drugs, the use of small doses of tartarised antimony in fit cases. Whether hot fomentations or cold applications (ice to the part affected) should be used is not,

perhaps, quite clear. The former are less formidable, and often do great good in relieving the dyspnoea. The wet sheet will reduce the temperature sometimes from 104° F. to 102°, and gives great relief in fit cases. Alcohol is of no service in pneumonia, or in fevers which, when treated carefully by attention to temperature food and plenty of cool air, do, usually, very well indeed; unless, indeed, in worn-out and aged persons, in whom pneumonia is often from the first clearly destined to end fatally, or in young children when the fever runs very high.—*Dublin Medical Press.*

IN-FLESHED TOE-NAIL.

In the *Boston Medical and Surgical Journal*, Dr. B. E. Cutting describes a new operation for the relief of this distressing condition. His operation certainly has the advantage of being less painful and cruel than those ordinarily employed, while it leaves an entire nail to perform its intended function.

It consists in removing, with the knife, by a single stroke, all the diseased parts, together with quite a large piece of the sound flesh, skin deep, from the side of the toe—sometimes making an open wound of, say, nearly an inch long by half or three-fourths of an inch wide. No portion of the nail need be removed; but if, in order to fully secure all the diseased flesh, overlapping or undergrowing, a segment of the nail is involved in the cut, no harm comes of it. The result is quite as good, perhaps better.

By this operation, in the first place, all the diseased parts are removed at once, and a clean, healthy wound substituted; to be treated as any other open freshly-cut wound, and to be allowed to heal as soon as possible by granulation. Generally the healing is rapid, and without interruption.

In the second place—and this is the principle on which success depends—as the comparatively large and superficial wound heals (a cicatrix being always much less in size than the original wound) there is a contraction of the parts, and a drawing-in of the skin towards the centre from all sides, including, of course, that near the nail; so that when the wound is healed there is nothing left in the way for the nail to impinge upon in its subsequent normal growth. The shape, also, of the toe itself is usually much improved by the operation.

Thus, as may be seen, the operation is a very simple one; but it differs from all others hitherto described, in itself, and in the principle on which it is founded—that of cicatricial contraction. That it is effective may be inferred from the fact that after many trials, during twenty or more years, no case of failure has yet occurred; at least no patient has yet returned to complain of its want of success. Recurrence after other procedures is common enough. This operation has been repeatedly and completely successful when the usual methods, scraping, paring, compressing, packing with lint, uplifting or separating the nail from the flesh by metallic or other substances, removal of "fungous," "callous," or other formations by caustic or the knife, evulsion of part of the nail at the side, or of the whole of it—the last,

“the only method really serviceable” (Erichsen), a “barbarous practice” (Gross)—and other measures of more or less “cruelty,” had been tried in vain.

TREATMENT OF NERVOUS APHONIA AND CHRONIC PHARYNGITIS.

Dr. MANDL, in his “*Traité Pratique des Maladies du Larynx et du Pharynx*,” quoted in the *Dublin Journal of Medical Science*, April, 1873, notes as an important clinical fact, that an essential nervous aphonia, viz., bilateral dynamic paralysis of the tensors of the vocal cords (crico-thyroideans) may perhaps be in young girls the precursor of a tubercular inflammation which declares itself later. The return of the voice on the application of electricity is not an absolute security. It is in such cases especially that it is necessary to abstain, according to Trousseau, from the employment of ferruginous preparations, which determine a sanguineous plethora by no means devoid of serious inconveniences in individuals predisposed to hæmoptysis and to tubercularization.

For a long time Dr. Mandl also has prescribed the use of iron in chronic laryngitis and pharyngitis, as the plethora consecutive to its administrations into local hyperæmia; consequently, chronic phlegmasias are more often kept up by it than amended.

That particularly troublesome complaint known as granular (follicular) pharyngitis, or clergymen's sore-throat—generally chronic in its nature, and, though often temporarily relieved, apt to relapse—Dr. Mandl has succeeded in curing, by painting the granulation twice a day, with a solution composed of one part of metallic iodine and one of carbolic acid, dissolved, by means of iodide of potassium, in one hundred parts of glycerine. If irritation supervene, the application is less frequently applied or superseded for a time. The largest granulations are first scarified, and then touched with the glycerole, but in a more concentrated form, and in variable proportions, according to the degree of the affection. This local treatment alone is, he believes, sufficient to radically cure the disease independently of any supposed diathesis. Dr. Mandl may probably have been led to adopt this mode of treatment from Dr. Hastings, who recommended the application to the “mucous crypts which had previously resisted the remedial effects of nitrate of silver,” of a “saturated solution of iodine in rectified spirit.”

OXIDE OF ZINC IN THE DIARRHŒA OF INFANTS AND YOUNG CHILDREN.

Dr. Brakenridge, of Edinburgh, whose experience is very extensive, and who has employed all the remedies in use for infantile diarrhœa, gives the preference to the oxide of zinc. He says 1. Diarrhœa in these cases arises from a condition of debility and great susceptibility of the nervous centres, which prevent proper secretion from the alimentary tract. 2. It is intimately associated with convulsions and convulsive affections. 3. It is accompanied by congestion of the secreting surface of the digestive passages.

To meet these conditions requires a remedy which

is at once tonic, antispasmodic, and astringent. These properties he believes to be united in the oxide of zinc. It is a tonic for the nervous system, just as iron is for the blood. As an antispasmodic and astringent it has already gained a reputation founded on clinical experience. He has employed it in twelve cases, four of them girls and eight of them boys, and varying in age from four months to one and a half years. The form was usually that of the powder, but it was also given in a solution of gum-arabic, with a slight addition of glycerine. The general results observed were—1. That it moderated the diarrhœa quickly. 2. That vomiting stopped. 3. That digestion improved. 4. That intestinal hemorrhage was frequently arrested. 5. Teething was favored rather than otherwise. 6. That even where no change was made in diet, and the other conditions remained the same, the treatment progressed favorably. 7. When, however, diet and regimen were carefully regulated, success was more rapid and decided.—*Med. Times and Gazette*.

MORPHINE AND CIMICIFUGA RACEMOSA IN PUERPERAL CONVULSIONS.

Dr. C. R. Gilbert, Metamora, Fulton, Co., Ohio, communicates to us his experience with morphine and cimicifuga in puerperal convulsions, which experience is so gratifying as at once to commend itself to the profession.

He states that with these remedies he seldom, if ever, fails to control the convulsions whenever the system is placed under their influence, and expresses himself confident by reason of practical observations extended through several years, that ordinarily this course of treatment will prove efficient.

He gives the Morphine and Fluid Extract of Cimicifuga alternately, both in large quantities, and repeated *pro re nata* until the system be manifestly brought under their influence, and succeeds in arresting the convulsions in from one to two hours.—*Clinic*.

AN IMPROVED MEANS OF PLUGGING THE POSTERIOR NARES

Mr. A. GODRICH, M.R.C.S., writes to the *British Medical Journal*:—

I beg to submit to professional notice an instrument that I have had constructed for plugging the anterior and posterior nares in cases of epistaxis. I have long been struck by the unsatisfactory means at our disposal in dealing with such cases. There is, in the first place, owing to its large curve, no little difficulty in passing Bellocoq's sound, the point of the instrument often hitching, on the posterior edge of the floor of the nasal fossa. In the next place the adjustment of the posterior plug, requiring, as it does, the passing of the surgeon's finger into the fauces, not only causes much distress to the patient, but often entails a more or less severe bite on the operator, as I have found to my cost; and lastly, when the plug is in position, the string passing from it through the mouth causes so much irritation of the soft palate and fauces, that but few patients have the courage to submit to it.

The instrument consists of a small elastic bag stretched on the end of a hollow style, by means of which it is pushed through the nasal fossa into the pharynx.

It is then dilated with ice-cold water by means of the ordinary ear-syringe, the nozzle of which is inserted into a piece of India-rubber tubing tied to the other end of the style. A small piece of thread or twine tied round this prevents the water from escaping. The bag, thus dilated, is now to be drawn well forward into the posterior nares, into which, by its elasticity, it will accurately fit. The anterior India-rubber plug is next to be slid along the style (this is more easily done if the style be previously wetted) into the anterior nares, which it fits like a cork. The cohesion between this plug and the style will, I think, be sufficient to hold both plugs in position; if not, a piece of string tied round the style in front of the anterior plug will insure perfect security.

When it is necessary to remove the plug, all that the surgeon has to do is to cut the string tied round the piece of India-rubber tubing, when the water will be expelled by the elasticity of the bag, and the instrument may be removed without difficulty.

The instrument, even at its thickest end, where the elastic bag is stretched over the style, is not larger than a No. 6 catheter, and it can consequently be passed through the nasal fossa without the least difficulty, and with very little discomfort to the patient, as I have proved by frequently passing it through my own nose. The style being made of elastic material—in fact, a gum elastic catheter, and therefore capable of being bent to any curve required—also facilitates the introduction of the instrument. When once the instrument is in position, and quiet, it is almost impossible to tell by the sensations alone that there is any foreign body in the nasal fossa at all; the dilatation of the bag causing but little discomfort being above the sensitive soft palate and fauces.

SUCCESSFUL TRANSPLANTATION OF A RABBIT'S CONJUNCTIVA, AND ITS ADAPTATION TO THE HUMAN EYE.

J. R. Wolfe of Glasgow, reports the case of a foundryman, thirty-one years of age, where in consequence of a severe burn from a mass of red-hot iron, there had resulted in an extensive symblepharon, glueing the lid firmly to the ball, in such a position that its ciliary border covered the upper edge of the pupil. Six weeks after the injury, when the inflammation had entirely subsided, Dr. W. dissected the lower lid from its attachments to the ball, and, to prevent its re-adhering, sutured it on the raw surface thus produced, the conjunctiva which he then dissected from the eye of a rabbit. The animal was under the influence of chloroform, and the part selected was that covering the nictitating membrane. The eye was dressed with dry charpie and a compressive bandage. On the day following, the transplanted conjunctiva had a grayish aspect, and warm fomentations were ordered. On the second day the eye was swollen and very painful, but the conjunctiva had lost its gray hue and become vascular. On the

eight day, he was discharged, cured: the eye-ball freely movable, and the transplanted conjunctiva healthy and adherent throughout. A few days subsequently, an iridectomy was successfully performed at the upper, inner quadrant of the cornea, with the result of restoring him to useful eyesight. The patient was seen two months subsequently, and the condition of the eye was still entirely satisfactory. The author then gives a second, somewhat similar case, with equally favorable result.—*Glasgow Med. Jour.*, 1873.

TREATMENT OF PSORIASIS.

We observe in a recent number of the *British Medical Journal* that that leading dermatologist, Dr. Tilbury Fox, thinks that the treatment of psoriasis by arsenic internally, and tarry preparations, externally, is erroneous, and much too generally employed. For his own part, he has almost entirely given up this plan of treatment, except in certain chronic cases, and where there is a syphilitic taint, when he found Donovan's solution of great value. In all other cases, he relies mainly upon soothing applications locally, viz.: wet packing, alkaline and sitz baths, and oily preparations; and internally, remedies in accordance with the constitutional diathesis. This plan of treatment is especially successful in acute cases occurring in young children. Dr. Fox lays great stress upon psoriasis being treated on the same principles as other cases, with due regard to constitutional and other causes likely to affect and modify it.—*Medical and Surgical Reporter*.

HOPS AS AN EXTERNAL ANODYNE.—Enclose the hops in a bag, and subject it to the steam of boiling water, and apply as warm as can be borne. Dampening the hops *slightly* with a strong vinegar before steaming increases their anodyne virtues.

PILL FOR GASTRALGIA.—R. Sub. nitrate of bismuth, 3 ii.; ext. belladonna, gr. x. Make into forty pills, give one night and morning.

TREATMENT OF THE INFLAMED BREASTS OF NURSES.

The method here recommended is so simple that no one need hesitate to adopt it, provided he is called in before the mischief has reached a certain degree of development. It is well known that engorgements of the mammary glands are frequently caused by chapped nipple. The inflammation of the skin extends directly into the ducts, exudations take place by which some of the ducts are plugged up, the milk is pent in, and hence the engorgement. If now, in such a case the breast be surrounded with the hands, and pressure made in the direction of the nipple, a thin, transparent whitish vesicle is caused, by the milk accumulating behind the closed orifices of the ducts. It is necessary, then, to do this, and, having done it, the next thing is to prick the vesicle with a needle, to remove any epithelial scales which may be present, and to apply the infant. If time has not been lost unnecessarily, the relief is almost immediate, and pain and tumefaction disappear in a few minutes;

but even when it is otherwise, the relief is very marked, and by repeating the process a few times, the sufferer is relieved altogether.—*Southern Medical Record*.

THERAPEUTIC REVIEW.

The *Rivista Clinica de Bologna* gives occasionally an admirable summary of therapeutics, from which we borrow some paragraphs.

Carbolic Acid has been praised in prurigo and pruritus, subcutaneously injected in doses of about one centigramme of the acid mingled with water. It has been used externally in acute articular rheumatism as a liniment mingled with linseed oil.

Arsenic has been recently recommended in cases of strumous enlarged glands of the neck, and also in pellagra.

Bromine.—Inhalations of bromine have been used in croup and diphtheritis; 30 centigrammes of bromine, 30 of bromide of potassium, and 150 grammes of water are combined in a lotion; and a sponge imbibed with this fluid is placed before the patient's mouth for five or ten minutes every hour.

Bromide of Iron is employed by some in cases of spermatorrhœa and involuntary seminal emissions, in doses of fifteen to twenty-five centigrammes occasionally; and, before the patient goes to sleep, in a dose of fifty centigrammes.

Bromide of Potassium has recently been used in cases of the sickness of pregnancy, and in cases of leucorrhœa, effecting cure in less than two months in the latter case. It is useful in summer diarrhœa in infants, in doses of three centigrammes every two hours.

Bromide of Sodium has a similar efficacy to that of bromide of potassium in epilepsy, and proved a cure in one case of tetanus.

Coffee has been given in infusion in cases of infantile typhus fever.

Conium has been used successfully in cases of mania, accompanied by muscular agitation. It acts on the motor centre, sparing the sensory tracts. Of twenty-five patients treated by this substance, twenty-two times the muscular agitation subsided.

Hydrate of Chloral has been used in cases of nocturnal incontinence.

Chloride of Potassium has been used instead of bromide in epilepsy, and it is asserted to be more efficacious. Dose: 3.50 grammes to 5 grammes a day.

Copaiba has been recommended in certain cases of psoriasis.

Iodine has been commended in cases of nocturnal incontinence of the aged; one drop of the tincture every hour in water. The tincture has also been recommended in doses of ten drops in intermittent fever thrice daily.

Iodoform is used in chronic venereal ulcers, and much praised as an antiseptic.

Iodide of Silver is recommended in whooping-cough.

Koussine is an excellent vermifuge, and is given in the morning in doses of 1.25 grammes in a little syrup.

Phosphorus has been recommended in chronic skin diseases in oil; or gelatine capsules containing each from two to six milligrammes of phosphorus in oil. Acne indurata, lupus, psoriasis, and scrofulous skin diseases have been cured by such means.

CONVULSIONS TREATED BY CHLOROFORM.

In confirmation of the experience of Mr. Mowatt, recorded in the *Journal* of May 31st, I may mention that some years ago, in a severe case of convulsions in a child aged seven months, I tried the chloroform treatment, and finding it beneficial, have continued it to the present time, with the best and most successful results. I only use the warm bath, etc., where I dare not treat with chloroform. When I am called to a case of convulsions, the first thing I do is to administer chloroform, and keep the patient under its influence until the convulsions have passed away. When the child wakes, I give small doses of bromide of potassium, taking care that the bowels are freely opened. I fully agree with Mr. Mowatt as to the caution required in treating cases where disease of the brain is at work.—*Frazer*.—*British Med. Journal*, June 14th, 1873.

HOW TO COUGH.

In the last number of the *American Journal of Med. Science*, Dr. John Stockton Howe, of Philadelphia, has an article "On How to Prevent Paroxysmal Cough." He tells us that at the age of 20, while a Medical student, he took the whooping-cough, and the abdominal tenderness occasioned by the almost incessant coughing was so severely painful that it was necessary, in addition to the usual remedies, to resort to some method to lessen the effect of the diaphragmatic succussion, or prevent the paroxysm of cough. The former was in some degree alleviated by placing the arms across the abdomen and bending the body as far forward as possible, thus making considerable compression of the abdominal walls. But this last procedure did not afford sufficient relief; and at the time of a paroxysm the fortunate discovery was made that, by coughing out with a strong expiration, and immediately following it by a long deep inspiration through the nostrils, succeeded by slightly hurried breathing through the nostrils alone (keeping the mouth tightly closed from the time of the first cough), the paroxysm was generally prevented—rarely coughing more than once, instead of six to twelve times, as was the case when this precaution was neglected.

This fact seems to favour the theory of reflex irritation of the fauces, from sudden access of cold air at the gasping inspiration usually succeeding the first cough, as the cause of the paroxysm; while breathing through the nostrils allows of the air being warmed and moistened by contact with a mucous canal five or six inches in length.

It is unfortunate for the application of this remedy, that the majority of those suffering from paroxysmal

cough are too young to be taught *how to cough*; but I cannot think they suffer a tenth part as much from abdominal tenderness as those who are old enough to apply it, which latter—if the author's case were not above the average degree of severity—will gladly avail themselves of a remedy, unique in its effect, and so easily applied, to relieve them of their excruciating agony.

EXTERNAL APPLICATION OF CHLORATE OF POTASH IN ULCERATED CARCINOMA.

The external use of chlorate of potash has been praised by Prof. Neumann in cases of dental caries. This physician recommends to alleviate the pains produced by caries the placing of chlorate of potash in the dental cavity. Many patients of Königsberg have had the opportunity of experimenting on the anodyne properties of chlorate of potash. Dr. Burow (*Berlin K. Woch.*) writes that the local application of chlorate of potash is of great service in cancerous ulcers. It is applied either in powder or in the form of the small crystals seen in pharmacy. These crystals act more energetically, but are more painful, so that it is better to use the powder first of all.

PROGNOSIS OF DELIRIUM TREMENS.

Dr. Magnau (*Mouvement Médical*, May 30) remarks that it is important to diagnose what cases of delirium tremens are likely to prove fatal when the early appearance of the disease is so constantly similar. Delirium proves nothing, for it may be intense in a slight attack. What is most important is the temperature. The attack of delirium tremens may be febrile or apyretic. In febrile cases we see the temperature rise rapidly to 39°, 40°, 41°, 42°, and even, in some cases, to 43°. If the termination is to be favourable, we notice towards the fourth or fifth day a sinking of the temperature, which gradually becomes normal. If, on the contrary, the termination is to be fatal, the temperature remains stationary, or rises to the last. In non-febrile cases, the thermometer oscillates between 38° and 39°, and about the third day becomes normal.

A second prognostic sign consists in motility. The trembling of the whole body is not the most important symptom. There are undulations of the muscles which continue during sleep, and are constantly observed when the hand is applied to the muscular surface of the patient's body. In such cases we may affirm that the prognosis is grave, the spinal cord is attacked, greatly hyperæmiated, and destroyed even in certain points by hæmorrhage.

A third sign consists in the feebleness of the lower extremities; a kind of paraplegia.

RUPTURE OF THE AXILLARY ARTERY IN AN ATTEMPT TO REDUCE A DISLOCATION OF THE SHOULDER.

This unusual accident is reported by Prof. Joseph Lister, and happened in the case of a man 58 years of age, who, eight weeks previously, had met with a fall, producing an ordinary subcoracoid luxation of the humerus. In the course of a somewhat

prolonged attempt at reduction (under chloroform), the limb was raised forcibly upward, in order to obtain the leverage afforded by having the acromion as a fulcrum, at which juncture a snap was heard as if of something giving way. Shortly afterward, efforts at extension having in the meanwhile been kept up, an enormous swelling suddenly appeared below and behind the axilla, almost as large as an adult human head, evidently due to a sudden extravasation of blood. Prof. Lister now lost no time in having the patient placed upon the table, when he proceeded to cut down upon the injured artery, exposing the seat of the orifice. The artery was then tied, both above and below this orifice, and the head of the humerus removed so as to permit reduction into the glenoid cavity. Death ensued three hours after the conclusion of the operation.

The results of the *post-mortem* examination were sufficient to explain the accident. In the first place, the walls of the vessel had been weakened by atheromatous degeneration, which was present to a marked degree. Secondly, the head of the humerus was found to be partly surrounded by a mass of osteo-fibrous tissue, forming bands and spiculae, designed by nature to form a partial capsule for the new joint, but which had become intimately connected with the axillary artery, so as to firmly attach that vessel to the humerus and also the coracoid process. Violent traction having been applied to the artery between these two points, the weakened vessel naturally enough gave way.—*Edinburgh Medical Journal*, March, 1873.

VERSION, BY DR. B. HICK'S METHOD.

The Doctor (April, 1873) gives a description of this method, as follows: One hand, by pressure on the abdomen, brings into the plane of the upper strait of the pelvis the part of the fœtus which we desire to engage. Two or more fingers introduced into the cervix uteri push up and to the other side of the pelvis the presenting part. Dr. Lauth reports four successful instances in which he employed this manœuvre.

ARSENIC IN MENORRHAGIA AND LEUCORRHEA.

Dr. J. H. Aveling, *British Medical Journal*, Jan. 6th, 1873, calls attention to the good value of arsenic in the treatment of menorrhagia and leucorrhœa. The class of cases most benefited by arsenic are those in which the menorrhagia is due to hyperæmia of the passive or atonic character. When in this condition, the uterus is larger and softer than in its normal state. It is usually tender to the touch, and is of a deeper red than natural. After death the capillaries are found dilated, and the tissues tinged with blood. He usually begins with two drops of liquor arsenicalis three times per day, increasing the dose to four. The improvement is slow, but in this class of cases, is certain. The catamenia become normal in time and degree, and the leucorrhœal discharge entirely disappears. Cases in which the leucorrhœa has supplanted the catamenia are more readily cured by arsenic than any other remedy.

CONVULSION IN AN INFANT PRODUCED BY DRINKING ON THE PART OF THE NURSE.

Convulsions in young children are known to be not unfrequently induced by the habit to which their nurses are addicted of indulging in alcoholic liquors, and that this fact may be kept before the minds of physicians, it is desirable that well attested cases of this should from time to time be put on record in the medical journals.

M. Vernay reports an interesting case in the *Lyon Médical*, to which these remarks will apply, in which an infant was seized with convulsions, which continued with unabated violence for five successive days, in spite of the administration of bromide of potassium, musk, belladonna and warm baths.

It finally transpired that the nurse was in the habit of drinking from six to eight glasses of wine in the course of the day, besides taking considerable during the night. M. Vernay, thinking that the malady of the infant might have its origin in this habit of the nurse, took care that no wine should in future be furnished her. The result was that no further trouble was experienced on the part of the child.

Prof. Leroy has called attention to the deleterious habit of certain nurses of drinking freely of brandy or wine, whenever it suits their convenience to have the children under their care sleep for a considerable length of time.—*Boston Medical Journal*.

TREATMENT OF FISSURES OF THE NIPPLE.

In a paper by Dr. Créquey, fissures of the nipple are described as being of two kinds. First, those produced by the violent suction on the part of the child; here the epidermis is raised and abraded, as if by a cupping-glass. In this condition of the nipple, the child should be allowed to suckle only when the breast is charged with milk. Second, at other times, a little of the milk lodges in the minute cracks at the base of the nipple, where it comes in contact with the secretions of the body and rapidly decomposes, thus acting as an active irritant of the skin, and in some instances inducing very extensive inflammation. As a preventive of cracked nipples, originating in this manner, the breast should be bathed with warm water, wiped dry, and then anointed with the following ointment:—

R. Tannin, 1 gramme;
Glycerine, 10 grammes.

This should be applied by means of a camel's hair brush, after which the nipple should be protected with charpie, or a soft linen cloth. In these cases, the nipple-shield may be employed to advantage.

If the breast be distended with milk, relief may be afforded by the application of a large, flax-seed poultice, taking the precaution to protect the nipple with a piece of soft leather.—*Gaz. des Hôp.*, 1873,

UTERO-PLACENTAL VACUUM.

Dr. H. G. Landis, in the *Medical Times* (April 12th, 1873), reports a case of retained placenta which he caused to be easily delivered by simply per-

forating it. He did this from the consideration that the placenta resembled in one respect the boy's leather "sucker." The perforation permitted air to enter the vacuum behind the placenta, and so facilitated its escape.

NÆVI CURED BY MONSEL'S SOLUTION APPLIED EXTERNALLY.

Dr. Geiger, in the *American Practitioner* (April, 1873), recommends the external application of equal parts of liq. ferri persulph. and glycerine to the surface of nœvi and a little of the adjacent skin. In two cases in which the applications were made twice daily the nœvi disappeared in less than a month.

SCIATICA.

Some cases of this disease which had resisted a variety of treatment, were cured at Bellevue Hospital, almost at once, by the hypodermic injection of morphia over the seat of pain, plunging the needle deep into the tissues, perhaps to the depth of one or one and a half inches.—*N. Y. Medical Record*.

SULPHO-VINATE OF SODIUM IN CONSTIPATION.

This drug is recommended by Dr. P. DeMarmon as a mild saline cathartic in cases of chronic constipation. It is found to be an excellent substitute for citrate of magnesia (which now comes so impure) or Seidlitz powders. The dose for an adult is three or four drachms. Mixed with Seltzer water, or in water to which syrup of lemon has been added, it makes a palatable drink.—*N. Y. Med. Record*.

ALMOST INSTANTANEOUS DEATH OF A PHYSICIAN FROM CARBOLIC ACID.

S. D. V. Hill, M.D., of Macon, Miss. (*Rich. and Louisville Med. Journ.*,) writes that Dr. R. S. C. Foster, one of the oldest practitioners of his county, left town at nightfall with a friend, having a flask of whiskey in one pocket and a bottle of Calvert's liquid carbolic acid No. 5 in the other. After riding two miles, and being cold, he proposed to take a drink of the whiskey, and took out of his pocket the carbolic acid, withdrew the stopper with his knife, and after offering his friend some, who refused, took about half an ounce before discovering his mistake. He died in ten or fifteen minutes after entering the cabin of a negro. A quantity of mustard and lobelia were given him, but of course it produced no emesis. The poison seemed to produce sudden and fatal sedation of the nerve-centres; he states that he must have died without much suffering. Dr. Hill testifies that Dr. Foster was perfectly sober at the time, and was a man much above mediocrity in intellectual ability. The mistake was made by the two bottles being about the same size and shaped alike.

PERUVIAN SKULLS.

The Anthropological Institute of Great Britain has received a present of 150 specimens of Peruvian skulls from Consul Hutchinson, of Callao, which were dug out of the old aboriginal burying grounds of Pasamaye and of Ancon.

ENGLISH MIDWIVES.

The London correspondent of the *Philadelphia Medical Times*, in a recent issue, writes that it is calculated that there are ten thousand midwives practising in Great Britain, and that from 30 to 60 per cent. of the women in many rural places and manufacturing towns are delivered by midwives, many of whom are very ignorant. A great excess of mortality among lying-in women is the result. A deputation of the Parliamentary Committee of the British Medical Association has waited upon the President of the Local Government Board, on the subject of establishing an examining and public register of trained midwives.

A PHYSICIAN'S DIARY OF BUSINESS.

A pocket diary has been picked up in the street, and now is in the finder's possession, awaiting its owner. From the following extracts, it appears the loser was a Medical man:—

"Kase 230, Mary An Perkins. Bisnes; wash-woman. Sikness in her hed. Fisik sum blue pills a soaperifik; age 52. Ped me one dollar, 1 kwarter bogus. Mind get good kwarter and mak her tak mo fisik.

"Kase 231, Tummes Krinks, Bisnes, Nirishman. Lives with Pady Molouny whot keeps a dray—Sikness, digg in ribs and tow blak eys. Fisik to drink my mixer twict a day of sasiperily here and jellop, and fi-h ile, with asifidety to make it taste fisiky. Rubed his face with kart grese liniment, aged 39 years of age. Drinked the mixer and wuddnt pay me becase it tasted nasty, but the mixer'll work his innards, I reckon.

"Kase 232, Old Misses Boggs. Aint got no bisnes, but plenty of money. Siknes awl a humbug. Gav her sum of my celebrated 'Dipseforikon' which she sed drank like cold tee—wich it was too. Must pi t sumthink in it to mak her feel sik and bad. The Old Wommen has got the roks."—*The Sanitarian*.

URETHRAL SUPPOSITORIES IN GONORRHOEA AND STRICTURE.

Henry E. Woodbury, M.D., Washington, D.C. (*Phil. Med. Times*, May 3, 1873), uses successfully in the treatment of gonorrhœa and stricture the following remedial agents: Tannin, persulphate of iron, nitrate of silver, and morphia. He considers nitrate of silver and morphia the most efficient from his experience in about twenty cases. The grounds upon which he advocates the use of suppositories in these diseases are as follows: By their use in gonorrhœa the remedy is kept longer in contact with the unduly active mucous membrane than by any other method; while in stricture their lubricating qualities exercise a soothing effect upon the irritated surface, and prevent too rapid healing of the parts.

GORDENIO.

Wm. Gordenio was the first person upon whom the degree of Doctor of Medicine was bestowed. He received it from the college at Osti in 1320.

THE CANADA MEDICAL RECORD
A Monthly Journal of Medicine and Surgery.

EDITOR:

FRANCIS W. CAMPBELL, M.A. M.D. L.R.C.P. LOND.

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MONTREAL, AUGUST, 1873.

TO OUR READERS.

One year ago, the *Canada Medical Record* was ushered into existence. No prospectus heralded our birth, but we quietly took our place among the list of journals. We felt convinced that there was room for such a periodical as we proposed to issue, and the result has by far surpassed our most sanguine anticipations. From every quarter of our vast Dominion we have received the most substantial encouragement, and great satisfaction has been expressed at the really practical character of the information which has, from the very first filled our pages. A subscriber who during the past month remitted his subscription says "that almost every number I have received, has been worth to me ten times the price of a year's subscription." Many others have expressed the same sentiments. While we have devoted especial attention to making the *Record* practical, we have not omitted to endeavor to make it interesting in other respects. The local medical news and politics of the day have not been neglected, and we have been pleased to learn that our "personal" column has been found by a very large number exceedingly interesting. It is always a source of great satisfaction for us to know the location and the success which is attending those who were our fellow students at College, and believing that this feeling is shared in by all medical men, we propose in the future, with the assistance of our subscribers, to make this column more extensive. Any information, therefore, concerning the movements of Canadian medical men, will be received with pleasure, and we wish our friends to co-operate with us. We also solicit contributions of cases from the profession. There is a vast amount of really valuable information being annually lost, simply from a modest desire not to appear in print. This is wrong, for the profession has a right, in the interest of humanity, to whatever may tend to render more perfect the Science and Art of

Medicine. As regards the future we will not make any loud sounding promises, but simply say that we will endeavor to improve upon the past. In one thing we have improved already, and that is the quality of the paper on which the *Record* is printed. This increases our expenses, but we confidently look to our friends to aid us. If each subscriber would only get one friend to subscribe for the *Record*, we would very soon be in a position to make still further improvements. Will our friends take the hint.

TO DELINQUENT SUBSCRIBERS.

We are glad to say that there are very few names on our subscription list to whom the term which heads this paragraph can be applied. Still there are a few, between forty and fifty, and as we have just glanced over these names, we are convinced that it is simply a matter of neglect. Still the neglect is of a kind which does not agree with us, and which these very men don't find to agree with them when it is practised by their patients. The price at which the *Record* has been placed is so low that we cannot afford to supply it for two years upon credit. We therefore respectfully ask those who have not yet sent their subscription to do so at once. We enclosed in the last number bills to all who were indebted to us. Those who have remitted will find their receipts enclosed in this issue.

We again have to request those who have received accounts, and not remitted the small amount of their annual subscription, to do so at once. To each the amount is exceedingly small, but in the aggregate it is considerable. We also beg to state that we do *not* take greenbacks *at par*. We make this announcement because several of our subscribers residing over and near the lines have remitted either the whole or a portion of their subscriptions in American funds. Those who have remitted since our last issue will find their receipts enclosed in the present number.

THE CANADIAN MEDICAL ASSOCIATION.

The Canadian Medical Association met in St. John, New Brunswick, on the 6th August, and elected Dr. William Marsden, of Quebec, its President for the ensuing year. We will give a synopsis of its proceedings in our next issue. In the meantime we congratulate Dr. Marsden upon

the position to which he has been elected. As one of its early, if not earliest promoters, the honor was justly his due.

TO CORRESPONDENTS.

C. J. M., Amherst, Nova Scotia—Will write some time during August.

M. D., Harvard University—Under the degree you possess you are unable to obtain a license to practice in Canada. Attend one full course at a Canadian Medical School, graduate, and the degree you then obtain will entitle you to a license. All the Medical Schools in the Dominion open about the same time, viz., the 1st of October.

S. C. complains that he finds among his patients quite a number who don't pay him, and from whom he cannot collect anything. Recently he has learned from a medical friend that many of these people patronised him in a similar way in his earlier years. Our correspondent asks what he is to do. We reply that the evil he complains of is a gigantic one—and the only remedy that we can suggest is the preparation by medical Societies, wherever they exist, of a Black Book, into which any member can enter the names of his defaulting patients. We could add a couple of well filled pages. The evil is one that is growing, especially in places where medical men are numerous, and where as a rule patients are grabbed, and no questions asked. We ourselves know a prominent person in Montreal—who has a considerable family of children—all of whom have been brought into the world by various medical men of good position, not one of whom have received a single cent as an honorarium. This should not be—merchants protect themselves by Mercantile Agencies, and we confess we don't see why medical men should not protect themselves by means of a Black list. It has been adopted in several places in the Western States, and is said to work very satisfactorily.

We have received two other notes, making enquiries, but as they have reached us late and they require some consideration before replying, we defer them to our next number.

We have received several numbers of a new medical paper published in Kingston, Ont., by Dr. Neish, under the title of the *Medical Times*. It is issued weekly at \$2.00 a year, and consists of eight pages. We wish it every success.

We have also received the forty-first annual announcement of the Medical Faculty of McGill College. The session opens October the 2nd. The circular is superior in appearance to any hitherto issued by this Faculty, although we confess the engraver of the wood cut of the Faculty's new building, which adorns the cover, has hardly done himself justice, while he certainly has done gross injustice to what would have made a most beautiful back ground.

The Victoria College circular (Medical Faculty, Toronto,) has also reached us. It gives the usual information. Private news informs us that the prospects of Victoria having a good class this year are encouraging.

WE have received the Report of the Medical Superintendent of Rockwood Lunatic Asylum, Kingston, and will notice it in our next number.

We direct attention to the advertisement of the Medical Faculty of Bishop's College. The session will open on Oct. 1st with an introductory lecture by Professor Trenholme. The third annual circular of this Faculty has reached us, and is a very creditable production, superior, we believe, to any College announcement hitherto issued in Canada.

ELIXIR FERRI ET CALCIS PHOS. CO.

Dr. Wheeler, of Montreal, prepares a preparation under the name of Elixir Ferri et Calcis Phosph. Co. It combines a sound sherry wine, in the form of an agreeable cordial: 2 grs Lacto-Phosphate of Lime, 1 gr Lacto-Phosphate of Iron, 1 gr of the Alkaloids of Calisaya Bark, and 15 drops of Free Phosphoric Acid to each half fluid ounce. It is a really very elegant and beautiful preparation, and is taken with ease by the most fastidious palate. But what is more important is that it is a reliable medicine, and is useful in a large number of cases. We have employed it tolerably extensively during the past year, and have every reason to be satisfied with the results it produced; we therefore have no hesitation whatever in recommending it. In February last, according to the *Detroit Review of Medicine*, Dr. O'Connor, of that city, brought this preparation before the Academy of Medicine and spoke most favourably of it. The result has been that quite a demand has sprung up for it in Detroit. Its range of applicability

is great, and we think our Detroit friends have not done badly to get from Montreal so beautiful and agreeable a vehicle of administering such important drugs as the Phosphates of Iron and Lime.

OPENINGS FOR MEDICAL MEN.

For the benefit of medical men who may be seeking for locations, we give the following information, which has reached us from thoroughly authentic sources.

Allanburg, a village of about 400 inhabitants, on the Welland Canal, has no medical man.

Atherly, a village on Lake Simcoe, population 500 and increasing; has no medical man.

Cataract, a village in the township of Caledon, population between 300 and 400, with fine surrounding country, is destitute of a doctor.

Spanish River, district of Algoma, distant from Collingwood, a station of the Northern Railroad, 150 miles, has not a doctor within fifty miles. Population about 200, and increasing.

Ronaldsay, county of Grey, the Post-Master writes, "there is a good opening for a doctor."

North Keppel, county of Grey, has no medical man near it.

Penville, 40 miles from Toronto, on the North Railway, has no doctor, and none for miles.

Port Carling, in the county of Victoria, with a rapidly increasing population, has no medical man; the nearest being 22 miles distant.

Rockingham, in the Ottawa district, Post Master writes, "good opening here for medical man, one badly needed."

PERSONAL.

Dr. Kenneth Reid, a native of Huntingdon, and a pupil of Dr. Hingston's of Montreal, and a graduate of McGill, 1864, has recently returned from a very extensive European trip, embracing in his travels the Holy Land. Dr. Reid, who was for several years attached to the Quarantine Establishment of the port of New York, has taken up his residence in that city, in the fashionable quarter, No. 38 West 26th Street, and is thus early reaping the advantages, which the hosts of friends he has made, are capable of putting in his way. Already we notice by papers, which we have received, he is at the head of a charitable institution just organised, for the treatment of diseases of the eye and throat, and which is situated

in the west end. Associated with him, we find the names of several leading New York men, so that there can be no doubt of the success of the enterprise. Dr. Reid has been named one of the surgeons to the institution, the other being Dr. DeWolf, also, we believe, a Canadian. Few young men have ever commenced professional life in the great American metropolis under circumstances of a more favorable character, and we will be much mistaken if his course is not rapidly onward and upward. His many friends in Canada will read of his success with much satisfaction.

Dr. Therien, graduate of McGill 1863, is practising in New York, at 109 Allen Street, between Delaney and Brown.

Drs. David and Hingston, of Montreal, and Dr. Grant, M.P., of Ottawa, sailed in the *Georgia* on the 1st of August, for St. John, N.B., to attend the meeting of the Canadian Medical Association, which opens there on the 7th August. Dr. Turgeon, of Montreal, left by rail for the same place.

Dr. Burland, formerly of Hatley, has removed to St. John's, Quebec. We wish our friend every success in his new field of labor.

Dr. Sangster, of Toronto, was in Montreal the end of July, for a few days, *en route* for the sea side. His health is far from being robust, and he has resigned all his teaching appointments. He gave us an interesting and vivid description of the closing scene of the last meeting of the College of Physicians and Surgeons of Ontario.

We had the pleasure of a visit from Dr. Fraser, of New Glasgow, N.S., a few days ago. Dr. Fraser is a graduate of the University of Glasgow, Scotland, and was one of our intimate College friends, when we were in attendance upon the lectures of that University during the season 1860-61. We had a pleasant chat of an hour over College days and chums, some of whom have gone to their long home. Dr. Fraser is, we are glad to know, engaged in a large and lucrative practice. Several of his College associates, who take the *Record*, will be glad to hear of his success.

Dr. Agnew has been appointed professor of Sanitary science in Victoria College, Toronto.

Dr. Aikins of Toronto, accompanied by his wife sailed in the *Polynesian*, from Quebec, on the 19th July. He will be absent about three months.

Dr. Portier of Quebec, sailed in the *Polynesian*, on the 19th July. He intends spending a consider-

able time among the Hospitals of London and Paris.

Dr. A. A. Browne, (M.D., McGill 1872,) has located himself in Montreal. He has associated himself with Dr. Fenwick.

Dr. George Wood, M.D., McGill College, 1854, of Coaticooke, has removed to the Western States. Previous to his departure he was the recipient of a flattering address, and a testimonial.

Dr. E. G. Edwards, M.D., McGill College, 1854, of Strathroy, Ont., has been named examiner on Physiology in the College of Physicians and Surgeons, of Ontario.

Dr. Frederick Lawrence, M.D., Bishops College, 1873, has located in Marbleton, Que., and is already engaged in an extensive practice

Dr. Maurice R. Bucke, M.D., McGill College, 1862, of Sarnia, has retired from practice, having secured a competency. His health is not the best, and being able, he has very wisely decided to take every possible care of it.

Dr. Hamilton of Dundas, Ontario, returned on the 19th July, from a very successful salmon fishing excursion on the Moisie River. He was accompanied by Mr. Turner of Hamilton, President of the Toronto and Bruce Railway. Dr. Hamilton on his way home paid a brief visit to his son, Dr. A. W. Hamilton, of Melbourn, Que.

Dr. Patton of Montreal, has this season again taken up his quarters at the fashionable Canadian watering place, Cacouna.

BIRTHS.

In Montreal, on the 20th July, the wife of Dr. J. Gagnon, of a son.

At Sorel, on the 7th July, the wife of Dr. J. H. Beliveau of a daughter.

MARRIED.

At St. Ours, on the 21st June, by the Rev. Mr. Larue, Dr. Omer Larue, of Putnam, Connecticut, to Marie Hermine David, daughter of Dr. David, of St. Ours, Q.

DIED.

In Montreal, on the 1st July, Marie Amanda, aged 4 months, daughter of Dr. A. Dagenais.

In Montreal, on the 5th August, Albert Horatio, infant son of Dr. L. O. Thayer, and Alice L. Ross.

In Montreal, on the 2nd July, Basile Hyacinthe Charlebois, M.D., aged 82 years.

In St. Cuthbert, on the 21st June, Marie Eugene Anna, aged 1 month, daughter of Dr. A. H. Paquet, M.P.

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