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THE
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TORONTO; APRIL, 1881.

Original Communications.

MALIGNANT DISEASES.

BY GEO. WRIGHT, A.M., M.D., VICE-PRESIDENT.

(Read before the Toronto Medical Society.)

My object, Mr. President, in reading this paper is, not so much to discuss the subject of malignant diseases in all its breadth, as to give the results of my own personal experience in coming in contact with the various manifestations of these diseases, and the conclusions to which I have been led in my inquiries. To undertake an elaborate discussion of a subject so comprehensive, and involving so much mystery would be a task at once laborious and without any special profit in the present state of uncertainty among scientific men regarding almost every important feature of what is known as the cancerous dyscrasia. Despite all that has been said and written upon the subject, it is a painful reflection that malignant diseases, at whatever point in the human frame they make their appearance, seem to pursue their insidious course, with but one termination —the ultimate destruction of the lives of their victims. In these, more than in any other form of disease, the professional man is brought face to face with the unpleasant fact, how utterly helpless he is, further than to mitigate in some degree the urgency of the symptoms as they present themselves. Other forms of disease which resemble cancer in the commonly fatal results of their invasion of the system, differ, however, from it in the fact that they are occasionally so far arrested in their progress as not to destroy life always. We have frequently, for instance, seen unmistakeable evidences of the arrest of tuberculous disease in persons who ultimately succumbed to some other affection having no relation to tuberculosis. But it is extremely doubtful in my mind if there ever was a *bona-fide* example of the arrest of any form of malignant disease. It will not be doubted that such cases are commonly found in the records of charlatanism. And, perhaps, it is not too much to say that no form of lingering disease has afforded so ample a field for the various forms of quackery as malignant diseases. From time immemorial almost, such assurances as the following have been tendered to a too-confiding public: "A certain cure for cancer." "A painless, but effectual cure for cancer." "Wonderful discovery! cancer cured without the use of the knife." "Cancer drawn out by the roots by a certain and comparatively painless process." "The surgeon defeated. The knife no longer called into requisition for the effectual cure of cancer." "Suffering surely and certainly avoided." Such are a few of the specimens of advertisements distributed by nostrum vendors everywhere within the limits of civilization. Indeed this may be regarded by some as one of the blessings of an advancing civilization. It is doubtful if there ever was a time in the history of the race when the public were more susceptible to the influence of imposture than at the present moment. This conviction was peculiarly strengthened in my own mind the other day during a conversation with an acquaintance, who has been a somewhat serious sufferer for sometime from chronic rheumatism. Finding no permanent relief in the ordinary channels, he was induced to try the skill of one not far from any of us and a great deal too

near to some of us, who has long been reputed to possess the miraculous gift of "*going through people*" while in a state of sleep or trance, never forgetting, I believe, that part of the individual in which his purse is most commonly found. The gentleman to whom I refer entered into a very elaborate account of the manner in which this remarkable person diagnosed his case. He told all about the body, he said, from the crown of the head to the soles of the feet, describing with marvellous accuracy the seat of disease, and the nature of it. While admitting that he had received no benefit whatever from the course of treatment to which he had been submitted, this gentleman expressed himself as very much impressed with the gift with which his newly-found doctor appeared to be endowed. The history of this notorious charlatan's success in trading upon public credulity is at once an illustration of how little success is necessary in our profession, and how easily the great mass of the people can be persuaded to accept imposture instead of science.

We often hear it remarked that the various forms of malignant disease are greatly on the increase. This may or may not be true. From my own observation I am unable to offer any positive opinion, although I am disposed to question the statement. Without doubt, there is very much more in this country than there was twenty-five years ago; but whether or not the proportion of malignant diseases to the entire population is any greater now than it was fifty years ago is a question upon which my reading or observation has led me to feel at least some degree of doubt. If the advance of medical science is accomplishing anything, it ought to be at least putting the profession in possession of those expedients by which the susceptibility to all forms of disease will be gradually diminished. My own impression is that, although once existent, the disease is no more amenable to treatment than it ever was professional knowledge of the various sanitary measures tending to lessen constitutional susceptibility has advanced very preceptibly; and that the time may yet come when to those who scrupulously follow the instructions which may be imparted, all forms of disease will be stripped of much of the terror which they now inspire. We know, for example, or at least those who believe in the value of vaccination think they know, that this expedient has rendered one of the most loathsome and pestiferous diseases largely, if not entirely, controllable. I very much doubt if a scrupulous observance of the necessity of vaccination and its careful and effective performance would not effectually stamp out small-pox in one or two generations. We know also that an acquaintance with the sources by which contagious and infectious diseases are created and propagated has had the effect of lessening the number, as well as the virulence of epidemics. The various types of malarious disease for example, as well as those arising out of specific poisons, have had fewer outbreaks during the last twenty-five years than formerly, and the virulence of these outbreaks has been materially lessened. May we not reasonably hope that, as our knowledge of prophylactics and sanitary matters becomes more systematic and scientific, we may be able to control some diseases that now sorely perplex the profession and impair our usefulness? I am somewhat hopeful that an era in medical research may be dawning upon us that will greatly aid in lightening our burdens, and in the course of time, lessen the necessity for such a class of community as physicians and surgeons —a consummation, in the opinion of some, very devoutly to be desired.

I have been struck, in my experience with malignant disease, with the frequency with which what proved to be well-marked cases have been masked by the prominent symptoms of other forms of disease. In two cases of cancer of the kidney—the one scirrhus and the other encephaloid—that came under my own observation, this fact was strikingly illustrated in the early stages of the disease. With your permission, I will give the histories of these two cases:

Mr. M— first consulted me about the month of June, 1873. Careful inquiry into all his symptoms, previous history, &c., seemed to me to point conclusively to renal calculus as the source of trouble. The patient was a robust, well-developed man of about fifty years of age. His complaint was pain in the back over the

region of the left kidney, not distressing all the time, but simply amounting to uneasiness. He was subject, however, to occasional spasmodic attacks of the most excruciating pain, commencing in the region indicated, and extending down the track of the ureters, and accompanied with well-marked retraction of the testicle on the affected side, and very considerable nausea. The patient was reduced almost to a state of collapse on each recurrence of these spasms; and on their subsidence, he remained very much prostrated for some time. Another peculiarity was the occurrence of a copious hœmaturia after each spasmodic seizure. The patient experienced speedy relief from each seizure by the use of moderately large doses of morphia with hot fomentations, the subsequent prostration being relieved by tonics. A peculiarity of these attacks which strikes me as noteworthy, was the fact that they invariably followed some unusual exertion. The patient was what is called a "boss" carpenter in the G. T. Shops, and occasionally was tempted to make tolerably heavy lifts, with the invariable result of inducing a violent spasm of pain such as I have described. This condition of things continued until he had suffered the third attack in my hands, when, as the trouble seemed to be excited by exertion on each occasion, he was advised to take absolute rest for several weeks, and he appeared steadily to improve until I left him, as I hoped, so far convalescent as no longer to require my services. This was in January, 1874, and I saw no more of him until early in the following September, when I casually met him. His appearance indicated steady decline since my last visit. There was great loss of flesh, and his gait, through weakness and suffering in his back, was quite unsteady. During the interval that had elapsed he had been induced to try a somewhat celebrated Buffalo physician, who, I believe, undertakes to diagnóse and cure disease without seeing any more of his patient than a small drop of his urine. The account, however, that this patient gave of the celebrated doctor was not of the most flattering character.

I gave my patient no great encouragement to hope for permanent improvement, as it was very apparent that his health was steadily declining, but I advised further counsel in the case, and, accordingly, Dr. H. H. Wright saw him with me. Still, we were unable to seize upon any feature of the patient's case to justify a change of opinion. I saw him regularly alone from this time until the beginning of December, during which time nothing striking occurred, except that, when quiet, the attacks of hœmaturia recurred, but unaccompanied by any severe pain. Further advice was solicited, and Dr. Small saw him with me. The patient was then submitted to an equally searching examination, but with no other result than a confirmation of the former diagnosis. This poor fellow steadily but surely declined in health, and finally sank in the month of March, 1875. Until within a very short period of death there was nothing in this case to justify any other conclusion than that already reached by the gentlemen named and myself. I have since been informed by the wife of deceased that two other medical men who saw him before he fell into my hands, expressed a similar opinion regarding the nature of the disease. But about a fortnight before his death this patient's expression assumed a character which began to shake my faith in the former diagnosis. The peculiar cachectic appearance, so characteristic of most cases of malignant disease that have come under my observation became strikingly manifest. By the kindness of the friends, I was permitted to make a *post mortem*, when our former diagnosis was not very exactly verified. There was disease of the left kidney, but we didn't find any stones there. It weighed in the neighborhood of eight pounds, avoirdupois. There was not half a cubic inch of normal structure in the entire organ. It was one mass of encephaloid substance of the most typical character. The disease was altogether confined to the left kidney, the right one being normal both to touch and general appearance, but somewhat larger. None of the other organs, so far as examined, was involved in the disease.

The second case of this kind that came under my notice was equally remarkable in the way in which the disease was masked by symptoms more nearly resembling those of other forms of disease.

Mr. J—, a railway engine driver for many

years—unmarried—about fourty-five years of age. Habits notof the most exemplary character. His last illness extended over a period of about nine months. During the first six months he was under treatment for what appeared to be chronic, sub-acute rheumatism. There was pain in the back in the region of the kidneys, and extending down the back of both thighs, but more acute in the left thigh. When I saw the patient first, he had been under treatment between six and seven months. His condition then was one of very considerable emaciation, the cancerous cachexia having become quite marked. When I first visited him he was in the hands of a second physician, whom we all know, and who diagnosed his disease as being connected with the liver, but what it was I am unable to say. He pronounced the case hopeless, however, and ceased to attend the patient. Another medical man was in charge when I next visited this patient, and he happened to come in during my visit; and it was then that the idea of malignant disease in some form first suggested itself. But so obscure were the symptoms, apart from the peculiar cachexia, that neither of us would undertake exactly to locate it. The man sank in a few weeks, and it was my good fortune to be permitted to make the *post mortem*.

We found, first, an enormously enlarged, fatty liver, four times the normal size as nearly as could be estimated at sight. On removing the left kidney it was found to be one mass of scirrhus, scarcely any of the normal substance remaining. The right kidney was also involved to from one-third to one half its extent. We also found that the disease involved the glandular structures along the spine as far up as the diaphragm, and I think that if the investigation had been pursued into the thorax and the spinal cord both regions, as well as the base of the brain, would have been found to be implicated, as there was marked ptosis of one eyelid for some days before dissolution. One strange anomaly in this case which, to the present hour, is utterly inexplicable to my mind, was the fact that up to the last hour, almost, of this poor fellow's illness, there was no perceptible diminution in the quantity of urine secreted. Certainly there was not the most remote symptom of uræmic poisoning, first or last. The patient slowly sank, apparently from exhaustion pure and simple. How did this fractional part of one kidney so completely discharge the functions of two sound kidneys? I don't know. Now, the early history of this case was only obtained from the patient himself, and may not be very accurate in all particulars. I am persuaded, however, that the nature of the disease was not detected; and I am not surprised. I doubt exceedingly if any medical man would have had sufficiently reliable data upon which to establish an accurate diagnosis during the first five months of the patient's illness. Up to the last there really was nothing reliable to guide us, except the peculiar cachexia, which certainly was very marked, and which I regard as a most important diagnostic sign in most cases, although even it has failed to my own knowledge.

I have been struck with the singular fact that malignant disease may exist in an organ, and may be insidiously pursuing its steady course towards a fatal termination long before its existence is even suspected.

The following case very well illustrates this fact. Mrs. M—. first consulted me in the month of September, 1876, about four months before her death. She was about twenty-nine years of age; had been pregnant six or seven times, but had only given birth to two living children. When I first saw her she was looking pale and worn, and was complaining of a sharp pain in the left breast over the fifth rib, near to its articulation with the sternum. Careful examination of the chest failed to reveal any lung lesion to account for the symptoms from which the patient suffered. Her youngest child was twelve months old, and as she still continued to nurse him I concluded that her symptoms were neuralgic in their character and arising out of the debility from which she was suffering. I accordingly ordered tonics of quinine and iron with generous diet, and the discontinuance of nursing. I saw nothing more of her for a fortnight, when I was hastily summoned, and found her suffering most acutely from pain in the region indicated. The spasm partook largely of the hysterical type, and under valerian, and other anti-spas-

modics, yielded quite readily at first. But the patient never was entirely free from pain in the breast. Another careful examination of the chest satisfied me that there were no indications of the ordinary lung lesions. During this examination, however, my attention was directed to a distinct tumor in the region in which the patient complained of pain. It was firm, involved the fifth rib, and had all the appearance of periosteal inflammation. On inquiry from the patient, I discovered that her husband had not lived the most exemplary life; and coupling this fact with the other already indicated, that, out of six or seven pregnancies there were only two living children, I suspected specific contamination, and at once submitted the patient to the ordinary specific treatment. This was continued for a fortnight without any preceptible improvement, when I requested a consultation, and Dr. Russell saw the patient with me. We were still impressed with the idea that the trouble was specific in its origin, and the treatment was continued for another week. The patient then complained of a very disagreeable vaginal discharge for the first time. She had never, up to this time, complained of the slightest uneasiness in the region of the womb; and although there must have been some discharge previously, it had not been of sufficient consequence to cause her to direct attention to it. I made an examination *per vaginam* at once, and, to my great astonishment, discovered destructive disease of the *os*, and cervix uteri, which had already eaten away the external lip of the *os*, so that my two fingers could be easily introduced as far as the internal *os*. The edges of the ulcerated portion were irregular and sharply defined, and to the touch, were very much indurated. I again called in Dr. Russell and a careful examination was made with the speculum. The result verified my own opinion, so far as it could be verified with the naked eye, that the disease was malignant in its nature and of the character of carcinoma. The patient slowly sank from this time, and died from exhaustion in about four months after I first saw her. But a somewhat unusual, although not unparrelleled occurrence was associated with this case a few days before death. She was delivered of what appeared to be a fœtus advanced to the end of about the fourth month. The patient never suspected from the first that she was pregnant, and nothing could be gathered from her history to justify the opinion of the existence of such a condition. I find, from a paper read before the Medico-Chirurgical Society of Montreal, by Dr. MacDonell, that a case occurred in his practice in which there was pregnancy coincident with scirrhus of the breast, which advanced to the full term, and the patient died during parturition.

The peculiar feature of this case, to myself, was the long existence of disease of the womb, and the extensive progress it had made before any symptoms presented to attract attention. The age of the patient was also quite unusual. I find, from the authorities at my command, that the per centage of cases of malignant disease before the age of thirty is exceedingly small.

Another case came under my notice illustrating in a most striking manner how insidiously malignant disease sometimes advances to within a few weeks of a fatal termination without the existence of a single symptom betokening malignancy. It was that of a young physician of my acquaintance, who died at the early age of thirty-three, of scirrhus of the stomach. Six weeks before death he was attending to his business, complaining of nothing but general debility. When he first sought advice from a brother practitioner, there was nothing, either in his appearance or his symptoms, to justify any other conclusion than that he was simply run down in health, and required rest and change. About three weeks before death the first alarming symptoms presented in a very suspicious-looking vomited matter. Careful examination then by the attending physicians gave decided evidences of scirrhus towards the pyloric end of the stomach, and this diagnosis was fully verified by *post-mortem* examination. The age here was also quite unusual, especially when taken with the fact that no positive evidence of hereditary taint could be made out in the family history.

Pain is not, in my experience, a very reliable guide in the diagnosis of any of the forms of

malignant disease, more particularly, however, in those cases which happen to be located in distensible parts, such as the neighborhood of the sigmoid flexure of the colon, and adjoining portion of the rectum. I saw a case illustrating very well this peculiar phase of malignant disease and possessing several points of interest to myself. The patient was a married woman, age 38, the mother of six children, the youngest being three years of age. She had suffered more or less during the last eight years of her life from habitual costiveness and periodic attacks of colic, which, so far as could be ascertained from her history, were variable in severity and duration. I did not see her until her last illness; and I confess that, to myself, the patient's recollection of the character and progress of the disease gave only a very disjointed history. She was clear, however, as to the date at which her trouble first commenced to cause her suffering, namely, eight years previous to her death. She had observed a gradual lessening of the calibre of the fœcal discharges when they were consistent, and she was always costive. She suffered more or less severely, during all these years, from periodic attacks of colic, which, up to the time that I first saw her, yielded to the use of opiates and fomentations. I was first hastily called to her, and found her suffering intensely from pain all over the stomach and bowels, with a good deal of flatus. These symptoms yielded readily to the use of opiates, and in a few hours the patient was tolerably comfortable. There was still, however, a good deal of what would be called uneasiness in the left iliac region. with some tenderness on pressure. But what struck me at once, was the fact that, with all this suffering, there was little or no elevation of temperature, and absolutely no acceleration of the pulse, and hence no evidence of peritoneal trouble. After two or three days, finding that the bowels had not been moved, I ordered a full dose of castor oil; found on following day that it had no effect; ordered another full dose, no effect still; ordered injection of soap-suds, still not the slightest indication of motion; asked for a consultation, when Dr. Aikins saw the patient with me, and advised pushing remedies with a view to opening the bowels; then gave two ounces of castor oil, with half an ounce of spirits of turpentine in emulsion, followed in three or four hours by another injection of soap-suds and an ounce of spirits of turpentine; still not the slightest indication of relaxation. Dr. H. H. Wright then saw the patient with me, and we tried everything that was considered of any use, but to no purpose. Finally, we determined, under the use of chloroform, to introduce the hand into the rectum, and try to reach the obstruction if possible. I should have stated that, by introducing the stomach tube, we were satisfied that the obstruction was somewhere in the neighborhood of the upper end of the rectum. Introduction of the hand verified this notion, and the existence of a firm tumor in the region of the sigmoid flexure of the colon. The patient sank soon after the operation, and I was permitted to make a *post mortem*. We found, at about the junction of the sigmoid flexure with the rectum, a hard tumor, about the size of the ordinary shut fist, and somewhat the same shape. On examination, the tumor was found to have had its origin in the mucous membrane of one side of the bowel, and to have steadily increased in size, until it entirely closed the passage, and had formed somewhat firm adhesions all around with the mucous membrane. Microscopical examination of specimens of the tumor proved it to be the adenoid variety of cancer.

With the exception of a slightly marked cachexia apparent in the face and on the surface of the body of this patient, there was not a solitary indication of malignant disease first or last, except, perhaps, some uneasiness in the iliac region, and the gradual narrowing of the passage, as indicated by the character of the stools from time to time. This patient began at an early age—thirty years—to be afflicted with this disease; and I was unable to obtain any circumstances in her family history pointing to marked heredity.

I believe there is no single symptom of the existence of malignant disease of greater diagnostic value than that peculiar color of the skin which is most accurately described as brassy, and which, while it resembles jaundice slightly, nevertheless differs from it very strikingly. In

nearly all the cases I have seen, this appearance was well-marked at some stage of the disease. In three or four of the cases, the histories of which I have given, it really was the only symptom to guide in the diagnosis. I should, therefore, regard it as one of the strongest indications of the existence of malignant disease where its location was at all obscure.

From my own experience I conclude that, in no form of disease is the medical man more likely to be thrown off his guard, and to be utterly disgusted with the results of medical research than in those of the malignant type. I am quite persuaded that here is a field for scientific investigation as broad as any in the whole domain of medical science, and gathering around it issues as momentous to the human family as are found to be associated with any other conceivable form of disease. I am equally certain that we have not reached, as yet, anything like a satisfactory solution of the mysteries surrounding this class of ailments. We want some one who can unravel the mystery of the origin of the cancerous dyscrasia. We have plenty of literature upon the pathology of the disease, but very little that is really valuable. After all, it is a very poor satisfaction, especially to the unfortunate patient, to be able after careful microscopical examination, to say that he died of cancer of some kind. There is a good deal of force in the remark which I once heard one of those queer characters make, whom we see retail at auction, in the market square, patent medicines of various kinds. He wound up one of those brilliant perorations, in which he discoursed most eloquently upon the marvellous powers of the remedy offered, with the significant query, "What's all the world to a man when his wife's a widow?" Well, so we may say, what's all our scientific disquisition upon the nature of the appearances of that which killed our patient going to avail so far as he or she is concerned? In short, of what avail is it at all, if it is not helping us at least to relieve those who may afterwards suffer in a similar way? That the subject of cancer has thus far completely baffled all who are engaged in medical research will not be denied, at least so far as it has helped us to a successful treatment of the various forms of the disease. We are just as powerless, either to overcome the susceptibility to cancerous disease, or to successfully control it after it has clearly attacked the system at the present moment as we ever were. It is true, we know, or we think we know, that cancer is a local manifestation of a general or constitutional contamination, and that the products by which this systemic contamination occurs are elaborated in the blood. Beyond this we are unable to go. It is true, also, that the surgeon's knife has been pretty freely applied in some cases, with the effect of hastening the fatal issue in the vast majority of those who have submitted to the operation, and in the remainder, of only postponing it at best.

But if pathologists have already reached a rational solution of the nature of cancer, so far as to be satisfied that its development in any organ or tissue of the body is but a local manifestation of a general systemic contamination, and that the products of this contamination are originally elaborated in the blood, we may be nearer to the grand solution of the mystery than we would now be prepared to believe. If this doctrine as to the origin of these diseases be the correct one, and I do not for one moment doubt it, then why should we not reasonably hope that a means exists already, and that, in the not far distant future, it will be discovered by which the profession may control the disease as effectually at least as we now control the constitutional effects of the syphilitic poison? I doubt if there is any conceivable form of disease that afflicts humanity for which a remedy has not been provided somewhere in the wide domain of nature.

Since, therefore, we have discovered, in mercurials and iodide of potassium, an effectual means of neutralizing, if not entirely eliminating from the system the syphilitic poison, and since, also, we have found in the cinchona bark and its alkaloid, as nearly as possible, a specific for the treatment of intermittent fever, it is not unreasonable to expect that it will fall to the lot of some one, at no distant day, to present to the world a remedy by which the cancerous dyscrasia may be not only controlled, but entirely overcome; and the profession will be in a position to relieve a degree of suffering in society, such as must be personally realized in order to be accurately described.

CLINICAL LECTURE ON A CASE OF FROSTBITE, TORONTO GENERAL HOSPITAL, SESSION 1880-81.

CLINIC OF DR. THORBURN.

History.—J. P., aged 29, admitted Nov. 22, 1880; is a French Canadian; lives in Montreal; is a labourer; has always been healthy, of good constitution; has used liquor moderately; his family history is good.

Present Complaint.—Was travelling from Buffalo, N. Y., to Montreal; got as far as Hamilton by rail, when, his money being nearly exhausted, he determined to walk the remainder of the distance. Arriving at Duffin's Creek, Nov. 21st, and having no place to sleep in over night, went into a barn and lay down on some straw, his feet being towards the door. On awakening next morning he resumed his tramp, but after proceeding for a short distance, felt a severe pain in both feet. On removing his shoes and stockings, found both feet frostbitten.

On examination after his arrival at the Hospital (Nov. 22nd), the toes, and nearly as far up as the tarso-metatarsal articulation of each foot, were found affected—dark, livid in appearance.

Treatment.—Poultices of charcoal are ordered.

Nov. 24th.—The line of demarcation is appearing.

Nov. 29th.—There is complete separation between the living and the dead integament.

Dec. 1st—The injury is found not to have extended beneath the skin, excepting in some of the toes.

Dec. 24th.—Amputation of the three middle toes of the left foot through the second phalangeal articulation; and of all the toes of the right foot through the metatarso-phalangeal articulation performed; the patient not being under the influence of an anæsthetic, at his request.

Dec. 30th.—Poultices of charcoal applied.

Jan. 29th.—Amputation performed of the two remaining toes of the left foot, the bones having become necrosed.

Dr. Thorburn remarked substantially as follows:—In the case now before us, we see some of the severer effects of the application of cold to the human frame. Differing from this condition only in degree, is that common and annoying affection known as chillblain, to which I propose briefly to draw your attention in the first place. This is seen in the young frequently, and in women oftener than men. This may be accounted for by the fact that chillblains are much more liable to attack those of feeble and languid, than those of vigorous circulation. As another illustration of this truth we may remember the parts specially obnoxious to this condition, viz: the toes, fingers, nose, etc., all parts with comparatively feeble circulation.

In such patients then, and in such parts, we find, if they are exposed to the cold and heat, especially if these conditions are considerable, and more especially if the change from one to the other is rapid, a local inflammation of the skin supervening, with the following symptoms:

First, there is to be noticed a certain amount of rubefaction. The inflammatory process, if it has not been increased by irritating treatment, or unwisely stimulated by too rapid application of heat, may proceed no further than this stage. If, however, a contrary course has been pursued it may proceed to sloughing or even ulceration. This stage is thus described by the late Mr. Syme: "Ulcers of chillblain's present the appearance of a smooth, superficial excavation, with thick, white edges, and a peculiar viscid, slimy discharge."

In addition to the physical signs just mentioned, we find considerable hyperæsthesia of the part, as shown by the intolerable itchings, and often the absolute pain located there. This condition is usually increased toward evening, and is aggravated by proximity to the fire, or the application of any stimulating solutions.

Treatment, is local and general. Our local applications should be of a stimulating character, as tr. iodini; or cupri. sulph., grs. iij; aquæ, ℥j; or lin. saponis c. opio.

The parts should be covered to exclude the air. If ulceration has declared itself, wet lint may be applied; and when the parts are indolent in healing use this prescription:—

℞ Acid carbol..... ℈ij.
Tr. opii ..... ℥ss.
Ol. olivæ ad..... ℥viij.
Sig. Apply three times a day.

If the cold to which a part has been subjected has been severe enough, or the alteration in temperature great, *frost-bite* is the result, even in persons of healthy constitution. The parts then become stiff, the skin pale or white, entirely insensible, the blood being driven from the surface to the deeper structures of the body. If the cold be exceedingly intense the part is destroyed at once, when, instead of the blood being driven to the internal organs, it will be more or less retained in the affected parts; these presenting a mottled, livid appearance. A similiar appearance is seen when the ether spray is too long applied to a part, and due to the same condition, viz: blood stasis.

In regard to the constitutional effect of cold, we find there is, first, a stimulation; second, a depression. The primary excitement passes off, and a state of sleepiness ensues followed by torpor which, if not relieved, terminates sooner or later in death.

As the effect of cold is to drive the blood from the surface to the viscera and nerve centres, we find them seriously congested; death often being due to cerebral hæmorrhage, or engorgement.

The *sequelæ* of frost bite are numerous and important. Among the most interesting may be mentioned Sloughing, Ulceration, Gangrene, Pyæmia, Congestion, and Inflammation of the Lungs, Tetanus, Ulceration of the Duodenum.

In regard to the latter condition it may be noted in passing as strange that intense heat to the skin producing a burn, and intense cold, resulting in frost-bite, may be followed by the same result in the duodenum, viz: ulceration. Whether this can be accounted for by the vicarious action of Brunner's glands (the sudoriparous glands in both cases having been destroyed) is a point we cannot at present settle.

Treatment of frost-bite. One of the first and most important points in this is, to restore the circulation gradually. Too rapid re-action must be avoided. The venous circulation may be assisted by gentle friction along the course of the veins, and by light coverings of flannel; the arterial by slight warmth, and mild local stimulation, only resorting to these measures, however, if the natural reaction seems insufficient. On the other hand, if the reaction appears too rapid, it must be kept fully under control by such means as elevation of the parts, or the use of ice water.

It is a difficult point to determine how long torpor may exist without destroying the vitality of a part. Sir John Franklin remarks that an animal may be restored to life even after the whole body has been frozen.

By the appearance of the skin for some time after a frost-bite we cannot tell how far the injury has extended; therefore, we must wait for the line of demarcation to form. By operating before this is distinctly observed, we are likely to remove healthy tissue, and may even cause supervention of pyæmia. If gangrene is evidently present, however, and the line is slow in forming, the application of a stimulating liniament will hasten the ulcerative process. The prescription given previously will, when freely applied, lessen the fœtor, and reduce the tendency to a septic condition. So soon as the line is distinctly formed it may be necessary to amputate. During the whole period the strength of the patient must be kept up by all required means, and anodynes used if required. Should tetanus threaten, all dead and irritating parts must be removed.

The results in the present case fully justify the line of treatment here marked out. When first seen it seemed impossible that much of the foot could be saved. It appeared as though a Syme's, or a Pirogoff, or, at best, a Hancock's operation would be the result. But, by the expectant system, this patient has been brought, with comparative safety to his present favourable condition. Instead of being a cripple for life, as was at one time feared, and as too hasty operative interference might have ensured, he will have almost as good use of his feet as previously. The small loss of bone which he has suffered is certainly remarkable considering the nature of the injury; and to-day the parts are progressing so rapidly to complete recovery that his discharge in an excellent condition is a matter of the near future.

Selections: Medicine.

TREATMENT OF INDIGESTION AND HEARTBURN.

In the course of an article in the *Practitioner*, January, 1881, Dr. J. Milner Fothergill writes:—

For the purpose of whetting the appetite and thus acting reflexly upon the gastric secretion, we employ the class of agents known as bitters. To these we add hydrochloric acid. Ringer has pointed out how an alkali taken into the stomach before a meal, when the stomach is alkaline, produces a freer flow of acid afterwards. Consequently we comprehend the value of that well-known preparation indifferently termed, "Haust. Stomach," or "Mist. Mirabilis," or "Mist. Rhei et Gentian," in the various hospitals; a combination of world-wide fame. One drawback to this combination of rhubarb, gentian and soda is, that the student becomes familiar with it and its virtues, but remains ignorant of its exact composition, and so loses sight of it when he enters upon practice for himself. Such a mixture before meals, followed by ten drops of hydrochloric acid after the meal, will often make the difference betwixt imperfect digestion, producing discomfort, and digestion so perfect that it does not provoke consciousness. Or where there is much irritability in the stomach, *i. e.*, when a bare, red tongue imperfectly covered with epithelium suggests a like condition of the internal coat of the stomach, then bismuth is most soothing. The mixture of soda, bismuth, and calumba is in use for such indigestion with good results. The dietary in such a case should consist of the blandest food, milk with or without baked flour in it, beef tea with baked flour; nothing more till an improved condition of the tongue tells of a more normal condition of the stomach. In such cases a plain opium pill at bedtime often soothes the stomach very nicely. Then there are cases where imperfect digestion is accompanied by the production of fatty acids, butyric and others, which add the phenomenon of "heartburn" to the symptoms; or there may be later products formed which cause the bitter, hot taste in the mouth on awakening in the morning or after a post-prandial nap. It is usual to treat "heartburn" by the exhibition of an alkali; but this is not good practice. In union with an alkali the offending matter is nearly as objectionable as in the form of free acid. It is much better to give a mineral acid, as the hydrochloric, or phosphoric, which breaks up the feebler organic acid. By such means we can aid the digestive act. Then at other times the indigestion is due to lithiasis, where the presence of uric acid impairs the efficiency of the gastric juice. In these cases all measures which do not entertain the causal relations of the dyspepsia are of little use. By the administration of potash in a bitter infusion, well diluted, taken half an hour before a meal, this element of trouble is removed. In all cases of gouty persons suffering from dyspepsia, do not forget this cause of impairment of the gastric juice.—*Med. and Surg. Reporter.*

Tendon Reflex.—Senator's latest writings corroborate Tschirjew's statement that division of the spinal cord, opposite the 5th or 6th lumbar vertebra abolishes patellar tendon reflex. Division of one lateral half of the spinal cord at this level, abolishes the reflex on the corresponding side only. Division of the lateral column on one side produces the same effect. Division of the posterior cornua of the grey substance is devoid of this effect. He concludes, hence says the *London Lancet*, that in this part of the lumbar region, both sensory and motor fibres of the posterior extremities are exclusively contained in the lateral columns. Patellar tendon reflex can only be induced by one kind of stimulation, namely, mechanical shock or sudden extension by a blow.

Dr. Latham, at the Cambridge Medical Society, suggests a chemical theory for the sudden deaths from chloroform. Hoffman has shown that chloroform converts the amides into isocyanides. After a dazzling array of chemical formulæ, Dr. Latham proceeds to suggest that the blood charged with chloroform passing into the coronary arteries, decomposes some of the constituents of the muscular tissue, which, thus rendered inert, is dilated by the pressure of the venous blood, and the patient dies with a distended right ventricle.

TABULAR STATEMENT SHOWING THE POINTS OF DIFFERENTIAL DIAGNOSIS OF CARDIAC VALVULAR LESIONS.

BY BYRON BRAMWELL, M.D., LECTURER ON MEDICINE IN EXTRA ACADEMICAL SCHOOL, EDIN.

Lesion.	Characters of the Murmur.			Effects of the Lesion on the Heart and Circulation.								
	Points of differential maximum intensity.	Rhythm.	Directions of propagation.	Left ventricle.	Left auricle.	Lungs.	Pulmonary second sound.	Right ventricle.	Tricuspid valve.	Right auricle.	Systemic venous circulation.	Arterial circulation; pulse.
Mitral stenosis.	Apex, which is normal.	Presystolic.	Downwards and inwards, to a limited extent.	Normal or small.	Dilated and hypertrophied.	Engorged lung symptoms.	Accentuated	Hypertrophied and dilated.	Towards end may be incompetent	Dilated and hypertrophied.	Engorged; dropsy; face blue, and effects of engorgement of stomach, liver, kidneys, brain, &c.	Small, weak, unequal in volume, irregular in time.
Mitral regurgitation.	Apex, which is displaced downwards and outwards.	Systolic.	Upwards and outwards to left axilla, and inferior angle of left scapula.	Hypertrophied and dilated.	Dilated and hypertrophied.	Engorged lung symptoms.	Accentuated	Hypertrophied and dilated.	Towards end may be incompetent	Dilated and hypertrophied.	Engorged; dropsy; face blue, and effects of engorgement of stomach, liver, kidneys, brain, &c.	Small, weak, and irregular in time.
Aortic stenosis.	Second right costal cartilage.	Systolic.	Upwards along course of aorta and into vessels of neck.	Hypertrophied.	Normal.	Normal.	Normal.	Normal.	Normal.	Normal.	Normal.	Small, regular, and of good strength.
Aortic regurgitation.	Second right costal cartilage, mid. sternum, lower end of sternum.	Diastolic.	Downwards to lower end of sternum.	Hypertrophied and dilated.	Normal so long as mitral valve is sound.	Normal so long as mitral valve is sound.	Normal so long as mitral valve is sound.	Normal so long as mitral valve is sound.	Normal so long as mitral valve is sound.	Normal so long as mitral valve is sound.	Normal so long as mitral valve is sound; face pale.	Jerking, visible, collapsing, and tortuous.
Tricuspid regurgitation (usually secondary)	Lower end of sternum.	Systolic.	Upwards and outwards towards right.	Normal if lesion is primary.	Normal if lesion is primary.	Normal or anæmic if lesion is primary.	Weak if lesion is primary.	Hypertrophied and dilated.	Incompetent	Dilated.	Engorged; venous pulsation in neck; dropsy, &c.	Small, weak, irregular.

—*London Lancet.*

A Ready Method for Hot Fomentations.—A patient lately informed me of a method, adopted in her family for many years, to prepare flannels for hot fomentations; and, as the plan is novel to me, after thirty years' practice, and evidently very valuable, I think it may be unknown also to many others. The flannels are merely placed in the steamer of an ordinary potato steam-kettle; they quickly become thoroughly permeated by the steam, when the kettle is placed on the fire, and can be readily changed without any fear of scalded fingers during the attempt to wring them sufficiently dry, as in the ordinary method. My friend has, I understand, presented several steam-kettles, specially made for the purpose, to one of the London hospitals.—Richard Neale, M.D., Lond., in *Brit. Medical Journal.*

Salicylic Lemonade in Typhoid.—The celebrated Dr. Burggraeve has made known the composition of the salicylic acid lemonade used with very good results in his wards at the Civil Hospital at Ghent. The formula of this excellant preparation is as follows:—

Salicylic acid	4
Tartaric acid	4
Simple syrup	75
Tinct. lemon peel	5
Warm water	920

It is taken by the patient just like ordinary lemonade. In the same establishment salicylic acid is employed for disinfecting the surgical dressings, especially the cotton wool dressings. —*Monthly Magazine.*

The Pathology of Diabetic Coma.—Von Jaksch (*Prager Med. Wochenschrift*, 1880, Nos. 20 and 21) reports a case of diabetic coma in a boy of 13. The nervous symptoms supervened three weeks after the appearance of the diabetes was recognized, and the boy died in four days, with a rectal temperature of 33.3° Cent. (91.9° Fahr.) The blood examined during life showed destruction of the red blood-corpuscles, but no fat-drops. The urine gave a strong acetone reaction with ferric chloride. He also describes a case of acetonæmia in a boy who was not the subject of glycosuria, and who recovered completely after free purgation.—*British Medical Journal.*

Koumiss as a Sole Article of Diet.—Dr. H. Sutherland, at the Clinical Society, brought forward a case of obstinate vomiting, in which no food but koumiss was taken for eighteen months. The patieut increased in weight; the daily ration was two pints of koumiss.

Grey Powder.—According to a note by Dr. Lindo in the *Chemical News*, it appears that grey powder, after keeping for some time, is found to contain large quantities of oxide of mercury (mercuric oxide), and therefore becomes unsuitable for medicinal purposes.

An instance of serious syncope from inflation of the middle ear by Politzer's method, and of loss of hearing from a kiss upon the ear, are reported in a recent number of the *Archives of Otology.* Truly, we are becoming a nervously sensitive people.—*Alienist and Neurologist.*

Surgery.

NOTES ON DISLOCATIONS OF THE HIP.

BY WILLIAM T. BULL, M.D.,

Surgeon to the Chambers Street and St. Luke's Hospitals, New York.

(A paper read at the meeting of the New York Surgical Society, January 12, 1881.)

The following cases of dislocation at the hip-joint have come under my notice at the Chambers Street Hospital within the past five years. The chief interest which attaches to them is the method by which reduction was accomplished, and I shall limit myself to the consideration of this point. I should say in advance that I have been indebted wholly to Bigelow's monograph for the ideas which I have put into practice.

Case I.—A mechanic, thirty-three years of age, while wrestling, was thrown forcibly to the ground and sustained a dislocation of the left femur, on the dorsum of the ilium, presenting all the characteristic signs of that injury. Twelve hours later ether was administered. The patient being laid on his back on the floor, the knee was flexed and the leg firmly held between my left forearm under the calf and

my right hand over the ankle. The thigh was flexed on the abdomen and rotated slightly outward, then abducted and extended. The head of the femur could be felt to pass to the edge of the acetabulum with the first three motions, but resistance was met when extension was attempted. This was the case in two trials. A third effort, with a little lifting up of the limb just before extension was made, was successful.

CASE II.—A laborer, fifty-four years of age, was hit on the back by an iron girder of the elevated railroad, while he was bending forward to pick up something from the ground. He sustained a dorsal dislocation of the right hip. Six hours later, under ether, the patient being on the floor, reduction was accomplished in one effort by flexing the thigh in the adducted position in which it lay, rotating slightly inward, then abducting as far as the perpendicular, jerking it quickly upward.

CASE III.—A laborer, thirty-six years of age, jammed between the spiles of a pier by a ferry-boat, was brought to the hospital an hour later with a dorsal dislocation of the left femur. Ether was administered at once, the patient lying on the floor and the pelvis being steadied by an assistant, and the head of the bone was replaced in one effort, as in the preceding case.

CASE IV.—A deck-hand, thirty-three years of age, while sitting on the rail of a ferry-boat, was struck on the back by another boat, and his knee jammed against a post or the rail. The right hip suffered a dorsal dislocation. I saw the man four hours after the accident, and asked the house surgeon, Dr. Wilkin, to reduce it by the method which was successful in the two previous cases. His first manipulation succeeded, and reduction was completed in twelve minutes from the time the etherization was begun.

CASE V.—A workman, thirty-one years of age, fell in front of a street-car. His left knee was caught by the platform and he was pushed along in front of the car. The left femur was dislocated on the dorsum of the ilium. After two hours I tried to reduce it, under ether, by the method above mentioned. The head of the femur could be brought to the margin of the acetabulum easily, but resisted every effort to lift it into place. I then circumducted the limb to lacerate the capsule more, and repeated the manipulation in vain. Both Dr. Wright, the house surgeon, and myself tried flexion, followed by circumduction outward and rotation outward, both with and without the "jerking up." These efforts were made both while the patient was on the floor and when on the operating table. In the latter position the second manœuvre was then practised by Dr. Murray, the junior assistant surgeon. As the head of the bone reached the margin of the acetabulum and resistance to extension was felt, the thigh was rotated alternately inward and outward while being lifted, and it slipped into place. Half an hour was consumed in these attempts.

In one of these five cases of dorsal dislocation, reduction was accomplished by flexion, circumduction outward and rotation outward with a jerk upward. One case, the last mentioned, required the further manipulation of free circumduction (to lacerate opposing capsular or muscular fibres), and a sort of rocking motion of the head on the edge of the acetabulum, which probably enabled it to slip by some portion of the capsule which had not been ruptured. In both cases the lifting up was apparently necessary in order to restore the head of the bone. This method of reduction has been frequently employed. Bigelow, who terms it the "rotation" method, especially insists on the value of this "upward jerk," both in this method and that by simple traction; and all five cases testify to the correctness of his views. In the three cases which were so easily reduced, this "upward jerk" was the prominent feature of the manipulation after flexion had been made. The thigh was flexed as it lay in a position of adduction, and carried as far outward as the perpendicular; then, on lifting it up, the head of the bone glided into place. In a sixth case the head of the bone could be felt lower down on the dorsum (in the sciatic notch).

CASE VI.—A sailor, thirty-four years of age, was jammed between two piles by a ferry-boat, while defecating. He was brought to the hospital immediately. The right limb was shortened one-half inch, the thigh lightly flexed,

adducted and rotated inward, the knee resting on the opposite one. Two efforts were made by flexion, adduction, and lifting up, but the head of the bone slid into the thyroid foramen before it was lifted. On a third effort great care was taken not to carry the limb beyond the perpendicular, and it was easily jerked into place. This case illustrates the fact noticed by several writers, that carrying the thigh too far outward in reducing the dorsal dislocation is apt to produce a thyroid dislocation.

In all these cases the after-treatment was the same. A thick layer of cotton was bound firmly about the hip with a spica-bandage, which was changed twice a day. After a week or ten days, according to the amount of tenderness, massage was practised twice a day. At the end of two or two and a half weeks movements were permitted, at first on crutches, which were laid aside at the close of the third or fourth week. No impairment of the functions of the joint followed in either case. * * * * —*N. Y. Medical Record.*

PHIMOSIS AS A CAUSE OF HERNIA IN INFANTS.

BY. MR. S. OSBORN, F.R.C.S.E.

Having, in his capacity as Surgeon to the Surgical Appliance Society, to examine and apply some hundreds of trusses in the course of the year, the frequency of phimosis in combination with rupture in infants had struck the author repeatedly. The Phimosis in all these cases he was certain was the undoubted cause of the rupture, and might be thus explained: After the descent of the testicle into the scrotum has been accomplished, the vaginal process of peritoneum, through which it descended, begins to close and become converted into a fibro-cellular cord. But the testicles having but lately descended (the left coming down between the seventh and eighth month of fœtal life, and the right between the eighth and ninth month), the uniting medium is but yet young, and, not being sufficiently organized, is easily broken down by any strain thrown upon it. Phimosis occasions that strain from the impediment which it offers to the outflow of urine. For the mechanism of ordinary micturition is effected by the contraction of the muscular coats of the bladder and urethra, but in cases of obstruction to the outflow of the urine, extraordinary force is called into action, and this is effected by the contraction of the abdominal walls pressing upon the bladder, whilst the diaphragm is also at the same time in a state of tension. By this means pressure is exerted over the whole of the abdominal wall, and the apertures by which the testicles have descended to the scrotum being always the weakest points of the abdominal surface, they naturally give way under the strain thrown upon them. In other words, the child, straining to pass his water, forces the abdominal contents downwards upon the weak points at the inguinal canals, and rupture on one or both sides results. It might even be said that the canal which has been the last to close, or, in other words, that side on which the testicle was the last to descend, is the side on which the rupture usually occurs; and, knowing that the right testicle is generally the last to descend, we naturally find that hernia in infants is also met with greater frequency on this side. That the rupture occurs on the side on which the testicle was the last to descend, is only what might be expected, for the uniting medium which is effecting a closure of the canal on this side is not in so advanced a condition of organization as on the other side, where the testicle has taken its place prior to the other. It is thus easily seen how a single truss frequently produces a double rupture. The cause of the obstruction to the outflow of urine is still present in the phimosis, and one inguinal canal being guarded by the single truss, the abdomen gives way at its next weakest point, viz., the other inguinal canal, and a double rupture is the consequence. Such a result might have been prevented by early circumcision. The hernia in these cases is generally scrotal, or, if not, it soon becomes so by the wedge-like projection of the intestine; and as to whether it be congenital or infantile in variety, depends upon the amount of the funicular process of peritoneum which becomes converted into fibro-cellular tissue, or which

has been broken down by the aforesaid propulsion of intestine. The operation of circumcision, as performed upon young children, and which was done in all the cases the author had spoken of, is both easy of performance and effective in its results. No sutures are ever required; children bear the pain well; and the parts are usually well in a week or ten days. The hernia then stands every chance of being effectually cured by the application of a truss, the exciting cause having been removed; at all events, a double rupture is prevented by its early adoption. He would suggest that whenever an elongated or contracted prepuce is present in infants, the sooner circumcision is performed the better; thereby the more serious complaint of rupture will be prevented.—*London Lancet.*

SUPRAPUBIC CYSTOTOMY.—Petersen, in the *Arch. für. Klin. Chir.*, avoids wounding the peritoneum in this operation by taking advantage of Braune's observation, that when the bladder and rectum are distended the peritoneum on the apex of the bladder is pushed upwards so as to be easily avoided. He guards against urinary infiltration by suturing the incision in the bladder with catgut to get primary adhesion; to attain this, the bladder incision must be free and must not be bruised by forceps or calculus. Suitable conditions for the "high operation," according to Petersen, are: 1. Large hard stones. 2. Encapsuled stone or stones, lodged in saccules behind the prostate. 3. Hypertrophied prostate. 4. Hæmorrhoids. 5. Very fat people. 6. Tumours of the bladder. 7. Impermeable structure where it is desired to pass a fine catheter from the bladder along the ureter.

[Mr. Lister performed the suprapubic operation antiseptically twice in the same day lately at King's College.—ED.]

PRURITUS—BALSAM OF PERU.—Dr. Auerbach, of Berlin, states that having, in common with so many other practitioners, found the balsam of Peru a most valuable remedy in itch, he has for some time past used it in the treatment of pruritus with the greatest success. After the first rubbing into the parts affected, great relief is obtained, and in a few days a cure results.—*Med. and Surg. Rep., August* 14.—*Quarterly Epitome.*

MR. OSBORN ON ANÆSTHETICS.

The *annotations on anæsthetics* given by Mr. Osborn, chloroformist to St. Thomas' Hospital, should be read and remembered by every practitioner. There are three anæsthetics in common use in the hospital: nitrous oxide, ether, and chloroform. The former is used only in operations which may be finished in a few seconds, its prolonged use being considered dangerous. Chloroform is used in children under five years of age and in old people over sixty. In the latter it is preferred to ether because it does not produce the same amount of hyperæmia of the air passages, a result which may terminate in death. Though chloroform is commonly used in children, almost any anæsthetic is well borne. With these exceptions, ether is used in all possible cases. If chloroform is to be administered, it may be preceded by a glass of brandy and water, but no alcohol of any description should be given before the administration of ether. Vomiting is more frequent after chloroform than after ether, the excessive sweetness of the former being the cause. The alternating contraction of the abdominal muscles is the principal sign of impending vomiting, and, if the anæsthesia be slightly increased, this may be subdued. Chloroform is administered on a piece of lint folded into the shape of a cone to allow of free entrance of the air. Ether is given in Clover's apparatus, and four ounces are found amply sufficient for the longest operation. Valvular disease of the heart is not considered to contra-indicate the use of ether, the heart which is most to be feared being the fatty one, which cannot be diagnosticated by any auscultatory signs. Feebleness of the pulse, also, should not deter one from the administration of ether, for, although a very small amount of ether will be required to produce insensibility, the pulse will generally improve under its influence, and should it not do so the patient may generally with care be carried through the operation. In giving anæsthetics for cases operated on with the aid of Esmarch's bandage, it will never be found necessary to produce very intense anæsthesia, for the constriction of the tourniquet so deadens the limb that sensibility is blunted. Also, in patients suffering from shock the amount of the

anæsthetic required is less than in ordinary cases, on account of the nervous sensibility being already partially paralyzed. Shock may kill a patient while under the anæsthetic, death resulting, not from the effects of the anæsthetic, but solely from the shock. A lowering of the pulse has been seen to follow some of the more serious operations, and from a lowering of the pulse, on the one hand, to a fatal syncope, on the other, is only a question of degree. Death may result from cerebral hæmorrhage, the blood-vessels giving way under the increased pressure. Death may also occur from failure of the heart's action, or from asphyxia, the former being the more serious accident of the two, as the heart cannot be roused to renewed action, though, in the latter, artificial respiration may save life. When, under chloroform, there are signs of failure of the heart's action, ether may be substituted as a cardiac stimulant. In cases of threatened asphyxia, never trust solely to thrusting the lower jaw forward, but forcibly draw the tongue out of the mouth with forceps. Œdema, or spasm of the glottis, or obstruction in the trachea, must be met by immediate tracheotomy, and patients have frequently been saved thereby. It is not probable that traction made upon the tongue has any effect in raising the epiglottis; therefore, if traction upon the tongue does not immediately relieve the threatened asphyxia, by allowing air to enter the lungs freely, tracheotomy must be done without delay. Finally, the conclusion of the writer is that neither ether nor any other anæsthetic is absolutely safe, and that they should always be given by one who is in the constant habit of administering them, and who will give his sole attention to the work of managing them.—*New York Medical Journal.*

Epistaxis—Nasal Injections.—Thurston depends upon the well-known fact that liquid injected into one nostril returns by the other, and in cases of epistaxis, introduces the nozzle of a syringe into the nostril not bleeding, and holds it firmly. A stream of cold water, thrown in thus, washes out all the clots from the bleeding nostril, and often arrests the bleeding. If not efficient for this purpose, he uses a dilute solution of perchloride of iron.—*St. Louis Cour. Med., July.—Quarterly Epitome.*

THE INFLUENCE OF THE WILL IN THE TREATMENT OF SPINAL DEFORMITIES.

In the usual acts of volition, the mental process is entirely concerned with the results obtained, and takes no heed of the action of individual muscles. In raising a cup to the lips, the attention is fixed on the elevation of the hand by the flexion of the elbow, not on the contraction of the biceps, brachialis anticus, and other flexor muscles of that joint. But it is well known that the will can exert control not only over groups of muscles acting together, but upon individual muscles, and, by practice, can cause contraction of muscles formerly not under the direct control of it. Thus, by practice, the biceps can be contracted alone without any other of the flexors of the elbow-joint, each one of the facial muscles can be separately contracted to show its individual action, the scalp can be moved to and fro, or one or other of the muscles of the soft palate can be put into use as desired, and thus its individual action verified. For the most part, this power of contracting single muscles independently of the common purposive movements of the body, is in abeyance, and cultivated by a few as a study, and by others as an amusement. But it was reserved for a Dr. Kjoelstad, of Christiania, to make use of it as a curative agent in certain cases of deformity of the spine, especially lateral curvature. Dr. Tiedemann has developed the treatment still further, and Dr. Roth has recently called attention to it in this country. It is stated that by making patients with lateral curvature of the spine examine their deformity, by the aid of a reflecting-glass, a contraction of the muscles, which are weakened, and which by their relaxation permit or even cause the deformity, can be excited by the will. By practice, these contractions can be made of longer duration, increased in strength, and excited independently of the aid of vision, so that by a single act of volition these weakened muscles can be set in action, and the deformity corrected or lessened. It is easy to see how the cure of this affection can be thus expedited and aided—for it is not suggested that it is able alone to cope with severe deformities—

and it indicates a direction in which those who have such cases under treatment may derive help. It is in strengthening the weakened structures and exciting to tonic contraction the relaxed muscles that the true cure of scoliosis lies. Spinal supports may assist by rendering such a return of the normal condition more easy of attainment; but alone they are not calculated to prove curative, and there is ample experience to show that when trusted to for more than accessory aid, they not only disappoint, but may even exaggerate the evil they are designed to benefit.—*London Lancet.*

VARICOCELE.—In a paper on this subject read before the Clinical Society of London, Mr. Pearce Gould suggested a new view of the pathology of this affection. He asserted that neither the greater length of the spermatic vein on the left side, nor its passage beneath the sigmoid flexure, nor the mode of its entrance into the renal vein, satisfactorily explained the more frequent occurrence of varicocele on that side; and suggested that the use of the valve usually present at its mouth, was to convert the direct aperture into an oblique one; and that the blood current in the renal vein exerted an aspiratory effect on that in the spermatic He pointed out that varicocele is a disease of early life, most often before puberty; that it may remain stationary or undergo spontaneous cure; that the veins are not subject to thinning of their walls or spontaneous rupture; and that the affection is not produced by the common cause of other varices, but was a true venous hypertrophy. He advocated the operation for radical cure. In all these points Mr. Bryant concurred.

SPERMATIC CRYSTALS.—From an examination of the seminal vesicles and prostatic fluid from fifty bodies, Furbinger has determined that the "spermatic crystals," described by Bottcher, occur exclusively in the prostatic secretion. They appear to be identical with Charcot's crystals (discovered by Robin) which, Schreiner says, consist in a phosphate of a new organic base. Their clinical significance is an abundant secretion from the prostatic glands.—*London Lancet.*

EXCISION OF STOMACH.—On the 29th of January, Billroth, of Vienna, excised (*London Lancet*) six inches of greater curvature of stomach, including pylorus, for infiltrating carcinoma. Incessant and uncontrollable vomiting determined Billroth to operate. The operation lasted one hour and a half. There were extensive adhesions to omentum and colon. Fifty silk sutures were used to unite the duodenum to the remaining portion of stomach. In a week the sutures were removed from external wound which had united without reaction. The patient was able to take tea, coffee and light nourishment. In 1879, Péan performed the same operation; catgut sutures were employed, and the patient died on the 4th day.

NEW METHOD FOR PRODUCING PHARYNGEAL ANÆSTHESIA.—Rossbach produces insensibility of the pharynx by cutting off the conduction of the sensory nerves which supply it. These are given off from the laryngeal nerve superficially just below the knobbed end of the large horn of the hyoid bone. A subcutaneous injection of morphia at this point produces anæsthesia, or the ether spray applied simultaneously to both sides has the same effect, in from one to two minutes.—*Phila. Med. Times.*

EPISTAXIS—PERCHL. IRON SPRAY.—A spray of perchloride of iron in epistaxis is recommended as often avoiding the necessity of plugging the nares.—*Med. Record, July* 24.—*Quarterly Epitome.*

William Rutherford Sanders, M.D., Edin., who succeeded the younger Begbie as the Chief Consultant Physician of "the grey metropolis of the North," died of apoplexy on the 18th of February, in the fifty-seventh year of his age.

HAMILTON MEDICAL AND SURGICAL SOCIETY.—Officers elected for this year. President, Dr. A. Woolverton; Vice-President, Dr. H. Ridley; Secretary-Treasurer, Dr. E. G. Kittson.

Midwifery.

ANOMALOUS PYREXIA IN WOMEN.

BY J. MILNER FOTHERGILL, M.D.

What may be disease, or, rather the indications of disease in a woman of lymphatic temperament, may be a matter of little or no moment in a woman of distinctly neurosal temperament. In this latter class of persons, I venture to suspect considerable perturbations occur quite commonly; and without exciting alarm until the clinical thermometer is brought into play, and the consternation is established. But the remarks of Austin Flint on the perturbations of temperature causing needless alarm, in his recent work on "Clinical Medicine," should be read and carefully thought over by every man who takes upon himself to wield a clinical thermometer. Beyond noting a distinct rise, the practitioner should keep his head cool, and look about him keenly for the cause of the rise. If the patient is a woman, the more likely the perturbation is to be merely neurotic. If the nervous system is highly developed, the suspicion is strengthened. But before deciding that a pyrexia is of organic origin, a careful examination should be made to discover, if possible, the local cause; if none be found, then the next duty is to scrutinize the features of the malady to see if they bear any familiar resemblance to the well-known specific pyrexia; if no such family likeness can be traced, then examine the stranger still more minutely to see that it is not a "solar pyrexia," or one of those nondescript entities just beginning to be discriminated and classed. And above all, bear in mind the perturbations of the catamenial week, and track down the catamenia, and see if the malady will not "fit" in time to the menstrual week; and so diagnose the ailment by its chronological associations. When hunted down and discovered to be really a neurosis, an exaggeration of the normal perturbations set up by the catamenia, the prognosis becomes cleared; just as the removal of dark clouds reveals a sunlit sky. The neurosal nature recognized, the treatment becomes simplified; and not only that, but it is effective. Such plan of looking at an anomalous pyrexia in women would often save much needless alarm and apprehension amongst the patient's friends; perhaps, also, some possible loss of credit to the practitioner; and even gain some credit to the watchful physician who does not trip into the pitfall before him, but sees his way in "devious places."—*Excerpt from The American Journal of Obstetrics.*

OVARIAN PEDICLE LIGATURE EXTRUDED THROUGH THE URETHRA.

At a meeting of the New York Obstetrical Society, Dr. Thomas spoke of a case that had lately come under his notice, in which a silk pedicle ligature, left in the abdomen after ovariotomy, had subsequently ulcerated through the bladder. Lodging in the urethra, it caused some impediment to urination, and on this account the patient was examined and the ligature was removed. The silk was entirely unaltered. At a previous meeting, Dr. T. A. Emmet showed the remnant of a silk ligature which he had applied to an ovarian pedicle and dropped, and which had been discharged through a sinus in the cicatrix six months afterwards. He advocated the return to silver wire ligatures as being more likely to become encapsuled.—*N. Y. Med. Journal.*

INVERSION OF THE URETHA.—The late president of the N. Y. Obst. Soc., W. T. Lusk, at a late meeting, made brief mention of a case of this sort which he had been invited to see by Dr. Janeway. Examination showed a bright red tumour projecting apparently from the urethral orifice, but which proved on examination to be really a complete inversion of the urethra itself. The patient was etherized and the mucous membrane was replaced. When the patient was last heard from, some four or five days after the operation, it was still in place. Dr. Mundé related the history of a similiar case, which he had seen about a year before at Mount Sinai Hospital The inverted urethra was mistaken for an epithelioma, and preparations were made to remove it by means of the galvanic cautery; but a few days later, when the patient was placed upon the table for operation, it was found that the tumour had disappeared. Evidently the œdematous mucous membrane had sloughed off.—*N. Y. Med. Jour.—Quarterly Epitome.*

DANGERS OF TENTS.—At a meeting of the N. Y. Obstetrical Society, Dr. T. A. Emmett said (*N. Y. Medical Journal*) that in his experience dangerous consequences were especially liable to follow the use of tents in nervous and hysterical subjects. He referred to a case that he had reported last winter, in which trouble did not occur until the seventh day. The patient should never be allowed to get out of bed until the next day after the removal of the tent. In spite of all precautions, he always felt, when about to use a tent, that he was endangering his patient's life.

TRIPLETS WITH TEETH.—Dr. Love, in the *North Carolina Medical Journal*, reports a case of triplets—two girls and a boy—born with teeth: 1st, girl, 4¼lbs., two middle upper incisors and two upper canines; 2nd, girl, 5 lbs., two middle upper incisors and left upper canine; 3rd, boy, 6¼lbs., four upper incisors and two upper canines, nearly through. They each lived five hours. The mother was 45 years of age, this was her second pregnancy.

Translations.

ASPHYXIA OF THE NEW-BORN.

Dr. Goyard, in *La France Médicale*, relates a case in which the method of LeBon succeeded in restoring life, after all other means had been tried for an hour and a half and failed. LeBon's method is based upon the fact that infants' blood does not congulate so soon as an adult's, and that often, it is want of caloric, as well as of oxygen, that is required to re-animate the child. So he places the infant in a basin of water at 40°-50°c. (104°-122°). In this case, at the end of about 30 seconds, a strong inspiration was made and in five minutes all was well.

HYPERTROPHY OF THE NERVOUS CELLS OF THE PROTUBERANTIAL REGION IN PARALYSIS AGITANS.

M. Luys has specially studied the lesions of the nerve cells of the medulla, the protuberance and cerebral and cerebellar peduncles in subjects with paralysis agitans: he finds the volume of these cells to be double that of healthy cells. M. Luys thinks that this cellular hypertrophy is in relation with the functional superactivity of the elements in this disease. This fact would be analogus to the exaggerated development of the cells of the cerebral cortex in cases of expansive delirium and to the swelling of the gray substance of the cord in cases of medullary irritation. (Charcot.) —*L'Union Méd.*

TREATMENT OF THE VOMITING OF PHTHISIS.—(HANOT)

In phthisis in the gastralgic forms of vomiting, the application to the pit of the stomach of a flying blister, or the hypodermic injection of morphine in the same region, often produces very favourable results. Prof. Peter administers before each meal a drop of laudanum in a small spoonful of water, in order to diminish the susceptibility of stomachal mucous membrane, without determining general effects. Dr. N. Gueneau de Mussy also recommends a short while before meals the use of a pill containing one centigramme of ext. belladonna. Dr. Pidoux combats the vomiting of the tubercular by means of nux vomica, which has the advantage of stimulating the stomachal tonicity in place of stupifying it, and of remedying the anorexia so common in the course of pulmonary phthisis.—*L'Union Méd.*

IPECAC DURING LABOUR.

In a note published by the *New York Medical Journal* Dr. Garrigue considers ipecac as a powerful stimulant of the uterine contractions. It is to this action that it owes its property of arresting metrorrhagias. Thus ipecac appears indicated in cases of rigidity of the *os* when the woman is worn out by prolonged and completely inefficacious pains. It is given in the dose of 12 centigrammes.

As an oxytocic, ipecac, according to Garrigue, is superior to ergot of rye; in fact the contractions that it provokes are comparable to those of natural labour, they are produced at regular intervals and after periods of rest. In a great number of cases of rigidity of the *os* with insufficient dilatation when each pain excites and

greatly exhausts the woman, ipecac brings in a short time calm and strength; the *os* dilates, the expulsive contractions become regular and powerful, and the labour is promptly terminated.—*La France Méd.*

Resorcine.

Of the employment of resorcine, M. Dujardin Beaumetz says, at the Hospital Medical Society, I am at present experimenting with a new product: Résorcine, a substance taken from assafœtida. It is a crystallized body, white, without odour, soluble in all proportions. It prevents the fermentation of all albuminoid substances, milk, urine, &c.

The Germans make use of it principally for dressings. There are many points of resemblance between résorcine, carbolic and salicylic acids.

It may be used topically in ulcerations of all kinds: thus I have dressed cancers with it, and mucous patches, and have obtained satisfactory results. In diphtheria it may replace carbolic acid, as it has no disagreeable odour. For the local affections of the stomach it may be useful.

Résorcine is toxic. When the dose surpasses 6 or 7 grammes, then the toxic results obtained are the same as with carbolic acid.

I believe then that this body may give good results as an antiseptic in surgery; but in medicine where it may be given in doses of 2 grammes without danger, its efficacity is not yet demonstrated.—*La France Méd.*

Inhibitory Influence of the Nervous System upon Nutritive Changes.

Influence of the nervous system upon the changes between the tissues and the blood. M. Brown Sequard recalls the power that the central nervous system possesses, under the influence of certain irritations, of arresting more or less suddenly the activity of nutrition in the different tissues and organs. Almost all parts of the cerebro-spinal centre, as well as the sensitive and sensorial nerves, are capable of producing, like the beak of the *calamus scriptorius*, the arrest of these changes. The inhibitory power of the nutritive changes that the bulb or the cervical cord possesses is so considerable that it suffices to produce the arrest of these changes to drag upon these parts by suddenly flexing the head upon the thorax. Then the venous blood becomes red and the temperature of the animal falls, and as there is at the same time apnœa, it is necessary to conclude that the cause which determines the arrest of the changes between the tissues and the blood is endowed with great power. In an animal in which the dorsal cord has been cut through and which is submitted to irritation of the bulb or to other irritations of the encephalon or cervical cord, capable of producing an arrest of the changes between the blood and the tissues, we find the existence of this arrest everywhere, except in the parts that receive their nervous supply from that portion of the cord which is severed from the encephalon. Consequently, it is certain that it is by a nervous influence, proceeding from the encephalon or the cervical cord and acting on the tissues, that the inhibitions of the nutritive changes in this experiment take place. —*L'Union Méd.*

Alterations of a Dead Fœtus in the Uterine Cavity.

The question raised at the Academy of Medicine, by M. Guéniot, was not solved, but, as usual the discussion was turned aside from the end originally in view. Thus, yesterday, the influence of knots in the cord upon the life of the fœtus was much less a question than the alterations of a dead fœtus in the uterine cavity. M. Blot produced at the tribune, citations from two authors, Rainard and Martin, showing that the fœtus in the uterine cavity is mummified or macerated, but that it never putrifies, unless the ovum have been broken, and the air have penetrated into it. He showed on the other hand that the dead fœtus exercised no morbid influence on the health of the mother, even when it remained in the uterine cavity for a year or a year and a half. He recalls those curious facts in which the fœtus is dissolved in the amniotic liquid and in which in an old ovum devoid of solid parts, some hairs or a morsel of cord form the sole vestiges of a vanished fœtus. Otherwise these were but current ideas which M. Blot re-

called solely to oppose them to the contrary affirmations of M. Colin. (d'Alfort.)

M. Depaul in support of the same facts, presented the cadaver of a macerated fœtus, which had remained in the uterine cavity for seventeen days without the mother's health failing. The learned professor at the same time recalled the symptoms by means of which we may recognize the death of the fœtus. In addition to the absence of the movements felt by the mother or by the physician and of the cessation of the heart sounds, M. Depaul exposed other symptoms, perhaps less known; after the death, the breasts of the mother become tense and painful for some days, then the milk flows and the breasts become soft. On the other hand the belly diminishes on account of the resorption of a part of the amniotic liquid. We find on palpation a softer and less resistent mass than usual.—*La France Méd.*

Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—The correct pronunciation of the medical terms in common use is a matter of very great importance to the reputation of the practitioner, not merely as a physician, but as a man of education. We, in Canada, are daily and hourly making mistakes in our Latin and Greek quantities; mistakes for which an English schoolboy would be birched, and which bring no great credit upon us when we go abroad.

Whe can defend a man, who wilfully and with malice prepense, calls the abdomen, "the abdŏmen," the umbilicus "the umbĭlĭcus," and who pronounces "vertigo," "porrigo," and "origo," with a short penultimate. I have heard a professor tell his class to "call it 'porrĭgo,' short you know;" and another professor, I heard, in a public address, speak of something or another being the "fons et orĭgo mali." Yet there are some who would have capital punishment abolished.

We who speak the English language are an ungratetul set. For professional use we take words from Greek and Latin, take them body and bones, and alter them in such a way as to destroy their individuality. For example, take the word "trachea," it is common in America to hear "trăchĕa." We took the Latinized word for τραχεῖα (the nominative feminine of the adjective τραχύς); we deprived it of its diphthong, and then added insult to injury, some of us going about calling it "trăchĕa." Again, "ureter" is a purely Greek word, οὐρητήρ,—observe the long penultimate—but who has not heard it called the "urĕter."

How is it that the public always speak of "eczēma" and "enēma." They must have heard their doctors using these terms. Those doctors ought to know that ἔκζεμα is ἔκζεμα, and not ἔκζημα, and that ἔνεμα is ἔνεμα and not ἔνημα.

Anatomy furnishes us with "massĕter" instead of "massēter," (μασσήτηρ more correctly μασητήρ) "trachĕlo-mastoid" for "trachēlo-mastoid." But, after all, these slips are not so very dreadful. Think of "cathēter," "conĭum," and "vesĭco-vaginal fistula." I am happy in expressing my belief that these last atrocities are perpetrated over the border only.

Many who read these lines may exclaim, "What pedantic rubbish!" I can tell them, though, of many Canadian graduates who found themselves checked, harrassed and confused by the many corrections they met with at the membership examinations of the Royal College of Surgeons. When candidates speak of the "saphĕnous vein," of "ĕpŭlis," and of "hæmatemēsis," examiners with delicate classical sensibilities have found it necessary to set them right as they go.

There are many words which, by usage long existing, have been incorrectly written as well as pronounced. "Hæmorrhage" is commonly written "hemorrhage," and pronounced with its first syllable short. "Carŏtid" should be "carōtid," (καρωτίδες). "Jugular" is "jŭgular," not "jūgular," (jŭgŭlum); "fŏrāmen" should have a long penultimate, and should not be pronounced as if it had two "m's" in it.

What right have we to drop the diphthong in "perinœum" and write "perineum"? Why "aneurism" and not "aneurysm," (ἀνεύρυσμα)?

Now, Mr. Editor, my growl must cease, and this letter must be brought to a close with the hope that friends may rush to the rescue of our old cronies, the dead languages, and that our cherished Latin and Greek terms may be defended from the murderous attacks of the barbarians.

I remain, sir,

Your obedient servant,

DIGAMMA.

Feb. 22nd, 1881.

THE CANADIAN
Journal of Medical Science,
A Monthly Journal of Medical Science, Criticism, and News

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

TORONTO, APRIL, 1881.

EXAMINATIONS ONTARIO MEDICAL COUNCIL.

As our readers will observe in the minutes of the Executive Committee, all those candidates who, at the Matriculation Examination held in August last, reached an aggregate of 45 per cent. of the whole number of marks required, are now passed as regular Matriculants, such Matriculation to date from the time of said Examination. This is a happy thing for the "dead men" thus so suddenly and so strangely resurrected. To be plucked for six long weary months, and then to be passed is, to say the least of it, somewhat unusual. The subject, when viewed in all its bearings, becomes a little mixed, too, because the resolution of the Executive, by its retrogressive action, declares that they were passed at the time they were plucked. In this case we may slightly change the words of the poet, and say with reference to the longed-for "pass," "thou art so far and yet so near." It's such an easy way of doing it, too; so simple when you know how. Perhaps we should congratulate this Province upon having a medical examining system so elastic in its nature; and a governing body so full of inventive genius as to enable them to dexterously skip over, jump through, or crawl under any difficulties which may beset their path.

We see by another resolution that the Committee has referred the whole subject of the Matriculation to the Medical Council. At the last meeting of this august body, it was decided, after mature deliberation, to adopt the Intermediate High School Examination, simply choosing Latin as the optional subject which the candidate must take; and again, after what we must call very immature deliberation, it was decided to make certain changes, which have rendered the scheme entirely impracticable. Altogether, the question is now in a hopeless muddle, which "no fellow can understand." We hope the Council at its next meeting will either adopt the Intermediate as first proposed, or return to the old system, and fix a certain standard which will be fair and just, without going to an extreme in the direction of being too high or too low. Anything reasonable will be better than the present condition of perplexing uncertainty.

As will be seen by advertisement in this issue, the Matriculation Examination is to be held at the Collegiate Institute, Toronto, on the 19th of April. The Professional Examinations are to commence April 5th, and Primary April 11th. The names of the Examining Board are a guarantee that the Examinations will be conducted in a thoroughly efficient and practical manner. We are glad to find that Dr. Sullivan will not be prevented, by any technical objection, from acting as Examiner in Anatomy. By a rule of the Council, no one is allowed to examine in any subject upon which he lectures in any of the schools. In the practical subjects, this limits the choice very materially, as it is absurd to suppose that an ordinary graduate of several years' standing, who has not been engaged in teaching, is fit to conduct a thoroughly practical examination in such a subject as Anatomy. Under the circumstances, it is, therefore, fortunate that the Executive Committee has not been compelled to substitute any other for Dr. Sullivan, who, by mistake, was said in the announcement of the Kingston Medical College, to be Lecturer on Surgical Anatomy as well as Surgery. Dr. Sullivan is well known to be thoroughly conversant with this subject, and in every respect well fitted for the position of Examiner. We may also say to the trembling candidate who dreads his severity, that he is in every sense the student's friend; and although he endeavours honestly and faithfully to keep up the standard in the profession, and sometimes gives

what are considered rather difficult questions, yet he is always anxious to give full credit for all answers, and, when in doubt about determining their value, is always inclined to favour the candidate.

EXECUTIVE COMMITTEE, ONTARIO MEDICAL COUNCIL.

A meeting of the Executive Committee was held in Toronto, on Tuesday, March 1st, 1881.

Present: Drs. Bergin, Macdonald, Husband, Allison, Burns, and Edwards.

Dr. Menzie was introduced by Dr. Mosiyn, and requested to be allowed up for his Primary and Final Examination in the spring of 1881, he being a Graduate of McGill College. Granted on condition that Dr. Menzie pay the fees for all examinations, and produce his certificate of Matriculation in McGill in 1874.

Mr. D. Wallace was granted permission to go up for his Final Examination in 1881, he having spent the first year, after matriculating, in a doctor's office, and taking his lectures after this.

After a long discussion on the question of the Matriculation Examination, it was moved by Dr. Allison, seconded by Dr. Edwards, "that the subject of the Matriculation Examination be referred to the Council." Carried.

With reference to the matter of Dr. Sullivan being lecturer in Surgical Anatomy, Dr. Lavell, being present, was asked to explain to the Committee regarding the R.C.P. and S., of Kingston's announcement. Dr. Lavell stated that Dr. Sullivan did not lecture on Surgical Anatomy, and that the statement in the announcement was a mistake. The Committee accepted Dr. Lavell's statement.

The petition for Dr. Sullivan's removal was not granted.

On considering the petition of Mr. John A. Macdonald, it was resolved that all the Primary Students, who passed on three or more subjects at the Examination of 1880, be allowed credit for such subjects.

A letter regarding Dr. Sinclair was now read, when it was moved by Dr. Husband, seconded by Dr. Edwards, that Dr. Sinclair be allowed to come up for the Professional Examinations without matriculating, he having been in active practice for the last twelve years. Carried.

A communication from Dr. J. D. Wilson was now read, asking to be allowed to take his Primary Examination this spring, he having passed all the subjects for matriculation in 1878, excepting one subject which he succeeded in passing in 1880. Granted.

A communication was read from Mr. W. F. Mills, asking to have the 9 months course in Ann Arbor accepted as a 6 months' course in Ontario. Granted.

Moved by Dr. Allison, seconded by Dr. Burns, that those gentlemen who, in the Matriculation Examination of August, 1880, made 45 per cent. of the aggregate marks, be permitted to register as Matriculated Students from that date, and that the Registrar notify the gentlemen affected by this resolution. Carried.

Moved by Dr. Burns and carried, that the Registrar inform the Candidates who passed on any subject at the late Matriculation, August, 1880, that such subject is allowed them at the coming examination.

The written Examinations at Kingston are to be arranged for and conducted by Dr. Lavell of Kingston as heretofore.

UNIVERSITY SENATE ELECTIONS.

The following circular has been issued to the Graduates:—

TORONTO, MARCH 17, 1881.

Owing to the rule providing for the annual retirement of three members of the Senate, the Reverend Dr. MacNish, Mr. T. W. Taylor and Dr. McFarlane are this year the retiring members.

Mr. Taylor and Dr. McFarlane are candidates for re-election. Dr. MacNish, owing to his inability to attend meetings of the Senate, has declined to be again a candidate, and has expressed his desire for the election in his stead of Mr. W. G. Falconbridge, formerly Registrar of the University.

Mr. Taylor, Dr. McFarlane and Mr. Falconbridge, therefore, request your support and vote at the coming election, assuring you that their

best attention will be paid to University interests should they be elected.

(Signed), T. W. TAYLOR,
L. MCFARLANE,
W. G. FALCONBRIDGE.

Such a ticket as this requires no comment. We hope our friends will, without exception, give it their hearty support. At the time of our last issue it was supposed that a vacancy was created in the Senate by the election of Mr. Mulock to the Vice-Chancellorship. The name of Mr. McQuesten, of Hamilton, was mentioned in connection with this supposed vacancy, and the above-named gentlemen had agreed to support him. When it was found that this vacancy would not occur until next year, Mr. McQueston's friends in Hamilton urged him to remain in the field, and yielding to their solicitations he assumed the peculiar position of opposing the men who actually brought his name before the public as a candidate. Having put on his armour, and gone out on the war-path, he no doubt felt that it would be rather irksome to retire ingloriously to his wigwam, and remain in peaceful retirement for a whole year. Having the highest personal regard for this gentleman, we can only regret that he was unable to restrain his martial ardour; as a fair certainty of election next year would be much preferable, in our opinion, to a fourth place this year, even with all the glory thrown in.

DIVISION OF LABOUR.—This is becoming fashionable of late in Toronto as well as other places. In the latest case coming under our notice, a celebrated clairvoyant is looking after the internal economy, putting in some new apparatus (a pair of lungs at present, we believe), while a surgeon is treating hæmorrhoids in the same patient. The clairvoyant in giving the surgeon simply the anus to manipulate, is allowing him rather a short hold.

PUBLIC HEALTH.—Dr. Brouse's speech in the Senate on "Public Health" has been published *in extenso* in the *Canada Health Journal* for March. Copies can be had on application to the editor, Dr. Edward Playter, Toronto.

The name of Mr. T. H. Monk has been mentioned in connection with the proposed system of Registration of Diseases. He became well and favourably known to the profession, throughout the Province, last year, by his vigorous efforts to inaugurate and carry out such a system. Dr. Edward Playter, well known as the indefatigable editor of the sanitary journal for some years, is also mentioned as a candidate for the post.

The American Edition of Bryant's Surgery.—In the notice, in our last issue, of the American reprint of the third English edition of this well-known work on surgery, we inadvertently omitted to give due credit to Dr. John B. Roberts, Lecturer on Anatomy and Surgery in the Philadelphia School of Anatomy, for the labour, which was no sinecure, expended in issuing and improving this American Edition.

Dr. George Smith, practising for the last seven years in Sebringville, has removed to Galt. We bespeak him much success in his new sphere of labour.

Book Notices.

Hemiopia. By WM. DICKINSON, M.D., St. Louis; 1131 Washington Av. (Reprint from the Alienist and Neurologist.)

Remarks on Syphilis. By WALTER COLES, M.D., St. Louis. (Reprint from Trans. *St. Louis Medical Society.*

Objective Points in the Treatment of Phthisis. By WM. PORTER, A.M., M.D., of St. Louis. (Reprint from *Medical Herald.*)

The Development of the Osseous Callus. By HENRY O. MARCY, A.M., M.D., Cambridge, Mass. (Reprint from Transactions of American Medical Asscciation.)

Litotrissia Rapida in una Sola Seduta. Un' Ernia Inguinale Ovarica Simulante Strozzamento Intestinale. Raffo Dott. Costantino. (Reprint from *La Sperimentale.*)

Clinical Reports confirming the Results of the Experimental Researches on the Physiological and Therapeutic Actions of the Phosphate of Lime. By L. DUSART: Paris: 8 Rue Vivienne, 1880.

Colorado for Invalids. By S. EDWIN SOLLY, M.R.C.S., Eng.; L.S.A., Lond.

An interesting account of the climate of Colorado, written for the laity, with a brief description of the sanitary aspects of Denver, Colorado Springs, Manitou, Pueblo, and Cañon City.

The Popular Science Monthly. Conducted by E. L. and W. J. YOUMANS. D. Appleton & Co., 1, 3 and 5 Bond St., New York.

Every physician's table should bear this valuable monthly, which we believe to be one of the most interesting and instructive of the periodicals now published, and one which is destined to play a large part in the mental development of the laity of this country.

Transactions of the American Ophthalmological Society. Sixteenth Annual Meeting. Newport, 1880. Published by the Society, 1880.

The papers and discussions embodied in this beautifully executed volume—of interest mainly to specialists—afford fresh evidence of the industry and scientific spirit of the members of this society.

The Illustrated Scientific News. Published by MUNN & Co., 37 Park Row, New York.

We would direct the attention of our readers to this new illustrated paper, designed to portray the various novelties in science and the useful arts. The March No. contains engravings of Capt. Ead's proposed ship railway across the Isthmus, an account of the manufacture of paper hangings, and much other interesting and instructive matter.

Ophthalmic and Otic Memoranda. By D. B. St. John Roosa, M.D., and Edward T. Ely, M.D., New York. Revised edition. New York: W. Wood & Co., 1880.

This little book is an excellent example of *multum in parvo*, and is deserving of the favour which calls for a new and revised edition. The design and scope of the work may be gained from the statement of the authors, who, by the way, are above the suspicion of encouraging superficiality: "It is rather a dictionary of ophthalmic and otic science than a text book, and gives only a bare outline of the subject of which it treats; and it is never to be recommended as a substitute for the larger works."

Food for the Invalid; the Convalescent; the Dyspeptic; and the Gouty. By J. MILNER FOTHERGILL, M.D., and HORATIO C. WOOD, M.D. New York: Macmillan & Co. Toronto: Willing & Williamson.

This may be called a scientific cookery book. The introduction, written by Dr. Fothergill, consists of some practical remarks on the Chemistry and Physiology of the digestive system, and useful hints on the proper modes of feeding the invalid in bed, the child in the nursery, the convalescent, the dyspeptic, and the gouty. The remainder of the work consists of some three hundred recipes; the greater number of which are initialed for the convenience of the reader: I, standing for invalid; C, for convalescent; D, for dyspeptic; G, for gouty, etc. The work will be found very useful and convenient as a guide in the dietetic treatment of disease.

A Manual of Pathological Histology. By V. CORNIL, Ass't. Prof., Faculty of Medicine of Paris, and L. RANVIER, Prof. in the Collége de France. Translated with notes and additions by E. O. SHAKESPEARE, M.A., M.D., and J. HENRY C. SIMES, M.D., of Philadelphia. With 360 Illustrations on wood. Philadelphia: Henry C. Lea. 1880.

Another excellent manual which bids fair to become a formidable rival of that which has hitherto been the American Student's chief Authority and Reference Book, Rindfleisch's Pathological Histology. Published in France in 1869, the original text has, of course, fallen greatly behind the times; but the careful and conscientious revision and additions of the American editors—so well known in this country as sound and advanced pathologists—have brought the subject matter as fully as possible up to date. The book is constructed on a somewhat similar plan to Rindfleisch's work, but presents some new and commendable

features. It is divided into three parts: Part I. dealing with General Pathological Anatomy, and being preceded by a chapter on Normal Histology—cells and normal tissues; and one on General Principles—alterations of cells and tissues. The subjects of Inflammation and Tumours are then discussed. To the last-named section a valuable addition has been made by the insertion of a highly excellent "Classification and Condensed Description of Tumours, arranged on Virchow's Histogenetic basis from the lectures of Prof. Tyson, of the University of Pennsylvania, by Dr. H. F. Formad."

Part II. treats of Diseases of Organs and Tissues, and each section is preceded by an account of the normal histology of the organ or tissue under consideration.

Part III. is subdivided into five sections, in which the Normal and Pathological Histology of the Respiratory, Digestive, Hæmopoietic and Genito-urinary apparatuses and of the Skin are successively and lucidly described. As a general criticism, and the limits of our space preclude all detail, we may say that the volume reflects very faithfully the present state of scientific knowledge in this interesting and most important department of medical research. A copious and useful Bibliography completes the work. The illustrations, as a rule are good, and most of them will be familiar to the reader being culled chiefly from the well-known text-books of Rindfleisch, Green, Gray, Carpenter, etc. To student and practitioner alike, the work may be safely commended as a recent and reliable exponent of the facts of Pathological Histology hitherto acquired to science.

A Treatise on Diphtheria. By A. JACOBI, M.D. New York: Wm. Wood & Co., 1880. Toronto: Willing & Williamson.

The author of this treatise is well known in medical literature, and has embodied his views on diphtheria in communications to various journals at different periods. This work embraces his latest views of the disease in question.

The book is divided into seven chapters devoted to the consideration of the History, Etiology, Anatomical Appearances, Diagnosis Treatment, etc. At the conclusion of each chapter is a summary of its contents, a novel and convenient feature of the work.

Dr. Jacobi is not an adherent of the Bacteria theory of the cause of diphtheria. He considers the evidence in favour of that theory to be insufficient for its establishment. His opinion on the identity of true croup and laryngeal diphtheria is, we think, the correct view; and we shall be pleased when it is generally recognized that the word croup indicates merely the sign of stenosis of the larynx arising from whatever cause.

The period of incubation is two days or may be more. The contagium shows a disposition to rise, so that when the disease makes its appearance in a house it is well to remove the patient at once to the top room of the building.

The author rejects Œrtel's view of the nature of diphtheritic paralysis, and considers that it is, at times, central, and at others peripheric; and that its most prominent characteristic is the uncertain course it may pursue.

Potassium chlorate is used frequently in small doses for its beneficial action upon the accompanying stomatitis and pharyngitis. He deprecates the employment of large doses of the drug for fear of producing severe and even fatal nephritis. Chloride of iron is recommended, also in small doses frequently repeated. As soon as the pulse begins to be small and frequent, stimulants must be exhibited in large and frequent doses. He says the danger is in giving too little. The local treatment of the disease consists in frequent washings of the throat and mouth with disinfectant washes. He disapproves of cauterisation unless it can be thoroughly done, and of forcible removal of the membrane. Steam, if it does not interfere with the proper oxygenation of the patient, is a source of relief. When suffocation threatens tracheotomy is to be performed. The paralysis often requires time and rest only; but if severe, or threatens life by implicating the respiratory muscles, strychnia hypodermically acts promptly and efficiently.

Most of the remedies introduced by Bacteria enthusiasts as Sodium Benzoate, have not withstood the test of experience in his hands.

The book is nicely gotten up in clear type, good paper, attractive binding, and has a copious index. It is the completest scientific work upon the subject which has yet appeared.

A Treatise on the Principles and Practice of Medicine. By Prof. AUSTIN FLINT, M.D. Fifth Edition. Revised and largely re-written. Pp. 1,150. Philadelphia: Henry C. Lea's, Son & Co.; Toronto: Hart & Rawlinson. 1881.

A mere mention usually suffices for the 5th edition of a work; but within the last 7 or 8 years, since the appearance of the 4th edition of this favourite text-book, the progress of medical science has been such that its subject matter had fallen greatly behind the times, and other works on practice, such as Bristowe, had begun to supplant it in the esteem of the American Student and Practitioner. It is with unfeigned pleasure, therefore, we are able to announce that this last edition is once more abreast of the subject and the times.

The first seven chapters dealing with general Pathology, have been entirely re-written, and emanate from the pen of Dr. William K. Welch, Lecturer on Pathological Histology in the Bellevue Hospital Medical College. Dr. Welch has also contributed in great part the description of the anatomical characters of the various diseases in other portions of the book. Of these we can honestly affirm that even if, as a recent reviewer has alleged, they represent chiefly Cohnheim's and Weigert's views, we believe them to be eminently sound, and Dr. Welch's exposition, on the whole, a careful and intelligible account of the, for the present, best founded and most acceptable doctrines of Pathology. We hope in the next edition to find some reference to the clinical characteristics of splenic fever and the other anthracoid diseases.

The chapter on Etiology has been much improved by the insertion of a modern definition of contagion and infection, a clear account of *Contagium Vivum* and of parasites in general. In describing the two modes of dying, our author employs the term apnœa (and etymologically correctly so) in place of asphyxia, hence perpetuating the confusion arising from the adoption of a special signification for apnœa by some physiologists. In the practical portion of the work, much effete matter has been expunged and more than an equivalent of new inserted. It would be a hopeless task to endeavour, within the space at our disposal, to narrate the changes which have been made throughout the book. Suffice it to say that a most thorough revision has been effected in all parts; many additions have been made in the sections on Phthisis, Cardiac, Hepatic and Renal Diseases; and the affections of the Nervous System re-arranged and described in accordance with the great advances made of late years in this department. The Therapeutics, too, of each affection have been carefully brought up to the level of the most recent experience, so far as corroborated and confirmed by extended observations. In point of fact the fifth edition is a new work; and once again worthy to assume a position, honourable at once to its author and his country, in the front rank of Treatises on the Principles and Practice of Medicine. A greatly improved and copious index adds greatly to the utility of the volume. The copy we have perused is issued in the half-Russia binding, now being popularized by the enterprising Messrs. Lea's Son & Co., and constitutes a volume attractive alike in its appearance, odour, and intrinsic excellence.

A Practical Treatise on Tumours of the Mammary Gland: Embracing their Histology, Pathology, Diagnosis and Treatment. By SAMUEL W. GROSS, A.M., M.D. New York: D. Appleton & Co., 1, 3 & 5 Bond Street, 1880. Pp. 246.

Dr. Gross's present work does for tumours of the mamma what Mr. Henry Trentham Butlin's late lectures at the College of Surgeons accomplished for the testicle, whilst at the same time dealing with tumours of that gland other than sarcoma and carcinoma. It certainly fills, and in our humble judgment most satisfactorily so, a long standing lacuna in this portion of surgical literature; and brings within the reach of the dullest amongst us a clear and intelligible account of the present state of our knowledge in this department of pathology, thus affording him the means of acquiring a reason for the faith that is in him as a practical surgeon. To be sure Billroth's great treatise is now extant, and like all his writings is thorough, comprehensive and exhaustive; but most of our readers will prefer a work in our own vernacular, and to such we may say that Gross's present book is without a rival, much less a

peer, in the English language. The author's object has been to apply a close and accurate study of the minute structure, general pathology and life-history of mammary tumours to their differential diagnosis and rational treatment. In this laudable emprise the verdict of our judgment is that he has been eminently successful. His deductions have been based upon a careful analysis of 65 cases of cysts, and 902 neoplasms "the nature of which has been confirmed by the microscope, and more than $\frac{1}{7}$th of which are original." The first chapter treats of classification and relative frequency. The author enters a strong protest against the loose application of the term adenoma, as a consequence of the early writings of Lebert and Birkett; and pronounces true adenomata to be amongst the rarest of neoplasms. His classification consists in a primary division into Neoplasms and Cysts. The neoplasms comprise: 1. (*a*) Tumours, etc., representing the mature connective tissues, and called typical, including Fibroma, Myxoma, Lipoma and Chondroma; (*b*) those representing embryonic connective tissue, and called atypical, the sarcomata. 2. Neoplasms proceeding from the secreting elements and composed of Epithelium. Of these adenoma is the typical, and carcinoma the atypical representative. 3. Those derived from higher structures: Angioma and Neuroma. It will be hence observed that the terms typical and atypical are here employed as synonymous respectively with the clinical expressions benign and malignant.

With reference to frequency of occurrence, it appears that cysts constitute one out of every 54 tumours; and that among the solid neoplasms 83 per cent. are carcinomatous and 17 per cent. non-carcinomatous. Amongst the non-carcinomatous 48½ per cent. are fibromata, 47¾ per cent. sarcomata, 3 per cent. adenomata, and 1 per cent. myxomata.

Chapter II. discusses the evolution and transformation of mammary tumours, very fairly stating and criticising the different views of the opposing schools of pathologists, including those of Creighton, and finally states his own belief in the origin of adenoma and carcinoma from the lacteal glands (Waldeyer) and that of the histoid or simple neoplasms from the connective tissue. As to etiology, our author shows that the non-carcinomatous tumours result from traumatism in 11·94 per cent. of all cases, and the carcinomatous in 11·70 per cent. His figures, too, lend no support to the current view that the development of these tumours is influenced by the state of the organs of reproduction. Dr. Gross is no believer in the constitutional derivation of cancerous tumours. With regard to the influence or significance of precedent eczema or psoriasis of the nipple, the author's figures show them to have been precursors in 1·44 per cent. of the non-carcinomatous, and in 1·03 per cent. of the carcinomatous growths. With reference to patient's age, the author holds that "structural perfection of the mamma renders it most obnoxious to fibroma, sarcoma and adenoma, while atrophy or decay predisposes it to myxoma and carcinoma."

An excellent account of the anatomy of the connective tissue neoplasms occupies Chapter IV. Then follow in successive chapters, Fibroma, Sarcoma, Myxoma, Adenoma, and Carcinoma. The chapter on Sarcoma is particularly good. A Saracoma occurring before the age of 20 is stated to be a spindle-cell tumour in $\frac{7}{8}$ths of all cases. Local elevation of temperature is regarded as characteristic of of telangiectatic and rapidly proliferating growths. Pain was noted in 63·4 per cent. Sarcoma is shown to be less infectious locally, but more infectious systemically, than Carcinoma. In Carcinoma, our author expresses the conviction that infection takes place along the perivascular lymph sheaths; but admits that the regional dissemination may occur along the lymph vessels as shown by Waldeyer and Langhaus. The elective seats of cancer are said to be the upper and outer quadrant of the breast, and the immediate neighbourhood of the nipple. Dimpling or pitting of the skin is regarded as one of the earliest and most reliable signs of cancer. Retraction of the nipple (not due simply to bulging of the breast around it) is spoken of as a sign of inestimable value. We should like to have heard the author's opinion, when speaking of infection of adjacent tissues, of the frequency and value of enlargement of the upper end of the humerus. Curi-

ously enough the liver appears to be liable to secondary infection in one-third more of the cases than the lungs, in which the secondary deposit of sarcoma so frequently occurs. When left to itself the average duration of Breast Cancer is stated at 27·1 months, while in cases submitted to operation the average duration was 39 months. Operation thus appearing to add 12 months to the patient's life. Permanent recovery after the operation may be expected according to the tables furnished in 9·05 per cent. of all cases. "In point of malignity, although its course is essentially chronic, atrophying scirrhus is the most pernicious of the tumours of the breast."

Cysts are discussed in Chapter X., which is followed by a chapter on the Diagnosis of Tumours, consisting essentially in a re-statement and tabulation of differential points enumerated in preceding sections. One point insisted on is, we think, not generally sufficiently regarded in making a diagnosis, viz:—the recumbent position of the patient and the exposure with absolute freedom of both glands. This chapter we are sure cannot be consulted too often by the practical surgeon. With regard to treatment, although Duplay's method of compression is alluded to, the knife is regarded as the one necessary and potent remedy, an opinion in which we believe most practical surgeons will concur. For the mitigation of local pain in cancer, the application of a solution of 15 grains of acetate of lead in an ounce of water is commended. In the removal of cancerous growths no half-measures are advised. Complete extirpation with clearing out of the axilla is the only hope. Antiseptic precautions are discarded as unnecessary, and our author has no experience of their use, but quotes Oldekop's results as being unfavourable to them. (8·7 per cent. deaths with ordinary dressings, 9·1 per cent. with antiseptics). Some short statistics of tumours of the male breast conclude the work.

As is most meet, the book is dedicated to Samuel D. Gross, the author's father, whom we all honour with the honour due unto him for the uses we have had of him.

It is excellently got up, in clear large type, singularly free from blemishes and illustrated with 29 engravings.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Meeting of 24th February, the President (Dr. Covernton) in the chair. Dr. Jas. Ross, jr., was elected a member. Dr. Oldright mentioned a number of cases in which severe pulmonary symptoms developed suddenly, the urine proving to be albuminous. Such cases may be associated with pregnancy, and it is always desirable to test the urine during gestation, in order to be forewarned of and avert the untoward consequences which may ensue. Dr. Covernton also referred to a case presenting a similar train of symptoms lately under his observation, and not pregnant Dr. R. A. Reeve directed the attention of the Society to a new dilator of the pupil, prepared synthetically and denominated Hydrobromate of Homatropin (or Oxytoleuyltropin). It is used in a $\frac{1}{2}$ to 2 per cent. solution, and acts rapidly, the paralysis being complete in about 20 minutes and passing off in 12 to 48 hours; whereas that from Atropin lasted a week or ten days, and that from Duboisia 5 or 6 days. Moreover, the new remedy is non-poisonous. A general discussion followed upon mydriatics, and especially upon the double action of pilocarpin, which was attributed to its containing two alkaloids—jaborin and pilocarpin—the former of which dilated the pupil, whilst the latter determined its contraction. Dr. Davidson then read a paper upon Fractures of the Shaft of the Femur. After a few preliminary remarks, he referred to the predisposing causes of fracture, mentioning Syphilis, Rickets, Cancer, Caries, Atrophy, &c., and recounted a case of multiple fractures from slight causes which had fallen under his observation. Displacements of the upper fragment occur readily, but are difficult of reduction and retention. They may be due to the action of muscles attached to the upper fragment itself and drawing it upwards; or the lower fragment, being acted upon by the muscles attached to it, may shove the upper fragment forward. An angular displacement outwards also commonly exists. In the lower third of the bone, fractures are usually transverse. The treatment advocated was by long

splints and weights and pulley; short splints encircling the thigh, the writer thought, are not often required, and may stand in the way of examination of the position of the fragments. In children and other restless patients, a long splint on each side of the body may be required. A ¼-inch shortening he considered a good result. As a permanent dressing after removal of the long splint, he recommended the gum and chalk bandage, and described the details of its application. Dr. Oldright pointed out the necessity of having the pelvis properly placed, avoiding all obliquity, before proceeding to make measurements of the lower extremities, and illustrated by diagrams the errors most likely to arise. Dr. Workman considered insanity a predisposing cause of fracture, and said that insane patients frequently sustained fractures and gave no evidence of suffering pain therefrom. Dr. Burns referred to Jarvis P. Wight's measurements, and reiterated the admonition that many men had normally uneven legs. Dr. Covernton mentioned a case where a medical man was mulcted by an intelligent jury in a large sum on account of half an inch shortening after fracture, notwithstanding that the abbreviation made the two limbs of equal length. Dr. Cameron held that the majority of fractures had no predisposing cause, but were simply matters of mechanical violence. He had little faith in measurements, and thought that two observers scarcely ever made exactly the same measurements. He employed the short, light splints around the thigh, in addition to the long. There could be no doubt but that insanity and other nervous diseases, such as Locomotor-Ataxy, Disseminated Sclerosis, &c., sometimes gave rise to a fragility of the bones. Had Dr. Davidson observed the Hydarthrosis of the knee, so much insisted upon by French surgeons in Fracture of the Shaft? After some further remarks by other members, Dr. Davidson in reply closed the discussion.

Meeting of 10th March, Dr. Lett in the chair, until President's arrival. Drs. Cassidy, Jas. Baldwin, and McCullough were proposed as members. Dr. Davidson exhibited a portion of the right ventricle of the heart of a little girl, 9 years of age, who, while convalescent from Scarlatina, died suddenly. The autopsy discovered tricuspid vegetations, and thrombosis of left middle cerebral artery near its bifurcation. Dr. Cameron showed specimens from an old woman, 80 years of age, who died suddenly. Up to seven weeks before her death she had been constantly at work and made no complaint. About this time, in the midst of her work, she would complain of headache and lie down for a few minutes; suffered from constipation and became jaundiced. In two or three weeks she began to keep the bed, and said that she was getting old, but had no complaint beyond the constipation. The icterus became intensified. On the morning of her death she fell out of bed, but got in again without assistance; and at the time of Dr. Cameron's visit, two hours later, had full use of her limbs and was perfectly intelligent. About an hour afterwards she suddenly became unconscious, and remained so for six hours, when she died. The autopsy revealed (20 hours after death) a large, left inguinal hernia, chiefly omental, and containing a large proportion of the greater omentum, so that the transverse colon was drawn down in the shape of a V almost to the neck of the sac, where it contained a cancerous nodule. The invaginated portion of omentum was dotted with similar nodules of the size of a pea, as was also the anterior wall of the sac, which likewise presented numerous spots of pigmentation. The posterior wall of the sac was devoid of both. At the neck of the sac the omentum had lost all its fat. The left lobe of the liver was almost entirely converted into a cancerous mass, in which were inextricably involved the gall, bladder, and pancreas. The spleen was diffluent; the stomach dilated; the uterus was somewhat enlarged (multipara); the right ovary completely atrophied, the left partially so. The right *par ovarium* contained two clear pea-sized cysts; the left one similar and one the size of a walnut. The aortic valves were partly ossified; the lungs presented small lunged emphysema; the brain cortex presented on the right side in the posterior cerebral region, a large, firm blood clot, as big as the palm of a large hand, which presented two distinct portions, the upper and central part—two-

thirds of the whole—being firm and decolourised; whilst the peripheral third was soft and black. The brain substance was considerably flattened, but apparently not softened much. Dr. Cameron related the details of another case of apoplexy occurring in a man aged 70, in his usual health up to the moment of the attack, which occurred about 7 a. m., and began with vomiting and immediate loss of consciousness. The breathing was slightly stertorous; pupils neither contracted nor dilated, nor unequal, nor responsive to light; unconsciousness insuperable; face drawn or fallen slightly to right, the head being inclined to right side. The right arm rigid and twitching; the left flaccid; pulse, 118; respirations, 26; death in 5 hours. The autopsy showed senile kidney, calcareous plates in aortic valves, and diffuse hæmorrhage at the base of brain, a very soft clot compressing the left pons, filling up left sylvian fissure, and distending left lateral ventricle. The vessels at the base were extremely calcareous, and had been cleanly dissected out, like rigid tubes, by the effusion. The duramater was almost universally adherent to the skull; and the brain substance, which was very soft, was considerably lacerated in removal. He also reported the clinical details of a third case of apoplexy, which had occurred to him that week. Dr. Robinson mentioned a case of atropin poisoning in a child, two years of age, who had sucked the cork of a bottle containing the sulphate of atropia. The usual symptoms were presented. Two minims of Tinct. Opii were given every hour, and the child recovered.

Dr. Carroll related a case of aconite poisoning in a child, to whom 30 minims of tinct. aconiti had been given by mistake at 7 a. m., and no symptoms appeared until a second dose had been given at 10, when vomiting, accompanied by alarming prostration, occurred. Large doses of ammonia were administered, and recovery ensued.

Dr. Cameron reported a case of attempted poisoning by acetate of lead. A half-pound was purchased, and a large, but unknown, quantity taken dry with suicidal intent. An emetic of sulphate of copper was administered, and later sulphate of magnesia in milk. No symptoms followed, except pretty severe cramps on the following day, easily relieved by opium.

Dr. Burns read a paper upon Some New Remedies, in which he discussed Grindelia Robusta, Yerba Santa and Rheuma, Chaulmoogra Oil, Eucalyptus Globulus, Nitro Glycerine, Tonga, &c. His own experience had not been favourable to the use of most of them. Dr. Oldright enquired if there were any limit to the dose of Grindelia Robusta. He had used Chaulmoogra Oil in rheumatic gout with benefit. Dr. Sheard had seen it employed beneficially in lupus of the face, and considered it useful in other tubercular affections, such as leprosy. Drs. McPhedran, Reeve, and others took part in the discussion, and Dr. Burns replied.

Miscellaneous.

Dr. Canquoin, the inventor of the *pâte de Canquoin*, died at Dijon, in his eighty-sixth year.

Dr. Peter David Handyside, F.R.S.E., Examiner and Teacher of Anatomy at the College of Surgeons, Edinburgh, died on the 21st of February, at his residence in Lansdowne Crescent, Edinburgh.

We have had the "divine Sarah" Bernhardt in Toronto. A correspondent of the Chicago *Medical Journal and Examiner* says, that when she was in New York, "the principal interest, in a medical point of view, was the fact, that she was so thin, that when she took a pill she looked as if she was pregnant."

India Rubber and Gutta Percha Instruments, that have become brittle by exposure to sunlight, as in shop windows, may, it is said, be rendered again flexible by immersion for a few minutes to a half hour in a mixture of one part of liquor ammoniæ, with two parts of water.—*Med. Press and Circ. New Remedies.*

Longevity of Medical Men.—The calendars of the Royal Colleges of Physicians and Surgeons, London, give some rare examples of longevity amongst their fellows and members,

viz. :—Arch. Billing, F.R.C.P, Park Lane, 90; Joseph Hurlock, F.R.C.P., Brighton, 88; Sir Thos. Watson, Bart., F.R.S., 88; Alex. Tweedie, F.R.S., F.R.C.P., 86; J. A. Wilson, F.R.C.P., Holmwood, 85; Bisset Hawkins, F.R.S., F.R.C.P., 84; Sir James Alderson, F.R.S., late Pres. Royal College Physicians, 80; Chris. J. R. Allatt, F.R.C.P, of Dover, 80; Sir Geo. Burrows, Bart., F.R.S., late Pres. Royal College Physicians, 79; James Muscroft, F.R.C.S., of Pontefract, 95; T. M. Greenhow, F.R.C.S., of Leeds, 90; Robert Taylor, F.R.C.S., of Brighton, 91; James Moncrieff Arnott, F.R.S., late Pres. R. Coll. Surgeons, 87; J. F. South, F.R.C.S., of Blackheath, 84; Cæsar H. Hawkins, F.R.S., Serjeant-Surgeon to the Queen, 83; James Luke, F.R.S., F.R.C.S., of London Hospital, 83; Robt. McCormick, R.N., F.R.C.S., 83; this last named gentleman accompanied Sir Edward Parry, as Assist. Surgeon in H. M.'s ship *Hecla*, in the attempt to reach the north pole in 1827.—*The Daily Telegraph.*

Treatment of Eczema.—M. Mook insists much, and with reason, upon the general treatment—the treatment modificatory of the diathesis on which the eczema always depends. Arsenic in herpetics, alkalies in arthritics, iodine and sulphur in the scrofulous should be placed in the front rank. As external treatment, he gives baths of half an hour's duration, at from 25 to 30 degrees (77°-86°F.); however, eczema rubram is benefited by permanent baths. In this case Hébra gives baths, which continue from 8 to 10 days; arthritics, however, do not take well to baths; it is preferable in them to dust the diseased parts with powders. In the second period, characterized by rupture of the vesicles and formation of crusts, he employs cataplasms of cooked potato starch; lotions with an infusion of camomile or a decoction of elecampane root, and caoutchouc to envelop the diseased parts. In the third period, when the surface attacked by eczema becomes dry and shiny, he ceases all emollient applications. He employs starch powder or lycopodium, with one-third of subnitrate of bismuth added, or the oxide of bismuth or zinc. When scales form he employs cataplasms or leaves of caoutchouc to make them fall; then, when there is no more redness, he employs pomades. In the dry forms with pityriasic desquamation, M. Vidal employs the following glycerole:—Glycerole of starch, 20 grammes; tartaric acid, 1 gramme. In impetiginous eczema, M. Vidal employs the following weak cadic glycerole:—Glycerole of starch, 30 grammes; pure oil of cade, 5 grammes. In arthritics he uses this pomade:—Glycerole of starch, 30 grammes; carmine, 2 grammes; calomel—à lavapeur, 1 gramme. Mr. Lallier employs this mixture:—Distilled water, or marsh mallow water, 100 grammes; neutral glycerine, 10 grammes; or oil of cade, diluted with half or third of oil of sweet almonds. Erasmus Wilson considers the undermentioned pomade as a veritable specific in eczema:—Purified lard, 100 grammes; benzoin, powdered, 20 grammes. Triturate together, and afterwards melt at a gentle heat for twenty-four hours in a closed jar, and pass through muslin; then add from 3 to 5 grammes of oxide of zinc to 30 grammes of the pomade. If there is at the same time some itching, we may add a soothing substance, such as camphor 20 centigrammes, or cherry laurel water in the dose of 3 grammes for 30 of pomade. M. Hardy employs in his pomades the fresh cerate or cold cream, and as active matter the mercurial preparations—as calomel, 20 to 30 centigrammes; the red oxide; the sublimate, the protonitrate, in the dose of 5 to 10 grammes to 30 grammes of the excipient. M. Vidal for some time has used simple plaster (litharge and lard) in the third period. In chronic eczema oil of cade is employed, either pure or mixed with equal parts of glycerole of starch; oil of cade, on account of its bad odour, may be replaced by birch oil (oleum rusci). In the scrofulous one often sees produced, after a lengthened employment of humid topical remedies, a profound dermitis, against which the following emulsion has been successfully prescribed:—Balsam of gurjun, lime water partes aequales. For eczema with thick scales, with thickening of the skin, we employ a solution of nitrate of silver, or a solution of potash mixed with water in diverse proportions according to the extent, intensity, and acuity of the affection. M. Vidal, in the torpid cases, makes use of sparadrap of diachylon, which, well applied and covered with wadding and a bandage, produces a species of compression and occlusion.—*France Méd.*