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TREATMENT OF SURGICAL WOUNDS.

By W. H. HINGSTON, M.D., L.R.C.S.E., D.C.L., Surgeon to Hotel Dieu, Professor of Clinical Surgery, Montreal School of Medicine.

[*Read before Canada Medical Association at Ottawa, September 2nd*, 1880.]

More than two hundred years ago, Ambroise Paré, who loved to style himself Conseiller et Premier Chirurgien du Roy, under the head, De la curation des playes en général, wrote in quaint old French thus: "Le chirurgien pour la curation des playes se doit proposer une commune indication, qui est union des parties divisées, laquelle est notoire, mesme aux idiots. Car ce qui est séparé, montre facilement qu'il doit être rejoint, d'autant qu'union est contraire à division; mais par quel moyen, et comment la dite union doit êstre faite, n'est cogneu d'un chacun."

A gaping wound, caused by the surgeon's knife (and to this class alone allusion is made in this paper), appeals as eloquently for closure and union, as did the poor dumb mouths in the body of the dead Cæsar. The mode and manner of *making* the wound are laid down with a precision almost mathematical, and those mechanical actions, directed by the hand, à titre de remède sur l'homme infirme ou malade, have their limits accurately defined. Not so, however, the treatment of the wound thus made.

Yet are there but two methods of treating wounds; but two general methods, however widely they may be made to differ in detail. 1st, to obtain immediate union, or by first intention; or, 2nd, to obtain mediate union, or by second intention.

It is not necessary to allude to that third quasi method, secondary immediate intention, the "*réunion immédiate secondaire*" of French writers.

It is not long since union by second intention was alone spoken of; and surgeons the most distinguished had the habit of, either through ignorance or design, preventing that union by first intention which modern surgeons so much desire, yet not always acting as if desirous of obtaining it.

The time is past for filling the wound with compresses of lint, or of sponge steeped in some irritating fluid, as the ancients did; or for having them touched with heated irons, as Heliodorus did; or for filling them with garlic or salt, honey, flour or eggs, as Paul of Eugineata did; or with styptics, as the Arabs did; or with a bag of wool, as Helden did; or with a bullock's bladder, as Wiseman did; or with other equally ingenious methods of defeating the object had in view in the treatment of most surgical wounds, the most elegant perhaps, yet not the least mischie-

vous, that of anointing the cut surfaces, and of leaving in the wound perforated pieces of linen loaded with simple or other cerate, according to the fancy of the surgeon, as surgeons within my own day have done.

Still, while now-a-days we avoid those extremes of mischievous meddling, we sometimes drift into a meddlesomeness not less mischievous, and with less excuse than had those who preceded us.

The practice, until thirty years ago, was not immediately to approximate the surfaces of wounds after amputations. British surgeons, led by Hey, adopted it generally; French surgeons, and chiefly Pelletan and Larrey opposed it; but equally great men, and chiefly Dupuytren, Delpech and Roux advocated it, and it at length became as general in Paris as in London. But again the practice was called in question, and chiefly by the men who had recommended it whom I have already named.

It will, I think, be readily conceded by every surgeon that the proper dressing of a wound after an operation has as much to do with its success as has the mode of its performance.

Is it desirable to have union by first intention, or is it desirable to have what is termed a healthy suppurating wound to unite by second intention? Most surgeons now-a-days are of opinion that the former method is desirable where practicable; *most, yet not all*, for some contend that, while union by second intention is more tedious, the suppuration established prepares the patient for those changes which *must* take place in his system as a result of the operation; whereas others hold that in union by first intention patients suffer less, pain is slight, there is no fever, no inflammation, no suppuration, and a better and a firmer stump. Arguments such as these long ago induced military surgeons to endeavor to obtain this much-desired union, while surgeons in civil practice pretended they had even better grounds for not desiring primary union. It was formerly claimed by the opponents of primary union, as it is claimed by them to-day, that effusions of blood between the cut surfaces, and beneath the muscles, must necessarily lead to suppuration. In my early days ample provision was made between the sutures, and at the most dependent part of the wound, for the escape of the looked for pus. It never occurred to one to doubt the formation, in due time, of pus. I had never seen but one amputation without subsequent suppuration, and why there had been no suppuration in that as in other cases I could not determine. It never occurred to me to doubt the advantage of primary union in cases where the soft parts could be easily brought together, and when the flaps, and the parts they cover, are healthy; but the confounding of tissues so diverse, as skin, muscle, tendon, bone, connective tissues, nerves and blood vessels and blood clots, besides the foreign bodies from without, seemed sufficient to shut out all hope of union by first intention. I was surgeon for several years to the Hotel-Dieu, without having, but once, seen complete and entire primary union of a large surgical wound. Experience now tells me that primary and permanent union can be obtained in by far the greater number of surgical wounds by attention to details which, at first thought, may appear quite unimportant. Chief among these details, may be mentioned the following:

1st. The soft parts must have been divided cleanly and by a single stroke. There must be no deviation of the trenchant instrument from its *continuous* course; no partial withdrawing of the knife to again advance it, not always, perhaps, in precisely the same line, thereby leaving tissue wholly or partially separated from the general organism.

2nd. The flaps must be constructed so as to fall easily and neatly into the desired position and be sufficient without stretching, dragging or even coaxing.

3rd. Before being brought together, the wound must be quite dry. No bleeding, no sweating, even, of the surfaces must exist. Every vessel must have been closed *without* ligature, either by forcipressure, acupressure or torsion. (I mention these methods in the order, as they appear to me, of their general value.) If the vessels are small, forcipressure always; if large, acupressure generally, and sometimes torsion, though I rarely, very rarely, adopt the latter method.

4th. Before approximation of the surfaces everything must have been removed. And here perhaps one of the most important details in the dressing is systematically neglected. To dry the free surface with a sponge; or to dip down into the little wells and cavities of the

wound, and to suck therefrom the fluid, is not sufficient. Sponges, even of the best quality, suffer shreds and pieces to fall off, too small perhaps to be noticed, but not too small to be sources of irritation and therefore of suppuration. The wound should be deluged with tepid water to wash away minute clots and hardened *liquor sanguinis*, but more than these, the bone dust which the saw has separated, and which will not be taken up by a sponge; and the parts should be so held that the water will flow away readily.

5th. The wound should be so brought together that the surfaces shall be made to touch each other throughout their whole extent without enclosing atmospheric air; that there shall be coaptation, and not undue pressure.

6th. The edges should be kept in intimate approximation by sutures, and not by adhesive plaster. Those near the edge should be closed loosely; and upon the deeper ones, and those far from the edges, should be imposed the task of holding the parts together.

7th. The wound should remain uncovered, and neither cerate nor linen, nor plumasseau should be applied. There should be no bandage to press unduly, or not at all, and collect and retain the excreted matters and necessitate the handling of the part when absolute rest of the part is imperatively demanded. The wound should be allowed to remain at perfect rest, and should not be touched till all the sutures are removed. If all goes on well the deep ones may be removed first—at the end, generally, of the second day, and those near the edge on the third day, should union be found complete. In amputation of the breast nothing further is required, but in amputation of the arm, thigh, or leg, undue pressure of the soft parts against the cut end of the bone must be prevented. Some years ago I amputated a man's thigh for disease of the knee joint. Everything looked well till the sixth day, when it became evident that, although the flaps were abundant, the femur pressed unduly against the upper flap. Soon the skin became shining, and showed evidence of approaching perforation. In an adjoining bed a boy was under treatment for hip joint disease; and the extension apparatus on him at the time suggested to my mind a similar expedient to prevent protrusion of the bone. I adopted the weights and pulley—not pulleys—with happy result. Since then I have continued to use the same method as a means of coaptation, and to draw away slightly the tender soft parts from the angular cut bone. I am not aware that any similar expedient has been adopted by other surgeons. If it has, I can only here proclaim my ignorance of it. Thoroughly reliable yet non-irritating plaster must be used in those cases for extension purposes (Martin's of Boston, I consider the best), and the weight used should be sufficient for the object in view. The patient's feelings are the best guide, and I have invariably found, after amputation of the arm, thigh or leg, that a moderate weight invariably gives relief.

8th. As there are no bandages around or over the stump, and no covering of any kind, there is no place for warm or cold water dressing, and neither is used.

This method of treatment is far more simple than any hitherto suggested. Most German surgeons many years ago discarded heavy dressings around the stump and substituted light ones, which were kept continually wet with cold water. But the credit of this improvement is due rather to the Spaniards than to the Germans, and Costello, physician to Ferdinand VII., states that the practice was general throughout Spain.

In the Franco-Prussian war, the Prussian surgeons substituted, in great measure, warm for cold water. This was certainly a move in the right direction, as cold water after the first few hours is absolutely hurtful as well as painful. Warm water is more agreeable, but without a linen covering, and without either warm or cold water dressings, the part is far more comfortable.

Air dressing has also this advantage: the parts may be seen without being touched. Touching a healing wound, however lightly, is mischievous in the extreme. No intelligence of value can be gained by the sense of touch. Lymph, connected with the surrounding tissues, organizable and being organized, detached at the touch of the too curious finger, is at once a foreign body. No longer susceptible of organization, it must be washed out of the wound by suppuration as certainly as if it were a thorn.

I hope it will not be considered too elementary to state what is a foreign body. The term is not a happy one, for it at once conveys to the

mind an idea of something extraneous, something foreign to, the body altogether; something heteramorphous; whereas a foreign body may exist within the body, and may even again be taken up, be absorbed and disappear having been eliminated from the system, in a changed form, through the ordinary emunctories. A foreign body may indeed be absorbed and disappear. We see that process in a specific bubo, when morbid matter, the virus of chancre, is carried by the lymphatics from the point of infection to the gland of the groin or elsewhere. Symptoms of inflammation in the glandular structure manifest themselves, and evidences of suppuration subsequently occur; but every surgeon knows that, one or two days later, all evidence of pus may have disappeared. So frequently is this the case that it is not the part of a prudent surgeon to promise to open a bubo on the morrow, when the morrow may have obliterated all trace of pus, and that, too, without being attended with any signs of pus absorption or of pus poisoning.

What is meant by foreign bodies in surgical wounds? Not alone what enter from without, but what depend from within the body itself, and chiefly blood and its constituents. At the very moment of division of a part exosmotic action, excited by the stimulus of the knife, goes on with more than usual vigor. The exuded product may not always be visible, for hidden away in pockets here and there the blood or liquor sanguinis may remain in quantity too great to be absorbed, and in a short time, acting as a foreign body, though of the body, requires to be expelled from the wound where it was creating mischief.

To provide against this pent up liq. sanguinis tents and drainage tubes are used now-a-days somewhat extensively. The introduction of a tent or drainage tube in a recent and clean wound is, in my opinion, objectionable, and should never be practiced unless foreign bodies are known to exist, and cannot be got rid of save by an extensive or a hazardous dissection. The use of tents and drainage tubes is painful. They *cause* irritation, inflammation, suppuration. They do, they can do no good in a recent and properly constructed surgical wound. They may be necessary at a later period in an ill-constructed or an improperly cleansed wound. It is strange the unanimity of ancient surgeons, even to the time of Galen, on this question; and our modern Chassaignac, who has laid the science of surgery under such deep obligations, when he furnished his tube de drainage, now so generally used, never dreamed it would be inserted between the lips of a fresh wound to prevent that union between them so much desired.

Galen, in his 4th meth., says that every single wound, however deep, demands that there shall be nought between the lips which could prevent their agglutination, and it was reserved to modern surgery to depart from so wise a counsel. According to Galen, there are five principal objects to be held in view: 1st. To remove foreign bodies; 2nd. To approach the lips of wounds; 3rd. To maintain them in apposition; 4th. To preserve the temperature; 5th. To correct any accidents that may arise on the road to union. This, viewed with all the acumen of modern surgery, is the whole law. How is it observed? Within the past few months a gentleman reached this city (Montreal) minus a limb. He had splintered it with a fowling piece; and amputation followed at once. The operation was nicely done, and the flaps were perfect in form and adaptation. But to make assurance doubly sure; to provide for suppuration which might not occur, horse hair tents were laid along the bottom of the wound. I need hardly say the horse hair tents had done their duty well, and suppuration was well established. Once established, and established in all probability by the horse hairs, the latter served to convey without the body what they had alone, perhaps, created within it. This is a retrograde movement, but it is a general one, either with the horse hair, or hemp, or twine, or silk, or Chassaignac's *tube de drainage*, or fluid or gaseous bodies.

But if we fail in obtaining union by first intention within a few days; if blood; or liquor sanguinis; or water; or the debris of a sponge; or the saw dust from the bone; or the deep mourning beds from beneath the operator's finger nails or those of his assistants; or the too often neglected pent-up air, has been left within the wound, and the skin closed over all, local reaction is soon manifested; swelling, redness and afterwards, *fever*, follow; and within the stump an abscess is formed bound, on the one side by the skin, and on the other by the divided muscles, nerves, lymphatics, blood

vessels, bone, the sutures must be removed quickly and freely, and the collected pus allowed instant issue, otherwise it penetrates the newly divided tissues, dips down between the muscles, between their fibres, along the periosteum, and even between it and the bone, inflaming them all, and requiring weeks and months, perhaps, of an exhausting suppuration to be cleansed again. Abscesses in a stump are very different from other abscesses. In most cases they are between the aponeurosis and the skin, and the aponeurosis being a fibrous tissue, and of low vascularity, resists absorption better than the skin. In the cut parts of a stump it is otherwise. But this is a part of the subject into which it is not my purpose to enter, further than to say that, as our every effort in this second instance is to cleanse the wound of pus and debris, it was, or should have been, in the first instance our endeavor to cleanse the wound of material giving rise to the formation of pus. For suppuration, as Richard states, ever commences around a foreign body, and indicates its presence though that foreign body may be a point in the organism where life is extinct or in peril.

When, then, the liquor sanguinis has lost its physical qualities; when the wound begins to purge (to use a pregnant word); when the surface becomes soiled and stained, and the secretions foul and bearing their burden of dying and dead tissue, though minutely divided, the course of treatment hitherto pursued must be changed. This is the period of greatest anxiety as it is the period of greatest malignity, when the wound must be thoroughly cleansed and kept clean till little red elevations appear on the surface, harbingers of a return to a forward movement, which, though tardily, conducts to union. It is not the pus during this anxious period (the third to the eight or ninth day) which is to be dreaded. Pus has not the malignity which is ascribed to it. Changed and turbid plasma, it is but the vehicle for a variety of substances to find their way out of the body—foreign bodies *in* the wound or *of* the wound, and those imponderable immeasurable elements of malignancy which we term virus.

This is the period when antiseptics are of greatest value: sulphate of alumina, alcohol, salicylic acid, and more than all, and better than all, carbolic acid diluted with warm water and used freely.

It has been contended, and very generally believed, that in the healing of wounds a new force is generated, to wit the *reparative force*. The reparative force is not at all a *new* force. It is a new force so far as our vision is concerned, but the reparative force is but the continuation, now visible through the divided structures, of that force which obtains at every instant of our existence; that perpetual action of the liquor sanguinis through the walls of the vessels, and chiefly of the capillaries, by which the whole organism is constantly undergoing change and renewal. It may, and undoubtedly does happen, that the reparative force, after an injury, is called into greater activity than before. The stimulus to the part when the wound was created would alone be sufficient to increase the activity of that already existing force. But *before* the creation of the wound, the force existed. *Before* the creation of the wound liquor sanguinis transuded through the walls of the capillaries to repair the incessant waste; and *after* the creation of the wound liquor sanguinis transudes through the walls of the capillaries with greater activity to repair a greater waste, and to form a newer but a like fabric. It is not the blood poured out from the cut ends which agglutinates; and it is not the blood from the cut ends which repairs and renews. The blood from the cut ends of arteries, veins, or capillaries interferes, and interferes most seriously, with the reparative force. Binding up a wound in its own blood is therefore a mistake, unless the binding process presses out from the wound all the blood which is external to the vessels. Healing, uniting, agglutinating the surfaces of a wound is a forward movement: the plasma bathes the divided parts, and is elaborated from the transuded fluid, and the new tissue becomes organized. But when circumstances are not favorable to this forward movement,—this movement towards organization– the movement is retrograde. It is now a movement not to deposit and build up, but to liquify, absorb and take away. A movement a fine towards supporation. In a living body there is no rest: there must ever be a forward or a backward movement, although both these movements may coexist. But how differently appears the plasma in the forward and in the backward

movement. In the former the plasma or the liquor sanguinis is translucent and diaphanous as crystal. In the latter it is thick, turbid and yellow, and bears another name. But though bearing another name—pus—it is still the same liquid changed only in physical qualities. The pus globules which now exist in greater or less quantity in the liquor sanguinis, and give to that liquid its turbidity, are said by histologists to be found in many tumors, and normally in mucous and serous membranes. But when they are found in greater or less abundance in the exuded liquor sanguinis, which till then was translucent, they always indicate a hurried troublous state of the organism. I should wish these two dissimilar movements to be borne in mind when considering the question of union of a wound.

If, as I elsewhere stated in a surgical wound, suppuration, is the result of irritation, to what unnecessary irritation is a wound exposed under the manipulations of the surgeon and his assistants, and chiefly the assistants. Though the former wields the knife he divides the tissues, or should divide them cleanly, and at once, and the blood "rushing out of doors" washes into oblivion all sense of the irritant. But the assistants with their sponges, pressing persistently and again down upon and mopping the sensitive divided structures, recall and maintain the irritation. The too free use of the sponge prevents all chance of primary union. The ophthalmic surgeon sets an example in this matter which surgeons generally would do well to follow. When operating upon the eye the rapidly flowing tears, tinged with blood, are *received* at the outer or inner commissure, as they overflow, by some bibulous material. If the imbibing material is advanced beyond the commissure, it is to suck up from some sulcus the fluid that will not overflow. But the conjunctiva lining the eyelid, or covering the eyeball is not rasped by a bearded sponge. And yet the divided tissues entering into the formation of a flap are not less sensitive than is the undivided, or even divided, conjunctiva or cornea.

It may be expected I should allude to that method of treatment which has occupied and is occupying so large a share of the attention of the profession. Hitherto have I said nothing of Listerism? nothing of antiseptic surgery? Of the former, 'tis true, I have said nothing; but of the latter, much. But I may observe: there can be *no* successful treatment of a surgical wound which does not recognize the ever impending possibility of septic poisoning and the necessity for its prevention. To guard against septic poisoning in surgical wounds is the object of this paper, too short, indeed, for my purpose; too long, I fear, for yours.

(As the discussion which followed the reading of Dr. Hingston's paper elicited some practical observations from his auditors, and from himself, we give those observations here, instead of at another place under the heading of the Association's proceedings at Ottawa. ED. M. R.)

Dr. Brodie of Detroit was of opinion that the simplest dressings are the best; attached much importance to cleanliness; arrested hœmorrhage with warm instead of cold water; and handled the wound as little as possible afterwards.

Dr. Goodwillie, of New York, agreed fully with Dr. Hingston in the general principles laid down; and thought cleanliness and dryness of the flaps of the greatest moment.

Dr. Fulton, Toronto, was not a believer in Listerism as practised; he opposed the use of drainage tubes in a recent and clean wound; thought them unnecessary and certain to create irritation and suppuration; was in the habit of lightly covering the cut edges with cotton; thought the cotton aided in maintaining apposition.

Dr. Stewart said with reference to Listerism, in which he was a believer, that carbolic acid had the property of organizing the blood clots left in a wound after an operation.

Dr. Sullivan (Kingston) expressed his admiration of the paper and the manner in which it had been submitted to the section—embodying as it did the experience of one whose opportunities for clinical observation were equal to those of any one in the Dominion. He (Dr. Sullivan) wished to be informed as to the best method of applying the plaster to the flaps in order to obtain extension; he asked if torsion, in the opinion of the writer, did not take the bleeding artery from its bed and leave it partially detached, and with its vitality imperilled, in the wound; he also wished to know how long Dr. Hingston would wait before closing the wound; and why, in speaking of weights and pulleys in the treatment of wounds

of the long bones, urged the use of pulley and not pulleys, as in extension in morbus coxæ.

Dr. Canniff (Toronto) said the paper was an eminently practical one, and contained suggestions of great value. It simplified very much the treatment of surgical wounds, but at the same time he expected to hear something of Listerism, and of its utility in surgery. He had confidence in antiseptic surgery, though he could not agree with one of the speakers, (Dr. Stewart,) that carbolic acid had the power of causing the organization of blood clots. He believed that neither carbolic acid nor anything else had that power. If absorption of a clot took place, it was a clot of fibrine more or less colored.

Dr. Hingston, in reply, said: As Dr. Brodie and Dr. Goodwillie have not taken exception to any portion of my paper, but agree with the general principles, I have nothing to reply further than to mention my gratification at its endorsement by the two distinguished delegates of the American Medical Association.

Dr. Fulton, while he expressed general views similar to my own, says he is in the habit of covering the cuts with cotton. I consider this dressing as perhaps the least objectionable, as the open nature of the dressing permits the wound to be seen; but it has this objection, it requires handling to remove it, or to get at the sutures beneath it.

In reply to Dr. Stewart, I should deny to any antiseptic, carbolic acid included, the power of organizing blood clots. Dr. Canniff has given us the only explanation possible of the change which may occur in effused fluid.

Dr. Sullivan has asked me a number of questions in a way which shows his familiarity with surgical science:

1st. As to the method of applying the plaster for extension purposes. Deltoid-shaped pieces are placed along the limb, as for extension in morbus coxæ; the ends are allowed to project beyond the end of the stump, and are allowed to approach each other or run parallel as coaptation or pressure may be required.

2nd. One pulley is used, and not two, and for this reason: a single pulley, and a single cord passing over it, permit the patient to assume the prone or supine position at pleasure; whereas with a double cord and two pulleys there would be lateral traction on every change of position.

3rd. Torsion does, I think, what Dr. Sullivan states, and for that reason I do not use it, save in the absence of Pean's forci-pressure forceps or acu-pressure needles, a contingency which could not arise in hospital, or even in private practice, except in case of accident.

4th. As to the time of waiting before closing a wound, that depended on circumstances. Where the parts are vascular, and all the minute vessels could not be readily seized, delay would be considerable. But time is no element in the treatment. The *continued* shock is a bugbear. As in ovariotomies, less attention is given to the duration of the operation than to the thoroughly clean and dry condition of the wound.

In reply to our distinguished Chairman (Dr. Canniff),

I may say that to touch upon Listerism in my paper would be to open up an almost endless discussion upon what is not germane to the subject. I may state briefly, however, my belief that carbolic acid has its place and power in the treatment of surgical wounds. Its place, as an antiseptic in suppurating wounds, is the foremost; its power there as a cleanser is greater than that of any cleanser I have used; and its miscibility and volatility render it the most readily and most generally available of all remedies. But, while admitting this most cheerfully, I contend that its place is not between the clean-cut surfaces of a surgical wound; its presence there is unnecessary; there its power of good is nil; and, without it, union by first intention can be more readily obtained. It is an irritant, though not a durable irritant. If, however, it be so largely diluted that its irritant qualities be reduced to a minimum, the *mechanical* action of the vapour in which it is carried may do good; while the acid will be too feeble to do harm. But in hospitals a new set of influences is in operation. There the wound is often surrounded by an atmosphere more or less impure. The practice adopted by many London surgeons of impregnating the air of the room in which the operation is performed before the surgical procedure is begun, and during its continuance, is the one which appears to me the most reasonable under the circumstances, and it is the method I have adopted in major operations generally. I may state that in my last six ovariotomies in the hos-

pital, atomizers were made to pour out carbolic acid vapour from early morning till eleven o'clock, when the operations were begun; and they continued their work around the wound, not into it, till the work was complete.

A strong impression as to the little value of the antiseptic in recent wound was made on my mind on the occasion of my last visit to Europe. Syme and Simpson, Edinburgh's greatest teachers, were living at the time. The latter invited me to be present when he removed a breast. Before the operation was begun, he said to me: "Come every day, and see how this case gets on —I promise you there will not be one drop of pus"! I am free to admit I thought the promise a bold one. I visited the case till union was complete; and, as had been promised, was formed "not one drop of pus." At about the same time I saw Mr. Syme perform the operation on the foot which bears his name. It is needless to say it was well done, and with antiseptic precautions. But before the integument was sutured, it was perforated at the most dependent part, and a piece of lint soaked in carbolic acid and linseed oil was put through it. I ventured to ask Mr. Syme what that was for: "to permit the escape of pus," was the reply. "Then you expect pus, Mr. Syme?" "Certainly," was the answer. This promise also was fulfilled, and pus did form. Their two modes of operating impressed me strongly, but not in the same manner. Simpson's method, as on the occasion referred to, has influenced my practice ever since; and the adoption of his method, with such modifications as I have mentioned in my paper, has given results with which I have reason to be satisfied. To gather statistics generally would be endless; to quote opinions, useless. But I shall take statistics furnished by a distinguished surgeon near home, and I believe them to be thoroughly reliable. The time occupied in the healing process in those cases, if that process was one of second intention, was short indeed; and I gathered it was second intention from the circumstance that the drainage tube had been used. I am open to correction, however, on this point. Another claim put forward in the statistics referred to was the less frequent occurrence of erysipelas in hospital now than formerly, before the use of antiseptics. I venture to suggest that the comparative freedom from erysipelas now is due to the greater attention to cleanliness. And I am led to that conclusion from the fact that in the Hotel-Dieu hospital, where ventilation is not what could be desired, but where cleanliness of and around the patient obtains to a degree which almost ceases to be a virtue, and where, in surgical cases, absolute cleanliness, in and around the wound, is sought for, erysipelas is of extremely rare occurrence. Indeed, I cannot recall but a couple of instances in my wards in nineteen years' attendance.

Dr. Bell said in the cases referred to union had occurred by first intention in every single case. He was not aware whether the fact was expressly stated in the article in question or not, but could assure Dr. Hingston that such was the case. These cases, moreover, were all major amputations, and drainage tubes were inserted at the angles of the wound; but all along the face of the wound primary union occurred with wonderful rapidity.

ECTOPIA RENALIS.

W. Marsden, A.M., M.D., Ex-president College Physicians and Surgeons of the Province of Quebec; Ex-president Canadian Medical Association; Governor College Physicians and Surgeons, Province of Quebec; Fellow Medical Botanical Society, London; Cor. Member London Medical Society; Honorary Fellow Berks Medical Institute and Lyceum Natural History; Fellow Medico-Chirurgical Society, New York; Cor. Fellow Obstetrical Society, Edinburgh; Member Gynæcological Society, Boston, etc., etc., etc.

Read before the Canada Medical Association at the 13th Annual Meeting at Ottawa, September, 1880.

Movable, Migratory, Loose or Floating Kidney, are all terms which may be appropriately applied to the species of organic lesion which forms the subject of this short paper.

I apprehend that this *ectopia* is of much more frequent occurrence than is generally suspected or known, and my object in bringing it before this Association is not intended to add anything new to our Clinical Pathological Literature, but to draw the attention of my professional brethren to the fact of its obscurity and probable frequency.

Although I have been in an active practice for upwards of fifty years, I have had only one ascertained case of this luxation, but I am justified by several writers in assuming both its obscurity and its frequency.

Ebstein * says, many cases of long contin-

*Ziemssen's Cyclopædia of Medicine, Vol. 15, page 764.

ued abdominal pains and obscure disturbances in the lower part of the abdomen are primarily due to moveable kidneys, which will escape notice so long as an objective examination is not made.

Rayer seems to have been the first writer to give a comprehensive clinical history of moveable kidney which has had any influence on medical practice, and Trousseau has followed in his wake, making it the subject of one of his learned and instructive lectures.

Dr. Walther of Dresden examined a great number of persons, and found moveable kidneys in many in whom the anomaly caused no symptoms whatever, so that the patients were entirely ignorant of its existence. An accurate estimate of the frequency of this lesion is consequently impossible, since, as a rule, only those cases come to the physician's knowledge in which the anomaly causes troublesome symptoms, or in which the mobility of the kidney is accidentally discovered during an examination of the abdomen undertaken for some other reason.

Rayer states that the female sex is peculiarly predisposed to this anomaly, and Ebstein confirms the fact, having collected reports of ninety-six (96) cases, of which eighty-two (82) occurred in females, and only fourteen (14) in males. Dr. Fritz also collected thirty-five (35) cases, thirty (30) of which were females, and five (5) males.

In infancy and old age, moveable kidneys are very rarely met with, as most of the cases happen between the ages of twenty-five (25) and forty (40) years. In the great majority of cases the right kidney is the affected one. In ninety-one (91) cases, Ebstein found the right kidney affected sixty-five (65) times, the left fourteen (14) times, and both kidneys twelve (12) times.

Some writers attribute this *ectopia* to tight lacing. Cruveillier noticing the predilection for the right kidney in women who compressed the liver by tight lacing, found the right kidney sometimes in the illiac fossa, occasionally in front of the vertebral column, occasionally on a level with the mesentery in which it was embedded. The less frequent displacement of the left kidney is, however, more due to the fact that the left hypochondrium (which is occupied by the spleen and the fundus of the stomach) bears pressure with greater impunity. Notwithstanding the greater predisposition to mobility of the kidney in women as compared with men, tight lacing seems to have little to do as a factor, since this anomaly is relatively least frequent among ladies and women belonging to the wealthier classes, by whom corsets are most commonly worn. The chief exciting cause is *repeated pregnancies* and *deliveries*, and a *hyperomic swelling of the kidneys during the menstrual period, at which time females labouring under this lesion suffer most.*

Ectopia renalis takes place slowly and gradually, even in traumatic cases, and is congenita as well as acquired. Blows, falls, prolonged fatigue, heavy labour, great exertions, contusions, etc., are among the exciting causes of moveable kidney. My own *solitary* case to which I have alluded was traumatic.

As to the symptoms of this ectopia Dr. Walther's researches shew that there are none Moveable kidneys are almost always a *post mortem* discovery, but are never fatal; and Trousseau says it is an infirmity which is not serious, and which we can always hope to alleviate, but hardly ever hope to cure. *Post mortem* examinations, however, shew that spontaneous cures do sometimes occur, as the results of peritoneal inflammation, by which the kidney is either replaced or forms a new attachment by inflammatory peri-nephretic adhesions. Dr. Bequet mentions a case where on one occasion renal fluxion became excessive, and partial peritonitis arose, followed by the formation of false membranes, and resulted in the displaced kidney ceasing to be moveable, and becoming definitely fixed in an abnormal position. Dr. Guéneau de Mussy also adopted this opinion, having met with a similar case.

Moveable kidneys have not unfrequently been mistaken by physicians of undoubted skill and scientific attainments for other tumours, and cases have occurred where operations have been undertaken for their removal resulting fatally. They have been mistaken for tumour of the liver, gall-bladder, spleen, mesentery, intestine or for fibrous tumour of the ovary. *Trousseau mentions a case where "more than ten physicians were consulted, and all with one exception were of opinion that it was malignant tumour of the

*Trousseau's Lectures.

liver. The physician who dissented (a Homœopath) pronounced it a tumour of the uterus, and treated it acccordingly. He treated metritis which really did exist, but he cured neither it nor the tumour."

A case taken from the London *Lancet* is reported in the Edinburgh *Medical and Surgical Journal*, Vol. 10, page 952, where a kidney lying in the abdomen in front of the intestines was mistaken for an ovarian tumour, and operated on, resulting in the death of the woman within three days.

Fearful of being tedious in my details, I will now refer to my own case. It was beyond doubt the result of repeated falls. The lady was a bold and fearless horsewoman, rode a great deal on horseback, and had had several very severe falls when riding.

She was thirty-two (32) years of age, about five foot five inches high, well formed, good bust, constitutionally sound and healthy, and came from a very healthy stock. Several months previous to consulting me, she had for some time suffered a great deal periodically with dyspepsia, hysteria, and hypochondriasis. Her first severe fall from her horse (by being run against by a carriage) was about eight years since.

When first consulted in this case on the 4th September, 1878, I found her labouring under the same set of symptoms as those just mentioned, with the addition of an unpleasant and painful sensation in the abdomen, with great flatulence and colicky pains. I ordered warm poultices, warm bath and aperients (which latter were indicated) with perfect rest, to which the distressing symptoms yielded in a few hours.

On the 19th December I was again called in, and witnessed a renewal of all the former symptoms, and was told that the attacks had been renewed periodically since my former visit, but in addition that a small round hard tumour had appeared in the right side about the size of a pigeon's egg. This I examined and found it as described, rather deep seated, not very moveable, nor yet very painful. Its character and situation both perplexed me, as it was too high up for ovarian tumour (which was my first thought), when its hardness and situation caused me to suspect scirrhus of the intestine or mesentery, but I treated it as on the former occasion and with like results.

On the 20th January, 1879, I was again sent for, and my patient then stated that the pain was not so severe as on the former or last occasion, but that the tumour was now as large as a goose's egg! On examination I found that her statement was perfectly correct, and that the tumour had grown in only six weeks from the size of a small pigeon's egg to that of a large goose's egg. This new and unusual development surprised me more than ever, being a condition of things that I had never witnessed before, and I at once proposed a consultation to which the lady assented. I called in Drs. Jackson and Lemieux (respectively, Professors of Midwifery and Surgery at the Laval University) and Dr. Rawand, when Dr. Jackson, who had seen a similar case in Edinburgh upwards of forty years before, at once pronounced it a case of "Loose Kidney."

The kidney, for such it evidently was, and not a tumour, was exceedingly moveable, and the displacement great. There must have been great extension and stretching of the celulo-adipose tissue, nerves, and vessels, as it could be freely moved and radiated in every direction, down into the illiac fossa, under the navel and ribs, and beyond the median line. The outline or form of the kidney was not so distinguishable at this time as subsequently, from being tumefied and congested, but the fact of a migratory kidney was unmistakable. By relaxing the abdominal muscles we could feel behind and beneath the kidney, while by pressing deep down into the lumbar region of the same side, an unquestionable void was felt where the kidney ought to have been.

One remarkable feature of this case which may have been somewhat exceptional, was the comparatively little pain produced by examining and handling the kidney, although Dr. Walther says that the kidneys are moveable in a considerable number of persons who suffer in no degree whatever therefrom, and give no thought to the peculiarity, and are even ignorant that they have a moveable kidney.

In such cases, however, the displacement could not have been as extensive as in mine.

An analysis of the urine shewed nothing abnormal, and this is said to be usually so where there is no other organic complication, even where there may be a large amount of pain.

The treatment consists in reducing the dislo-

cation of the kidney, and thereby relieving the symptoms produced by it,* and particularly to guard against manifestations of incarceration. The unpleasant as well as painful sensations disappear at once when the organ has been successfully replaced. This, by placing the patient on her back and manipulating carefully, is easily done, in fact it will almost fall back into its normal position itself, but should it not, light and gentle pressure upon the kidney directed towards the lumbar region will successfully replace it. The after treatment consists of a bandage and pad properly adjusted. Let the whole abdomen be surrounded by a strong bandage, and under it, at a point corresponding with the tumour, apply a well-lined or stuffed concave pad, in order to prevent the kidney from again becoming displaced, and let it be worn constantly, whether lying, sitting or walking.

Guéneau de Mussy recommends a pad shaped like a square, so applied that the lower branch will keep the kidney from falling forward, and the vertical branch will keep it from slipping inward or outward. Some persons recommend an elastic bandage similar to the elastic stockings worn for varicose veins in the legs, but my own experience is in favor of a stronger and more resisting and carefully adjusted bandage, as displacement very easily takes place from bending, turning or straining of the body, which an elastic bandage is unable to control. But despite all these precautions displacement will take place occasionally, and does so in my case, especially during the menstrual period, on which account I enjoin perfect rest in the dorsal posture during all that period. The general health must be attended to, and especially the state of the secretions. If the patient is reduced or emaciated, or suffering from anæmia, supporting diet with iron and tonics is indicated. Flemming † asserts, that mobility of the kidney has been cured by a tonic treatment continued for a long time.

I have stated my conviction that organic lesion occurs much more frequently than is generally supposed, and I think I am justified in that conclusion, as Rollet says that among five thousand five hundred (5500) cases in Appolzer's clinic there were twenty-two (22) accurately determined cases of moveable kidneys, or one in two hundred and fifty. Again, at the Charité in Berlin in three thousand six hundred and fifty-eight (3658) autopsies there were five (5) cases, or one in seven hundred and fifty. Now, whatever doubts there may be as to the accuracy of the former case (as doubts have been expressed), there can be none in relation to the latter, as the post mortem examination settles that point.

It is stated on what seems to be good authority that loose kidneys are of much more frequent occurrence in some countries than in others, and particularly in Poland.

It must be evident, however, that the disease is a very obscure one, and one not likely to be discovered by a person whose attention has not already been specially called to such cases.

In my case, had I known what I now do, I should likely have correctly diagnosed loose kidney when the tumour (?) or rather the supposed tumour was only the size of a pigeon's egg, and was breaking away from its adipose bedding and attachments and forcing its way unsuspected and unchecked through the peritoneum, and I should probably have arrested its further displacement, and saved my patient much suffering and inconvenience.

*Ebstein.

† British Medical Journal, 1869, August.

TEA AS A VALUABLE THERAPEUTIC.

By James A. Sewell, M.A., M.D., Dean of the Medical Faculty of Laval University, Quebec.

Read before the Canada Medical Association at Ottawa, September 2nd, 1880.

I have already published some remarks in the Dublin *Medical Gazette*, and also in the London *Lancet*, on the wonderful effects of tea as an antidote to opium. But, as I have had since then other experience of the value of this remedy in other affections, a short paper on the subject may not be inopportune at this time.

One of the first cases in which I had recourse to tea, was that of a lady who had taken a quantity of Batting's "black drop," so enormous that I am almost afraid to mention the amount fearing that it may not be credited. However, as I had no reason to doubt the facts represented to me at the time, the quantity taken of the above-named drug between 4 p. m. and 11 p.m. of a certain day was, as far as I can remember (having lost my notes), ʒ xxviij or ʒ ij every half hour for seven hours. But, let the dose be what it may, we have

chiefly to do with its effects. At eleven o'clock p.m. she had a severe convulsion; at 11.30 or thereabouts I saw her, and found her in the following condition: Extremities perfectly cold, no pulse at the wrists, face pale, drawn, and cold, pupils contracted to a pin's point, and her respiration three in two minutes. To all appearance she was dying, but, being the wife of a medical man, and he absent, I sent for my colleague, Dr. Jackson, who arrived about midnight, and gave it as his opinion that she would not live ten minutes. While the messenger was absent for Dr. Jackson, I caused a strong infusion of green tea to be prepared, of which I administered half a pint as an injection. In twenty minutes, to my astonishment as well as that of Dr. J., we could just discover the pulse at the wrist. There was the slightest tinge of red in the lips, while the respiration was *six in one minute* instead of *three in two minutes*. Encouraged by these wonderful results, another half pint was given at half-past twelve, after which she improved rapidly, so much so that at four o'clock in the morning she said to me, "please light the gas, I know your voice but cannot see you." The sun was shining brightly into the room at the time. I have been asked, "Why did you not give an emetic?" I answer, because I conceive no emetic would have had any effect on the paralyzed condition in which we may presume the stomach was after having received the enormous amount of opium above mentioned. I have been also asked why I did not use the stomach pump? Answer, because I do not always take a stomach pump with me when I go out at night, but chiefly because I could see no advantage to the derived from this instrument, seeing that a very large portion of the poison had already been absorbed, and was now doing its fatal work. Moreover, I believe the attempt to introduce the tube in the prostrate state of the patient would have probably caused her death then and there. The remedy I think should always be administered by injection, as it is more likely to be quickly absorbed by a healthy bowel than a paralyzed stomach. Of course Theine or Caffeine would act probably quicker than the simple infusion, but the former remedies are not always at hand, while the tea is. The opium in this case was taken to relieve the pain of angina pectoris.

I have prescribed tea as above in three cases of poisoning by alcohol. The first case was that of an infant of about two years, to whom was given a certain quantity of whiskey, rendering the child perfectly comatose, in which condition I found it at my first visit. I considered the case hopeless, but, having great confidence in the remedy, I administered two ounces of tea per rectum, and had the satisfaction of seeing my little patient perfectly restored in a few hours. The second case was that of a child between four and five years old, who got hold of a bottle of whiskey and secreted herself up-stairs, where she was found some time afterwards in a comatose state, but recovered rapidly under the same treatment.

Case 3rd. A boy aged about eight years, son of a tavernkeeper, got inside the bar one morning, and with the cognizance of the servant drank seven glasses of whiskey on an empty stomach (before breakfast). I was called about nine o'clock, and found the little drunkard dangerously comatose. Wishing to establish the good effects of tea in these cases by the evidence of another physician, I was fortunate enough to secure the presence of the late Dr. Blanchet, jun., a young man of most promising talent, but who was cut off by a premature death—a great loss as well to his friends as to the public in general, and in the medical profession in particular. On seeing the lad, Dr. Blanchet gave it as his opinion that he would die. I differed with him in this opinion, and assured him that, with the tea, I would have him on his legs in half an hour. This did not happen, but in the time prescribed he was on his hands and knees, and in two hours he was well.

I fear I am trenching too much on the valuable time of the Convention, but before concluding I would remark that I have used tea in the coma of fevers, as suggested by that great genius Graves of Dublin, with the most satisfactory results. And I may also add that I have found the same remedy eminently useful in puerperal or uræmic convulsions.

I shall be much pleased if these few remarks hastily thrown together from memory should induce some members present to make trial of the remedy now under notice, and I shall be still more pleased to see the results (should they prove satisfactory) published extensively for the benefit of society.

Before concluding, I would remark that one of my colleagues treated a patient successfully with the same remedy, who had taken, with suicidal intent, one ounce and a half of tr. opii, and that during the present week I administered the remedy to a boy of nine years who had swallowed the enormous dose of one ounce of tr. belladonna, but as other antidotes, as opium, etc., were used at the same time, it is impossible to which of the different remedies to attribute the child's recovery.

Quebec, June 5th, 1880.

Correspondence.

LETTERS FROM READERS.

DEAR SIR,—Affectation may be said to have reached its climax when we find it in writers of prescriptions. There are many practitioners who are well known to be able to write clear, distinct, and easily legible hands, when so disposed, but who appear to consider it derogatory to themselves, or to the profession to which they belong, to do so when writing a prescription. On such occasions they affect a scrawl which would puzzle the ingenuity even of a translator of Chinese, Sanscrit, or Hieroglyphics to decipher. Nothing but a thorough knowledge of the various pharmaceutical preparations could enable a druggist to read, or, more properly speaking, to guess at the ingredients of many prescriptions that are presented to him daily. It cannot therefore be regarded as a very extraordinary circumstance that Magnes. Sulph. was supposed to be Morphia Sulph. in a prescription made up a few days ago, with fatal consequences, in the States. It is true nevertheless that the dose should have enabled the dispenser who put up the medicine to have made a better guess, but so long as prescribers are not more particular about their penmanship we must expect such mistakes to occur; and so long as a responsible position, such as that of dispenser in an establishment, is intrusted to incompetent persons, persons not thoroughly versed in posology more especially, so long will the danger of fatal consequences continue. The latter responsibility rests on the pharmacist, the former, however, depends on the medical man, and if he really cannot write a legible prescription, the sooner he tries to remedy the defect by taking lessons in writing the better it will be for himself and for the community in which he practices.

PHARMACY.

Progress of Medical Science.

ELIXIR CHLOROFORMI COMPOSITUS.

By W. F. McNUTT, M.D., L.R.C.P., Ed., ETC., ETC. Professor Principles and Practice of Medicine, University of California.

[*Reprinted from the* WESTERN LANCET *for August.*]

I have been in the habit for several years of prescribing Collis Browne's chlorodyne in certain cases of asthma, colic, diarrhea, neuralgia, rheumatism, hysteria, etc. It has seldom failed to be of some benefit, and often acted like a charm; in fact, I found it a most excellent and reliable anodyne, anti-spasmodic and sedative.

On account of several objections to its use, I have, after a great deal of experimentation, adopted the following formula as a substitute for chlorodyne, viz:

℞	Morph. mur.	gr. ½
	Chloral hyd.	
	Chloroform	aa ʒ ss,
	Tinct. cinnab. ind.	
	Tinct. capsici	
	Acid. hydrocyan. dil.	aa ℳ xx.
	Spt. menth. pip.	ℳ x
	Syr. sassafras. co. *ad*	ʒ j.

Dose—ʒ j.

This I have named Elixir Chloroformi Compositus, and can heartily recommend it to those who have been in the habit of using chlorodyne. To those who have never used chlorodyne, I may say they will find elix. chlorof. comp. a most efficient remedy for many purposes and under many circumstances; for instance, in whooping-cough, asthma, emphysema, cough of many phthisical patients, in many cases of hysteria, and especially in many cases of dysmenorrhea, it certainly has no equal. Given as an anodyne, it seldom produces headache or disturbance of the digestion, as does morphine; or depresses the heart's action, as does hydrate of chloral. In diarrhea accompanied with cramping pains and tormina, in teaspoonful doses repeated every two or three hours, it generally acts quick and satisfactorily.

In many cases of diarrhea in children, a few drops of the elixir, together with a few drops of castor oil and vini ipecac, in syrup of acacia, make a most efficient remedy.

The objections to chlorodyne are—

1. It is very expensive in this country.

2. It is not a perfect mixture, as it separates.
3. It is too concentrated to be safe for general use.
4. And, principally, it is a patent medicine, the exact formula for which is unknown.

ARSENIC IN HEART DISEASE.

An English physician, Dr. Lockie, says in regard to arsenic as a cardiac stimulant, that it is believed to be a valuable adjunct to digitalis, and in ordinary valvular disease of the heart, where there is failure of compensation, with its consequent results. Further, it seems to be of great value even in fatty degeneration, and this in spite of the fact that recent experiments tend to show that fatty degeneration of the heart is one of the results of feeding animals with arsenical preparations.

THE CHLOROFORM QUESTION.

In a recent discussion of this question by the Medico-Chirurgical Society of Edinburgh, in which a number of experienced physicians took part, the president, Dr. P. Heron Watson, spoke as follows:

As to the conditions which favored fatal results during the administration of chloroform, it was generally admitted that these were twofold—either respiratory obstruction or cardiac insufficiency. The relation of these conditions to each other had, as was well known, been a matter of dispute, some asserting that respiration was always first embarrassed, the heart's action being only secondarily affected, while others regarded the failure of the heart's action to be at all events sometimes the initial step in the dying process. These views had important practical issues. If the first were trusted to, then feeling the patient's pulse during the administration of the drug was not only unnecessary, but liable to distract the attention from the all-needful regard to the condition of the respiration, as to recognize that the pulse was gone, if preliminary respiratory arrest were the cause, was to note that the patient was in danger when life was probably extinct. Were death liable to occur from cardiac enfeeblement, then attention to the pulse was a matter of importance. Now in this case the pulse was noted to have continued good for some time after respiration had ceased and artificial efforts had been employed for some time. The conditions affecting respiration which he had chiefly observed in the use of chloroform originating danger were copious mucous secretion excited by the chloroform vapor, vomited matter from the stomach, sweetmeats, and false teeth, in addition to the gravitation of the tongue. He had, however, seen in some cases an arrest of respiration at the conclusion of a full expiration, accompanied with spasm of the respiratory muscles; and in two cases where an epileptic attack occurred with a fatal result when the patients were inhaling chloroform, this spasm of the muscles of respiration at the conclusion of expiration was undoubtedly the occasion of death. In making traction on the tongue to relieve impeded respiration in a patient under chloroform, he thought the direction over the incisors of the lower jaw was a mistake, and that it should always be toward the upper incisors, as traction of the organ over the inferior incisors, by forcibly depressing the lower jaw, tended both to interfere with the larynx and possibly to compress the carotids, as indicated in the valuable paper of one of its members, Dr. John Smith. The fatal results which occasionally occurred while patients were more or less under the influence of chloroform led naturally to the question of the prognosis of these risks. His own feeling was that it was quite impossible to guage these risks. Chloroform could undoubtedly be administered to many cases affected with most serious cardiac disease with the best results, and there were most serious cardiac conditions in which the use of chloroform, by diminishing the effect of shock, probably diminished instead of aggravating the risk. An instructive case occurred in the early history of the introduction of chloroform, which might have inflicted irreparable damage upon its early prestige had the drug been given. The late Professor Miller was to operate upon a case of hernia in the theatre of the hospital. Sir James Simpson had promised to administer chloroform to the first case in Mr. Miller's hospital practice which might occur. Professor Simpson was sent for, but was out of town. The operation was proceeded with, and at the first incision through the skin the patient died on the table. What would have been said had this been the first case in which chloroform had been employed in the theatre of the Edinburgh Infirmary? The choice of anesthetics does not materially alter the practical confidence in chloroform. That ether should be preferred in the states of America is perhaps not to be wondered at; that mixed vapors should please the imagination of others nearer home need occasion no astonishment. He had himself had ether administered to him when a boy, and no sea-sickness he had ever experienced compared with the prostration which for a week followed the use of the anesthetic. He had seen it given to others because less likely to make them sick, but he had not observed this result had been obtained. He had been gratified by the administration of ethidene to a patient of his in the infirmary some time since, through the kindness of the gentlemen in Glasgow by whom the practical application of this anesthetic had

been introduced. In that instance the patient was in a maniacal state all afternoon after emerging from its effects. Upon the whole he believed he might conclude from the general tone of this discussion that there was no diminished confidence in chloroform, no increased fear in its application, no feeling that professional chloroformists were more required than heretofore to render its employment safe; and last, not least, that no apparatus was more effective or more secure than a common towel or a pocket-handkerchief. It was fortunate that, at a large meeting and a very representative meeting of the society, as it had been this evening, there was no uncertain sound to go forth to the professional world as to the views of the present generation of Edinburgh practitioners upon the chloroform question.

IODIDE OF ETHYL IN ASTHMA.

Daniel R. Brower, M.D., writes to the Chicago *Medical Journal and Examiner* for July, 1880, as follows:—

I have recently had a very satisfactory experience with this remedy in an obstinate case of asthma.

The patient is a youth about fifteen years old, who inherits instability of nervous action from both parents. He has had obstinate attacks for six years past, especially during the spring and summer months.

The only complete relief he has heretofore had has been by change of residence. He has tried about all the remedies that have been suggested, such as nitrate of amyl, chloral, morphia, bromide, belladonna and galvanism, without benefit. Partial relief was obtained for some time, by smoking a portion of the following combination, which in some cases has acted well:—

℞	Dracenti rad. pulv.,	℥ j	
	Stramonii foliæ pulv.,	℥ j	
	Lobeliæ pulv.,	ʒ vj	
	Potassii nitratis pulv.,	ʒ ss.	M.

In the attack that commenced this spring this recipe seems to have been of but little service. I therefore ordered him, as recommended by Prof. Lee, of Paris, inhalation of the iodide of ethyl. The preparation used was made by Nesrck, of Darmstadt, and imported by E. H. Sargent & Co., of this city.

After several trials, we found the effective dose to be six drops. This relieved the paroxysms as if by magic, and no unpleasant symptoms followed its use. The only new sensation there seems to have been experienced was occasionally a slight sense of numbness in the feet and hands. Under its daily use the intervals between the paroxysms have grown longer, and the severity of the attacks has been relieved.

It may be well to add, that for some time past, previous to the use of the iodide of ethyl, I had been giving him iodide of potassium with tonics, but the surprising effects upon the paroxysms were clearly due to this new remedy for asthma.

FOR THE COUGH OF TUBERCULAR LARYNGITIS.

Dr. William Pepper gives the following prescription:

℞	Tr. benzoici comp., ...	fl. ʒ ij;
	Glycerinæ,.....	fl. ℥ ss.;
	Aquæ,.....	fl. ʒ iv.

Sig. To be used as a gargle.

THE TREATMENT OF DIPHTHERIA.

Dr. George Hill, of Hughesville, Pa., strongly advocates the following treatment of this disease in the *Med. and Surg. Reporter*. As a mixture, he prescribes in varying strength of dose, according to the age of the patient, aquæ chlorinii, sodii sulpho-carbolat., glycerinæ, of which two examples will suffice:—

℞ Aquæ chlorinii, ʒ v.;
Sodii sulpho-carbolat, gr. xv.;
Glycerinæ, ℥ is.;
Aquæ, ad. ℥ vj.
M.

ʒ j. every two hours, for a child æt. 10 months.

℞ Aquæ chlorinii, ℥ iij.;
Sodii sulpho-carbolat, grs. clx.;
Glycerinæ, ℥ j.;
Aquæ, ad. ℥ vj.
M.

℥ iij drachms every two hours—to be held a moment before swallowing—for a girl æt. 18.

In combination with this form of mixture he gives sulphur sublimatum, in fifteen-to-twenty-grain doses every six hours to adults, until an apparent effect is produced. Locally, purely pulverised tannic acid is applied to the exudation growth with a moistened swab, every four hours, and as a gargle—

℞ Sulphurated sol. sodium chloridi, ℥ ij.;
Glycerinæ, ℥ j.;
Aquæ, ℥ iij. M.

Or, glycerate of tannic acid, ℥ j., glycerate of carbolic acid, ℥ ij., mixed and reduced one fourth with water, and applied every four hours.

Where the disease extends into the trachea he strongly urges the use of lime steaming, for which purpose an ounce and a half of quicklime, fresh from the kiln (not air slaked), is put into a tin cup, and covered with a pint and a-half of cold water. Over this is inverted a funnel, not so closely as to exclude the air. To the top of the funnel is attached a tube with a suitable

mouth-piece. The rising steam is to be inhaled for half an hour; if the steam fail, to be quickly renewed. An intermission of half an hour is allowed, and then the steaming to be resumed as before, and so on day and night with the utmost perseverance. Emetics of syrup of ipecac. occasionally required to expel detached fragments, and averting the impending suffocation that necessarily tends to occur in such cases. Ice to be allowed freely. Whisky to be avoided, only where there are strongly marked symptoms of failing vitality. The patient must be carefully watched and treated during convalescence and should be seen at least once a week until a normal state of the throat has been fully established. Dr. Hill condemns tincture of iron, tincture of iodine, and nitrate of silver applications to the throat. Under this treatment Dr. Hill has not lost a diphtheritic case for a period of five years, the same successful result being experienced by Dr. G. A. Hill in his practice whilst carrying out the above line of treatment. The cases published in support were typical in their nature, and most interesting in the record of their progress towards recovery.

SHOULD TEETH BE EXTRACTED DURING PREGNANCY?

Garrett Newkirk, M.D., Wenona, Ills., in *Dental Cosmos*:

What does tooth-extraction necessarily and possibly involve? Physically, it involves a solution of continuity of from one to three square inches of surface of living tissue, the sudden rupture of a large number of small blood-vessels, and from one to four nerves. Contingently, it may involve a fracture more or less extensive of bony process, unusual suffering, or loss of blood. It produces invariably on the conscious subject a sudden nervous impression—*shock*—varying from trifling to serious; pain for a moment almost unendurable; semi-involuntary, possibly violent, movements and outcries, followed by faintness and nervous tremor, are the coincidents and sequelæ in some degree in a majority of cases. Additionally, there may be fear, fright, and occasionally, though rarely, uncontrollable anger.

The degree of shock likely to ensue may be in a measure anticipated by attention to the following considerations, viz: the temperament; present state of health, especially as it pertains to the nervous system; the character, history, and present condition of the tooth in question; the state of the neighboring tissues, and the probable ease or difficulty of extraction. The mental condition of patient should also be considered.

The order which temperaments bear to shock is about as follows: (1) the nervous, (2) nervo-sanguineous, (3) nervo-bilious, (4) nervo-lymphatic, (5) bilious, (6) lymphatic.

The condition of the nervous system at the time of an operation has a marked influence upon results; that which may be well borne at one time may at another be attended by a severe shock, and followed by serious prostration. This fact is never more apparent than in the extraction of teeth. A want of sleep, severe pain (especially if paroxysmal), unusual emotion or excitement, severe illness or overwork, may produce a state of exalted nervous sensibility, or rather irritability, highly unfavorable for an operation.

As to the tooth itself, Has it an inflamed pulp? Is it dead? Is there alveolar trouble of any kind? Is it particularly sensitive to instrumental touch? Has it one, two, three or four roots and nerves? Is the trouble of reflex, malarial, or neuralgic origin? Would much force be required in its extraction? Is it probably amenable to therapeutic treatment? These are some of the questions which may be asked with reference to such cases where extraction is proposed, and which ought to be correctly determined by the dentist before he assumes the responsibility of performing the operation. It is not to be looked on as a trifling operation simply because it is so common. These questions, always proper, become of greater importance whenever the case in hand is that of a pregnant female.

I believe the following rules to be in the line of ordinary prudence:

Where a choice has to be made between allowing the tooth to remain, involving odontalgia, severe neuralgia, antral or alveolar abscess—conditions compromising the general health and comfort of the patient—and the removal of the offender, the latter course is the proper one; but this is a contingency not often arising, and may usually be avoided.

If the operation seems to be inevitable, however, and the temperament, mental and other conditions are unfavorable, with undue nervous irritability, it would be better to modify these conditions, either by forced rest and sleep under an opiate previous to, or by partial anæsthesia at the time of extracting.

During the pregnant state no tooth should be extracted to please the patient or her friends, or to prepare the mouth for artificial work. If should be only as a choice of two well-recognized evils, and then especial care should be exercised to avoid nervous impressions as far as possible.

As the greater danger of miscarriage exists during the earlier months of pregnancy, more particularly the third and fourth, temporary treatment, protection or filling, should, if possible, be resorted to if only for a few weeks.

Again, we all know that with certain timid people the sight of an operating-chair, of instruments, the touch of cold steel, or the sight of

blood may, any of them, be sufficient to cause an almost insupportable condition of nervousness and dread. This is particularly true of females, and especially when *enceinte*. Hence the increased necessity for trying to avoid or to modify these disturbing causes. Under some circumstances it would be better for the dentist to visit the patient at her house, and extract the tooth with an instrument previously warmed and kept from her sight. Much nervous distress may in this way be avoided.

I do not think that any practitioner of dentistry should entertain the theory that the pregnant state is one that may safely be ignored, for I believe such a theory full of possible dangers. Nor should it be forgotten that the question of miscarriage is not the only one involved in this matter. *Prenatal influences* are recognized by intelligent observers, both in and out of medical circles, as among the most important in determining the organic qualities of human beings, and more than usual care is exercised by sensible people to avoid disturbing influences upon the woman and child.

STRANGULATED HERNIA IN PRIVATE PRACTICE.

More than twenty years ago I performed my first herniotomy under every inconvenient circumstances. While administering chloroform I had to operate; my medical friend held the candle, and a female relative of the patient held the mouthpiece in position. Often, in the course of a personal experience of about one hundred and thirty operations, varying inconvenience has been felt. A few years ago I suggested the use of an enlarged wire eye-speculum to separate the edges of the wound, as a substitute for skilled fingers. December 20th I advised immediate herniotomy in the person of a female, aged seventy-two. It became the duty of my medical friend to give his sole attention to the chloroform, while my only other assistant held the light. The hernia was turned well up over Poupart's ligament, while fibrous bands tightly constricted its neck, and were deeply placed. The speculum allowed the light to reach the bottom of the wound, and thus added greatly to the safe performance of a delicate operation. —C. F. Maunder, in *London Lancet*.

A NEW REMEDY FOR DYSENTERY.

According to the *India Medical Gazette* of October 1st, a new and very efficacious remedy for dysentery has been found, which, if somewhat inferior to ipecacuanha, possesses the advantage over it of being free from nauseating effect. It is the root of a plant called Rungum in Bengalee, and found to belong to the genus *Ixora* of the natural order Cinchonaceæ. The species that have been tried are the *I. Bandhuca* and *I. Coccinea* (Roxb.). The plant is a very common one, and is most efficacious when employed in its fresh state. An extended trial of its efficacy has been directed by the surgeon-general.—*London Medical Times and Gazette*.

PROLAPSE OF THE RECTUM IN INFANTS.

In a recent number of the *Wiener Medizinische Zeitung* Dr. Basevi suggests an improved method of treating this troublesome affection, which he finds most successful. He cauterizes the mucous membrane of the intestine lightly with nitrate of silver, and replaces the gut. Subsequently enemata of tannin, alum, and ice-water are ordered, together with very strict diet, with a view to prevent enteritis. Should these measures fail, and the intestine continue to come down, he uses his bandage as follows: The child is held by two nurses, with its buttocks up, over the bed, one securing the upper portion of the body, the other the slightly abducted knees somewhat up in the air. This position is most favorable for the reduction of the prolapsed rectum, because the child cannot bear down. After reposition the surgeon stands on the right side of the bed, with the thumb of the left hand pressing the child's left buttock to the right, while the fingers bring the right buttock toward and against it. With the right hand several strips of plaster of some two finger-breaths are drawn from below upward, and outward, overlappingone another, across the buttocks, from one trochanter to the other. The strips should approach the perineum as closely as possible. As a support to the plaster, a spica bandage of two or three fingers-breadths is run over the lower part of the body. A gutta-percha or waxed paper covering can be used to keep the buttocks clean during defecation, and this bandage can be retained in position for a couple of weeks. If diarrhœa be present, astringent enemata may be employed; if constipation, laxative enemata; and these should be given by the physician himself, for fear of disturbing the bandage, which can be changed without difficulty when necessary.—*Press and Cir.*

LANCING THE GUMS IN DENTITION.

In discarding this simple expedient our profession has thrown away a safe and valuable adjuvant in the management of infantile disorders. The only objections to it are that it gives pain, that it hardens the gums so as to retard the advance of the tooth, and that it endangers hemorrhage. So far from giving pain, it relieves pain, and still more the intolerable itching

which children suffer while teething. If hardness result from the cicatrization, it will facilitate the escape of the tooth instead of retarding it; for every tyro knows that a cicatrix is absorbed under pressure more readily than normal tissue. And as to the danger from hemorrhage, fifty years of constant and abundant experience in my own practice and observation of the practice of others around me when the operation was universal, have failed to bring within my knowledge a solitary instance of serious hemorrhage caused by lancing the gums. Upon the other hand, again and again have I seen the infant, when fretting and twitching and starting as if on the brink of a convulsion, fall into a tranquil sleep immediately after the process. More than once have I known the child close its jaws to press the lancet into the itching gums. One child I remember who would run to meet me as I entered the house, and open its mouth to invite what experience had taught it would relieve its suffering. By lancing the gums I do not mean slicing off the prominence, nor yet making a crucial incision. These are superfluous, if not barbarous, procedures. It is sufficient to scarify the swollen tissue in one direction to relieve the tension and remove a few drops of blood from the engorged vessels.—*Dr. Henry Gibbons, in Pacific Med. and Surg. Jour.*

TREATMENT OF ALCOHOLISM.

Dr. F. P. Atkinson (London *Practitioner*) writes as follows:

Some of the most distressing cases we, as medical men, are called upon to attend are those of alcoholism, and it has, unfortunately, fallen to my lot during the last few years to have several from time to time under my charge. A good deal has been written by different persons with regard to treatment, but I do not think this ought to deter one from putting on record his own personal observations, since it is only by accumulation of evidence that proper conclusions can be arrived at. As far as I can see, there would appear to be three different stages in the disease, viz.:

1. *Sleeplessness*, accompanied by a hard quick pulse; loss of appetite in the morning, and morning sickness.

2. *Drowsiness*, accompanied by a slow, somewhat compressible and excitable pulse; complete loss of appetite; and constant sickness. The blood has in it an excessive amount of hydrocarbon.

3. *Delirium*, accompanied by complete absence of sleep and the presence of horrible apparitions, especially at night. The pulse is small, quick, easily excitable and compressible. The blood is deficient in red corpuscles. Hydrocarbons are present in poisonous quantities; the brain undergoes little or no repair. The vaso-motor nerve influence is almost entirely lost. The treatment I have found beneficial in each stage is the following:

First stage—Træ. rhei.,.....min. x.
Træ. card. co.,..... ʒ ss.
Træ. hyorcyami..... ʒ ss.
Acid. hydrocyanic. dil.,.min. iij.
Sp. chloroformi,.....min. xv.
Aquam ad ℥ i, quartis horis.

The prussic acid acts as a sedative to the stomach, heart, and brain. The hyoscyamus has also to a certain extent the same effect.

Abstinence from stimulants in this, as in the other stages, is strictly enjoined, but when I find it difficult to get this carried out, I allow a glass of claret three times a day. It is essential that the patient gets plenty of light and easily digestible food, and with this object I order essence of beef, milk and eggs beaten up together, and barley water. This diet is suitable to each stage The only thing to be said is the more the depression the more the nourishment.

Second Stage.—The treatment should be the same as just described, only it is as well to omit the prussic acid, as there is not the same excitement present.

Third Stage.—Chloral should be given in thirty-grain doses every four hours, till sleep comes on, and then repeated as often as necessary. The nourishment should be by no means forgotten, and stimulants should be strictly forbidden.

If chloral is gone on with beyond a certain time, a sleepless condition recurs, when nux vomica and gentian should be given as follows:

Træ. nucis vomicæ,..... min. x.
Træ. gentia co..... ʒ ss.
Ess. limonis,..... min. i.
Sp. chloroformi,..... min. xv.
Aquam ad ℥ i. ter quaterve die.

This rarely fails to reinduce sleep, but if persisted in long after it has produced its effects, sleeplessness returns. When this is the case the tincture of gentian, calumba or chiretta should be given alone.

THE HOT BATH AS A RESTORATIVE.

There is one remedy whose employment in medicine is almost as old as is the human race, but which yet seems to us to have an important use not generally practiced. We refer to the hot bath. As sudorifics hot baths are sufficiently in vogue, but their employment as restoratives is not so universally recognised.

The phenomena of death from cold show that a lack of caloric in the body is no less paralysant of animal functions than is an excess of the same force. Evidently the organism was constructed to run upon a certain plane of heat, and

can not vary from this without serious results. By numerous experiments upon animals, in the laboratory of Prof. Wood, in the University of Pennsylvania, it has been proven that in a cool apartment death rapidly results after section of the spinal cord, from falling of the bodily temperature, the animal which in a warm room will live indefinitely, dying very shortly in a temperature of 50° Fahr. The cause of the inability of the animal to resist external cold after section of the cord is undoubtedly vaso-motor paralysis. Normally, the temperature of the interior of the body is maintained by keeping an outer layer of partially-cooled tissue between the internal organs and tissues and the outer air. When, however, the power of contracting the superficial vessels has been lost, the organism can no longer maintain this protecting layer, the surface temperature rises, heat is rapidly lost, and soon the whole body becomes uniformly cooled.

Vaso-motor paralysis is produced by toxic doses of various remedies, and under these circumstances artificial maintenance of the bodily temperature is imperative, forming a most important portion of the treatment of all such *poisoning*. *Collapse* from any cause is largely dependent upon, or, more correctly speaking, largely is, vaso-motor palsy: hence in almost all forms of collapse the use of external heat is of great importance.

Dr. Charles Hunter, of this city, has very successfully applied this treatment to that form of collapse which follows injuries and surgical operation, and is known by surgeons as *shock*. The lack of power of alcoholic and other ordinary stimulants in this condition is proverbial. The pathological state is undoubtedly vaso-motor palsy, the bodily temperature is much below normal, and the rational treatment consists in the hypodermic use of atropia and digitalis and the external employment of the hot bath. The plan of treatment will probably be found to be a very important addition to surgical therapeutics. In the first day of the post-fetal life the power of resisting external cold is very slight, and in many cases of still-born children, or of children whose vital powers are almost extinguished at birth, life may be saved by a high external temperature, the little waif being kept in an air of 90o to 100o Fahr., and from the influence of cold walls which shall draw off, as it were, the little store of heat provided by nature; for there is no doubt that radiation is greatly affected by the temperature of surrounding objects.

In regard to the methods of applying heat, it must, in the first place, be understood that wrapping in blankets, etc., are only useful as a means of preventing cooling of the body; that when the animal temperature has already fallen they will not suffice at all. The same may be said of air heated to temperatures which can be readily obtained or can be borne by the attendants. Radiated heat is somewhat better, and often the use of a brisk open fire is of service. The *hot bath* is, however, the only pyretic remedy which can be relied on, when a Turkish bath is not at hand. It should always be a full bath, in as warm a room as can be produced, and should be at a temperature of about 103° Fahr., when the patient is put into it. The duration of the bath must vary with the circumstances of the case. Frequently, ten minutes will be long enough, but if the mouth-temperature does not rise to normal, a much longer tarriance may be advised. During the bath the heat of the water should steadily be increased as fast as it can be borne, if the patient be conscious. It will be found that 110° is about the limit of endurance for most persons, and in unconscious subjects this limit should not be passed.—*Philadelphia Medical Times.*

BROMINE IN LARYNGEAL CROUP.

Dr. W. Redenbacher (*British Medical Journal*, 1879, p. 234; from *Aerztliches Intelligenz-Blatt*), called to the case of two little girls, aged respectively 5 and 7, suffering with severe croup of the larynx and air-tubes, ordered a table-spoonful of the following mixture to be taken every hour:

℞ Decocti altheæ, f℥iv;
Potassii bromidi, ℈i;
Bromi, gr. ivss.;
Syrupi simplicis, f℥i.

On again visiting the patients, whom he did not expect to find alive, he was most agreeably surprised. The difficult breathing, dry hard cough, etc., had all disappeared; the breathing was free, and the cough loose; several portions of croupal membrane had been coughed up. Recovery followed, without toxic symptoms. For children under one year, the quantity of bromine in the mixture should be reduced to one grain and a half, and for those from one to four years old, to three grains.

VENEREAL WARTS.

A writer in the *British Medical Journal* has successfully removed these growths by powdering over the surface twice daily with equal parts of burnt alum and tannin. As these growths occur chiefly in situations where mucous or skin surfaces are in contact and moist, this plan suggested itself. In the first case in which he applied it, the warts were easily rubbed off in the course of three or four days, and other cases have given equally good results.

THE CANADA MEDICAL RECORD,
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MONTREAL, SEPTEMBER, 1880.

We have more than once alluded to the necessity of enforcing the law affecting the sale of Paris green. To the Pharmacy Act is attached a schedule of poisons, which may only be sold by licensed pharmacists, and then only under certain restrictions. The first article on this list is arsenic *and its preparations*, Paris green is a preparation of arsenic. Its scientific name is aceto-arsenite of copper. Its formula is about as follows: 3 Cu As O_2 C_2. H_3 Cu O_2. Probably six grains is a poisonous dose. During the past summer numerous instances of the most criminal carelessness in the sale of this poison have come under our notice. It is sold indiscriminately, and in the most open manner, by shopkeepers all over the Province, and is consequently obtainable without any precaution whatever, by men, women, and children. It is rarely if ever labelled (except in drug stores), and we have seen it sold and wrapped in ordinary newspaper, and delivered across the same counter as tea, sugar and bread!!

So careless has the public become in handling this very dangerous chemical, that many even doubt its poisonous properties, and the writer heard it asserted the other day by an intelligent farmer, that a horse could not be poisoned with it; another farmer uses it to dust on to his currant bushes, *and uses it pure*, without admixture of plaster of Paris. A woman living in a village near the city was seen using it on cabbage plants.

It would be instructive, especially to the Council of the Pharmaceutical Association, to study the number of deaths by Paris green of human beings and domestic animals which have taken place during the past three years. Setting aside all other considerations, it is evidently absurd to place restrictions on the sale of arsenic, and allow Paris green, which is a combination of arsenic and copper, and more deadly than arsenic, to be sold ad libitum by everybody. We cannot believe the Legislature ever contemplated such folly.

A pamphlet, written by a medical man living in this city, entitled, "A Medical Essay on what People should know," has been sent us by a confrère in the country. It is upon the old theme that quacks of the worst character have often followed before, showing up in a mock religious manner the evils and all the dire results of self-abuse, and, of course, ending with a promise of an infallible cure in every case of consultation. On the front and back leaves is the number of the post office drawer, with strict instructions that the number be not forgotten. Inside the pamphlet is the doctor's address. Along with the specimen of quack literature are sent several sheets of printed matter, containing as usual in such cases, the great number of cures. It appears from several letters we have received from medical men outside of the city, this pamphlet has been sent broadcast over the country, more particularly in the counties of Beauharnois and Huntingdon. The recipients of this circular are generally young men. There are always people who are sufficiently credulous to believe anything, and it is among these, quacks must and do prosper. The quack, in this instance, has shot beyond his mark, as both his pamphlets and victims have fallen into the hands of medical men, who will, without delay, bring the subject before the Provincial Board.

We have not yet had the time to discover from what college this public benefactor hails, but will make it our duty to do so. Nothing can be said that is too strong in condemning such a miserable fellow; he should be hooted from one end of the province to the other. Such cases, however, are not to be hooted at, as they have the brass of Satan with all his energy, and it is only when victims diminish in number they depart for "pastures new."

LITERARY NOTE.

The memorial recently presented to Mr. Gladstone, urging him to do all in his power for the

absolute abolition of Vivisection, was signed by "one hundred representative men," among them Cardinal Manning, Prince Lucien Bonaparte, Alfred Tennyson, Robert Browning, James Anthony Froude, John Ruskin, the head masters of Rugby, Harrow and seven other large schools, twenty-one physicians and surgeons, and thirty-seven peers, bishops and members of Parliament. The memorialists take the ground that vivisection, even with anæsthetics, should by law no longer be allowed, and they quote the opinions of Sir William Fergusson, Sir Charles Bell and Dr. Syme, that "it has been of no use at all, and has led to error as often as truth."

They add, the utility, if proved, would not, in this case, excuse the immorality of the practice.

Dr. Leffingwell's paper, "Does Vivisection Pay?" which recently appeared in *Scribners' Monthly*, excited much discussion among London papers. It is said that Dr. Woods' reply, in the September *Scribner*, presents the other side with equal force.

PERSONAL.

We regret to announce at Peshaawar, India, on the 10th July last, the death of Charles Herbert Murray, B.A., M.D.C.M. McGill, M.R.C.S. England, Surgeon to the 41st Bengal Native Infantry, in the 25th year of his age. He was the fourth son of the late Rev. Hugh Murray, M.A., T.C.D., Rector of Cootehill, Ireland. Adopted by his uncle, Dr. Reddy of this city, he resided here for several years, and passed through McGill University with distinction, having obtained the Logan Gold Medal in arts and other prizes, and at the primary and pass examination in Medicine received the premiums in both. He also distinguished himself at the competitive examinations in London for the Indian service.

We and his numerous friends deeply regret his early death, and affect cordial sympathy to his bereaved relatives.

Dr. F. W. Campbell, Editor of this Journal, sailed for Europe on the 21st of August last. Business relating to private affairs will prevent his return for two or three months.

Dr. J. Leslie Foley (M.D. Bishop's College, 1880) also sailed for Europe on the 21st of August. His intention is to remain in England for some time for the purpose of following the London Hospital and extending his knowledge of Medicine before settling down to practice.

CANADA MEDICAL ASSOCIATION.

OTTAWA, 1st September, 1880.

The thirteenth annual meeting of the Canada Medical Association was opened this day in the Parliament Buildings, when were present—Drs. Marsden, Hill, Howard, David, Workman, Burritt, Gardner, Burgess, Wright (H. P.), Robillard, Clark, Caniff, Duplessis, Grant, Ross, McDonald, Mullin, Harrison, Zimmerman, Fulton, Shepherd, Sweetland, Osler, Playter, Rottot, Lachapelle, and many others.

The President, Dr. Howard, took the chair at 10.15, and on opening the session requested all the ex-presidents to take seats on the platform.

Dr. Grant, on behalf of the Committee of Arrangements, announced the programme of the proceedings, and that the adjournment for luncheon would be from 1 to 2 each day.

The minutes of the last day's meeting of last session were then read and confirmed.

The Committee of Arrangements reported the credentials of Drs. Brodie, of Detroit, Brush, of Utica, and Goodwillie, of New York, as delegates from the American Medical Association, correct.

Dr. J. D. McDonald moved, seconded by Dr. Marsden, that Drs. Brodie, Brush and Goodwillie, from the United States, be elected honorary members, which motion was carried by acclamation. The President requested these gentlemen to take seats on the platform. Dr. Brodie returned thanks.

Dr. Marsden proposed, seconded by Dr. Gardner, Drs. Jas. Bell (Montreal), R. Howard (St. Johns, Quebec), A. Lapthorn Smith (Montreal), R. Pattee (Plantagenet), and Jas. Cassils (Three Rivers, Que.), as permanent members of the Association, and these gentlemen were duly elected.

Dr. Grant moved, seconded by Dr. Marsden, "That the By-law requiring members to pay for every year be suspended for this meeting," but after a short discussion this motion was suspended until the report of the Committee on the question of Fees, &c., had been received.

It was moved by Dr. Sweetland, seconded by

Dr. H. P. Wright, that Drs. McDougall and Bentley, of Ottawa, be elected permanent members. These were elected.

Dr. Caniff moved, seconded by Dr. J. D. McDonald, "That the President's address be the first order of business after recess," which was agreed to.

It was moved by Dr. Stewart, seconded by Dr. Gardner, that Drs. A. Worthington, of Clinton, and J. Campbell, of Seaforth, be elected permanent members of the Association. They were elected.

On the motion of Dr. Marsden, seconded by Dr. McDonald, the By-laws on the order of business were suspended for the present.

Dr. Mullin then reported for the Committee on Fees, &c., "that it is not desirable to insist upon the payment of the annual fee except by those who are present at the meeting," when it was moved by Dr. Bray, seconded by Dr. Harrison, that this report be adopted, which motion was carried unanimously.

On the order of business being resumed, the President called upon the Standing Committees to report.

There was not any report from the Committees on Medicine or Surgery.

Dr. Gardner read an interesting report on Obstetrics.

On the motion of Dr. Grant, seconded by Dr. Powel, Dr Rogers, of Ottawa, was elected a permanent member.

On the motion of Dr. Sweetland, seconded by Dr. H. P. Wright, Drs. Robillard and Malloch, of Ottawa, were duly elected permanent members.

Dr. Lester, of Oswego, Ill., requested permission to attend the meeting, which was granted most cordially.

Dr. Botsford read his report on Sanitary Science, which was discussed by Drs. Brodie Playter, Brush, Workman and Grant.

On motion of Dr. Mostyn, seconded by Dr. Shepherd, Dr. O'Brien, of Renfrew, was duly elected a permanent member.

Dr. Osler then read his report on "The Progress of Pathology," when it was moved by Dr. Caniff, seconded by Dr. Sweetland, "That the discussion on the Reports by Drs. Gardner and Osler be taken up to-morrow morning," which was agreed to.

On the motion of Dr. Workman, seconded by Dr. Botsford, the following gentlemen were named as the "Committee of Nomination":—

Dr. Marsden, Quebec; Dr. Robillard, Quebec; Dr. Osler, Quebec; Dr. Ross, Quebec; Dr. Caniff, Ontario; Dr. McDonald, Ontario; Dr. Hill, Ontario; Dr. Grant, Ontario; Dr. Clark, Ontario; Dr. Botsford, New Brunswick.

The President named Dr. McDonald chairman of the Medical Section, and Dr. Ross as Secretary; Dr. Caniff, Chairman of the Surgical Section, and Dr. McDougall as Secretary.

It being past one o'clock, the meeting adjourned.

Afternoon Session.

A large number of members being present at 3 P.M.,

It was moved by Dr. Workman, seconded by Dr. Marsden, "That, in the absence of the President, Dr. Botsford take the chair."

This being agreed to, the minutes of the morning's meeting were read and confirmed.

On the motion of Dr. Hingston, seconded by Dr. Grant, Dr. Brunel, of Montreal, was duly elected a permanent member.

Dr. Ewing, of Hawkesbury, was elected a permanent member, on the motion of Dr. Ross, seconded by Dr. Gardner.

The President then read his address.

On the motion of Dr. Marsden, seconded by Dr. McDonald, Dr. C. S. Parke, of Quebec, was elected a permanent member.

On the motion of Dr. Gardner, seconded by Dr. Ross, Dr. J. D. Lafferty, of Pembroke, was elected a permanent member.

Dr. G. H. Preston and Dr. J. G. Beard were elected permanent members, on the motion of Dr. Grant, seconded by Dr. Botsford.

On the motion of Dr. Wright, seconded by Dr. Whiteford, the following gentlemen were duly elected members:—Dr. J. C. Prévost, Montreal; Dr. L. C. Prévost, Ottawa; Dr. F. McEwen, Carleton Place; Dr. Lamarche, Montreal; Dr. J. D. Kellock, Perth, as were Dr. G. H. Graves, of Carp, Ont., on the motion of Dr. Fulton, seconded by Dr. Ross; Dr. Bentley, of Richmond, Ont., on motion of Dr. McDougall, seconded by Dr. Whiteford; Dr. Mann, of Renfrew, on motion of Dr. Grant, seconded by Dr. Stewart; and on the motion of Dr. Pickup, seconded by Dr. McDonald, Dr. V. H. Moore, of Brockville.

On motion of Dr. Botsford, seconded by Dr.

Workman, the meeting then resolved itself into sections.

SECOND DAY.

2nd September, 1880.

There being present Drs. Howard, David, Robillard, Botsford, Caniff, Burgess, Ross, Stewart, Pattee, Gardner, Workman, Campbell, Riddle, Mullin, Pickup, McDonald, Burritt, Bray, Bell, Shepherd, Sweetland, Fulton, McDougall, Brunel, Wright, Hingston, Rottot, Lachapelle, and others.

The President took the chair at 10.30.

The minutes of yesterday afternoon's session were read and confirmed.

On the motion of Dr. Pickup, seconded by Dr. Moore, Dr. Cranston, of Arnprior, and Dr. Dickson, of Pembroke, were elected permanent members.

Dr. McDougall, as Secretary, reported the proceedings of yesterday's Surgical Section.

The discussion of Dr. Gardner's report on Obstetrics was then opened.

Drs. Campbell, Bray, Wright, Workman, Brodie, Goodwillie, Dickson, Harrison, Pickup, Moore and Mullin having spoken, Dr. Gardner replied to several important questions put him.

The General Secretary then read telegrams just received expressing regrets at not being able to be present at this meeting from Dr. T. K. Holmes, of Chatham, W. H. Brouse, Prescott, and Atherton, of Fredericton.

On the motion of Dr. Wright, seconded by Dr. Cranston, Dr. C. Church, of Ottawa, was elected a permanent member.

Dr. Hingston then made some remarks on the treatment of hæmorrhage, but no discussion was allowed by the President, when Dr. Osler's report came up, and Drs. Mullin, Howard, Fulton and Hill spoke on it, and Dr. Osler replied.

Dr. Steven Wright, of Ottawa, was elected a permanent member on the motion of Dr. Sweetland, seconded by Dr. Wright.

The President then requested the Vice-President for Ontario, Dr. Hill, to take the chair, as he wished to read the report of the special committee on sanitary matters appointed at the last meeting, but as it was a very lengthy document, he would explain its purport and only read extracts, concluding with proposing "that the President elect, Drs. Oldright, Grant, Browne, Strange and Larocque be a committee to continue communication with the Dominion Government with the view of securing a grant towards carrying out an effective system of health registration," which motion was agreed to.

The Association then, on motion, resolved itself into sections at noon.

AFTERNOON SESSION.

A quorum being present at 3 o'clock, on motion, Dr. Botsford took the chair.

The minutes of the morning's session were read and confirmed.

The President entered during the reading of the minutes and assumed the chair.

It was then moved by Dr. Fulton, seconded by Dr. Bray: "That the following committee be appointed to consider the propriety of adopting some uniform system of classification of disease for the guidance of the profession in Canada, and report at the next meeting of this Association, viz., Drs. Workman, Ross, of Montreal; McDonald, of Hamilton: Atherton, of Fredericton; and Parker, of Hamilton; which motion was carried.

The Association then went into sections.

At 5.45 the President resumed the chair the General Session.

On motion of Dr. Osler, seconded of Dr. Campbell's notice at last meeting, the following was adopted: "That the time devoted to the reading of any paper, except addresses on special subjects, which at a previous meeting had been assigned to a member, shall not exceed thirty minutes," which was agreed to.

Dr. R. P. Howard gave notice of motion for the next meeting: "That By-law chap. 7, first clause of section 2, be amended to read as follows: 'Every permanent member shall pay the treasurer two dollars at every annual meeting which he attends.'"

The Secretary then read the report of the Committee of Necrology, drawn up by Dr. Fulton, giving the names of thirty-one members who had died since our last meeting.

Dr. Botsford, for Dr. Hingston, then moved, seconded by Dr. Sweetland, "That in view of the discussion on over brain-work and cram in schools, elicited by Dr. Grant's very important paper on Gymnastics of the Brain, the following be a committee to report at the next meeting of this Association in reference to this subject, viz., Drs. Grant, Workman, D. Clark, Hing-

ston, Larocque, Botsford and Playter," which motion was unanimously agreed to.

Dr. Caniff moved, seconded by Dr. Sullivan, "That it is the unanimous opinion of this Association that at the present time there is no subject demanding the attention of legislators in this country of greater importance than that of public health, and that, in order that Canada may not be behind other countries in this important matter, it is most desirable that both the Dominion and Provincial Governments should, with as little delay as possible, legislate and provide means for the better promotion of the public health throughout this Dominion, and that the General Secretary furnish a copy of this resolution to the Secretary of State." *Carried*

The Treasurer's report was then read, and Drs. Henderson and Buller were named Auditors.

Dr. Marsden, as Chairman of the Nominating Committee, then reported the following as the officers and Committees for the ensuing year:—

President	Dr.	Caniff, Toronto.
Gen. Sect	"	A. H. David, Montreal.
Treasurer	"	E. Robillard, "
Vice-Prest. for Ontario	"	J. A. Mullin.
Secretary " "	"	Adam Wright.
Vice-Prest., Quebec	"	G. E. Fenwick.
Secretary " ...	"	G. A. Belleau.
Vice-Prst., Nova Scotia	"	McNeil Parker.
Secretary "	"	Lawson.
Vice-Prest., N. B.	"	J. Christie.
Secretary "	"	P. Inches.

Halifax to be the next place of meeting, and the meeting to be held on the first Wednesday of August, 1881.

Committee of Arrangements.—Hon. Dr. Parker, Dr. Wickwire and Dr. Jennings, all of Halifax, with power to add two members.

Committee of Publication.—Drs. Zimmerman, Toronto; Osler, Montreal; Campbell (F. W.), Montreal, with the General Secretary and Treasurer.

Committee on Medicine.—Drs. A. P. Ried, Halifax; T. D. Holmes, Chatham, Ont.; Taylor, St. John, N. B.

Committee on Surgery.—Drs. Farrell, Halifax; Sullivan, Kingston; Brunel, Montreal.

Committee on Obstetrics.—Drs. Js. Ross, Tronto; R. S. Black, Halifax; Henderson, Ottawa.

Committee on Therapeutics.—Drs. James Stewart, Brucefield, Ont.; Dickson, Pembroke, Ont.; Bray, Chatham, Ont.

Committee on Necrology.—Drs. E. P. Lachapelle, Montreal; S. Z. Earle, St. John, N. B.; J. Fulton, Toronto.

Committee on Education.—Drs. Bayard, St. John, N. B.; Robillard, Ottawa; Pickup, Brockville.

Committee on Climatology and Epidemic Diseases.—Drs. Playter, Toronto; Oldright, Toronto; Larocque, Montreal; Alison, St. John, N. B.; Jennings, Halifax.

Committee on Ethics.—Drs. McDonald, Hamilton; Hingston, Montreal; Robillard, Montreal; Parker, Halifax; Grant, Ottawa; Botsford, St. John, N. B.; Prévost, Ottawa; D. Clark, Toronto; Osler, Montreal; Sweetland, Ottawa.

The Nominating Committee recommend that the President shall exercise his discretion in appointing delegates to any sister scientific associations.

Dr. Hill moved, seconded by Dr. Marsden, "That the thanks of this Association be tendered the Speaker of the House of Commons for the use of the Rooms during the *séance* of the Association." *Carried unanimously.*

Moved by Dr. Botsford, seconded by Dr. Hill, "That the usual honorarium be paid the General Secretary, and the expenses of the Treasurer be allowed that officer, and that the best thanks of the Association be tendered both these gentlemen." *Carried.*

It was then moved by Dr. Mullin, seconded by Dr. Caniff, "That a general certificate be issued by the General Secretary to enable members of the profession to have the advantage of the reduction of rates in travelling enjoyed by members of the Association, and that such certificate be supplied through the Local Secretaries to the Secretaries of all Medical Societies," which was agreed to.

On the motion of Dr. Marsden, seconded by Dr. McDonald, a vote of thanks was accorded to the Grand Trunk and Quebec, Montreal, Ottawa and Occidental Railroads, and to the Ottawa River Navigation Company, for their kindness in reducing the fare of members attending the meeting.

Dr. Botsford then moved that the President leave the chair, and Dr. Caniff be requested to take it; when Dr. Grant moved, seconded by Dr. Botsford, "That a cordial vote of thanks be accorded to our past President for the able manner in which he has presided during our deliberations, and for his admirable and well-timed address," which motion was carried with acclamation.

Dr. Caniff having conveyed the thanks of the Association to Dr. Howard, that gentleman replied.

The auditors reported having examined the books and vouchers of the Treasurer, and found all correct.

The meeting then adjourned at 6.30.

MARRIED.

On Sept. 2nd, at Erskine Church, by the Rev. J. S. Black, assisted by the Rev. Dr. Cranston, of New York, Dr. Jas. Cameron to Miss Lizzie Dakers, daughter of Jas. Dakers, Esq., Secretary of the Montreal Telegraph Co.