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# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science,  
Criticism and News.

Vol. VIII  
No. 8

TORONTO, APRIL 1, 1876.

Price 30 Cents.  
\$3 per Annum

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## CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal. It contains the important constituents of *Peruvian Bark*, Quinia, Quinidia, Cinchonia and Cinchonidia, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, and cinchonidine.*"

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine, quinidine, and cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine, and cinchonidine.*"

S. P. SHARPLES, State Assayer of Mass.

In no other form are contained the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

It is found Quinidia, which is believed to be a better anti-periodic than Quinine; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

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2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive or delicate woman or child.

3d. It is *less costly*; the price will fluctuate with the rise and fall of barks; but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

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JNO. Y. SHINDEL, M.D.



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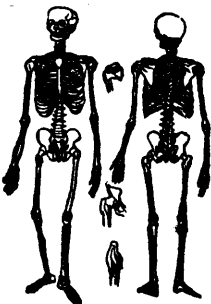
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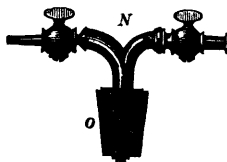


Fig. 69. The Stopper and Cocks supplied with Apparatus No. 2.

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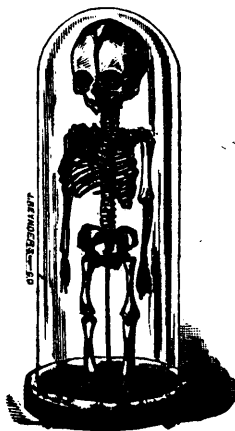
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# THE CANADA LANCET.

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## Original Communications.

### TREATMENT OF CONSTIPATION.

By L. D. HEALY, M.D., Port Burwell, Ont.

Constipation indicates rarity, or absence of the alvine evacuations. Within certain limits it is not of uncommon occurrence; indeed in individual cases it may be compatible with perfect health, for what is pathological in one is physiological in another. Cases are on record in which comparative good health has been maintained for many years with fecal evacuations only at intervals of six weeks, or two months, and Dr. Williams mentions the case of a lady of but four in the year at intervals of three months. But those who naturally have rare evacuations are more liable to be deranged than those who go more frequently. It is not a disease but only a symptom, therefore we shall endeavor to lay down some general rules that shall guide us in its treatment.

The treatment for each particular case will vary according to the special causes and the symptoms arising therefrom. Trousseau's remarks are so wise and excellent, I shall first give them:— That which is due to atony of the intestinal muscular tunic may be treated by *hygienic* and *local* means. Among the former the *will*, patiently and regularly applied, triumphs the most frequently over this infirmity, especially when it is in consequence of the habit which certain persons have of retaining the feces. Each day at the same hour the patient should go to the closet and make strong efforts a pretty long time and if these have been unfruitful wait till the next day—wait even though a desire should be felt beforehand. If the second day, after new attempts there be no evacuation, take immediately an injection, not with cold but with tepid water and later on with cold water. The next day new efforts should be made and repeated, the next day if unsuccessful, and this

second time a fresh cool injection taken if no evacuation has been obtained. This repetition invariably at the same hour ends by inducing a feeling of want at the moment that one wishes to go to the closet, and it is rare that after eight or ten days of these patient and methodic manœuvres a daily evacuation is not obtained. The morning is the best time to practise it, just after breakfast, whether that the accumulation of ingesta tends to expel in some way mechanically the contents of the large intestine, or whether, and this is the most reasonable, the work of digestion arouses in all the digestive canal, a preparatory muscular work. The *diet* plays a very important rôle. The means the surest to overcome constipation, are to make the vegetable exceed the animal, and especially herbaceous and raw fruits. Certain animal foods such as the milky have a slightly laxative action on many. Coffee, or tea is a powerful remedy for constipation. Among drinks, beer, probably is that which agrees best with the constipated; cider also, does very well. A drink of cold water in the morning on an empty stomach, in some excites an immediate call. Brown bread often relieves constipation, though its *modus operandi* is perhaps not very clear. Corn meal bread, or corn and milk are very good, also cracked wheat, or porridge. If these do not suffice, local means should be tried. After clysters, as above indicated, suppositories which for men especially are easier employed than injections. Those of butter of cacao generally answer; those of soap are more energetic and surer, and those of hardened honey by cooking, still more useful. The addition of from one to 5 grs. of extract of belladonna is very useful.

If constipation be due to want of intestinal secretion we should seek to excite it. The first means is the injection of highly mucilaginous substances e.g. linseed, white of egg, oil, and even when irritants are indicated it is well first to try the preceding. The application of cold by compresses to the abdomen has been stated by some as a *very valuable* remedy in removing constipation.

Among therapeutic agents, belladonna has rendered great service. Trousseau prescribed 1 gr. each, of the extract and powder to form a pill and for the patient to take one such in the morning, on an empty stomach, rather than at night. He then goes to two days, afterwards to five or six days and rarely exceeds four or five pills at a dose.

All should be taken at once, whatever the number. As soon as the bowel can be got to act without its assistance, the medicine should be suspended. If the belladonna does not act at evening a teaspoonful of castor-oil should be taken, and the intestine prepared by the belladonna yields to the purgative influence of the oil, and it is repeated once or twice a week, according to the requirements of the case. When belladonna was first introduced it was used empirically; its mode of action was not known, but observation and experience have fully demonstrated its use. One observer remarks that all poisons and all foreign substances to the economy are inassimilable, and as soon as introduced tend to be eliminated; so it is with atropine. But as elimination is made especially by the kidneys and the mucous membrane of the bowel, it is upon these organs first that its effects are seen. It induces in them a redness and dryness, and an irritation leading to tenesmus and frequent desire to urinate. That atropine is eliminated by the urine is easily demonstrated, so also by the intestine. Diarrhoea so frequent as an effect, is a good proof of it. Besides, atropine has been found in the feces. Thus the process is one of irritation and active congestion of the intestinal mucous membrane by the effort to eliminate the poison, and therefore it should be especially prescribed in deficient secretion. When these means fail and that is frequent; when constipation is at the same time due to intestinal sluggishness and disorder of secretion, purgatives, must be had recourse to, but they ought to be handled with certain precautions and much prudence.

Trousseau thinks that in general the saline purgatives should be excluded. They act rapidly, almost instantaneously, and of very short duration, and like certain salts upon the buccal membrane, after having excited an abundant secretion of saliva, leave a dryness of the mouth and a thirst in proportion to the intensity of the first effect produced. Podophyllin is very active. If a pill of 1 gr. each of it and ext. belladonna be made and the patient take one, two, or three of them morning or night fasting, a good evacuation will result easily and without colic or heat of the stomach.

To the above may be added the drastic purgatives aloes, colocynth, jalap, &c. In order to prevent colic, &c., a little hyoscyamus, oil of anise, or something of like nature should be added. These

medicines should be used with circumspection, for if it is true that where all other remedies have failed they succeeded, it is not less true that it will be very imprudent to wish always to use them to overcome constipation. They not only end by irritating the digestive passages and producing very grave enteritis, but they also give rise to intestinal atony. Their action is exhausted and constipation which had been overcome is no longer so, and it becomes more and more obstinate. Very often constipation recognises no other causes.

### EPITHELIAL CANCER OF THE INTERNAL EAR.

BY J. S. BENSON, M.D., M.R.C.S.E., CHATHAM, N.B.

The following case presents many points of interest among which are, the rarity of the disease, and the value of the microscope as an auxiliary to the means of diagnosis:—

On the 12th of December of last year I was summoned by a professional brother to visit with him a patient who he said was suffering from "Inflammation of the labyrinth?" I accompanied him at once to the place and found the patient sitting on a chair with his head resting on a pillow on the table. On examining the ear, I observed first the whole external ear much swollen and of a purplish colour, and about  $\frac{1}{4}$  of an inch inside the meatus was to be seen the jagged, indurated edge of a foul looking ulcer, and just beyond this, a small teat like process showed itself very red in color. There was a profuse discharge resembling beef tea with a most offensive smell. The pain was not severe; appetite fair, and bowels regular. The tongue was of a florid red, and fissured in different directions. The history which was obtainable was exceedingly vague; all that I could ascertain was that the patient was for many years in the habit of picking his ears with lucifer matches, and some three or four years ago was treated for common ear-ache by a medical man. His ear had been discharging for some months and about five or six weeks previous to my first visit all the small bones of the ear, such as the stapes, malleus, &c., &c., came away in the discharge which was first healthy looking pus, and then changed to that before described. There was also a constant hawking.

of mucus, mixed with similar matter to that discharged from the ear.

My diagnosis was epithelial cancer, and I asked for some of the discharge to be examined by means of the microscope. This fully confirmed my diagnosis, as immense numbers of cells characteristic of the disease could be seen. I cannot give you a drawing of the appearance of those cells, but will refer your readers to Fig. 205, page 503 of Erichsen's last edition of Surgery, where can be seen cells exactly similar to those seen in the field of the microscope.

In about a month from my first visit I observed slight paralysis of the facial muscles which gradually increased until it was complete, the orbicularis palpebrarum would not act, the eye remaining open during sleep. Matters continued getting worse; emaciation progressing; strength rapidly failing; appetite almost completely gone; deglutition very difficult and causing much suffering and pain. On the 27th of February was sent for at midnight in haste, the messenger stating that Mr. C. was bleeding to death. Previous to my arrival, however, the blood had ceased to flow, although much had been lost and the patient was very weak. Hemorrhage returned three or four times subsequently and once required the application of perchloride of iron before it ceased. Ulceration continued within until a cavity was soon formed by the destruction of bone, which would hold a considerable quantity of fluid as proved in syringing the ear. Shortly before death, which took place on the 5th March, a red spot with a small ulcerated opening appeared on the mastoid process immediately behind the ear. I need scarcely say that all treatment was merely palliative, supporting the strength by means of iron, quinine, ammonia, beef tea, milk, eggs, and such like, giving an occasional dose of chloral or morphine at bed time to induce sleep. The ear was syringed out every three or four hours with a lotion of carbolic acid or permanganate of potash and cotton wool saturated with carbolized oil or glycerine constantly kept in it. Disinfectants were freely used about the room.

It is interesting to notice that as epithelial cancer is said to be caused by some local irritant, whether the matches could in any way have induced this state of things. The disease is very rare and so is the habit of using matches for this purpose. A very curious circumstance connected

with it, is that of the disease spreading from without inwards, never showing any disposition to come to the surface until the redness appeared over the mastoid process. The absence of much pain is another interesting fact. I made a *post mortem* examination 36 hours after death. On removing the top of the skull and examining the brain I found it healthy. Nothing abnormal could be noticed except a darkening of the dura mater over the petrous bone on the affected side. On cutting thro' the dura mater at this part, scarcely any bone was left, a cavity large enough to hold a pigeon's egg, and containing a little fluid resembling beef tea or dirty suds. A communication from this cavity could be traced through the meatus, and another leading into the pharynx which appeared to be the eustachian tube enormously enlarged by ulceration. The osseous surface of the dura mater was covered by a thick velvety substance which, when cut through, resembled cheese in consistence but was of a dark color.

It was singular to find such a hard bone as the petrous portion of the temporal, so rapidly destroyed, and so completely, as not to leave even a small loose particle. It was also singular to find the dura mater so entire over such a large cavity and showing no disposition to ulceration, and it would appear that nature had even strengthened it by adding this additional thickness. The canal through which the 7th nerve passed was entirely destroyed for a greater portion of its length, and the nerve partially disorganized, which, of course, accounted for the paralysis. The supra-clavicular glands were very much enlarged. Owing to a promise which I made to the friends that I would do no more than find corroborative proof of my diagnosis, and that I would not disfigure the body, I did not make such a thorough investigation as I would like, but quite sufficient to show the above facts.

#### STRANGULATED INGUINAL HERNIA.

By GEORGE HODGE, M.D., Mitchell, Ont.

On Tuesday, December 14th, 1875, I was called to see G. W., who was reported to be suffering from a hernia that could not be replaced. On visiting him, I learned the following history of the case. First suffered from hernia about four years ago, since which time the bowel occasionally

came down, especially after lifting, but was always easily replaced. On this occasion it came down a few hours previous to my seeing him, owing to his lifting bags containing grain. On examination, I found it was a case of "Oblique Inguinal hernia" large and rapidly increasing in size; there was nausea and considerable pain in the bowels. I attempted reduction at once. After applying taxis in the proper direction for about ten minutes without any effect, I passed in a needle of the aspirator and drew off about four ounces of bloody serum and then again attempted reduction, but still without effect. The pain increased and vomiting came on after the last attempt at reduction. Ceased any further attempt to reduce it and applied ice for a few hours. Dr. Hornibrook then saw the patient with me. We put him in a warm bath for fifteen minutes, and on taking him out wrapped him in blankets, and at once put him under the influence of chloroform. Dr. Hornibrook then passed in a needle of the aspirator and withdrew about two ounces of bloody serum, he then attempted reduction, but failed and at once proceeded to operate. On opening the sac, it was found to contain a coil of intestine, about 8 inches long and very much congested. After division of the stricture the hernia was readily reduced. The wound was then dressed and the patient placed in bed.

Wednesday 15th, 9 a.m.; pulse 84; temperature 98½ (F); slept very little during the night; 2 p.m., pulse 84; temperature 100 (F); bowels have not moved, gave an injection of warm water which had the effect of moving them. Morphia gr. ss.; vomited immediately after taking morphia; 8 p.m., pulse 78; temperature (99). Has slept during the afternoon.

Thursday 16th, 9 a.m. Has slept well during the night, pulse 78; temperature 99 (F). M. Complains of considerable pain in the bowels; ordered morphia acet. gr. ⅓; 8 p.m., rested during the afternoon, temperature 102; pulse 100; R. Liq; ammonia acet. 3j.; tinct. aconite rad. Mij. every two hours.

Friday 17th. The patient from this date continued steadily to improve with the exception of an attack of orchitis, which readily yielded to the ordinary treatment.

## EXTRAVASATION OF URINE—LOSS OF PENIS.

BY V. A. BROWN, M.B., L.C.D., L.R.C.S.E.

[Reported by Dr. Kains, Resident Surgeon.]

*History*—T. F., æt 28, a Railway employee was admitted to the London General Hospital, on the 14th Dec. 1875, under the care of Dr. Brown, suffering from extravasation of urine, which took place the evening before last, at St. Marys. He states that he has been suffering from stricture for the last six years. On his arrival in this country, he was admitted into Bellevue Hospital, N. Y., in consequence of a stricture of the urethra 2 inches from the meatus. It was proposed to cut down on it, but he refused to submit and was discharged; ever since he has been suffering more or less, sometimes passing a catheter for himself, and sometimes seeking the assistance of medical men. He has been lately very much exposed, and had been drinking very hard; in consequence he has found much difficulty in passing his catheter, until at last, (three days ago) he failed altogether and was obliged to seek the aid of a medical man, who failed also in its introduction, and advised him to go to the London Hospital. He did not enter the Hospital for a day and a half after this. Before he left St. Marys, while straining violently, he felt something suddenly give way, followed by immediate relief, and swelling of the penis—which extended towards the abdomen. He was able to pass urine after this, but noticed that the swelling increased after each act of micturition; the parts then became very painful.

*Condition on admission.*—External appearance that of a dissipated hard case; physique small; expression of countenance extremely anxious; skin hot and dry; pulse 120; tongue brown and very dry. Penis swollen to the size of an 8oz bottle and mottled all along the dorsum, with large drops of urine oozing here and there through the integument scrotum very much swollen, also root of penis at pubes and lower part of the abdomen above it; perineum swollen but not tense. Able to pass urine but not only after severe straining.

*Treatment.*—Free incisions were immediately made into the penis, scrotum and perineum, and the parts well fomented with flannels wrung out of hot water. A catheter was not passed, as he had

emptied the bladder a short time before admission. One or two more incisions were made. He is able to pass urine, but most of it comes through the incisions. His pulse is 125; temperature 102.2° F; tongue brown. He was ordered quinine and acid, with wine and pulv. opii. gr. j. *h. s.*

15th.—Passed a very restless night; seen to day by Dr. Brown; dorsum of the penis has become gangrenous, the whole of the point of the organ is sloughed from the prepuce to one inch and a half from the pubes. This slough extends to the under part, where there is only left a narrow bridge of sound integument about  $\frac{1}{8}$  of an inch wide. The integument all over the penis is covered with bullæ. A number six catheter was after some time passed into the bladder; during its passage it showed strictures, a little beyond the glans, near the bulb and at the neck of the bladder. Dr. Brown also passed a probe from the orifice to the situation of the first stricture when it passed directly from the urethra into the sloughing tissue. He then cut away as much of the dead tissue as he could. He ordered dossils of lint saturated in a lotion of permanganate of potash grs. xii ad. 3j. to be placed all over the part, the whole to be covered with a linseed and charcoal poultice. Carb ammon grs. v in tinct. cinchon 3ij; egg-nog every three or four hours; pulv. opii. gr. j, *sextis horis.*

16th.—Passed a restless night, pulse 120; temp 102.0 F.

The glans which up to this time seemed quite natural is now becoming mottled, and gangrene evidently setting in. Treatment to be continued, in addition one tablespoonful of brandy every four hours, and pulv. opii. gr. j, every two hours until sleep. Cloths saturated with bromo-chloralum to be placed round the bed and under the clothes.

17th.—Had a good night, slept well; glans now gangrenous; line of demarcation beginning to form  $1\frac{1}{2}$  inches from pubes;—pulse 120; temp. 103; tongue dry, takes his nourishment well;—visited by Dr. Cattermole consulting surgeon to the Hospital, who advised a continuance of the treatment.

18th.—Much the same; pulse 120; temp. 103. A careful examination was made as to depth, extent, etc. of the sloughs, and the conclusion was come to that the urine had infiltrated and destroyed the whole organ, and that there was no longer

any use in endeavouring to save it, accordingly Dr. Brown removed it within an inch of the pubes. Prior to doing so however, he passed a catheter into the bladder and left it in. Now that it is removed it is evident that the corpora cavernosa and spongiosum, are sloughing beyond the line of amputation. Lot. pot. permanganatis with poultice to be continued.

19th.—Passed a good night, pulse 120; temp. 102; tongue moist not coated. Another incision was made into the scrotum.

20th.—Not so well to day, pulse 100; temp. 100; complains of pain in the right knee joint which is swollen; effusion under the patella and above it; ordered hop fomentation with acet. plumb, and tinct. opii., with spongiopilin. An abscess situated above pubes and right groin was freely laid open, and a large quantity of thick fetid pus evacuated. A probe can be passed from it to the root of the penis. It also passes over to the opposite groin; evidently the track of the urine. These were all laid open, and showed large sloughs underneath, which were removed.

21st.—Had a good night; scrotum beginning to discharge healthy pus; urine which passes per catheter is clear and non-ammoniacal; pulse 100; temp. 100; complains of a good deal of pain in the knee.

22nd.—This morning while being dressed, a large slough came away, which on examination proves to be the remains of the corpora cavernosa, as far as its crura or attachments to the rami of the pubes and ischium. This shortens considerably the remainder of the urethra, the point of entrance for the catheter being now at the triangular ligament; it was determined in consequence not to remove the catheter. The condition of the scrotum continues to improve daily; all the sloughs have nearly come away; showing in their place healthy granulations; pulse 120; countenance looks pinched and anxious. Knee much the same; continue medicine.

23rd.—Much the same; tongue, red, dry in centre; pulse, 120; temp. 100; facial expression same; urine clear, it partly issues per catheter, the rest dribbles alongside; granulations springing up in all incisions; chest examined but nothing abnormal discovered beyond a sibilant rale a little below and to the left of the heart.

His former mixture was ordered to be discontinued, the following being substituted, viz.,

R—Tinct. Ferri. Mur. ℥ss.  
 Ext. Nuc. Vomica fld. ℥j.  
 Acid Phosph. diluti. ℥ss.  
 Ext, Calumbo, fld. ℥j.  
 Aquæ ad. ℥viiij. M.

Sig. A tablespoonful three times a day. Guinness's porter, half a pint morning and evening. Brandy every four hours in egg and milk; beef-tea and a little solid food.

24th—Looks more natural; pulse 120; temp. 102. A small abscess was opened at the inner angle of the left groin; discharged thick pus. Knee same; no pain; microscope shews large deposit of muco-pus cells in urine with a few crystals of ammonio-magnesium phosphate.

25th—No change, knee better.

26th—Is about same, temp. 98; pulse 117. An abscess containing about 4oz. of thick pus, near the left tuber ischii was opened; scrotum improving.

27th—General condition improving.

28th—No change.

29th—Same; catheter has not been removed since the 25th, it is daily partially withdrawn so as to prevent incrustation. He is also made to urinate only periodically, all the wounds and raw surfaces being immediately after syringed with a weak solution of permanganate of potash. To day all urine passed per catheter.

Jan. 5th—Since last report his improvement has been steady; knee is much better. It was ordered to be bandaged, and the lotion to be discontinued, the catheter was also withdrawn; it had been in the bladder fifteen days; no incrustation on the instrument; ulcerated surfaces are all granulating nicely and filling up. Urine comes in a full stream and with considerable force, greatly to the astonishment of all who have watched the case, which has been most interesting throughout. Any further details are unnecessary, as, from this date he rapidly improved, the parts gradually contracted and cicatrized, special care being taken that the external meatus was not involved. This was done by the passage of a medium sized catheter, which he was educated to do for himself. He was discharged to day, 14th Feb'y saying that he felt far better and more comfortable than he had before, as the stricture near the neck of the bladder was now well, and he would not have the old difficulty of passing the catheter.

Remarks.—A careful perusal of this excellent

report by our Resident Surgeon, shews that this case is a rare and an exceptional one. Loss of the penis from extravasation of urine, I have never seen even hinted at in any of our standard surgical works, nor have I come across any case of it either in pamphlets or journals. This may be easily accounted for, because in 99 cases out of a 100, the ordinary point for rupture of the urethra in cases of extravasation is in the membranous portion between the bulb and the point where it pierces the triangular ligament. It rarely becomes extravasated between this ligament and the bladder, and when it does, is generally fatal on account of the pelvic fascia, which rapidly becomes involved. When the rupture occurs in the former, the course of the urine is *perineum*, *scrotum*, and lastly *root of penis*, where it most generally stops, in most cases not getting even so high. In this case however it is quite plain that its course was reversed, being first, *penis*, next *pubes and neighboring parts*, then *scrotum*, and lastly *perineum*.

The body of the penis, as is well known is surrounded by a thin integument, remarkable for the looseness of its cellular connection with the deeper part of the organ, and for containing no adipose tissue. It is composed of the corpora cavernosa and spongiosum which contain in their interior the longest portion of the urethra, the composition of these, is a peculiar cellulo-vascular tissue, (erectile,) which is peculiarly favorable to the destructive properties of the urine, and hence their complete destruction in this case, so complete that the whole outline of the corpora cavernosa, even down to their crura of attachments to the rami of the pubis and ischium could be easily made out in the slough which separated "en masse" rendering the opening for the catheter difficult at first to find, as the whole of the urethra in front of the triangular ligament had disappeared. It was the dread of this which deterred me from a daily withdrawal of the catheter so as to prevent incrustation. The instrument I may add was a metallic one, the gum elastic being much more likely to become incrustated.

The history of this case points emphatically to the conclusion, that the point of the urethra whence issued the first drop of urine was immediately behind the anterior stricture, or one and a half inches from the end of the penis and a little above the glans, which it will be noticed, was not at first implicated, but subsequently became so, only

because it was deprived of its nutrient arterial support, and not from infiltration. The rupture took place behind the stricture, not from the clumsy use of the catheter as is generally supposed, but from the violent straining of an over distended bladder. Colles in his lectures lays down that rupture always occurs posterior, and not anterior to the stricture. He says, "Infiltration of urine seldom or never follows the accident of making a false passage with a bougie, because the stricture which is behind the perforated part of the urethra, breaks the flow of the urine, and because the false passage is valular."

On a review of the case as to treatment, the following question naturally suggests itself. What would have been the result, had timely free incisions been made into the penis immediately after it became swollen, conjoined with the introduction of a catheter to be secured in the bladder, and left unplugged with an india-rubber tube attached so as to prevent any further effusion? In my opinion, such a line of proceeding would in all probability have saved the poor fellow his penis. It is also a "questio vexata" what should be the line of practice in case of the destruction of the integument *only* of the penis. Supposing cicatrisation were affected in such a case, all cicatricial tissue being non-contractile, would not the want of this property of distensibility, be a most serious impediment at times to the proper functions of the organ?

It will be noticed that the impression produced on this man's system by the urinary infiltration and gangrene was of a most severe nature. For a few days grave apprehensions of septicæmia were entertained, but under a most liberal allowance of stimulants, nutrients, and most careful attention to hygienic measures the scourge was fortunately warded off.

### ASPIRATION IN HYDROCEPHALUS.

BY A. ARMSTRONG, M.D., ARNPRIOR, ONT.

As I am not aware of this operation ever having been performed, a few remarks on the following case may be interesting to some of the readers of your valuable journal.

F. C., æt. 11 months; head measures 28 x 26½ inches, the longest diameter being the occipito-frontal. Operated on the 23rd Feb., 1876, at 3 o'clock p.m. The instrument used was "Potain's

modification of Dieulafoy's Aspirator," as made by Codman & Shurtleff, of Boston. The bottle being first exhausted, I introduced the needle (a No. 3) into the cranium at the anterior fontanelle.

The needle had scarcely entered when the fluid was seen streaming into the bottle, until it was about two-thirds full. As the bottle was not sufficiently exhausted, the cock on the needle side was turned, the pump again used, and again the fluid was seen flowing. The bottle being nearly filled the needle was withdrawn, the exhaust preventing the admission of air. After the needle was withdrawn he became faint and vomited a few times. Gave him a diffusible stimulant and he began to rally. The head was now strapped with wide strips of adhesive plaster. I was assisted in the operation by Drs. Burns and Pickup, of Pakenham.

As the patient did not rally quickly, we ordered brandy diluted, to be given frequently. In the morning he had rallied, and seemed pretty well.

24th, Morning;—Slept twice during the night; became restless about 7 o'clock, a.m., and gradually got worse. Ordered 6 grs. hydrarg. cum creta, and 4 grs. pulv. rhei. at 11 o'clock, a.m.; also an injection at 2 o'clock p.m., and another at 3 p.m. Some mucous with a very small quantity of bilious matter passed from the bowels. Has suffered a good deal of pain, mostly in the bowels. Head was hot during the night; applied cold cloth. Saw him again at 3 p.m.; suffering pain; gave him a warm bath, and applied flannels wrung out of hot water and turpentine over the bowels which relieved him for a short time, after which he slept.

Cold cloths again applied over the head, as he is restless. Gave a teaspoonful of oil at 4 o'clock p.m., and an injection at 5 p.m. Bowels moved while giving injection; passed about ½ oz. mucus. A little easier as I leave at 5.20 p.m. Ordered 2 gr. potass bromide, and ⅛ gr. chloral hydrate, a few minutes before I left. Visited him again at 11 o'clock p.m.; gave an injection; bowels moved; motion looks better; a little easier. As he has been starting suddenly and crying, also seemed chilly, I ordered 4 grs. potass bromide and 1 gr. chloral hydrate every two or three hours, according to the urgency of the symptoms. I remained some time, and when leaving he was much easier.

25th.—Bowels moved during the night, and a great deal of wind passed. Head hot and body



feverish; sleep disturbed until after 6 a.m., when he got the first dose of the last prescription, repeated at intervals of 2 and 3 hours. Before my visit at 1 o'clock p.m., he had slept some; woke up once during my visit and appeared much better. Slept several times during the day; medicine reduced to half a dose, and 4 or 5 hours apart. Visited at 9 p.m.; sleeping calmly and naturally; swelling reduced very much in the head; straps a little slack; 54 hours after the operation.

26th, Morning;—Slept pretty well last night; feverish and a little restless from 3 o'clock until 9 a.m., when his bowels moved, the effect of a dose of oil at 6 a.m. Visited at noon-day; seems pretty well; head a little hot. Prescribed ferri carb. gr. 1 and tr. cinchona grs. 8, every four hours; also ordered a teaspoonful of magnesia, as former stool had a sour smell, and a greenish color.

27th;—Slept pretty well last night; at 1 a.m. a little restless; woke up at 6 a.m., and bowels moved without physic. A dose of oil was administered at 7 a.m.; bowels moved on my second visit, and motion more natural; has a tooth coming which causes him to be a little restless. (I may here mention that this is but the 5th tooth, and that he is getting his teeth very slowly). I noticed a slight redness and swelling about the seat of puncture; slept very well to-day; between my visits (6 hours), woke up once during that time; the little patient seems to be improving in health and strength.

28th;—Restless until midnight, but slept very well after that; got a teaspoonful of magnesia at about 8 o'clock a.m. Nursed yesterday for the second time since the operation. His diet consisted of milk drawn from the breast, and fed by a spoon, broths, and soda cracker; also yolk of a parboiled egg on a few occasions. The kidneys failed once or twice to perform their functions properly, but on administering spt. æther. nit., they resumed work. As to the pulse, it varied very much at different periods of his illness.

March 1st;—Doing well; strapped the head to-day and he felt easier and fell asleep. 2nd;—Straps slackened; measurement  $1\frac{1}{2}$  inches less in both diameters; swelling and redness gone at seat of puncture. 3rd;—Doing well. 4th;—Not very well this afternoon. 5th;—Restless last night and very weak; has an attack of *pulmonary con-*

*gestion*; threatened with convulsions; is taking potassium bromide mixture; died at 7 o'clock p.m.

The quantity of fluid drawn off was one pint it was tinged with blood, but on standing became clear. Had it not been for the attack of pulmonary congestion, which sealed his fate, my intention was to remove from 2 to 4 ounces every three or four days.

The removal of large quantities of fluid at once would not, in my opinion, especially after the first operation, attain such good results, as small quantities removed often, and strapping the head well after each operation. An elastic cap is the next requisite, to give support and tonicity to the vessels. This would also tend, to a certain degree, to prevent the re-accumulation of the fluid. These means might be accomplished, if necessary, by small blisters to the nape of the neck or a seton, and the system well supported with ferruginous tonics and a most nutritious diet, as there seemed to be a marked tendency to destruction of the red corpuscles in the case mentioned.

#### ON SLEEPLESSNESS.

BY WM. KERR, M.D., GALT, ONT.

Impaired sleep is a frequent attendant of illness but the following remarks apply to cases where, night after night, the patient scarcely closes his eyes in sleep, this sleeplessness causing great anxiety to himself and family, and becoming so much the leading feature as to throw every other into the shade. My first case occurred many years ago; I gave a dose of opium at bedtime and to prevent constipation accompanied it with a laxative. The patient, however, did not sleep night after night the dose of opium was increased, but with no better effect. I cannot now say how many days were thus spent, but I was getting alarmed at the quantity of opium taken, when I thought of giving the laxative in the morning, and aiding it, if necessary, by an enema in the evening; the object being not to excite any griping or uneasiness in the night. The result delighted me he immediately began to sleep at night, and was soon able to dispense altogether with opium.

Lately a lady, who had long used the aperient described in this journal for July, 1875,\* chiefly

\* Aloes added to the Digitalis or Squill Combination for chronic diseases.

to overcome constipation, became very sleepless. Sleep had been long impaired, but as on some nights she slept pretty well, and never was sensible of uneasiness from the medicine, which operated gently every morning, I did not suspect it. The almost total sleeplessness, however, rendered a change necessary. I therefore directed the aperient to be taken only in the morning, and not at bed-time as formerly; with this change, better sleep than she had long enjoyed came on.

These cases show that in some instances, possibly only in some individuals, powerful narcotics may fail to procure sleep in consequence of the irritation of an aperient taken at bed-time, this uneasiness being so slight as to be unnoticed by the patient. Lately, to a maniacal sleepless young man, whose bowels had not been moved for an unknown time, he being too insane to tell, I gave a large purgative enema, followed by a dose of hydrate of chloral, and obtained a long and sound sleep. The patient was now manageable, and refreshing sleep continued to be maintained by two or three drachm doses of the tincture of the digitalis combination ( $\frac{3}{4}$  j of the comb. to  $\frac{3}{4}$  xxiv of whiskey) given two or three times in twenty-four hours. Exercise in the open air, either on foot or in a carriage, never, however, carried as far as to fatigue; nutritious food and as much of it as the patient can digest; ale or some other stimulant, and warm clothing, if the weather be cold, require attention. I can say that the digitalis or squill combination may be given any length of time without injury, and I have never seen any disagreeable effects from even a large dose, except where the constitution did not suit digitalis, or where the case was one of those I have styled "exceptional." There is no narcotism; the patient sleeps as in health, and, if awakened, readily falls asleep again.\* The medicine differs from every other narcotic with which I am acquainted, in not causing drowsiness or sleep when sleep is not needed. In the treatment of insanity, nothing is more important than long and sound sleep. An old author, quoted by Vanswieten in his Commentaries on Boerhave, says it is to be valued *supra gemmas lapides-que pretiosos*.

### A CASE OF OVARIOTOMY.

BY WALTER B. GEIKIE, M.D., F.R.C.S., ED., L.R.C.P.,  
London, Prof. of Practice of Medicine and Clinical Medicine, Trinity College, Toronto.

In May, 1875, I was called to see Mrs. R——, æt 45, whom I found suffering from an abdominal tumor, which had been gradually increasing in size for five years prior to my seeing her.

The tumor was very large and was in my opinion ovarian in character. Whether unilocular or otherwise, it was not so easy to determine, but it appeared to consist chiefly, at least, of one very large cyst. There were solid masses to be felt here and there of considerable size, and the whole tumor was evidently adherent to the surrounding parts, but how far, it was of course, from a mere examination of the case, impossible to determine.

Dr. Hodder, whose experience is such as to give him the first place amongst Canadian ovariologists, saw the case with me, and our views as to its nature were identical.

The patient's health was so feeble that we questioned the propriety of operating, particularly as the weather began to be hot and unfavourable for such operations, and I determined to strengthen the patient by every possible means. With this view, and also to be able to ascertain more fully the many points with regard to the tumor, which had increased so as greatly to impede the various functions, assisted by Dr. Fulton I tapped it, removing about 24 pints of fluid, somewhat thick and of a dark color, as dark as porter. This gave great relief and under tonics and generous diet the health improved very much. It was easy now to ascertain that while the bulk of the tumor consisted of a single cyst, there was a large solid portion, about the size of an ordinary cranium.

The patient having wonderfully improved in health notwithstanding the reaccumulation of fluid within the sac, I thought it wise to operate during the favorable weather in October.

The operation was performed in the usual way—a free incision being made through the abdominal parietes. On tapping the sac, the fluid, strangely enough, was this time quite clear and mucilage-like. The tumor was adherent to the walls of the cavity in front and laterally, and the adhesions were carefully broken up with the hand. The pedicle, which was not very long, was transfixed

\*Dr. Campbell. Seaforth, *Canada Lancet* Sept. 1874, and Dr. Aylsworth, Collingwood, *ibid* July, 1875, p. 324, testify to the soporific power of these combinations. See also a paper by me on the "Relation between Insanity and Dyspepsia," July 1875.

with a *nævus* needle, armed with a double ligature one half of this being tied firmly on each side, and the tumor then removed. The end of the pedicle was then dropped into the cavity, and the abdominal wound closed with sutures which passed through the entire thickness of the walls peritonem and all; strips of plaster over the wound; a compress on each side of it with the application of a flannel roller around the body as broad as an ordinary midwifery bandage completed the dressing. The patient was at once placed in bed, and a good dose (m. xxx) of Liq. op. sed. administered.

For two or three days, vomiting was very troublesome, but morsels of ice, with an occasional dose of the sedative solution (m. xv.,) every six or seven hours gave great relief. Slightly raising the shoulders aided very much in allaying the irritability, by facilitating the escape of flatus from the stomach.

The sutures (which were all of silk) were removed on the 8th day, and the bowels moved a day or two afterwards by an enema aided by a small dose of castor oil. From the time the vomiting ceased, no bad symptoms of any kind supervened and the patient was soon quite well.

I have to express my warm thanks to my friends Prof. Fulton, of Trinity College, and Dr. Constantinides, of this city, who kindly and ably assisted me in the operation.

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### Correspondence.

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To the Editor of the CANADA LANCET.

Sir,—In your journal of January 1st, there is an article on the treatment of "Ganglion" of the wrist, in which Prof. Gross seems to claim the priority of the treatment thus expressed, or he says he had never seen it described elsewhere. Had he had the *modesty* to refer to Erichsen's Surgery, even as old an edition as that of 1861 he would have found the same treatment advised there, in half the number of words.

Yours, truly,  
F. R. C. S. E.

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To the Editor of the CANADA LANCET.

Sir,—In looking over this evening's paper the "Free Press" of March 1st, 1876, I find the enclosed account of an operation that took place at our Protestant General Hospital here, and

which I do not think, as a medical practitioner of some years' experience, is the proper thing. Some medical men in this city, cannot open an abscess without the fact being placed before the public, through the daily newspapers.

This I consider, and am taught by the rules of my College to be the first step towards quackery. I would like to hear your opinion on the matter, that is concerning medical men, who run to the newspaper with every paltry little piece of surgery that may perchance fall in their way.

### JAW BONE REMOVED FOR CANCER.

"A short time ago, a Miss Rachael Haskill of Almonte, who has been afflicted with cancer in the right lower jaw, applied for admission at the Hospital in order to be placed under the hands of men skilled in the treatment of all diseases with which frail humanity is afflicted. After a general consultation on the part of the medical board, it was deemed necessary in order to relieve the sufferer from that certain result—a slow painful and loathsome death—to have the bone removed. At noon yesterday, according to appointment, there were assembled at the surgical room of the hospital, Drs. A. B. and C. The patient having been administered a sufficient quantity of chloroform to deaden all the nervous system, Dr. A. took the knife in hand, and at once proceeded with the work. A slit or incision was first made from the lip downwards to the point of the chin, &c., and the whole operation was successfully accomplished, to the satisfaction of all present."

At the same time, I wish to call the attention of the Medical Profession to the notice, (No. 2) which I find in the same paper.

DR. T. W. POMROY,

will remain in Ottawa till the  
15th day of MARCH, 1876.

Rooms at the UNION HOUSE.

This "Quack" Pomroy is an uneducated man, who can scarcely write his own name; yet he imposes upon the public styling himself a medical man, lives at one of our best hotels, and charges exorbitant prices, in fact gulls the public right and left.

Some months since there was a committee appointed, at a meeting of the medical men of this district, to have this man brought to justice, but his friends backed him up with money and the medical men backed down. Some of our druggists here also have a more lucrative medical and

surgical practice than many of the medical men. Why does Dr. Grant, our medical representative for this district, not put a stop to this?

Thanking you for the space you have kindly given me in your valuable journal,

I remain, Yours truly.

PRACTITIONER.

Ottawa, March '76.

### Selected Articles.

#### SUDDEN DEATH IN THORACENTESIS.

[From an editorial on the above subject in the *British Medical Journal* we take the following extracts]—

In order rightly to estimate the blame to be attached to the operation of thoracentesis in cases of sudden death, many of which have been lately recorded as having occurred during or soon after its performance, we must take into consideration the conditions and dangers present before the operation, to remedy which it is performed, and compare them with the perils and disasters attributed to the operation itself. If we regard separately in this manner each of the principal modes of death in thoracentesis—viz., through the heart, lungs, or brain—we may hope to arrive at some useful conclusions which seem especially to be called for now, when there is some risk of a most salutary operation being denounced from too panic-stricken a view of its possible dangers.

The most common cause of sudden death in cases of pleural effusion which have not been relieved by paracentesis is syncope, and we suspect the sudden termination in this way to be more common than is generally supposed. Of the pathological conditions that may be present and dispose to syncope, we must mention not only fatty and other disease of the heart, but also a temporary malnutrition of its muscular substance which arises from the circulation through it of badly arterialised blood. We think that this last named condition has much to do not only with the tendency to faintness, but in rendering such faintness, when it does occur, permanent to death. The degree of this malnutrition of the heart will vary greatly with the degree of cyanosis and of the demand upon nutrition by the fever that is or has been present. Nor must we ignore the type of the disease, whether sthenic or asthenic, serous, purulent, or gangrenous, in reckoning its effect through the nervous system upon the reserve power of the heart. The lungs are not unfrequently the principal organs concerned in the occurrence of death after paracentesis. Such cases do not usually occur without some warning; but the fatal issue may be very rapid. The immediate cause of the asphyxia has been pointed out by

Niemeyer and M, Béhier to be pulmonary œdema, leading to filling up of the alveoli and small bronchi with serous fluid. The mechanism by which this œdema of the lungs occurs is pretty obvious. On the removal of the fluid from the pleura, there necessarily arises a more or less sudden determination of blood to the capillaries of the expanding lung. This would not, however, suffice to cause suffocation, the same lung having been before in abeyance; but an afflux of blood is likewise caused to the sound lung as the heart and mediastinum return towards their normal position, the same aspiration being exercised upon that lung as upon the other. Thus, as with the heart so with the lungs, the first effect of the escape of fluid is to remove abnormal pressure and to facilitate function; but, when a larger quantity has been removed, and particularly if the affected lung do not readily expand, a danger arises of congestion by afflux of blood, and the consequent production of acute œdema. Towards the termination of thoracentesis in most cases, especially where syphon or aspiration power has been employed, a troublesome paroxysmal cough supervenes, which is often attended with frothy albuminous expectoration, sometimes streaked with blood. Such symptoms must be regarded as warnings significant of pulmonary congestion and suggestive of œdema. The French physicians have especially drawn attention to the import of this albuminous expectoration after paracentesis. But, in some cases, asphyxia may very rapidly supervene without any warning of the kind.

M. Legroux has attributed the sudden fatal termination of a case related by him to the Société Médicale des Hôpitaux to cerebral anæmia, from deprivation by sudden afflux of blood to the chest. It is undoubtedly possible, especially if the patient do not maintain the recumbent posture, that faintness may have its origin, in the first place, in cerebral anæmia; but its fatal persistence must, we suspect, be always due to cardiac adynamia. In the *Gazette des Hôpitaux* for 1869, M. Vallin has related a case in which sudden hemiplegia and aphasia occurred in the course of an acute pleuritic effusion, a plug of fibrin being found *post mortem* impacted in the left cerebral artery, with a corresponding centre of softening in the corpus striatum. M. Vallin is of opinion that, whilst the lung is compressed by an effusion, some clots are apt to form in the pulmonary veins, or possibly in the appendix of the left auricle, fragments of which may readily become detached by any sudden movement, or whilst the lung is expanding during paracentesis, or whilst the pleura is being washed out. Thus loosened, such clots would be conveyed into the left ventricle, and thence to the cerebral arteries.

There are a few practical conclusions, in the way of precautions, which appear to us to be sug-

gested by the above considerations. The recumbent position, the ready supply of stimulants, and their timely administration; the avoidance of unnecessary pain and shock by the use of local anæsthesia; the firm application to the side, after the operation, of a broad piece of plaster, extending an inch or two beyond the median line in front and behind—are points to be borne in mind. The escape of fluid should be at once arrested on the occurrence of any syncopal attack. Paroxysmal cough is also a warning to desist. We do not see the utility, if no untoward symptoms occur, of removing only a small quantity of fluid, as recommended by some. It is scarcely worth while performing the operation to remove only a pint of fluid, and to leave half a dozen pints behind to be taken away in similar dribbles. It is not wise, on the other hand, to attempt to drain the pleura, nor ever to remove more fluid than will flow at the solicitation of a moderate syphon-power. As to the instrument to be used, it matters not so long as air be not admitted, and the fluid be steadily evacuated by no more than a very moderate aspiration-power. We prefer to see employed a simple trocar of moderate calibre, with a branch to which tubing is attached, with a fall of two feet, the end of the tube being under water. In cases of pointing empyema, the plan advocated by Dr. Sinclair in the *Edinburgh Medical Journal* for December seems a very good one; viz., to open with a bistoury under the carbolic acid spray, to insert a drainage-tube, and treat on the antiseptic method.

In conclusion, we would ask for further information and reports of fatal cases, bearing especially upon the following points; viz., the result of microscopic examination of the muscular wall of the heart; the condition of its cavities, whether full or empty, contracted or flaccid; and, in cerebral cases, as to the presence of *ante mortem* clots in the pulmonary veins or the left auricle, or evidence of their detachment. More observations are wanted also as to the expediency of washing out the pleura, and the best method of doing it, and the best solutions to use. It seems obvious that the syphon-tube should always be preferred to a syringe, the pressure employed with which we cannot estimate.

#### DOUBLE OVARIOTOMY; TRANSFUSION OF MILK; RECOVERY.

Dr. T. G. Thomas, (N. Y., Obstet. Society,) presented two solid tumours of the ovary, both removed from the same patient, whose history he related as follows:

Three weeks ago he was consulted by a lady, thirty-two years of age, the mother of three children, the youngest of which is seventeen months. The patient had always enjoyed good health until

the birth of her last child, after which she gradually lost strength, suffered from night sweats, and became very much emaciated. She consulted Dr. Clark, of Oswego, who made an examination and discovered a solid tumor of the right ovary of the size of an hen's egg, which he thought malignant in character. The tumor grew with moderate rapidity until it reached the size of the larger one exhibited, plus about one-third lost by shrinkage since its immersion in absolute alcohol, *i.e.*, about the size of an adult head. The patient in the meanwhile consulted Dr. Chauncey L. Mitchell, of Brooklyn, where she resided, and Dr. Atlee of Philadelphia, the latter of whom said that the tumor was malignant, and that an operation for its removal would be extremely hazardous. When Dr. Thomas first saw the patient she was exceedingly feebly and emaciated, appearing like a person suffering from diabetes. The abdomen was tender to the touch and distended by a tumor, which reached above the umbilicus. The general and local features of the case reminded him of two cases of adenoma of the ovary which had previously occurred to him; he therefore made that diagnosis, and dissented from Dr. Atlee as to the chance of recovery, telling the friends of the patient that there was ninety chances out of one hundred against her, but probably ten in her favour. Wishing to make a further examination in the presence of several gentlemen of this city, Dr. Thomas requested the patient to call at his office again, but she was so exhausted by her first visit, that she was unable to comply with his request. The friends were very anxious for the removal of the tumor, and the operation was therefore fixed for Thursday, October 14th, and performed at 3 p.m. on that day. On opening the abdomen, which contained no ascetic fluid, a large solid tumor of the right ovary was found, the pedicle of which was first secured by a clamp, which was subsequently removed, however, and its place supplied by a ligature, the pedicle being then dropped. The left ovary was found in Douglas's cul-de-sac, pushing the uterus forward. Previous to the operation Dr. Thomas had thought this tumor behind the uterus to be a portion of the large tumor, and probably adherent, which fact would have rendered the prognosis still less favorable. The left ovary was removed, the pedicle ligated and dropped. The duration of the operation was only thirty-six minutes, which was fortunate, as it is important not to keep the abdominal cavity open too long, or the patient for a long while under ether. After the operation the patient was seized with vomiting, which continued until the following Saturday, and obliged nutrition to be performed entirely by the rectum. On Saturday she had a severe metrorrhagia (after having been amenorrhœic for the last three months), and became very much prostrated, pulse 140, temperature 101°, no febrile

reaction. On Sunday Dr. Thomas left for Rhinebeck, where he had an operation to perform, leaving Dr. S. B. Jones in charge of the patient. In the afternoon he received a telegram that she was sinking, and apparently near death. During the night, however, she rallied somewhat, and appeared slightly better when he saw her on Monday morning. In the evening, between 6 and 7 o'clock however, he received a despatch, saying that she was sinking rapidly. He hurried to Brooklyn, arriving there at 8 o'clock, and found the patient bathed in a cold, clammy perspiration, and exceedingly collapsed, the pulse 142-145, sometimes entirely lost at the wrist; and in his opinion, and that of the attendants, the end approaching. Preparations had already been made to perform transfusion with milk in case of necessity, for which Dr. Thomas had left directions in the morning; an Alderney cow was driven into the yard and milked into a pitcher covered with gauze, the pitcher standing in a pail of warm water. All impurities were thus prevented from entering the milk, which was kept at a proper temperature by the warm water in which it stood. The canula was introduced into the median basilic vein, and nine ounces of milk were gradually injected. Dr. Thomas used the transfusion apparatus devised by Robert and Colin, of Paris, which consists of a large funnel, into which the fluid to be transfused is poured, at the bottom of which funnel is an opening connecting with a syringe, to which is attached the tube leading to the canula in the vein of the patient; closing this opening in the bottom of the funnel is a movable ball of aluminium, which, being lighter than any fluid, but heavier than air, when the mouth of the funnel is turned upward, by its own gravity effectually closes the opening against the entrance of air with the fluid when the piston of the syringe is drawn back in filling, or pushed forward in emptying the syringe. This ingenious contrivance was used with great satisfaction in this case. After the injection of a few ounces the patient experienced no sensation whatever, the pulse being feeble and beating 160-170; but when six ounces had been introduced, she at once complained that her head felt like bursting, a rigor came on, followed by high temperature, the pulse beating 152-155. These symptoms continued for some little time after the completion of the transfusion of the nine ounces of milk. One hour afterwards she fell into a sound sleep, which continued all night, and from which she was not aroused for the purpose of giving her nourishment, because she had latterly been unable to retain anything administered either by the stomach or rectum. The next morning, Tuesday, she was slightly delirious, but much stronger, the pulse 116; she said that she felt "as though she were going to get well." From that time she improved steadily, and is now out of bed and out of danger, and doing well.

Dr. Thomas said that he would not positively assert that the transfusion of milk saved the life of the patient, but his firm conviction is that it did.

The tumors were both of the same structure, with a dense, fibrous feel, but still not like a uterine fibroid. The larger shows a deep sulcus in which runs the Fallopian tube; the smaller is about the size and shape of a kidney, its surface like that of a cirrhotic liver in appearance. Specimens of the larger tumour were sent to four gentlemen for microscopic examination, two of whom reported it to be adeno-sarcoma, a mixture of embryological ovarian elements and sarcomatous cells, and the other two simple adenoma.—*American Journal Obstetrics.*

#### DIVISION OF THE EXTERNAL LATERAL LIGAMENT FOR KNOCK-KNEE.

As this operation, proposed by Lagenbeck, and performed by him, Bilroth, and others, is comparatively rare among us, the following cases may be interesting.

Genu valgum, or knock-knee, when existing to a high degree is notably intractable to minor orthopaedic treatment. The firmness of the joint and the difficulty of applying efficient pressure in an advantageous direction constitute such formidable obstacles that any addition to our resources should be most welcome. A cursory glance at the mechanism of the deformity will clearly show the advantages of Lagenbeck's operation. Like the other distortions due to the disturbed growth of bone or modelling pressure, it generally commences before puberty, and presents the same series of phenomena. Waving the question of the causative association of rachitis with this deformity, when a child begins to walk it widely separates its feet in the effort to maintain the erect posture; the structure on the inner side of the knee are necessarily strained, and if they are deficient in normal tonicity or resistance, they yield. Their extension is associated with a corresponding relaxation of the structures on the outside of the joint, which quickly adapt themselves to this condition by permanently contracting. Diminution of the tibio-femoral angle is consequent on the separation of the inner condyles of the femur and the tibia, and all the weight of the body is borne by the external condyles, until the entire articular surfaces are again allowed to coincide by the process of modelling pressure affecting the young bone. Thus is the deformity rendered permanent, and it is also progressive, as, in proportion to the diminution of the tibio-femoral angle, the influences which caused the lesion become more favourably circumstanced for manifestation. An additional distorting force is introduced by the direction in which the biceps femoris and other muscles of the outer group act when the deformity is established.

The first factor in the production of the deformity is relaxation and contraction of the internal and external lateral ligaments respectively, together with the neighbouring structures; the second, the modelling pressure on the bones; and the third, the action of the external group of muscles. The treatment of the disease rationally aims at removing the third. By section of the external lateral ligament its artificial relaxation is obtained, and the internal ligament is allowed to contract; the judicious application of mechanical apparatus reverses the modelling pressure by removing it from the outer to the inner condyles; the division of the tendon of the biceps removes the principal disturbing muscular force.—*Medical Press and Circular.*

### HOW TO STRAP THE BREAST.

Strapping the mammary gland is of avail to prevent and arrest lactation. But remarks Dr. W. W. Munson, in the *New York Medical Journal*, strapping will be of no use unless it is well done. Let the first strip be put on so as to hold the breast well up by itself alone, whichever direction it is made to take. I usually commence by placing a strip laterally beneath the breast, about half-way between the nipple and lower margin, draw the gland well up, and attach one high up on the sternum and the other end high up under the arm. The next strip is placed at right angles to the first, close to the nipple. Apply to the breast first, draw it well up and fasten upper end, letting it pass over the shoulder, then draw down lower end firmly and fasten it. Do not skip the nipple or cover it, but cut holes through the strips that pass over it, and let it project through. This is to allow the milk which may ooze out for the first few hours to escape, without burrowing beneath the plaster, pushing it off, and making a hot disagreeable, irritating poultice. Several thicknesses of soft cloth should be placed over the nipple (when pervious), to absorb the milk that escapes. This should be renewed as often as it becomes saturated.

A timely application of this plan of strapping I have found almost sure to arrest commencing mammary abscess.

### PRURITUS PUDENDI.

Dr. Black, in the *Cin. Lancet*, gives the following in regard to the treatment of this troublesome affection.

I think I am able to suggest a remedy for these cases, and which will reach the requirements of the practitioner better than any other hitherto employed. The manner of my coming upon it is the following: Some years ago a young man was, as he

expressed himself almost crazy with the intolerant itching attendant on an outbreak of urticaria. I had prescribed various remedies for the relief of the stinging fornication. Everything, in fact, that I previously employed, or which my recollection of remedies by standard authors had recommended, and they had all proved insufficient. Thrown upon my original resources for something that would give my patient the relief he so urgently sought. Accordingly, I directed the following to be applied to the itching surface with a sponge:

R Chloral Hydrate, ʒ iij.  
Aqua. ʒ iv.

A single application gave prompt relief, and he was able to sleep after a forced abstinence of two nights. The tendency to a slight recurrence was immediately subdued by the further application of the solution to the parts affected; the final result was all that the therapist could desire. I determined to bear in mind the singular efficiency of the chloral in this case and to give it a further trial at the first opportunity. I had only a few weeks to wait; the wife of a merchant, Mrs. F—, pregnant three months, had endured for a week or two the most tormenting itching of the vulva. From instinctive modesty she had been deterred from mentioning the matter to a physician; relying for hope of relief on her own judgments and the suggestions of her female friends; but all without avail. Unable longer to endure it she applied to me April 28th. I prescribed the chloral hydrate, three drachms to four fluid ounces of water; to be applied to the parts affected once every hour till better. The application produced severe smarting, which, however, soon subsided; while the relief to the pruritus was prompt, decided, and almost permanent. Whenever the symptoms were again felt in the least the same solution was applied; and after a few days the cure was complete.

My second case was a lady above Granville, Mrs. F—, also pregnant. By her note to me it appeared that she also had endured the pruritus until she was, as she expressed it, almost beside herself. The same prescription and directions were given to her husband, and in a few weeks I had the satisfaction of hearing that the result was equally as prompt; decided and permanent.

The third case of pruritus pudendi during pregnancy in which I have had an opportunity to try this remedy was in the person of Mrs. C—, the wife of a clerk. The husband mistaking my directions only had it applied once; and while it gave decided relief, did not wholly abate the symptom. A few more applications soon removed every vestige of the disorder.

“No man deserves a monument who could not be wrapped in a winding sheet of papers written against him.—*Pope.*”

**TREATMENT OF EPISTAXIS.**—Having read Mr. John Cochrane's communication in the Journal of January 15th on the above subject, I am induced to record two cases of severe nose-bleeding treated by the local application of liquor ferri perchloridi by a simpler and more easy method than by plugging with lint soaked in a solution of iron, or by injecting the solution up the nostril. The first case was in a woman suffering from cardiac disease, with pulmonary and renal complications, in which loss of blood to any great extent would be likely to induce serious results. The bleeding had been going on for some hours when I saw her, and was almost running from both nostrils, a large clot the size of an apple hanging over the mouth. I removed the clot, and the blood fairly gushed out. I then injected up both nostrils a solution containing one part of liquor ferri perchloridi fortior and three parts of water with a simple glass syringe, with the result of immediately sealing up the nostrils and stopping the hæmorrhage. A quantity of blood had escaped through the posterior nares, and this also stopped at once. I used about three ounces of the solution altogether. There was not the slightest return of hæmorrhage, and in two days I removed the plug, which was as perfect as one made with lint or aught else.

The second case, of a child, was also one of great severity, and all usual remedies had failed. Half an ounce of the solution (1 to 4) immediately checked the bleeding. I think the injection preferable to making a plug with lint soaked in a solution of iron, for two reasons: 1. It is much more easily applied; 2. It is more likely to reach the seat of hæmorrhage, and consequently would be more effectual.—*Dr. Core Brit. Med. Journal.*

**INVERSION OF THE UTERUS.**—Dr. Frank Woodbury (Medical Society, Philadelphia,) desired to ask Dr. Atkinson, or any other gentleman of large obstetric experience, as to the relative frequency in practice of an accident of recent occurrence under his own observation, which appears to be generally spoken of by the books as a remote possibility rather than an active danger threatening improper management of the third stage of labor. In delivering the placenta, traction upon the cord is recommended by some writers, among whom perhaps the most familiar name is that of Cazeaux, but always with certain cautious and careful instructions. It is to be feared that many who have used Cazeaux's work as a text-book remember his teaching to warrant the practice of dragging on the cord, but altogether forget the special directions as to how it should be done, if adopted at all. From this fact, and the possible grave results consequent upon the procedure, it would follow, although the temptation seems to be sometimes strong to pull, that dragging upon the umbilical cord should be finally abandoned and condemned as a true piece

of "meddlesome midwifery." It is entirely unnecessary; for the placenta may either be allowed to remain until expelled by the natural efforts of the uterus, stimulated to contraction by its presence, or the womb may be encouraged to contract, and the placenta expelled by the manipulation lately known as Crede's method.

The case was primiparous, about thirty years of age, of good physique, and in fair social circumstances. Capricious and self-willed, she had been in labor about thirty-six hours, keeping her physician dancing attendance upon her whims, but, as far as she dared, disregarding his instructions. She had been all day in the second stage of labor, and the pains had almost died away, when she finally consented to the application of the forceps, but soon changed her mind, and positively refused to go any further without ether. The attending physician then called upon Dr. W. and invited him to give the anæsthetic. This done, the child was soon extracted, although with some difficulty on account of its size; it weighed probably about twelve pounds. It was born asphyxiated, but probably not from the effect of the ether, because a small amount was found sufficient; and the mother was not at any time fully under its influence. The head had been impacted at the superior strait for about twenty-five hours, and from the long pressure right-sided facial palsy had been produced. The child lived only twenty-four hours after birth. After spending some time attending to the infant, the delivery of the placenta came next in order. Seated at the left side of the patient, who was lying across the bed, after having been delivered, in the dorsal position, Dr. W., with his right hand, followed up the now firmly-contracted uterus with gentle friction over the abdomen. The attending physician, in delivering the secundines, pulled rather firmly upon the umbilical cord, and was removing the placenta from the ostium vaginæ, where it had just presented, when the uterus was missed from under the hand. The fact was immediately mentioned that speed was desirable in clearing the canal, as it was feared that contraction had ceased and concealed, hæmorrhage was in progress. The placenta removed, an unfamiliar body, "like a second placenta," was discovered occupying the vagina, situated about two inches from the vulva. Being requested to make an examination, Dr. W., with the right hand still on the abdomen, proceeded, with two fingers of the left hand, to remove the anticipated clot and open the flood-gates. The substance encountered, however, was not a soft, friable clot, but a dense body, in whose surface were loculi, which were recognised with trepidation as the open mouths of sinuses. Being authorized to go ahead, without alarming the bystanders or unnecessarily attracting attention, the two fingers kept in place, were joined by the



other, component parts of a hand, which then doubled into a fist, and made steady pressure upon the everted fundus until the circular fibres of the neck yielded and the organ was restored to its place, the fore-arm then being more than half buried in the patient's body. This was not done without giving some pain, or causing some struggles on the part of the half-etherized patient, but it was accomplished without a suspicion on the part of the non-medical attendants that anything unusual was happening. The uterus contracted well immediately afterwards, and, although some blood was lost, there were no signs of collapse. It is reported that the patient made a good recovery.

DR. ATKINSON.—The accident is a very rare one, and the gentleman may practise a life-time without seeing another case. I hope no member of this Society will ever attempt to deliver the placenta by pulling the cord; it should only be mentioned to be condemned. The operation known as Crede's method is now generally recommended; although it was not original with him, but was practised and taught by Dr. Washington L. Atlee as early as 1853.—*Med. Times.*

SHIP-SURGEONS.—There is a medical matter that might profitably engage the attention of legislators as well as the Whitehall authorities. All ship-surgeons must (and, as we think, very properly) now be registered. This order, of course, excludes all colonial surgeons, and as such is deemed by them to be a great hardship and an injustice. The subject is a difficult one, because we must perforce start with the axiom that the qualifications of a medical practitioner afloat ought to be at least equal to those of one practising on shore, inasmuch as in the absence of other professional aid responsibilities are very much greater. It is, however worthy of consideration whether the time has not now arrived when some degrees and diplomas conferred in Canada and Australia should be recognized by the Medical Council in this country. We refer in the case of ship-surgeons more particularly to Canada, and there is no doubt the change would be a diplomatic one if the standard of examinations could be established and maintained on a sufficiently high and secure basis.

Medical officers attached to merchant ships even of the highest class, are continually complaining to us that their professional status afloat is not properly acknowledged or supported. This may in some instances be the case, but, as with army and navy grievances, we are disposed to believe that much hinges upon the proclivities of the individual concerned. The pay of surgeons on the good steam lines is now fairly liberal, and, as a rule, the position is not rendered humiliating or at all unpleasant, taking into consideration the variety of people with whom he is brought into contact, and the character of the work that he is called upon to perform.—*Lancet.*

NOVEL USE OF APOMORPHIA.—On the 30th of November, 1875, I was called to see a little boy, three years old, who had, two hours previously, accidentally swallowed a *biconvex lense-shaped tin whistle*. I found it lodged near the cardiac terminus of the œsophagus. The little fellow was suffering considerable pain, writhing his body when he attempted the act of deglutition which act seemed irresistible every few seconds. A small quantity of bread and water was given him to ascertain whether the œsophagus might be completely occluded. He rejected it almost immediately, with no admixture of the stomach contents. I then administered hypodermically in his arm the one-twelfth ( $\frac{1}{12}$ ) of a grain of apomorphia. In about three minutes the emetic quality of the drug was manifested by pallor. He was then placed on a bed, flat on his belly, when, after three or four violent attempts, he in one heave emptied entirely the stomach, the whistle taking the lead, and ringing, as it fell in the basin, produced a most agreeable sound to the ears of his anxious mother, who before had but little faith in my expedient. The whistle measured  $\frac{3}{8}$  inches in diameter. The child when seen an hour later, was bright and running about as well as ever.—*Dr. Robinson, Med. Record.*

VIRCHOW.—His *personnel* is by no means striking. He is below the average German stature, of a dingy complexion, and with an impassioned expression; one fails to detect the depth of his researches in science, or the strong will or the cutting sarcasm which characterize him. An hour in Pathologisches Institut easily demonstrates his accurate study in that part of medical science to which he has devoted the most hours of the best part of his eventful life. His political tenets, at variance with those of the chancellor of the empire, and in sympathy with that large radical party of Germany whose ideal may be seen in nearly every European government of to-day, call it by whatever name you please, liberalism; radicalism, or conservatism, have developed an iron will and a bitter sarcasm which make him a species of terror to the government. In other ways is he remarkable. Always late at his lecture, and appearing now but twice a week, he has time enough, apparently, for the numerous demands made upon him. On the same day he is to be seen from nine to eleven A.M. in the Pathologisches Institut, demonstrating with a vast array of material, cellular pathology; and from five to seven or eight P.M. in the Chamber of Deputies of Prussia, of which this week he was elected vice-president, over the nomination of his predecessor; later, hard at work in the Royal Geographical Society. Besides these official appointments he is chief editor of a popular journal of science, contributes occasionally an article to scientific bodies, and gives popular lec-

tures in the winter. I have alluded to his life as an eventful one. It may not be generally known on our side of the water that in the revolution of 1848 he fought as a common soldier behind the trenches; that he was forced to abandon his professorship here on account of his political doctrines, and that he went to Wurzburg, where the book of his life—the exposition of the cellular pathology—was written; that the government was obliged to recall him to his department in the university on account of the urgent demand of scientific men, who recognized his worth by the new book; that later Prince Bismarck challenged him to a duel, whose acceptance he had the courage to refuse; these and many other events of his life made Rudolph Virchow one of the most conspicuous men of the day in Germany. I am told that he regrets the comment not long ago made about him, that he was a severe critic as to the merits of other men. Virchow is poor, lives on the second flight, and complains that he cannot live as a gentleman of his standing should.—*Boston Medical and Surgical*

POST-MORTEM KINDNESS.—In the course of an admirable editorial article on the above subject in *The American Medical Weekly*, Dr. E. S. Gaillard says:

"I knew a physician who went through life with scarcely a word to cheer, encourage, and strengthen him. He was brave enough to endure in silence. He was accomplished, true, and skillful; charitable and kind; but no one ever told him so. He struggled bravely with poverty and adverse circumstances, but there was scarcely one to help him. Troubles thickened about him, but these were not told, and there were none who cared to inquire about them. He struggled always for the right, and to aid in maintaining that what was just and true in his profession; but misunderstood, and his actions misinterpreted, he was frequently maligned and seldom supported. He toiled bravely on; a generous husband; a devoted father; a good neighbor; suffering from labor; worn with care; maintaining all the while his family, and adorning his profession; winning gradually a sure foothold and a reliable income. But suddenly he staggered under the load so long carried, and fell. After a brief illness he died. His brethren gathered at his funeral; they profusely decked his bier with the choicest flowers. They recorded before their profession and the public their appreciation of his talent and of his bravery. They praised his energy and devotion. They eulogized his endurance under trial, and his patience in his struggles. There was not a word of aspersion, of contumely, or of blame. Many spoke indignantly of the false charges that had been made against him, and of the unfair treatment that he had received. There was enough said and done then to have gladdened his whole life; to have blessed and made him con-

tented and happy; to have rendered his rugged journey a living sweetness. There was enough of moral sunshine poured over that silent coffin to have made the inmate's life a bright and cloudless day. But it all came too late; the cold ear was now deaf; the once responsive eye forever closed; the heart that could have been gladdened was still; the hand could no longer feel the friendly grasp and be warmed by it. All was too late. It was the saddest of all manifestations, post-mortem kindness.—*Med. Record.*

SALICYLIC ACID IN DIPHTHERIA.—Dr. A. G. Smythe, of Baldwyn, Miss., has been using salicylic acid in a number of cases of diphtheria with the most happy effects. He uses the article first as a local application to the diseased part in any stage he finds it, either by applying it in the dry acid, by blowing it out of a quill, or by dipping a damp camel's-hair pencil or moss into it, and applying to the affected parts; or by mixing in thin syrup-of-squills, and use every four or five hours as a gargle. He also gives from one to four grains, according to the age of the child, in a sufficient quantity of glycerine; alternating at from three to four hours with from two to six drops of the tinct. ferri. chlor. in a teaspoonful of syrup other incidental indications to be met upon general principles. He has succeeded, so far, to his entire satisfaction in all cases when the treatment had been adopted before they were in a dying condition.—*Southern Med. Record.*

CROTON-CHLORAL.—Is a nerve sedative recently introduced, to fill the indications for which the hydrate of chloral and the bromides are so frequently given, and where they have failed. *The Amer. Jour. of Med. Sciences*, April, 1874, quotes Liebreich's experiments of the preceeding year. The ingestion of one drachm produced a deep sleep of fifteen minutes, with anæsthesia of the fifth pair in nerves. The tonicity of the facial muscles were unaltered. When it is administered as a hypnotic in mania, the patients fall asleep in a sitting posture, while the pulse and respiration remain unchanged. If an equal degree of anæsthesia had been produced by hydrate of chloral, the patients would have fallen from their chairs, and both pulse and respiration would have been retarded. Croton chloral is indicated, therefore, when very large doses are required to produce sleep, or when it is altogether inapplicable on account of heart disease, or finally, as a successful substitute in the treatment of trifacial neuralgia. In tic douloureux is only a palliative.

Bunsun Baker reports, in the same number of the *British Medical Journal*, five cases of neuralgia cured by one grain doses of croton-chloral repeated every hour during from three to six hours. Two of these were facial neuralgias, one from concussion of the spine, one neuralgia and dysmenorrhœa, one general neuralgia.

Sidney Ringer recommends the croton-chloral (*British Medical Journal*, Nov., 21, 1874) in five grain doses for the relief of sick or nervous headaches. A stupid feeling that is often left afterwards is easily relieved by bromide of potassium.—*Virginia Medical Monthly*.

**SUPPRESSION OF URINE FROM CALCULUS IN THE URETER.**—Mr. Christopher Heath, (*British Med. Journal*), read a case of complete suppression of urine from a calculus impacted in the ureter. The case occurred in a patient aged 70. On July 8th, 1875, he was seen in consultation with Dr. Wharton Hood. Two years before, he had suffered from lumbago, and had passed some gravel. Two days before, while singing, sharp pain in the right loin caused him to desist. Since emptying the bladder on that night, he had passed no urine. Dr. Hood had introduced a catheter without result. The patient was loquacious and rambling, and with difficulty kept it back. There was some tampanites, but no dullness or percussion over the bladder. On passing a catheter, no urine flowed; nor was there any in the eye of the instrument on its withdrawal. Some warm water injected into the bladder returned without any urinous smell. Attempts to act upon the bowels did not succeed. The patient became gradually comatose, and died on July 11th. On *post mortem* examination the bladder was found empty and contracted. The kidneys were exhibited. The left was atrophied and contracted, evidently doing no work. On the right side the kidney was much distended with urine; and, on tracing out the ureter, a calculus of the size of a damson-stone was found impacted in it, about three inches down, so completely obstructing the canal that water poured into the pelvis of the kidney would not pass.

**HANGING ON SCIENTIFIC PRINCIPLES.**—A paper was read before the surgical society of Ireland on the above subject by Prof. Houghton. *Med. Times & Gazette*, Jan. 26, '76.

The conclusions at which the learned Prof. arrived may be summarized as follows:—1. That the old system, under which the culprit's life was taken by suffocation, is painful, inhuman, and revolting to the spectators. 2. That the object in view should be immediate rupture of the spinal column. 3. That the use of the long rope is more humane, and is the only method by which the above object can be attained. 4. That Calcraft's short drop, and the position of the knot which he adopted, should not be permitted. 5. That the fracture of the spinal column can best be effected by the use of a moderately elastic rope, a drop of ten feet at least, and the placing of the knot under the chin. These recommendations are thoroughly borne out by the facts which Dr. Haughton adduced, and were endorsed by most of the speakers in the discussion

which followed the reading of this paper. We trust that they will be tested, and if found efficacious, be always employed, in order that the minimum amount of suffering may be inflicted on those wretched beings who are condemned to suffer the last penalty of the law."

At the execution of McConnell at Hamilton, the above plan was adopted by Dr. Roseburgh, the jail surgeon, with satisfactory results, viz., instantaneous death. The following is the Dr's evidence at the Inquest.

Assisted by Drs. Mullin and Malloch—I made a *post mortem* examination of the body; rigor mortis was only partial; the body was in a well-nourished condition; it apparently weighed about 135 or 140 pounds, as stated by himself on his admission to the jail. The body lying upon the table measured five feet three inches. There was great lividity and congestion of the head and neck and an abrasion about four inches in length, and a shorter one above and parallel to it, about half an inch in length, both evidently caused by the rope; there was also an abrasion of the scalp about the centre of the top of the head, which was made yesterday by himself, by running and projecting his head against the wall of the cell; this was about two inches in length and half an inch in width and only superficial. There was a cicatrix or scar on the forehead commencing in the centre of the superciliary ridge extending upwards and outwards to the left side over the frontal eminence, two inches and a half in length, half an inch below and parallel with this was an elevated curved ridge of bone two inches in length. Upon making an incision through the scalp it was found full of dark fluid blood. Upon removing the calvarium the *dura mater* was found adhering in many places, particularly on the left side. The brain was taken out and weighed fifty-three ounces. There was no depression of the internal table of the frontal bone opposite the elevated ridge, previously described. The bone at that point was thinner than natural, and appeared to be somewhat wasted as if absorption had taken place to some extent. Upon examining the neck, there was extravasation of blood under the integument, and rupture of the sternomastoid muscle on the left side. The second vertebra was fractured through the right superior articulating process, near its posterior border, and the left lamina was fractured posterior to the left superior articulating process; both fractures extended into the vertebral foramina; there was some displacement between the second and third vertebrae; the heart was examined, and the right side found full of dark fluid blood, the left side empty and contracted; the brain was subsequently examined, and nothing abnormal found excepting some congestion. The immediate cause of death was the fracture of the spinal column of the neck at the vertebrae. During the ten weeks that the deceased was under my observation, the question of his sanity or insan-

ity has been a perplexing one to me ; during most of the time my conviction was that the man was insane ; again from time to time, I have been in doubt, there was no acting on his part, no pretence, no volunteering of complaints, and only by dextrous cross-questioning could I get him to tell how he felt. In that way I ascertained that he suffered from a continuous, bad, indescribable unnatural feeling in his head, amounting at times to intense agony. Taking this and his whole bearing from beginning to end, since his imprisonment, into consideration, I am unable to dismiss from my mind the conviction that the man was insane.

Drs. Mullin and Malloch, corroborated the evidence of Dr. Rosebrugh with regard to the result of the *post mortem* examination.

### Medical Items and News.

VACCINATION.—Dr. Walton, *Cin. Clinic*, thus sums up at the close of article on animal vs. human virus. In conclusion I would summarize as follows:

1. It is certain that humanized virus procures immunity from small-pox for a number of years.

2. It is certain that humanized virus may convey syphilis.

3. It is possible that humanized virus may convey other diseases.

4. It is probable that human virus degenerates.

5. It is certain that many persons oppose humanized vaccination.

6. It would not be right to compel vaccination with humanized virus.

1. It is certain that bovine virus procures immunity from small-pox for a number of years.

2. It is certain that bovine virus cannot convey syphilis.

3. It is not probable that bovine virus conveys any disease.

4. It is not probable that bovine virus degenerates.

5. It is certain that very few persons will oppose bovine vaccination.

6. It would be right to compel vaccination with bovine virus.

THE MARRIAGE OF NEAR KIN.—An interesting fact in connection with this debated question was brought out in the speech made by Sir Edmund Beckett, in his capacity as chairman of the annual festival of the West-End Branch of the Royal Association in aid of the Deaf and Dumb. He states that one of the cases requiring assistance from the society was that of a gardener, who had eight children born deaf and dumb. These eight deaf-mutes were the children of cousins ; and Sir Edmund Beckett went on to remark on the common occurrence of several deaf and dumb children in one family, and especially in families where the parents, though not deaf and dumb themselves, were cousins.—*Brit. Med. Journal*.

INTEMPERANCE IN AMERICA.—Dr. De Marmon, in the *New York Medical Journal*, says :—For the last ten years the use of spirits has, 1. Imposed upon the nation a direct expense of 600,000,000 dols. ; 2. Has caused an indirect expense of 700,000,000 dols. ; 3. Has destroyed 300,000 lives ; 4. Has sent 100,000 children to the poor-house ; 5. Has committed at least 159,000 people to prisons and workhouses ; 6. Has determined at least 1,000 suicides ; 7. Has caused the loss, by fire or violence, of at least 10,000,000 dols. worth of property ; 8. Has made 200,000 widows, and 1,000,000 orphans.

INSTANTANEOUS RELIEF FROM PALPITATION.—A French writer says that palpitation of the heart, from functional causes and not attended with important organic lesion of the organ, may be instantaneously relieved by bending the body with the head down, and hanging the arms, so as to produce momentary congestion in the upper portion of the body.—*Pacific Med. and Surg. Journal*.

SPARE THE IVY—The *Sanitarian* says, the English ivy, growing over the walls of a building, instead of promoting dampness, as many persons suppose, is said to be a remedy for it ; and it is mentioned as a fact, that in a room where damp had prevailed for a length of time, the affected parts inside had become dry when ivy had grown up to cover up the opposite exterior side. The close, overhanging pendant leaves prevent the rain or moisture from penetrating the wall. Beauty and utility, in this case, go hand in hand.

IRRITABILITY OF FEMALE BLADDER FOR FIFTEEN YEARS, CURED BY DILATATION OF URETHRA AND NECK OF BLADDER.—An unmarried woman, 36 years old, suffered intensely from retention of urine, relieved by the catheter ; the quantity of urine voided being such as must have distended the bladder nearly if not quite up to the umbilicus. She had been a schoolmistress, when, fifteen years before, she had had "inflammation of the bladder," terminating in a small abscess in the region of the urethra, which had spontaneously opened. Since then there had been headache, anorexia, "bearing down," depression of spirits, and nights disturbed every half hour or hour, by the necessity of passing small quantities of urine.

The orifice of the urethra was surrounded completely by warty growths of considerable size, and there was a tight sphincter ani. The rectum was baggy, and there was a small external pile. Uterus, catamenia and urine, normal.

The patient was anæsthetized, the warty growths removed, the pile snipped off, and the sphincter paralyzed, by stretching with the fore-fingers. During the next few weeks, there was relief of retention and pain in the motions of the bowels, but

the vesical irritability remained, and in time the retention recurred.

On the 11th of April, the patient was again anæsthetized, and Weiss's female dilator was introduced into the urethra to the extent of about two inches, the blades being then *slowly* separated, and the urethra stretched so as to admit the fore-fingers within the bladder, while the parts were kept on the stretch. On closing the blades and withdrawing the instrument, the urethra contracted upon the little finger so as to sensibly grip it when introduced into the bladder, the coats of which were thickened. No foreign body was discovered there.

The irritability of the bladder and retention of urine were *completely* cured, without resulting incontinence.—*Chicago Med. Journal.*

If a piece of Nitrate of Silver should break off while you are cauterizing the throat, and it should be swallowed, the simplest way of preventing any cauterization of the stomach is to make your patient drink a large quantity of salt water. The silver will at once be turned into the insoluble chloride, and this will be vomited up.

CHLORAL IN OZÆNA.—At a meeting of the Societe de Therapeutique, M. Crequy strongly recommended chloral as an injection in ozæna, in the proportion of 250 of water. He places a caoutchouc tube in the vessel containing the solution, and, raising this above the patient's head, allows the fluid to pass into the nose by syphon action. Several members of the Society testified to the utility of the solution as an application in scrofulous and foetid ulcers, in the eschars produced by decubitus, &c.

MEDICAL TESTIMONIALS.—The practice of giving medical testimonials in favor of articles of commerce is on the increase in London. "A very common device," says *The Lancet*, "is to send the medical man some of the article it is designed to puff. He incautiously acknowledges receipt, with a few graceful remarks, the product of ordinary civility, and straightway his name appears in print." We have the same trouble here, but, in a more aggravated form.

READY METHOD OF ADMINISTERING FLUIDS WHEN THE JAWS ARE FIRMLY CLOSED.—A simple examination, which any one can easily make of his own buccal cavity, will show that posterior to the last molar teeth, when the jaws are closed, is an opening bounded by the molars, the body of the superior and the ramus of the inferior maxilla. If on either side the cheek is held well out from the jaw, a pocket or gutter is formed into which fluids may be poured, and they will pass into the

mouth through the opening behind the molars, as well as through the interstices between the teeth. When in the mouth they tend to create a disposition to swallow, and by this method a considerable quantity of liquid may be promptly given.—*Dr. Burrall, Medical Record.*

DAMIANA.—Dr. Rothrock in an article on the "Botanical history of this plant says (*Med. & Surg. Reporter*). That it belongs to the natural order *compositæ* and that its correct botanical name (Gray) is *Bigelovia Venota*. He is not yet prepared to say the aphrodisiac and other properties accredited to *Damiana* will not stand the test of time, for we need more scientific trials and reports upon its effects before we can pass judgment upon it. *He is however prepared to say that the plant is botanically well known*, and that it is not improbable several of the other twenty-four species (with a host of varieties) into which the genus is divided, will show its peculiarities, whatever they may be. It is extremely important that the active principles (which do not appear to be lost in drying) should be made the subject of a strict, scientific trial at the bedside, and reported upon.

BUTYL-CHLORAL.—In a recent article in the *Deutsche Medicinische Wochenschrift*, Dr. Oscar Liebreich states that Messrs. Kramer and Pinner, in the course of their researches on the substance commonly called croton-chloral, have ascertained that it contains two more atoms of hydrogen than was supposed, and that it is in fact butyl-chloral.

A PISTOL BALL REMAINING EIGHTEEN DAYS IN THE LEFT VENTRICLE OF THE HEART.—M. Tillaux exhibited to the Surgical Society of Paris (Nov. 3d.) the heart of a woman who had received two shots from a revolver, the ball being of 7 millimetres. One of them was found in the diaphragmatic pleura of the right side, where it had caused an abscess of the liver. The other ball had traversed the right lung and penetrated the posterior parietes of the left ventricle, and was found in the interior of that cavity. This foreign body remained for eighteen days in the ventricular cavity, without any symptom during life leading to the least suspicion of a lesion of the heart. Auscultation many times made by MM. Tillaux and Siredey gave no indication of it, and the pulse was always regular. There could be found scarcely a trace of the opening made by the projectile. The cicatrization was rapid and complete. M. T., knowing that two balls had penetrated the chest, discovered the second merely by chance, after seeking for it in the lungs and mediastinum.—*Gazette Hebdomadaire de Med. et de Chirurg.*

[In the No. of this journal for May, 1829, p. 263; will be found recorded a case of a boy, aged 15; who was shot in the chest and lived for sixty

seven days. On *post-mortem*, three shots were found lying loose in the cavity of the right ventricle and two in the right auricle. In the number of this journal for August of the same year are some interesting observations on wounds of the heart, and an account of numerous cases of this injury, by Dr. John Redman Coxe.]—*Western Lancet*.

"PATENT MEDICINES."—The death of a child from the effects of a "patent medicine" is by no means an unusual occurrence, yet, notwithstanding the frequently repeated warnings of coroners' juries, mothers still continue to dose their children with poisonous drugs, and scarcely a week passes without some case being recorded of a hapless baby falling a victim to this dangerous practice. An inquest has been held in Marylebone on the remains of a little girl aged six months, who, being ill from bronchitis, was given by its mother five doses of a patent medicine called "Infants' Preservative." As the child, instead of getting better, got worse, it was taken to a doctor, who pronounced it to have been poisoned, and it died the same afternoon. In giving his evidence to the jury the doctor complained of the protection afforded to vendors of quack medicines. "Had he" said the witness, "or any practitioner administered such medicine (as that given to the deceased child) they would have been held responsible. Yet under a patent and a Government stamp the vendor escaped." The medicine on being analyzed was found to contain opium, and the jury returned a verdict that the deceased died from congestion of the lungs, accelerated by narcotic poisoning, the said narcotic being contained in a bottle of the "Infants' Preservative" administered to it.—*Med. Press and Circular*.

TO OPEN AN ABSCESS WITHOUT PAIN.—Dr. Bergonzini reports in the *Rivista Clin. de Bologna* that if the following solution be applied to the skin over an abscess for three to five minutes an incision may be made into it without pain: Carbolic acid, two parts; glycerine, one part.

#### INTERNATIONAL MEDICAL CONGRESS.

[The following is a "preliminary" programme of addresses and papers already promised the Commission. In all probability there will be as many more before the time of meeting arrives.] Ed.

Addresses will be delivered in general meeting: On Medicine, by Prof. Austin Flint, M.D., New York. On Hygiene and Preventive Medicine, by Henry I. Bowditch, M.D., of Massachusetts. On Surgery, by Prof. Paul F. Eve, M.D., of Nashville. On Obstetrics, by Prof. Theophilus Parvin, M.D., of Indiana. On Medical Chemistry and Toxicology, by Prof. Theodore G. Wormley, M.D., of Columbus, Ohio. On Medical Biography, by J.

M. Toner, M.D., of Washington, D.C. Address, by Prof. Hermann Lebert, of the University of Breslau. On Medical Education and Medical Institutions, by Prof. Nathan S. Davis, M.D., of Chicago. On Medical Literature, by Prof. L. P. Yandell, M.D., of Louisville. On Medical Hygiene, by John P. Gray, M.D., of Utica, N.Y. On Medical Jurisprudence, by Prof. S. F. Chaillé, New Orleans. Discussions on Scientific Subjects will be opened in the sections as follows:

SECTION I. MEDICINE.—Typho-malarial Fever; is it a special Type of Fever? J. J. Woodward, M. D., Assistant Surgeon, U.S.A. Are Diphtheretic and Pseudo-membranous Croup Identical or Distinct Affections? J. Lewis Smith, M.D., of New York. Do the Conditions of Modern Life favour specially the Development of Nervous Diseases? Prof. Roberts Bartholow, M.D., Medical College of Ohio. The Influence of High Altitudes on the progress of Phthisis, Charles Denison, M.D., of Denver, Colorado.

SECTION II. BIOLOGY.—Microscopy of the Blood. Prof. Christopher Johnston, M.D., of Baltimore. The Excretory Function of the Liver. Prof. Austin Flint, Jr., M.D., of New York. Pathological Histology of Cancer. Prof. J. W. S. Arnold, M.D., of New York. The Mechanism of Joints. Prof. Harrison Allen, M.D., of Philadelphia.

SECTION III. SURGERY.—Antiseptic Surgery. Prof. John T. Hodgen, M.D., of St. Louis. Medical and Surgical Treatment of Aneurism. Prof. William H. Van Buren, M.D., of New York. Treatment of Coxalgia. Prof. Lewis A. Sayre, M.D., of New York. The Causes and Geographical Distribution of Calculous Diseases. Claudius H. Mastin, M.D., of Mobile, Ala.

SECTION IV. DERMATOLOGY AND SYPHILOLOGY. Variations in Type and in Prevalence of Diseases of the Skin in Different Countries of Equal Civilization. Prof. James C. White, M.D., of Boston. Are Eczema and Psoriasis Local Diseases, or are they Manifestations of Constitutional Disorders? Lucius Duncan Bulkley, M.D., of New York. The Virus of Venereal Sores; its Unity or Duality. Prof. Freeman J. Bumstead, M.D., of New York. The Treatment of Syphilis, with Special Reference to the Constitutional Remedies appropriate to its various stages; the Duration of their Use, and the Question of their Continuous or Intermittent Employment. Prof. E. L. Keyes, M.D., of New York.

SECTION V. OBSTETRICS.—The Causes and the Treatment of Non-puerperal Hemorrhages of the Womb. Prof. William H. Byford, M.D., of Chicago. The Mechanism of Natural and of Artificial Labor in Narrow Pelvis. Prof. William Goodell, M.D., of Philadelphia. The treatment of Fibroid Tumors of the Uterus. Washington M. Atlee, M.

D., of Philadelphia. The Nature, Cause, and Prevention of Puerperal Fever. Prof. William T. Lusk, M.D., of New York.

SECTION VI. OPHTHALMOLOGY.—The Comparative Value of Caustics and Astringents in the Treatment of Diseases of the Conjunctiva, and the Best Mode of Applying them. Prof. Henry W. Williams, M.D., of Boston. Tumors of the Optic Nerve. Hermann Knapp, M.D., of New York. Orbital Aneurismal Disease and Pulsating Exophthalmia; their Diagnosis and Treatment. Prof. E. Williams, M.D., of Cincinnati. Are Progressive Myopia and Posterior Staphyloma due to Hereditary Predisposition; or can they be induced by Defects of Refraction, acting through the Influence of the Ciliary Muscle? E. G. Loring, M.D., of New York.

SECTION VII. OTOLOGY.—Importance of Treatment of Aural Diseases in their early Stages, especially when arising from the Exanthemata. Albert H. Buck, M.D., of New York. What is the Best Mode of Uniform Measurement of Hearing? Clarence J. Blake, M.D., of Boston. In What Percentage of Cases do Artificial Drum-membranes prove of Practical Advantage? H. N. Spencer, M.D., of St. Louis.

SECTION VIII. SANITARY SCIENCE.—Disposal and Utilization of Sewage and Refuse. John H. Rauch, M.D., of Chicago. Hospital Construction and Ventilation. Prof. Stephen Smith, M.D., of New York. The General Subject of Quarantine, with Particular Reference to Cholera and Yellow Fever. J. M. Woodworth, M.D., Supervising Surgeon-General U. S. Marine Hospital Service. The Present Condition of the Evidence concerning "Disease-germs." Thomas E. Satterthwaite, M.D., of New York.

SECTION IX. MENTAL DISEASES.—The Microscopical Study of the Brain. Walter H. Kempster, M.D., of Oshkosh, Wisconsin. Responsibility of the Insane for Criminal Acts. Isaac Ray, M.D., of Philadelphia. Stimulation of Insanity for the Insane. C. H. Hughes, M.D., of St. Louis. The Best Provision for the Chronic Insane. C. H. Nichols, M.D., of Washington, D.C.

Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates, will please notify the Commission before the first of August, in order that places may be assigned them on the programme. In order to facilitate debate, there will be published on or about June 1st., the outlines of the opening remarks by the several reporters. Copies may be obtained on application to the Corresponding Secretaries. The volume of transactions will be published as soon as practicable after the adjournment of the Congress. The public dinner of the Congress will be given on Thursday, September 7th, at 6.30 p.m.

*The registration-book will be open daily from*

*Thursday Aug. 31, from 12 to 3 p.m., in the Hall of the College of Physicians, N. E. corner 13th and Locust Streets. Credentials must in every case be presented.* The registration fee (which will not be required from foreign members) has been fixed at Ten Dollars, and will entitle the member to a copy of the Transactions of the Congress. Gentlemen attending the Congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, N. E. corner of Locust and Thirteenth Sts., Philadelphia, Pennsylvania.

There is every reason to believe that there will be ample hotel accommodation, at reasonable rates, for all strangers visiting Philadelphia in 1876. Further particulars may be obtained by addressing the appropriate Secretaries.

[EFFECTS OF SOLAR LIGHT ON LUNATICS.—Some interesting experiments in the treatment of lunatics have been made recently by Dr. Pouza, a director of an asylum at Alessandria, Piedmont.] Having conceived the idea that solar rays might exert some curative power, he communicated with Father Secchi, of Rome, in regard to the matter. The latter encouraged an investigation, and suggested that solar light, passed through violet colored glass, might calm the nervous excitement of patients, violet having a depressing influence. He also suggested that Dr. Pouza should perform his experiments in rooms facing the east and south, the walls of which are painted of the same color as the glass panes of the windows, which should be as numerous as possible, in order to favor the entrance of solar light. The results as described in a French Medical Journal (Paris), were as follows:—"Dr. Pouza, prepared several rooms in the manner described, and kept several patients there under observation. One of them affected with morbid taciturnity became gay and affable after three hours stay in a red chamber; another maniac, who refused all food, asked for some breakfast after having remained twenty-four hours in the same red chamber. In a blue one, a highly excited madman with a strait waistcoat on was kept all day; an hour after he appeared much calmer. The action of the blue light is very intense on the optic nerve, and seems to cause a sort of oppression. A patient was made to pass the night in a violet chamber; the following day he begged Dr. Pouza to send him home, because he felt himself cured, and, indeed, he has been well ever since. Dr. Pouza's conclusions from his experiments are these:—The violet rays are, of all others, those that possess the most intense electro-chemical power; the red light is very rich in calorific rays; blue light, on the contrary is quite devoid of them as well as of chemical and electric ones. Its beneficent influence is hard to explain; as it is the absolute negation of all excitement, it succeeds admirably in calming the furious excitement of maniacs."

# THE CANADA LANCET.

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Issued Promptly on the First of each Month.

*Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

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TORONTO, APRIL 1, 1876.

## RESULT OF INATTENTION TO HYGIENIC RULES.

People have seldom been delighted with a picture of their infirmities, and the editor of a medical journal or physician in practice who warns his fellow mortals how to evade them, is liable to be considered rather as an officious adviser than as a welcome monitor. Sydenham, at the close of the seventeenth century, estimated that fevers constituted two-thirds of the diseases of mankind; but in this, the nineteenth, we do not hesitate to affirm that nervous derangements may be reckoned two-thirds of the whole with which civilized society is afflicted. Dr. Cheyne, in 1733, in his work entitled "The English Malady," makes nervous disorders almost one-third of the complaints of people of condition in England; from which we are led to believe they were then little known among the working classes. In the present day, nervous ailments are no longer confined to the higher ranks in life. The greater number of these diseases are, as we purpose pointing out, preventible, more or less, by a strict observance of hygienic rules. It has been unfortunate for the medical profession, as well as for the patients themselves, that persons laboring under nervous disorders have relied too much upon the prescription of the physician for that relief which is only to be obtained by their own caution and circumspection. We thus find most of them ready and eager to swallow every medicine that is recommended, whether the placebo of the Allopath, the nostrum of the Quack, or the equally harmless globule of the Homœopath; but stubborn and intractable in all that relates to breaking in upon established habits and customs, whether of luxurious living, depraved appetites,

indolence of body or mind, frequent attendance at theatres and ball-rooms, or vicious indulgence of any kind inconsistent with health. Many of these habits, it is true, are so far interwoven with the constitution as to make some changes almost impracticable; but as indisposition is so frequently brought on, or aggravated, by the improper conduct of the patients themselves, the physician cannot be too much on his guard in pointing out to them all that belongs to their own government and demeanor. The medical adviser, therefore, who observes the greatest disinterestedness towards his friends, will often be the first man to be dismissed; while the selfish dissembler, however ignorant, will become a favourite, and engross the emolument.

This branch of medical practice has been reckoned one of the most lucrative, for the subjects are usually found among the affluent; they are also seldom without some complaint that requires assistance, and they measure their comforts too often by the quantity of medicine that is served up. Nervous people are, moreover, endued with acute feelings, liable to act from the first impression and impulse, and easily deceived by the designing and unscrupulous. Should they fall into the hands of a gossiping physician, he soon becomes a kind of appendage to their establishment, if not a fixture in their house. Being singular in the selection of friends, they do not mix much in general society; sedentary from habit, they go little abroad; their amusements and recreations are thus limited, and one who possesses the talent of bringing news, and telling a story, is at all times a welcome guest. But as the tale of their own complaints engrosses so much of their conversation, a medical gossip, before all others, is most acceptable. Nevertheless, let the nervous and valetudinary beware how they trust their health and their purse in such hands.

The prevention of all diseases depends on a knowledge of their remote causes. Let us inquire into the health of the savage state compared with modern times. The savage and civilized states of man, as may be observed in the earliest accounts of history, have been marked by physical traits of character, as well as moral; and though his diseases and his vices may be smaller in number in the one condition than in the other, they have nevertheless exhibited signs and dispositions peculiar to themselves. Our rude ancestors, born and



brought up in a hovel, almost naked from infancy to manhood, and constantly exposed to the weather, whether employed in agriculture, tending herds and flocks, or the more laborious pursuits of hunting and fishing, had few bodily disorders. Death under such modes of living is to be considered as the decay of nature; some may fall by war, and a few by accidents, but none are brought to the grave by excess or debauch. Tacitus, speaking of the manners of the Germans in his days, describes the convivial assemblies of the people, where drinking fermented liquors was carried to the most ferocious degree of ebriety; but nowhere does he mention their diseases as having sprung from that cause. Their manner of living in a great measure counteracted the effects of intoxication, such as their robust exercises, and their simple food, little calculated to oppress the stomach and impair digestion. Indeed, it is to be remarked everywhere, how much longer labouring men, who often get drunk, will continue their career than the less-exercised gentlemen: a proof that labour, by invigorating and hardening the body, makes it resist even the effects of debauch. How soon would the morning dram of a fishwife destroy one of our high-bred women of fashion!

The virtue of chastity was general among the Germans. Matrimony, it is said, was severely kept; and the intercourse of the sexes, before the body was full grown, was strictly prevented. We are also told that the large limbs and muscular forms of the parents, were expressed in the shape of the children. Another proof of bodily health was, that every mother was able to nurse her own child; the opposite to this parental office is one of the lamentable failings of modern constitutions. It was part of the matrimonial contract for the wife to share with the husband his labors and dangers, and to be his companion in peace and war. This custom prevented, of course, all the evils of a sedentary life. Such was the healthful system of manners practised in Germany, which was the cradle of those laws which now govern the Anglo-Saxon race. The nervous system, that organ of sensation, amidst the untutored and illiterate inhabitants of the forest, could receive none of those fine impressions, which, however they may polish the mind and enlarge its capacities, never fail to induce a delicacy of feeling, that disposes alike to more acute pain or more exquisite pleasure. We see the

truth of this exemplified as we recede from the country to the cities; from the occupation of the farmer to that of the artizan and manufacturer; from the countryman exposed to all the vicissitudes of weather and season, to the recluse life of the citizen. As the man in a state of progressive improvement and civilization quits his earthen-floored cottage on the skirts of the forest, or on the coast of the ocean or lake where his time has been spent in hunting and fishing, for the city, where he is to turn himself to trade or manufacture, he necessarily undergoes a prodigious change of circumstances. He forsakes a mode of life that had been presented to him by nature, and in adopting a new situation he becomes the creature of art. His modes of living are in every respect the reverse of the savage state; his body and mind are enervated by debilitating powers that render him unfit for hard labour or great privations, and his diseases acquire a more diversified train of phenomena. The farmer, in point of constitution, may be considered as a medium between the two extremes. By his active occupation, his labour and exposure in the external air, he partakes of the strength of the barbarian, and a corresponding tone is given to his nervous system; his mind is not debauched by effeminacy; temperance and moderation secure him against the disorders which prevail in fashionable life.

Gregory King in his "Political Conclusions" published in 1696, remarks that the marriages in London and other large cities, produce fewer children than those in the country. The reasons for the difference are very obvious; he gives examples of the fact, and then enumerates the causes, which are the following; 1st. More frequent promiscuous intercourse and adulteries. 2nd. Greater luxury and intemperance. 3rd. Greater intenseness to business. 4th. Unhealthfulness of coal smoke. 5th. Greater inequality of age between husbands and wives." He ought to have added impure air from hot and crowded rooms—imperfect sewerage and disposal of sewage—adulterated milk etc., all these causes, besides many others, still hold good in the present time. His first and fifth reason may require a slight comment. It will be allowed on all hands, to be the intention of nature, that years nearly equal should be joined in marriage, and were mankind left to themselves this would be the case. But art and fashion have become dic-

tators in matrimony in this venal age. The young man of the present day must begin the world for himself, and, like a knight-errant in romance, must fight his way to a fortune, before he dare take a wife. And while by this growing custom, a certain number of defenceless females are doomed to all the horrors of prostitution, in order to gratify the passions of the young, it is one grand step to the degeneracy of the species. It is thus the best years of manhood pass away before marriage is thought of; it then becomes a convenience more than an equal attachment of the parties.

### GOVERNMENT AID TO MEDICAL SCHOOLS.

All cultivated and liberal-minded persons must be interested in answering the question, What is the full extent of the duty of a government which undertakes the direction of a public system of education? We have little hesitation in answering, that in a country placed under the same circumstances as the Province of Ontario, it is the duty of the government to give the fullest possible scope to its educational system. All the higher literary and scientific branches ought to be taught, as well as the elementary subjects. If the government finds that it cannot conveniently put in operation the institutions and machinery necessary for the tuition of the higher scientific studies, then it ought to come to the aid of those institutions carried on by private enterprise, which aim to supply this deficiency in our system of State education. In plain terms, we hold that the Government of Ontario ought to recognize, by granting to them a modicum of public assistance, the efforts which have long been made by the medical schools of the Province in disseminating the truths of natural and physical science. We are prepared to advocate, in fact, the duty of a government holding to a system of national education, to furnish the means of literary and scientific instruction, of a character sufficiently high to fit men for entering the learned professions. There would be no loss of consistency, indeed, if our government, imitating the continental governments, or that of a State geographically much nearer to us (the State of Michigan), should undertake the work of teaching Medicine itself. This would be quite compatible

with teaching Technology, Scientific Agriculture, and the Veterinary Art.

Aid to medical schools is not without precedent in Canada. Further, the idea of State aid in educationally fitting men for the learned professions, has been recognized, if not wholly, at least in part. Public feeling on certain points has alone prevented the idea from being permanently adopted in practice. Thus, an intending clergyman may pursue his literary studies at the Provincial University, and be aided thus far in his career by the Province; but diversity of religious opinions, and the conflict of the systems of Theology, prevent the consent of the public being given to aid him further, and he is consequently very properly left to study his Theology in the different denominational seminaries which have been established to this end. In the case of a lawyer, he too is greatly aided in the prosecution of his professional studies by the State. A University course, say, at the Provincial University, shortens the period of his professional study by a few years. Then the lawyer's professional study is peculiar, and different from that of the medical man, in that it is almost exclusively chamber work, demanding a considerable routine of office practice for its acquirement. The public examples of the courts are, however, always open to the lawyer, free of cost, for his professional advancement. In the case of Medicine, the student has to acquire a vast amount of knowledge which is purely scientific in its character; the remaining part of his studies, comprising the art and practice of medicine and surgery, are to be acquired in hospitals and in private offices, under a preceptor.

Now it is mainly on the ground of the necessity of having highly educated and scientific medical men in the country, and of having the means within our own borders of giving the medical student a thorough education in the scientific branches of his course, that the plea of government aid to the medical schools is founded. State aid is not required in helping a man to become a medical practitioner, or an operative surgeon, or a practical obstetrician. An empirical practice of a few years would confer these acquirements upon him. But it is necessary that the practitioner should be very much more than an empiric. He should be a good human anatomist, and his studies in anatomy ought to be broadened by the teach-

ings of zoology and comparative anatomy; he should be a good chemist, which implies, further, that he should be acquainted with all the facts of physical science; he ought to be an accomplished physiologist, to be which involves a wide range of study, including the physiology of plants and animals, as well as that of man. The subjects of anatomy, chemistry, and physiology cannot be taught advantageously or fully, save in colleges; the maintenance of colleges is consequently a necessity for rational and scientific medicine. But for the prosecution of these enlightening studies in our medical schools, and but for the care and importance which have been bestowed upon and attached to them in the Canadian medical schools, our practitioners would not hold the rank which confessedly they do hold in the medical world. In the United States the medical schools appear mostly to be satisfied with less acquirements in these scientific branches, with the natural and inevitable result of turning out very many men who constitute an inferior class of practitioners. We hope that the practice will be long continued in Ontario of cultivating to the fullest, the scientific collateral branches of medicine. And yet it is in doing this—in teaching anatomy, chemistry, physiology, and the like—that the chief expense and difficulty of maintaining colleges are incurred. They are branches which require materials and apparatus, and specially designed and fitted up class-rooms, spacious and airy dissecting rooms, and a man servant must be kept to maintain them clean; chemical and physiological laboratories are also a necessity. The vast modern improvements in both these branches, equally require more extensive apparatus and means for demonstration and investigation. It is the modern rule of scientific teaching to teach by example, demonstration and experiment. The mode is more effective, but it is at the same time more expensive, than the simple dry recital of a fact.

The expense of management being considered, need it be wondered at that the medical schools of Ontario are being carried on by their respective teaching faculties under some pecuniary strain—a strain, the tension of which has already weighed down one old and respectable institution, that of Victoria College medical department. It is not too much to say that the professors of medical schools, are giving their services as a labor of love

and duty; nor ought it to be said that their private gain is to be weighed against the public ends that are subserved by their work.

Besides, this general argument of the necessity of maintaining means for scientific teaching, the medical schools have a claim in another respect. Medical practitioners are the cultivators of medical jurisprudence, a department of study wholly directed to the service of the State and the advantage of the public interests. This department is taught by professors in each of the medical schools of the Province, and satisfactory attainments in it are necessary to qualification. The fruit and benefit of all this labor is reaped by the State, which procures thereby an educated body of coroners, and well-qualified medical witnesses and experts. Ought the wealthy government of Ontario to be conscience-satisfied in accepting all these advantages from the medical profession without offering a moderate assistance in return? We think not; and when the case of the colleges is fairly considered (which we have only attempted to make out in outline) and when there shall have been eliminated from the discussion the old prejudiced cries concerning denominationalism, which are false and groundless now-a-days, then we have a hope that the government will do something to help the medical schools out of their pecuniary difficulties. The very modest suggestion of a grant of five hundred dollars a year, to each of the three medical schools in the province, is a sum so small in the aggregate compared with the public advantages that are likely to flow from it, that the difficulty of the government in dealing with the question is greatly lessened by the smallness of the amount.

#### NASCENT CHLORIDE OF AMMONIUM IN DISEASES OF THE THROAT AND AIR PASSAGES.

As a chemical salt, chloride of ammonium resembles in its composition common salt, and is equally innocuous. It is a very ancient remedy, having been used in eastern countries for centuries. It is highly prized in India in neuralgic affections generally, as hemicrania, tic douloureux, nervous headache, toothache, sciatica and dysmenorrhœa, but it is prized especially in Germany as an alterative, absorbent, cholagogue and secretant, and

more recently has been resorted to in diseases of the liver to promote hepatic action. It will be found of equal value with muriatic acid, taraxacum, &c., in liver affections. It is as a remedy to the chronically inflamed tissues of the pharynx, larynx, and air passages generally, that we wish to direct attention.

Dr. Giesler, of Germany, was the first to administer the vapour of muriate of ammonia by inhalation, which he administered in chronic catarrh several times a day with marked advantage. Recently, inhalers have been sold throughout the country, having for their object the production of the nascent fumes of ammonia, but most of them are defective in arrangement, or altogether worthless practically. The vapour of muriate of ammonia is useful as an inhalation in all forms of catarrh, sore throat, ozæna, acute laryngitis, aphonia, bronchitis, acute and chronic. It is especially efficacious in capillary bronchitis, and in the senile affection of the aged and debilitated.

Some practitioners have been in the habit of administering muriate of ammonia simply dissolved in water, with a little syrup of lemons, sometimes with morphine, in distressing fits of coughing in the bronchitis of the aged; also as a remedy in chronic affections of the liver, especially in enlargement of this organ; in syphilitic enlargement of glands, and in chronic orchitis, with satisfactory results. It is only lately, however, that the great value of it in the form of nascent fumes in affections of the air passages has been fully realized.

A great variety of inhalers have been designed to produce this compound, some of them quite expensive, in which lies their chief objection. The most efficient and cheapest among these, is one designed by Dr. Bessey, of Montreal, and supplied to the trade by Messrs. Kenneth Campbell & Co., Chemists, of that city. It is simple in construction. A wide-mouthed pint bottle is supplied with a well fitting cork, through which passes a straight glass tube leading well down into the vessel, having a funnel extremity at the top, in which is placed a piece of sponge to be saturated with strong liquor ammonia. A bent glass tube  $\frac{3}{8}$  or  $\frac{1}{4}$  of an inch in diameter, passing an inch below the cork, answers for a breathing tube. In cases of nasal catarrh, a piece of rubber tubing is attached by one end to this tube, with a nose piece in the other end, which is inserted into, first one nostril and then

the other, and the fumes inhaled. A few drops of strong muriatic acid having been put into the bottom of the jar, the sponge saturated with ammonia and the cork tightly refitted, it is ready for use. It is now used by drawing in the breath through the tube by long, deep inspirations. Immediately the vapour of ammonia descends through the funnel-shaped tube, it meets with the vapour of the acid in the chamber, and forthwith the whole reservoir is filled with dense white fumes, (really minute crystals, so light as to float about freely in the atmosphere, as shewn by the microscope) of nascent (new born) chloride of ammonium. It is very conveniently drawn into the lungs and air passages in this form, and thus becomes a topical application to the diseased surfaces by coming in direct contact with them. A few inhalations (or whiffs) may be enough at once to begin with (4 to 6), but frequently repeated, say every hour. Sometimes longer inhalations may be desirable at each time, but short and frequent are better than long and infrequent. In nasal catarrh the fumes may be exhaled through the nostrils with advantage, keeping the mouth closed or *vice versa*. Some little cough and irritation or excitement is sometimes occasioned at the outset, but this soon disappears. In "clergymen's sore throat" and in complete loss of voice, its use seems strongly indicated.

**PROPYLAMINE IN RHEUMATISM.**—Propylamine is becoming a very popular remedy among physicians in the treatment of rheumatism. It is prepared from fish and exists in the liquid form. French Journals of medicine are loud in its praise. It is given as follows  $\mathfrak{zj}$ . is added to  $\mathfrak{zvi}$ . of peppermint water, and tablespoonful doses given every two, four, or six hours, or thrice daily in chronic cases.

**ACROSS THE CONTINENT.**—An American paper from Salt Lake says that Dr. James Newcombe, of Toronto, (who is on his way to San Francisco,) arrived there having driven all the way from Canada. His equipage is a large covered wagon fitted up with every convenience, such as bedding, furniture, cooking utensils, &c. The Dr. has also a small arsenal of guns, revolvers, and ammunition and the whole outfit is one of the most complete that ever travelled towards the Pacific coast. He expects to reach San Francisco in about three weeks.

INTERNATIONAL MEDICAL CONGRESS.—As we have before intimated, the Medical Societies of Philadelphia, for the purpose of taking part in the Centennial Celebration, have resolved to hold an International Medical Congress, to open at noon on Monday, the 4th day of September, next, and to close on the 9th.

With a desire of insuring an active participation of the medical profession of all parts of the world in the deliberations of the Congress, a number of honorary corresponding members have been named for the purpose of informing the Commission concerning the principal medical societies of their respective Countries in order that these bodies may be invited to send delegates to the International Medical Congress. Dr. David, of Montreal has been named for the Dominion of Canada, and is already in correspondence with the Foreign Corresponding Secretaries. The officers of the Centennial Medical Commission are as follows.

*Presidents*—Sam'l D. Gross, M.D.L.L.D., D.C.L.

*Vice-presidents*—Wm. T. Rushenberger, M.D. ; Alfred Stille, M.D.

*Recording Secretary*—Wm. B. Atkinson, M.D.

*American Corresponding-Secretary*—Daniel G. Brinton, M.D. ; William Goodell, M.D.

*Foreign Corresponding-Secretary*—Richard G. Dunglison, M.D. ; R. M. Bertholet, M.D.

*Treasurer*—Caspar Wistar, M.D.

The Commission consists of about ninety of the leading physicians of the United States, among the names are those of Surgeon General Barnes, U.S.A. Surgeon General Beale, U.S.N. ; N. S. Davis, Chicago, H. J. Biglow, Boston, Austin Flint, New York, Fordyce Baker, New York, D. W. Yandall, Louisville, S. W. Bemiss, New Orleans, W. O. Woodworth, U.S. Marine Hospital Service. Invitations are to be extended to all the prominent medical societies of Europe, Mexico, the British Dominions, Central, and South America, the Sandwich Islands, the East and West Indies, Australia, China, and Japan ; and as promises have been already received from the most eminent medical men of the world, that they would attend and many of them read papers, there is not the slightest doubt but that the Congress will be a grand success, and an opportunity afforded its members, of interchanging friendly greetings, of forming new acquaintances, and the renewing and cementing of old friendships.

MEDICAL CONFERENCE.—It will, no doubt, be in the recollection of our readers that at the meeting of the Canadian Medical Association, held at Niagara in 1874, it was suggested that a conference between the American Medical Association and our own, would be attended with great advantage, were it possible to be obtained, and resolutions to that effect were proposed and carried. At the last meeting of the American Medical Association in Louisville, these resolutions were read by the Secretary, Dr. W. B. Atkinson, and agreed to, and the following gentlemen—Drs. S. D. Gross, Philadelphia ; J. T. Hogden, St. Louis, Austin Flint, Sen., New York ; W. Walling, Louisville ; L. C. Lane, San Francisco ; W. Johnston, Jackson, Mich. ; W. Brodie, Detroit ; J. M. Toner, Washington ; F. D. Cunningham, Richmond ; S. Andrews, Chicago ; W. B. Atkinson, Philadelphia ; D. J. Bowditch, Boston ; and Robert Bartholow, Cincinnati, were named as a Committee of Conference, "to meet a like number from the Canadian Medical Association at such time and place as might be agreed upon by the joint committee of the Associations. At the meeting of the Canada Medical Association, held at Halifax in August last, the following gentlemen were named as its representatives to meet the American gentlemen :—Drs. Grant, Ottawa ; Hingston, Montreal ; Hodder, Toronto ; Botsford, St. John, N.B. ; Parker, Halifax, N.S. ; Atherton, Frederickton, N.B., Thorburn, Toronto ; Farrell, Halifax, N.S. ; Fulton, Toronto ; F. W. Campbell, Montreal ; Robillard, Montreal ; and David, Montreal. After correspondence between Prof. Gross, of Philadelphia, and Dr. David, of Montreal, as it was found it would be impossible to hold the Conference in September last, as suggested by Prof. Gross, it has been decided that it shall take place in Philadelphia, on Monday the 5th of June next. We trust all the members will attend as the meeting will not only be an interesting one, but one which we think will be attended with beneficial and important results.

NEW DOCTORS.—The *Sanitarian*, N.Y., says, the time of the college commencements is at hand, and the double-toned voice of the graduates will soon be heard in the land. In a little while hundreds of young men, pale-faced and thin-legged, will begin to discover that they have much to learn as they roam the world in search of a living.

**OPENING FOR A MEDICAL MAN.**—There is a good opening for a medical man in Waldemar, a village on the Toronto Grey and Bruce Railway. There is no medical man within 8 miles.

**CUBEBS IN INCONTINENCE OF URINE.**—Dr. Wallace, of Ellery, N. Y., formerly one of the field surgeons in Sherman's army, has used cubebs in the treatment of incontinence of urine, during the past 8 years, with great success. He continues the treatment in each case about two weeks.

**ATONY OF THE BOWELS.**—The following prescription has been found very serviceable, in case of torpor of the bowels.

R.—Ext. Secal. cornut. fld. ʒ viij.  
Acid Phosp. dil. ʒ ij.—M.

SIG.—A teaspoonful three times a day.

**MEMBRANOUS CROUP.**—In an article in the *Medical Record*, N. Y., Dr. Vail states that in his experience, membranous croup is as amenable to treatment as remittent fever. He first gives from 15 to 30 grains of calomel and repeats it in 6 hours if the bowels do not move. He also keeps the air of the room loaded with moisture, and heated to a temperature of 90° F. constantly.

**SCIENCE REVOLVES IN CYCLES.**—Talking of the favorite taunt of the "stupid party," that science revolves in cycles, and that doctrines disappear and reappear, and definitions are created only to fade and be revived with new meanings, Professor Huxley, at the Royal Institution the other night, replied by a very happy illustration. So, he said, may a person, fixing his gaze on the nail of a chariot-wheel, and limiting his narrow vision to it, proclaim that it does nothing but go round in a circle. It is true that it revolves in a circle; but the whole wheel progresses, and the chariot advances.

**APPOINTMENTS.**—Dr. Wallace of Spencerville, has been appointed medical superintendent of the Orillia Lunatic Asylum.

The following medical men have been appointed commissioners in their respective districts according to the new License act:—J. Carbert, M.D., Dufferin; R. Parker, M.D., Hastings N. R.; A. Worthington, M.D., Huron N. R.; L. Harvey, M.D., Lambton E. R.; A. McLean, M.D., Lambton W. R.; J. H. Comfort, M.D., Lincoln; W. McGill, M.D., Ontario S. R.; J. F. Dowling, Renfrew S. R.; J. Ferguson, M.D., Russell; J. A. Desloges, M.D., Renfrew N. R.; W. W. Ogden, M.D., Toronto.

**SANITARY BUREAU.**—The establishment of a Sanitary Bureau for the Dominion has again been brought up in the House of Commons by Dr. Brouse in an elaborate speech. He was ably seconded by Drs. Christie, Landerkin and others in the House, and succeeded in getting a committee struck, before which this important matter will now be brought. We have no doubt that there will be a favorable report, and it remains to be seen what action the Government and the House will take in the matter. It is undoubtedly one of the most important subjects which can engage their attention and we are much surprised that the Government should be so dilatory and negligent about it.

**TREATMENT OF DIPHTHERIA.**—Dr. Kitchen, of St. George, Ont., says that since the publication of his paper on diphtheria in the January issue, he has had 50 new cases, with only one death, and that this occurred under the "chlorine water" treatment. This treatment was so highly spoken of by Dr. Benson, of Chatham, N.B., that Dr. K. was resolved to try it in his practice, but it has not been successful in his hands.

**LEGAL QUACKERY.**—A correspondent referring to certain itinerants, who are registered members of the College of Physicians and Surgeons of Ontario, says:

"If they are registered, is there nothing that can be done to restrain their quacking propensities? If not, then all honorable practitioners should blush to own any connection with an institution that would lend a garb of legality to the most brazen faced quackery and imposition. Truly the benefit is inestimable, that we derive from the College of Physicians and Surgeons. We paid large fees for graduation and registration, and we are asked to pay an annual tax—and all for what purpose? To allow unprincipled men who are registered, to quack to their heart's content, and shield them by law. Of course, unregistered quacks are to be prosecuted, but who does even that?"

This is another instance of the utter helplessness of the Council to purge itself of unclean spirits, and shows most forcibly, the desirability of seeking some power from the Legislature to strike such characters from the roll. We have already mooted the question in the LANCET once or twice, and we will con-

tinue to agitate the matter until we succeed in drawing attention to it. A clause to that effect might have been inserted in the Bill a year ago when before the House, but for the timidity of some of our friends. They were afraid it would endanger the Bill.

**TO PHYSICIANS.**—An old established practice with house, stables and all conveniences for sale, in a prosperous village in one of the oldest and most populous sections of Ontario. To a suitable person this is a rare opportunity for immediate entrance on a large and lucrative practice. For terms and all particulars, address—E. S. G., LANCET office.

**CITRIC ACID IN THE TREATMENT OF CANCER**—In *The British Medical Journal* of November 27th, John H. Wood, M.D., reports a case of cancer of the œsophagus and cardiac orifice of the stomach, in which the symptoms were, for a time, very much relieved by the use of citric acid in large doses, combining it, on Dr. Sidney Ringer's plan, with wine of ipecac, in minim doses.

**NEW ANTIPERIODIC.**—The *St. Louis Clin. Record* says,—in view of the antiperiodic properties of salicylic acid, rivaling as it is claimed by some quinia itself, may we not expect much from salicylate of quinia? Such a salt may not be found in the American market, but it is being manufactured by the French.

**New Instruments.**

**NEW INSTRUMENT FOR PAINLESS HYPODERMIC INJECTIONS.**

A painless method of hypodermic injections is highly desirable. The ingenuity of the instrument maker has placed within our reach an apparatus for hypodermic injections, by which the latter are rendered in fact perfectly painless. The instrument is recommendable on account of the simple contrivance for facilitating the parallel perforation of the subcutaneous tissue, even without grasping a fold of skin. Physicians can readily make an injection into their own arm, with this instrument, without assistance from a second person. It is known as Leiter's instrument. The construction of the instrument is based upon the principle of

wounds inflicted with great rapidity, being almost painless, which in this case proved to be true, by actual repeated trials. A description of the instrument will show how this principle has been successfully applied. The cut illustrates the apparatus just after having been used;



it consists of three tubes, *a*, *b* and *c*, which are shown with a slot, so that the interior mechanism may be seen. The tube *a* contains a spiral spring, *d*, which is drawn back to *e* by the trigger *f*, and set by moving the latter slightly to the left. By slight pressure to the right the spring will expand with great force. The tube *c* slides over the tube *b*, which latter holds an ordinary hypodermic syringe, it is attached to *a* by a screw, is open at both ends, the opening communicating with the tube *c* being smaller than the syringe. The tube *c* tapers towards the front and has an opening, of size sufficient for allowing the canula of the syringe to pass through readily. By the tapering end, the instrument may be applied to the skin in an acute angle so that the needle enters not in the depth of the tissue but under the skin. On the tube *b* there are graduations, according to which the tube *c* may be adjusted for allowing the needle to enter up to the desired depth. The tube *b*, with the tube *c* attached, is screwed to *a* and the spring made to expand, the spring will force the syringe forward, the needle enters the tissue as far as allowed by the tube *c*, and then the fluid will be evacuated uniformly. After a little practice the whole operation will last about two or three seconds. The syringe used with this apparatus is an ordinary one, of one gramme capacity, and can also be used without the apparatus, it is however expressly made to fit it. It is made of hard rubber, glass being too brittle to withstand the sudden jar. In the adjustment of its parts, cements of any kind are avoided, thus facilitating cleanliness very much. The only disadvantage of a hard rubber

syringe is that its contents can not be seen, and presence of air bubbles detected; however, when, before using the syringe, it is filled and emptied several times after each other and thereupon immediately filled, it will surely not contain air. The canulas of these syringes are made of steel, platinum-lined inside and nickel-plated outside. The instrument may be obtained from J. Reynders & Co., New York; price \$8.50.

### Reports of Societies.

#### HURON MEDICAL ASSOCIATION.

The second regular meeting of the Huron Medical Association, was held in Clinton, on Wednesday, March 1st, Dr. McLean, Vice-president, in the chair. Dr. Hyndman, the President, was prevented by illness from being present.

Dr. Stewart, showed a boy, æt. 14, who from infancy has been troubled with spontaneous hæmorrhages, taking place under the skin, and beneath the mucous membrane of the lips, tongue and cheeks. He is also subject to frequent attacks of epistaxis, and of bleeding from the gums—never had hæmorrhages from any other mucous surface. The subcutaneous hæmorrhages, are principally confined to the extremities. They are to be seen varying in size from the most minute petechial spots to ecchymotic patches, 5 to 6 inches in diameter. A wound is not followed by more than an ordinary loss of blood. He never had intermittent fever. Does not live in an aguish district. His spleen is not enlarged. There is no increase in the number of the white blood cells, neither are there any pigment granules present in the blood. Iron taken for a long period had no beneficial effect whatever, in arresting the hæmorrhages, Ergot also failed to do him any good.

Drs. Stewart and Hurlburt, showed to the society, a young lady, affected with exophthalmic goitre, where the administration of belladonna was followed by great amelioration of each of the triad combination of symptoms.

Dr. Worthington of Clinton, read a very carefully prepared paper on the "The treatment of Malignant Scarlet-fever by Cold."

He gave the details of several cases where this form of treatment was followed by very good results. He commenced the use of this remedy as early as the year 1853. He does not confine its

use to the more malignant cases, but would put it into practice in cases of Scarlatina Anginosa, when the temperature went above  $104^{\circ}$ .

Dr. Stewart read a paper on some points in the diagnosis and treatment of typhoid fever, based on an analysis of 30 cases, attended during the latter half of the year '74." The reading of this paper was followed by a very interesting discussion on the antipyretic virtues of quinine.

Some of the members spoke highly of its value, in large doses, from 30 to 40 grains, others preferred doses varying from 5 to 25 grains, and one or two were of the opinion that we could get along better without it.

Drs. Burgess, Vercoe and Hurlburt, were appointed to read papers at the meeting, which will be held in Goderich in June, '76.

#### COLLEGE OF PHYSICIANS AND SURGEONS, QUE.—

A special meeting of the College of Physicians and Surgeons of Lower Canada, was held on the 24th November, 1875, at the Laval University, Que. The President, Dr. R. H. Russell, took the chair at 11 a.m. The Secretary, Dr. A. G. Belleau, read a motion adopted at the last semi-annual meeting of the Board of Governors convening the present meeting, when on motion of the Hon. Dr. J. J. Ross, seconded by Dr. A. H. David; the following resolutions were unanimously adopted:—

1st. That this meeting is not in a position to take action to-day on the merits of the projected law submitted to the College by the Committee appointed to prepare amendments to the Medical Act.

2nd. Therefore that the report of the said Committee be taken into consideration at the next meeting of the Board of Governors.

3rd. That in the opinion of this meeting no change should be made to the existing law without the College has decided the nature of such changes.

A. G. BELLEAU, Secretary.

#### ROYAL COLLEGE OF PHYSICIANS AND SURGEONS,

KINGSTON.—The following gentlemen have passed their primary and final examinations in this institution:—Primary—G. H. Bowen, J. Day, T. H. Dumble, F. L. S. Holmes, A. B. Hourigan, R. Henderson, H. A. M. Hubbs, E. M. Higgins, L. F. Miller, E. C. McNichol, D. Phelan, and S. S.



Scovill; Final—G. H. Care, R. A. Davies, A. Kennedy, J. B. Murphy, S. Porter, and J. McGourex.

TRINITY COLLEGE MEDICAL SCHOOL.—The following gentlemen have passed their primary and final examinations in this University:—

For M.B.,:—W. A. Adams, W. J. Burns, W. J. Douglass, A. Douglass, J. Fulton, W. C. Freeman, W. W. Geikie, R. J. McKinnon, S. McArton, A. McCurdy, J. McWilliams, A. R. Pingle, J. W. Smith, W. S. Strangways, J. Stalker, J. P. Sive-wright, A. B. Taylor, W. S. Washington. Primary:—T. H. Ashby, H. A. Bonnar, R. H. Barkwell, A. Davidson, J. Dunfield, J. Fulton, P. L. Graham, W. Honeywell, A. H. Miller, G. A. Marlatt, T. M. Miller, M. Macklin, C. T. McKeough, J. McWilliams, H. Minshall, G. O'Connor, H. H. Pringle, W. Parker, R. A. Ross, W. G. Stark, D. A. Stewart, R. M. Stephens, J. A. Sinclair, M. Sutton, W. Tisdale, and W. E. Winskell.

Honor Men:—University Gold Medallist—J. Fulton; University Silver do.—J. McWilliams; Faculty Gold Medallist—W. J. Douglass; Faculty Silver do.—J. Stalker.

Certificates of honor were awarded to the following gentlemen:—Final:—W. S. Washington, J. W. Smith, A. Douglass and W. J. Burns. Primary: D. A. Stewart, R. M. Stephens, J. Dunfield, A. Davidson, R. A. Ross, M. Sutton, W. Tisdale, W. Honeywell, J. M. Miller, W. G. Stark, J. A. Sinclair and A. H. Miller. First Year's Scholarship:—J. D. Bonnar and H. Meek. Second Year's Scholarship:—H. A. Bonnar and G. T. McKeough.

D. A. Stewart receives the recommendation of the Faculty to the Trustees of the Toronto General Hospital, for the position of resident hospital assistant for one year. The Convocation of the University of Trinity College, for conferring degrees in medicine, will be held on the 14th inst.

### Book Notices.

MEDICAL DIAGNOSIS, by J. M. Da Costa, M.D., Jefferson Medical College. Fourth Edition revised and enlarged. Philadelphia: J. B. Lippincott & Co. Toronto: Willing and Williamson.

It is only necessary to announce to the readers of the *Lancet*, that a new edition of this popular work has been issued from the press this year.

The author has made a number of additions and changes in all parts, but chiefly in the chapters on Nervous Diseases and on Fevers. The book still continues to hold a foremost place among works on this subject.

A MANUAL OF GENERAL PATHOLOGY, by Ernest Wagner, M.D., Professor of Pathology in the University of Leipzig, translated from the 6th German edition, by Drs. Van Duyn and Seguin. New York, Wm. Wood, & Co. Toronto: Willing and Williamson.

This work is divided into four parts, 1 Nosology, 2 Etiology, 3 Pathological anatomy and Physiology, and 4 Pathology of the blood, each of which is treated of in the most comprehensive manner. The translators appear to have done full justice to the text, and the typographical and mechanical execution is all that could be desired. The work contains a complete *resumé* of the elements of medicine, and the matter is so arranged as to be available for both the student and the medical practitioner.

NOTE-BOOK ON CASES OF OVARIAN TUMORS, by H. Lennox, Hodge, M.D. Philadelphia: Lindsay and Blakiston.

A DEFENCE OF DR. E. B. SPARHAM IN THE FORM OF A MEDICO-LEGAL ENQUIRY. Brockville: Leavitt and Southworth.

### Births, Marriages, and Deaths.

On March 2nd, at Angus, Ont., the wife of F. L. Nesbitt, M.D., of a son.

On Saturday, March 4, at the residence of the bride's father by the Rev. John Fletcher, M.A., Hugh Spears, Esq., M.D., Toronto, to Constance, N., youngest daughter of Col. Norris, 12th Battalion, LL.D., county of York.

At Sarnia, on the 12th March, of congestion of the brain, Thomas William Johnston, Esq., M.D., in the sixty-third year of his age.

At Truro, on the 24th of February, Dr. Muir, one of the oldest practitioners in the Province.

On the 28th of Feb., of inflammatory croup, Henry, only son of Dr. Orton, M.P., Fergus, Ont., aged 6 years.

At Melbourne, Quebec, on the 18th of Jan., of congestion of the lungs, Andrew W. Hamilton, M.D., son of Dr. Jas. Hamilton of Dundas.

At Hamilton, on the 23rd of March, David McIntosh, M.D., suddenly of apoplexy.

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void of color, odor, and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

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**T**HE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1875-76 will commence on Wednesday, September 15, 1875, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students designing to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, September 29, 1875, and end about the 1st of March, 1876.

### Faculty:

ISAAC E. TAYLOR, M.D., Emeritus Prof. of Obstetrics and Diseases of Women and Children, and President of the College.  
JAMES R. WOOD, M.D., LL.D., Emeritus Prof. of Surgery.  
FORDYCE BARKER, M.D., Prof. of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Prof. of the Principles and Practice of Medicine, and Clinical Medicine.  
W. H. VAN BUREN, M.D., Prof. of Principles and Practice of Surgery with Diseases of the Genito-Urinary System and Clinical Surgery.  
LEWIS A. SAYRE, M.D., Prof. of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.  
ALEXANDER B. MOTT, M.D., Prof. of Clinical and Operative Surgery.  
WILLIAM T. LUSH, M.D., Prof. of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.  
EDMUND R. PEASLEE, M.D., LL.D., Prof. of Gynecology.  
EDWARD G. JANEWAY, M.D., Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.  
AUSTIN FLINT, JR., M.D., Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.  
ALPHEUS E. CROSBY, M.D., Prof. of Descriptive and Surgical Anatomy.  
R. OGDEN DOREMUS, M.D., LL.D., Professor of Chemistry and Toxicology.

### PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Ophthalmology and Otolaryngology.  
JOHN P. GRAY, M.D., Professor of Psychological Medicine and Medical Jurisprudence.  
EDWARD L. KEYES, M.D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery, etc.  
EDWARD G. JANEWAY, M.D., Professor of Pathological and Practical Anatomy. (Demonstrator of Anatomy.)

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction. The union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being physicians and surgeons on the Bellevue Hospital.

The Summer Session will consist chiefly of Recitations from Text-books. This term continues from the middle of March to the end of June. During this Session there will be daily recitations in all the Departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics will also be held.

### Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

### Fees for the Summer Session.

Matriculation (Ticket good for the following Winter).....	\$ 5 00
Recitations, Clinics, and Lectures.....	50 00
Dissecting (Ticket valid for the following Winter).....	10 00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College,

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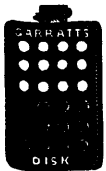
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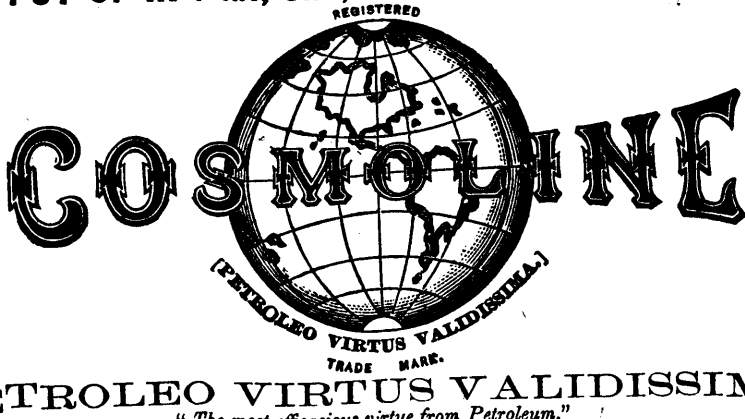
Lord Chancellor Selborne and Lord Justice James stated that the defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

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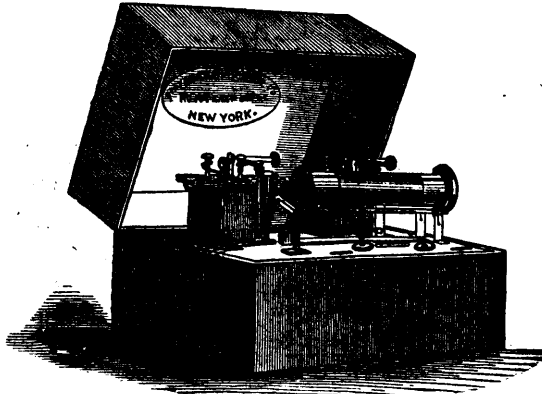
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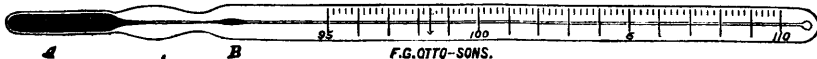
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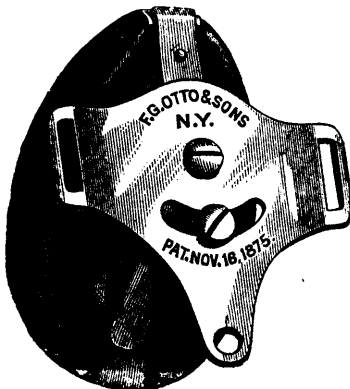
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The following prices of a few of the leading requirements of the profession will serve as a guide to intending purchasers, subject to market fluctuations, quality being esteemed of the first importance. Tinctures, Syrups and Liquors are kept in 8 oz. bottles, and the price quoted includes the bottle. ~~1/2~~ Terms Cash less 5 per cent. discount. Corrected to Feb. 1st, 1876.

	oz.	lb.	8 oz. bot.	oz.	lb.	8 oz. bot.	oz.	lb.	8 oz. bot.
Acid, Carbolic.....	0 07			Iodine, resub.....	0 50		Rad. Rhei. pulv.....	2 00	
" Sulph. Ar.....	0 20			Jalapin.....	1 75		Santonine.....	0 65	
" Hydrocyan.....	0 23			Lin. Saponis.....	0 24	8 oz. bot.	Sodæ Bicarb.....	0 12	
Ammon. Carb.....	0 25	lb.		Liq. Ammon.....	0 17		" Potass. Tart.....	0 38	
" Ether, Nit.....	0 22		8 oz. bot.	" Arsenic.....	0 20		Spir. Camphor.....	0 24	8 oz. bot
" Sulph.....	0 33			" Bismuth.....	0 45		" Ammon. Co.....	0 24	
" Co.....	0 28			" Donovan.....	0 23		Syr. Aurant.....	0 20	
Antim. Pot. Tart.....	0 08	oz.		" Opii Sed.....	1 60		" Ferris Iod.....	0 90	
Argent. Nit. fus.....	1 30			" Potassæ.....	0 17		" Strych. Phos. Co.....	0 60	
Balsam Copaib.....	0 63	8 oz. bot.		Mist. Ferri Co.....	0 20	8 oz. bot.	" Hypoph. Co.....	0 65	
Bismuth, Car.....	0 30	oz.		Morph. Sul.....	4 50	oz.	" Phosph. Co.....	0 45	
Certh Oxalæ.....	0 30			" Mur.....	4 50		" Senegæ.....	0 40	
Chloral Hydrate.....	0 15			Ol. Crotonis.....	0 25		" Scillæ.....	0 30	
Chlorodyne.....	0 15			" Jecoris Asselli.....	0 25	lb.	" Tinct. Aconit.....	0 30	
Chloroform.....	1 40	lb.		" Olivæ Opt.....	0 30		" Arnica.....	0 24	
Cinchon, Sul.....	0 60	oz.		Opium.....	0 70	oz.	" Calumb.....	0 20	
Ergot, pulv.....	0 13			" Powd.....	0 85		" Cardam. Co.....	0 20	
Emp. Lyttæ.....	1 25	lb.		Pil. Aloes.....	0 30	gross.	" Catechu.....	0 20	
Ext. Belladon.....	0 20	oz.		" " et Ferri.....	0 30		" Cinchon Co.....	0 24	
" Colocynth Co.....	0 12			" " Myr.....	0 38		" Colch. Sem.....	0 20	
" Gentian.....	0 05			" Assafetid.....	0 30		" Digital.....	0 20	
" Hyosciam, Ang.....	0 20			" Cath. Co., U. S.....	0 45		" Ergot.....	0 30	
" Sarza Co., Ang.....	0 30			" Hydrarg., Mass.....	1 00	lb.	" Ferris Perchlor.....	0 18	
" Nucis Vom.....	0 75			" Subchlor. Co.....	0 30	gross.	" Gentian Co.....	0 20	
" Taraxacum.....	0 07			" Rhei. Co.....	0 35		" Hyosciam.....	0 20	
Fol. Buchu.....	0 50			" Podophyllin, Co.....	0 40		" Iodine.....	0 55	
" Senna.....	0 30			Plumbi Acet.....	0 25	lb.	" Nucis Vom.....	0 24	
Gum. Aloes Soc.....	0 90			Potass. Acet.....	0 60		" Opii.....	0 53	
" " pulv.....	1 10			" Bicarb.....	0 35		" Rhei Co.....	0 30	
" Acacia, pulv.....	0 60			" Bromid.....	0 90		" Valer.....	0 24	
Glycerine, pure.....	0 30	lb.		" Iodid.....	5 00		" Verat Vir.....	0 20	oz.
Ferri, Am. Cit.....	0 12	oz.		Pulv. Creta Co.....	0 75		Ung. Hyd. Nit.....	0 60	lb.
" " et Quin. Cit.....	0 65			" " C Opio.....	1 00		Zinci.....	0 40	
" Citro, phos.....	0 18			" Ipecac.....	3 00		Vin. Ipecac.....	0 30	8 oz. bot
Ferrum Redact.....	0 15			" Co.....	2 40		" Antim.....	0 20	
Hydrarg., Chlor.....	0 15			" Jalapa.....	2 00				
" " C Creta.....	0 12			Quine Sul.....	2 60	oz.			

A full assortment of Trusses, Shoulder Braces, Supporters, &c., &c., at the lowest rates. Arrangements have been made for a constant supply of reliable Vaccine—Scabs, \$2; Half-Scabs, \$1. Enemas from 75c.

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All Virus is fully warranted efficient. It will be packed to go with perfect safety by mail. Full directions for use accompany each package. Remittances must accompany order. Safe delivery of Virus insured.

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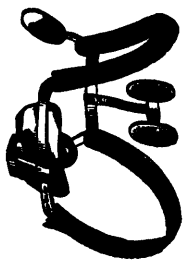
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Fig. No. 3, is a comfortable support to the abdomen, but is not so effective as No. 8 in supporting the bowels, spine or chest.



The improved Body-Brace.  
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Shoulder and Lung Brace.

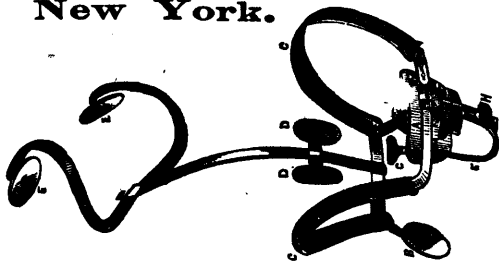
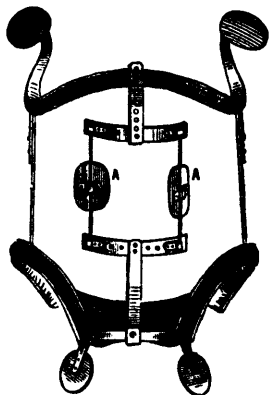


Fig. No. 8, is a general and grateful support to the hips, abdomen, chest and spine, simultaneously; and by itself alone, is ordinarily successful; but when not so, [particularly in spinal and uterine affections], the corresponding attachments are required.

Fig. No. 18.

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**SPINAL PROP.**



Unrivalled for the treatment of Angular Curvature, gives no pain, restrains no motion, and makes no show through the dress.

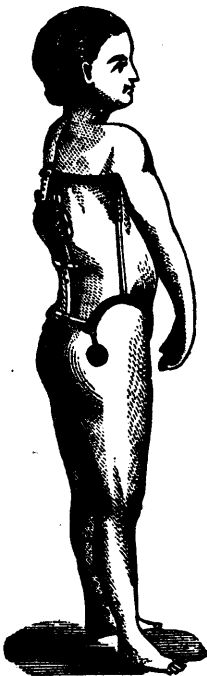
Fig. No. 12.



This above cut represents BANNING'S NON-FRICTION SELF-ADJUSTING BRACE TRUSS, applied for the retention of inguinal, femoral and umbilical hernia. Acts upon the principle of removing visceral weight from hernial openings. Is light, cool and self-adjustable, and is absolutely a Non-Friction Truss.

Fig. No. 9.

**SPINAL PROP  
APPLIED.**

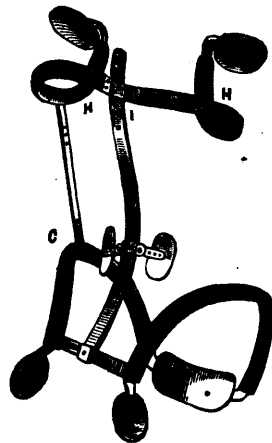


How to measure for any of these appliances.  
1st Around the body, two inches below the tips of hip bones.  
2d Around the chest, close under the arms.

3d From each armpit to corresponding tip of hip bone.  
4th Height of person. All measures to be in inches.  
Measure over the linen, drawing tape measure moderately tight.

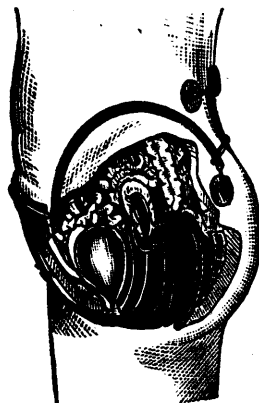
Fig. No. 14.

Improved Centripetal  
**SPINAL LEVER,**



For lateral curvature of the spine. The general action is to reverse the body's weight, and so deprive gravity of its depressing force.

Fig. No. 7.



The above cut represents THE IMPROVED ABDOMINAL SUPPORTER, removing visceral weight, and correcting the trunical bearings, while its attachment, BANNING'S IMPROVED BIFURCATED UTERINE ELEVATOR, in supporting the vaginal cul de sac on each side, thus, while elongating the vagina, restoring the diseased or overtaxed uterus (without touching it) to its normal position.

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