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THE CANADA MEDICAL RECORD.

VOL. XV. MONTREAL, SEPTEMBER, 1887. No. 12.

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Original Communications.

THE VIENNA MIXTURE.

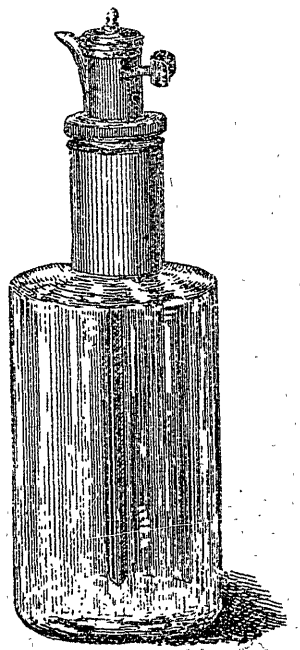
BY GEORGE E. ARMSTRONG, M.D.

Professor of Physiology, Faculty of Medicine, University of Bishop's College. Physician to the Western Hospital.

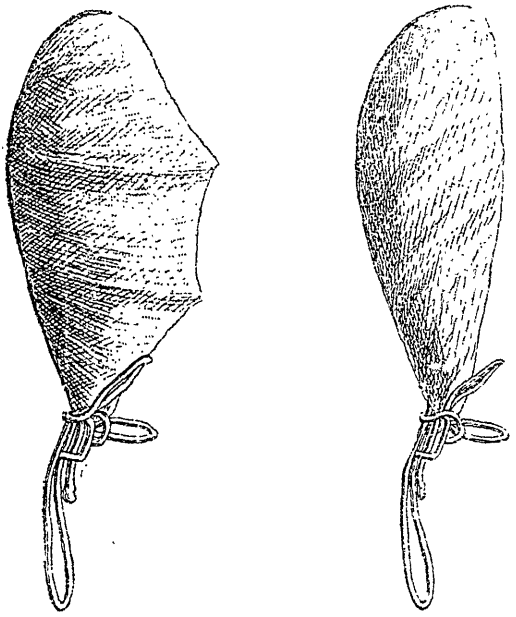
During a visit to the British and European Hospitals, a medical man picks up here and there a great many points which he thinks are of more or less value; and it often happens, at least in my experience, that some little improvement in some line of treatment or method of procedure, from its great superiority over older ways or means, and from the frequency it is used, affords far greater satisfaction than other points of apparently at any rate at first sight much greater importance.

One day while in Vienna, in July, 1886, my friend, Dr. J. C. Cameron, drew my attention to the advantages of the anæsthetic used by Prof. Billroth and others at the Vienna Krankenhousa. It was a mixture of alcohol one part, ether one part, and chloroform three parts. I admit having had a little prejudice against these mixtures, of which we have had so many; but from what I saw of this mixture, I thought it worth while to try it. Accordingly, I provided myself with one of Leiter's improved anæsthetic bottles and an inhaler, and on my return home began to use it. I was so much pleased with its action, that since then I have used nothing else.

The mixture is prepared by adding together first the ether sulphuric one part (Squibbs), and then three parts of D. and F. chloroform made from pure alcohol. Some chemical action takes place as heat is produced, then dilute with one part of pure



alcohol. The bottle which I obtained from Leiter consists of an ordinary 4 oz. bottle, of the shape of an Eau-de-Cologne bottle, with a faucet attached to the neck and mouth, so that the flow is started or stopped by simply pushing to the right or left a little button. This arrangement allows a little stream to escape which can be checked instantly. The inhaler consists of a light metallic framework, with a handle and a porous woollen cover which can be easily removed and cleansed. The arches of the inhaler close down, bringing the inhaler into smaller volume for carrying. The advantages which I find this anæsthetic and mode of administration to possess are the following:



I. It is, so far as I am aware, perfectly safe. I was told that it was so considered in Vienna, and I have used it almost daily for twelve months, giving it in major and minor operations, sometimes for long intervals of time, an hour or an hour and a half to old and young, in midwifery cases, and in the dentist's chair, and so far have never seen any evidence whatever of any unfavorable action.

II. It is easily administered. The anæsthetizer stands at the head of the patient, allows the inhaler to lie loosely on the patient's face, and *frequently* drops a *small quantity* upon the inhaler without removing it from the patient's face.

III. I cannot say that the patient goes under its influence more rapidly than under the influence of chloroform or ether; but one very important advantage will be noticed, viz.: that there is absolutely no struggling, and seldom much talking. Any one who has struggled a few times with a powerful man, or woman either, half under the influence of ether, will readily appreciate the advantage of an anæsthetic, which invariably produces its effect without any struggling whatever.

IV. Another important advantage it possesses is that there is seldom any vomiting or retching during or after its administration. This is particularly appreciated after abdominal sections, although retching and vomiting are at any time sufficiently objectionable, for more reasons than one, to be avoided whenever possible.

V. The patient comes rapidly from under its influence, as soon as its exhibition is stopped.

VI. Among its lesser advantages, may be mentioned the absence of smell to such an extent, that it will scarcely be noticeable in a room half an hour after its administration has ceased.

VII. The patient is not saturated with it, does not retain the odour and taste of it as of ether.

VIII. It does not produce any bronchial irritation with frothy mucous collections, always an important condition to avoid, and especially so in operations upon the air passages, as for instance in tracheotomy for croup and diphtheria. I believe many fatal issues after this operation are at any rate partly due to the irritating properties of ether, on the trachial and bronchial mucous membranes, putting them in a favorable condition to receive and retain the germs of the disease, carried down during the respiratory efforts.

IX. So far as I have been able to observe, it is unirritating to the kidneys.

X. Is very easily carried, takes up but little room in pocket or medicine case.

XI. A very small quantity is used. The other day in the Western hospital, a woman was kept under its influence 40 minutes, during the exploration and drainage of an abscess of the broad ligament, and only one fluid once was used.

Now I have said nothing in praise of this mixture, which I think will not be found true by all those who will use it, and I would urge strongly a trial of it by one and all. For some years I have been thoroughly dissatisfied with ether. It is very disagreeable—it permeates and renders unpleasant a room for hours after its use, and it is only too often followed by nausea and vomiting; and in my experience these unpleasant symptoms follow its use in a large percentage of cases, even when its administration has been preceded and followed up by the most careful and approved methods of preparation and after treatment of the patient.

Chloroform pure is more pleasant; but being more powerful, and thereby necessitating more careful and skillful use, has been followed too frequently by fatal results. It differs from ether also in this respect, that when it kills it kills at once; and when ether kills, the fatal result is delayed several days or weeks, death finally resulting from lung or kidney trouble.

One more point I should like to mention, that is that whatever anæsthetic is used, do not under

any circumstances begin operating until the patient is thoroughly anæsthetized. The importance of this was pointed out to me by one of our leading Montreal dentists. He insisted that in all the cases of death from chloroform in dentists' chairs, that he had been able to investigate, the chloroformist had only partially anæsthetized the patient. Just given enough to *deaden the pain a little.*

Now in the *American Journal of the Medical Sciences*, April, 1887, p. 444, is an article from Professor H. P. Bowditch of Harvard University, entitled The Action of Sulphuric Ether on the Peripheral Nervous System. In this article it is experimentally proved, that irritation of the recurrent laryngeal nerve in dogs *partially* under the influence of ether, produces constriction of the glottis, but irritation of the same nerve when the dog is completely anæsthetized causes dilatation of the glottis.

The observations of Perkins were also in the main confirmed, *i.e.* "there was found to be a stage in the paralyzing action of the drug when stimulation of the nerve caused the leg to assume a position contrary to that occasioned by the same degree of stimulation without ether."

Here is experimental proof of a fact, and that a fact of vital importance to all using anæsthetics, which had already been observed by a practical man, viz.: *Never begin operating until the patient is completely anæsthetized.*

DIET IN SKIN DISEASES.

By J. Leslie Foley, M.D., L.R.C.P., London.

Within the last decade, diet, in reference to the etiology and treatment of disease, has become an element of considerable weight. So much so, that the scale of medical opinion has shot far up in the high numbers. And well it might. Food is a great factor in health and disease. It has made and unmade nations. Witness the decline and fall of the Roman Empire through gourmandizing; and one small article, tea, which although it cannot be strictly classed as a food, is seldom left out in a lady's grocery list, has been the means of founding the greatest republic of modern times. While food has been a power in making and breaking civil constitutions, it has been equally powerful in making and breaking corporeal constitutions. A good dinner is a potential factor in the wise stateman's, the wily politician's, and the shrewd business man's repertoire. In fact, it might almost be said that a country is ruled "over the walnuts and wine." And why? Because from time immemorial humanity has been partial to its palate. One would think that the gustatory and glossopharyngeal nerves would be well nigh degenerated, so often are they stimulated by savory morsels. In patriarchal days, they used to kill the fattedcalf and make merry, and the principle has been carried out through successive ages to the present day, culminating in the modern "dinner party," the prototype of the fatted calf of yore. Cooking has become a fine art, and such perfection has it reached, so tempting, so luscious are the delicacies it produces, that it is enough to make Epicurus turn in his grave. No wonder the patient frequently uses a big, big D. at the doctor, and goes ahead, regardless of all dietetic rules. Food is the fuel which replenishes the furnace of our body, which sets the locomotive going along the multifarious routes of Life's Railroad; unhappily, it often sets the locomotive off the track. Tyndall says, "the growth of knowledge is from vagueness to precision." No doubt ere long we shall reach precision in dietetics. But there are still many knotty points to be solved, many wrangling facts, and the scientific mind ever hungering, like Oliver Twist, asks for more—knowledge. The energy which food develops in forming a muscle, a healthy brain, etc., expends itself equally in deranging or disorganizing a stomach, liver or kidney. As there is no portion of the body but what may feel its beneficial influence so there is no part which may not be visited by its dire effects. But, verily, as one enters a restaurant, casts the eye over the inviting bill of fare, observes the coaxing dishes, smells the saliva exciting odors, it is sad to think, that, commingling with the jovial conversation and good natured smiles of the bon vivants, is the harassing thought, as we trace the food from the first digestive process prehension, to the final act of defecation, with all the intervening tions, what evil may it do, are we sewing the seeds of a dyspepsia, or is there perhaps looming in the distance a Bright's disease, skin disease, etc.? The waiter breaks the reverie, and decides it "Next order, Sir."

Food is potent for fair or ill in skin diseases no less than in other affections. Let us first look at the bright side, that we may be the better able to bear the more shady.

A well regulated diet is a strong item in the treatment of a skin disease. This most will allow. While all in general are in accord as to the value

of diet, there is considerable divergence of opinion as to the most suitable. Which shall we elect, a meat diet, a vegetable diet, or a mixed diet? This dissonance of sentiment is not confined solely as to the kind of diet; some rank diet above medicines, while others do not consider it worthy of a thought. A moderate meat diet is good, but there is a tendency to take it in excess, far more meat being consumed than is of benefit. This applies more especially to the well-to-do class, meat being a luxury with the poor. In excess, meat is apt to develop the uric acid or gouty diathesis; and as is well known, gout is a factor in producing psoriasis, etc. Meat once a day will suffice in most cases. Those taking little exercise require but a small amount of meat, while the active need more. It is asserted that a meat diet causes congestion of the skin, while a vegetable diminishes the congestion. A priori we should exclude a meat diet in all inflammatory affections and substitute a vegetable diet. The fact that when vegetables are withheld, a change is produced in the condition of the blood and scurvy induced, shows that they supply a want to the system. Perhaps no one more appreciates this than does the sailor after a long voyage. Although plentifully supplied with lime juice, he longs for the sight of a fresh vegetable, and on landing highly relishes them. A due proportion of vegetable is necessary to health. Physiologists have long taught that of all diets a mixed one is the best. To adopt, therefore, an exclusive line of diet as a meat or vegetable would be against all physiological rule. It would be impossible to enjoin a diet that would suit all cases. Nor can we as in diabetes lay down a hard and fast diet, and say, "thus far shalt thou go and no farther." Man is a composite being, made up of innumerable ingredients; his tastes are as numerous and variable. What would be agreeable to one, both as to health and taste, would be disagreeable to another. The dietary of the world proves this. Every nation and frequently every individual in a nation having a peculiar diet. Thus we have the rice-eating Hindoo and Chinese, the fish-eating Esquimaux, the beef-eating Britons, the porridge-eating Scotchmen, etc., while each nation has some characteristic food on which it mainly subsists; it would be interesting to inquire what influence it has upon skin diseases. Take for instance the character of the skin diseases as seen in London and Vienna, there is a marked difference in the two types. It seems to me that diet has much to do with it. The Blackfriars Skin Hospital, London, have long had in use a diet table which has proved of most service in the majority of cases in attendance. As the Blackfriars is the oldest and largest skin hospital in London, it deserves a careful study. It consists of—for *Breakfast*, bread and milk or porridge with or without an egg; bread and butter. Tea and coffee prohibited. *Dinner*—plain roast or boiled fish or poultry, plainly cooked rice, eggs, or flour pudding, potatoes, and a few other vegetables. *Tea or Supper*—milk and water, or gruel, or other farinaceous food with bread and butter. *Drinks*—Barley water, toast water, thin gruel, soda water. *To be avoided*—Salt meats, soups, sweets, acids, fruits, pastry. No malt liquors, wine or spirits, unless under medical sanction. The above menu would not be very congenial or recherché to an alderman. It is certainly puritanical in its plainness.

Tea contains nearly 18 per cent. of tannin, its astringent properties produce constipation; it likewise has an evil influence over the nervous system, and tends to give rise to neuroses of the skin. Coffee is less open to the objections of Tea. Condiments and spices as a rule should be avoided. Milk is not always the harmless thing imagined. It should be boiled. It often disagrees with people advanced in years, causing oppression at the stomach, and often lingers in the bowels as hard cheesy lumps. Sometimes it does not suit those in the prime of life, or even children. It should be of the very best quality. Water should be taken sparingly during meals, freely in the intervals. Drinking cold water when fatigued or over-heated by great exertion has caused a permanent skin eruption. Alcohol has a tendency to keep up skin affections. Besides its deleterious effect upon the skin, it acts indirectly on it by crippling the stomach, liver or kidney; and yet alcohol preserves the skin. The lighter wines, claret, &c., can be used with impunity; while spirits should not be used, whiskey and gin are the least harmful of all. Malt liquors make the skin muddy, thick and pimply. Excessive beer drinking often brings on an eczema. Food which has a tendency to constipate should be avoided as far as possible.

To maintain a healthy skin, the frame should be well nourished; if it is thus in health, how much more so should it be in disease. It is a mistake, as a rule, to put a patient on a low diet in a skin disease. The skin should be well fed. Diet should be of good quality and nourishing; it is quality not quantity that tells. But then again it should not be too rich or stimulating. A dog fed on too

rich a diet will suffer from skin disease. This is known to every veternary surgeon. The late lamented Dr. Austin Flint, in his usual weighty way, has said, "diet should be regulated by the appetite, the palate and by common sense." Dr. T. Lauder Brunton says, "it is much simpler to say what the patient may not eat than what he may." Each climate necessitates its own diet. As far as possible, it is better to keep as near the diet a patient has been accustomed to. These three axioms, potent in general dietetics, apply with equal force to the skin.

Food should be taken simple plain,
From excess in eating refrain,
A regular meal hour obtain.

They convey more reason than rhyme. A change of diet is frequently of benefit.

Many cutaneous eruptions are entirely produced by a diet too large in quantity or too stimulating A skin can be overtaxed just as a stomach or brain. It is related that a lady, who was troubled with an irritable eruption, always suffered a relapse when she took more than three ounces of solid food. The skin acts as a drain to superfluous nutritive particles taken in excess by man, as meat and drink. Were it not for this compensating power, drunkards and gastronomics would quickly perish. Vigorous exercise in the open air requires larger quantities of food of a solid character. The horse when wild can subsist easily on grass, but when hard worked requires corn in proportion. Those of sanguine temperament do not need as rich and stimulating diet as do the feeble. Excessive eating produces plethora. The vascular system becomes engorged. That portion of the skin we call the corium is exceedingly vascular; running throughout it are innumerable trunk-like and capillary blood-vessels. Towards the papillary layer is a delicate and highly organized plexus of capillaries affording abundant blood supply. The skin acts as an equalizer of the circulation at the surface. It becomes hyperæmic pari passu with the general system. While excessive dieting is injurious in all skin affections, it is more especially so in those connected with the vascular system.

A skin disease may be produced by too little food as well as by an excessive quantity. It is among the denizens of the poorest parts of a city, where squalor abounds, that the worst cases of skin disease are most rife. Of course, uncleanliness and bad hygienic conditions are dominant in their causation; but insufficient food is the ruling source in the majority of cases. Where the food supply is reduced to its minimum, we have as a consequence a poor condition of the blood (lack of red corpuscles, etc.) and malnutrition. These are the most favorable for the development of a skin disease. I doubt not but what many of the parasitical affections are greatly aided if not induced by a starvation diet. It offers a likely nidus for them. We know that Bacilli are partial to certain tissues outside of which they do not flourish. Healthy, well nourished tissues they cannot live in, it is only in the badly nourished where they reside. And so it is, I take it, with skin diseases. By producing a healthy tissue we can ameliorate the disease. Parasites love dirt and decomposing tissues. Where healthy tissue is these conditions do not obtain. Ergo no parasite. Good, nourishing food is the best means by which we can procure a healthy tissue or nutrition. The late Sir Erasmus Wilson, in his more advanced years, did not believe that there were any parasites at all; and taught that the small cells—sporates, bacteria, etc., were but altered forms of cell growth such as we find in epithelioma, etc., and not extraneous products from without. His treatment was chiefly constitutional, good food being his mainstay.

Malnutrition is at the bottom of a great many skin diseases. If we could but devise some means by which the poorer classes could be supplied with wholesome food, undoubtedly there would be a great falling off in the statistics of the skin departments of the various hospitals and dispensaries, and we would get far better results than from any lotion or potion. We give tonics to procure an appetite; but among the poor, it is not so much the appetite that is wanting, as something to gratify it.

Although it may not be considered germane to introduce the subject of exercise, it has a beneficial influence on the skin, especially riding, boating, bicycling, etc., but I doubt whether taking long walks is not more hurtful than otherwise. Riding, boating, bicycling, notably riding, keeps the liver and digestive organs in good condition.

While all skin affections are benefitted or modified by diet, it should be especially directed in the following: In the *Hœmorrhagiæ, Purpura,* etc., it should receive careful attention, nourishing with as much variety as possible. In *Miliaria,* plain. *Pemphigus*—of best quality. Full animal diet, eggs, milk and cream, wine in proper quantity allowed. *Lichen Ruber*—Best of food given. *Prurigo*—Most nutritive articles. *Acne*—Special stress laid on diet, heavy and indigestible food,

cheese, pastry, pickles, spices, stimulative drinks interdicted. *Acne Rosacea*—Alcoholic drinks proscribed, and a plain diet prescribed. *Ecthyma*—Wholesome and nutritive, including meat, eggs, milk, and all articles which tone up the system. *Psoriasis*—Modified by diet. Dr. Passavant, of Frankfort, Germany, has reported a case cured by an exclusive animal diet. *Furunculus*—Generous diet. In broken down cases malt liquors and wine useful. *Anthrax*—Nourishing diet, milk, eggs, whiskey, wine. *Lupus Vulgaris*—Nutritious food, meat, eggs, milk, etc. *Scrofuloderma*—A most generous and nutritious diet, consisting largely of animal food. *Lepra*—Nourishing diet. *Syphiloderma*—Nutritious diet, milk, meat, eggs, wine allowed. *Eczema*—If full habit plain diet, if there is any disturbance of the digestive tract, cakes, sauces, pastry, pork, cabbage, pickles, cheese, beer, wine, etc., interdicted. *Urticaria*—Diet simple without stimulating food and drinks, food nourishing but plain. *Erythema Nodosa*—Diet simple. *Erythema Multiforma*—Light diet, all stimulating articles of food and drink avoided. *Seborrhœa*—Food nourishing and of the best.

In many instances a skin eruption is but an outward expression of some inward trouble; one is too apt to forget this, and in treatment to invariably associate it with an ointment. Some highly prized unguentum is applied externally, perchance culled from the clinique of some famous dermatologist. But oftentimes the casus belli is inwardly; it may be some irritating article of food, etc., inflaming and deranging the bowels with their contiguous helpmates, liver, spleen, etc.; here some internal emollient or corrective would be more useful.

Disorders of the digestive tract (from mouth to anus) are paramount in producing many affections of the dermis. We have but to take up any text-book on dermatology to verify this. Under its labored and memory-burdening nosology there is scarcely a disease but what disturbances of the alimentary canal, caused by food in excess, in too small quantity or of bad quality, plays some part in its etiology, and the role is by no means a secondary one.

Among other skin diseases induced by improper diet, may be enumerated, Furunculus, Anthrax, Acne, Rosacea (spirituous liquors), Psoiasis (modified), Lichen Ruber (according to Sir Erasmus Wilson). Eczema, Urticaria—Overloaded stomach, excess in wines or highly seasoned food may produce it, certain articles are especially liable to give rise to it, such as fish, oysters, clams, crabs, pork, sausages, oatmeal, mushrooms, raspberries, strawberries, etc. Dr. Brunton relates a case where a single strawberry produced an intense urticaria. Severe dyspepsia may cause miliaria.

While disorders of digestion affect the skin, cutaneous eruptions are equally deleterious to the alimentary canal, the skin is in close relation to the digestive tract, the vaso motor nerves being the connecting link. The bowels absorb the food we eat, and we know the skin is capable of absorbing food by inunction. A healthy skin promotes reflexly the vaso motor circulation of the different viscera. Trainers have long known the benefit of keeping the skin in good condition, the rub down being part of the course. Possibly in the near future we may class as an etiological factor in the skin domain the rank Ptomaine.

The skin is in sympathy with every organ of the body, likewise there are few organs but what have some effect upon the skin. Its Pacinian corpuscles are the touchstones of the internal organs, connecting, as it were, the inner with the outer world. Contact with these small bodies sets the whole nervous system agog, and communicates the sensation to that highest consummation of the nerve centre, the brain.

A noted scientist has said: "You cannot study a snow-flake profoundly without being led step by step to the constitution of the sun. It is thus throughout nature, all its parts are inter-dependent, and the study of any one part completely would really involve the study of all." It is so in medicine, as Pope puts it "all are but parts of one stupendous whole." All knowledge, therefore, pertaining to diet and the digestive tract has its bearing upon the skin. Dyspepsia and dieting have long been synonymous; and I take it, in process of time, the same will be said of skin diseases, and he who treats cutaneous affections, especially in regard to diet, from the broad view of general medicine, will, I venture to say, be more successful in the long run, than he who confines himself to one narrow groove.

22 Dartmouth Street.

Boston, Sept. 1st, 1887.

ON THE TREATMENT OF FIBROID TUMOURS OF THE UTERUS BY ELECTRICITY; WITH OBSERVATIONS AND COMPLETE STATISTICS OF ALL THE CASES SO TREATED FROM JULY 1882, TO JULY, 1887.

By Dr. G. Apostoli, Paris.

Translation by Wm Woodham Webb, M. D., M. R. C. P. L.

(*Read at the Medical Association meeting at Dublin*, 1887.)

Gentlemen:—You will permit me to ask of you a temporary suspension of the well merited celebration of the triumph of gynæcological operative surgery, in which you have held so important a position, while I lay before you my views on a point of conservative treatment.

The surgical measures proposed, discussed and put in practice for the removal of uterine tumours have of late years occupied a great share of the attention of practitioners, and yet many of the questions connected with this subject still remain undecided, obscure and perplexing. After all, the dangers of excision are not much less formidable. For this reason I have endeavored to find out a way, neither strictly surgical nor strictly medical, of dealing with these cases, by which I might avoid equally the reproach of surgical insecurity and the defect of therapeutical inefficiency. By this I mean my electrical treatment of uterine fibroids. It is now five years since I adopted a proceeding which I may define as a *galvano-chemical cauterization of the uterus, vaginal, intra-uterine or parenchymatous and always monopolar.*

For those who have not much experience in electrical manipulations, these few simple words require to be made clear and explained. This I will endeavor to do plainly and shortly.

I may first of all point out what my predecessors had done in the electrical cure of fibromes. Assuredly they had used a current of electricity, but all the attempts made were defective in ways that I may thus recapitulate:

The current of electricity was employed:

1st. In a *vague* and *variable* manner. Sometimes there was faradisation, sometimes there were continuous, sometimes interrupted galvanic currents, but always without a definite object. The current was set in motion in ignorance of its intensity, and with imperfect knowledge of the best means of employing it. The proceeding was purely empirical, discrediting a curative agent, capable of doing much good, or none at all, according to the skill and intelligence with which it was directed.

2ndly. Without *dosage*, that is to say, without any instrument, in the form of a galvanometer, which admitted of measuring the force of the current employed, or of repeating it under the same conditions.

3rdly. In a *dose insignificant*, generally so small as to be useless.

4thly. By a method always *extra-uterine*, in no way directly acting upon the uterine cavity, and but slightly upon the neighboring parts of the vagina.

5thly. By a method often *dangerous*, from the galvano-puncture being made above the pubes, and through the abdominal integuments.

With these imperfections and dangers in view, it was in 1882 that I originated a *new and rational* way of using electricity for this purpose. I have since *gone on modifying and improving* my mode of operating and I now propose to give you an account of my method as I practice it at the present time.

I have supplanted the old way of operating by a method which is:

1st. *Precise*—By the introduction of *new galvanometers* of intensity—exact counters and measurers of the electric current. It is in this way only that we can estimate the value of the fluid passed and utilized through the uterine tissues.

2nd. *Energetic*, by an absolutely novel service of *high* intensities of current, which I have progressively carried, according to the necessities of my cases, from 50 to 150 and 250 milliampères.

3rdly. *Tolerable*, in spite of the enormity of these doses, in consequence of the introduction of a new form of electrode, the wetted clay, which renders the cutaneous pole innocuous and permits us to transmit through it easily and without injury a current of signal medical intensity.

4thly. *Better localised*, by a direct application of the active pole, by way of the vagina, to the uterus, either in its cavity, or in the substance of the fibroid deposit.

5thly. *Thoroughly under control*, by the exclusive choice of the unipolar method. In fact, I apply to the diseased uterus a *continuous galvanic current of an intensity and duration sufficient to produce the therapeutic effect required.* Now this application, which is generally inaccurately described as electrolytic, ought to be defined as a *galvano-chemical cauterization*, that is to say, a cauterization purely chemical. In the course of this current through the tissues there are two successive and distinct effects developed:

a. The *tangible* effect, at the points of entry and exit of the current, which, according to the dose and duration, will be a chemical cauterization more or less severe (but not thermic), variable in conformity with the pole, and different in its character at the *positive pole* and at the *negative* pole. This polar action, at the will of the operator, may be either *monopolar* or *bipolar.*

b. The effect resulting from the circulation of the current from one pole to the other, which is therefore called *interpolar* action. This action follows every electrical application and sets up a subsequent process of disintegration, proportionally wide and lasting, of the morbid products through which it is made to pass.

In serving myself to the utmost of the polar and interpolar effects of the electric current for the treatment of fibromes, I adopt always a galvano-caustic, intra-uterine and *monopolar.* I thus only use directly one active pole, closing the circuit outside the abdomen by a second pole, made as nearly as possible inert. At the same time, I reckon upon the interpolar effects of the current, as it necessarily finds its way through the entire uterine substance, from the internal pole to the external or cutaneous pole. This, as I have explained elsewhere, is the principal reason why I do not place the two poles in the vagina, and why I advocate the method known as uterine monopolar.

6thly. *More scientifically exact,* from the due appreciation of the topical effects of the two poles, and the precise chemical and anatomical indications peculiar to each of them.

I have been able to demonstrate, in the clearest manner, that we have in our hands a double edged agent, that we can make use of at discretion, to afford us local effects quite different. On the one side, is an *hæmostatic* more or less rapid in its action, and either direct and immediate, or secondary and remote. I allude to the *positive* pole, with which we can arrest hæmorrhage, either instantly, if the cavity of the uterus be of normal dimension, if the action be relatively intense, and if the hæmorrhage be not excessive; or more deliberately and gradually, after several successive operations, by the formation of contractile cicatrices. The various gradations of the narrowing of the uterine canal are the plain evidence of this secondary and prolonged effect of positive cauterization.

The *positive* pole will therefore be the "*médicament par excellence*" in cases of bleeding or *hæmorragic* fibromes.

On the other hand, with the *negative* pole we obtain a state of *temporary congestion,* without *direct* hæmostatic effect. The interstitial circulation of the uterus, thus momentarily stimulated, will be hurried on, and a regression of the non-hæmorrhagic fibromes is the consequence, either of this state of congestion, or of the supplementary artificial and salutary hæmorrahages which take place. The negative pole will therefore be found to render invaluable benefit (though with the positive pole it is possible to arrive at the same point by a way more indirect and tedious), in those cases of fibroids accompanied with *amenorrhœa* and *dysamenorrhœa,* which are only too often the despair both of patients and doctors without such means at command.

Looking therefore at the difficulties and dangers of abdominal surgery, and at the avowed impotency of the greater part of medication in cases of fibromes I do not hesitate to assert for my method of treating them a precedence on the following grounds:

1st. It is *easy* of application; since it only requires an elementary acquaintance with the principles and practice of electro-therapeutics; it being, however, unconditionally understood that a profound knowledge of gynæcological science must be the indispensable prelude to any attempts.

2ndly. It is *simple;* for it is ordinarily nothing more than a skilful, uterine, therapeutical soundage. This is only what may be expected of ever surgeon provided with a good galvanometer of intensity, some sort of battery capable of yielding an adequate current of electricity, an inoffensive cutaneous electrode in wet potter's earth, an inattackable intra-utrine electrode in platinum, and a steel trocar for the galvano-punctures.

3rdly. The current its mathematically *dosable;* so that every operator can carry on the treatment under the same conditions and adjust the force of his remedy to the nature of the effects he has to obtain.

4thly. The *seat of operation is optional;* for the surgeon has the power of limiting and defining the point of entrance of the current, making it either the mucous membrane or the tissue of the organ.

5thly. It is of *easy control;* and only utilizes an amount of force, which should cause neither shock nor suffering, and ought never to be put to use but in progressive and adjusted doses.

6thly. It is *antiseptic* in itself, by virtue of the high cauterization of the active pole.

7thly. It is for the most part *easily supported*; anæsthetics being only required for certain cases of galvano-puncture.

8thly. It does not *impose upon the patients any forced seclusion;* and mostly admits of their continuing the usual habits of life, and even of doing hard work, in the intervals between the operations.

9thly. But over and above all these considerations, there is one dominant point to be advanced, which alone is of weight enough to turn the scale in favor of the electrical treatment. The simple chemical cauterization, for which you may find the equivalent in the laboratory of the chemist, or in the actual cautery, is not the only matter we have to take account of. This chemical cauterization—so called polar—is only the first part of the therapeutical scene which gradually unfolds itself.

The electrical current—the power we wield, and the accompaniment of every vital manifestation, in its course through the tissues acts prolongedly and profoundly on every molecule, and thus causes ulterior changes in the tumour structure, which may well astonish both by their extent, safety and certainty.

I regret that I cannot do more on this occasion than roughly outline these questions of prime interest, and I turn at once to the clinical and purely practical results of my treatment.

With this powerful agent, the constant galvanic current of high intensity, of which I have pointed out the tractableness as well as its many advantages, in our hands, let us ask what can it do, and what ought we to be able to do with it, for the relief of the uterine fibroid?

Symptomatically, the fibroids may be divided into two great classes, those which are hæmorrhagic and those which are not so.

The positive pole is the express remedy for the cases attended with *hæmorrhage*, the negative pole when they are *not hæmorrhagic*. Each of the two poles, conveying the current, acts in the first instance locally on that part of the mucous membrane with which it is in contact—the negative pole as producing congestion, the positive pole as hæmostatic. Moreover, if they both in their secondary interstitial action induce a regression of the tumour, I believe that in this respect the greater potency belongs to the negative pole. But beyond this the negative pole has a further faculty. If we make it enter by puncture into the substance of the fibroid deposit, it will more rapidly insure the diminution of the tumour, and what is truly remarkable is, that this negative pole, naturally congestioning, and little if at all hæmostatic, becomes by a sort of *contre-coup* markedly hæmostatic, and will at the end of a certain time, arrest even troublesome hæmorrhages. This staunching effect is due to the cutting off of the supplementary circulation, by the rapid atrophy brought about by the action of the negative current.

As a supplement to the rule which I have just formulated,—pole positive intra-uterine for the restraining of hæmorrhage, pole negative intra-uterine for tumours without hæmorrhage—comes the second indication for *galvano-punctures*. These punctures, as my experience increases, assume daily a more and more preponderating importance in my estimation.

The indications for galvano-puncture are *two-fold;* first, as a matter of *necessity* in consequence of uterine atresia, or where there is such displacement of the organ as to prevent any introduction of a sound; second, by *preference* when we see that we can advantageously combine punctures with intra-uterine cauterization, so as to expedite and make sure of the effects that, with the cauterizations only, we should tardily or perhaps imperfectly realize. We must therefore undertake the galvano-punctures *alone* whenever the case will fairly admit of them, or use them in other cases *as adjuncts* to the intra-uterine cauterizations previously tried.

The manipulations in the operation of galvano-puncture will always be more difficult and even dangerous in incautious hands. I cannot therefore too much insist upon a rigid observance of the directions and precautions I have elsewhere given at length. I can now only offer a very short summary of them.

1st. Absolute and regular *antiseptic* irrigation of the vagina, before and after each operation.

2nd. Use as the puncturing instrument a small steel trocar or needle, and let the punctures be *shallow*, that is, not deeper than from 1 to 2 centimetres.

3rd. Make the punctures on the most prominent part of the fibroid; whenever possible, in the posterior cul-de-sac.

4th. Make the punctures *without speculum.*

Slide the trocar through the celluloid sheath which protects the vagina, after having examined and chosen by touch the point where the puncture is to be made.

5th. Take the precaution of *ascertaining the seat of any pulsation*, so as to avoid wounding an important vessel.

6th. In case of any unusual hæmorrhage, immediately *dilate the vagina* with an expanding speculum, and if necessary put on pressure forceps to the bleeding point.

Such is a rapid sketch of the directions for operation; what now are the anatomical and clinical results to be expected?

A. As regards the *material* changes we may affirm, that every fibroid tumour, submitted to this treatment, sometimes after so short a time as one month, but certainly when the treatment is fully carried out, will undergo a manifest reduction appreciable by the touch, and demonstrable by internal measurement. The further diminution of the tumour which continues for some months, varying in amount from a fifth to one half of the original volume, is generally associated with a coincident and equal accumulation of subcutaneous adipose tissue on the abdominal walls.

The regression of the tumour is not only apparent during the time of active treatment. but goes on continuously after it has been suspended, and is the persistent proof of the enduring influence o the electrical operations.

The liberation of the tumour from its local attach ments takes place simultaneously with its decrease of bulk. The tumour which at the commencement of the treatment was immovable can progressively be made more and more to change its position, as the absorption of the enveloping tissues, deposited round it, advances.

Another phenomenon is observed in connection with the regression of the tumour. It not only contracts on itself, but it shows a tendency to separate it self from the uterus, to become more distinctly subperitoneal, to detach its mass, as were, from its setting in the uterine wall, and to remodel itself into a pedunculated form.

B. Clinically.—The results are not less striking. Perhaps they are even more so, as they are not only matter of proof by the examination of the surgeon, but the patient herself is the living exhibition of them. We may generalise the extent and importance of these results by saying, that ninety-five times out of one hundred, they comprise the suppression of all the miseries constituting the fibroidal symptomatology, which may be thus categorically enumerated:—*Hæmorrhages, the troubles of menstruation, dysmenorrhœa, amenorrhœa, nervous disturbances, the direct pains in the growth itself, and from mechanical pressure, and the harassing series of reflex actions.*

In a word, the assertion may be safely advanced that, though our therapeutical resources only carry us so far as the sensible reduction of fibroid tumours, and not to their total absorption, we may, with regard to the symptoms, certainly anticipate their complete removal, and the establishment of a state of health equivalent to a true resurrection. I am justified in saying, that the greater part of women who have persisted in the necessary treatment, not only were cured but remain well.

I use the expression, the *greater part*, because there is no such thing as human infallibility, especially in medicine. I acknowledge having been sometimes unsuccessful, and so instructive are my failures, that I shall recount them at length in a work now preparing. It will be seen that they were cases in which there was no possibility of satisfactory treatment, owing to an apparently absolute intolerance of high intensites of current. I see now that I was wrong in retreating before this supposed intolerance. Among them, were three cases of fibrome with ascites, and I regret now that, with the aid of anæsthetics, I did not persist in going to the limit of my power. I have also met with the same intolerance in some hysterical subjects, in cases of very irritable uterus, and in others of peri-uterine and intestinal phlegmasia. Now, with my present experience, I should not hesitate to operate to the fullest extent with the patient under chloroform. There remains yet the obscure question as to the class of cystic fibromes, and tumours with a tendency to malignant degeneration, where there is often an accompanying fearful and irrepressible hydrorrhœa. I have recorded three such instances, and in them intra-uterine galvano-cautization generally proves useless. Something more is demanded, and we must seek in galvano-punctures means of denutritive action more powerful and more efficacious.

Finally, I may lay down the following proposition. No operator should admit the failure of intra-uterine galvano-cauterization, before having had recourse to the galvano punctures, *which he must enforce either with or without anæsthetics.*

We will now turn aside from all theoretical con-

siderations, and look at the facts. I may rely upon them, with confidence, as my great support. I desire, however, in the first instance, to prove the comparative safety of intra-uterine medication when my method is adopted.

Both in my *clinique*, and in my private consultations as far as regards gynæcological practice, the application of electricity therapeutically assumes two forms. In the one, it is exclusively faradic, in the other galvanic. For the present I pass over faradism, to occupy myself solely with what relates to the patients who have been subject to the treatment by continuous currents.

In the five years, from July, 1882, to July, 1887, I have made, either privately or at the *clinique*, as many as 5201 applications of continuous galvanic currents, for most of the maladies included in the gynæcological nosology; and I may enumerate them in the following order:

1 Fibroids of uterus—polypi;
2 Entire or partial hypertrophies of the uterus;
3 Subinvolutions;
4 Acute and chonic metritis and endometritis;
5 Ulcerations of the neck of the uterus;
6 Peri-uterine inflammations (perimetritis, parametritis, cellulitis, phlegmons);
7 Ovarialgia;
8 Ovaritis and periovaritis;
9 Salpingitis;
10 Ovarian and tubular cysts at an early stage;
11 Atresia;
12 Hæmatocele.

These 5,201 operations were thus partitioned:

I. At my clinique, 2,837.

a. 1,524 galvano cauterizations, chemical, positives intra-uterine.

b. 745 galvano cautizations chemical, negative, intra-urine.

c. 368 galvano punctures, chemical, negative, vaginal.

d. 200 cauterizations, galvano, chemical, of neck of uterus.

II. In my private practice, 2,364.

a. 1,245 galvano cauterzations, chemical, positive, intra uterine.

b. 1,027 galvano cauterizations, chemical, negative, intra-uterine.

c. 72 galvano punctures, chemical, negative, vaginal.

d. 20 galvano cauterizations, chemical, of neck of uterus.

These 5,201 operations, which range over a space of five years, were made upon 403 patients, who went through the treatment more or less systematically. And I must not omit to mention that I intentionally say nothing about the number, far in excess of the above, who were merely the subjects of faradism, as I have the intention of publishing a separate memoir on that subject.

Now in referring to the history of these 403 patients (276 at the clinique, 127 private), the number of whom, for the time occupied, may really be considered as great, I have only to deplore the loss of two. Of these two deaths I take upon myself the entire responsibility. My method was not in fault. I only was to blame, as may be seen by the full and detailed report.

In one case, I admit candidly that there was a fatal error in my diagnosis. I did not recognise the presence of a suppurating ovarian cyst, which ended in death from peritonitis. Death was due, in the second case, to a puncture made too deeply. The consequence was intra-peritoneal gangrene, for which the abdomen was not opened.

In addition, I have to confess to having either excited or aggravated, in the course of the five years, ten peri-uterine phlegmonous inflammations. These must be attributed to blunders in carrying out the treatment, as will be shown when the account is published at length.

But these errors of practice happened during the early days of my work, and were either:

a. Negligence of antiseptic measures, which were either omitted altogether or done imperfectly; or,

b. The too violent, or too intense, use of the negative pole, in cases of subacute peri-uterine inflammations.

The fact is, that the negative pole, having a strong power of producing congestion, is a dangerous weapon, which at the beginning of any treatment must be brought to bear with great prudence and reserve, if one would avoid overshooting to mark for which it is intended.

To lay before you the facts of these accidents will serve the double purpose of warning you of what may befall you, and of preventing you from falling into similar errors. My caution is, that whenever the negative pole is put in use, and there is any trace of peri-uterine inflammation present, you must not only redouble your antiseptic heedfulness, but your operative proceedings must be carried on with deliberate carefulness. You must

feel your way, testing the susceptibility you have to work upon by two or three preliminary operations, in which you give doses so feeble that they only serve to enlighten you, and to habituate the patient, so as lead on safely to the use of higher intensities.

But when I tell you that this operative gynæcolgy, as I have to practise is carried on in such exceptional circumstances that no one else has ventured to encounter them, and upon a class of women who are obliged to walk home shortly after they get up from the couch, who seldon take the necessary rest in bed, who are in no way under my surveillance, and whose poverty forces them in some fashion to get through all the ordinary duties of life, you will be curious to know, and you will ask of me, what is the explanation of this illusive mystery. All that that I can say is,—it appears to me that the intra-uterine current, at the high propertions I trust to, seems to have in itself some special antiseptic and atrophic property.

I must close these remarks on the failures, which I have no wish to conceal, but which I now expose to you in all their nakedness, though they so stand as the evidence of only the usual difficulties which accompany the laborious and misty development of any new method of treatment, without speaking of other dangers which lie in the way, such as the possibility of concealed pregnancy, and accidental abortion, and also the risk of opening up a vesico-vaginal fistula. I have already enlarged on this matter elsewhere, and in my next work, on gynæcological electrical therapeutics, I shall devote a chapter to the consideration of the needful precautions.

I am anxious to-day, as the completion of my paper, to put forward a simple statistical statement of what has been my treatment of uterine fibroids.

From July, 1882 to July, 1887, I have had under my care 278 patients with fibromes or hypetrophy of the uterus in some manifest degree, upon whom I have used 4,246 applications of the continued current of electricity. The patients and the operations may be thus classified:

I. CLINIQUE 186 PATIENTS, AND 2,347 OPERATIONS.

a 1433 galvano cauterizations, positive, intra-uterine.

b. 593 galvano cauterizations, negative, intra-uterine.

c. 321 galvano punctures, negative, vaginal.

II. PRIVATE, 92 PATIENTS, AND 1,899 OPERATIONS.

a. 1,085 galvano cauterizations, positive, intra-uterine.

b. 746 galvano cauterizations, negative, intra-uterine.

c. 68 galvano punctures, negative vaginal.

As I said before, I do not wish to convey the impression that all these patients have been cured. It is not so, for the very good reason, that some of them, especially those of the *clinique*, have not persevered to the end, attendance having been discontinued as soon as the first feelings of amendment have been experienced. But I can affirm that when there has been no negligence, and my advice has been fully acted upon, 95 times out of 100, permanent benefit has been acknowledged. I may also predict that if adopted in its integrity, and worked as it ought to be, the mortality from my treatment will henceforward be nothing. I cannot, however, omit to report a fact which gives occasion for melancholy comparison.

Among the patients who had not the will to let me finish what I had begun, and whose impatience led them voluntarily to seek the removal of their tumours by excision, seven put themselves into the hands of six of our most eminent surgeons, and not one of the seven recovered from the operation. Commentary on this would be superfluous.

One word in parting. Men and their labors can, in general, only find their proper level and value through the esteem of their associates, and the way in which what they have done is publicly accepted. Now, I feel it pressing upon me as a duty to acknowledge, that if the method about which I have been addressing you ever meets with the confidence of the profession (to speak only of England) it will be mainly due to your illustrious countryman Sir Spencer Wells, who was one of the first to extend to me the benefit of his experience and authority, and to his learned friend Dr. Woodham Webb, whose name will ever de coupled with its introduction and diffusion. It would be injustice were I not also to refer to the honor such distinguished gynæcologists, as Keith, father and son, Playfair, Savage, Elder and others have done me by their visits, and to the encouragement they have given me by their approbation.

I cordially thank all who are present, and I assure you that the best recompense of the work of my life will be to find many of you becoming my followers.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, May 13th, 1887.

J. C. CAMERON, M.D., PRESIDENT, IN THE CHAIR.

Pathological Specimens.—Dr. JOHNSTON exhibited specimens from a case of *perityphlitis* in a girl aged 12. There was no lesion found in the brain.

Dr. BLACKADER said that he had been called in consultation in the case. The girl complained of pain in the back, right iliac region, and down the right leg. A week before, the attack had set in with vomiting and abdominal pain when the mother had given a purgative. There was no marked rise of temperature (101-102), and the pulse never was high. Abdomen was tender and tympanitic. The child had been brought to him formerly for convulsions, which set in first on right side, then becoming general, lasting about twenty minutes. He had been able, also, to elicit clonic movements of that side, first of the arm, then of the right leg, but they did not become general. These nervous symptoms yielded to arsenic, and her general health was good. The convulsions, however, continued up to three o'clock of the day previous to death.

Dr. JOHNSTON exhibited specimens of *tubercle of the trachea* from a case of general tuberculosis, in which several of the rings were exposed from ulceration of the posterior surface. He also exhibited the *sternum and ribs* from a case of *rickets* in which the *Rachitic Rosary* was well shown from the inside, but not externally.

A Rare Form of Epilepsy.—Dr. WOOD then read the following paper on a rare form of epilepsy, and exhibited the patient:

Some years ago, Dr. William Osler read a paper in this room, in which he spoke of a case of Jacksonian epilepsy. He was fortunate enough to be able to show the brain of the subject and the cortical growth (a small glioma) which gave rise to the epileptiform seizures. I am unable to demonstrate the actual existence of any disease within or about the motor zone of the patient about which I am going to speak, because he is still alive; but I thought it might be interesting to introduce for discussion here by detailing such a case, the whole subject of false (non-hysterical) epilepsy. The subject of epileptic auræ and the modes of onset in epilepsy has always been an attractive one to me, and I would like to hear from members of this Society in this connection.

Until eighteen months ago, the patient, E. B., aged 70, was in fair health. Had never had syphilis, but now suffers and has suffered at times for many years from rheumatic gout, the great toe of right foot being the chief seat of the trouble. Has occasionally had pains (which were set down as rheumatism) in several other joints of his body, but has never been laid up with them. Has never suffered from persistent headache; never had any injury to his head, and his intellectual faculties are well preserved. There is no history of family neuroses. His digestion is fair, and his heart and kidneys are in normal condition. He had his first attack eighteen months ago, and the half dozen attacks which he has had since then are similar to that one, only they seem to getting worse. He first noticed twitchings of the muscles of the left forearm and face; these twitchings increased in violence, and although he made efforts to control them, they went on getting worse. He then began to experience feelings of fear as of impending danger, and in about a quarter of an hour after the first muscular contraction, he thinks he became unconscious for a few moments, but is not certain of it. In half an hour the whole attack was over, and with the exception of a feeling of weakness in the arm, he was all right again. He has had since then, but at no regular interval, some half-dozen attacks, varying little in character from the first one. Nearly every attack has been witnessed by his fellow workmen or his wife, and I have been able to get a pretty fair account of them. The loss of consciousness lasts but a few moments. Sometimes he has had what he calls double attacks; that is, he will have a second attack a few minutes after the first, which is not as severe at the first, and is not accompanied by unconsciousness. He knows when he is going to have an attack, and will grasp his left wrist in his right hand, and do his best to prevent the spasm from getting worse or from attacking his face. I saw the latter half of one of these attacks, which he declares he can bring on at will, or rather (because the man suffers much from the dread of approaching danger which accompanies the attack) he thinks that when he has a second attack it is due to putting the arm or his body in some uncomfortable position. I was talking to him one day (having reached the house

shortly after a seizure) when he said, "There, I am going to have another attack." He grasped his left wrist firmly, but jerking began in the arm, the muscles of the upper arm being most affected. This was shortly followed by twitching in the other muscles of the arm, all growing worse, until the forearm became flexed upon the upper arm; then the muscles of the face began to twitch, and both sides seemed affected just as in true epilepsy. The man meantime made violent efforts to control the spasms, and called to his wife to prevent the flexion of the forearm. She succeeded in straightening it with some difficulty. In five minutes the attack was over, and I am unable to say whether he was unconscious or not. For several days afterwards he complained of weakness in the affected arm. The spasm in this instance and in every other attack was distinctly confined to the left arm and face, beginning first in the arm and extending to the facial muscles. Without the dynamometer test, the grasp of the left hand, several days after an attack, appears to be as firm as that of the right. I do not know why it should be so, but the patellar tendon reflex is wanting in the left leg, and is faint on the right side. The only doubt, it appears to me, in the diagnosis of this case as one of Jacksonian epilepsy, or, in other words, of disease affecting the face and arm centres about the fissure of Rolando, is that matter of loss of consciousness. It seems to me, however, that the clonic muscular contractions, confined to such related groups of muscles as those of the arm and face—the gradual onset—the loss of consciousness, if at all, but very slight, and coming on near the end of the attack, after the patient has been able to make vain, but intelligent, efforts to prevent the involvement of the other arm and facial muscles—the absence of any history of his falling down,—all these point to a local brain lesion and not to true epilepsy. There was no paralysis in this case, nor any tonic contractions of the muscles, although the patient complains of weakness in the arm for a day or two after an attack. One must conclude that there is no actual destruction of the cortex within the motor area, but that some growth or induration in a situation outside of it irritates, upon occasions, the centres that preside over the face and arm muscles. In Dr. Osler's case, there was a long-standing contraction of the right foot.

Regarding the treatment of this case, he has been taking, for several months, 5 grs. of potassic iodide, 10 grs. of potassic bromide, and 15 grs. of potassic bicarbonate, three times a day, on alternate days, and so far he has been free from attacks. I am watching the case and awaiting developments. Thinking, for obvious reasons, that it was advisable to have his eyes examined, I sent him to Dr. Proudfoot, and I conclude with his report:

"I send you the following notes of E. B.'s case. I am sorry he could not come to see me again, as I wished to examine his colour perception and visual powers, which I could not do before. At the time I examined him, I found the humors of the eye perfectly transparent and nothing abnormal, with the exception of the 'disc,' which was somewhat grayish in colour, and there were two or three small collections of pigment at the upper and outer margin, and a narrow atrophic ring extending round the lower and inner third, with a slight depression of the vessels in that region. There was no hyperæmia or other evidence of any very recent trouble, and the patient informed me that his sight was as good then as it had been for some time back."

Discussion.—Dr. BULLER said that there were many well-established cases where epileptic attacks, were caused by the irritation produced by a shrunken eye-ball. This is especially the case where the choroid coat is undergoing inflammatory changes resulting in the formation of bone. He then called the attention of the Society to the condition of the patient's eye, in which the osseous deposit was perceptible, and said that the irritation produced by the pressure of this hard ring on the ciliary nerves was sufficient to set up sympathetic changes, and perhaps to account for the epilepsy.

Dr. STEWART said the case was evidently one of cortical epilepsy. General epilepsy might be traced to such a source as irritation of the ciliary nerves, but he did not understand how it could produce one-sided epilepsy.

Dr. TRENHOLME thought Dr. Buller's views were very important; slight but continuous irritation of sensitive nerves is apt to set up epileptic attacks. He throught enucleation of the eye might be performed with benefit.

Dr. BULLER, in answer to a question from the President, said that if the attacks recurred he would recommend removal of the eye.

Stated Meeting, May 27th, 1887.

J. C. CAMERON, M.D., PRESIDENT, IN THE CHAIR.

PATHOLOGICAL SPECIMENS.

Ulcerative Endocarditis.—Dr. ROWELL exhibited specimens from a case of ulcerative endocarditis.

Bright's Disease.—Dr. R. L. MACDONNELL exhibited the heart and kidneys from a case of Bright's Disease.

Albuminuric Retinitis.—Dr. BULLER shewed one of the retinæ from the above case. The patient had first applied to the ophthalmic clinic on account of loss of sight, about two weeks before her death; could then count fingers at a distance of a few feet. Pupils were dilated; ophthalmoscope shewed extensive outbreak of patches of infiltration near macula. Recommended patient to enter hospital for her renal disease. At the autopsy, besides the infiltration of retina, several small hemorrhages and some accumulations of pigment were detected. It was a good example of albuminuric retinitis in a late stage.

Cancerous Angioma.—Dr. FENWICK shewed a small tumor removed from the neck of a girl aged 21. When first noticed two years before was about the size of a pea. Local applications had no effect. On removal, was the size of an egg, encapsulated, situated just behind angle of jaw, and apparently very vascular. Patient had an attack of cynanche four months before the tissue growth was first noticed.

Dr. JOHNSTON stated that the growth was a cancerous angioma, and exhibited a microscopic section. He thought this was of interest, because in this region remnants of the brochæ would exist.

Dr. HINGSTON considered the attack of tonsillitis as merely a coincidence.

Depressed Fracture of the Skull.—Dr. FENWICK shewed a specimen of depressed fracture of skull. Patient, aged 25, was admitted into hospital April 3rd, 1887, in an unconscious state, supposed to have been injured by putting his head through a window of railway car and striking abutment of bridge. Scalp wound over three inches in left parietal region; beneath this a depressed comminuted fracture was noticed. Ecchymosis of left eyelid and conjunctiva. A little bloody serum oozing from left ear. Wound dressed with iodoform, and patient given bromide of potash.

April 15th.—Some small pieces of loose bone removed from wound, leaving an opening in skull 2½ by 1 inch. Dura mater slit up for about an inch, evacuating a quantity of fœtid pus from an abscess in cerebral cortex. Discharge from ear has become purulent. Drainage-tube inserted and wound closed.

April 18th.—Temperature rising for several days: to-day 108.5°. Died at 8 p.m.

Head examined by Dr. Johnston 75 hours after death.—The wound above described was found bathed in pus. On removing stitches where the depressed internal table of parietal bone is exposed diploe has a granulating surface. The incision in dura mater had not united. Line of fracture extends downwards through petrous bone, which is splintered into many little pieces, thence across the lesser sphenoid wing and in front of the anterior clinoid process to the right orbital plate. In the left temporal fossa were two drachms of pus between dura and bone; a good deal of blood extravasated in this neighborhood. Pia mater, in this region and at the base, normal. In the cerebral cortex an abscess the size of a hazel-nut was found just beneath the supra-marginal convolution, which presented a small superficial slough. The abscess did not extend quite as deep as the roof of the left lateral ventricle. On sawing open tympanum, the cavity was found full of pus. The mastoid cells contained a little pus.

Dr. FENWICK stated that he had put a stitch in the incised dura; would not do so again in a similar case.

Dr. BULLER had seen a case some years ago; patient had been run over by a cart-wheel, by which petrous bone was fractured and several ounces of brain matter escaped through the ear. The patient recovered. Drum membrana was defective in upper and anterior part, and there was a marked deformity in meatus.

Dr. FENWICK, in reply to a question by Dr. Buller, did not consider ecchymosis of conjunctiva pathognomonic of fracture of ethmoid bone. Thought tearing of small vessel in sphenoidal fissure might cause it in absence of any fracture of ethmoid, and cited cases where the ethmoid was fractured this sign was absent.

Dr. RODDICK asked (1) if he would have opened the skull below the temporal fossa if he had known the state of damage? (No.) (2) If he would have operated in the same manner again?

Dr. FENWICK said that he would, citing Bank's case where skull was drained and sinus had dried up.

Extirpation of the Uterus.—Dr. Wm. Gardner exhibited a uterus removed by the vaginal method for cancer, and related the case. A lady of 57 had consulted him a few months ago for continuous, slightly reddish, watery vaginal discharges, pain in the sacral region, and general debility. On examination, the uterus was considerably enlarged, measuring 4 inches in the depth of its cavity, retroverted, and quite moveable. The cervix, which was quite healthy, was dilated with a tent, and a quantity of friable outgrowth in the cavity detected and removed. No improvement in the symptoms resulted. A few weeks later total extirpation was advised, and performed a few days ago. The operation presented nothing unusual, except that after it was completed an embryonic dermoid cyst of the size of a small orange presented in the wound and was removed. The patient made an excellent and speedy recovery. The specimen showed that the disease was strictly confined to the interior of the uterus. The case was therefore a typical one for the operation of total extirpation. Dr. Johnston, Lecturer on Pathology in McGill University, had made a microscopical examination, and pronounced the disease to be carcinoma, less favorable for non-recurrence than sarcoma, which it was hoped it might be.

Dr. Johnston thought, from its appearance, the cyst must have arisen from inclusion of a portion of the amnion in early fœtal life.

Dr. Hingston thought it was properly a piece of included fœtal membrane.

Ovariotomy during Pregnancy.— Dr. Wm. Gardner made a brief communication about a case related to the Society, with exhibition of the specimen, some three months ago. The case in question was one of ovariotomy performed on a patient suffering from symptoms of peritonitis. The tumor was a dermoid cyst, universally adherent, with twisted pedicle; washing out and drainage were resorted to, the drainage-tube remaining in the Douglas pouch and resting against the posterior wall of the uterus for five days. The patient made an easy and rapid recovery. At the operation the uterus was suspiciously bulky, softened, and vascular. The possibility of pregnancy certainly occurred to the operator, but was not seriously entertained. However, a few days ago he had an opportunity of examining the woman, and found her certainly pregnant about five months. In some particulars he thought the case unique, and well worthy to be placed on record. Ovariotomy during pregnancy without interruption of gestation has been performed a good many times; but uninterrupted gestation in spite of ovarian tumor with twisted pedicle and consequent severe peritonitis, and a complicated ovariotomy with seperation of adhesions, copious washing out drainage-tube for five days, if not unparalleled must be exceedingly rare.*

Dr. Hingston thought it should not be an invariable rule.

Dr. Gardner thought that those operating largely were agreed that the danger of such operation was less than the danger from the tumor if left till full term. His course would depend from the date of pregnancy.

Fibro-ctysic Tumor of the Testicle.—Dr. Roddick reported a case of fibro-cystic tumor of the testicle, and made some general remarks upon the subject of tumors of the tesicle. He said: The specimen I show you is a diseased testicle removed a few weeks since. The patient, a healthy-looking young man of 24 years, was brought to me from one of the neighbouring States, having a history of slow enlargement of the testicle, the duration extending over at least ten years. Thus the patient being only 24, there is no likelihood of its being syphilitic. So far as he remembered, the testicle was never injured. He had gonorrhœa some four years ago, and is now suffering from stricture. No history inflammation of the epididymis or testicle during the presence of the gonorrhœa. On examination, the left testicle was found to be the size of the closed fist, very heavy, and generally firm to the feel. In one place in the front was a distinct spot of fluctuation, which led one surgeon to suspect hydrocele and to tap, removing about a drachm of blood-stained serum. The bulk of the mass, however, was very firm and fibrous in the feel. The cord is quite free and normal to the feel. The diagnosis was fibro-cystic disease. I advised removal. In the operation, at the first incision, the hydrocele fluid escaped. The usual mode of operating was modified; instead of ligaturing the whole cord, the vessels were tied separately. Thorough drainage was provided, and dry dressing of borated cotton and naphthol used. The patient was sent home in ten days. Dr. Johnston has given me the following pathological report:

"The specimens were somewhat gelatinous-looking, and not vascular. On microscopic examin-

*The patient is now (Sep. 6) daily expecting her confinement, and except for complaint of pain in the loins, is in perfect health.

ation, the main part of the tumor consists of epithelial elements, which do not appear to be growing, are gelatinous-looking, and are obviously seminal tubes, whose epithelial cells are degenerated on account of (?) the growth of a large amount of fibrous connective tissue, which has in places undergone a similar degeneration to that of the epithelium, and the amount of which varies in different places. Without knowing the history of the case, I thought from the specimen that it was a tumor growing out of an old orchitis. Should call it quite benign, with the single reservation that tumors arising out of inflammatory product have a tendency to recur. At all events, it has none of the distinctive microscopical appearances of a malignant growth. (Of course this statement only refers to the bits given me to examine, but I supposed the rest was of the same nature.)"

The name which I gave to this tumor, fibro-cystic disease, is, in my opinion, a good one for clinical purposes, although I am aware it is seldem employed now-a-days by pathologists. We have the pure fibroma (often an atrophied condition) and the cystoma described, but in my experience we get the fibrous element predominating to such an extent in some cases that we are justified in retaining the old name. I think that the greater the cystic formation, the more likely is the tumor to have malignant tendencies, and fibro-cystic tumors doubtless often degenerate in this way. Will this tumor? Dr. Johnston thinks it may. Unfortunately, the condition of the cord, while of some service in making a prognosis, is not always reliable.

Dr. RODDICK then exhibited photographs of the patient before and after the operation.

Dr. FENWICK spoke of the difficulty in prognosis after removal of such tumors. Even with the microscope it was not always possible to say whether it would return in the stump. He agreed with Dr. Roddick, except that he thought the two classes of tumors he described could look as like as two peas, and cited cases to prove it.

Dr. HINGSTON urged the propriety of always giving a favorable prognosis in all cases of tumor of testicle where cord was not involved. As to detail in the operation, he thought Dr. Roddick's special procedure was the general rule. It was not necessary to attach the cord to the skin.

Dr. RODDICK, in reply, stated that he had formed his opinion after referring to at least five leading authors, including Bryant. Had himself seen Bryant ligature *en masse*.

Sayre's Hammock.—Dr. RODDICK also gave a demonstration of modification of Sayre's hammock, to avoid the danger of the jacket in applying plaster-of-paris jacket.

Stated Meeting, June 10th, 1887.

J. C. CAMERON, M.D., PRESIDENT, IN THE CHAIR.

Dr. R. L. MACDONNELL read the history of two interesting cases which had recently come under his notice:

1. *Malignant Disease of the Lung.*—A boy, aged 3 years, had appeared for some weeks to be suffering from shortness of breath, without any other symptom. At the first visit, the whole right chest was found to be flat on percussion, and to present the physical signs of pleurisy with effusion. Aspiration yielded a negative result, nothing but a few drops of blood entering the instrument. These being examined by Dr. Wyatt Johnston were found to contain no pus, but an unusual number of leucocytes. Several further attempts at aspiration yielded scarcely better results. At one time about two ounces of pure blood were withdrawn. Dyspnœa became very urgent, and pressure signs, distension of thoracic veins, and œdema of the right side of the face set in. The child died after an illness of six weeks. An autopsy showed that the right lung was the seat of an extensive growth of a lympho-sarcomatous nature. No other organs were found involved.

Discussion.—Dr. JOHNSTON stated that the tumor was a lympho-sarcoma. It was like a small, round-celled sarcoma, but with a number of lymph elements. The specimens showed the anomaly that, though sarcomatous, the cells were arranged in alveoli.

Dr. HINGSTON said the symptoms seemed to point to empyema, cancer is so rare in children. He also quoted a case of empyema that occurred about the same time, in which the first aspiration produced fluid, but the second gave none, the pus having become consolidated.

2 *Cerebral Syphilis.*—The second case was that of a married woman, aged 20, who entered hospital on account of "fits," which had occurred off and on during the last nine months. These attacks, one of which occurred in the hospital, consisted of clonic spasms affecting the left side of the face and left arm, and were preceded by a distinct aura. There was subsequent hemiplegia of these parts, with dragging of the left leg on

attempting to walk. On the left side the reflexes were exaggerated and ankle clonus present. General intelligence was but fair, and speech thick. Optic neuritis was present in both eyes, with intense, but not localized, headache. Though no history of syphilis was to be obtained, a course of inunction with mercury was carried on to salivation, Dr. MacDonnell recognizing that the symptoms were the result of some lesion of the motor area of the right side of the brain, and that the most probable origin of such a condition was syphilitic tumor. The result was most satisfactory. Complete recovery of the paretic parts rapidly ensued, the headache disappeared, and after a month's stay in hospital the patient returned home in an excellent state of health.

Discussion.—Dr. STEWART stated that he was called to see the case. He thought there were two points of great interest in this case. The first was that the onset of the symptoms seemed to point to a cortical lesion which was probably of syphilitic origin; the lesion might be a tumor or merely a thickening of the membrane. The second point to be observed is the greater value of mercury compared to potassium iodide in the treatment of cerebral syphilis. If the woman could have stood the effects of more mercury she would probably have got better sooner. He also called attention to the value of using an antiseptic mouth-wash. In Vienna mercury was rubbed in thirty times a month without saturation, because the patient's mouth was well washed.

Dr. CAMERON asked at what point could one determine when the mercury had reached its full effect, and when would it be advisable to resort to operation?

Dr. STEWART replied that if the disease was syphilis, a complete cure might be expected; but if no effect was produced in six months, operative procedure might be considered.

Dr. HINGSTON referred to the efficacy of potassium iodide over mercury in his experience. There is very little doubt of the superior efficiency of potassium iodide over mercury in syphilis generally, why not in cerebral syphilis? He then referred to the difficulty of diagnosing syphilis even in cases where the lesion was visible, and quoted cases where it had been mistaken for malignant disease. He believed potassium iodide was a scavenger for the disease, and if it had no effect on any disease, that disease was not syphilitic.

Foreign body in the Bladder.—Dr. HINGSTON related an interesting case of this nature. An old man came into hospital complaining of frequent micturition at night, with pain and other symptoms of calculus. The lithotrite was introduced without preliminary sounding, opened, and closed on something soft, not attached to the vesical wall. On withdrawing it, found a piece of sheet rubber; again introduced the instrument, and withdrew another piece, and afterwards crushed and removed a calculus that was there. Patient stated that he had been examined with an instrument in Chicago, where he was treated for irritation of he neck of the bladder. Probably part of the rubber catheter was left.

In reply to Dr. Gurd, Dr. Hingston stated that the rubber was very much incrusted.

Case of supposed Aneurism.—Dr. MACDONNELL related a case of supposed thoracic aneurism. There was great intrathoracic pain, and neuralgic pains in the course of the fifth and sixth nerves, requiring hypodermics to produce sleep. Patient had history and symptoms of syphilis. Complete relief was afforded by potassium iodide. There is now no pain nor any pressure symptoms; and patient is up and about the wards.

In answer to Dr. Gurd, Dr. MacDonnell said that potassium iodide gives wonderful relief in cases of aneurism. Would not say whether this was due to its antisyphilitic action or to its power of producing a clot in the sac.

Progress of Science.

LOCAL TREATMENT OF SCROFULOUS GLANDS,

WITH A NOTICE OF COMPOUND SYRUP OF TRIFOLIUM AS A THERAPEUTIC AGENT.

BY H. C. ROGERS, M. D., BROOKLYN.

All surgeons are familiar with the class of cases to which I would draw attention, and probably there are few of them who have not wished such cases removed from their care. I allude to the large number of strumous children with slowly suppurating cervical and other lymphatic glands, tedious and insidious in their course, and generally, after months and, it may be, years of suffering, ending at the best in elevated or depressed cicatrices and unsightly scars. Under the most careful and judicious treatment, the surgeon is liable to bring disgust to his patient and friends and discredit on himself. The old practice by free incisions, blisters, valvular openings, and other means which

were in use ten years ago, or have been introduced within that period, I have had recourse to with varying results, a few cases healing kindly, while others (the majority), in every respect favorable, have tried my skill and patience for weeks and even months.

During the past two years I have pursued one of two lines of treatment: 1. Teal's method of dissecting out the enlarged and inflamed glands and scraping old sinuses. I have resorted to this method in three cases, with results which were all that could be desired. The one objection to it is that it is quite an operation and can not be adopted without an anæsthetic. To this the parents and friends of the children frequently object, remarking that they would rather take a longer time than to have any operation performed on their little ones. 2. In the "Annals of Surgery" for December, 1885, p. 493, will be found an editorial by Dr. L. S. Pilcher reviewing an article in the "Revue de Chirurgie" for May, 1885, by Professor Verneuil, of Paris, on the treatment of cold abscess by drawing off the pus and injecting an ethereal solution of iodoform.

CASE I.—A short time (January 3, 1886) after reading the article referred to, I was asked to see a young lady who was suffering from cervical abscess on the left side. She had had a similar abscess on the right side three years before, which had healed, but had left an unsightly scar. Her general condition at this time was poor; she was anæmic, and her occupation (that of school-teacher) kept her closely confined to the house. She told me she could not afford to lose any time, and asked if there was not some way of treating the abscess by which to avoid leaving such an ugly scar. I stated to her that I knew of no operation other than dissecting out and scraping the cavity that would give her any relief, but that I would try and devise some form of treatment whereby she would lose no time. She reported at my office the following morning, when I drew off the pus in the abscess with the finest needle in my aspirating case. After the fluid had ceased running, I slowly injected 250 minims of a five-per-cent. solution of iodoform in ether. The patient complained of some heat and smarting at the commencement of the injection, but this all passed off before I had completed the operation. The small wound made by the needle was closed with collodion, and the patient was given a tonic containing arsenic, iron, and iodide of potassium.

January 5th.—Patient called at my house. The seat of yesterday's injection is quite swollen, but has lost its soreness and redness and causes her no annoyance.

6th.—Swelling much smaller, free from pain. On the opposite side, just below the old scar, I find a small enlarged gland, which feels soft in its center, but does not fluctuate. With the smallest needle I injected between 20 and 30 minims of a five-per-cent. ethereal solution of iodoform. The injection aroused some pain, which passed away in the course of an hour.

10th.—She says she has suffered no pain nor any inconvenience in or about her neck. The swelling over the site of the first operation is nearly gone, and the skin has resumed its natural color. The seat of the last injection is still quite hard, but the gland is much smaller.

April 3rd.—Patient's condition good. All glandular swelling is well gone. There is no evidence on the former site of operation.

The patient passed through a moderately severe attack of typhoid fever during the autumn of 1886. She is now feeling quite well, and is able to attend to her duties as school-teacher. She has had no further trouble with the glands on her neck.

CASE II.—Kate B., aged twelve, of strumous appearance, applied to me (March, 1886), suffering from an abscess of the cervical glands on the left side of the neck of about the size of a hen's egg. There was only slight redness of the skin, but fluctuation was well marked. By means of a fine aspirating needle I gave exit to a small quantity of thin pus. I then slowly injected into the cavity between 200 and 300 minims of a five-per-cent. ethereal solution of iodoform. She complained of some heat and pain at first, but both had entirely passed away before she left. She was ordered arsenic, iron, and iodide of potassium.

Six days later the patient called with her mother, who stated that her daughter had since not complained of any pain. The swelling was about half the size it was when I injected it. Over the site of the injection a small spot of induration could be felt. The mother called my attention to the child's tonsils, which were enlarged. I directed her to paint them with tincture of iron three times daily, and to keep on with the medicine. At the end of the ninth day the swelling was fully two-thirds smaller; no pain, redness, or heat; appetite good; and the patient said that she felt better.

I did not see this patient again until October, 1886, when the mother said that her daughter had had no more trouble with her neck since the operation, a statement which I was able to confirm a few days later.

CASE III.—July 1, 1886, Robert J., aged ten, in poor health. He had a swelling on the right side of his neck of about the size of an English walnut, bluish-red, evidently about to break. The case was an unfavorable one for injection; but, at the earnest request of the father, who had seen the effect in the first case cited above, I consented to operate. I drew off the pus, which was thin and watery, and contained small pieces of cheesy matter, and injected the cavity with a five-per-cent. ethereal solution of iodoform. The operation was performed with great care, but just before I applied the bandage I noticed a small space where the solution was oozing out. The case progressed fairly well for the next two or three days, when (July 4th) the patient went on an excursion contrary to my wishes. On the way back a severe thunder-storm broke over the grove. My patient got thoroughly wet, and, having no means of drying, had to remain

in damp clothing the rest of that day (about eight hours). That night I was sent for to see my patient. When I reached the hotel where he was staying, I learned that a short time before they sent for me he had had a chill, and was complaining of a severe pain and burning over the left side of his neck and face, which were much inflamed. He was ordered quinine and iron, and his face and neck were bathed with a solution of biniodide of mercury, 1 to 3,000. The following morning I found him much better, the pain and redness nearly gone. The abscess which I had injected was about the same in size, but had lost its red, angry look. At the end of three weeks the swelling was entirely gone, leaving a very trifling scar, in marked contrast with the scar on the opposite side of his neck, where he had suffered from another abscess some time before.

I have treated by the method now mentioned nine cases in all. The swelling has gradually disappeared, taking from three weeks to two months.

Professor Verneuil's plan is, first to evacuate the abscess by aspiration. To do this he makes use of a large-sized trocar, handling the parts as little as possible. As soon as the liquid becomes slightly blood-stained he injects the cavity with the solution, which is one of five per cent. The largest quantity used is one hundred grammes; generally fifty or sixty grammes suffice. The amount of iodoform remaining in the abscess cavity to be absorbed rarely exceeds four to five grammes. He has never seen any bad effects from the absorption of ether.

My experience has been that generally one injection will be sufficient. In only three cases have I found it necessary to repeat the injection into the same swelling. In four cases I injected glands where I could not find pus, but where the centre of the swelling was soft and in a condition to break down. In such cases my plan is to inject from ten to twenty minims of a two-per-cent. to three-per-cent. solution. In all cases the swelling is gradually reduced, so that in from four weeks to three months it has entirely disappeared. In all my cases I have employed internal treatment, as all the patients were more or less anæmic. Up to some six months ago I had been using a tonic containing arsenic, iron, and iodide of potassium; but, on account of the difficulty apothecaries have in making up a pleasant mixture that children would take, I have had some trouble in keeping up the treatment with the regularity I would like.

About six months ago I received a sample bottle of compound syrup of trifolium, which is a mixture containing iodide of potassium, combined with the vegetable alteratives red clover, burdock-root, prickly-ash bark, stillingia, poke-root, and *Berberis aquifolium*, each ounce containing eight grains of the iodide of potassium. The skill of the manufacturers, Parke, Davis & Co., has succeeded in so combining these drugs as to render the finished preparation very palatable—a property most essential to a preparation which is designed for prolonged administration.

I am in the habit of using the iodide of arsenic, bichloride of mercury, sulphide of calcium, or iron, with the compound syrup of trifolium. Children will take this combination for a long time, and not be troubled with nausea or any derangement of the stomach. I have a patient, a child suffering from congenital syphilis, who has taken it since its first introduction, six or seven months ago. She is taking one fiftieth of a grain of bichloride in half an ounce of the compound syrup of trifolium, and has improved in every way while under its influence.

From my experience with this syrup in a great variety of cases, and from the very satisfactory results which I have obtained from its use, I am of the opinion that it is destined to occupy a high position among our therapeutic resources.

Since preparing the foregoing paper, I have learned that Professor Verneuil has substituted glycerin for ether, using fifteen to twenty grammes of iodoform in sufficient glycerin to make a thin paste. I learn also that Professor Billroth, at his clinic, uses a solution of ten parts of iodoform to one hundred parts of glycerin, for the same purpose, and speaks very highly of it.—*N.Y. Med. Journal.*

TREATMENT OF CHRONIC SYPHILIS.

In the treatment of chronic syphilis, but too often it happens that the patient improves up to a certain point, and then ceases to respond to the administration of antisyphilitic remedies, even when they be combined with the most careful hygienic treatment and the exhibition of tonics, etc.

Any remedy which offers a fair probability of being able to carry on the amelioration of the disease under these circumstances is one worthy of very careful consideration by the profession.

Many years ago Mr. Carmichael, of Dublin, asserted that he found the oil of turpentine often of unquestionable value in the treatment of obstinate and long-continued syphilitic iritis, and during the service of Mr. G. J. Guthrie, of the Royal Ophthalmic Westminister Hospital, the practice was accompanied with alleged excellent results.

Mr. Jabez Hogg of the same hospital has recently (*Medical Press and Circular*, April 27) published the account of a case in which, after the failure of mercurials by the mouth, by inunction, and fumigation conjoined or alternated with the use of mydriatics, tonics, iodide of ammonium, iron, etc., turpentine succeeded. It was given in ½ drachm doses, suspended in mucilage, three times a day after meals. For the first week an inunction of a twenty per cent. solution of the oleate of mercury was freely employed, but this was then laid aside, and for four months the turpentine alone was steadily persevered in. Not only was the patient's general health improved, but the corneal opacity of the iritis gradually disappeared, and at the time of the making of the report the serous exudations and other local changes in the eye had so far been absorbed or ameliorated that the vision was almost what it was before the inflammatory attack, fourteen months previous.

THE CANADA MEDICAL RECORD.
A Monthly Journal of Medicine and Surgery.
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SUBSCRIPTION TWO DOLLARS PER ANNUM.

All communications and Exchanges must be addressed to the Editors, Drawer 356, Post Office, Montreal.

MONTREAL, SEPEMBER, 1887.

COLLEGE OF PHYSICIANS AND SURGEONS OF THE PROVINCE OF QUEBEC.

The semi annual meeting of the College of Physicians and Surgeons of the Province of Quebec was held in Laval University, in the city of Quebec, on the 28th September. In the absence of Dr. W. H. Hingston, the President, who was unavoidably detained, the Hon. Dr. Ross, Vice President, for Quebec, took the chair. There were present: Dr. J. L. Leprohon, Vice-President, for Montreal; Dr. E. P. Lachapelle, Treasurer; Dr. L. Larue, Registrar; Dr. A. G. Belleau and Dr. F. W. Campbell, Secretaries; Drs. E. A. de St. George, M. P., C. S. Parke, R. S. Rinfret, M.P.P., A. A. Waters, C. E. Lemieux, sen., L. J. A. Simard, of Quebec; T. A. Rodger, R. A. Kennedy, Robert Craik, R. P. Howard, L. B. Durocher, of Montreal; Malcolm Guay, M. P., St. Romuald; L. T. E. Rousseau, St. Casimir; P. E. Grandbois, M. P., Fraserville; Tancrede Fortier, St. Marie de la Beauce; G. E. Turcotte, St. Hyacinthe; Thos. Christie, Lachute; J. A. Duscheneau, Terrebonne; L. D. Lafontaine, St. Edouard de Napierville; David Marcil, St. Eustache; G. E. Badeaux, Three Rivers; Thos. Larue, Compton; F. J. Austin, Sherbrooke. After the reading of the minutes of the previous meeting, Dr. Campbell, Dean of the Medical Faculty of Bishop's College, announced that as Dr. Kennedy had improved in health he would again take his seat on the Board as one of the representatives of Bishop's College.

Reports from the assessors of the Medical Faculties of Laval University in Quebec and Montreal, and of Victoria College, were received and adopted.

Dr. Manseau, of Red Jacket, Michigan, applied for a duplicate license—the original having been burned. The request was granted.

The following gentlemen, having passed satisfactory examinations before the Board of Examiners on General Education, were admitted to the study of Medicine, viz.:—George Cloutier, John Busby, Sylvia Lebœuf, G. Octave Johnson, Jules Chopin, Albert Aubry, Louis Coderre, Arthur Blouin, George Eugène Guillemette, Adélard Bazin, Aquila Piclette, Alexis Bellemarre, Chas. Edouard, L. Auger, Wilfrid Beaudoin, Gidéon Blanchet, P. B. Boisseau, Léger Brousseau, Achille Chandonnet, Achille Dagenais, Osias Dagneault, James E. Kearney, P. O. Lauzon, Ovide Normandin, R. Auguste Paradis, J. N. Perreault, Joseph Poupart, François de Sales Prevost, Chas. Auguste Prevost and J. W. Rourke.

The following graduates received the license of the College:—Joseph Lespérance, Montreal; Louis Joseph Octave Sirois, Bic; Chas. Onésime Honoré Desilets, Bécancour; Siméon Eugène Grondin, Quebec; Paul F. Brière, Thetford Mines; Nazaire Napoléon Gingras, St. Nicholas; George Tremblay Bélanger, Sherbrooke; Pierre Julien Bissonnette, St. Esprit; James H. Brodie Allan, John W. Sterling, Joseph Arthur Dagneault, Sévérin J. Girard, Arthur Delisle, Kenneth Cameron, Montreal; Joseph S. E. Ferland, St. Julien, comté de Montcalm; Vincent Howard Morgan, Rivière Beaudet; Antoine Alfred Duhamel, St. Justin de Maskinongé; Wm. Christie, Lachute; Charles Edouard Rasconi, Pierreville.

The subject of the proposed new Medical Bill was then brought forward, when Dr. R. P. Howard stated that the two English Universities of McGill and Bishop's College had discussed it, and were united in opposing certain clauses, principally the one relating to the formation of a Central Examining Board and additions to the preliminary examinations. The Bill was then read clause by clause. Dr. Howard proposed, and Dr. F. W. Campbell seconded, that clause 7 of the present Act be maintained, and that it replace clause 24 of the proposed Act, thus doing away with the proposed Central Board of Examiners.

This amendment was rejected on the following division:—*For*—Doctors Howard, Craik, Christie, Rodger, Kennedy, Austin, Lemieux, Simard, Durocher, Campbell.—10. *Against*—Doctors Lachapelle, Duchesneau, Lafontaine, Thos. Larue, Grandbois, Paré, Rousseau, Marcil, Turcotte, Watters, St. George, L. Larue, Guay, Badeau, Fortier, Rinfret, Belleau.—17.

Proposed by Dr. Marcil, seconded by Dr. Simard, and carried on a division of 16 to 12, that the date of holding the professional examination

be made the first Wednesday in July. This amendment shows a change in the views of the Board, the date fixed by it at the previous meeting being the first Wednesday in May.

Dr. Howard proposed, seconded by Dr. Christie, that the preliminary examination for admission to medicine be relegated to the Roman Catholic and Protestant Board of Public Instruction. Lost—7 to 19.

The Bill was then passed as a whole, and referred to the committee, which has already had it in charge, with instructions to have it printed in English and French, and distributed to the members of the Board, also to take the necessary steps to have it brought before the Legislature of the Province at its next session.

A resolution of condolence on the death of Dr. Baddeau, sen., of Three Rivers, one of the oldest members of the profession, was passed, on motion of Dr. Leprohon, seconded by Dr. L. Larue. After several votes of thanks the meeting adjourned after a session of seven hours.

LONDON ILLUSTRATED NEWS.

Most, if not all, of our subscribers know by reputation the *London Illustrated News*, the pioneer Illustrated Journal of the British Metropolis. For many years, in spite of formidable rivals, it has held its own. The care with which its engravings have been prepared, and the literary character of its contents, have all helped to further its hold upon the British public. Unfortunately its high subscription price, nearly $10 a year, prevented it having an extended circulation in the United States and Canada. But all this hindrance has been removed by the publication in New York of an American edition, printed, we believe from plates forwarded from London, and for which issue the subscription is only $4.00 a year. Surely such an enterprise deserves success, and we hope soon to hear that the *London Illustrated News* is entering regularly every cultured family in Canada. Its New York office is 237 Potter Building, New York.

PERSONAL.

Dr. H. S. Birkett and Dr. Rollo Campbell have been appointed assistant attending physicians to the Montreal Dispensary.

Drs. Thos. Roddick, James Bell and F. J. Shephard have all returned from England after an absence of several months.

Dr. F. M. R. Spendlove (Bishop's 1881) has been appointed attending physician to the Montreal Dispensary, vice Dr. A. F. Longeway resigned.

Dr. Phelan (M.D. Bishop's 1887) has commenced practice at San Bernardino, California.

BOOKS AND PAMPHLETS RECEIVED.

Some Recent Experiences in Clinical Surgery. By Donald Maclean, M.D., Detroit, Mich.

Persistent Pain after abdominal Section. By James B. Hunter, M.D., New York.

Brain Exhaustion. By N. H. Beemer, M. B., first assistant physician Asylum for Insane, London, Ontario.

Observations on the Administration of Chloroorm. By O. J. S. Sullivan, M.D., Ann Arbor. Michigan.

Operations on the Drum-Head for Impaired Hearing: with Fourteen cases. By Seth. S. Bishop, M. D., Chicago.

Mental Epilepsy. By L. W. Baker, M.D., Baldwinville; Mass.

The Scientific Rationale of Electrotherapy. By C. H. Hughes, M.D., St. Louis.

Some Considerations concerning Cancer of the Uterus, especially its Palliative Treatment in its later stages. By Andrew F. Currier. M.D.

A Novel System of Operating for the Correction of the Deflected Septum. By William Chapman Jarvis, M.D., New York.

The Antiseptic Treatment of Summer Diarrhœa. By S. Emmett Holt, A.M., M.D., New York.

Fourteenth Annual Report of the Board of Health of the City of Boston, for the year 1885.

Ovarian Tumors and Remarks on Abdominal Surgery, with the result of 50 cases. By Edward Barck, A.M., M.D., Professor of Surgery, etc., St. Louis, Mo., 1887. Second revised reprint edition.

The Radical Cure of Retro-Displacements of the Uterus and Procidentia by Alexander's operation and Median Colporrhaphy. By J. H. Kellogg, M.D., Battle Creek, Michigan.

Advances in Surgery, Medicine and Pharmacy in the last Forty Years. By C. W. Moore, M.D., San Francisco.

Intubation of the Larynx. By E. Fletcher Ingals, M.D., Chicago.

"Renal Colic" Parasitic and Calculus. By J. B. Marvin, M.D., Louisville, Ken.

Elementary Microscopical Technology Part. 1. By Frank L. James, Ph.D., M.D., St. Louis, Mo.

REVIEWS.

On the Pathology and Treatment of Gonorrhœa and Spermatorrhœa. By J. L. MILTON, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. Octavo, 484 pages. Illustrated. Price, bound in extra muslin, $4.00. New York: William Wood & Company.

Earlier editions of this work have appeared in England, and this edition is an abridged form of these, as also of papers on the same subject, which from time to time have appeared in the *Medical Times* and *Medical Circular*. There are also chapters on gonorrhœal affections of the heart, peritoneum and pleura and the dura mater and sheath of the chord, and gonorrhœal pyæmia, pyelitis, etc., which are now printed for the first time. The work being intended for one of reference, much that has been considered as superfluous has been omitted. The author has endeavored to prove that gonorrhœa can be cured without the use of drugs which have well nigh been held as specifics. Nothing has been recommended in this work, but what has stood the brunt, not merely of experience, for that the author rates rather low, but of special observation. The author's aim has been as far as possible to separate clearly what might be looked on as established from what was doubtful, and not merely to prove every assertion, but to place it on such a basis that it could not be disproved. After the history and pathology, four chapters are devoted to the treatment. Chapter VII treats of the pathology and treatment of gleet. The treatment of spermatorrhœa and impotence occupy the closing chapters of a work which the reader will find to be carefully and ably written, and one of the greatest value as an authority for reference.

A Practical Treatise on Renal Diseases and Urinary Analysis. By WILLIAM HENRY PORTER, M.D., Professor of Clinical Medicine and Pathology in the New York Post-Graduate Medical School and Hospital; Curator to the Presbyterian Hospital. One Vol. 360 pages, 100 illustrations. New York: William Wood & Company.

The author states that for the past ten years he has had ample opportunity for studying the various lesions of the kidneys, as they are found in human and animal subjects. As the essential ideas advanced in this book are based upon the statistics gathered from over one thousand post-mortems, Dr. Porter would certainly seem to have had all data necessary for forming a correct opinion upon this subject. Special attention has been devoted to the class of lesions commonly known as Bright's disease, and it is from these observations that the deductions employed throughout the work were obtained. Renal diseases have been studied chiefly from a clinical and pathological point of view and the author has endeavored to present them not only from this standard, but also from the physiological standpoint, deducing the methods of treatment not only from the physiological, but from the pathological phenomena. A chapter is specially devoted to the consideration of diabetes. The second portion of the book is devoted to a study of urinary analysis; not simply the chemical or microscopical examinations of samples of urine, but also the physiological indications, with their bearings on clinical medicine. The original drawings, some fifty in number, were made by Dr. George S. Van Schaick, from sections in the authors possession. The author seems to have taken every advantage of his opportunities, and we consider his work a most valuable one.

A Text-book of Pathological Anatomy and Pathogenesis. By ERNST ZIEGLER. Translated and edited for English students by Donald Macalister, M.A., M.D. Three parts complete in one volume. Octavo, 1118 pages, 289 illustrations. Price, extra muslin, $5.50; sheep, $6.50. New York: William Wood & Company.

The work as now presented consists of three parts complete in one volume; the several parts including sections which treat on such practical subjects as: Malformations, anomalies in the distribution of the blood and of the lymph, retrogressive and progressive disturbances of nutrition, inflammation and inflammatory growths, tumors, parasites, special pathological anatomy of blood and lymph, of the vascular mechanism, of the spleen and lymphatic glands, skin, and serous and mucous membranes, alimentary tract, liver and pancreas, urinary organs, respiratory organs, and nervous system. This work (which is the only recent complete volume on pathological anatomy in the German language), is now presented to the profession in English, having been

ably translated by Donald Macalister, M.A, M.D. of Cambridge, England. The German original is held in high esteem at home, having met with a hearty reception, as is proven by two editions being rapidly exhausted, a third being now in preparation. The treatise is exhaustive in the manner in which its numerous details are taken up. It is abundantly illustrated with excellent wood cuts. The author has wisely considered it best to omit theoretical discussions almost altogether. It is a book to be used as a companion for the text books on Medicine and Surgery. Wm. Wood & Co. deserve great credit for the manner in which they have brought the work before the public.

The Principles of Antiseptic Methods applied to Obstetric Practice. By Dr. PAUL BAR, accoucheur to the Maternity Hospital, Paris; translated by Henry D. Fry, M.D., Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1887. Price $1.75.

This is a translation of Dr. Bar's work on "Les Méthodes Antiseptiques en Obstetrique," a work that is very popular throughout Europe as the practitioners of obstetrics in Germany and France rigidly adhere to the antiseptic principles and are very successful in their results. While the application of antiseptic practice has found wide favor in the two above mentioned countries, it does not seem to have been adopted with the same enthusiasm by the English-speaking physicians. In the consideration of antiseptic methods and agents, corrosive sublimate is given a high place. In this chapter some very valuable tables, giving the germicidal power of various agents, are given and will repay perusal. In the appendix, the antisepsis of the umbilicus and of ophthalmia neonatorum are considered. The use of antiseptics is greatly on the increase in America, and we predict that this work will meet with a ready sale. The book is gotten up in Blakiston's usual style, having a good binding with clear gold lettering, and the paper and variety of type are of the best.

Handbook of Practical Medicine. By Dr. HERMANN EICHHORST, professor of special Pathology and Therapeutics and Director of the University Medical Clinic in Zurich. Vol. II. Diseases of the Digestive, Urinary and Sexual Apparatus. One hundred and six wood engravings, New York: William Wood & Co., 1886.

Professor Eichhorst has long been favorably known to the Medical public of this country for his contributions to general medicine and nervous pathology. His book has had a favorable reception abroad, and it fully sustains the reputation of the author. There are several things which characterise this work and give to it a particular value; these are the copiousness of the therapeutical discussions and suggestions, and the extremely complete thoroughness with which the author goes over the field of medical pathology. The abundance of the illustrations adds considerably to the attractiveness and clearness of the volume.

Surgery, its Theory and Practice. By WILLIAM J. WALSHAM, M.D., F.R.C.S., Assistant Surgeon to St. Bartholomew's Hospital; Surgeon in charge of the Orthopœdic Department and Demonstrator of Practical Surgery at St. Bartholomew's Hospital; Surgeon to the Metropolitan Free Hospital, London, &c. With 236 illustrations. Philadelphia: P. Blackiston, Son & Co. Price, cloth $3.00, leather, $3.50.

This is the ninth volume of the new series of manuals for Medical Students and Practitioners. This series of works has become extremely popular owing to their great value and the reasonable price at which they are sold. Not a few of the works upon surgery which were designed at first as text-books have been so increased in size at the present time, and become so voluminous with the advance of surgery, as really to be no longer suitable as text-books. The author of the volume before us has prepared it with reference to the wants of the student, so that he can gain an insight into the theory and practice of surgery. The various subjects of surgery are treated, of course, as briefly as possible, but, at the same time, it has been the object not to make such sacrifices to brevity as to fail to give a clear understanding of whatever is treated. The author has given special prominence to those subjects with which every student ought to be acquainted; while the rarer injuries and diseases have received but a brief mention, or have been altogether omitted. No account has been given of the specialties of the eye and ear, as the pathology and treatment of the diseases of these organs are best studied in some one of the very many monographs which are found devoted to them. We have no doubt but that students in attendance upon Colleges, or engaged in studying in the wards of hospitals, will find the work just suited to their requirements.