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Original Communications.

Trephining the Skull in a case of Idiotcy with remarks, by WM. FULLER, M.D., C.M., Prof. of Anatomy, Medical Faculty, University of Bishop's College.

(Read before the Medico-Chirurgical Society of Montreal.)

GENTLEMEN:—I think that the following case is possessed of more than ordinary interest, as opening a field of enquiry as yet, so far as I know, little explored by medical sience.

The subject of this sketch, K.B., a female child, aged two years, came under my notice about the middle of September last, presenting a condition bordering upon extreme idiocy. The parents were Scotch, healthy, and very intelligent. The mother states that she had received a severe fright when three months pregnant, but thought no more of the matter until she noticed the condition of the child some months after it was born, which was at full time. Labor was tedious, lasting 28 hours, and very severe. The forceps were not used. After birth a depression was observed on the left side of the head along the fronto-parietal suture, which disappeared in two or three weeks. The child cried incessantly the first day; it had convulsions on the second day, which occurred about every ten minutes for four days and at longer intervals for two three days more. It had another attack when seven months old after vaccination, another at fourteen months, and one about a month since, from indigestion. She has always enjoyed excellent health, has had none of the infantile diseases, nor any trouble in teething. Her appetite is good as well as the digestion, but she is inclined to be costive. She is well nourished, but her feet and legs have always been very cold and her circulation sluggish. Her head is very small in comparison with her face, and there is a profuse growth of glossy brown hair, which grows very rapidly. The skull is well formed, but remarkably small, the fontanelles are perfectly closed, and were never noticed to be open as in other children. The sutures are elevated into broad ridges, the mastoid and occipital processes are very prominent, and the whole feels like a little old skull. In a state of quietude the face is expressionless, the eyes are divergent, turned upward toward the left side, and continually moving in slight jerks, the pupils are partially dilated and affected by light. The tongue habitually projects between the lips. She uses the left arm well, but the right is flexed and held tightly to her side, and the fingers of this side are cramped tightly over the thumb which is bent into the palm. When this position of the arm is removed by forcible extension it immediately returns. *When she is asleep this arm and fingers are relaxed* and can easily be extended, where it remains until she awakens. This arm is always colder than the other and has a bluish look when exposed. The peronei muscles are contracted in both legs, which turns the feet outward, and there is an irregularity and stiffness in all her movements. She sucks pap from a spoon and slobbers very much in taking food. She was never known to chew, always sucks, and chokes on the smallest particles of solid food, as a grain of rice, getting into her throat.

She takes no notice whatever of objects placed before her, is quite indifferent to persons, does not know her mother, and is quite happy with anyone, so long as she is fed and held. She does not wink when the hand is suddenly brought toward the eyes, but she is not blind, since the pupils respond to the light. She is startled by a sudden sound and would often cry if any one sneezed or coughed in her presence. Her disposition is happy, and she habitually wears a pleasant smile. When very much pleased she laughs heartily, and goes off into a fit of ecstasy, characterized by straightening herself back, fixing the legs stiff with the toes turned out, turning the eyes and head to the left side, projecting the lips and uttering a peculiar crowing and jerking noise and clapping her right hand with the left. She never made any attempt at locomotion, and would remain content all day in one position, crowing and practicing a few automatic movements of the left arm and the legs. Although her parents had adopted and persevered by every means to extend her association of ideas, they are limited to the following: She appeared to expect food when the spoon was tapped on the dish; when asked to "clap mamma," she would raise the left hand and strike her mother's cheek; when asked to hide, she would turn her face to the right. These motions were automatic and limited, so that it was necessary to place the cheek in the line of motion of her hand. She turned the head when spoken to, was displeased when scolded, and when anything was put

into her hand, she immediately threw it down and was pleased at the noise.

Diagnosis.—Compression of the brain from early consolidation of the bones of the skull. This conclusion was arrived at from the following interpretation of the symptoms:

1. Spasmodic condition of certain muscles and stiffness in the general movements of the body indicate, as in convulsions, an anæmic state of the nerve centers of motion.

2. During sleep, when the brain is naturally collapsed, giving room for an equal circulation to all the nerve centres, the muscular system was equally relaxed.

3. An emotion produced a semi-convulsive movement of the body, by absorbing all the circulation within the cranium to the part of the brain which was the seat of action; or the consequent erection of this part of the brain within a confined space, acted by crushing the blood from other nerve centres, as observed in persons when some violent passion takes absolute possession of the mind, and even paralyzing the body in a stiff condition, as instanced in the statue-like paralysis of fear.

4. Sluggish circulation in the body, and especially in the spasmodically-paralyzed parts, accords with the physiological law, that the nerve centre and its peripheral distribution is regulated from the same vaso-motor centre, and is an indication of deficient circulation in the motor centres of these parts.

5. The want of development in such natural actions as chewing, etc.

6. Divergence of the eyes and a dilated state of the pupils, also a liability of convulsions produced from slight causes.

Thus far we have a picture of chronic compression of the brain, beside which we have two other conditions which are not unimportant factors in this case.

7. The profuse quantity and rapid growth of hair, indicating great vascularity of the scalp which received most of the blood thrown into the carotid arteries.

8. The absence of the fontanelles and the complete consolidation of the skull, at an early age, indicated the cause of this condition, viz: chronic compression of the brain. The skull was perfectly symmetrical but small, and the spasm of the right arm pointed out the greatest compression to exist on the left hemisphere.

Accepting the above as the theory of the condition, the parents consented to the proposal to remove a portion of the skull in order to give room to the brain, or to relieve the pressure which prevented circulation in the dormant organ. Accordingly, with the assistance of Dr. Trenholme, on the 24th of September, I removed a circular portion of the skull $1\frac{1}{4}$ inches in diameter from the left parietal bone, just above and in front of the eminence. At 1 p.m., chloroform was administered, which took a remarkably quick effect. One straight incision was made, sufficient to admit the trephine. The scalp was thick and very vascular; several arteries, very large for the situation, were divided and spouted freely. The bone was about $\frac{3}{16}$ inch thick, dura mater thin and bluish in color, and bulged to such an extent that we feared that it might slough from pressure of the inner margin of the opening in the skull. The brain had a very strong pulsation. Owing to the effect of the chloroform, which very nearly asphyxiated the child, I was prevented from carrying out my intention of removing more bone at this time. The wound was brought together tightly on account of hemorrhage, and a large clot filled the space.

The immediate effect of the operation was, that the child became warm over its whole body, its eyes assumed a more parallel direction and were more steady in their movements, it began to stretch out and open its paralyzed and stiff arm and hand. The tongue receded into its mouth, and on the fourth day it was observed that it chewed and swallowed solid food for the first time in its life and did not slobber. Perception was slowly developed. It was observed on the 9th day, which was the first time she was tested, that an object fixed the eyes for a moment, and after repeated trials, when she was well enough to bear it, her attention could be drawn for some time; but if the object was moved she lost it, and the eyes would oscilate slowly until her attention was again fixed upon it. After a few days perseverance in teaching she could follow an object with the eyes when it was moved very slowly, and this capability increased rapidly, so that at the end of a month or so she had so far improved that she knew and cried after her mother, would play with her mother's broach, the buttons on her dress, and distinguished other persons, some of whom

she liked and others disliked. If an attempt was made to take her from her mother she would put both arms around her mother's neck and her legs around her waist and cling to her, and if any attempt was made at forcible removal she would cry. She knew the dog, would play with his ears while holding her face back for fear of his nose; he once scratched her, after which she avoided him. She soon began to understand words, and would hide with "mamma's ribbon," her hand, or her pinnie, as she was told. She knew the words dinner, Uncle John, auntie, mamma, ribbon, pinnie, Carlo, "pretty, pretty," for broach, and she also improved by distinguishing objects at a greater distance.

November 3rd.—I again removed a portion of the skull of the same size just behind the first, with slight improvement, especially in the parallelism of the eyes, which were now almost straight. The spasm of the peronei muscles was not affected in the least. It was also observed by some friends that her cry was changed, sounding more like a coaxing or fretting cry of a baby. She is not so easily startled by a noise, neither does an emotion cause her to go into so violent and long-continued state of ecstacy.

She returned to her home in Ontario on the 9th of November. From a letter dated the 11th Dec. the father says she is improving in intelligence, that when they are eating, her eyes follow the food from the plate to their mouths as much as to say "give me a bite," and when the mother chews some food for her, she opens her mouth in anticipation of it. A letter of a later date shows some attempt to talk. When asked if she loves papa or mamma, she answers "Ah!" and if asked if she loves some other person whose name is mentioned, she will not answer. At the words "up again," "down again," she will raise or put down her arms, suiting the action to the words. She will also make a "funny face" when asked, and laughs as if she thought she had done something cunning. The parents are very persevering, and show a remarkable intelligence in drawing her out, for which they deserve great praise.

February 6th.—I paid a visit to my patient in order to satisfy myself of the improvement and its permanence before completing this paper, and I felt gratified to observe that she had gone back in no respect. She could balance herself so as to sit up, could stand in a corner, had made some attempts at locomotion by rolling from one place to another, and her countenance certainly wears a much more intelligent look. She winks when the hand is brought suddenly toward the eyes. I saw her reach for a glass of water with her mouth open, asking in her way for a drink, and take a cracker in her hand, bite off a piece and chew it as another child would, though she is not yet over the habit of throwing things down in order to hear the noise. The pulsation of the brain is visible at the site of the wound, which is slightly depressed below the level of the scalp, but not the skull. I saw her only about two hours.

April 5th.—A letter states that she has learned to kiss, turn her head and open her mouth when asked to do so, and many other little tricks have been learned.

It is noticeable in these observations that those motions of the body which belong to the instinctive actions were immediately developed upon removal of the cause which interfered with their function, while perception and association of ideas were slowly attained in the manner in which we acquire knowledge.

Having now stated what is most interesting to the psycologist, I will give a daily record of what pertains to the operation, which is more interesting to the surgeon.

Sept. 24th.—The evening of the operation the child was nervous and startled by the slightest noise. A small dose of morphia about $\frac{1}{12}$ gr. was given at 4 p.m. and another at 10 o'clock.

Sept. 25th.—Restless night; temperature 102°; very nervous, especially susceptible to sounds. Tumefaction of the wound, and scalp swollen around it. Opened two stitches and allowed a tablespoonful of bloody serum to escape. Bathed the head with warm water, wet her shirt, and gave morphia. 8 p. m. temperature 101°; rested well to-day.

Sept. 26th.—Restless and very nervous; temperature 101°. Morphia, wet shirt, and bathe the head frequently with very warm water. 8 p. m. quiet; temperature 101.

Sept 27th.—Rested much better; not so nervous. Temperature 99°; appetite, when it was noticed that she chewed for the first time. Morphia omitted.

Sept. 28th.—Rested well; temperature normal.

Sept. 29th.—Wound healthy; discharge serous.

Sept. 30th.—Temperature 100°; wound dry and yellowish along the edges. The mother has a patch of dyphtheria on the tonsil and a very sore throat.

Oct. 1st.—Record as yesterday.

Oct. 2nd.—Dyptheritic membrane visible in the wound. It was observed to-day that she would notice the hand before the eyes. She is very fond of grapes, and they have been given freely to her during the whole period.

The dura mater is even with the skull, and is covered with dyphtheria.

Oct. 3rd.—Wound very offensive; the left ear is discharging an offensive matter and a small patch has appeared in the throat.

Oct. 4th.—Wound greyish, very offensive and sloughy-looking. The parts which were united have separated, and the wound gapes to its full extent, exposing the bone, which is also covered with a sloughing membrane, but is dry in places. This state of affairs continued for ten or twelve days—the membrane alternately forming and sloughing. The tonsils, uvule and palate were covered at times but cleared up in eight or ten days, and, as I have noticed in several other cases, this disease is seldom fatal when an external wound is affected at the same time. Sulphur was blown over the wound, into the ear and the throat, and appeared to lessen the fœtor of the wound and ear.

Oct. 23rd.—The wound presents a granulating surface which secretes a yellow pus not so fœtid. The child has been very well in her general symptoms, considering the ordeal of dyphtheria, and, notwithstanding her sickness, her intelligence has developed rapidly.

Nov. 3rd.—No dyphtheria; wound healthy and granulating. Decided to remove another portion of bone; by accident the dura was sawn through to the extent of $\frac{5}{8}$ of an inch. No unfavorable symptoms followed, and on the 9th of November she left the city for her home in Ontario, the wound granulating and healthy. Subsequent operations on the skull, in which, by accident or otherwise, I have opened the arachnoid cavity my belief is that it is of no consequence, as in wounds of other serous or synovial cavities, providing the wound is kept open to allow for free drainage of fluids. This was my error in the first operation, but I did not anticipate such serious results in closing the wound for a few hours on account of the profuse hemorrhage.

An enquiry into the causes of idiocy leads us into a consideration of those conditions which are essential to the manifestation of mental acts. The conditions requisite for a bright manifestation of electricity are insulated cells, proper fluids, pure metal, bright connections, good conductors, size of cells for volume and number for intensity; and, in like manner, the organ of thought, when we examine into its anatomy, is constructed in accordance with certain conditions which are essential to the performance of its functions. These may be divided into: 1 a proper construction; 2, arrangement for nutrition; 3, contact with the world. The brain is a composite organ, a collection of galvanic batteries placed for convenience in one room, the skull, and so connected that certain lines of thought and action are characteristic of the animal to which it belongs; nutrition is provided for by the continuous circulation of a properly constituted fluid, the blood, an equal distribution is effected through the circle of Willis, and the requirements are regulated by the vasomotor nerves. The ventricular system provides for the maintenance of equal pressure upon the vesicular sheet, which is the seat of consciousness, the appetites, passions, emotions and the intellect, which pressure, or rather support, is maintained by the cerebro-spinal fluid and is regulated by the choroid plexuses which are capable of absorbing or effusing the fluid very rapidly. A serous membrane surrounds the brain, which indicates motion in the mass and allows for the motion of the brain corresponding to the movements of the mind, and which have been demonstrated by physiological experiments upon animals. The machine is set into action by contact with the outer world through the organs of sense. It is obvious that any derangement in the adjustment of these conditions, or defect in any one, must produce a corresponding defect in mental operations, which will be greater or less according to the extent or importance of the defect in the factors.

It is further obvious that defects may exist in parts as well as the whole of the brain, which gives that endless variety of mind by which men differ from one another, and of which every man is an illustration; each man being a modi-

fication composed of the united experiences of himself and his ancestors acting upon his original organism. Happily the division into sexes as observed where high organization exists, by uniting different experiences, neutralizes the tendency to drift into a wide diversity by which we would soon lose our identity of belonging to a common stock. We may then divide mental deficiencies into general and local, or perhaps more properly, into *idiotic* and *perverted;* the former, depending upon causes which influence the entire mass of the brain, includes idiots, imbecile and stupid persons; and under the latter, all derangements of the mind included in insanity, or illustrated in persons with excessive development in some parts of the mind or deficiency in others. Among those causes separately or combined, which influence the entire mass of the brain, and which produce idiocy, are the following:—

1. Arrest of development; either by quality, cerebral sclerosis, or by want of parts.

2. Deficient or irregular circulation in the organ.

3. Poor quality or vitiated blood, accompanied with debility or disease of the entire system.

4. Chronic compression of the cerebral substance; resulting from (*a*) early consolidation of the bones of the skull; (*b*) hypertrophy of the brain; (*c*) effusion of fluid into the cavities of the ventricles or the arachnoid sac.

5. Defect in the senses or isolation from the world, as instanced in case of Gasper Hauser.

Without entering specifically into a consideration of each of these causes, I will be content with a few practical illustrations, though the principles are capable of a wide application in the study of, and for the instruction of human nature.

Among the many conditions of the blood affecting intelligence, I will mention one for the encouragement of those students, (with whom my sympathies are warm,) who are obliged to work at manual labor during vacation, in order to earn the means of subsistence through the succeeding term at college or school.

They often feel dull and stupid at the commencement, and are frequently discouraged when comparing themselves with others who have not been obliged to labor as they have done. The reason of this is to be found in the fact that the blood is an exact counterpart of the body. Exercise produces hypertrophy of muscular tissue, and hypertrophy of muscular elements in the blood. In one who has never put forth mental effort there is a poverty of brain element in the blood, and consequently from insufficient nutrition the organ is easily tired out and is incapable of sustained effort. Each succeeding term, however, will tend to restore the balance of brain and muscular elements, so that, eventually, they will graduate, perhaps not with honors, but, with what is better, strong bodies and minds capable of contending with the difficulties of after life.

The actions of the mind are largely influenced by conditions of the sympathetic nerves which regulate the calibre of the vessels. In an irritable state of this system the individual is very subject to excessive emotional excitement, and is incapable of acting with sound judgment, since the activity in the seat of the emotion absorbs all the circulation in the brain, and contraction of other vessels renders other parts of the organ bloodless, a condition unfavorable to an extended consciousness which is necessary for comparison. The emotion upon rising in an audience frequently divests a man of ideas.

Hypertrophy of the brain is observed in those children who were precocious when young, but, as they grew older became stupid, often disappointing parents and teachers who have pushed the development of the brain by over stimulation, until they have defeated themselves by increasing an organ beyond the capacity of the cavity in which it is contained. Size of brain is no indication of power, unless it is associated with other necessary conditions. Education is a subject which requires a careful consideration from a physiological aspect, for practically intelligence is made up of the ordinary chemical and physical forces, working under the influence of construction, and, when we attempt to modify nature, it should be done with a knowledge of and in consonance with her laws. "Blind Tom" illustrates a condition of partial development of the brain, in which the musical talent was in excess, and absorbed all the mental power that was in him, and shows to us the extent to which our ordinary faculties are capable of expanding under favorable circumstances. The worst form of partial

idiocy is moral depravity, associated with a high intellect and strong passions. Of strong impulses, associated with a moderate intellect, a good digestion and circulation, are composed most of our best men. They are endowed with an enthusiasm and power, which, without observing the multitude of obstacles at a distance, they surmount each as they arrive by the force of their nature; while a towering intellect associated with weak desire stands at the foot of the ladder, contemplating the rungs, and concludes that a view of the landscape is not worth the trouble of ascending.

As an illustration of the influence of bodily construction upon intelligence; I observed, in dissecting recently the body of a young man who died of epilepsy, that the arteries of the lower extremities were very small, the abdominal aorta would scarcly admit the point of the little finger, being more nearly the size of the common iliac. He had always suffered from weak circulation in the lower extremities, had occasional epileptic attacks, was very clever, and could sustain long continued mental labor, requiring very little sleep, perhaps three or four hours at most in a day. He had a small head, and probably owed his superior ability to the peculiarity in the distribution of his blood, rather than to development of brain. How many sleepless, restless epileptics have figured in the world's history!

The treatment of a case of idiocy would be suggested by a correct knowledge of its pathology. My experience is very limited, and this paper is put forth to stimulate enquiry. Some cases which appeared to be the result of innutrition and rickets I have put upon a tonic treatment, with pulverized egg shells in milk three times daily, with fresh air and nourishing food. One case, especially, improved mentally very rapidly, but died in a few months of diarrhœa.

I have removed portions of the skull in two cases, one of which, as stated, improved very much, the other very little.

It remains to be carefully distinguished between those cases where an operation would be useful and where it would not.

Systematic and intelligent education is very important, though I am convinced that the operation, in the case reported, was the means of giving capacity to the child, whether it was by giving room to, or by stimulating the brain into action. Falls upon the head have been known to produce even more marked results. In the last case the wound healed very rapidly, there was no irritation, and it entirely recovered from the operation in a week, though I removed three lifts at one time, exposing a large surface which had been depressed since birth. The dura mater under the depression in the skull was very thick and opaque, and was sawn through in the operation, from which no harm whatever resulted. The brain was very pale in color.

The child improved somewhat in taking its food and in a few bodily movements, but after a month or so it relapsed into its former condition. Its attention can be attracted for a short time and the face wears a more discontented look than formerly. The parents reside in an ill-ventilated house, and little attention is given to the child beyond what is required for the wants of nature.

My reason for not reporting this case in full in this connection is, that after a careful consideration of the case, I was prevented from carrying out my views in reference to it.

The treatment of partial conditions belongs to the psychologist, the principle, however, is, that mind acting upon mind, is capable of exciting action in dormant faculties by sympathy, and, by a persevering repetition, they are awakened into an activity which is self-sustaining by the increased flow of blood directed to the part during the education, and the subsequent enlargement of the vessels is the physiological process that takes place in reform.

I should think that a great deal might be done in the treatment of the insane by a proper selection, and placing together those deranged minds which would have a beneficial influence upon each other, rather than, as I have observed in asylums, an indiscriminate commingling of all sorts into one pandemonium of confusion, a short residence in which would be enough to make a sane man mad.

[Since this paper was read before the Medico-Chirurgical Society, my attention has been directed by Dr. R. P. Howard, of this city, to a work by Griesinger, (of which, at the time, I was totally ignorant,) in which the causes of idiocy are fully treated. I am not aware, how-

ever, that the aid of surgery has ever been called into requisition in the treatment of this deplorable condition.]

531 Wellington Street.

CASE 7. *Excision of the Uterus for Fibro-Cystic Disease*, by E. H. TRENHOLME, M.D., B.C.L., Professor of Midwifery and Diseases of Women and Children, Bishop's College, Montreal; Founder and Physician Accoucher to the Woman's Hospital of Montreal, etc., etc.

(Read before the Medico-Chirurgical Society of Montreal.)

The following interesting and instructive case is briefly offered to this society:—

The patient, Miss R. McG., first seen by me on 4th March, 1878, is of Irish descent, aged 37 years, dress-maker and of good family history. Her general appearance indicates good health, but very spare in flesh, and that peculiar expression of face met with in cases of abdominal tumor. Complexion fair; hair dark brown, and very regular habits of life. Temperature of surface of body normal, has no enlargement of any glands, no eruptions over body, no ulcers nor varicose veins. Very rarely she can detect slight œdema of feet; mammary areolæ slightly marked. By inspection, the whole of the abdominal walls are distended to their utmost capacity. There is protrusion of umbilicus, and also slight separation of the abdominal wall between ensiform cartilage and umbilicus. Position does not change contour of abdomen.

Measurements are: girth at umbilical level 45 inches; from ensiform cartilage to umbilicus, 12 inches; from umbilicus to symphysis pubis, 13 inches; from right ant. sup. sp. of ilium to umbilicus, 14½ inches; from left do. do. to umbilicus, 12½ inches. The tumor was not moveable, and no adhesions determinable. The parieties were thin and linæ albicantes not seen. There were no prominent or distended veins. Fluctuation very distinct over the whole surface. There was no impulse, no crepitation, nor tenderness. Percussion note dull everywhere except in either lumbar regions, where it was tympanitic. The pressure of the tumor occasionally causes frequent micturition.

The *uterus* is high, and towards left side inclined somewhat to left side. It was very slightly moveable. The os appeared congested, otherwise not abnormal; depth of cavity by sound, 2½ inches. *Vagina*, normal, but somewhat elongated and pointing toward left side; rectum and anus normal.

Menstruation generally very regular, but sometimes occurs in five weeks and at other times as often as three weeks. During the early part of her illness she used to loose a great deal, the flow often lasting seven or ten days.

About three years ago had arrest of the menses for three months. Never been troubled with leucorrhœa to any serious extent.

Occasionally has been troubled with incontinence of urine, but not aware of any other urinary difficulty, except that sometimes it is of higher color than normal. Sp. gr. of urine 1014. No albumen or deposits, and quantity two pints in 24 hours. Tongue, clean; appetite, fair; bowels, regular and occasionally slight flatulence; no thirst; sleeps well; no form of nerve trouble; respiratory organs, normal; can sleep best on her right side; pulse, 88. There is slight murmur with first sound of heart.

History.—Her first illness began sixteen years ago when she had a severe fall from a carriage, the horses having run away. She had a severe metrorrhagia, which her medical attendant, the late lamented Dr. R. L. Macdonnell, could only arrest by resorting to the tampon. She suffered at the time from severe pains in the womb, groin and over pelvis; also, a most distressing bearing down pain in the uterus. For the following five years while her general health was indifferently good, yet was able to attend to her duties. The present growth was detected some *eleven* years ago, and has continued to increase in size, but more rapidly the last six or nine months.

For last six years has been troubled with pains and numbness in both legs; more in the right when lying down. These pains are becoming worse. Is not troubled with nausea, constipation or pains in the breast. Menstruation is painful. During the growth of the tumor, has not been much troubled with dyspnœa, tympanitis, febrile attacks, nor any inflammations of either the tumor or peritoneum.

March 16.—Drew off with aspirator 210 oz clear viscid fluid, slightly straw colored, sp. gr. 1015.

Diagnosis.—The history of the case led me to give a doubtful diagnosis, but I deemed it before tapping, an ovarian cyst. After tapping, was inclined to think it uterine fibroid, but was not decided *as* to its nature or connections.

Prognosis.—From the rapid growth and growing discomfort and restlessness, life would not, in all probability, last more than two or three months.

Operation.—Reported by Dr. C. A. Wood, There were present at the operation: Drs. Hingston, Robillard, Fuller, Wood and Mr. Young.

Dr. Fuller administered ether at 11.15 a.m., and at 11.30 Dr. Trenholme began the operation by making an incision in the median line, five inches in length, and extending from below the umbilicus to four inches above the crest of the pubes. The skin, fascia, sheath of the rectus and the muscle itself were successively cut through until the operator reached the peritoneum. On opening the peritoneal cavity by a single cut half an inch long, there flowed out about 410 ounces of a clear sero-albuminous fluid, which soon coagulated on standing. The peritoneal opening was now enlarged to the size of the parietal incision, the tumor brought to view and explored. The anterior portions were found to be reddish, vascular, solid and lobulated, and they had contracted several adhesions to the walls of the abdomen. One of these adhesions, situated about one inch to the left of the incision was about three quarters of an inch long, and of the same size as the index finger. It seemed to be perfectly organized and well supplied with vessels, so that it was found necessary to apply a double ligature to it. The first incision was now enlarged four inches upward and to the left of the umbilicus, and downward, about an inch. Further adhesions were now discovered with the omentum, and from one other in the left hypochondriac region there was considerable hæmorrhage. Between the omentum and the tumor there ran four or five enlarged veins, lying loose in the abdominal cavity, about the size of the little finger and eight or ten inches long. Venous hemorrhage and bleeding from the smallest arteries were arrested by means of Pean's forceps, carbolized hemp thread being used for ligaturing the larger vessels. The whole mass of the tumor was now isolated, and it was found to spring by a very broad pedicle from the upper part of the right side of the fundus of the uterus. The pedicle was now divided, and found to be at least 3½ inches in diameter, and quite solid. As little or no bleeding took place from the divided vessels in it, there was no necessity for applying a ligature. The left broad ligament contained a cyst of about the size of a hen's egg. This was removed. The uterus itself was found to be the seat of a large fibroid growth, and it was deemed best to remove it also, which was done by cutting through the organ half an inch about its junction with the vaginal walls, it having been transfixed and ligatured. There was considerable hemorrhage from the uterine aud ovarian arteries, but these were secured by ligatures. The ovaries were found to be cystic, and were consequently removed. Drainage was provided for through the vagina, a horse hair having been introduced by means of a curved needle into the abdominal cavity through Douglass' *cul-de-sac*. The patient's breathing, which up to the present time had been pretty regular, now became shallow and irregular, and the pulse after flickering for some time left the wrist. She was given a teaspoonful of brandy with ¼ gr. of morphia, which she barely managed to swallow. After all hemorrhage had ceased from the vessels divided during the operation, the wound was closed by six deep hempen and five superficial horse hair ligatures, and the patient removed to bed.

From the syncopic state into which she had fallen she never recovered, and notwithstanding that everything was done to bring about reaction, she ceased to breathe twenty-five minutes after the conclusion of the operation, and one hour and forty-five minutes after the operation began. The tumor weighed fifteen pounds.

Description of Tumor.—By Dr. Wilkins, who examined the growth states that it is of a fibro-cystic character.

Remarks.—The operation was completed although the precise character and connections of the growth were not determined till it was undertaken.

The excision of the uterus though under these circumstances very desperate, yet was the only course that seemed proper to pursue. The cystic mass could not be safely detached on account of its remarkably broad attachment to the uterus, and moreover, the uterus itself was in a highly diseased state, rendering its excision absolutely necessary. The chief causes of failure in saving her life were the enormous and extremely vascular character of the adhesions, which were difficult to separate and yet more difficult to prevent from bleeding.

32 Beaver Hall,
MONTREAL, March, 1878.

A Case of Acute Hydrocephalus. Reported by E. H. TRENHOLME, M.D., Professor of Midwifery and Diseases of Women and Children, University of Bishop's College, Montreal, etc., etc.

The little patient in this case is a boy, 21 months old, and of very good general development. The parents are healthy, and the child was always well till within the last few weeks, since which time it has been very restless and troubled with diarrhœa. During the last few days blood has been occasionally noticed in the stools.

The child was first seen by me on the 23rd of March, when it was suffering from teething. It was placed upon treatment, and appeared so much better that, on the 30th, there seemed to be no ground for serious apprehensions concerning his health. On Monday, the 1st of April, was not so well, but I was not sent for till Tuesday afternoon, when the child was found to be laboring under an attack of acute hydrocephalus. Pulse rapid; bowels confined; starts up in sleep; very restless; sleeps on left side only. Was ordered pot. iod. and pot. brom.

Wednesday, 3rd.—Child not so well. Circulation of surface very much impeded. Left hand very cyanotic; feet cold, but not so cold as the hands. Is semi-comatose. Right pupil somewhat enlarged, but sensitive to light. Left pupil widely dilated and scarcely affected by light. Breathing labored, and veins in head large. Fontanelles tense and bulging.

Diagnosis. — The whole of the symptoms pointed to coma from cerebral congestion. In this case the condition of the surface exhibiting no travelling flushes indicative of coma from irritation, as was so well pointed out by Dr. W. Fuller, in an able paper read before this Society, some time ago.

The symptoms being urgent, it was decided to open the brain cavity, and allow the fluid a way of escape. The point selected for the incision was at the lower part of the anterior fontanelle, between the right parietal and frontal bones. I was assisted by my friend Dr. Henry Howard, who heartily concurred in the proposed treatment. After being ænesthetized, the scalp was raised over the above part by means of an L shaped incision. The membranes were then carefully divided by the point of the knife to the extent of about 1-16th of an inch, when a jet of blood spurted out with much force to a distance of several feet, followed by a steady stream of dark venous blood. After a moment or two the blood seemed to be diluted with serous effusion. The wound was left open till about four ounces of fluid had been allowed to pass off, when it was closed by three sutures, which effectually prevented further bleeding. This opening into a vein communicating with the longitudinal sinus was an unexpected circumstance—at the moment deplored—but soon found to be of very great service, in mitigating the urgent symptoms under which the child was laboring. The surface assumed a more natural color; the feet became warm and remained warm afterwards. Not only was there relief to the nervous compression; respiration became more easy; heart's action less excited; pupils sensitive to light, and both of nearly the same size.

In the course of a few hours the child was not only evidently better, but regained a certain amount of consciousness, and, for the first time during several days, took notice when spoken to, and prepared itself to take food when it saw it being brought to it.

Thursday, 7 p.m.—Not so well; symptoms of cerebral irritation are making their appearance; bowels open; skin warm and of good color. Takes food to some extent. R. Pot. brom. and chloral.

Friday, 8.30 a.m. — Well marked tetanic spasms; skin hot, but circulation good; rested badly during the night; still takes food; left pupil larger than right one. 7 p.m.—Opisthotonous well marked; spasms easily induced; even loud talk or a touch causes them.

Saturday, 10 a.m.—Spasms nearly gone; had a better and quieter night; takes food; skin warm; pupils large and insensible to light. 5 p.m.—Seems much better; sleeps tranquilly; bowels opened well; takes food; applied a small fly blister behind each ear.

Sunday, 10 a.m.—No return of spasms sleeps; quietly on either side; pulse less rapid than yesterday; veins of scalp are blue and congested; fontanelle tense. There were no changes in the symptoms up to death, which occurred on Monday, at 6.30 a.m.

Post-mortem.—Six hours after death, assisted by Dr. Wood. The only part examined was the region of anterior fontanelle. It was found that the vein of right side, communicating with the longitudinal sinus, had been opened. There was no fluid between the membranes; no tubercles on the meninges. The tension of the fontanelles was probably due to effusion into the ventricles of brain.

Remarks on Catarrh, Hay Fever, and Diphtheria, by DONALD BAYNES, M.A., M.D., L.R.C.P., Ed., Lecturer on Diseases of the Throat, and Electro-Therapeutics, University of Bishop College. Read before the Alumni Society of Bishop's College, April 8th. 1878.

MR. PRESIDENT AND GENTLEMEN,—In this

papar which I have the honour to read before you this evening, I do not propose to enter into a lengthy discussion of the pathology, and various theories which are promulgated regarding the diseases which I am about to mention but simply to confine myself to a brief mention of them, and describe the treatment I have found most successful. I do not by any means pretend to originality, but, having tried many forms of treatment, to give you what has proved most successful in my hands.

I. *Post-Nasal Catarrh.*—This disease, though one of the most prevalent in this country, is, as far as I can learn, but very little understood. The principal cause perhaps of this imperfect knowledge is the few opportunities afforded for a pathological examination of this disease. This is chiefly due to the fact that few, if any, die from post-nasal catarrh. Where those who have been sufferers from this disease die, the fact of a catarrh having been present is usually unknown or forgotten, as the disease which has carried them off has occupied the entire consideration of the attending physician. For no disease perhaps are so many specifics and patent nostrums advertised, as, for example, the innumerable powders, snuffs, douches, inhalations, etc., that may be seen placarded on every fence, and advertised in nearly every newspaper. I may mention that I have tried many of these remedies, but have found them utterly valueless. The douches, I would warn you against, as there is ample proof of their harmful effects on the organ of hearing. They are very frequently the cause of purulent otitis and deafness. Dr. Roosa, of New York, speaks strongly against their use; he says that the use of the nasal douche often causes acute inflammation of the ear, and recommends that its use be discountenanced by the profession. The harmful results are due to the entrance of the fluid into the cavity of the tympanum by the eustachian tubes. He says: "The fact is, that when one side of the nasal cavity is entirely filled with fluid by hydrostatic pressure, while the patient is breathing through the mouth, the soft palate completely shuts off the superior pharyngeal space from the mouth, and does not permit any of the fluid to pass downwards, the fluid then passes into the opposite cavity and escapes through the nostril." Now it is easily seen that if the eustachian tubes happen to be more than usually pervious, or if the pressure of the fluid is excessive, more or less of it may be forced into the tympanic cavity; this occurrence has not unfrequently led to disastrous results.

Dr. Roosa, in his work on diseases of the ear, gives an analysis of sixteen reported cases of injury to the ear from the use of the nasal douche.

Patient.	*Instruction in use of douche*	*Fluid used.*	*Ear Disease.*
1. Rev. Dr. C.	A Physician	Warm solution of carbolic acid	Acute otitis media suppurativa, pyæmia—recovery.
2. Dr. Frank.	Dr. Frank	Cold water	Acute otitis media—recovery.
3. Mr. D.	Dr. Roosa	Warm solution of salt and water	Perforation of both membrana tympana—recovery.
4. First of Dr. Pardee's cases	A Physician	Do.	Otitis media suppurativa, necrosis of middle ear—permanent deafness.
5. Second do.	Do.	Salt and water	Acute otitis media—recovery.
6. A Physician	Do.	Unstated	Otitis media suppurativa chronica.
7. Patient at Manhattan Eye and Ear Hospital	Unknown.	Unknown	Otitis media acuta—recovery.
8. Mrs. C., Dr. Mathewson's case	Physician	Warm fluids	Otitis media acuta—recovery.
9. Dr. Hackley's case	Unknown	Warm salt and water	Otitis media suppurativa chronica supervening on old perforations.
10. Dr. Piffard's case	Do.	Warm fluids	Otitis media acuta—recovery.
11. Judge—	A Physician	Unknown	Deafness—recovery.
12. Dr. Loring's case, a physician	Do.	Warm fluids	Otitis media suppurativa chronica.
13. Dr. Mathewson's 2nd case	Do.	Unstated	Otitis media acuta—recovery.
14. Dr. Mathewson's 3rd case	Do.	Do.	Otitis media subacuta.
15. A Physician	Do.	Warm salt and water	Fainting and otitis media catarrhalis.
16. Dr. O. D. Pomroy's case	Dr. Pomroy	Do.	Otitis media suppurativa.

To treat this disease a good lamp mirror and laryngoscope are absolutely necessary, an adept in rhinoscopy can often see the entire superficies of the naso-pharyngeal space.

This disease is no respecter of persons, all classes, sexes and ages are liable to it, and, unlike others, when once it has laid hold of its victim, no change of climate or other hygienic measures will eradicate it, though a dry equable climate may somewhat delay its progress. A cold damp atmosphere, in connection with great and sudden changes of temperature, seem to be very favorable for its production and growth. Some seem to be constitutionally predisposed to this complaint. Occupations where there is much exposure to dust seem to favour its development, though none seem exempt from it.

Is catarrh a local or constitutional affection?

Niemeyer claims that nasal catarrh is purely local in its nature and its cause.

Dr. Beverly Robinson, in a paper read in the New York County Medical Society, (Sept. 27, 1875) says as follows: "While we believe, therefore, that certain accidental conditions may be instrumental in its manifestation in the first instance, we are convinced, in an equal measure, unless a special constitutional tendency exists in the individual, that he will but rarely take it and develop it to any very great and annoying degree." Dr. Robinson sums it up as follows:

1st. That catarrh of the post-nasal passages is merely a local determination of a diathetic condition.

2nd. That it is essentially the same affection with chronic follicular disease of the throat and remaining portion of the air passages.

Besides the catarrhal diathesis pure and simple, we may have it combined with the herpetic, gouty and scrofulous. This must be borne in mind in the treatment. There may be also periodic and specific complications, which will require proper anti-periodic and specific remedies.

Symptoms of post-nasal catarrh or follicular disease of the naso-pharyngeal space:

1. Stuffiness or fullness of the nasal passages, with a frequent desire to clear them, but an inability to do so.

2. More or less pain or feeling of weight at the junction of the nose and forehead.

3. Falling or trickling down of mucus from the posterior nares, and from above the soft palate; the quantity and quality of the mucus depending on the extent and severity of the disease.

4. On examination, the post-pharyngeal wall has a dry, glazed appearance.

5. Frequently there is a horribly offensive smell and taste, the result of decomposition of hardened masses of mucus.

6. Hardened masses of mucus acting as foreign bodies often produce ulceration and eventually necrosis.

Treatment.

1. General hygienic measures to keep up the health and strength must not be neglected, as bathing, plenty of out-door exercise; to this may be combined a suitable tonic treatment, as this is essentially a disease of debility, as, for example: iron, quinine, cod-liver oil, arsenic, etc. Of course when this catarrhal diathesis is connected with the gouty, syphilitic, herpetic diathesis, etc., the appropriate treatment of these various diatheses must not be neglected.

2. Having paid attention to the general, hygienic, and tonic treatment of our patient, we must now administer some remedy or remedies, having a special action on the mucous membrane.

Dr. Beverly Robinson, of New York, in his monograph on post-nasal catarrh, states that he has tried nearly all the agents in the pharmacopœia having a useful therapeutic effect on diseased mucous membranes; the ones he specially recommends (and which I can endorse, having tried them myself and found them very useful) are *sulphur*, *cubebs* and *ammoniacum*. He gives the sulphur in the form of sulphur water from the *White Sulphur Spring of Sharon*, in doses of a tumblerful three times a day. (The water from the Missisquoi Springs is also very useful.)

For the cubebs he gives the following formula:

℞ Pulv. cubebi..... ℥ ij.
Syrup. aurantii ..... ℥ iij.
Aq. menth. pip..... ℥ ij.
Aquam ad..... ... ℥ viij. M.

Sig.—A teaspoonful every two or three hours, according to the tolerance of the patient and the amount of the secretion.

If the cubebs produce nausea, diarrhœa, or the cubeb rash on the skin, lessen the dose or stop its exhibition for a few days, as it is well known this drug is in part eliminated through the glands of the throat and nose; if its use be faithfully persevered in, it will be found that it has a decided action for good in this disease, by modifying and lessening the amount of secretion, and removing the offensive odour. The cubebs should be exhibited in the form of powder (*fresh ground*). The resin does not yield good results, nor will the powder, unless *fresh ground.*

Ammoniacum will be found useful in many cases and may, with benefit, be combined with carbonate of ammonia and ipecacuanha. Buchu (fluid extract) will give great relief in some cases, ʒ ss. two or three times a day in water. The ammoniacum may be given in doses of grs i.–iij. three or four times a day.

When there is evidence of malaria, quinine and arsenic are indicated. Gouty patients will be benefited by guaiacum. Specific cases by small doses of mercury (biniodide or protoiodide) scrofulous and tuberculous by cod liver oil, change of climate and the usual treatment for such.

3. *Local Treatment.*—This consists of the topical application of medicated vapors, fluids and powders. The fluids may be applied by means of a douche, a post-nasal syringe, an atomizer or a brush. The douche, as I have before stated, is dangerous, and should be avoided. The post-nasal syringe, Davidson's or Warner's. (I prefer the latter, as by its means the greater part of the naso-pharyngeal space may be easily covered with the solution and without danger to the ear.) The atomizer with its fine medicated spray is, however, by far the best way of giving this form of application. For the consulting room or for the hospital, I would recommend Darrow's air pump with one of Saas' atomizing tubes. These latter have their tips turned so that the spray can be directed either up or down or in a straight direction. For the use of patients at their home I usually order a hand ball atomizer, as Delano's throat spray. The brush is camels hair fastened to a platinum rod and bent at an acute angle. The solution for the spray should be tepid (70° to 80° Fahr.) I usually use salt and water, or the following formula of Dr. Dobell, London :—

℞ Acid carbol. (Calvert's) ♏ 40
Sodæ bibor..... ʒ ij.
Sodæ bicarb..... ʒ ij.
Glycerin. (Price's)..... ℥ j.
Aquam ad..... ℥ viij. M.

The solutions I am in the habit of using with the brush are chloride of zinc (ʒ ss.–ʒ j) or carbolic acid.

Dr. Francis W. Campbell has given me the following prescription which he has found exceedingly beneficial:—

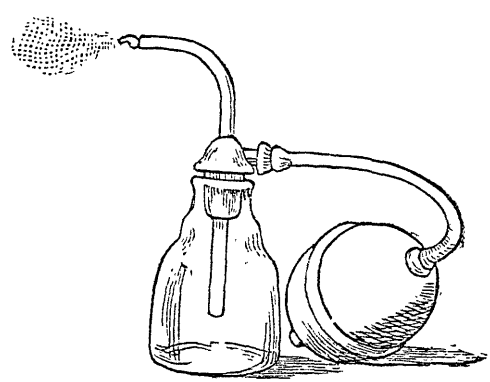
℞ Acid carbolic puris.
Liq. ammon fort ā ā ʒ iss.
Spts. vini rect..... ʒ ii.
Aqua..... ℥ ss. M.

Take a wide mouthed glass-stoppered bottle and fill with cotton-wool. Saturate the wool with the above. The vapor from the bottle is to be drawn into the nose eight or ten times daily, and now and then inhaled through the mouth.

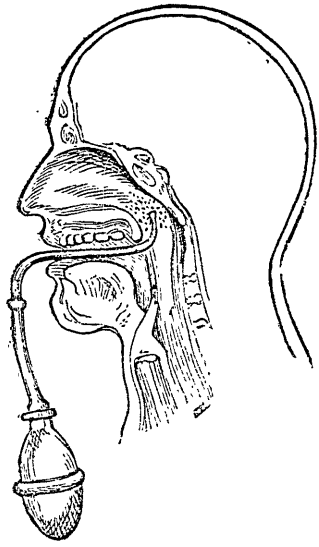
The powders are used by means of a powder-blower, this directs the powder either in a straight direction for the anterior nares or by means of a movable tip bent at an acute angle in an upward direction for the posterior nares.

Useful powders are iodoform, bismuth, camphor, salicylic acid, etc., in various combinations to suit the particular case; a proper treatment perseveringly carried out will cure the majority of cases of catarrh, and those that are not entirely cured will have their sufferings so materially alleviated as to pass their life in comfort. For this result, however, each case must be made a special study, as the treatment is not a routine one, and must be varied according to the case.

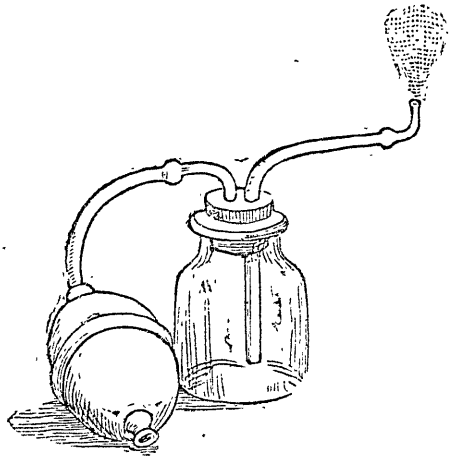
The following wood cuts represent some of the instruments mentioned above.*



DELANO THROAT SYRINGE.



WARNER'S POST-NASAL SYRINGE.



POWDER BLOWER.

II. *Hay Fever.*—This disorder is one that has received but passing remarks or meagre notices in most of our works on medicine, and is generally dragged in at the tail of some other disorder. Some never allude to it at all, while others (Trousseau among them) are unwilling to give it either a local habitation or a name.

Trousseau regards it as a periodic asthma, recurring more frequently in summer than winter, and is very loath to allow that new-mown hay, flowering grass, etc., is at all likely to produce an attack. He says: "I question how far emanations from freshly cut hay have any share in the production of the symptoms of hay fever, and whether the influence of the season is not a much more potent one."

Among the earlier writers on the subject are Drs. Heberden and Bostock (the latter a sufferer himself from this disease). Latterly Dr. Phœbus, Professor of Medicine at the University of Geissen in 1862; Dr. Abbotts Smith, Physician to the North London Hospital for Diseases of the Chest, and Dr. Geo. M. Beard of New York, especially the latter, have given us valuable contributions on this subject. Dr. Beard's is a very excellent work, and shows he has taken great care and trouble in its compilation.

This disease has a tendency to recur annually and sometimes semi-annually in the same individual when it has once manifested itself. It prevails to a greater or less extent in all countries. It attacks both sexes, though men seem to suffer most, in proportion of two to one. Even animals have been known to suffer from it.

This complaint generally first manifests itself in a person about the age of 15, although it has been noticed in an infant of nine months old. In this case, however, the father and other relatives were very subject to it. It also has a tendency to disappear as old age comes on, though the patient then seems very liable to attacks of asthma and chronic bronchitis. The season at which the disorder generally comes on is the end of May or beginning of June, lasting often to the middle of September. The average duration of an attack is, however, from five to six weeks, unless cut short by treatment. Some persons are liable to a second though milder attack in the autumn.

Causes.—An hereditary tendency or predisposition is perhaps the chief, though persons whose parents or relatives have suffered from gout or rheumatism seem very prone to attacks. Intermittent fever bears a close relation to this disorder, and may be the beginning or the means of transmitting it to one's offspring.

The first heats of summer, especially if setting in suddenly after a cold, damp spring, usually cause much suffering. The odor of new-mown hay, flowering of grasses, rye, wheat, etc., strongly scented flowers, etc., decomposing vegetable matter occasionally, also other plants, as beans, nettles, roses, lilacs, elder trees, etc., while in bloom, will bring on an attack in those susceptible.

* Messrs. Kenneth Campbell & Co., have, at my request, imported an assortment of these instruments, which may be obtained at their Branch Establishment, Phillips Square.

The species of grass most productive of this disorder are the *anthoxanthum odoratum* (sweet-scented vernal grass), *holcus odoratus* (sweet-scented soft grass). The anthoxanthum begins to flower during the end of May, and continues during July and August. The peculiar odour of flowering grass is due chiefly to the anthoxanthum and holcus odoratus; this odour is probably owing to the benzoic acid they contain.

There is an analogous affection in the States where roses are largely cultivated while in bloom. It is called rose fever, rose cold or rose asthma.

Dr. Dunglison mentions it in his Practice of Medicine as summer bronchitis. In India it is met with among Europeans in the months of February and March, when mango tree (mangifera) and the neme (melia azadirachta) are blossoming. An analagous affection is noticed by some after passing through a grove or wood containing larch trees. Their faces become swollen, red and inflamed; their eyes get bloodshot, and a thin muco-purulent discharge is noticed from the nostrils and eyes.

As in other cases, anything that may weaken the patient tends to increase his sufferings. The symptoms of this malady are arranged by Dr. Phœbus into six groups, viz:

1st. Those connected with the nostrils, and are similar to those of a very severe influenza, especially sneezing, which is very loud and frequent, and recurs in paroxysms coming on at short intervals. This sneezing seems to make the bronchi irritable, and renders them liable to spasm; hence the frequent occurrence of asthma at night during the attack. The nose becomes swollen, tender and inflamed. At first there is no secretion of the mucus, but in a few days there is a considerable discharge of watery, limpid fluid. The sense of smell may diminish, though it is rarely lost; in some, strange to say, it becomes morbidly acute.

2nd. The second group of symptoms are observed in the eyes. We have a sort of catarrhal ophthalmia with increased secretion; heat and a sense of fulness are felt along the edges of the lids. This soon extends over the whole eye, accompanied by acute itching and irritation; the flow of tears is often excessive. The conjunctival lining of the eyelids becomes red and swollen and secretes a thick, yellow matter. The eyesight is weakened, and there is more or less intolerance of light.

3rd. The third group of symptoms are those of the throat, and, to a certain extent, resemble catarrhal sore throat. The pharynx is red and swollen, with great itching of the fauces and posterior part of the soft palate. We often observe a number of minute inflamed points at the back part of the mouth; often a difficulty with pain during deglutition is observable. The secretion at first diminishes, but soon becomes very abundant. Strange to say, this morbid condition seldom involves the uvula or tonsils, though they may appear redder and more relaxed than usual.

4th. The fourth group are connected with the head, as, for example, headache, either frontal or occipital, more or less severe, sometimes involving the whole head; sometimes it assumes a neuralgic character, and extends along the facial nerve or into the external auditory passage. It is often accompanied by itching about the forehead, nose, chin and ears. Again, there is often giddiness, buzzing or ringing in the ears, etc., etc.

5th. The fifth group of symptoms attacks the larynx, and extends to the bronchi. The mucous membrane of the larynx and the vocal chords become red, irritable and inflamed, and the patient is affected by bronchial catarrh, asthma, cough and dyspnœa. The cough is sometimes very troublesome and loud, and often accompanied by profuse expectoration, the voice becomes hoarse, and is sometimes aphonic. The symptoms become worse towards evening. The patient is often awakened out of his sleep at night by a sharp asthmatic attack.

6th. The sixth group comprise general symptoms, and are of catarrhal fever. The pulse is increased in frequency, specially towards night; we have shivering and cold perspirations; the patient becomes restless, unfit for work, weary, is unable to fix his attention, and finds the exercise of his memory a difficult effort. He is irritable, loses his appetite and is more or less troubled with constipation or diarrhœa, sometimes both alternating, urine is scanty and high colored. The skin is sometimes hot and dry, sometimes clammy and moist, and occasionally profuse perspirations are present; eruptions of the skin as herpes urticaria or nettle rash often appear.

The above symptoms are, of course, seldom if ever, all present in one individual. Some suffer to a much greater extent than others; some are attacked in a manner so mild as to be hardly noticeable.

The prognosis, or the progress and future termination of this disease, is favorable as regards any actual danger to the life of the patient. The annual attack having passed, the patient regains his good health, although asthma, chronic bronchitis, etc., do sometimes follow in its wake, and we must not lose sight of the fact that this disorder frequently becomes complicated with asthma or chronic bronchitis.

There is no reason, however, why a sufferer from hay fever should be refused for life assurance or even pay increased rates, as they live as long and their risk is as safe as others.

We must bear in mind that hay fever is essentially a neurosis, that is, a functional disease of the nervous system; that there must be a constitutional predisposition (generally hereditary) in the individual, for the exciting cause or causes to induce an attack. It is rarely, if ever, found among the poor or laboring classes. It bears a close analogy and may be compared with asthma and sick headache. It does not depend on a parasite as some would have us believe.

Treatment.—Though there is no specific or no one remedy that will meet every case, and relief and cure must be sought by meeting the various symptoms as they occur in different individuals, still I may say that judicious treatment will, (even if it does not succeed in eradicating the malady) at any rate cure or cut short an attack and diminish most materially the severity of the suffering. The treatment may be divided into two parts, the prophylactic and the curative. The former means avoidance of the exciting causes. Now, an ounce of prevention being better than a pound of cure, I would advise sufferers, at or before the season of the attack, to avoid the exciting causes, by visiting some place where these do not exist.

1st. A sea voyage (not tropical) this may be regarded as a specific, as it is a tonic, cool and free from vegetable irritants.

2nd. A residence during the time of attack in cool and elevated places, such as the various mountainous regions.

(*a*) The White Mountains, especially Bethlehem, Jefferson, Glen, and Twin Mountain House region.

(*b*) Adirondacks.

(*c*) Summit of the Alleghanies.

(*d*) Rocky Mountains.

(*e*) Catskills (not useful in very many instances).

(*f*) Colorado.

Also equable climates, such as California, and some parts of Texas and Mexico.

Curative or Medical Treatment.—This may be divided into constitutional and local. Constitutional this should consist chiefly of tonics, sedatives, stimulants and narcotics, to strengthen the system, and allay excessive local sensitiveness, relieve pain and induce sleep.

Quinine, arsenic, and above all electricity, have done the most good in the majority of cases. The treatment should be commenced some time before the yearly attack is expected. The arsenic (Fowler's solution) mx. iij — x, after meals may with benefit be combined with tinct. of belladonna, m. v. — x. The remedy "par excellence" is, however, electricity, and should be used in the form of galvanism centrally and locally applied. Electricity, as is well known, is a tonic, sedative, and stimulant, of great power, quickly relieves pain, and its good effects are permanent—a mild continuous current is indicated. The faradic current, though infinitely inferior in its effect on this disease to the galvanic, may be tried if a galvanic battery be not attainable. The electric bath, using both currents, is an excellent mode of application, giving, as it does in all cases, the best tonic results. Iron alone, or combined with nux vomica or strychnine, would be useful for anæmic patients. Cod liver oil, in cases where its use is indicated. Iodine and bromine have done good in some instances. Occasionally as a sedative and to produce sleep, morphia or chloral hydrate may be given; I think, however, for this purpose the electric bath is as effectual and is certainly safer.

Local Treatment—Here the application of such remedies as will cleanse and soothe the irritated mucous membrane is required and consists of inhalations, sprays and powders or snuffs. Care must be taken not to use strong applications or such as give pain. The sprays may be given by means of an atomizer; liquids in the form of a douche, do harm, instead of good, to

say nothing of their dangerous action on the organ of hearing. The following drugs, in various strengths and combinations, have given the greatest relief, iodine, bromine, carbolic acid, chloroform, camphor, quinine, tannin, salt, (table) glycerine, liq. ammonia, acetic ether, pinus canadensis.

For inflamed conjuctiva, borax and camphor water gives great relief; if the eyelids be swollen, borax and lead lotion will be of great benefit. Ice in the mouth and nose is very grateful where there is much burning. Ordinary cotton wadding enclosed in net and fastened behind the ear in the same way as a respirator, will be very effectual in keeping dust, etc., away from the inflamed mucous membrane, it has the advantage of not interfering with patient's comfort in breathing, etc.

For the asthma, smoking stramonium or inhaling salt-petre papers is strongly recommended.

Hygienic treatment must not be neglected. Being a disease of debility, depleting measures, as low diet, etc., must be avoided. The diet should be ample, varied, nutritious and easily digestible, exercise taken moderately in a cool place. Sufferers should be told that the quieter they keep the better, avoiding sunlight, dust, vegetable irritants

In regard to clothing, sufferers should be dressed warmly, flannel should be worn next the skin. Sleep is very beneficial, and should be encouraged night and day; loss of sleep aggravates the symptoms. Wearing the beard and moustache has been recommended.

III. *Diphtheria.*—I have now come to my last subject for this evening's paper. I intend to confine myself chiefly to the treatments I have found most efficacious. As to whether diphtheria and croup are one and the same disease; whether the bacterian theory is correct or not, along with the many other theories promulgated, are subjects I do not intend to enter upon, but leave them to be argued out by those who feel so disposed. In my opinion, however, diphtheria is essentially a drain disease, and until a thorough sanitary reformation takes place, we may expect to hear of its ravages steadily and increasingly continued. It is primarily a local disease, followed by constitutional effects. These, however, in severe cases, seem to accompany or co-exist, and in some cases even to precede the local manifestation. As it is an infectious disease, it must be caused by some infection drawn into the body. This infecting substance being drawn in by the breath irritates the mucus membrane of the fauces, and sows itself there; this seed soon springs up, resulting in the diphtheritic membrane, which is accompanied by the constitutional disease, slight or grave, as the case may be. It may be compared to the blood-poisoning of the wounded, or of the puerperal state; and as is the case in these, the local disinfection is one, if not the most important part of the treatment.

Treatment.—In the first place, a very important part of any treatment is, when examining the throat, not to weary your patient, this can hardly be avoided by the usual means of examination, viz., by the handle of a spoon, paper knife, spatula, etc. In these cases the patient is made to sit up, twisted and turned about so as to get the light in the right place. All this may be avoided by simply carrying a laryngoscope when going to see your diphtheria cases. The patient need never move, simply lie still and open his mouth; a lamp, or even a candle, is to be held a little behind and one side of his head. You now put on the laryngoscope, depress the tongue slightly, and you will have the entire fauces well lighted up, and will be able to make a thorough examination without wearying the patient. Another very important point is, *never* use a brush or swab to apply your solutions to the throat. Not only are they very disagreeable to the patient, but, if you brush off the membrane, you simply leave a raw surface for it to re-form upon, and being a raw surface, it will necessarily take a deeper root. I have no hesitation in saying that the patient stands a better chance for life if not treated at all than if he has his throat swabbed or brushed out. The best way of applying your solutions to the throat is by means of an atomizer; I always use Delano's long tube atomizer. The tube is put in the mouth, and a few squeezes of the ball ensures a complete coating of all parts of the throat, even down to the vocal chords; this method is especially useful in the treatment of children. The medicinal treatment I have found most useful (in fact I have only lost one patient since following it, and that patient died two or three hours after I had first seen it, and can therefore hardly be called a fair case) is phytolacca decandra and chlorate of pot-

ash internally; lactic acid and lime water locally, Lactic acid is a solvent to the diphtheritic membrane, and combined, I look on them as the most perfect topical application that has yet been tried. I give drop doses of the phytolacca every hour in a tablespoonful of water; the chlorate of potash, grs. x in an oz. of water; every two hours. I may mention that I give a dose of calomel immediately on seeing the patient, grs. v. to x.; locally I order the application of the following formula every hour by means of the Delano atomizer:—

℞ Lactic acid ℥ iij. to iv.
Lime water to ʒ viij. M.

When the nares are involved, I order the nose to be syringed out, every two or three hours, with the lactic acid lotion, by means of a proper nose syringe. I usually dilute the lotion for this purpose with one third or one half water. I do not think as a rule there is any necessity for the use of alcoholic stimulants in this disease; in a very few cases, it may however be indicated. The diet should consist chiefly of milk, to which add a little lime water, beef tea, beef juice, eggs beaten up with milk. Lemonade makes a very agreeable drink and is usually much liked by the patient. The milk must be given frequently as a patient usually objects to much at a time.

As a preventive to the spread of the disorder throughout the house, isolate both patient and nurse in an upstairs chamber; and nail over the door, a large sheet, which should be kept well sprinkled with a solution of carbolic acid, or Condy's fluid also sprinkle the floor; and soiled linen with the same, all discharges should be well disinfected.

There are some excellent rules given for the treatment of diphtheria, by Dr. C. E. Billington of New York, in the New York Medical Record, for Jan. 12, 1878, which would heartily recommend to your perusal.

Valedictory Address to the Graduates in Medicine of the University of Bishop's College, delivered at the Seventh Annual Medical Convocation of the University, held in the Synod Hall, Montreal, April 11th, 1878. By RICHARD A. KENNEDY. M.A., M.D., C.M., Professor of the Theory and Practice of Surgery.

Mr. CHANCELLOR, LADIES AND GENTLEMEN, My brethren in the Medical Faculty having this year appointed me to deliver to our graduating class the usual closing words of advice given on such occasions as this, it has become my duty and privilege to address them for the last time, imparting such counsel as may be required to guide them in the future, and stating some of the obligations they have this day assumed.

Graduates in Medicine, in the name of the Medical Faculty of Bishop's College, I present you now their most sincere congratulations for the successful manner in which you have arrived at this honorable termination of your collegiate studies. The pleasure of doing this is tempered with regret, for now the bond is severed which hitherto united us together as pupils and teachers. In the future your friendly greetings and well-known faces will be missed, but we trust that each of you leave us to enter on a career of usefulness and distinction which will redound to your credit and reflect honor on your Alma Mater; inducing others to follow your example, and seek in this University the foundation of their future calling.

Although our relations are thus ended, we trust, as brother practitioners, that you will continue to regard us as friends, and I express the feelings of each member of this Faculty in saying that it will always give us great pleasure to hear of your welfare and of the success to which your merits are entitled. For a number of years you have been diligent in seeking a knowledge of the science and practice of your chosen profession, and to-day have attained the highest distinction in Medicine which this University can dispense. As a result of close application to your studies, you were enabled to acquit yourselves creditably at your examination, and in return have not only been honored with the degrees in Medicine and Surgery, but also go forth fully accredited to the public, for whose benefit you are henceforth to labor, and to the profession with which you are now numbered. This is your reward, and in addition to this there is the gratification of knowing that you enjoy the confidence of those who, from being your instructors, have had the best opportunity of judging of your capabilities. You leave behind you an encouragement to others to follow in your footsteps, and this inheritance will stimulate your successors to seek a like satisfactory termination. To-day a fresh page in the book of life has been turned, a new era commenced, and from the class

room you proceed to take an active part in the duties of life. No revolution in mind or character is implied by this step, nor have you acquired all that is essential in medical practice for the cure of the various ills to which flesh is heir. It does not rest with you merely to apply the knowledge which you now possess, for diligent students you must ever remain if you expect to rise to eminence or distinction. As the boy is father to the man, so does the zealous student presage the earnest practitioner, and it is your duty to more thoroughly qualify yourselves for the responsible position in which you are now placed. I hope that none of you have labored merely to satisfy your examiners, and now look forward to a remission of your exertions; be assured that should your ambition not lead you onwards, you will not only be a dishonor to this profession, but will inevitably bring a disgrace upon yourselves. I trust that you have too high a regard for this noble calling ever to bring upon it the disrespect which would follow such a course as it is your interest and duty to devote yourselves to the advancement of knowledge. Let the labor thus involved be one of love for the work itself.

In leaving us I confidently trust that your minds are well furnished with the fundamental principles of medical science, your ideas and thoughts so disciplined that you will not be carried away with every new theory that may arise without having given it due reflection and consideration.

It is in the proper training of the mind that the great value of a collegiate course is exemplified, for a correct habit of thought is one of the great essentials for success in every walk of life, and in none is it more necessary than in the medical profession, seeing that the future happiness and welfare of others so often depend upon the intelligence and stability of the physician.

Habits once formed are difficult to break. There is one which I would especially caution you to avoid acquiring, one easily formed and towards which there is a strong temptation in the cares and anxieties of professional life—I mean that of taking stimulants. Once contracted the tendency is to degeneration; pernicious in its effects, it brings disgrace and poverty upon its victims. How many fair prospects are blighted where honor and success might otherwise have been achieved. Avoid this, be always prompt and attentive to the calls made upon you, being punctual in the observance of your duties and faithful to the trusts reposed in you.

Gentlemen, your chosen profession is one of the noblest that man can follow. In no other department of human learning or enterprise has so much been effected in extending the period of human life or ameliorating the condition of our suffering and dying race, nor has any other employed a greater amount of intelligence, labor and self-sacrifice in their improvement. Requiring some knowledge of nearly every science, extracting from the most varied sources information which bears upon our daily practice and theories, the medical profession becomes at once the most liberal and just of all human studies.

So liberal is the tendency of its teaching that its followers are often accused of atheism and infidelity. I believe no greater libel can be uttered, for although, as in other walks of life, there may be those who scoff at religion, there are a greater majority who humbly follow in the footsteps of the Divine Physician, and I am sure there is no other class of men who are more often called upon to perform acts of charity and benevolence, and who do so more willingly without hope of fee or reward. Witness the work done in hospitals and kindred institutions, in which time and talents are freely given for the benefit of others, as also the constant risk of infection and possible death in hotbeds of fever or among loathsome diseases to which the physician is so often called upon to attend. In all times the medical profession has furnished a large quota to the ranks of scientific workers. The very nature of its aims and studies often lead its followers into patient investigation of kindred sciences, and yet, though its members have done so much for humanity, how slight in proportion have been the rewards, judging from a worldly standpoint? The conservator of mankind does not receive the same consideration as the soldier who distinguishes himself in the successful slaughter of his fellows or the subjugation of mankind.

Jenner may discover means to save the lives of thousands or a Simpson bestow upon us the power to render painless severe operations upon the living body, and pass to their rest almost unhonored and unsung, except by us who revere their memory and honor their opinions.

Medicine is a progressive science, always advancing, and this in consequence of its great

comprehensiveness in embracing so much that is not yet fully known.

A long time must elapse before it can be placed on the list of exact sciences. It does, however, possess fundamental truths and principles, and, in all probability, in the future there will be discovered fixed laws governing the natural causes and remedies of disease, and that these will be found as constant as the laws controlling chemical changes and combinations.

As the great object of our profession is the cure or alleviation of suffering humanity we are constantly impelled to study the character and influence of disease so as to discover those truths and principles which govern the latter and to apply them for the benefit of mankind.

Such are the aims of our profession,a profession which bestows upon its followers an influence in every community, whether savage or civilised, and which can be traced backwards into the most remote ages, wherever a record has been preserved. What a difference, however, exists between the savage medicine man, who trusts to his sorceries and charms and those great minds of civilized nations who are ever evolving truths? It is a step from darkness into light, from superstition to reasonable research. During the greater part of this century medical science has made wonderful and rapid advances. Fifty years ago many diseases were but imperfectly known or were overlooked; these have now by patient enquiry, by miscroscopic investigation and careful post-mortem examination, become understood, and their treatment placed upon a more reasonable and scientific basis. While our profession has thus been making great strides towards a more perfect state new theories and doctrines have from time to time assailed it, by the promulgation of partial and exclusive systems of medicine.

These systems generally originate with individuals endowed with great ingenuity but with minds imperfectly trained; such will always find followers.

Some who oppose the regular profession contend that all remedies should be taken from the vegetable kingdom, denouncing remedies which have been tested by the experience of ages; others confine their's to external agents only; while another class insist on the exclusive use of such minute doses as to preclude the possibility of any results but what might be derived from the power of imagination or the effects of nature in restoring to health.

No extravagance or absurdity has been found too great for the adoption of followers or too deep not to secure adherents. In the midst of such obstacles and difficulties, we find our noble calling standing firmly for ages upon the broad platform of truth, urging forward their scientific investigations, without turning to the right or the left, maintaining itself with firm resolution and fixedness of purpose, neglecting no good because it is advocated by charlatans, and advocating no error in subserviency to station, ignorance or prejudice.

Aspersions, detractions and misrepresentations have fallen on its buckler only to rebound in the face of enemies, and to-day the medical profession stands, all the world over, just where it has stood through all civilized time, excepting only in the vast progress made towards substantial improvement, battling for the cause of truth and human advancement. To preserve these high characteristics, and to contribute something to the advancement of medical science, is your privilege and duty.

Unlike many associations among men, the discoveries of the profession are not hidden; no secret remedies are retained; whatever is known to one member is freely communicated to others, and to the world at large, for the full benefit of mankind; and every new discovery in medicine or surgery is proclaimed, that others may investigate for themselves, and determine its value. Such is the uniform practice of our liberal profession. Each member is expected to be well-informed in all new discoveries, and this he can easily accomplish by means of the current medical literature of the day. You are thus compelled to remain students all your lives, and are under obligation to contribute as much as may be in your power to the common stock of learning and information. In this way you will avoid the error of falling into narrow grooves of thought and practice.

In your intercourse with fellow practitioners, regulate your conduct by the loftiest principles of honor and decorum, being guided by such rules as would be suggested to the minds of men of correct habits and honorable character: these may be summed up in that golden rule of "doing unto others as you would be done

by." Envy not the success of others nor sneer at their professional attainments, for to do so marks the jealous and mean mind. Speak not in disparagement of a brother practitioner without a just and sufficient reason, for

"Should such a man, too fond to rule alone,
Bear, like the Turk, no brother near the throne;
View him with scornful yet with jealous eyes
And hate, for arts that caused himself to rise;
Damn with faint praise, assent with civil leer,
And, without sneering, teach the rest to sneer;
Willing to wound, and yet afraid to strike,
Just hint a fault, and hesitate dislike;
Alike reserved to blame as to commend,
A timorous foe and a suspicious friend."

You have just taken a solemn pledge not to divulge, except in grave necessity, any secret that may be committed to you in your professional capacity. I trust you will have strength and fortitude to keep that promise. Do not, from a desire to please others, or let idle gossip tempt you to reveal such secrets. Many circumstances are known to physicians, told them in confidence or accidentally discovered, which it would be most cruel to divulge.

The physician is often the confidential friend of the family, to whom they go in their difficulties, and there are many troubles and diseases of such a nature that the doctor must know the circumstances bearing on them, the disclosure of which would bring much grief and shame. Seldom is it that such a charge can be brought against our profession; on the other hand, multitudes of families have reason to bless their friend for maintaining inviolable secrets which, if known, would disturb the peace of mind of many good and innocent individuals. That you will maintain the obligations you have this day taken I have no doubt; a sense of honor will guide you, and kindly feelings prompt you to fulfill them faithfully.

In your visits to the sick you will often feel the truth of the following passage, which I quote from Thackeray:—

"It is not only for the sick man, it is for the sick man's friends that the doctor comes. His presence is often as good for them as for the patient, and they long for him yet more eagerly. How we have all watched for him! How we hang upon his words, and what a comfort we get from a smile or two, if he can vouchsafe that sunshine to lighten our darkness! Who hasn't seen the mother prying into his face, to know if there is hope for the sick infant that cannot speak, and that lies yonder, its little frame battling with fever? Ah, how she looks into his eyes! What thanks if there is light there; what grief and pain if he casts them down, and dare not say—'hope!' Or, it is the house father who is stricken. The terrified wife looks on, while the physician feels his patient's wrist, smothering her agonies, as the children have been called upon to stay their plays and their talk. Over the patient, the wife expectant, the children unconscious, the doctor stands, as if he were Fate, the dispenser of life and death: he *must* let the patient off this time; the woman prays so for this respite!" To the conscientious physician this position is most embarrassing; in his sympathies, hesitating to tell the worst, he is often accused of ignorance or deceit, when, as he alone often knows, his heart has failed him through dread of giving pain. You will often be unjustly blamed, this may be expected, for, as public men, you cannot expect to go through life without detraction. You will often meet with abuse and ingratitude where the reverse might be expected, and, generally, this will come from those who fail to reward you for the toil and anxiety undergone in their behalf. On the other hand you will meet with many worthy persons who will accord you their cheering sympathy. Do your duty fearlessly; let your lives be examples of unostentatious and practical Christianity, and your closing years will exemplify the Psalmist's words: "Mark the perfect man, and behold the upright; for the end of that man is peace."

Finally, in saying farewell, I trust that, as members of this University, you will always maintain a warm affection for your *Alma Mater*, doing as much as lies in your power to extend its usefulness, resenting all aspersions cast upon it, feeling a pride in its prosperity, and, as the years roll on, entering with us in spirit, if not in body, at this our Annual Convocation. Farewell!

TO PREVENT BOILS.

A very simple remedy is made known by Dr. Sieven, in a St. Petersburg Journal, for preventing the development of boils. He states that if the skin be superficially scraped with a small knife, so that a drop or two of blood may be pressed through the epidermis so soon as the peculiar stabbing or pricking sensation and slight induration announce the commencement of the boil, it will not be further developed.

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MONTREAL, APRIL, 1878.

It will be noticed that we, this month, increase the reading matter of the *Canada Medical Record* by four pages. These four pages we intend to devote to the interests of pharmacists, a very important body in this Province, who up to this time have been entirely without any medium to advocate their interests or protect their rights. The suggestion of the addition of this department to the *Record* was made by one of the leading pharmacists of our city, and we have acted upon it. It is true that the space we have added is not very great, yet little as it is, it involves considerable increase in expense, and we hope that our pharmaceutical friends will come forward and give us their support. It is our intention, if the support given us warrants it, to very soon increase the department to eight pages. We have succeeded in inducing our friend, Dr. Kollmyer, to take editorial charge of it, and in the whole of the Province of Quebec we know of no one better qualified for the task. All letters and articles for this department must be directed to him.

TO OUR SUBSCRIBERS.

Will subscribers have the kindness to remit the amount due us. We have a heavy payment to make early in May, and the amount of subscriptions outstanding would pay it three times over. Kindly think of us, and show your appreciation of our efforts to furnish you with a *cheap* and good journal by remitting.

SCRIBNER'S MONTHLY.

This is one of the very best of the American monthlies, its articles being spicy, interesting and beautifully illustrated. No better magazine can be had anywhere. It is published at four dollars a year. We are, however, by a special arrangement with the publisher, enabled to offer it for two dollars a year to our subscribers.

St. Nicholas is the name of the very best juvenile magazine published on this continent. It is issued by Scribner & Co., New York, at $3.00 a year. We are able to offer it to our subscribers at $1.50. This offer for both these magazines will soon close. Those who desire them should remit their names and the money to us.

LACTOPEPTINE.

This is a remedy which we have prescribed during the last four months with a good deal of satisfaction to ourselves and benefit to our patients. It certainly is a very valuable preparation for various forms of indigestion, and is composed of pepsine, pancreatine, diastase, ptyalin, lactic and hydrochloric acid. It is to be had at almost every drug store, and we invite our readers to give it a trial. The advertisement concerning it will be found on our second page, and we direct attention to it.

PACKER'S PINE TAR SOAP.

We direct the attention of our readers to the advertisement of this soap. It has only recently been introduced to the notice of the profession in Canada, but already, we are informed, a very considerable demand has arisen for it. We have made extensive use of it lately, and have every reason to endorse all the claims which have been put forth for it. Beyond all question, it is exceedingly valuable as an adjuvant in the treatment of various forms of skin diseases, and as such we strongly recommend it.

The Semi-Annual Meeting of the College of Physicians and Surgeons of the Province of Quebec will meet in Montreal on the 8th May.

TURKISH BATH.

We have, on several occasions, spoken in strong terms of the use of the Turkish Bath, as an agent in the treatment of disease. It is, generally speaking, useful also to the majority of persons, as a means of keeping the body in a clean and healthful condition. In Montreal we have as fine a Turkish Bath as is to be found on this continent, and we think it deserving of every possible encouragement.

A PHYSICIAN'S BLACK BOOK.

The physicians of Antwerp have established a black book, in which the names of delinquent patients are entered, and by reference to which each practitioner is able to ascertain his probable chances of obtaining remuneration for his services. A similar book is now in process of

being filled up in Montreal, and promises to be of much use.

CALLING DENTISTS HARD NAMES.

Dr. Bazin, of Montreal, in an article in the March number of the *Canada Journal of Dental Science*, says, "that dentists are human beings, and, consequently, given to lying, cheating, and many other devices of Satan." Dr. Bazin is a dentist, and should have some idea of the failings belonging to his craft; but we think he has considerably overstepped proper bounds when he attributes this unfortunate condition of things among his confrères simply to the fact oftheir being human beings. We shudder at the bare idea that dentistry is so bad *because* its practitioners are human. How would he remedy such an unfortunate condition of things he does not say. What would he say to going back a stage or two in development, for future dentists, or might we suggest a Missionary Society for their moral and religious education. It is a terrible condition of things, and in our opinion demands prompt attention at the hands of our philanthropists. Perhaps, however, Dr. Bazin's assertion is a little too sweeping.

THREATENED STRIKE AMONG DOCTORS.

There has been some trouble between the public and the medical practitioners in Havre, France, in consequence of which the latter have united, and issued a circular to their patients threatening a general strike unless their terms are complied with. From $2 to $4 for night and urgent visits is the moderate sum demanded.

PERSONAL.

Dr. Fuller being about to remove to Grand Rapids, Michigan, U.S., has resigned the chair of Anatomy in Bishop's College Faculty of Medicine.

Dr. Trenholme has resigned the chair of Midwifery and Diseases of Women and Children in the Medical Faculty, University of Bishop's College.

Dr. Cassells, formerly of Quebec, has removed to Three Rivers.

Dr. Meek, of Three Rivers, is at present in New-York, working up nervous diseases under Dr. Hamond. After spending a few months in that city he proceeds to Europe to still further pursue his studies in the same direction. He intends returning in about a year, and will settle in Montreal.

Dr. Drake has resigned his position as one of the Attending Physicians to the Montreal General Hospital.

Dr. Ansell (M.D., Bishop's College, 1878,) sailed for Falmouth, Jamaica, by steamer from New York on the 26th April.

Dr. Prevost, of St. Jerome, is a candidate for the Quebec Legislature in opposition to the Hon. Mr. Chapleau.

Dr. Vineberg (M.D., McGill College, 1878,) and Gold Medallist) has commenced practice in Montreal.

Dr. Blackader, B.A., (M.D., McGill College, 1871) L.R.C.P., London, has been appointed Lecturer on Physical Diagnosis in the Medical Faculty of the University of Bishop's College.

Mr. Reginald Harrison, F.R.C.S., of Liverpool, England, paid Montreal a flying visit about the 19th of April. His stay was brief, but several medical gentlemen had the pleasure of meeting him at a dinner party given by his friend, Dr. Wilkins.

Herbert L. Reddy, B.A., (M.D., C.M., McGill University, 1876,) L.R.C.S., Ed., L.S.A.L., passed the examination before the Royal College of Physicians, London, and obtained the license of the College, 8th April, 1878. We congratulate our young friend upon this additional proof of his professional capacity.

UNIVERSITY OF BISHOP'S COLLEGE.

FACULTY OF MEDICINE.

SEVENTH MEDICAL CONVOCATION.

Notwithstanding a pouring rain, the Synod Hall, Montreal, was well filled on the afternoon of April 11th, on the occasion of the Convocation of the Medical Faculty, of Bishop's College. The Vice-Chancellor, R. W. Heneker, Esq., presided; supported by Dr. David, Dean of the Faculty; Dr. F. W. Campbell, Registrar; and the Reverends Principal Lobley and R. W. Norman, of the Faculties of Arts and Divinity. The following Professors assisted:— Doctors Leprohon, Kollmyer, Kennedy, Wood, Perrigo, Fuller, Edwards, Trenholme, McConnell. Drs. Robillard, Macdonald, Slack, Proudfoot, Latour, Donald Baynes, Armstrong, Hayes and Nelson were also present. A large number of ladies honoured the occasion, and the students turned

out in force. The hall was decorated with scrolls and shields bearing the names of the most distinguished lights of medical science in ancient and modern times. One mourning tablet bore the names of three graduates and one student who have died since the graduating class of to-day commenced its studies.

After an opening address by the Vice-Chancellor, the Dean of the Faculty made the Annual Announcement for the session of 1877-78, as follows:—

The session terminated on the 29th March, having opened on the 1st of October, thus a full course of six months lectures were given. The number of students in attendance during the session was 43; of these there were from the Province of Quebec, 32; Ontario, 4; United States, 5; Jamaica, West Indies, 1; Bermuda, West Indies, 1; total, 43. Throughout the whole session the attendance at all the classes was remarkably steady. The latter month was, however, clouded by the very sudden death of Mr. John J. Cauley, of Norwich, Connecticut. This young gentleman began his medical studies at this University, and it is but meet for me, here, to-day, to say, that judging from the position he took in the primary examinations last year, had he been spared, he would to-day have occupied a prominent position among the graduating class. To him had been allotted by his fellow-students the position of valedictorian. The terrible suddenness with which the summons came made it all the more sad, added to which is the fact that he was the only son of an aged widowed mother.

The Hon. Dr. Paquet, of Berthier, and Dr. Gibson of Dunham, the assessors or censors appointed by the College of Physicians and Surgeons of the Province of Quebec, to attend the examinations of this Faculty (this being a feature of the new Medical Act) were present during four of the examination days. This was the first time that this clause of the recent Medical Act was put into operation. Your Faculty was much pleased to note the gentlemanly and yet very thorough manner in which the assessors performed their work, and are happy to be able to state that previous to their departure they expressed themselves as being in the highest degree satisfied with the manner in which everything connected with the examinations was conducted.

The following gentlemen passed their examinations as follows. All are given in order of merit:—

Botany.—George Goldsworthy Gale, Quebec; David W. Houston, Belleville, O.; Robert H. Wilson, Montreal; Francis J. E. Tetrault, St. Pie, Q.; Elzéar Sabourin, Embrun, O.; Adolphus Lalonde, St. Cunegonde, Q.; J. W. McDuffie, Stanstead; A. Ansell, Falmouth, Jamaica.

Practical Chemistry.—Jas. Leslie Foley, Montreal, full marks, honorable mention and special prize; Geo. Goldsworthy Gale, Quebec; Mark Kannon, Montreal; Walter de Mouilpied, Montreal; Elzéar Sabourin, Embrun, O.; Aaron Ansell, Falmouth, Jamaica; George Gernon, St. Benoit, Q.; John Sheridan, Montreal.

Theoretical Chemistry.—James Leslie Foley, Montreal; Walter de Mouilpied, Montreal.

Primary examination for the degree (Chemistry, Anatomy, Physiology and *Materia Medica*) D. Gaherty, Montreal, *prize*; George W. Nelson, Montreal; Charles E. D. Comeau, River David; George Oliver Gernon, St. Benoit; Charles Black, Mount Forest, O.; Elzéar Sabourin, Embrun, O.; Aaron Ansell, Falmouth, Jamaica; Rodolphe E. Leprohon, Montreal; John Sheridan, Montreal; J. W. McDuffie, Stanstead, Q.

Mr. George G. Gale, of Quebec, passed on Chemistry, Anatomy and Physiology. He was not qualified to present for *Materia Medica*, which he will take next year.

The final examination for the degree of C.M., M.D. This examination consists of the following branches: Theory and Practice of Medicine, Theory and Practice of Surgery, Obstetrics and Diseases of Women and Children, Medical Jurisprudence, Clinical Medicine, Clinical Surgery, Pathology and Hygiene, has been passed by the following gentlemen, whom it will be my pleasant duty to present to you for graduation. They are mentioned in the order of merit:—Homer Elihu Mitchell, of Bedford, Q., "Wood" Gold Medallist; Wm. Young, Montreal, prize; Aaron Ansell, Falmouth, Jamaica, W.I.; John W. McDuffie, Stanstead, Q.; Elzéar Sabourin, St. Urbain, Q.; Charles Raphael Belle, Montreal; John Sheridan, Montreal; Joseph Wm. Dugald MacDonald, Nicolet, Q.; Anthony Kerry, Montreal; Herbert Cooper Fuller, Grand Rapids, Mich.

The Wood Gold Medal, founded by Dr. Wood, of Ottawa, was awarded to Homer Elihu Mitchell, of Bedford, Q.

The prize for the best Final Examination was awarded to William Young, of Montreal, Q.

The prize for the best examination in the Primary Branches falls to Denis Gaherty, of Montreal, Q.

A special prize, for Efficiency in Practical Chemistry, has been awarded James Leslie Foley, Montreal, Q.

The Senior Dissector's prize has been gained by Rodolph E. Leprohon, of Montreal, Q., whilst Henry B. Chandler, of Bermuda, W.I., and James Leslie Foley, Montreal, receive honorable mention.

The Junior Dissector's prize goes to Francis Joseph Tetrault, of St. Pie, Q., and David W. Houston, of Belleville, O., and Adolphus F. Lalonde, of St. Cunegonde, Q., receive honorable mention

The *Ad eundem* degree of M.D. was then conferred upon Professor McConnell (M.D. McGill), after which the oath of allegiance was administered by the Vice-Chancellor to those members of the graduating class, British subects only, who had not yet taken it. After the oath had been administered, the Vice-Chancellor requested that, after the time-honored custom of the College, the audience should join in singing "God Save the Queen." This was done with a hearty good will.

The Medical Oath was then administered in Latin by the Registrar, Dr. F. W. Campbell, and the degree conferred upon each of the gentlemen whose names are mentioned above.

Dr. William Young then, on behalf of the graduating class, delivered a most interesting valedictory, and was followed by Dr. Kennedy, who addressed the graduates on behalf of the Faculty.

Sir Francis Hincks, Principal Lobley and the Rev. R. W. Norman also addressed the meeting, which terminated shortly after six o'clock.

The Medical Convocations of Bishop's University are in future to be held in Montreal, and the Faculty have every reason to be proud of the success of their first one in the city. Had the weather been fine the Synod Hall would have been filled to overflowing.

OBITUARY.

John Bell, M.A., M.D.

An almost extraordinary fatality seems to have fallen upon our Montreal physicians, for, during the last ten months, death has taken from among us no less than seven members of the profession. No age has been exempt—for the summons has come to those in middle life, to those well advanced in years, and we now have to chronicle the death of one who was in the very flower of his youth. Dr. John Bell was an enthusiast in his profession, which he loved for its own sake, and being possessed of indomitable energy and perseverance, he had, several years previous to his death, attained a position among his confrères which gave every promise of a thoroughly successful professional career. He was a clear observer, and possessed of considerable originality, which he often, in practice, turned to practical account. He contributed, occasionally, to the Montreal Medical Press, and we believe every volume of the *Record* has numbered him amongst its contributors. His last published paper was a successful case of tracheotomy, for diphtheria. This was published in full in the *Canada Medical and Surgical Journal*, for February. Our issue of the same month contained an abstract of it, written by him. In the Montreal Dispensary, for six or seven years past, he occupied the position of Attending Physician, and did good service to the poor at this deserving charity. He was likewise, from its foundation, one of the medical staff of the Protestant Infants' Home. He also acted for two years as secretary to the Medico-Chirurgical Society of Montreal, with much acceptability to its members, and, from its reorganization, was one of its active working members. Dr. Bell was an enthusiastic botanist, and we are sure his presence will be much missed at the annual botanical excursions of the Natural History Society of Montreal, where his genial smile and botanical enthusiasm made him a pleasant leader. He was an M.A. of Queen's College, Kingston, but received his M.D. from McGill College in 1866. Previous to entering upon practice, he served about three years as Assistant House Surgeon to the Montreal General Hospital. He was surgeon of the Montreal Brigade of Garrison Artillery, and during the Fenian raid of 1870, he served with his Regiment at the skirmish at Trout River. His death was somewat sudden, and sad in its nature. He was called to Dundas, to attend the funeral of a relation, and after a most fatiguing day's work, he took train for Toronto, on Thursday, March 21st. Before reaching Toronto, he was decidedly ill, but after a brief rest he pushed on to Hamilton, but further he was unable to go. Pneumonia soon showed itself, and the disease attacking both lungs, complicated by somewhat old mitral disease, it soon become evident that his case was a most serious one. Youth was in his favor, and his medical attendants, Drs. Malloch and Macdonald, hoped for the best; but, in spite of all, death closed the scene in Hamilton on Friday. His body was removed to Montreal, and on Monday, April 1st, it was conveyed to Mount Royal Cemetery, the funeral procession being of very great length, and embracing every rank and condition in society. Dr. Bell was unmarried, but leaves an aged mother, also a sister and a brother, to whom we extend our deep sympathies. Our personal relations with Dr. Bell were always of the most pleasant character, and we mourn his loss, for he was a warm personal friend. Truly, in the midst of life we are in death.

BIRTH.

In Montreal, on the 23rd instant, the wife of G. F. Slack, M.D., of a son.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D, Editor.

It is a remarkable feature connected with the literature of the Province of Quebec, that there is no medium in journalism, with the exception of the ordinary daily press, by which the pharmacist can make known his researches and discoveries, or from which he can glean information on subjects connected with his special calling. That this condition of affairs should have existed so long, without any effort having been made before to rectify it, seems almost incredible, especially when we take into consideration the well-known energy and enterprise of the pharmacists of this Province, which is most assuredly second to none in the Dominion, with this one exception. To alter this condition of affairs it has been proposed to devote a certain portion of the *Canada Medical Record* to the interests and uses of pharmacists; which portion can be afterwards increased according to the demand for space, while at the same time the journal can be used as an advertising medium. The enlargement, however, is not made at the expense of the medical department of the journal, which remains as heretofore, but by printing four additional pages, and as circumstances show that our efforts are being appreciated, the space will be increased; in fact, we will give four pages additional matter, so that our old subscribers will not be deprived of their usual amount of medical news. The success of this innovation will in a great measure depend upon the support and assistance furnished by the pharmacists themselves. Therefore, the co-operation of all interested in the welfare and advancement of pharmacy is respectfully solicited. By this means it is hoped that a channel will be opened up by which free communication can be established, not only between druggists themselves with mutual advantage, but also between them and the members of the medical profession, whereby the latest discoveries, improvements and inventions may become more generally known, and the public at large will then more readily experience the benefit of their united researches.

Editor's Notice.—All communications and correspondence connected with the *Pharmaceutical* Department of this journal should be directed to A. H. Kollmyer, M.D., Box 936 P. O., Montreal.

A column will be devoted to Queries, etc., and we shall endeavor to furnish answers to the best of our ability; but in all such cases we must insist upon the name and address of the writer.

Exchanges with other Pharmaceutical and Chemical journals are respectfully solicited.

NOTES ON DISPENSING.

By H. R. Gray.

Too much attention cannot be given to this important branch of practical pharmacy, and its most minute details should in every case be scrupulously and intelligently attended to. It is just possible that all this care may not make the medicine any more efficient than were the musty infusions and decoctions supplied so liberally to our forefathers from the old-fashioned doctor's surgery, but the care displayed in bottling, labelling and wrapping, gives confidence to the patient, and is indirectly a pretty correct indication of the quality of the medicine itself.

The pharmacist should, in every case, copy the prescription into a book, kept for that purpose, called a prescription book, and he will find it a great aid to correct dispensing, if this is done prior to making up the medicine, as it will enable him to study and check the prescription without exciting the alarm of a nervous patient.

Some pharmacists paste the prescription into the prescription book and number it, but there are so many objections to this course, that I am quite sure a short trial of the copying system will lead to its immediate adoption. In case of accident the copy of the original prescription on the register will be the best proof he can offer that he has *correctly read* it. The original should, of course, always be retained when possible, and at the close of each week they should be carefully folded, the name of the presenter, with date, written on the back, and put away in a box kept for the purpose, as is the case with invoices. With regard to the proprietorship in the prescription, this is a vexed question. My own opinion is, that it belongs to the patient. However, as so few people make any objection to the pharmacist retaining the prescription, it is always best to do so, and to furnish a copy when asked for. In England, it is customary to return the prescription in every case. In the United States it is usual to retain it. When the patient particularly requests to have his original prescription, it is best to give it to him and retain a copy, taking the precaution to number and price it, and stamp it with a small embossing stamp. Some physicians raise an objection to the repetition of prescriptions without the patient returning to them; but a little reflection will shew that the pharmacist is powerless in the matter. No pharmacist should repeat a prescription containing an exceptionally dangerous drug without advising the patient to obtain from the physician a renewal of the order. So many prescriptions are given in chronic cases with instructions to take three or four bottles before returning to the physician, that it is an utter

impossibility for the pharmacist to take upon himself to refuse medicine to a patient. Then, again, a favorite mixture will sometimes be handed about from one family to another, and the well-thumbed prescription be made up in several different pharmacies. Physicians are sometimes very much annoyed at this, but it is evident the pharmacist is not to blame, as he can hardly dictate to a customer who presents the prescription. Besides, the celebrity of the prescription is a kind of walking advertisement for the doctor who wrote it, and is adding to his reputation daily, by introducing his name most effectually into the preserves of other medical men.

It has been said that tact is worth more to a man than money. It is assuredly a great aid to a dispenser. The questions put to him by the patient, and the surveillance to which he is subjected, should never put him off his guard. With the utmost politeness he should observe the greatest reserve, and should never, on any account, make a remark which might be construed into a depreciation of the medicine ordered, or of the physician who prescribed it. His position should be as between patient and physician entirely neutral. It will very frequently happen with druggists of standing that his customers will apply to him for advice in the selection of a physician. In this case he is bound to give his advice conscientiously and with no reference whatever to the little differences which frequently exist between pharmacists and physicians, although it is not at all likely that a pharmacist can be so disinterested as to recommend a physician who is antagonistic to him.

It should be properly understood that one of the principal duties of the accomplished dispenser is to check the doses ordered, and this his education in posology eminently fits him for. If an error is observed, he should at once send a messenger to the prescriber to ask a revision of the prescription, meantime suggesting to the patient that he will forward the medicine as soon as prepared. By his manner he should keep from the patient all knowledge of the error, and his natural tact will here be of the greatest assistance to him. The prescriber, in order to prevent unnecessary delay, should in all cases, when ordering an extraordinary or heroic dose, initial the line, so that the dispenser would have no doubt or hesitation in making up the prescription. Many slight errors may be at once corrected by the dispenser, without referring back to the prescriber, as, for instance, the ordering an ounce for a drachm, or a drachm for a grain, etc.

The question of prices is another important matter, and speaking with experience, I do not believe a dispensing house can quicker ruin its reputation for tone, ability and good drugs, than to charge what are known as low prices. On this subject I will quote the following from *Parrish's Practical Pharmacy:*

"Many answers to comments on his prices will suggest themselves to the ingenious salesman, but to make these conclusive he must show by the precision and judgment with which he conducts his business, and by the neatness and exactness which he brings to bear on every little package he sends out, that he regards his vocation not as a common trade, merely to buy and sell and get gain, but that as a man of science and a careful conservator of the interests of his customer, as well as his own, he amply earns all the pecuniary advantages which his business is supposed to bring."

PHARMACEUTIC NOTES.

By H. R. Gray.

Excipient for Pills.— A most excellent excipient for making pill masses is the following: Take 2 drachms of powdered gum tragacanth and rub it up in a mortar with 6 drachms of glycerine (by measure). Turn into a covered pot and keep on the dispensing counter for general use. It is semi-fluid at first, but shortly forms a soft tenacious mass. As gum tragacanth varies, it may sometimes be necessary to use 1 fluid ounce of glycerine. Twenty-four grains of quiniæ sulph. require only ten grains to make a mass. One drachm of potassi. bromidi only requires 6 grains, easily rolled out. Pills made thus will not become hard. In using excipients for pills ordered by prescription, the weight of the excipient used should invariably be noted down in the prescription book to secure uniformity of size when a fresh box of pills is ordered.

Apomorphia.—Prescribers should be careful to indicate which preparation of apomorphia they require. The amorphous, which is a greyish powder, should never be used, as it varies greatly in strength. The most reliable salt of apomorphia is the muriate *in crystals*. It is of uniform strength, very soluble, and is double the price of the amorphous. Dose $\frac{1}{10}$ to $\frac{1}{4}$ grain as an emetic.

Chrysophanic Acid, which has recently been recommended in a London contemporary, is the chief constituent of the colouring matter of rhubarb, goa powder, waterdock and other plants. Its chemical formula is probably $C_{10}\ H_8\ O_3$. It has been variously called rheic acid, rhubarbic acid, rumicin, etc. It is met with in pharmacies in the form of a bright yellow powder, soluble in ether, alcohol and benzol, and only slightly in water. It is exceedingly stable, and may be brought to a very high temperature without change. Some samples have more odour than others. It is crystallizable, and derives its name from its golden shining crystals. It has been used with apparent success in certain skin diseases, in the form of ointment, but whether it will be more than a nine days wonder remains to be seen. Goa powder, which contains a large percentage

of the acid, has long been in high repute in India, in skin affections.

CROTON CHLORAL HYDRATE is now very seldom prescribed in Montreal. When it was first introduced to the medical profession by Leibreich, a fair trial was given to it. The small quantity now used in our dispensing houses would seem to indicate that it has not come up to the therapeutic value at first attached to it.

MONOBROMATED CAMPHOR, made into pills with extract of gentian, has proved a very valuable remedy in the hands of some prescribers here, while others seem to place no value upon it, and have already allowed it to fall into disuse. It has a well-deserved reputation in the United States, in certain forms of hysteria, nervous headache, St Vitus dance, etc. It is usually prescribed in doses of one grain every three hours, increased if necessary to two grains. It is a most beautiful chemical when well prepared. Its long needle-like crystals attracted great attention at a late pharmaceutical conference in England.

JABORANDI. *Pilocarpus Pinnatus* is a drug which invites further study. After the researches of Dr. Ringer and Mr. Martindale, an English pharmacist, there can be no doubt of the powerful diaphoretic and sialogogue properties possessed by it. The secret of its mighty diaphoretic and sialogogue strength undoubtedly exists in its alkaloid recently discovered by Mr. Gerard, and the most efficient salt of this alkaloid is generally believed to be the nitrate; its price, however, effectually excludes it at present from general use. The price asked for it in New York is about $25 per drachm, but as better and easier methods of eliminating it are discovered, the price will correspondingly decline. Half a grain of the nitrate is said to produce the effect of a full dose of jaborandi. One drop of the solution of the nitrate (1 grain to 1 ounce) put into the eye will contract the pupil to the size of a pin's head. From a report of some interesting physiological experiments performed on a dog and a rabbit at University College, London, $\frac{1}{10}$ of a grain of the alkaloid produced profuse salivation, which was readily checked by administering $\frac{1}{30}$ of a grain of sulphate of atropine. Mr. Gerard thinks that the best pharmaceutical preparation is the fluid extract. In this city jaborandi has been used with success in one drachm doses, infused in a cup of boiling water, and the whole drank (without being strained.) In a short while it produced an excessive flow of saliva followed by profuse diaphoresis. No nausea followed in the two cases reported by the physician for whom the writer prepared the remedy.

Jaborandi is found in pharmacies, in the form of leaf, fluid extract, and in gelatine coated pills of the solid extract. For subcutaneous injection, the muriate or nitrate of the alkaloid will doubtless be eventually employed. It is needless to say that the hypodermic syringe must be scrupulously cleansed after using it for the purpose. The dose hypodermically is stated by Reichardt to be $\frac{1}{8}$ of a grain. The contradictory accounts at first published in Paris and London of the effects produced by this drug were undoubtedly owing to the different varieties of jaborandi (and in one case a totally distinct plant) shipped from different points of South America. It is believed that the drug at present shipped to the United States and Europe is the kind originally taken to Paris by its originator, Dr. Continho. The genuine grows in the North of Brazil, near Pernambuco, and is a beautiful shrub, 8 or 10 feet high. The essential oil of the leaves, which is very abundant, has not yet been experimented upon.

CHLORAL HYDRATE.—The writer of these notes saw a large bottle of chloral hydrate in flat cakes being wrapped for shipment to a western pharmacist a few days since. One would scarcely suppose it necessary to inform a licentiate of pharmacy that chloral hydrate should never be dispensed in this form. No man for the sake of a little extra profit should be guilty of such a gross act of injustice to the prescriber, as to use a chemical so little to be relied upon. In cakes chloral hydrate is of unknown and very variable strength, and almost always of very doubtful purity. The British Pharmacopœia orders it to be crystallized, and no dispenser in the British Empire should use it otherwise. There can be no doubt that the great want of confidence shewn by some physicians, even now, in this valuable remedy, is owing in a great measure to very inferior qualities hitherto in the market.

At the same time unlooked for results may be expected if such absurd combinations, as chloral hydrate, bromide of potassium, tincture of belladonna and tincture of nux vomica, are ordered in the same prescription, as the writer has seen more than once. Such reckless prescribing is scarcely the correct way of developing the known valuable therapeutic effects of chloral hydrate. Chloral hydrate when mixed with powdered camphor changes into a transparent fluid of a syrupy consistence resembling glycerine, very much used as an application for toothache and for applying along the course of the nerve in facial neuralgia.

THE COLLEGE OF MEDICINE at Newcastle-on-Tyne, England, some time since, at the solicitation of Messrs. Proctor, Brady and other members of the Pharmaceutical Society of Great Britain, opened its doors to pharmaceutical students, and the lectures on Materia Medica, Chemistry and Botany were arranged to be given at such hours that the students could attend them, without interfering with their customary duties in the pharmacies of the town.

THE MONTREAL COLLEGE OF PHARMACY closed its Lecture Session at the end of March, and the examinations took place on Thursday and Friday, the 25th and 26th of April. The students of Pharmacy in Quebec attend the lectures at Laval University. The date of the examinations there has not yet been decided upon. A peculiar feature about the working of the Pharmaceutical Association of the Province of Quebec, which is the only body authorized by Act of Parliament to examine and license candidates

for registration as licentiates in Pharmacy, is, that the lecturers are not the examiners of the students, but a totally distinct Board of Examiners is elected annually by the Council of the Association. The examinations are both written and oral, and include practical dispensing at the counter.

COLORLESS TINCTURE OF IODINE.—A mixture of tincture of iodine and carbolic acid will gradually produce tri-iodophenol, which is soluble in the alcohol. Hence the disappearance of color. The ingredients generally used are: ℞. Tinct. iodinii comp. *m* xlv.; acid. carbolic, *m* vj.; glycerine fl. ℥i; aquæ fl. ℥v.; M. This is sometimes yclept carbolate of iodine The color disappears in from eight hours to ten days.—*New Remedies.*

PARIS GREEN, also called Schweinfurth Greer, was first made in 1814, in Schweinfurth, Bavaria, by adding a solution of arsenious acid to verdigris or acetate of copper. According to Erdmann, its composition generally is arsenious acid 59 parts, cupric oxid 31 parts, acetic acid 10 parts, which corresponds to the formula $Cu\ Q\ C_2\ H_3\ O_2 + 3\ Cu\ H\ As\ O_3$, being a mixture of acetate and arsenite of copper. The proper antidote is the same as in all cases of arsenical poisoning.—*New Remedies.*

CAPSICUM AND PRICKLY ASH BARK.—Mr. Willis, of Chester, recommends capsicum in 30 grain doses, every hour, in delirium tremens, and states that he has used it with unvarying success for twelve years; this agrees well with the known effect of prickly ash bark (*Xanthoxylon fraxineum*) which has a similar action, and *allays the thirst for drink.—London Phar. Journal.*

INTERESTING TO SMOKERS.—An eminent Parisian oculist describes a form of blindness which results from the use of tobacco; the affection, he asserts, is very common. The blindness referred to seems to differ from that resulting from the excessive use of alcohol, in the fact that the pupil of the eye is contracted.—*London Pharm. Journal.*

NEURINE.—A paper in the *Pharmaceutische Centralblatt*, on neurine, a base which has recently been used for diphtheria, gives two processes for its preparation, one from bile, and the other from yolk of egg, as well as tests for its purity.

DIALYSED IRON.—Some samples of this new preparation examined by Mr. H. Trimble, and purchased in Philadelphia as five per cent. solutions of ferric oxychloride, showed a variation from 2·514 to 4·831 per cent., not one out of six samples contained the guaranteed percentage. Doubtless it is not an easy matter to obtain a solution of dialyzed iron of definite strength, but it evidently behoves pharmacists to examine the strength of this preparation which is so rapidly coming into favor.

SYRUP OF BROMIDE OF ZINC.—(R. G., Toledo, Ohio.) This is a preparation recommended in epilepsy, and consists of zinci brom. ℥j. syr. simplicis ℥iv.—Mix; of which the dose is ten drops three times daily, gradually increased, if necessary, to fifty, sixty, or even more in some cases.

COLOGNE.—The following formula is recommended by Dr. Askinson: oil of bergamot, 7 parts; oil of lemon, 17 parts; oil of neroli (pétale), 10 parts; oil of neroli, bigarade, 3·5 parts; oil of rosemary (Eperlé), 7 parts; deodorized alcohol (94 per cent.), 2,460 parts; all by weight. The oils must be perfectly pure and fresh, and the mixture must be allowed to stand until it is fully "ripe." One-eighth of it is then taken out, enough distilled water is added to the larger portion to just produce cloudiness, and then the reserved portion added, which will restore the transparency. If it requires filtering, this should be done by means of magnesia or French chalk. Age improves the flavour.

VIOLET WRITING AND COPYING INK.—Mix 1 drachm of Hofmann's Violet (Trimethyl-(or ethyl-) rosaniline) with 1½ oz. of alcohol in a glass or porcelain vessel, and let stand for three hours. Then add 13 oz. of distilled water, and heat gently untill all the alcohol is expelled. Having made up the bulk to 13 oz. with water, add 4 drachms of gum arabic dissolved in 13 oz. of water.—For copying ink add 2 drachms of glycerine to every pint of the ink.—The soft aniline paste, which you say you have on hand, may be dried by spreading it on a plate of glass and exposing to a warm temperature.

HAIR-RESTORATIVE.—Prof. Erasmus Wilson recommends the following lotion:

Liquor ammoniæ,	
Ol. amygdal. dulc.,	
Chlorofomi	āā 1 fl.oz
Spiritus rosmarina.....	5 fl. oz
Ol. Limonis.....	gtt. x

The scalp is to be well cleansed with a stiff brush before applying the lotion, which should be diluted if it should be found too strong.

EMPLASTRUM PICAS LIQUIDÆ.—Tar, 2 parts; Resin, 2 parts; Pitch, 1 part. Melt the resin and pitch together, remove from the fire, add the tar and stir rapidly. Spread on chamois or cloth, when it cools to the consistence of honey. Two-fifths of this is the remedial agent: it is adhesive and elegant. (Dr. F. Marion Murray in *Am. Journ. Pharm.*)

A NEW MUCILAGE.

The *Journal de Pharmacie* states that if, to a solution of gumarabic, measuring 8⅓ fluid ounces, a solution of 30 grains of sulphate of aluminum, dissolved in two-thirds of an ounce of water, be added, a very strong mucilage is formed, capable of fastening wood together, or of mending porcelain or glass.