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## Original Papers.

### MENORRHAGIA, WITH ITS TREATMENT BY BROMIDE OF AMMONIUM.

By W. W. OGDEN, M. B.

Read before the Canadian Institute, Toronto

I propose to examine Menorrhagia, with its general management, and refer particularly to the value of bromide of ammonium in its medicinal treatment. True menorrhagia, over which bromide of ammonium exerts a marked influence, is an *excessive discharge of blood from the uterus, at or about the menstrual period, continuing longer than four or five days*. This seems to me to be the proper meaning of the term, as distinguished from *Metrorrhagia*, which may very well be employed to comprehend those other forms of uterine flux alluded to by various authors, resulting from the partial separation of a foetus, or from the presence of a polypoid growth, &c.

The pathological condition in Menorrhagia will be very different, in a given case, from that in Metrorrhagia, and it will be found frequently that the remedies applicable in the one case are wholly inoperative or inapplicable in the other.

Cullen exhibited confusion as to the proper source of these fluxes, as may be learned from the terms he employs, viz.: "Menorrhagia Rurra," and "hemorrhagia uteri"—meaning, by the latter term, "hemorrhage from vessels of the uterus other than those concerned in separating, and discharging the menstrual flux."

Dr. Good, as well as Dr. Cullen, and, at a later date, Drs. Dewees and Churchill, exhibit the same inaccuracy as to the source of menstruation; but however excusable the lack of knowledge of the *true source* may be, in the case

of these great medical lights, the fact that there are *now* to be found *medical teachers* in this latter half of the 19th century, who strenuously maintain, and persistently evolve, the old, effete, and demolished theory of the secretion of the menses, seems positively unpardonable.

Under menorrhagia have been included cases in which the flux was too frequent, and of irregular occurrence, which I propose to set apart under the term "*Irregularis Menstruatio*," but not coming strictly within the limits of this paper they may be dismissed.

There is no standard quantity of blood, applicable to all climates, required to be lost, in order to constitute healthy menstruation; for, as Dr. Locock observes, "what would be considered rather scanty menstruation in warm climates, would be regarded in Lapland as Menorrhagia." Nevertheless, we may conclude, that in healthy menstruation in this climate, the quantity usually lost is about  $\text{z}\text{i}\text{i}$ . to  $\text{z}\text{i}\text{v}$ . I know many cases, considered healthy, where the loss is greater, and in some much less than here indicated.

When called to interfere in those cases, attended with general systemic distress, I think it reasonable to promptly interpose with such measures for present and permanent relief, as our own experience or that of others may have suggested, as most valuable.

So far as I have observed this complaint, which, however, must be regarded as a *symptom* of a peculiar condition of body, rather than a disease, it has occurred in persons either constitutionally weak, or from accidental circumstances of atonic fibre, and the flux, therefore, was decidedly passive.

It is important to observe, that the subjects of menorrhagia generally suffer in the intervals of attacks, with more or less profuse *metrorrhœa*;

and when married, and pregnancy follows, abortion, with hemorrhage, "is the almost invariable result."

#### CAUSES OF THE COMPLAINT.

The following are some of the more prominent causes of menorrhagia, viz.:—leucorrhœa, hemorrhoids, habitual costiveness, tenesmus, frequent and recent abortions, hepatic, abdominal and uterine engorgements.

Scanzoni has well observed, that a prominent cause of menorrhagia in some cases, is a *morbid* condition of blood, *predisposing* to hemorrhage, and consequently more likely to exhibit its effects at the time of menstruation; the acute exanthemata, variola, scarlatina, rubeola, typhus fever and cholera, cause the conditions alluded to, which may be regarded as the *hemorrhagic*, though, perhaps, only of temporary duration. Scorbutic women are peculiarly liable to this affection; stenosis of the mitral valve of the heart, and the various pseudo-plasmata in the uterine walls must not be lost sight of. I do not regard simple ulceration of the os as likely to increase materially, much less produce this complaint; but, on examination with the speculum, in one case, I noticed congestion of the os and surrounding parts, which was greatly relieved by applications of the sub-nitrate of bismuth. The last cause, I shall mention here, is one the importance of which there is reason to believe, amongst married people is but too slightly regarded, viz.:—*excessive coitus*; the ill effects of which, no one who has paid particular attention to this subject, will for one moment doubt. It will be found important to determine to what extent the *flux* depends upon engorgement of the abdominal viscera, from accidental causes or neglect, thus it may be, anticipating the proper menstrual period, constituting a *metrorrhagic* rather than a menorrhagic flow. In this condition, depending upon hyperemia of the organ itself, with impeded circulation, ending, it may be in chronic stasis, a moderate hemorrhage may be followed by relief to the symptoms, and an abatement of the local plethoric condition. I have seen this state of things rather frequently, but the discharge in some became suddenly so profuse, that collapse succeeded, and death appeared imminent from exhaustion; in these lat-

ter, I may mention, the tampon was always employed at once, with, of course, immediate relief.

#### TREATMENT.

I have for several years used various remedies recommended in books, for the relief of menorrhagia, and I cannot now say that any agent, hitherto used as a medicine, rendered that satisfaction desirable. Dr. Meigs, after exhausting his vast resources in physic, resorted, finally, to the *tampon*, in a peculiar case, but thinks *secale cornutum*, and alum with opium, valuable. Dr. Meigs would bleed from the arm in sthenic cases—a doubtful practice—and had confidence in Digitalis, in cases due originally to imperfect involution of the uterus, after abortions or delivery, and also in *matico*, but when danger threatened, Brawn and Chiari's apparatus modified by being made with india rubber, was used as a plug. The solutions of Matico and gallic acid, and tr. ferri muriat. o. j. to aqua o. j. appear to Dr. West as safe to inject into the uterus; I regard their use, in this way, as hazardous, and fatal consequences have followed their application, in the hands of some French physicians. Dr. Macintosh has used plumbi acetat. with tr. opii as a vaginal injection. Dr. McGuire and others, in Scotland, have arrested the discharge with *canabis indica*. In the *Lancet* (London) for 1837, Dr. Rolle advocates the application of leeches to the breasts. Dr. Hewitt administers the ergot of rye, in cases associated with atonic uterus. Walter Jones has succeeded, he says, in almost hopeless cases, with oxide of silver, 1-12 of a grain, three times a day: this latter drug has been frequently employed by some medical men in this Dominion, of large practice, in larger doses, however, than here indicated, with gratifying results. In France, Germany, Italy, and England, the ergot has been employed successfully. The *urtica urens* or lesser nettle, in doses of 15 or 20 drachms of the juice was used, with immediate effects, by M. Gineset. Dr. Burns, in the *Am. Jour. Med. Sciences* 1859, speaks highly of arsenic, 10 to 20 drops of the liq. potass. arsenitis; concerning its *modus operandi* he does not venture an opinion. Dr. Tilt, in the *Lancet*, 1860, gave the *quæ* sulph., where the flow was marked by periodicity, believing the complaint referable to the gang-

onic nerves, and similar to ague. I used the quinine in one case similar in character to the above, but without effect; it is worthy, however, of further trial.

From all the evidence at hand, it seems that none of the drugs here alluded to have arrested the discharge sooner than nature herself sometimes does, with the exception it may be of ergot of rye, in cases of extreme laxity of the uterine walls only.

#### BROMIDE OF AMMONIUM AS A REMEDY.

I was led to use bromide of ammonium, from the perusal of an article on its use in "Irritable Uterus," written in 1863, by Dr. Griffith, of Dublin.

The case in which I first employed it, was one of extreme pain in right ovary and uterus, with discharge of blood per vaginam, notes of which I took, as follows:—

Mrs. A. was delivered Feb. 5th of second child; labor easy, and subsequent progress, for twenty-four hours, favorable, when after-pains were experienced. Feb. 10th, severe pain in right ovary occurred, with some enlargement; pulse 120, thirst. &c. Treated by alkalies, with fomentations, and recovered immediately. Lochia ceased about the 12th, but on the 15th a discharge of fresh blood occurred from the uterus. March 17th, discharge continues considerable, pain and irritability of uterus severe, tenderness in right ovary, without enlargement. Ordered ammon. bromide gr. viii. q. q. ter hor. March 18, pain less, discharge moderate, urine, before obstructed, free. March 20th, had no pain since 18th, discharge almost nothing, appetite good; bromide discontinued, and ordered tr. ferri mur. xlv. in water, three times a day. This patient of anemic condition recovered, finally, under the use of syr. superphos. ferrique-quinie cum phos. strychnie. I observe the smallness of the dose; but, nevertheless, of its effectiveness and rapidity of action there is no question.

The following cases I have selected as some in which the effect of the bromide of ammonium was marked:—

CASE I.—Mrs. A., married, three children; husband too lustful by far; has been long afflicted with menorrhagia; period regular enough; has been treated variously before with indif-

ferent success. Ordered, Oct. 22, am. bromid gr. xv. q. q. ter hor. The discharge was checked the same day. I then resorted to ferruginous preparations to correct her general debility.

CASE II.—Mrs. B., æt. 40, of fatty tissue and loose fibre, has had menorrhagia for a long period; family large and scrofulous. Ordered, on each occasion, ammon. bromid gr. xx. q. q. ter hor. till discharge moderated; then half the dose till it ceased. One or two days, at most, generally sufficed to arrest the discharge. As treatment was not adopted, from one cause or another, for her general debility, the consequence was that she had frequent attacks. It is but right to observe that in this case the bromide, after many months of success, lost much of its power over the affection.

CASE III.—Mrs. C., æt. 34, married, no family; has had frequent attacks of menorrhagia, with pain. Ordered ammon. bromid ℥i. q. q. ter hor. with prompt relief on every occasion, both of discharge and pain; this patient has invariably suffered most excruciating pain during the act of coitus. In this case I have seen the most gratifying improvement of her general condition, and the most marked relief follow as to her menorrhagic attacks, from observing *absolutely* the *absque marito* relation for a month or two at a time.

CASE IV.—Mrs. D., æt. 26, married 2 years, never pregnant, though she says she was; had no unusual discharge previous to marriage, but lately has suffered much from menorrhagia; menses began on the 11th; consulted me on the 19th, for her large and distressing flux: ordered, am. bromid. ʒss. q.—q. 4 tis hor., till two doses were taken, then gr. xv. afterwards; took seven doses with the happiest effects, both as to the complaint and general feelings; then she was placed on gr. x doses of am. cit. ferri ter die: this patient affirms *positively* that she is now pregnant, and has been for at least three or four months, but finding me obstinately unalterable in an *adverse* opinion, her utter dejection exhibits, to what extent, the wish in her is parent to the conviction.

The plan of treatment I usually adopt is, to place the patient in the recumbent position, on a mattress, not particularly in the prone or

supinate posture, as some recommend, but in any easy position. I prefer a mattress of hair or straw to a feather bed, believing these less likely to retain the accumulated heat of the body, and not so apt to perpetuate that peculiarly lax condition of fibre, observable in these patients; besides, I strongly object to feather or down beds, for any one, (except in an extremely emaciated condition of body), as calculated to foster that tendency to illness peculiar to humanity, and that fondness for the habits of the sluggard, too common both in men and women—so pernicious in its effects, alike upon body, soul and circumstances.

To the recumbent posture are added light coverings, cooling drinks, and a mild laxative. After the bowels have moved, I commence with the administration of am. bromid. at once, in doses of ℞i. ℥ss., or ℞ii., according to the urgency of the case, q. q. ter. hor. till three doses have been taken, then reduce the dose to one-half, and continue as long as required, not neglecting to follow it up with such measures as are calculated to remove the cause.

#### MODE OF ACTION.

Though introduced by Dr. Gibb, the mode of action of the bromide of ammonium was not, I believe, explained by him; but Dr. Griffith, of Dublin, has propounded a theory, which seems extremely probable, "it appears to allay pain by direct action on the nerves of the uterus, and indirectly through the great nervous centres, at the same time restoring, or tending to restore the affected parts to a healthy action." As a hæmodynamic he thinks it stimulates the muscular fibres of the uterus, to contract, or the muscular tissue of the vessels themselves, whereby, tone is restored gradually, and the capability of answering stimuli regained, normal vigor and tension succeed on the the lax walls, so that, for the time being, exudation ceases. Whatever be the true mode of action, I can, with confidence, recommend it as a drug whose effects have, in my hands; proved powerful in menorrhagia, and even in those cases where the discharge did not cease promptly, it was greatly lessened, and complete recovery was speedy under properly regulated measures in the interval, of rest, clothing, diet and medicine.

## The Prognosis in Chronic Diseases of the Heart.

BY AUSTIN FLINT, M.D.

Read at a meeting of the New York County Medical Society,  
March 7, 1870.

In my remarks on "The Prognosis in Chronic Diseases of the Heart," I shall have reference especially to the organic affections which constitute the great majority of those occurring in medical practice, namely, valvular lesions and enlargement of the heart. Fatty degeneration of the heart, an affection not very infrequently met with, will claim notice. Congenital malformations, chronic pericarditis, and certain anomalous lesions, are comparatively rare, and cannot be separately considered in a paper so limited in length as this must be. To these affections, however, the remarks which will be offered in relation to the prognosis in cases of valvular lesions, enlargement of the heart, and fatty degeneration, are in the main applicable; hence, their separate consideration would not perhaps be important, even were the length of the paper not limited.

The prognosis in cases of diseases of the heart is peculiarly important as regards the communication of medical opinions to patients or their friends. It is a popular belief that all cardiac lesions are alike dangerous, always involving a liability to end fatally at any moment. A patient known to have an organic disease of the heart is looked upon as one under sentence of death, the execution to take place at any time without warning. Now, it is needless to say to this audience that there are lesions which are devoid of immediate danger; that, in respect of gravity, different lesions and different cases of the same lesion differ widely, and that sudden death from disease of the heart is the exception, not the rule. But it must be confessed that the popular belief, just referred to, is not wholly confined to non-medical persons; it pervades, to a certain extent, the medical profession. This is owing to the fact that the development of much of our present knowledge of diseases of the heart is of recent date; and also to the fact that many give but little attention to these diseases, under the erroneous idea that the study of them is too difficult to be undertaken, except by those who design to make it a specialty.

In diseases of the heart, fully as much as, if not more than, in other classes of disease, the prognosis must be based on the diagnosis. And it is with reference especially to diagnosis that our knowledge of these diseases has, within late years, been greatly advanced. This advancement has consisted in the successful application of physical

exploration, to an extent which could hardly have been dreamed of by the illustrious founder of auscultation. At the present moment, thanks to auscultation and percussion, the diseases of the heart are discriminated with more promptness, precision, and positiveness, than those of any other province in the nosology. The wonderful accuracy with which, by means of physical signs, cardiac lesions are now detected and differentiated, constitutes a basis for prognosis vastly broader and more solid than formerly existed; yet, fundamental in importance as is the diagnosis, our predictions are by no means to rest on this alone. In the course of the remarks which are to follow, it will be seen that too exclusive reliance on the information afforded by physical signs, is apt to lead to errors in prognosis, which are sometimes so prejudicial to the welfare of patients, that it would have been better had the information not been obtained. It is a strange, but nevertheless a true statement, that the perfection of the physical diagnosis of diseases of the heart may be made to do harm rather than good. This, however, arises from not duly appreciating circumstances which are to be taken into account in conjunction with the diagnosis. Diagnosis, as I have said, is the basis of prognosis; but clinical experience furnishes the materials for building the latter upon the former. Practical skill in prognosis implies, in addition to accuracy of diagnosis, sound clinical experience. The two qualifications cannot be disjoined; the judgment of one whose knowledge is limited to diagnosis, be he never so skilful in this department of our art, is often unreliable; and, on the other hand, the opinions of the clinical observer without claims as a diagnostician have no secure basis.

The topic which first suggests itself, in entering upon my subject, is the importance of determining the existence, or otherwise, of lesions of any kind in cases of a chronic affection of the heart. A patient has symptoms referrible especially or chiefly to this organ. Its action is disordered, as shown by undue violence, irregularity or remittance, and these symptoms may persist, or recur at short intervals, so that there is an affection which may be said to be chronic. To the symptoms just named may be added dyspnoea, a sense of oppression or undefinable distress referred to the precordia. Under certain circumstances, general dropsy occurs, the kidneys being free from disease. Now, with these symptomatic phenomena, cardiac lesions do not necessarily exist; the heart may be sound, the disturbance being purely functional. Even the affection known as angina pectoris may be well marked without being associated with organic dis-

ease of the heart. It is probable that this affection may occasion sudden death without any coexisting cardiac lesions, although the instances must be exceedingly rare. Excepting those rare instances of angina pectoris, we are warranted in saying that, if the affection of the heart be purely functional, there is no danger; we may commit ourselves unreservedly to a favorable prognosis. The simple question, then, as regards the prognosis, is, Are there, or are there not, cardiac lesions? This question is to be settled by physical exploration. Here diagnosis is in itself sufficient and supreme. Does a careful examination by auscultation and percussion show an absence of all morbid signs denoting lesions? We may declare the affection to be purely functional, and on this basis give positive assurances of the absence of danger.

It is certainly an unfortunate error to pronounce a verdict of organic disease of the heart in cases of purely functional disorder, the more because the disturbance of the heart's action, in such cases, were it attributable to lesions, would denote more or less immediate danger. Now, on the other hand, is it an error without unpleasant consequences, as regards the reputation of the physician, if not the welfare of the patient, to declare, in cases of organic disease, that there is only a functional malady? Both these errors cannot fail to fall to the lot of those who venture upon a positive diagnosis without the aid of physical signs. It is sometimes hardly less unfortunate, as regards the moral effect upon the patient, if, thinking that "discretion is the better part of valor," the physician refrains from hazarding a definite opinion; for the patient who may have only a functional affection, infers that he has organic disease, and that the physician is unwilling to communicate the fact of its existence.

An important aspect under which the prognosis of chronic diseases of the heart is to be considered, is the innocuousness of certain lesions. Lesions of the valves, as is well known, are represented by adventitious sounds known as endocardial murmurs. By means of these murmurs the existence of valvular lesions is determined, and they are readily localized. If there be found, in any case, endocardial murmur or murmurs persisting, and not due to a morbid condition of the blood, we have the proof of a chronic structural affection; there is organic disease of the heart. But the lesions which give rise to murmurs are by no means always of importance as regards immediate or even remote evil consequences. They may be devoid, not only of danger, but of any morbid symptoms. There are many persons pursuing their various

avocations, and wholly unconscious of any malady, who, if auscultated, would be found to have organic disease of the heart. In a certain proportion of these persons the existence of cardiac disease will hereafter be manifested by symptoms and morbid effects; some may at length die from the disease, but in not a few, even if life continue for many years, the only evidence of the disease will be, as now, the presence of one or more of the cardiac murmurs, and death will be caused by some affection which has no connection with the lesions existing in the heart. In cases of innocuous lesions the harm of physical diagnosis is sometimes apparent. Let the simple statement be made authoritatively to one having an innocuous lesion that he has an organic disease of the heart, and he will be likely to look upon himself as doomed. If he be a timid, nervous man, he has received a moral blow from which he does not recover. He sees a sword suspended over him. He is under sentence of death. Not only is he hurt as regards his comfort and happiness, but the depressing effect of the diagnosis, and the altered habits of life to which it may lead, sometimes contribute to impair health, and tend, perhaps, to shorten life.

I would not for an instant have it supposed that I mean to disparage physical diagnosis. I wish only to place in a strong light the importance of going further than to the fact of the existence of organic disease of the heart. In other words, I would prepare the way for saying that, with reference to the prognosis, more information than the murmurs can furnish is indispensable. What has just been said concerning the long-continued innocuousness of cardiac lesions, I may add, is warranted by my own observations. I have records of cases in which organic endocardial murmurs existed from ten to thirty years ago, the persons now living, and exempt from ailments referrible to disease of the heart.

It is difficult, without the lessons of clinical experience, to appreciate the fact that the intensity and quality of heart-murmurs are not of much account in judging of the importance of valvular lesions. A murmur very loud, notably rough or musical, it would seem, should denote graver lesions than one which is feeble, soft, and blowing. Experience, however, shows that it is not so. A striking illustration of this fact came under my observation some time since. A gentleman from Cuba consulted me for disease of the heart. He had a musical murmur loud enough to be heard with the ear removed some inches from the chest. The sound had attracted his attention, and this first led him to see a physician. He was told that

he had disease of the heart, of which he had previously had no suspicion, having no ailments referrible to that organ, and, indeed, considering himself perfectly well. He became at once a medical curiosity, and he had been examined by many physicians. The case exemplified the fact that the diagnosis of a cardiac lesion is sometimes a misfortune. The man had no peace of mind after the discovery of the murmur. He relinquished his business, and came to this country for medical opinions. The lesion, as regards present importance, was innocuous; and had he remained ignorant of its existence, he would not only have been contented and comfortable, but his condition would probably have been more favorable for the preservation of health.

It follows, from what has been said, that, with reference to prognosis, it is important to go further in diagnosis than to determine, from the presence of murmur, the existence of an organic disease of the heart. If we except the accident of embolism, we are warranted in saying that, as a rule, in cases of valvular lesions giving rise to murmurs, whatever be their number, intensity, and quality, there is no danger, either immediate or near at hand, so long as the heart is not enlarged; for clinical observation shows that, in general, valvular lesions cause enlargement of the heart before leading to more remote effects which involve distress and jeopardize life. Moreover, clinical observation shows that in most cases enlargement of the heart is produced by valvular lesions slowly, the ulterior effects being, of course, proportionately distant. I would remark, in this connection, that, in order to judge of the import of organic murmurs, aside from enlargement of the heart, the heart-sounds claim more attention from stethoscopists than is usually given to them. It is certain that the aortic and the pulmonic second sound can generally be interrogated separately by auscultation; and I believe this statement may also be made with respect to the mitral and the tricuspid valvular element of the first sound. The absence of any abnormal modifications of these several components of the two sounds of the heart is an important point in judging of the innocuousness of valvular lesions, the existence of which is revealed by the presence of murmur.

The compensatory and conservative provisions which are strikingly manifested in the diseases of the heart, possess much interest and importance in connection with the subject under consideration. I have just said that valvular lesions, as a rule, are without danger if the heart be not enlarged.

Now, hypertrophy of the muscular walls of the heart, taking place as a direct effect of lesions which occasion obstruction to the blood-currents, or regurgitation, or both, is a compensatory or conservative provision. The increased muscular power which the increase of growth gives, makes amends for the disturbance of the circulation, and prevents evils which would otherwise ensue. A patient is, comparatively speaking, in most cases safe as regards the serious consequences of disease of the heart, be the heart considerably or even greatly enlarged, provided the enlargement be due to muscular growth or hypertrophy. At all events, this form of enlargement, when associated with, and dependent upon, valvular lesions, is productive of good rather than harm. On the other hand, there is nothing compensatory or conservative in the enlargement due to dilatation; but it is quite the reverse of this. In proportion as the cavities of the heart are dilated, the ability for effective contraction is impaired. While hypertrophy gives increase of systolic power, dilatation adds no muscular strength, but increases the labor in so far as the enlarged cavities allow a larger accumulation of blood. In fact, it is by means of the weakness of the heart, incident to dilatation, that valvular lesions lead to remote evils—namely, those resulting from systematic congestion sufficient to interfere with the functions of the stomach, liver, kidneys, and brain and other organs, and eventuating in general dropsy. Hence, it is evident that, with reference to prognosis, it is highly important to determine whether hypertrophy or dilatation predominate in causing the enlargement which is found to exist. The differential signs, which it would be out of place to consider here, are sufficiently explicit. Let me add, that the statement just made concerning the relative importance of hypertrophy and dilatation in prognosis, is alike applicable to enlargement of the heart occurring independently of valvular lesions; and there is reason to believe that hypertrophy is measurably a compensatory and conservative provision when it takes place in other pathological connections; for example, when it occurs in the course of Bright's diseases.

It is a curious fact that as muscular hypertrophy of the heart is compensatory and conservative as regards obstructive and regurgitant valvular lesions, so these lesions may be compensatory and conservative as regards muscular hypertrophy. Certain evils, liable to occur in consequence of the increased power of the left ventricle from hypertrophic growth, if the valves be sound, are warded off by coexisting valvular lesions. Hypertrophy of the left ventricle, if there be no obstructive or regur-

gitant lesions, involves a liability to congestive apoplexy, and favors the occurrence of cerebral hæmorrhage; whereas, an overplus of blood sent with an abnormal force to the brain is prevented by aortic or mitral obstruction, or by mitral regurgitation, the immediate effect of which is to lessen the quantity of the blood which otherwise would be driven into the aorta with the ventricular systole. Moreover, statistics show that there is more danger of sudden death from distention with blood and paralysis of the left ventricle, as a consequence of aortic obstructive or regurgitant lesions, when these lesions exist alone, than when they are associated with mitral, obstructive or regurgitant lesions. The latter are compensatory and conservative by preventing an accumulation of blood in the ventricular cavity sufficient to occasion paralysis from distention. A patient, thus, in the first place, with hypertrophy, associated with valvular lesions, is exempt from a liability to evils which hypertrophy existing without valvular lesions may occasion; and, in the second place, the danger of sudden death, which belongs especially to aortic lesions, is lessened by coexisting mitral lesions.

An important topic is the concurrence, with organic disease of the heart, of functional disorder arising from causes which have no connection with the cardiac lesions. I will illustrate the practical point involved in this topic by giving the prominent features of a case:

A young married woman, during lactation, became greatly anæmic. Under these circumstances, she suffered for the first time from palpitation, and she heard at night a sound in the chest, which she described, of her own accord, as a sound like that of a pair of bellows, without having had any knowledge of cardiac murmurs. Her sister, who shared her bed, also perceived the bellows-sound. She had œdema of the face and lower limbs, and notable dyspœna on any exertion. On auscultation, there were found an aortic direct and a mitral regurgitant murmur, both being notably loud. The heart was moderately enlarged. She had had repeated attacks of articular rheumatism. Her friends were apprised of the existence of organic disease of the heart, and the fact was communicated to her. Lactation was at once suspended, and she was placed upon chalybeate tonics, together with a dietetic and regimenal treatment with reference to anæmia. A year afterward this lady presented the aspect of blooming health, and considered herself perfectly well. She laughed at the idea of her having any disease of the heart, and, in conjunction with the attending physician, I was supposed to have fallen into an error of diagnosis. But the murmurs,



together with the evidence of enlargement, existed as before, and some six years afterward she died, after having an attack of apoplexy with hemiplegia.

Here was a case in which there were cardiac lesions giving rise to no appreciable pathological effects or symptoms. Alone, they were not incompatible with excellent health; but associated with marked anemia, the lesions seemed to assume great gravity, and the case presented an appearance of an advanced stage of organic disease of the heart. The intensity of the systolic murmurs, the palpitation, the dyspnoea, and the dropsy were attributable, not to the cardiac lesions, but to the coexisting anemia; and these symptomatic events completely disappeared when the cause of the anemia was removed, and the normal state of the blood restored by appropriate treatment.

This case is typical of a class of cases in which, superadded to cardiac lesions, are symptoms or pathological events with which the lesions have no causative connection. The symptoms, or pathological events, were they dependent upon the lesions, would denote more or less gravity of disease. But the association is merely one of coincidence. The various causes which produce functional disorder in persons who have sound hearts, are of course operative fully as much, and even more, in persons whose hearts are unsound; and the latter, as well as the former, are liable to be exposed to the causes of functional disorder. Cases in which disordered action of the heart, mainly or entirely functional, occurs in connection with cardiac lesions of little or no immediate importance, are by no means infrequent. The disordered action and the concomitant symptoms are apt to be imputed chiefly or wholly to the lesions in such cases. The prognosis is therefore needlessly grave. Here, again, taking into account the moral effect of the prognosis, it would sometimes doubtless have been better had the stethoscope not been brought into requisition.

It is obviously desirable to determine, as far as practicable, in individual cases, the extent to which functional disorder is independent of existing organic disease. This is not always easy at once. Often, however, there is an evident want of proportion between the lesions and the disturbance of the heart's action. With reference to this point, it is important to form a correct judgment concerning the amount of organic disease. This judgment is to be formed by investigating the cases with reference to the following points of inquiry:

Is the heart enlarged, and, if so, how great is the enlargement? Does hypertrophy or dilatation predominate, if there be much enlargement? What is

the information obtained by interrogating the different valves, namely, the aortic and pulmonic, and the two auricular valves separately? Is there ground to infer the existence of fatty degeneration? Again, cases are to be investigated with reference to the existence of well-known causes of functional disorder of the heart, and in this direction these questions will arise: Have pregnancy and lactation preceded the disturbed action of the heart? Has there been loss of blood from hemorrhages anywhere? Is there anemia from any cause, or without any apparent causation, as determined, not alone by the complexion, the appearance of the eye, the mucous membranes, etc., but by the venous hum in the neck? Does the patient suffer from dyspeptic ailments? Do mental causes enter into the etiology? Has there been over-excitation of the sexual system? Is tobacco used immoderately? Canvassing fully and fairly the facts embraced in the answers to these two classes of questions, the prognosis is to be based, on the one hand, on the evidence of an inadequateness in the amount of organic disease to account for the symptoms, and, on the other hand, on the adequateness of existing causes to explain the disorder, independently of the lesions which exist.—*N. Y. Med. Jour.* May, 1870.

(Continued.)

### On the Use of Sarsaparilla in Syphilis.

By T. CLIFFORD ALBUTT, M.A. M.D. CANTAB., F.R.S.  
Physician to Leeds Infirmary, &c.

\* \* \* The fact is, the antisyphilitic effects of sarsaparilla depend upon the dose in which it is given. \* \* \* The remedy is used by us as a decoction, which is made in the infirmary in large quantities. Of this decoction, which differs only in unimportant details from the compound decoction of the Pharmacopoeia, we administer from four to ten ounces three times a day, or prescribe some such quantity as a pint or a pint and a half to be taken at will during the twenty-four hours. This medication is expensive no doubt, but that treatment is the cheapest which most quickly cures the patient. The cases in which sarsaparilla is most useful are cases in which the system is thoroughly infected with syphilis, during the tertiary and visceral modes of its appearances.

In persons who are in a thoroughly cachectic state, who have lost flesh and strength, and who are suffering from sluggish ulcerations and indolent gummata, the sarsaparilla is really of great value. I believe there is scarcely a practitioner among my readers who will not rejoice to hear of a remedy which will help him to cleanse and to re-establish

old syphilitic patients,—patients whose constitutions have been undermined by want of nourishment or by excesses, who have gone through many courses of mercury, whose irritable mucous membranes will not bear any more iodide of potassium, and who are so sallow, so worn, so broken down, so eaten up by disease, as to seem fit only for the grave. These persons clear up on such quantities of sarsaparilla as I have named, and it is here that the drug fills so important a gap. It need not, and will not, supersede mercury and iodide of potassium in straightforward cases, but it has its place where these means have failed, or where they are on the same grounds to be avoided. How far we are right in claiming this important place for sarsaparilla can only be known after an extended use of the drug according to our method by the profession at large. No array of my cases can do more than illustrate my opinions, and one or two instances will do this as well as a score.

Take for example the following :— is nominally a laundress, and by practice a prostitute. She is evidently worn down by excesses and irregularities, and will soon be worn out. Her face is sallow and wan, her frame is wasted, her voice is hoarse, her hearing is dull. She has enlarged hard glands in her neck and groin, scars at the angles of her nose and mouth, coppery tubercles about the forehead and eyebrows, a lump of gummous matter in the calf of the right leg, nodes on her tibiae, and open ulcers on her face and upon her legs. These ulcers are large, numerous, indolent, and characteristic. She makes no secret of her disease, and dates its origin several years ago. She "has had mercury," and her gums bear the traces of it; her irritable tongue and stomach, her anorexia, and her wasting seem to warn us against the iodides. She took sarsaparilla, beginning with half a pint a day, and increased the dose to one pint daily. On this treatment her complexion cleared, the ulcers contracted and healed, she gained flesh and appetite, and in two months she was restored to something like good health. On account of the expense of the drug, I often wished to change it for the iodides of iron and potassium, but having found the benefit of the sarsaparilla, she begged me not to omit it, and recognized its virtues with the greatest gratitude. This girl was an out-patient, and therefore placed under no new conditions of food or rest.

The next patient whose case I will relate, is now an in-patient, but I took her from a gentleman's house where she was much valued as a servant, and had been living with every comfort. I took her in on the 5th of February last, and drew general attention to the case and its treatment in order to

test the drug once more for the purposes of this paper. The girl on admission was worn, wasted and sallow; she had coppery tubercles about both eyebrows, about the alae nasi, and the right angle of the mouth. Her hair was thin, and her scalp tender, and she had nocturnal pains. On the left cheek over the zygomatic process was a soft gumma about the size of a cob-nut. She dreaded its breaking upon her face, for such lumps had formed in the flesh of her arms and legs, and had burst, giving rise to large ulcers. She was now infested by such ulcers, so as to present a pitiable object. They were on both legs, both above and below the knee, and presented the characteristic punched-out appearance of syphilitic ulcers. They varied in size from that of a shilling to a crown-piece, and there were perhaps seven or eight of them on the two legs. She had been under medical treatment for some time before admission. I ordered her four ounces of decoction of sarsaparilla three times a day, intending to increase it to six ounces. The increase was, however unnecessary, for she began quickly to improve in complexion, to gain flesh and strength, and to take food. Coincidentally with this the ulcers began to close, contracting from their edges towards the centre, the coppery tubercles faded, and the gumma in the muscles of the cheek died away. No local applications were used except simple dressings. I write at the end of one month from her admission, and she is well, or what she calls well. I should now advise for her a gentle course of biniodide of mercury for a week or two, followed by a prolonged course of iodide of potassium.

I will only select one more case from a large number of similar ones. Mr. —, a gentleman of fortune, who enjoyed every advantage in conditions of life and skilled advice, had never been able to shake himself free from an old syphilis. He had no cutaneous eruption of importance, but was spare, haggard, and sallow; his hair fell off, his appetite was capricious, his bowels irritable, and his strength deficient. He was liable also to neuralgias, which were really dreadful, often amounting to great agony. They were chiefly cranial, but also of the nocturnal tibial variety. There were many irregularities of the cranium and of the flat bones. Mercury and iodides, though administered under first rate advice both in England and in Germany, had failed to relieve him; for they were so ill borne that no continued course could be prescribed, whether combined with tonics or nutrients alone. I advised him to lay in a quantity of sarsaparilla, and to have the decoction made at home, so that he might take it in quantities daily. The medicine

agreed with him, and he tried it carefully. He took at most about two pints daily of the Pharmacopœia strength, and he took this for about three months. Altogether he took more or less sarsaparilla for about five months. He found his improvement so satisfactory, that I had no difficulty in persuading him to continue the treatment. His general nutrition improved first, and the "cachexia" abated; in the next place his neuralgic pains diminished and disappeared. Since this time nearly two years have elapsed, and he has remained healthy and vigorous beyond the average of men, being able to hunt four days a week and to carry out many important engagements without any signs of fatigue. Such is our mode of administering sarsaparilla at the Leeds Infirmary, and such are the cases that need it. I hope soon to hear that our practice has been found useful by our brethren elsewhere.—*Practitioner.*

[Baltimore Medical Journal, Feb., 1870.]

**Operation for Fistula in Ano, by which all After-Treatment is rendered unnecessary.**

By J. J. CHISHOLM, M.D.,

Prof. of Operative Surgery in the University of Maryland.

\* \* \* \* \*

I was induced many years since, to substitute for this annoying, painful, and inefficient dressing, a single application of the liquid persulphate of iron. This was used for the purpose of ensuring a surface sloughing of the sides of the wound, just sufficient to preclude the possibility of the immediate growing together of the recently-cut surfaces, although close apposition be permitted. Long experience has sustained the utility of this application, and this plan of after-dressing, immediately after incising fistula in ano, is now extensively adopted by surgeons in the United States.

Immediately after making the incision, a large camel-hair brush, or a sponge mop, saturated with the liquid persulphate or perchloride of iron, is drawn through the wound, care being taken to bring the iron styptic cauterium in contact with the entire surface. The effect is three-fold:

1. To cauterize the surfaces and prevent agglutination of the newly-cut walls.

2. To arrest hemorrhage.

3. To clot the blood in the wound, and oppose this physical barrier to the approximation of the surfaces.

Should the hemorrhage be very free, it may be necessary to secure in the wound, for a few hours, a compress of lint, saturated with the iron styptic.

Beyond this immediate and single application of the iron, no further local treatment will be required. Daily ablutions, either with cold or warm water, as most agreeable to the patient, will be needed for cleanliness. For ordinary cases of fistula in ano, it will not be necessary for the patient to keep the bed, nor even the house, for any length of time; and often business can be resumed the day after the operation.—*St. Louis Medical Journal.*

**Amendments in the Medical Bill of Britain.**

\* \* \* It is a significant fact that the meetings which have been held of late have all tended to show how anxious we all are to become a united body, to have but one degree (which, of course, should be M.D.), and to have a representative Medical Council. \* \* \* \* \*

The days of intolerance are gone by to a great extent, and we do hope to find in a few years that scientific truth will be able to get the better of superstition and false science by means of open discussion. We are even yet too much afraid of truth coming out victor, and desire to protect this hardy plant too much. The fact is, however, that the best of all weapons against homœopathy is, not the keeping of homœopaths out of the Profession, but the open debate on *all obscure and contested points* in medicine. \* \* \* \* \*

The meeting of the British Medical Association, in Willis's Rooms, has given a complete endorsement to the views we have so strenuously advocated in these columns for some time past, as to the necessity, not for *three* portals, but for *one* portal, to the Profession. We can't see why a certain portion of the Examining Board should not be peripatetic, just like the British Medical Association, or the Social Science Congress, or the Examiners of the London University. The major part of each board, of course, would reside at Dublin, Edinburgh, or London. We are beginning to hope that the Government will see the plain facts to which we have adverted, and that we may even yet have some good amendments to the Bill, and have at length the satisfaction of seeing a united Profession.—*Dublin Med. Press and Circular, May 25, 1870.*

M. Tardieu.

It appears that the medical students are still of the opinion that M. Tardieu sold his convictions to Government in the recent trial. He is lecturing, it is said, to almost empty benches at the Ecole de Médecine.—*Med. Press. and Circular.*

## Bromide of Potassium in the Treatment of Young Children.

By J. CUMMISKEY, M.D.

Translated from the Bulletin Générale de Thérapeutique of Nov. 15, 1869.

The sedative properties of bromide of potassium are now generally recognized, and its therapeutic application, becoming daily more widely extended, makes it to-day, without doubt, one of the most useful articles of the materia medica. The freedom from danger attending its administration, even in moderately large doses, makes it particularly applicable to the treatment of young children, whose susceptibility to the action of opium and its preparations renders the employment of these agents very dangerous to life.

During the first few months after birth, infants are frequently subject to attacks of extreme sleeplessness and restlessness—some sleeping in the day, and never at night; others hardly at all either in the night or day—exhausting, by their continued wakefulness, all those who are so unfortunate as to be compelled to watch them. Children in this condition are benefited most promptly and effectually by bromide of potassium. \* \* \*

The cough which accompanies dentition is certainly not produced by an inflammatory condition of the mucous membrane of the bronchiæ, but is a spasmodic nervous phenomenon analogous to the vomiting which is seen in similar cases. It seemed to me rational, therefore, to administer a remedy which has a manifest action on the nervous system. It is certain that the cough, in this case, which in similar cases has defied the most popular remedies, yielded completely in three days, and each time that it returned the efficacy of the remedy was the same. Wherever there is diarrhoea, however, my experience satisfies me that it is imprudent to administer the bromide, as this disease is likely to be increased by it. But how does bromide of potassium act in the affections accompanying dentition? Does it act by virtue of its sedative property, upon the general nervous system, or has it a special anæsthetic action upon the buccal cavity? It is known that the bromide of potassium paralyzes the sensibility of the velum palati, so that, while taking it, the uvula may be titillated with impunity. But its action is extended to every portion of the mucous membrane of the mouth, and thus, during dentition, it relieves by its anæsthetic action upon the inflamed gums as well as by its general sedative action upon the nervous system.

From cases that have come under my observation,

I believe myself authorized to state that, in the diseases incidental to dentition (when uncomplicated by diarrhoea or decided inflammatory symptoms), the bromide of potassium will be found very useful and will often succeed in preventing the convulsions so frequent at this epoch of life. \* \* \*

### CONCLUSIONS.

1. Bromide of potassium, administered in moderate doses, is tolerated perfectly well, by children of tender age.
2. By its sedative action, it relieves the insomnia of young children, whether this insomnia be calm or accompanied with agitation and cries.
3. Administered to infants suffering from affections during the period of dentition—characterized by agitation, insomnia, cough, etc.—it succeeds frequently in relieving these complications, and by its judicious use may sometimes prevent convulsions.
4. Bromide of potassium should not be given to children suffering from diarrhoea.
5. In certain exceptional cases in which nervous erethism is predominant, bromide of potassium will have a most prompt and decisive action.—*N. Y. Med. Jour.*, May 70.

### Internal Administration of Carbolic Acid.

Dr. Habershon observes that in some conditions of weakness, especially when the bronchial tubes are dilated and the mucus is retained in the bronchi, putrefactive decomposition ensues, and the breath becomes extremely offensive. Again, in chronic bronchitis, the muco-purulent secretion not unfrequently becomes so offensive that the patient is greatly distressed. In these instances, as also in some stages of phthisis and in diphtheria, carbolic acid may be of great service when employed as an inhalation. It is, however, he states, in some diseases of the alimentary canal that he has found most benefit from the internal use of carbolic acid. In many functional as well as organic diseases of the stomach, fermentative action takes place; distension, pain, eructation, and vomiting, consequent on retention of the digested food in the stomach, are the conditions under which the advantages of the internal use of carbolic acid are most clearly displayed, partly, no doubt, from its power in checking cryptogamic development. It is not advisable to administer it where there is much irritability of the stomach, nor where there is redness of the tongue. It is, however, very serviceable in cases of atonic dyspepsia, of chronic ulcer of the stomach, when active ulceration has ceased, and in obstruction of the pylorus, whether arising from fibroid or cancerous disease. It should be administered with extract of henbane, with compound ipecacuanha powder, or it may, with the aid of a

little gum tragacanth, be made to combine with quinine, iron, aloes, &c. When conjoined with lime or gallic acid, it may be used for flatulent distension of the colon, especially when this is accompanied by looseness of the bowels. (*Guy's Hospital Reports*, January, 1870.)—*Practitioner*.

## The Dominion Medical Journal,

A MONTHLY RECORD OF

MEDICAL AND SURGICAL SCIENCE.

EDITORS:

UZZIEL OGDEN, M.D., L.M.B.

J. WIDMER ROLPH, M.D., L.R.C.P., Lond.

TORONTO, JULY, 1870.

### MEDICAL LEGISLATION.

We learn from the medical journals of Great Britain, that the profession there is striving to obtain a representative Council and a *single examining Board*, but the medical corporations are so numerous and so powerful, as to completely thwart the efforts being made; but we hope the agitation will be continued, until that simple act of justice is obtained. It should be comparatively easy to obtain an act of the kind asked for, in a country where the profession is free from those excrescences by which the health and fair fame of the body medical in this country have been so tarnished; but when we see how strongly the medical corporations of Scotland oppose the establishment of a representative council and a *single examining Board*, we think we may fairly congratulate ourselves, that we have obtained for Ontario, before these corporations became more numerous or powerful, that prize for which our friends at home are yet vainly striving. There is no doubt but each decade would have quintupled the difficulty; and when we call to mind the opposition encountered by the promoters of our bill, from the few vested rights with which it clashed, and the obnoxious associations forced upon us by the representatives of the adverse interests, we may well feel thankful at the results attained.

Medical legislation in this country encountered peculiar circumstances, not met with in Britain; for, besides the regular medical corporations, some of which always opposed the establishment of a central board, we had certain *medical sects* recognized by law, with *licensing boards* in full operation,

whose licentiates when they went to the country stood before the people, on a par with the graduates of the regular schools, and it was thought and said by many persons, that these boards constituted side doors, through which, timid and imperfectly prepared candidates found their way into the profession, and secured legal recognition and protection. Hence, when parliament was asked to give the regular profession a central board, it said—"No; we must legislate for the whole people, and if it be true, as we have heard, that these side doors exist, we must extend the operation of the bill to all branches of the profession, and see that all our licentiates are equally well prepared to deal with the lives and health of the people." It was in this spirit therefore, and in opposition to the wishes of the profession that the bill was made to include all the medical sects. A few members of the regular profession, foreseeing more than others, how the opposition to a single board would increase with advancing years, reluctantly acquiesced in the views of the legislature, and accepted the bill in its present shape, knowing well, that it is very much easier to get an imperfect act amended, than to get a new one, however good, first recognized. The passage of the bill is a matter of history, but its influence on the profession is yet an experiment. We confess, however, that while we have always been opposed to the introduction of the different sects into the bill, and their amalgamation into one Council, we feel strongly disposed to tolerate the combination in view of its influence on the numbers and qualifications of those entering the profession. For, while we were prepared to find some reduction in the numbers licensed, owing to the greater uniformity of the examination, and the usual dread which students feel at being examined by others than their own teachers, we were not at all prepared for the immense falling off, exhibited by a comparison of the numbers graduated during the last four or five years. We have been at some pains to collate the figures, which, through the courtesy of gentlemen connected with the graduating institutions we are able to present here for the satisfaction of our readers, bearing in mind the fact, that all who were passed by any of the Boards and Universities mentioned below, prior to 1870, became legally qualified to practice medicine in Ontario, on presenting their certificates to the Governor, while of those graduated in 1870, none can be qualified but the forty-two who passed the examination of the Medical Council.

The following are the numbers graduated by the several institutions during each of the four years mentioned; viz:—

	1867	1868	1869	1870
Toronto University.....	15	14	20	20
Victoria University.....	78	40	68	39
McGill University.....	38	33	39	29
Royal College of Surgeons, Kingston.....	17	16	18	10
Toronto School of Medicine.....	6	3	5	.....
Homeopathic Board.....	7	4	21	.....
Eclectic Board.....	19	17	25	.....
Total.....	180	136	196	98
Medical Council.....				42

The returns from other licensing institutions in Quebec, we are unable to obtain.

Thus we find 180 were passed by these several institutions in 1867, 136 in 1868, 196 in 1869, while only 98 were graduated in 1870, and only 42 became legally qualified to practice medicine in Ontario. In view of these facts, comment is unnecessary, but we think they will furnish a strong argument in the minds of those who regard the profession as being overcrowded, in favor of retaining the bill in its present shape for a few years longer at any rate.

### THE TORONTO LYING-IN HOSPITAL.

A few months ago we promised our readers some information as to the management of this institution. It is only right that, as it receives a grant both from the Legislature and the Municipality, its advantages in turn should be fully utilized for the benefit, not only of patients, but of Medical students, to whom a well managed institution of this sort would be a great boon. At present, however, to the uninitiated student, it is up-hill work. Taking the regulations for his guide, he presents himself before the physician, and obtains his ticket. He also registers his name with the matron, and imagines his part of the affair is done, and that he has only to wait for the cases as they come to him in his turn. Not so, however, his more knowing brother. Disdaining the useless formality of obtaining a ticket, he visits the matron, and his name appears on the list, and generally at the head of it;

and though he may leave the hospital three or four dollars poorer than when he entered it, and though every case may cost him a couple more, yet he gets his quota with wonderful rapidity, is always summoned in good time, and in the end gets the matron's certificate of having attended the desired number of cases. In the meantime, our uninitiated friend, Mr. Flat, wonders how it is that his cases come in so slowly. True, he was summoned the other morning, but only arrived in time to see his longer headed (and pursed) rival applying the bandage. The labor, he is told, was very rapid, and as Mr. Sharp happened to be in the building, he was kind enough to do what was necessary. Or if he finds his name has been passed over in the books, (to which every student has free access, and can make entries to suit himself) he hears that this same rapidity of the labor obliged them to summon the nearest student (Mr. Sharp, again) who lives at least a hundred yards nearer than his less fortunate brother Mr. Flat.

Our object at present is merely to draw the attention of the Lady Managers to the condition of the Institution. We have every confidence in their willingness and ability to correct all abuses as soon as they are properly substantiated, and we know that, if the proper steps are taken, all that we have stated, and perhaps more of which we are ignorant, can be satisfactorily proved.

### THE ONTARIO MEDICAL ACT ABROAD.

We have always maintained that our medical friends in Britain would not fail to see, and acknowledge, the benefits arising from our Act as soon as they had an opportunity of forming an unbiassed opinion, or becoming fully acquainted with its operation and intent, and we are glad to find so conservative a paper as the *Edinburgh Medical Journal*—one which certainly cannot be accused of heterodox tendencies, expressing itself so satisfactorily as it does in its issue for May, 1870, when it says, "*Medical Reform* in various phases is agitating the profession throughout the world. The Canadians are IN ADVANCE OF US, and have already secured a Central Board and special Examiners. All they now want is the exclusion of sects—homeopaths, eclectics, *et hoc genus omne*, from legal recognition; Ontario being the only country in the world where medical sects are legally recognised—better, perhaps, than persecuting them." To all which we say, amen,—but would remark that all Canadians are not entitled to the benefits and credit of the Medical Act, as Ontario alone, is yet sufficiently advanced to appreciate the benefits

of the Central Board established by her Medical Bill, and further, that Ontario is *not* the only country in the world where medical sects are recognized, as the province of Quebec has conferred upon Homœopaths full recognition and the right to grant certificates of qualification.

### CHIROPODIST.

A few months ago a celebrated chiropodist, who visited this city, was engaged by a gentleman to remove a corn from the inner side of the little toe, and during the operation his attention was drawn by the patient, to one on the outside of the same toe, which was just then giving pain, when the operator exclaimed,—“That’s only the roots of this one, that have gone through, and clenched around the bone; but I’ll fetch him.”

### LUMBAGO.

The *Lancet* contains an article from the pen of Dr. Glover, in which he speaks very highly of the effects of quinine in two grain doses every four hours, in the treatment of Lumbago.

## Correspondence.

### FROM OUR NEW YORK CORRESPONDENT.

NEW YORK, June 6th, 1870.

The twenty-first annual meeting of the American Medical Association, held in Washington, though largely attended, was, on the whole, far from satisfactory in its results. The question of admitting delegates from the District of Columbia, interrupted the harmony of the first day’s proceedings, by inducing a partizan discussion, during which crimination and recrimination were freely bandied about. The cause of this hub-bub is not easy to be got at, but I believe it relates to the action of certain Colleges of that district, in allowing negro physicians to participate in the clinical rights awarded to their professional brethren of the orthodox hue. Blessed are the people that can meet without quarrelling! Blessed are the disciples of *Æsculapius*, who, as the Germans lately, at *Versamlung*, (see a late number of *MacMillian’s Magazine*, art. “Philosophers at Play”), when they come together, can mingle ‘fun with the serious business of life. These lusty Teutons ate a good dinner, quaffed a good glass, smoked long pipes, and sang good songs—comical songs; songs running over with good humored banter and rollicking fun.

But to return to the Washington meeting. On

the second day, a motion was introduced, providing for a uniform standard of Medical Education throughout the Union. On this a debate arose, in which the Eastern delegates favored the motion, the Western delegates opposed it. This is what might have been expected, when the wealth and settled character of Eastern Institutions is compared with the undeveloped, pioneering West. The Eastern merchant or manufacturer can easily afford to give his children a good college education, which will fit them for the study of any profession; the Western farmer can only allow them a few months schooling in the year. But the idea of establishing a uniform standard of medical education is both wise and practical. There can be little doubt of its realization in the course of time. A curious and valuable document was submitted by Dr. Jones, of the District of Columbia, consisting of a tabular statement of all the completely organized medical institutions in the country. Dr. Storer, of Boston, will have it published at his own expense. We may expect to have it soon in book form.

The trial of McFarland, for the murder of Richardson, has absorbed a great deal of public attention. The medical testimony adduced thereat, has not escaped its share of adverse criticism. The first medical expert called by the defence was, Dr. Vance, respecting whom, the *Times* informs us, that he is “a gentleman of somewhat youthful appearance, but possessing intellectual characteristics far beyond his apparent years.” A good deal of the field of mental alienation was gone over in his examination; *e. g.*, the diagnosis of organic lesion of the brain, by the modern improved methods; the causes and varieties of insanity, &c., &c. His theory of McFarland’s case is, that long mental anxiety, loss of sleep, and similar depressing causes had induced a permanent congestion of his brain. For diagnosis of this condition he depended mainly on the Ophthalmoscope, which disclosed to him a fullness of blood in the vessels of the ophthalmic nerve, and *fundus oculi*. Soon after him followed Dr. Hammond, whose praises as a “splendid type of the *genus homo*,” were sung by the wrapt reporter of the *Herald*. His testimony was given with all the confidence and ease of a man who thoroughly understands what he is about. He dwelt particularly on certain recent, and as it is said, improved means of diagnosing mental alienation; *e. g.* the oesthesiometer and the dynamometer. The medical evidence was very complete, so far as it went; but a good deal of indignation is felt that it should have been used by the defence in support of, what most people consider, a mock plea of insanity.

sanity. A very interesting resume of the medical points in the case was read by Dr. Hammond, at the last meeting of the Medico Legal Society, of this city, and will be published in the July number of the *Psychological Journal*. It is announced on the notices just issued for the next meeting, that Dr. O'Dea will review the whole question of the plea of insanity in criminal cases next Thursday evening.

J. J.

### Reviews and Notices of Books.

THE CELL DOCTRINE: ITS HISTORY AND PRESENT STATE, FOR THE USE OF STUDENTS IN MEDICINE AND DENTISTRY.—BY DR. TYSON, PHILADELPHIA, LINDSAY AND BLAKISTON.

Of making many books there is no end, and very little matter is required to enable some men to make them. We have heard it said that every great man should write a book, and some people think this alone gives a claim to greatness.

Tyson's cell doctrine is a very handsome little volume, got up in the publisher's best style, and contains 150 pages. Of these, about 12 pages are made up of blank leaves, title page, dedication and preface, 32 of bibliography, and 89½ are occupied with an account of histological opinions from the times of Aristotle and Galen down to Huxley and Beale, while in the remaining 10½ pages the author sets forth his own views with considerable precision and clearness.

There must be something very captivating about the cell doctrine, as most writers and lecturers on the subject, appear to be completely carried away by it; but after a careful perusal of the work before us, we think it is a good deal like a definition we have heard of metaphysics: "One man trying to explain to another something he does not understand himself."

We are glad to see that the author sustains the opinion now held by many European and American pathologists with reference to the passage of the white blood corpuscles through the walls of the capillaries, and their development into pus corpuscles. He says, "All physical difficulties in the way of the passage of white blood corpuscles through the walls of capillaries are removed, when we remember that the smallest living particles by the rapid growth of which white blood discs or pus corpuscles are speedily produced, do not exceed the 1-100,000 of an inch in diameter!! and that according to the observations of Beale, we are not compelled to restrict the origin of these cells to points outside the vessels."

The author says "he has sought to obtain a continuous history of the evolution of the 'cell doctrine' up to its present state," and we think he has succeeded very well in his attempt, but we don't think his students will have a much more clear or positive conception of the cell doctrine after they have finished the book than they had when they began it.

The book is published without index or contents, but we suspect that is a ruse to ensure its being read through.

ARCHIVES OF OPHTHALMOLOGY AND OTOLGY.—

Edited and printed, simultaneously in English and German. By Prof. H. KNAPP, M.D., in New York, and Prof. S. MOOS, M.D., in Heidelberg. Vol I., No. 1. New York, Wm. Wood & Co.

This is a very handsome journal, of about 360 pages, illustrated with numerous engravings and chromolithographs, to be issued half yearly, two numbers to form a volume, the price being seven dollars a year.

The object of the periodical (say the editors) is, not only to diffuse knowledge among the medical profession, but to act as a stimulus for scientific investigation," and we are bound to say after a careful perusal of its pages, that it is well calculated to accomplish that object.

Its pages will be open to original communications only, relating either to the anatomy and physiology, or to the pathology and therapeutics of the organs of sight and hearing. As we look over the list of contributors in the number before us, we observe the names of many of the most eminent oculists and aurists of the United States and Europe, men whose names are a sufficient guarantee of the scientific character, and practical value of the work. We observe several papers by Moos on the medicolegal importance of certain diseases of the ear, which we think are of considerable interest to the general practitioner, but want of space preclude their insertion. We believe the archives to be almost indispensable to those who devote themselves wholly to diseases of the eye and ear, and of great interest and value to the general practitioner who wishes to keep up a good general knowledge on all branches of medicine.

DISEASES OF CHILDREN. By MEIGS AND PEPPER. Fourth Edition (OF MEIGS ON DISEASES OF CHILDREN;) Revised and greatly Enlarged. Philadelphia, Lindsay & Blakiston, 1870.

We have looked over this work rather carefully and believe it is an eminently practical, reliable, and useful book. One to which the student or practitioner may confidently refer for counsel or



encouragement when vexed by uncertainty.

As it contains an ample index, it will constitute an easy work of reference, and in its pages will be found some account of nearly every disease to which children are liable. It opens with an excellent chapter on the clinical examination of children, which should be read by every practitioner, young and old.

Speaking of the cry as a means of diagnosis one of the authors says, that from its peculiarity in one case he diagnosed earache, but his treatment gave no relief and "the constant scream set the mother half wild. At length the grandmother said, 'she thought the child wanted the breast,' and so it did. We are glad to see the authors disapprove of Tartarized Antimony as an emetic in croup, among young children, as we believe much harm has been done by its use. In the article on Thrush they take up the subject of food and feeding. Next to the mother's milk, they say, "we are practically driven to the use of cow's milk, which should be slightly acid or neutral, (to test paper) should contain at least, ten per cent. of cream, and have a specific gravity of 1029 at 60° F., that during the first month it should be diluted in the proportion of two parts water and one of milk, gradually increasing the strength, till at the age of one or one and a half years, it may be given pure." The quantity taken by a healthy child, during the first ten days after birth, is said to be a little over one pint in twenty-four hours, while in the second and third months it will often take two or three pints in the same time. The authors recommend feeding at regular intervals, say every two hours during the day, and twice at night, for the first month, but we think that where they are trained to feed every four hours, children do better than where the stomach is kept so constantly at work.

We entirely agree with the authors when they say "we do not think that any of the various feculant substances, so much vaunted and advertised for the use of the public, are of any value in the early months, as compared with milk. Milk must be the basis. It is the really important part of the nutriment."

They think that a little starchy matter with milk, does render it more digestible, probably by interposing between the particles of casein, and thus lessening the hardness of the curd.

They recommend very highly, an artificial food composed of a piece of gelatine two inches square, boiled in half a pint of water until it dissolves, adding four ounces of milk with a teaspoonful of arrowroot stirred in, a little loaf-sugar, and half an ounce of cream.

For children over a month old, the milk may be increased to one half or two thirds, and the cream to one or two ounces, but the gelatine and arrowroot need not be increased.

The temptation to enlarge our quotations is very great, but we must forbear. The book is well written and very comprehensive, an excellent work for both practitioner and teacher, and now that *Pathology* forms so important an item in the examinations of the Medical Council, this work will have a special value to the student.

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## Obituaries.

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### DEATH OF SIR J. Y. SIMPSON.

This eminent physician became ill about seven weeks ago, and was unable to finish his winter course of lectures. From the commencement of his illness those who knew his state best felt anxious about him. A few weeks ago he seemed to be getting better, but on Saturday week he became worse, and since then he steadily and rapidly sank, and died on Friday evening about eight o'clock, aged fifty-eight.

Sir J. Y. Simpson was born in Bathgate, Linlithgowshire, in 1811. He came to Edinburgh a poor and nearly friendless student, graduated in 1832, and became assistant to the late Dr. Thomson, professor of pathology in Edinburgh University. He applied for a situation as village surgeon at Merhip-on-Clyde, but not having sufficient local interest, lost the appointment, which, he said, was the greatest disappointment he ever felt.

In 1840 he was made Professor of Midwifery in Edinburgh University at the age of twenty-nine. His election was keenly opposed.

In 1847 he introduced chloroform as an anæsthetic agent, and it is this which has spread his name throughout the civilized world.

About ten years ago he recommended acupuncture as an hæmostatic agent.

He took great interest in the construction of hospitals, being an advocate for the cottage system, or if this were impossible, he held that there should at least be outside stairs, and that one ward have no communication with another.

Besides his numerous and varied writings on medical subjects, he made several valuable contributions on antiquities. Amongst these are the following:—"Sculptured Stones of Scotland," "Medical Officers of the Roman Army," "Cathstone of Edinburgh," "Magical Charms and Cave-Sculpturings in Fife," &c., &c.

How Sir James managed to attend to the duties of his enormous practice and also devote so much time and energy to his numerous scientific investigations, to his antiquarian and literary studies, and still take a prominent part in so many public and philanthropic movements, is a mystery, which can only be explained by the fact that he was never idle—indeed, many of his best papers, he used to tell his students, were written at the bedsides of his patients.—*Dub. Med. Press*, May 11, '70.

#### DEATH OF PROFESSOR SYME.

We regret to learn that Professor Syme, of Edinburgh, Scotland, died there suddenly of apoplexy, on Monday afternoon, June 27th.

We also have to announce the death of Sir James Clarke, the author of several works of value, on the treatment of consumption. Simpson, Syme, and Clarke, all gone, a worthy trio, whose names will long live in the annals of British medicine.

#### Miscellaneous, &c.

##### Medical Instruction in Paris.—Expenses.

A correspondent of the *Presbyterian Banner* of Pittsburg, writing from Paris, says :

Being in Paris this winter, attending the Hospital and lecture at the "*Ecole de Médecine*," a few words from me on the Medical Institutions of this metropolis may not be uninteresting to some of your readers. As all the institutions are under the control of the Government, it appears to me they are conducted much better than those of our own country. Here there are greater facilities for the practical study of the profession, perhaps, than in any other city in the world. The hospitals are all free to the students, not alone to Frenchmen; but to foreigners. The physicians and surgeons are appointed by "*concours*" (competitive examinations), and are paid by the Government. The hospitals are supported by funds from the Imperial Treasury, and also by a special tax levied on theatres and other places of amusement.

You must not, however, infer from what I have said that there is no expense attending the attainment here of a degree of medicine; as, not to mention the living in Paris, which is very high, the student has to enroll his name at the *Ecole de Médecine* every three months, each time paying a fee of 30 francs or \$6. At the end of his first, second and third years, he passes an examination, paying at each a fee of 30 francs. At the end of the fourth year (the earliest time in which he can take the

degree), he pays a fee of 600 francs for the final examination. The whole amounts to about 1,260 francs, or \$252.

Although a diligent student can take his degree in four years, the greater number do not succeed in less than six or eight years, and as every one must be eighteen years of age before he commences his medical studies, you will see they are not very young when allowed to practice.

Each year a number of *Interne* students (clinical students in hospitals) are elected to the various hospitals by "*Concours*." They make all the dressings and write all the prescriptions; so that at the end of their year of office they have acquired a great deal of practical information. Some of them are always in the hospitals to treat accidents and urgent cases.

The students follow one of the physicians or surgeons for three months, and then go to another for the next three months, and so on. When a man has passed one year at a hospital, he goes to another for the next year, and in this way makes a round of them all. The hospital visit commences about 8 A. M., and lasts until 10 or 11 A. M. All the lectures at the *Ecole de Médecine* are in the afternoon. Thus the clinical instruction does not interfere with the theoretical.—*Med. and Surg. Reporter*.

##### Addison's Disease.

Dr. Gordon gave the following summary of the principal facts known in respect to Addison's disease, at a meeting of the Army Medico-Chirurgical Society, held at Portsmouth, *à-propos* of a case reported by Dr. Wales. 1. It is a matter of doubt whether "Addison's disease" may not at times be hereditary. 2. It is equally so whether, under certain conditions, it may not be connected with syphilitic cachexia. 3. It has no necessary connection with pulmonary tubercle. 4. Nor with albuminuria. 5. The presence of the characteristic disease of the supra-renal capsule is not necessarily attended by regional pain. 6. In only one of the cases described did medical treatment appear to retard the disease. 7. The symptoms of the disease are, for the most part, peculiar and characteristic. 8. Bronzing of the skin may occur where "tubercular" matter is not after death found in the supra-renal capsules. 9. It may be matter of doubt whether in some cases the bronzing of the skin described as Addison's disease, may not really be the discoloration which attends secondary syphilis. 10. The exact relationship between bronzing of the skin and supra-renal disease are still open questions. 11. There is some reason to believe that Dr. Addison himself was aware that the connection between

the two conditions was not invariably found to exist. 12. The most frequent morbid appearance in the supra-renal capsules, when disease of those organs is discovered, in cases of bronzing, is "tubercular" deposit. 13. It is possible that, as suggested by Dr. Watson, bronzing only occurs when disease of the supra-renal capsules is far advanced, or where both these organs are much disorganised. 14. So far as observations have yet gone, no connection has been traced between bronzed skin and disease of any other of the ductile glands. 15. And finally, it seems reasonable to believe that the true nature and associations of this affection, known as Addison's disease, have yet to be established. (See *Medical Times and Gazette*, March 12, 1870).—*Practitioner*.

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#### Treatment of Gout.

M. Fontaine has recently published a memoir on this disease, in which he lays down a new method for its treatment. His work has been reported on to the Academy of Medicine of France, by MM. Béclard, Vulpian, and Bouchardat, and from that report we gather the following particulars:—In accordance with all observers from Sydenham to Garrod, he recognizes the value of colchicum, preferring the tincture of the seeds to the other preparations, and he administers it only in the form of injection, and not by the stomach, the functions of which, he thinks, are already too seriously disordered. The use of this remedy also, he maintains, ought not to be persevered in without occasional periods of interruption. To combat the diathesis, or rather to prevent the formation and to favour the destruction or elimination of the uric acid, he has recourse to three different alteratives:—1. The arseniate of potash; 2. The chlorate of potash; and 3. The benzoate of lime. The arseniate of potash he administers in small doses, but for some length of time, and he conceives that this salt exercises a reparative action on the body and blood globules, and a regulative action on the combustive operations. He proposes the chlorate of potash as an agent to oxidize the uric acid; admitting with M. Gubler, and believing that he has demonstrated from his own observations, that it undergoes partial decomposition in the economy. Following the example of Drs. Ure and Bouchardat, he prescribes the benzoate of lime, not with the object hitherto attempted of transforming the urate of soda into the more soluble hippurate of soda, but as a solvent for the urates, and for its slightly diuretic action. (*Bulletin de l'Académie Impériale*, Feb. 15, 1870).—*Practitioner*.

#### Cause of Typhoid Fever.

Dr. A. Veith writes from Natchez, Miss., to the *Scientific American*, as follows:

In your number of Nov. 27th, 1869, I have seen an article on the necessity of cleaning the sewers in order to avoid typhoid fever. There is something to add to your article. Dr. Hepp, druggist of the hospital, and Medical Faculty of Strasbourg, (France), found last year that typhoid fever is appearing as an epidemic in that city with the rain, or rather by the disappearance of the rain, and his observations of about twenty years taught him the following facts: There is a subterranean water layer communicating with the rivers and fountains, at a pretty short distance under the soil that increases with the rains, and when these are ceasing decreases in the same way, leaving organic substances in a state of decomposition which communicate a certain degree of impurity to the drinking waters. Epidemic typhoid fever always made its appearance in Strasbourg and in the surrounding places, when such was the case.—*Med. and Surg. Reporter*.

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#### Treatment of Perforating Ulcer of the Stomach and Hematemesis.

In a clinical lecture on these subjects, Dr. George Johnson remarks, that in the treatment of hæmorrhage, absolute rest in bed is essential; no food should be introduced into the stomach, but the patient should be sustained by nutritive enemata. The bleeding patient should lie still, sip iced water, and be fed by the rectum. The most useful styptics in these cases are tannic acid in ten-grain doses, tincture of perchloride of iron, in twenty-minim doses, or oil of turpentine in twenty-minim doses. When the bleeding has ceased, liquid food may gradually and cautiously be given by the stomach; then solids; and, lastly, iron is a most valuable restorative tonic. In the treatment of perforation of the stomach, the necessity for keeping the stomach free not only from food, but from medicine, is absolute. This accident is generally fatal, but there are on record a few cases in which a patient has recovered after symptoms of perforation had occurred, and Dr. Johnson adds one to the number. (See *British Medical Journal*, March 26, 1870).—*Practitioner*.

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#### Influence of Water on Physical Development.

In a recent report, DR. LETHESBY says, that he considers moderately hard water better suited for drinking than that which is very soft, an opinion which is confirmed by that of the French authorities,

who took the Paris water from chalk districts instead of from sandy strata. It appears that a large percentage of French conscripts are rejected from soft water districts than from neighborhoods supplied with hard water; and Dr. Letheby adds to this the generalization—which may be of great importance if it is proved to depend on more than coincidence—that English towns supplied with water of more than ten degrees of hardness, have a mortality of four per one thousand less than those whose inhabitants use softer water. Other kindred points of great interest are raised by Dr. Letheby, such as the possibility of a connection between the prevailing diet of a country and the composition of its potable waters.—*Med. and Surg. Reporter*.

#### Fracture of the Pericardium for Hydrops Pericardii.

The *British Medical Journal* records a case of acute rheumatism where blisters and the alkaline and opiate treatment were tried with no benefit. The pericardium was much distended, with acute pain over the region of the heart. Death seeming imminent, it was determined to try puncture, which was accordingly done, and about three ounces of pale pink fluid were evacuated. Immediate relief was experienced from the dyspnoea, and the patient was enabled to lie down; the respirations fell to 36 per minute, and the pulse to 100. In a little more than three weeks the patient was discharged cured, and was still well able to follow his employment two years after.—*Med. Record*.

#### Three New Anæsthetics.

Dr. Rabuteau (*Gazette Hebdomadaire*) describes 3 new anæsthetics with which he has made numerous experiments, viz.: Bromoform, Bromal, and Iodal. Bromoform resembles chloroform, but appears to possess some advantages over it in producing complete anæsthesia without causing profound sleep. Bromal differs from chloral in the substitution of bromine for chlorine. Its action in animals is similar to that of chloral. Iodal is also a powerful anæsthetic, but in moderate quantities it causes convulsions and death, producing congestion of the brain and spinal cord.—*Med. Record*.

#### Death from Chloroform.

The death from chloroform, recently occurring in University College Hospital, was in a man, aged forty-two, suffering from stricture and stone in the bladder. Clover's apparatus was used, containing thirty minims of chloroform in each thousand cubic inches of air. In five or six minutes the patient was insensible, and began to breathe stertorously. As the sound was being introduced the man's pulse suddenly became extinct, and the face

blue and pale as in epilepsy. Sylvester's method of artificial inspiration was put in force for twenty minutes, and galvanism was applied over the heart; but the man did not revive. The heart was found to be loaded with fat, and, under the microscope, a large quantity of interstitial fat was seen.—*Med. Press and Circular*.

#### Intussusception of Bowels treated by Inflation.

Dr. Wilks has had a case of intussusception of the bowel in a child six months old. A lump was felt in the abdomen to the left and above the umbilicus, which hardened when pressed upon. On passing the finger up the rectum, a round projection could be felt about four inches up, with a circular orifice in the centre. The finger, when withdrawn, was covered with blood. Dr. Wilks ordered inflation by means of bellows. Chloroform was given; an enema tube passed into the rectum, the other end being attached to the bellows. The colon was well inflated, and the lump disappeared for a time.—*Med. Press and Circular*.

#### Therapeutical Use of Arsenic in Phthisis.

The very favourable results which Dr. Moutard-Martin had derived from arsenic in the treatment of tuberculosis have led M. Nonat to try the substance in a large number of cases. He has administered the remedy under the form of arsenious acid, and in doses of about one-seventieth of a grain to begin with in pills. This dose was gradually increased every eight days by one seventieth of a grain, till the dose of one-twenty-eighth of a grain was reached per diem. In these proportions the medicament has afforded him good results in cases where tuberculosis had attained only the first or second stage, and presented no intestinal complication; for when vomiting and diarrhoea have set in, arsenic must be at once discarded. When phthisis is incipient, and when it is well circumscribed, M. Nonat has seen arsenic increase the appetite and strength of the patients; they gain flesh, look much better, and feel stronger and more cheerful. In such cases the medicament does not increase the pulmonary congestion, and indeed is attended by no inconvenience. The only counter-indication lies in the alimentary canal. In many subjects however, placed in the above conditions, arsenic, if it did no harm, failed to produce any benefit. (See *Lancet*, March 26, 1870.)—*Practitioner*, June.

#### Graduates in Medicine for 1870.

From the various colleges of the country there have been graduated the following number of Doctors in Medicine:

Jefferson Medical College, Philadelphia, Pa.,.....	163
University of Pennsylvania, Philadelphia, Pa.,.....	113
Belleuve Hospital Medical College,.....	140
College of Physicians and Surgeons, N. Y. City,...	70
University Medical College, N. Y. City,.....	62
Toland Medical College, San Francisco,.....	9
Rush Medical College, Chicago,.....	69
Buffalo Medical College, Buffalo, N. Y.,.....	41

Washington University, Baltimore,.....	48
Massachusetts Medical College, Boston,.....	39
Albany Medical College Albany, N. Y.,.....	28
Miami Medical College, Cincinnati, Ohio,.....	37
Nashville Medical College, Nashville, Tenn.,.....	58
University of Louisville, Kentucky,.....	92
Starling Medical College, Columbus, Ohio,.....	24
Chicago Medical College,.....	20
<i>N. Y. Med. Journal.</i>	

#### Hydrate of Chloral in Cancer.

Mr. Weeden Cooke states that he has recently tested the hypnotic value of chloral in this disease as compared with opium and other remedies, administered either by the mouth, by the rectum, or hypodermically, and finds the results obtained in the cases in which he has employed it so charming and so persistent that, fortified by the published experience of others, he feels bound to add his in confirmation of the excellent results obtained from its judicious use. He reports eight cases, three of which were epithelioma, and two of uterine cancer, in which great relief was experienced. He adopted the mode of administration recommended by Mr. Squire, namely, the addition of syrup of tolu and peppermint water. Another writer in the same journal, Dr. Rattray, recommends, as the best mode of exhibiting the hydrate of chloral, to mingle it with an equal quantity of glycerine, (3ss), and add sufficient water. See *Lancet*, April 30, 1870.)

We are sorry to learn that Sir Thomas Watson has been suffering from congestion of the lungs.

—A Western chemist has discovered a remedy for the trichina. It is nitro-glycerine, applied either to the hog or the eater of the pork, and then exploded — *Med. and Surg. Reporter*.

—In the course of a public lecture on "Atmospheric Dust," delivered in the Society's Theatre, Mr. Tichborne, Chemist to the Apothecaries' Hall, stated that in 1866, the year of the cholera visitation, he had published analyses of the street dust of Dublin, and he took the present opportunity of drawing particular attention to the importance of the subject. From analyses recently performed, he found that the street dust of Grafton street contained about 31 per cent. of stable manure, while that from a cab-stand in Nassau street yielded 45 per cent. of organic matter. He considers that cab-stands are fruitful sources of atmospheric contamination, and that they require careful supervision, street dust being the pabulum or stock-in-trade of atmospheric dust. — *Medical Press and Circular*.

—A child, four years old, accidentally burned all over the body to the third or fourth degree, was recently admitted to the Child's Hospital of Lausanne. On the fourth day after his arrival, the suppuration from his wounds was so abundant and fetid, that the quarter in which he was lodged became uninhabitable, and putrid intoxication was

considered imminent. M. Joel then placed him in a bath containing two handfuls of sulphate of iron. The cessation of pain was almost immediate; after repeating this bath twice a day, for fifteen or twenty minutes at a time, the suppuration moderated, the fetid odor disappeared, and the little sufferer recovered rapidly. — *N. Y. Med. Jour.*

#### To a Would-be Lady Doctor.

##### A REMONSTRANCE.

O Lady fair! what next, and next?  
So varied grows your knowledge,  
You will fulfil the Lancreate's text,  
And help to make that College  
Where dowagers will act as deans,  
And prudes will pass for proctors  
They tell me, too, your fancy leans  
To having lady doctors!

Just fancy laughing girls M. D.'s!  
And noisy flirts physicians!  
Fair maidens studying for degrees,  
And taking high positions!  
Brass plates and broughams in Saville-row  
For clever little matrons!  
While lady surgeons famous grow,  
With peeresses for patrons!

But think a moment, lady fair,  
Ere you your studies urge on;  
Don't quickly for the "Hall" prepare,  
Nor rush to be a surgeon.  
"Your little hands were never made"  
That line's from Watts, the poet—  
For cutting limbs; that horrid trade  
You cannot like, you know it.

Your pretty lips were never meant  
To talk that Jargon Latin;  
You won't I think, how'er intent,  
That "lings" get quite "pat" in.  
Proficiency you ought to show  
In things that can be eaten:  
The receipts you ought to know  
Should be in *Mrs. Beeton*.

All love's sweet mysteries 'twould end,  
If you took to dissecting;  
The heart cut open would not tend  
To thoughts that are affecting.  
You will not kiss with pleasure when  
The labial nerves you've studied,  
And Cupid will be powerless when  
With surgery you're flooded.

Then how a sick man's face would glow,  
If you should o'er him linger!  
'Twould not do me much good, I know,  
To feel your soft white finger—  
'Twould make yet more my fever burn,  
And feed it like a tonic;  
You gone, I should but toss and turn—  
Excitement would be chronic.

So lady fair, do not, I pray,  
Take up the phial and lancet;  
Do not turn doctress to-day,  
Nor fancy limbs you can set.  
If you must act the surgeon's part,  
And have one bit of feeling,  
Then come and use upon my heart  
Your sweetest powers of healing.

—*Englishwoman's Domestic Magazine*